

IN THE SUPREME COURT OF THE STATE OF NEVADA

THOMAS A. PICKENS,
INDIVIDUALLY AND AS TRUSTEE
OF THE LV BLUE TRUST,

Appellant,

vs.

DR. DANKA K. MICHAELS,
INDIVIDUALLY AND AS TRUSTEE
OF THE MICH-MICH TRUST,

Respondent;

Electronically Filed
Feb 23 2022 10:53 a.m.
Elizabeth A. Brown
Clerk of Supreme Court

S.C. DOCKET NO.: 83491
D.C. Case No. D-17-560737-D

APPENDIX

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ATTORNEYS FOR APPELLANT

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Plaintiff's Trial Exhibit 50 - 2015 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVIII/ AA06590-06672
Plaintiff's Trial Exhibit 51 - 2016 1065 Income Tax Return for Patience One LLC	02/14/2020	XXVIII/ AA06673-06691
Plaintiff's Trial Exhibit 52 - 2008 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXVIII/ AA06692- XXIX/ AA06759
Plaintiff's Trial Exhibit 53 - 2009 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06760-06832
Plaintiff's Trial Exhibit 54 - 2010 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06833-06862
Plaintiff's Trial Exhibit 55 - 2011 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06863-06912
Plaintiff's Trial Exhibit 56 - 2012 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06913-06930
Plaintiff's Trial Exhibit 57 - 2013 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06931-06962
Plaintiff's Trial Exhibit 58 - 2014 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXIX/ AA06963-06998

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Plaintiff's Trial Exhibit 60 - 2016 1120 Income Tax Return for Blue Point Development LLC	02/14/2020	XXX/AA07000
Plaintiff's Trial Exhibit 63 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 05/29/2014 through 12/31/2014	02/14/2020	XXX/AA07001- 07002
Plaintiff's Trial Exhibit 65 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2015 through 12/31/2015	02/14/2020	XXX/AA07003- 07006
Plaintiff's Trial Exhibit 67 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2016 through 12/31/2016	02/14/2020	XXX/AA07007- 07008
Plaintiff's Trial Exhibit 69 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2017 through 12/31/2017	02/14/2020	XXX/AA07009- 07010
Plaintiff's Trial Exhibit 70 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2018 through 12/31/2018	02/14/2020	XXX/AA07011
Plaintiff's Trial Exhibit 71 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2019 through 04/30/19	02/14/2020	XXX/AA07012- 07013
Plaintiff's Trial Exhibit 74 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 07/01/2014 through 12/31/14	02/14/2020	XXX/AA07014

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Plaintiff's Trial Exhibit 78 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2016 through 12/31/16	02/14/2020	XXX/AA07017- 07050
Plaintiff's Trial Exhibit 79 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2017 through 12/31/17	02/14/2020	XXX/AA07051
Plaintiff's Trial Exhibit 80 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2018 through 04/30/18	02/14/2020	XXX/AA07052
Plaintiff's Trial Exhibit 82 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/30/10 through 12/15/11	02/14/2020	XXX/AA07053
Plaintiff's Trial Exhibit 83 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/11 through 12/14/12	02/14/2020	XXX/AA07054- 07057
Plaintiff's Trial Exhibit 84 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/15/12 through 12/15/13	02/14/2020	XXX/AA07058
Plaintiff's Trial Exhibit 85 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/13 through 12/15/14	02/14/2020	XXX/AA07059

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Plaintiff's Trial Exhibit 87 - American Express Statements #72004 Thomas Pickens card #72004 #73002 Danka Michaels card #72020 12/16/15 through 12/15/16	02/14/2020	XXX/AA07061-07092
Plaintiff's Trial Exhibit 88 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/16 through 12/15/17	02/14/2020	XXX/AA07093-07095
Plaintiff's Trial Exhibit 89 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/17 through 12/15/18	02/14/2020	XXX/AA07096-07204
Plaintiff's Trial Exhibit 90 - American Express Statements #72004 Thomas Pickens card #73002 Danka Michaels card #72020 12/16/18 through 04/14/19	02/14/2020	XXX/AA07205-07228
Plaintiff's Trial Exhibit 93 - Lowes house summary with supporting Wells Fargo Home Mortgage #9607 (PMA #3436) titled in the names of Danka Katarina Michaels and Thomas A. Pickens 07/02/14 through 07/01/2016	02/14/2020	XXX/AA07229-07230
Plaintiff's Trial Exhibit 97 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/10 through 12/08/11	02/14/2020	XXX/AA07231
Plaintiff's Trial Exhibit 98 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/11 through 12/07/12	02/14/2020	XXX/AA07232-07236

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Plaintiff's Trial Exhibit 101 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/14 through 12/08/15	02/14/2020	XXX/AA07248-07250
Plaintiff's Trial Exhibit 102 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/15 through 12/08/16	02/14/2020	XXXI/AA07251-07255
Plaintiff's Trial Exhibit 103 - American Express Statements #63006 titled in the name of Thomas Pickens 12/09/16 through 12/08/17	02/14/2020	XXXI/AA07256-07258
Plaintiff's Trial Exhibit 104 - American Express Statements #63006 titled in the name of Thomas Pickens 01/08/18 through 12/07/18	02/14/2020	XXXI/AA07259
Plaintiff's Trial Exhibit 105 - American Express Statements #63006 titled in the name of Thomas Pickens 12/08/18 through 05/08/19	02/14/2020	XXXI/AA07260
Plaintiff's Trial Exhibit 106 - American Express #51001 titled in the name of Blue Point Development 12/05/12 through 12/20/13	02/14/2020	XXXI/AA07261-07262
Plaintiff's Trial Exhibit 107 - American Express #51001 titled in the name of Blue Point Development 12/21/13 through 12/19/14	02/14/2020	XXXI/AA07263
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Plaintiff’s Trial Exhibit 111 - American Express #51001 titled in the name of Blue Point Development 12/21/17 through 12/20/18	02/14/2020	XXXII/AA 07686-07687
Plaintiff’s Trial Exhibit 112 - American Express #51001 titled in the name of Blue Point Development 12/21/18 through 04/19/19	02/14/2020	XXXII/AA 07688-07689
Plaintiff’s Trial Exhibit 113 - Bank of America Bank Statements #2561 titled in the name of Blue Point Development 10/29/12 through 02/28/14	02/14/2020	XXXII/AA 07690-07691
Plaintiff’s Trial Exhibit 114 - Bank of America Bank Statements #0222 titled in the name of Patience One LLC 11/01/12 through 12/31/13	02/14/2020	XXXII/AA 07692-07693
Plaintiff’s Trial Exhibit 115 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 06/06/17 through 12/08/17	02/14/2020	XXXII/AA 07694-07695
Plaintiff’s Trial Exhibit 116 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/09/17 through 12/07/18	02/14/2020	XXXII/AA 07696-07698
Plaintiff’s Trial Exhibit 117 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/08/18 through 05/08/19	02/14/2020	XXXII/AA 07699-07700
Plaintiff’s Trial Exhibit 118 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 10/16/18 through 12/31/18	02/14/2020	XXXII/AA 07701-07702
Plaintiff’s Trial Exhibit 119 - Wells Fargo Checking #8952 titled in the name of Thomas Pickens 01/01/19 through 04/30/19	02/14/2020	XXXII/AA 07703-07704
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Plaintiff’s Trial Exhibit 128 - Valic – Danka Michalecko statements 9/30/13, 12/31/13, and 9/30/15	02/14/2020	XXXIII/AA 07770-07772
Plaintiff’s Trial Exhibit 129 - Pinnacle Health Systems – Danka K. Michaels. Statements 9/30/13 and 12/31/13	02/14/2020	XXXIII/AA 07773-07778
Plaintiff’s Trial Exhibit 132 - Danka Michaels Pinnacle Health Systems Statement 7/1/15	02/14/2020	XXXIII/AA 07779-07780
Plaintiff’s Trial Exhibit 133 - Bank of the West – 2015 Porsche statement 12.2.14	02/14/2020	XXXIII/AA 07781-07841
Plaintiff’s Trial Exhibit 134 - Life Insurance Statement 11/25/15	02/14/2020	XXXIII/AA 07842-07849
Plaintiff’s Trial Exhibit 138 - Thomas Pickens UBS Retirement statements dated June 2017 and October-December 2017 (Supplemental Response to Request for Production No. 16.)	02/14/2020	XXXIII/AA 07850-07857
Plaintiff’s Trial Exhibit 144 - JP Morgan Statements, Danka K. Michaels IRA, August 31, 2019 through September 30, 2019	02/14/2020	XXXIII/AA 07858-07866
Plaintiff’s Trial Exhibit 146 - Plaintiff email dated April 3, 2014	02/14/2020	XXXIII/AA 07867-07919
Plaintiff’s Trial Exhibit 147 - Plaintiff email dated August 26, 2014	02/14/2020	XXXIII/AA 07920-07922
Plaintiff’s Trial Exhibit 148 - Plaintiff email dated May 22, 2013	02/14/2020	XXXIII/AA 07923-07930
Plaintiff’s Trial Exhibit 149 - Plaintiff email dated July 9, 2012	02/14/2020	XXXIII/AA 07931-07933

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Plaintiff’s Trial Exhibit 152 - Plaintiff email dated December 2, 2016	02/14/2020	XXXIII/AA 07999- XXXIV/AA 08018
Plaintiff’s Trial Exhibit 153 - Plaintiff email dated June 30, 2014	02/14/2020	XXXIV/AA 08019-08202
Plaintiff’s Trial Exhibit 154 - #002651 Emails between Dr. Michaels and R. Semonian	02/21/2020	XXXIV/AA 08203-08209
Plaintiff’s Trial Exhibit 155 – NV Prescription Monitoring Program	02/21/2020	XXXIV/AA 08210-08247
Plaintiff’s Trial Exhibit 156 – Request to appeal denial of unemployment benefits	02/21/2020	XXXIV/AA 08248
Defendant’s Trial Exhibit A – Plaintiff’s Response to Defendant’s First Request for Production of Documents and Tangible Things from Plaintiff (with certain attachments thereto)	02/14/2020	XXXIV/AA 08249
Defendant’s Trial Exhibit C – Documentation of \$450,000 loan taken by Danka K. Michaels, M.D., PC for tenant improvements	02/14/2020	XXXIV/AA 08250- XXXV/AA 08257
Defendant’s Trial Exhibit G – Records produced by Equity Title, LLC, in response to Subpoena Duces Tecum for Blue Mesa property (Affidavit and relevant documents)	02/14/2020	XXXV/AA 08258-08270
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Answer to Second Amended Complaint for Equitable Relief Under (1) the Putative Spouse Doctrine, and (2) Pursuant to Express and/or Implied Agreement to Hold Property as if the Parties Were Married Under <i>Michoff</i> ; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest; Affirmative Defenses and Counterclaim	11/19/2018	II/AA00306-00329
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Appendix of Exhibits in Support of Defendant's Motion to Compel Discovery Responses	04/22/2019	II/AA00398-00440
Appendix of Exhibits in Support of Defendant's Motion to Dismiss	11/29/2017	I/AA00025-00044

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Appendix of Exhibits to Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion 1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for Intentional Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	08/19/2019	V/AA00763-00813
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Defendant’s Trial Exhibit C – Documentation of \$450,000 loan taken by Danka K. Michaels, M.D., PC for tenant improvements	02/14/2020	XXXIV/AA 08250-XXXV/AA 08257
Defendant’s Trial Exhibit G – Records produced by Equity Title, LLC, in response to Subpoena Duces Tecum for Blue Mesa property (Affidavit and relevant documents)	02/14/2020	XXXV/AA 08258-08270
Defendant’s Trial Exhibit J – Plaintiff’s Decree of Divorce filed June 26, 2021	02/14/2020	XXXV/AA 08271
Defendant’s Trial Exhibit K – Blue Point Development account statement and record produced by Wells Fargo Bank, in response to Subpoena Duces Tecum	02/14/2020	XXXV/AA 08272
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Plaintiff's Objection to Defendant Danka K. Michaels' Memorandum of Fees and Costs	09/07/2021	XIII/AA02823-02854
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Plaintiff's Opposition to Defendant's Motion for Summary Judgement, to Dismiss, for Protective Order and for Attorney Fees and Countermotion (1) to Dismiss or, in the Alternative, for Summary Judgement as to Defendant's Causes of Action for International Misrepresentation/Fraud; Negligent Misrepresentation; Breach of Implied Covenant of Good Faith and Fair Dealing; Promissory Estoppel; Express Agreement; Implied Agreement; and Malicious Abuse of Process; (2) for Summary Judgement Setting Aside Deeds of Real Property and Assignment of LLC Interest; and (3) for Permission to Submit Points and Authorities in Excess of 30 Pages Pursuant to EDCR 5.503(e)	08/19/2019	V/AA00814-00843
Plaintiff's Rebuttal to Defendant's Closing Argument	06/15/2021	XI/AA02489-XII/AA02524
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	02/10/2020	V/AA00951-00954

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Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02835-02406
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02407-02424
Plaintiff's Request for the Court to Take Judicial Notice Pursuant to NRS 47.130	04/23/2021	XI/AA02425-02443
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Plaintiff’s Trial Exhibit 116 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/09/17 through 12/07/18	02/14/2020	XXXII/AA 07696-07698
Plaintiff’s Trial Exhibit 117 - Wells Fargo Visa #0648 titled in the name of Thomas Pickens 12/08/18 through 05/08/19	02/14/2020	XXXII/AA 07699-07700
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Plaintiff’s Trial Exhibit 127 - Southwest Pension Services – Danka Michaels. Statements 09/03/2013 and 12/31/13	02/14/2020	XXXII/AA 07708- XXXIII/AA 07769
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Plaintiff’s Trial Exhibit 132 - Danka Michaels Pinnacle Health Systems Statement 7/1/15	02/14/2020	XXXIII/AA 07779-07780
Plaintiff’s Trial Exhibit 133 - Bank of the West – 2015 Porsche statement 12.2.14	02/14/2020	XXXIII/AA 07781-07841
Plaintiff’s Trial Exhibit 134 - Life Insurance Statement 11/25/15	02/14/2020	XXXIII/AA 07842-07849
Plaintiff’s Trial Exhibit 138 - Thomas Pickens UBS Retirement statements dated June 2017 and October-December 2017 (Supplemental Response to Request for Production No. 16.)	02/14/2020	XXXIII/AA 07850-07857
Plaintiff’s Trial Exhibit 14 - 2010 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03263- 03319
Plaintiff’s Trial Exhibit 144 - JP Morgan Statements, Danka K. Michaels IRA, August 31, 2019 through September 30, 2019	02/14/2020	XXXIII/AA 07858-07866
Plaintiff’s Trial Exhibit 146 - Plaintiff email dated April 3, 2014	02/14/2020	XXXIII/AA 07867-07919
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Plaintiff’s Trial Exhibit 149 - Plaintiff email dated July 9, 2012	02/14/2020	XXXIII/AA 07931-07933
Plaintiff’s Trial Exhibit 15 - 2011 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03320- 03372
Plaintiff’s Trial Exhibit 150 - Plaintiff email dated May 9, 2012	02/14/2020	XXXIII/AA 07934-07964

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Plaintiff's Trial Exhibit 153 - Plaintiff email dated June 30, 2014	02/14/2020	XXXIV/AA 08019-08202
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Plaintiff's Trial Exhibit 155 – NV Prescription Monitoring Program	02/21/2020	XXXIV/AA 08210-08247
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Plaintiff’s Trial Exhibit 26 - 2010 1040 Income Tax Return for Danka Michaels	02/14/2020	XVIII/AA04128-04239
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Plaintiff’s Trial Exhibit 46 - 2017 1120S Income Tax Return for Danka K. Michaels MD, PC	02/14/2020	XXV/AA005935- XXVI/AA06106
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Plaintiff’s Trial Exhibit 65 - Wells Fargo Business Checking #9112 titled in the name of Blue Point Development 01/01/2015 through 12/31/2015	02/14/2020	XXX/AA07003- 07006
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Plaintiff’s Trial Exhibit 7 - Affidavit of Custodian of Records and file from First American Title Company—purchase of 9517 Queen Charlotte Drive, Las Vegas, Nevada 89145 on October 7, 2004	02/14/2020	XIV/AA03137- 03150

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Plaintiff’s Trial Exhibit 78 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2016 through 12/31/16	02/14/2020	XXX/AA07017-07050
Plaintiff’s Trial Exhibit 79 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2017 through 12/31/17	02/14/2020	XXX/AA07051
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Plaintiff’s Trial Exhibit 80 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2018 through 04/30/18	02/14/2020	XXX/AA07052

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Plaintiff's Trial Exhibit 93 - Lowes house summary with supporting Wells Fargo Home Mortgage #9607 (PMA #3436) titled in the names of Danka Katarina Michaels and Thomas A. Pickens 07/02/14 through 07/01/2016	02/14/2020	XXX/AA07229-07230
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Transcript RE: Non-Jury Trial Day 5	10/28/2021	XIV/AA03041- 03054
Trial Subpoena	01/29/2020	V/AA00906- 00909
Trial Subpoena Robert Semonian	01/28/2020	V/AA00892- 00898
Trial Subpoena Shannon L. Evans, Esq.	01/28/2020	V/AA00899- 00905

CUHIST Revision: 760.0 21 OCT 2015
PHARM NABP/DIV/STORE #- 2983597/ 20/ 685

COSTCO PHARMACY #685
PHARMACIST'S STATEMENT
01/01/2008 THRU 12/31/2017

DATE/TIME - 01/24/2018 3:42pm
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PHARMACY NAME COSTCO PHARMACY #685 LICENSE # PH01642
ADDRESS 801 S. PAVILLION CENTER DRIV FEDERAL TAX ID 911223280
CITY, ST ZIP LAS VEGAS NV 89144 IRS #
TELEPHONE (702) 352-2055

FAMILY NAME PICKENS, THOMAS TELEPHONE (702) 360-3163
ADDRESS 9517 QUEEN CHARLOTTE DR FAMILY ACCOUNT # 056837
CITY, ST ZIP LV NV 891450000

MEMBER NAME PICKENS, THOMAS BIRTHDAY 10/05/1956
MEMBER # 01 SEX M
SOCIAL SECURITY # RELATION H

RX-#	RFL	NDC-#	DRUG-DESCRIPTION	DOCTOR-NAME	RFL-DATE	RPH/TCH	QUAN	DAY	3PTY#	CUST-\$	PRICE-\$
1059092		68462034001	SULFAMETHOXAZOLE-TMP DS T	MICHAELS, DA	05/08/2012	CZ /PT	90	90	1	9.43	9.43
1059103		68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	05/08/2012	CZ /PT	90	90	1	9.99	9.99
1059104		00185010201	LISINAPRIL 20 MG TABLET	MICHAELS, DA	05/08/2012	CZ /PT	180	90	1	12.86	12.86
1059117		68382009706	PAROXETINE HCL 10 MG TABL	MICHAELS, DA	05/08/2012	PHI/HA	180	90	1	26.99	26.99
1059118		68382009501	CARVEDILOL 25 MG TABLET	MICHAELS, DA	05/08/2012	PHI/HA	180	90	1	9.99	9.99
1059103	1	68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	08/08/2012	PHI/AT	90	90	1	9.99	9.99
1059117	1	68382009706	PAROXETINE HCL 10 MG TABL	MICHAELS, DA	08/08/2012	PHI/AT	180	90	1	26.99	26.99
1059104	1	00185010201	LISINAPRIL 20 MG TABLET	MICHAELS, DA	08/08/2012	PHI/AT	180	90	1	12.86	12.86
1059118	1	68382009501	CARVEDILOL 25 MG TABLET	MICHAELS, DA	08/08/2012	PHI/AT	180	90	1	9.99	9.99
1073573		53746020401	OXYCODONE-ACETAMINOPHEN 1	CARILLO, ROB	08/10/2012	PT	120	30	303	10.00	42.66
1076793		59762371903	ALPRAZOLAM 0.25 MG TABLET	MICHAELS, DA	08/28/2012	KDT/CS	180	30	303	10.00	14.17
1083938		00591554405	ALLOPURINOL 300 MG TABLET	ASHMAN, STEP	10/09/2012	PHI	90	90	1	9.23	9.23
1084352		00378531001	ZOLPIDEM TARTRATE 10 MG T	MICHAELS, DA	10/10/2012	PT /CS	90	90	1	14.04	14.04
1076793	1	59762371903	ALPRAZOLAM 0.25 MG TABLET	MICHAELS, DA	11/12/2012	CH	180	30	303	10.00	17.40
1059117	2	68382009705	PAROXETINE HCL 10 MG TABL	MICHAELS, DA	11/12/2012	CH	180	90	1	17.50	17.50
1094292		43199002124	HYDROCORTISONE AC 25 MG S	CARILLO, ROB	12/04/2012	JAO/HA	40	20	303	10.00	38.00
1076793	2	59762371903	ALPRAZOLAM 0.25 MG TABLET	MICHAELS, DA	01/04/2013	PT	180	30	303	10.00	17.40
1059103	2	68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	01/07/2013	PT	90	90	1	9.99	9.99
1083938	1	00591554405	ALLOPURINOL 300 MG TABLET	ASHMAN, STEP	03/13/2013	CH	90	90	1	8.72	8.72
1059103	3	68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	03/13/2013	CH	90	90	1	9.99	9.99
1114102		64376063005	ALPRAZOLAM 0.25 MG TABLET	MICHAELS, DA	03/19/2013	JAO/HA	180	30	303	10.00	10.00
1123383		53746020401	OXYCODONE-ACETAMINOPHEN 1	CARILLO, ROB	05/06/2013	JAO	120	30	303	10.00	49.82
1114102	1	64376063005	ALPRAZOLAM 0.25 MG TABLET	MICHAELS, DA	06/12/2013	KDT/CS	180	30	303	10.00	10.00
1083938	2	00591554405	ALLOPURINOL 300 MG TABLET	ASHMAN, STEP	07/09/2013	JL	90	90	1	8.72	8.72
1136896		00378531001	ZOLPIDEM TARTRATE 10 MG T	CARILLO, ROB	07/18/2013	JAO/HA	90	90	1	13.13	13.13
1136897		47335060313	ALPRAZOLAM 0.25 MG TABLET	CARILLO, ROB	07/18/2013	JAO/HA	180	30	303	10.00	10.00
1137198		68382009705	PAROXETINE HCL 10 MG TABL	MICHAELS, DA	07/19/2013	KDT/AT	180	90	1	17.50	17.50
1137199		68382009501	CARVEDILOL 25 MG TABLET	MICHAELS, DA	07/19/2013	KDT/AT	180	90	1	9.99	9.99
1137200		00185010201	LISINAPRIL 20 MG TABLET	MICHAELS, DA	07/19/2013	KDT/AT	180	90	1	11.45	11.45
1137201		68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	07/19/2013	KDT/AT	90	90	1	9.99	9.99
1137204		53746027201	SULFAMETHOXAZ/TMP DS 800-	MICHAELS, DA	07/19/2013	KDT/AT	90	45	1	9.02	9.02
1157526		00591554405	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	11/07/2013	JAO/JL	90	90	1	8.72	8.72
1157528		68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	11/07/2013	JAO/JL	90	90	1	9.99	9.99
1157662		00378531001	ZOLPIDEM TARTRATE 10 MG T	MICHAELS, DA	11/07/2013	KDT/CS	90	90	1	15.58	15.58
1157664		57664037718	TRAMADOL HCL 50 MG TABLET	MICHAELS, DA	11/07/2013	KDT/CS	480	60	1	18.11	18.11
1157665		64376063005	ALPRAZOLAM 0.25 MG TABLET	MICHAELS, DA	11/07/2013	KDT/CS	180	30	303	10.00	10.00
1137198	1	68382009705	PAROXETINE HCL 10 MG TABL	MICHAELS, DA	02/03/2014	JAO/HA	180	90	1	17.50	17.50
1137199	1	68382009501	CARVEDILOL 25 MG TABLET	MICHAELS, DA	02/03/2014	JAO/HA	180	90	1	9.99	9.99
1137200	1	00185010210	LISINAPRIL 20 MG TABLET	MICHAELS, DA	02/03/2014	JAO/HA	180	90	1	11.75	11.75
1157526	1	00591554405	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	02/03/2014	JAO	90	90	1	8.72	8.72
1181605		00378531001	ZOLPIDEM TARTRATE 10 MG T	CARILLO, ROB	03/18/2014	KDT/AT	90	90	1	15.58	15.58
1181860		00406052301	OXYCODONE-ACETAMINOPHEN 1	CARILLO, ROB	03/20/2014	KDT/CS	120	30	303	10.00	102.68
1189966		47335060313	ALPRAZOLAM 0.25 MG TABLET	CARILLO, ROB	05/05/2014	EML/CS	180	30	303	10.00	10.00
1137198	2	68382009705	PAROXETINE HCL 10 MG TABL	MICHAELS, DA	06/20/2014	EML	180	90	1	17.50	17.50
1157526	2	00591554405	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	06/20/2014	EML	90	90	1	8.72	8.72
1157664	1	57664037713	TRAMADOL HCL 50 MG TABLET	MICHAELS, DA	06/20/2014	EML	480	60	1	19.62	19.62
1181605	1	00378531001	ZOLPIDEM TARTRATE 10 MG T	CARILLO, ROB	06/20/2014	EML	90	90	1	15.58	15.58
1205612		68001020808	LISINAPRIL 20 MG TABLET	MICHAELS, DA	08/06/2014	PHI/HA	180	90	1	11.75	11.75
1205624		68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	08/06/2014	PHI/HA	90	90	1	9.99	9.99
1205625		68001015200	CARVEDILOL 25 MG TABLET	MICHAELS, DA	08/06/2014	PHI/HA	180	90	1	9.99	9.99
1205627		53746027201	SULFAMETHOXAZ/TMP DS 800-	MICHAELS, DA	08/06/2014	PHI/HA	90	45	1	8.92	8.92
1206104		00378531001	ZOLPIDEM TARTRATE 10 MG T	MICHAELS, DA	08/09/2014	EML/JL	90	90	1	15.58	15.58
1206103		64376063105	ALPRAZOLAM 0.5 MG TABLET	MICHAELS, DA	08/09/2014	EML/JL	360	60	1	18.77	18.77
1212991		53746020401	OXYCODONE-ACETAMINOPHEN 1	MICHAELS, DA	09/19/2014	PT /CS	120	30	303	10.00	102.68
1157526	3	00378018105	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	10/13/2014	CJM/AT	90	90	1	11.21	11.21
1222913		57664037718	TRAMADOL HCL 50 MG TABLET	CARILLO, ROB	11/08/2014	CJM/EAG	240	30	303	10.00	13.64
1205612	1	68001020808	LISINAPRIL 20 MG TABLET	MICHAELS, DA	11/20/2014	KDT/CS	180	90	1	12.32	12.32
1206104	1	00378531001	ZOLPIDEM TARTRATE 10 MG T	MICHAELS, DA	11/20/2014	KDT/CS	90	90	1	16.16	16.16
1225315		24208063562	NEOMYCIN-POLYMYXIN-HC EAR	SIKAND, ASHL	11/20/2014	PHI/HA	10	15	303	10.00	21.42
1205624	1	68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	12/30/2014	KDT	90	90	1	9.99	9.99
1205625	1	68001015200	CARVEDILOL 25 MG TABLET	MICHAELS, DA	12/30/2014	KDT	180	90	1	9.99	9.99
1232553		00378018105	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	12/31/2014	CK	90	90	1	11.89	11.89
1232552		68382009705	PAROXETINE HCL 10 MG TABL	MICHAELS, DA	12/31/2014	CK	180	90	1	18.09	18.09
1232577		64376063105	ALPRAZOLAM 0.5 MG TABLET	MICHAELS, DA	01/02/2015	PHI/HA	360	60	1	20.03	20.03

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CITY, ST ZIP LV NV 891450000

MEMBER NAME PICKENS, THOMAS BIRTHDAY 10/05/1956
MEMBER # 01 SEX M
SOCIAL SECURITY # RELATION H

RX-#	RFL	NDC-#	DRUG-DESCRIPTION	DOCTOR-NAME	RFL-DATE	RPB/TCH	QUAN	DAY	3PTY#	CUST-\$	PRICE-\$
1234186		00004080085	TAMIFLU 75 MG CAPSULE	CARILLO, ROB	01/09/2015	EML/EAG	10	5	1	132.60	132.60
1234188		00781149668	AZITHROMYCIN 250 MG TABLET	CARILLO, ROB	01/09/2015	EML/EAG	6	5	1	11.08	11.08
1232553	1	16714004211	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	04/13/2015	CJM/EAG	90	90	1	31.30	31.30
1252169		57664037713	TRAMADOL HCL 50 MG TABLET	MICHAELS, DA	04/15/2015	CJM/EAG	240	30	303	14.52	14.52
1252703		00378531001	ZOLPIDEM TARTRATE 10 MG T	MICHAELS, DA	04/18/2015	JT	90	90	1	16.83	16.83
1205624	2	68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	05/26/2015	EML	90	90	1	9.99	9.99
1232552	1	68382009705	PAROXETINE HCL 10 MG TABL	MICHAELS, DA	05/26/2015	CH	180	90	1	18.09	18.09
1259527		53746020401	OXYCODONE-ACETAMINOPHEN 1	MICHAELS, DA	05/27/2015	EML/EAG	120	30	303	15.00	89.42
1268128		57664037713	TRAMADOL HCL 50 MG TABLET	CARILLO, ROB	07/15/2015	JAO/CS	240	30	303	14.52	14.52
1268129		59762372003	ALPRAZOLAM 0.5 MG TABLET	CARILLO, ROB	07/15/2015	JAO/CS	360	60	1	28.67	28.67
1268130		00378531001	ZOLPIDEM TARTRATE 10 MG T	CARILLO, ROB	07/15/2015	JAO/CS	90	90	1	16.02	16.02
1273348		53746020401	OXYCODONE-ACETAMINOPHEN 1	CARILLO, ROB	08/15/2015	AY /TMN	120	30	303	15.00	89.42
1273491		68001015200	CARVEDILOL 25 MG TABLET	MICHAELS, DA	08/17/2015	AY	60	30	303	7.14	7.14
1273492		68001020808	LISINAPRIL 20 MG TABLET	MICHAELS, DA	08/17/2015	AY /TMN	60	30	303	9.06	9.06
1232553	2	16714004211	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	08/18/2015	CH	90	90	1	26.23	26.23
1277968		67877019805	AMLODIPINE BESYLATE 5 MG	GREEN, SAMUE	09/11/2015	EML/CS	30	30	303	3.93	3.93
1278417		52536030065	NITROGLYCERIN LINGUAL 0.4	CARILLO, ROB	09/14/2015	TMN/EAG	5	30	303	15.00	134.84
1279517		00378531001	ZOLPIDEM TARTRATE 10 MG T	CARILLO, ROB	09/21/2015	EML/CS	90	90	1	16.21	16.21
1279705		67253090150	ALPRAZOLAM 0.5 MG TABLET	MICHAELS, DA	09/21/2015	EML/CS	360	60	1	14.12	14.12
1283083		52536030020	NITROGLYCERIN LINGUAL 0.4	CARILLO, ROB	10/08/2015	PT /CP	24	30	303	15.00	387.98
1273491	1	68001015200	CARVEDILOL 25 MG TABLET	MICHAELS, DA	10/09/2015	EW	60	30	303	7.14	7.14
1273492	1	68001026908	LISINAPRIL 20 MG TABLET	MICHAELS, DA	10/09/2015	EW	60	30	303	9.06	9.06
1232552	2	68382009705	PAROXETINE HCL 10 MG TABL	MICHAELS, DA	10/26/2015	PT	180	90	1	18.09	18.09
1286745		57664037713	TRAMADOL HCL 50 MG TABLET	MICHAELS, DA	10/27/2015	PHI/CH	240	30	303	14.81	14.81
1232553	3	00591554401	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	11/30/2015	PT	90	90	1	29.06	29.06
1293779		00143971310	LISINAPRIL 20 MG TABLET	MICHAELS, DA	12/01/2015	BD /TMN	180	90	1	18.09	18.09
1293792		68001015200	CARVEDILOL 25 MG TABLET	MICHAELS, DA	12/01/2015	CS /EW	180	90	1	9.99	9.99
1298628		00093007401	ZOLPIDEM TARTRATE 10 MG T	MICHAELS, DA	12/24/2015	AT /TMN	90	90	1	18.18	18.18
1299268		68001015200	CARVEDILOL 25 MG TABLET	CARILLO, ROB	12/29/2015	EAG	60	30	303	7.14	7.14
1299266		13107015430	PAROXETINE HCL 10 MG TABL	CARILLO, ROB	12/29/2015	EAG	180	90	1	18.09	18.09
1299267		00143971310	LISINAPRIL 20 MG TABLET	CARILLO, ROB	12/29/2015	EAG	60	30	303	9.06	9.06
1299264		16714004211	ALLOPURINOL 300 MG TABLET	CARILLO, ROB	12/29/2015	BD	90	90	1	26.23	26.23
1299270		67253090150	ALPRAZOLAM 0.5 MG TABLET	CARILLO, ROB	12/29/2015	BD	360	60	1	14.12	14.12
1299302		53746020401	OXYCODONE-ACETAMINOPHEN 1	CARILLO, ROB	12/30/2015	CS /EW	120	30	303	15.00	80.53
1302675		43478041007	NITROGLYCERIN 400 MCG SPR	CARILLO, ROB	01/15/2016	AT /EEW	18	30	303	15.00	440.29
1312553		55162062750	TRAMADOL HCL 50 MG TABLET	CARILLO, ROB	03/04/2016	EAG/EW	240	30	303	15.00	15.00
1312554		00406052301	OXYCODONE-ACETAMINOPHEN 1	CARILLO, ROB	03/04/2016	EAG/TMN	120	30	303	15.00	78.55
1312759		00093007401	ZOLPIDEM TARTRATE 10 MG T	CARILLO, ROB	03/07/2016	CS /EW	90	90	1	15.57	15.57
1312760		67253090250	ALPRAZOLAM 1 MG TABLET	CARILLO, ROB	03/07/2016	CS /EW	180	60	1	9.21	9.21
1320696		16714065202	CIPROFLOXACIN HCL 500 MG	MICHAELS, DA	04/15/2016	EAG/EW	20	10	303	9.47	9.47
1326552		00228315603	BUPRENORPHINE 2 MG TABLET	MICHAELS, DA	05/17/2016	AY /DK	60	30	1	47.40	47.40
1329498		53746020401	OXYCODONE-ACETAMINOPHEN 1	CARILLO, ROB	06/03/2016	AT /EW	120	30	303	15.00	79.07
1329499		00093007401	ZOLPIDEM TARTRATE 10 MG T	CARILLO, ROB	06/03/2016	AT /EW	90	90	1	15.57	15.57
1329513		67253090150	ALPRAZOLAM 0.5 MG TABLET	CARILLO, ROB	06/03/2016	AT /PT	360	60	1	14.12	14.12
1332708		68382005101	MELOXICAM 15 MG TABLET	CARILLO, ROB	06/21/2016	EAG	30	30	303	4.26	4.26
1332709		67877019805	AMLODIPINE BESYLATE 5 MG	CARILLO, ROB	06/21/2016	EAG	30	30	303	3.93	3.93
1332710		68001015200	CARVEDILOL 25 MG TABLET	CARILLO, ROB	06/21/2016	EAG	60	30	303	7.14	7.14
1332711		00143971310	LISINAPRIL 20 MG TABLET	CARILLO, ROB	06/21/2016	EAG	60	30	303	9.06	9.06
1332712		16252061830	ROSUVASTATIN CALCIUM 40 M	CARILLO, ROB	06/21/2016	EAG	30	30	303	15.00	201.72
1332716		57664037713	TRAMADOL HCL 50 MG TABLET	CARILLO, ROB	06/21/2016	KJB/TMN	240	30	303	14.81	14.81
1332818		00591554401	ALLOPURINOL 300 MG TABLET	CARILLO, ROB	06/22/2016	CS /TN	30	30	303	13.71	13.71
1344910		53746020401	OXYCODONE-ACETAMINOPHEN 1	CARILLO, ROB	08/30/2016	EAG/PT	120	30	303	15.00	74.14
1344909		67253090150	ALPRAZOLAM 0.5 MG TABLET	CARILLO, ROB	08/30/2016	LJ /EW	360	60	1	14.73	14.73
1344911		00378531001	ZOLPIDEM TARTRATE 10 MG T	CARILLO, ROB	08/30/2016	LJ /EW	90	90	1	16.81	16.81
1374878		53746020401	OXYCODONE-ACETAMINOPHEN 1	MICHAELS, DA	01/26/2017	EAG/JM	120	30	1	74.14	74.14
1374888		68001015200	CARVEDILOL 25 MG TABLET	MICHAELS, DA	01/26/2017	CS /JM	60	30	303	8.70	8.70
1374891		00591554401	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	01/26/2017	CS /JM	30	30	303	15.00	15.00
1374890		67877019805	AMLODIPINE BESYLATE 5 MG	MICHAELS, DA	01/26/2017	CS /JM	30	30	303	3.93	3.93
1374889		68001026908	LISINAPRIL 20 MG TABLET	MICHAELS, DA	01/26/2017	CS /JM	60	30	303	11.09	11.09
1374892		68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	01/26/2017	CS /JM	30	30	303	4.26	4.26
1374916		67253090250	ALPRAZOLAM 1 MG TABLET	MICHAELS, DA	01/26/2017	AT /JM	180	90	1	9.82	9.82
1374917		00378531001	ZOLPIDEM TARTRATE 10 MG T	MICHAELS, DA	01/26/2017	AT /JM	90	90	1	16.81	16.81
1374892	1	68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	03/30/2017	PT	30	30	303	4.26	4.26
1374891	1	00591554401	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	03/30/2017	PT	30	30	303	11.59	11.59

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1374888	1	68001015200	CARVEDILOL 25 MG TABLET	MICHAELS, DA	03/30/2017	PT	60	30	303	8.49	8.49
1374890	1	67877019805	AMLODIPINE BESYLATE 5 MG	MICHAELS, DA	03/30/2017	PT	30	30	303	9.85	9.85
1374891	2	00591554401	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	06/20/2017	AY /JM	30	30	303	12.67	12.67
1374892	2	68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	06/20/2017	AY /JM	30	30	303	4.61	4.61
1374888	2	68001015200	CARVEDILOL 25 MG TABLET	MICHAELS, DA	06/20/2017	AY /JM	60	30	303	10.76	10.76
1403168		67877019805	AMLODIPINE BESYLATE 5 MG	MICHAELS, DA	06/20/2017	EAG/JM	90	90	1	15.08	15.08
1403169		68001026908	LISINAPRIL 20 MG TABLET	MICHAELS, DA	06/20/2017	EAG	60	30	303	13.81	13.81
1374891	3	00591554401	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	08/17/2017	CH /JM	90	90	1	21.46	21.46
1403169	1	00185062010	LISINAPRIL 20 MG TABLET	MICHAELS, DA	08/17/2017	EAG/JM	180	90	1	23.63	23.63
1374888	3	68001015200	CARVEDILOL 25 MG TABLET	MICHAELS, DA	08/17/2017	CH /JM	180	90	1	14.17	14.17
1374892	3	68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	08/17/2017	CH /JM	90	90	1	14.17	14.17
1374891	4	00591554401	ALLOPURINOL 300 MG TABLET	MICHAELS, DA	12/05/2017	AY	90	90	1	21.72	21.72
1403168	1	67877019805	AMLODIPINE BESYLATE 5 MG	MICHAELS, DA	12/05/2017	AY	90	90	1	14.74	14.74
1403169	2	43547035411	LISINAPRIL 20 MG TABLET	MICHAELS, DA	12/05/2017	AY	180	90	1	20.72	20.72
1374892	4	68382005101	MELOXICAM 15 MG TABLET	MICHAELS, DA	12/05/2017	AY	90	90	1	14.17	14.17
										2100.21	3926.04

I HEREBY CERTIFY THAT THESE DRUGS AND MEDICINES WERE DISPENSED TO THE ABOVE NAMED PERSON(S) BY ORDER OF HIS (OR HER) PERSONAL PHYSICIAN.

PHARMACIST'S SIGNATURE

DATE

TP000188
AA01753



Personal Financial Statement Business Banking

Applicant or Guarantor

*To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Full Legal Name: (This is your full legal name exactly as it appears on an unexpired driver's license or state ID issued by the state of your principal residence.)

Last Name	Middle Name	First Name	Social Security Number	Date of Birth	Contact Phone
Pickens	Allen	Thomas	[REDACTED]	10-5-56	702-604-0038
Residential Street Address		Apt. Number	City	State	Zip Code # of Dependents
9517 Queen Charlotte Drive			Las Vegas	NV	89145
Time at Residence	Monthly PMT	Employer	Position	Time at Employer	
10 years	<input checked="" type="radio"/> Own <input type="radio"/> Rent	Self	Managment	10 years	

Co-Applicant if applicable

Full Legal Name: (This is your full legal name exactly as it appears on an unexpired driver's license or state ID issued by the state of your principal residence.)

Last Name	Middle Name	First Name	Social Security Number	Date of Birth	Contact Phone
Residential Street Address		Apt. Number	City	State	Zip Code # of Dependents
Time at Residence	Monthly PMT	Employer	Position	Time at Employer	
	<input type="radio"/> Own <input type="radio"/> Rent				

Financial Statement (leave blank, data you enter into the schedules on pages 3, 4, 5, and 6 will flow into this table)

Assets of Signer		Amount	Liabilities of Signer		Amount
Cash in Bank Accounts** (schedule 1)		\$ 118,048	Total Revolving Credit (schedule A)		\$ 20,000
Publicly Traded Investments** (schedule 2)		\$ 220,583	Total Installment Loans (schedule B)		\$ 154,565
Other Assets** (schedule 3)		\$ 220,000	Other Liabilities (schedule C)		\$ 0
Residence Market Value (RE Schedule)		\$ 0	Mortgage on Residence (Re schedule)		\$ 0
Other Real Estate Market Value***		\$ 2,440,000	Mortgage(s) on Other Real Estate***		\$ 1,107,614
Total Assets		\$ 2,998,631	Total Liabilities		\$ 1,282,179
			Net Worth		\$ 1,716,452

**Please provide statements.

***Other Real Estate Totals include figures from the Real Estate Schedule (page 4) and the Real Estate Attachment (page 5 and 6) of this form.

Applicant or Guarantor Identity Verification (Banker to personally view an unexpired state issued drivers license or state ID and enter or verify specifics below):
By signing this personal financial statement, you confirm that the information entered in this section is correct.

Applicant or Guarantor

Name on Identification	Primary ID Type*	Identification Number	From State/Country of	Issue Date	Exp. Date
Name on Identification	Primary or Secondary ID Type*	Identification Number	From State/Country of	Issue Date	Exp. Date

Co-Applicant

Name on Identification	Primary ID Type*	Identification Number	From State/Country of	Issue Date	Exp. Date
Name on Identification	Primary or Secondary ID Type*	Identification Number	From State/Country of	Issue Date	Exp. Date



DTP03835



Personal Financial Statement (PFS) Business Banking

Customer Instructions

1. Open the file and "Save As" a document on your computer.
2. Scroll down to the Personal Financial Statement and complete all applicable fields except the row that begins with 'Applicant or Guarantor Identity Verification', your Wells Fargo Banker will complete this section.

Use the "tab" key to move to the next available field. The "shift + tab" key combination will move backwards to the previous cell. Tab key will move you from left to right, top to bottom in that order.

3. The Financial Statement on Page 1 is *locked* for entry. Totals from the Schedules on Pages 3, 4, 5, and 6 will automatically fill specific fields in the Financial Statement on Page 1.

Important: If completing form by printing and writing in data by hand, be sure to list totals from schedules into their applicable line item in the Financial Statement section on page 1.

4. All applicants, co-applicants and guarantors must complete and sign a Personal Financial Statement. Related parties such as spouses may combine their information into a single joint Personal Financial Statement. Otherwise, applicants/co-applicants/guarantors should complete and sign separate Personal Financial Statement forms.
5. "Save" and "Print" the completed form. Proof for accuracy, then sign on Page 2.
6. Deliver the signed Personal Financial Statement to your Wells Fargo Banker by mail or in person. Bank does not recommend transmitting personal information by email, fax or other electronic means.

For questions on completing the Personal Financial Statement, please contact:

Banker Name:	Location:
Phone Number:	Mailing Address:

Banker Instructions

All Bankers: Personally view the primary ID (driver's license or state ID) and secondary ID (passport, credit card or other) and log the ID type, ID number, From State/Country of, Issue and Expiration dates. Do not take photocopies of any photo ID.

Prior to emailing the Personal Financial Statement to your customer:

1. Fill in your name, location, and phone number in the space provided above.
2. Do not complete any personal financial information for the customer, as email is not a secure method to transfer personal information.
3. Do not fax any previously submitted forms containing customer information.
4. You can print out blank forms for the customers to fill out on paper.

Residents of AZ, CA, FL, NJ, NV, NY: Applicants, co-applicants and guarantors must submit IRS Form 4506-T Request for Transcript of Tax Return with this application, or the application may be rejected.

General Information

	Applicant/Guarantor	Co-Applicant
1. Have you ever filed bankruptcy or have you been a principal or guarantor of a business entity that filed bankruptcy, or was the debtor in an involuntary bankruptcy case? (If "YES", explain in number 11)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Have you ever been convicted of a felony? (If "YES", explain in number 11)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. Are you a party to any claims or lawsuits? (If "YES", explain in number 11)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Are you obligated to pay alimony, child support or separate maintenance? (note \$ amount in number 11)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. Are you a co-signer or guarantor of any other debt? (provide details in schedule C or D)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. Are you currently on the Board of Directors or an executive officer of Wells Fargo Bank, N.A., or any other Bank, Thrift or S & L? If "YES" note institution name: _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. Are any assets held in Trust? (If "YES", Trusts from these states provide a copy of title page and signature page only: AK, AL, AR, AZ, CA, DC, DE, FL, IA, ID, IN, KS, MI, MN, MO, MS, NC, ND, NE, NM, NV, OH, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WY. All other states provide a copy of complete Trust Agreement)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. Do you own 25% or more of another company? (attach tax returns; provide details in schedule 3)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. Are you a citizen of the United States? (If NO, complete question 9 a.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9 a. Are you a permanent resident alien? Please provide country of citizenship: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
10. Marital status? (Answer only if this financial statement is provided in connection with one or more of the following: A request for secured credit; applicant is seeking a joint account with spouse; or applicant or co-applicant is a resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin) or is relying on community property located in one of those states or in Alaska as a basis for repayment on the credit requested.)	<input type="radio"/> Married <input type="radio"/> Separated <input checked="" type="radio"/> Unmarried	<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried
11. If YES to question(s) 1-8, please describe:	(Unmarried: single, divorced, widowed)	

Signatures

By signing below, each of the signer(s) certifies he/she has verified that all the information in the above and attached statements, supporting schedules, and federal tax returns is accurate and provides a complete and correct statement of the financial condition of the undersigned on the date indicated. If Applicant or Guarantor is an individual/sole proprietor, he/she specifically certifies that the name and other information set forth in the "Applicant or Guarantor Identity Verification" section is accurate. The signer(s) further agrees to notify Wells Fargo Bank, National Association ("Bank") promptly of any material change in any such information. The signer(s) authorize Bank and its affiliates to obtain consumer and/or business reports including inquiries to the Internal Revenue Service or the Franchise Tax Board, on the signer(s) as individuals anytime. Report information may be used for the duration of this credit request to evaluate eligibility for new or existing credit requests as well as potential eligibility for other product offerings involving the signer(s) or businesses related to the signer(s). The signer(s) authorize Bank to communicate with and offer such other credit products to the Applicant. Should signer(s) not wish to be informed of such product offerings for the duration of this credit request, signer(s) agrees to notify Bank verbally or in writing. Submitting private/personal information electronically Bank does not recommend transmitting private or personal information by email, fax or other electronic means. There is a risk that information sent by electronic means may be viewed or received by unauthorized persons. Applicant/co-applicant/guarantor assumes all risks of unauthorized disclosure of any information transmitted by electronic means. Bank may in its sole discretion accept or reject any information submitted electronically and/or require you to provide acceptable authentication of such information. Any signed document submitted by email, fax or other electronic means may be accepted as a signed original document in Bank's discretion and shall be admissible as evidence of the document and the signer's execution. Upon receipt by Bank, any confidential information will be treated and protected as confidential information in accordance with Bank's privacy policies.

Applicant's or Guarantor's Signature	Date	Co-Applicant's or Guarantor's Signature	Date
X		X	

Important Notice About Credit Reporting. Bank may report information about your Account(s) to credit bureaus and/or consumer reporting agencies in the name of your business organization and in the name of any guarantor(s). Late payments, missed payments, or other defaults on your Account(s) may be reflected in your and guarantor(s) credit report(s) and/or consumer report(s).

Residents of AZ, CA, FL, NJ, NV, NY: Applicants, co-applicants and guarantors must submit IRS Form 4506-T Request for Transcript of Tax Return with this application, or the application may be rejected.

Ohio Residents: The Ohio law against discrimination requires that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under §766.59, Wis. Stats., or court decree under §766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or court decree or has actual knowledge of the adverse provision.

South Carolina notice that waiver of appraisal rights will be required: The laws of South Carolina provide that in any real estate foreclosure proceeding a defendant against whom a personal judgment is taken or asked may within thirty days after the sale of the mortgaged property apply to the court for an order of appraisal. The statutory appraisal value as approved by the court would be substituted for the high bid and may decrease the amount of any deficiency owing in connection with the transaction. Borrowers and guarantors will be required to sign a waiver of such South Carolina appraisal rights in connection with any loan secured by South Carolina real estate where such appraisal rights could be applicable. This notice does not apply with respect to any dwelling place as defined in S.C. Code §12-37-250.

Date of Valuation (mm/dd/yy) _____

see attached tax document

Sources of Income

Annual	Applicant/Guarantor	Co-Applicant	Annual	Applicant/Guarantor	Co-Applicant
Salary:	473,077		Dividends/Interest:		
Commissions:			Rental Income:		
Cash Distributions: from individual/ business			Alimony/Child Support*: (voluntary: disclosure not req'd)		
Other Sources: (ex. Contract Income)			Other Sources:		
			Total Annual Income:	\$ 473,077	\$ 0

*Alimony, child support, or separate maintenance income need not be revealed if it will not be considered as a potential source of repayment.

Financial Statement Schedules**Schedule 1: Cash in Bank Accounts**

Account Description/Account Owner	Name of Bank	Current Balance
TP & DKM (shared) acct ending # 3436 (see attached bank statement - DEC)	Wells Fargo	118,048
Total:		\$ 118,048

Schedule 2: Publicly Traded Investments: Stocks, bonds, mutual funds, 401k, IRAs

Account(s) Description	Name(s) Registered In	Shares/Amt	Retirement	Current Value
UBS Pension 401k (see attached statement)	Thomas Pickens		<input type="radio"/> Yes <input type="radio"/> No	220,583
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
Total:				\$ 220,583

Schedule 3: Other Assets – vehicles, boats, partnerships, proprietorships, cash-value life insurance owned by signer

Property Description	Name(s) Registered In	Current Value
Range Rover (see attached statements)		70,000
Porsche Cayanne		115,000
Model T		15,000
Model A		20,000
Total:		\$ 220,000

Schedule A: Total Revolving Credit – credit cards, credit lines

To Whom Payable	Description	Commitment Amt	Monthly Pmt	Current Balance
American Express	paid in full every month			0
Wells Fargo	paid in full every month			0
AMEX Blue card	payments range from \$2000 - \$5000 per month			20,000
Total:				\$ 20,000

Schedule B: Total Installment Loans – cars, boats, furniture

To Whom Payable	Description	Monthly Pmt	Total Balance
Chase	Range Land Rover Acct Ending # 2307	1,638	39,565
Bank of the West	Porsche Cayanne Acct Ending # 6467	1,200	115,000
Total:			\$ 154,565

Schedule C: Other Liabilities – contract debts, maintenance payments, lawsuits, tax penalties

To Whom Payable	Description	Monthly Pmt	Current Balance
	NA		
Total:			\$ 0

Schedule D: Contingent Liabilities – partnerships, guarantees

To Whom Payable	Description	Monthly Pmt	Current Balance
	NA		
Total:			\$ 0

Real Estate Schedule – Property Owned By Signer

Complete "Ownership %" for worksheet formulas to function properly i.e. 4.75% type as .0475 or 100% type as 1.

Property Type: SF = Single Family, MF = Multiple Family, C = Commercial/Industrial, L = Land/Acreage							
Property Type:	Residence		<input type="radio"/> Vacation <input type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L				<input type="radio"/> Vacation <input type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input checked="" type="radio"/> C <input type="radio"/> L
Ownership % (Must complete to enable)	0%		0%				50%
Co-Owned with Spouse	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No			
Property Address	Patience One, LLC = 3320 N Buffalo Drive, suite 208						
City, State, Zip	Las Vegas NV 89129						
Date Purchased							
Purchase Price	\$1,700,000						
Estimated Market Value	\$3,800,000						
1st Mortgage Balance	\$1,500,000						
Lender	Wells Fargo						
Interest Rate	0.00%		0.00%				0.00%
Maturity Date							
Payment 1st Mortgage	see attached loan statement						
All Other Mortgages/Liens (include loans and equity lines)							
Lender(s)							
Payments - other Mortgages							
Annual Property Tax/Insurance							
Gross Monthly Rent							

Other Real Estate Totals (factors in Ownership %)*

Real Estate Schedule - Other Real Estate Totals**			
Total Market Value	\$	1,900,000	\$3,800,000
Total Mortgage(s) Balance	\$	750,000	\$1,479,466.51

* Important: If completing this form by hand, be sure to factor in 'Ownership %' and transfer applicable totals based on this % into the corresponding line item of the Financial Statement section on page 1 of this document to ensure an accurate financial picture.

** Total does not include 'Residence' in the above schedule. Residence total transfers directly to the Financial Statement section on page 1.

Real Estate Holdings Attachment*

*Use this page only if you have additional properties not listed in the Real Estate Schedule on page 4.

**Complete "Ownership %" for worksheet formulas to function properly i.e. 4.75% type as .0475 or 100% type as 1.

Property Type: SF = Single Family, MF = Multiple Family, C = Commercial/Industrial, L = Land/Acreage												
Property Type:	<input type="radio"/> Vacation <input checked="" type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L				<input type="radio"/> Vacation <input type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L				<input type="radio"/> Vacation <input type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L			
Ownership %**	50%				0%				0%			
Co-Owned with Spouse	<input checked="" type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
Property Address	7608 Lowe Ave.											
City, State, Zip	Las Vegas NV 89131											
Date Purchased												
Purchase Price	\$129,000											
Estimated Market Value	\$180,000											
1st Mortgage Balance	\$65,229											
Lender												
Interest Rate	5.63 % 0.00%				0.00%				0.00%			
Maturity Date												
Payment 1st Mortgage												
All Other Mortgages/Liens (include loans and equity lines)												
Lender(s)	Wells Fargo											
Payments - other Mortgages												
Annual Property Tax/Insurance	see attached mortgage statement #9607											
Gross Monthly Rent	\$800											

Total Market Value \$180,000.
Total Mortgage Balance \$ 65,228.79

Property Type: SF = Single Family, MF = Multiple Family, C = Commercial/Industrial, L = Land/Acreage												
Property Type:	<input type="radio"/> Vacation <input type="radio"/> Rental <input checked="" type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L				<input type="radio"/> Vacation <input type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L				<input type="radio"/> Vacation <input type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L			
Ownership %**	50%				0%				0%			
Co-Owned with Spouse	<input checked="" type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
Property Address	9517 Queen Charlotte Drive											
City, State, Zip	Las Vegas NV 89145											
Date Purchased												
Purchase Price	\$999,000											
Estimated Market Value	\$900,000											
1st Mortgage Balance	\$650,000											
Lender												
Interest Rate	2.63% 0.00%				0.00%				0.00%			
Maturity Date												
Payment 1st Mortgage												
All Other Mortgages/Liens (include loans and equity lines)												
Lender(s)												
Payments - other Mortgages	\$4,172											
Annual Property Tax/Insurance												
Gross Monthly Rent	see attached ASC statement											

Other Real Estate Totals (factors in Ownership %)

Real Estate Holdings Attachment - Totals***	
Total Market Value	\$ 540,000
Total Mortgage(s) Balance	\$ 357,614

*** If completing form by hand be sure to factor in 'Ownership %' and transfer applicable totals based on this % into the corresponding line item of the Financial Statement section on page 1.



Personal Financial Statement Business Banking

Applicant or Guarantor

*To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Full Legal Name: (This is your full legal name exactly as it appears on an unexpired driver's license or state ID issued by the state of your principal residence.)

Last Name	Middle Name	First Name	Social Security Number	Date of Birth	Contact Phone
Michaels	Katrina	Danka	[REDACTED]	11-26-55	702-604-0381
Residential Street Address	Apt. Number	City	State	Zip Code	# of Dependents
9517 Queen Charlotte Drive		Las Vegas	NV	89145	
Time at Residence	Monthly PMT	Employer	Position	Time at Employer	
10 years	<input checked="" type="radio"/> Own <input type="radio"/> Rent	Self	Physician	10 years	

Co-Applicant if applicable

Full Legal Name: (This is your full legal name exactly as it appears on an unexpired driver's license or state ID issued by the state of your principal residence.)

Last Name	Middle Name	First Name	Social Security Number	Date of Birth	Contact Phone
Residential Street Address	Apt. Number	City	State	Zip Code	# of Dependents
Time at Residence	Monthly PMT	Employer	Position	Time at Employer	
	<input type="radio"/> Own <input type="radio"/> Rent				

Financial Statement (leave blank, data you enter into the schedules on pages 3, 4, 5, and 6 will flow into this table)

Assets of Signer	Amount	Liabilities of Signer	Amount
Cash in Bank Accounts** (schedule 1)	\$ 283,344	Total Revolving Credit (schedule A)	\$ 20,000
Publicly Traded Investments** (schedule 2)	\$ 737,341	Total Installment Loans (schedule B)	\$ 0
Other Assets** (schedule 3)	\$ 0	Other Liabilities (schedule C)	\$ 0
Residence Market Value (RE Schedule)	\$ 0	Mortgage on Residence (Re schedule)	\$ 0
Other Real Estate Market Value***	\$ 2,440,000	Mortgage(s) on Other Real Estate***	\$ 1,107,615
Total Assets	\$ 3,460,685	Total Liabilities	\$ 1,127,615
		Net Worth	\$ 2,333,070

**Please provide statements.

***Other Real Estate Totals include figures from the Real Estate Schedule (page 4) and the Real Estate Attachment (page 5 and 6) of this form.

Applicant or Guarantor Identity Verification (Banker to personally view an unexpired state issued drivers license or state ID and enter or verify specifics below):
By signing this personal financial statement, you confirm that the information entered in this section is correct.

Applicant or Guarantor

Name on Identification	Primary ID Type*	Identification Number	From State/Country of	Issue Date	Exp. Date
Name on Identification	Primary or Secondary ID Type*	Identification Number	From State/Country of	Issue Date	Exp. Date

Co-Applicant

Name on Identification	Primary ID Type*	Identification Number	From State/Country of	Issue Date	Exp. Date
Name on Identification	Primary or Secondary ID Type*	Identification Number	From State/Country of	Issue Date	Exp. Date



DTP03835



Personal Financial Statement (PFS) Business Banking

Customer Instructions

1. Open the file and "Save As" a document on your computer.
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Use the "tab" key to move to the next available field. The "shift + tab" key combination will move backwards to the previous cell. Tab key will move you from left to right, top to bottom in that order.

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Important: If completing form by printing and writing in data by hand, be sure to list totals from schedules into their applicable line item in the Financial Statement section on page 1.

4. All applicants, co-applicants and guarantors must complete and sign a Personal Financial Statement. Related parties such as spouses may combine their information into a single joint Personal Financial Statement. Otherwise, applicants/co-applicants/guarantors should complete and sign separate Personal Financial Statement forms.
5. "Save" and "Print" the completed form. Proof for accuracy, then sign on Page 2.
6. Deliver the signed Personal Financial Statement to your Wells Fargo Banker by mail or in person. Bank does not recommend transmitting personal information by email, fax or other electronic means.

For questions on completing the Personal Financial Statement, please contact:

Banker Name:	Location:
Phone Number:	Mailing Address:

Banker Instructions

All Bankers: Personally view the primary ID (driver's license or state ID) and secondary ID (passport, credit card or other) and log the ID type, ID number, From State/Country of, Issue and Expiration dates. Do not take photocopies of any photo ID.

Prior to emailing the Personal Financial Statement to your customer:

1. Fill in your name, location, and phone number in the space provided above.
2. Do not complete any personal financial information for the customer, as email is not a secure method to transfer personal information.
3. Do not fax any previously submitted forms containing customer information.
4. You can print out blank forms for the customers to fill out on paper.

Residents of AZ, CA, FL, NJ, NV, NY: Applicants, co-applicants and guarantors must submit IRS Form 4506-T Request for Transcript of Tax Return with this application, or the application may be rejected.

Date of Valuation (mm/dd/yy) _____

see attached tax document

Sources of Income

Annual	Applicant/Guarantor	Co-Applicant	Annual	Applicant/Guarantor	Co-Applicant
Salary:	205,000		Dividends/Interest:		
Commissions:			Rental Income:		
Cash Distributions: from individual/ business			Alimony/Child Support*: (voluntary: disclosure not req'd)		
Other Sources: (ex. Contract Income)			Other Sources:		
			Total Annual Income:	\$ 205,000	\$ 0

*Alimony, child support, or separate maintenance income need not be revealed if it will not be considered as a potential source of repayment.

Financial Statement Schedules**Schedule 1: Cash in Bank Accounts**

Account Description/Account Owner	Name of Bank	Current Balance
TP & DKM (shared account) ending #3436 (see attached statement)	Wells Fargo	118,048
DKM (BPMG Payroll Statement) #9088	Bank of America	149,410
DKM (BPMS) Statement #9108	Bank of America	15,885
		Total: \$ 283,344

Schedule 2: Publicly Traded Investments: Stocks, bonds, mutual funds, 401k, IRAs

Account(s) Description	Name(s) Registered In	Shares/Amt	Retirement	Current Value
UBS Portfolio - 401k (see attached statement)	DKM		<input type="radio"/> Yes <input type="radio"/> No	584,808
Valic - 401k (see attached statement)	DKM		<input type="radio"/> Yes <input type="radio"/> No	31,086
Columbia - 401k (see attached statement)	DKM		<input type="radio"/> Yes <input type="radio"/> No	121,447
			<input type="radio"/> Yes <input type="radio"/> No	
			<input type="radio"/> Yes <input type="radio"/> No	
				Total: \$ 737,341

Schedule 3: Other Assets – vehicles, boats, partnerships, proprietorships, cash-value life insurance owned by signer

Property Description	Name(s) Registered In	Current Value
N/A		
		Total: \$ 0

Schedule A: Total Revolving Credit – credit cards, credit lines

To Whom Payable	Description	Commitment Amt	Monthly Pmt	Current Balance
Amex - Blue				20,000
				Total: \$ 20,000

General Information

	Applicant/Guarantor	Co-Applicant
1. Have you ever filed bankruptcy or have you been a principal or guarantor of a business entity that filed bankruptcy, or was the debtor in an involuntary bankruptcy case? (If "YES", explain in number 11)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
2. Have you ever been convicted of a felony? (If "YES", explain in number 11)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
3. Are you a party to any claims or lawsuits? (If "YES", explain in number 11)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
4. Are you obligated to pay alimony, child support or separate maintenance? (note \$ amount in number 11)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
5. Are you a co-signer or guarantor of any other debt? (provide details in schedule C or D)	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
6. Are you currently on the Board of Directors or an executive officer of Wells Fargo Bank, N.A., or any other Bank, Thrift or S & L? If "YES" note institution name: _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
7. Are any assets held in Trust? (If "YES", Trusts from these states provide a copy of title page and signature page only: AK, AL, AR, AZ, CA, DC, DE, FL, IA, ID, IN, KS, MI, MN, MO, MS, NC, ND, NE, NM, NV, OH, OR, PA, SC, SD, TN, TX, UT, VA, WA, and WY. All other states provide a copy of complete Trust Agreement.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
8. Do you own 25% or more of another company? (attach tax returns; provide details in schedule 3)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. Are you a citizen of the United States? (if NO, complete question 9 a.)	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9 a. Are you a permanent resident alien? Please provide country of citizenship: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
10. Marital status? (Answer only if this financial statement is provided in connection with one or more of the following: A request for secured credit; applicant is seeking a joint account with spouse; or applicant or co-applicant is a resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin) or is relying on community property located in one of those states or in Alaska as a basis for repayment on the credit requested.)	<input type="radio"/> Married <input type="radio"/> Separated <input checked="" type="radio"/> Unmarried	<input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Unmarried
11. If YES to question(s) 1-8, please describe:	(Unmarried: single, divorced, widowed)	

Signatures

By signing below, each of the signer(s) certifies he/she has verified that all the information in the above and attached statements, supporting schedules, and federal tax returns is accurate and provides a complete and correct statement of the financial condition of the undersigned on the date indicated. If Applicant or Guarantor is an individual/sole proprietor, he/she specifically certifies that the name and other information set forth in the "Applicant or Guarantor Identity Verification" section is accurate. The signer(s) further agrees to notify Wells Fargo Bank, National Association ("Bank") promptly of any material change in any such information. The signer(s) authorize Bank and its affiliates to obtain consumer and/or business reports including inquiries to the Internal Revenue Service or the Franchise Tax Board, on the signer(s) as individuals anytime. Report information may be used for the duration of this credit request to evaluate eligibility for new or existing credit requests as well as potential eligibility for other product offerings involving the signer(s) or businesses related to the signer(s). The signer(s) authorize Bank to communicate with and offer such other credit products to the Applicant. Should signer(s) not wish to be informed of such product offerings for the duration of this credit request, signer(s) agrees to notify Bank verbally or in writing. Submitting private/personal information electronically Bank does not recommend transmitting private or personal information by email, fax or other electronic means. There is a risk that information sent by electronic means may be viewed or received by unauthorized persons. Applicant/co-applicant/guarantor assumes all risks of unauthorized disclosure of any information transmitted by electronic means. Bank may in its sole discretion accept or reject any information submitted electronically and/or require you to provide acceptable authentication of such information. Any signed document submitted by email, fax or other electronic means may be accepted as a signed original document in Bank's discretion and shall be admissible as evidence of the document and the signer's execution. Upon receipt by Bank, any confidential information will be treated and protected as confidential information in accordance with Bank's privacy policies.

Applicant's or Guarantor's Signature	Date	Co-Applicant's or Guarantor's Signature	Date
X		X	

Important Notice About Credit Reporting. Bank may report information about your Account(s) to credit bureaus and/or consumer reporting agencies in the name of your business organization and in the name of any guarantor(s). Late payments, missed payments, or other defaults on your Account(s) may be reflected in your and guarantor(s) credit report(s) and/or consumer report(s).

Residents of AZ, CA, FL, NJ, NV, NY: Applicants, co-applicants and guarantors must submit IRS Form 4506-T Request for Transcript of Tax Return with this application, or the application may be rejected.

Ohio Residents: The Ohio law against discrimination requires that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under §766.59, Wis. Stats., or court decree under §766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or court decree or has actual knowledge of the adverse provision.

South Carolina notice that waiver of appraisal rights will be required: The laws of South Carolina provide that in any real estate foreclosure proceeding a defendant against whom a personal judgment is taken or asked may within thirty days after the sale of the mortgaged property apply to the court for an order of appraisal. The statutory appraisal value as approved by the court would be substituted for the high bid and may decrease the amount of any deficiency owing in connection with the transaction. Borrowers and guarantors will be required to sign a waiver of such South Carolina appraisal rights in connection with any loan secured by South Carolina real estate where such appraisal rights could be applicable. This notice does not apply with respect to any dwelling place as defined in S.C. Code §12-37-250.

Schedule B: Total Installment Loans – cars, boats, furniture

To Whom Payable	Description	Monthly Pmt	Total Balance
N/A			
Total:			\$ 0

Schedule C: Other Liabilities – contract debts, maintenance payments, lawsuits, tax penalties

To Whom Payable	Description	Monthly Pmt	Current Balance
N/A	N/A		
Total:			\$ 0

Schedule D: Contingent Liabilities – partnerships, guarantees

To Whom Payable	Description	Monthly Pmt	Current Balance
N/A	N/A		
Total:			\$ 0

Real Estate Schedule – Property Owned By Signer

Complete "Ownership %" for worksheet formulas to function properly i.e. 4.75% type as .0475 or 100% type as 1.

Property Type: SF = Single Family, MF = Multiple Family, C = Commercial/Industrial, L = Land/Acreage								
Property Type:	Residence		Vacation Rental				Vacation Rental	
	<input type="radio"/> SF	<input type="radio"/> MF	<input type="radio"/> SF	<input type="radio"/> MF	<input checked="" type="radio"/> C	<input type="radio"/> L	<input type="radio"/> SF	<input type="radio"/> MF
Ownership % (Must complete to enable)	0%		50%				0%	
Co-Owned with Spouse	<input type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No	
Property Address	3320 N BUFFALO DR.							
City, State, Zip	LAS VEGAS NV 89129							
Date Purchased								
Purchase Price	\$1,700,000							
Estimated Market Value	\$3,800,000							
1st Mortgage Balance	\$1,500,000							
Lender	WELLS FARGO							
Interest Rate	0.00%		0.00%				0.00%	
Maturity Date								
Payment 1st Mortgage								
All Other Mortgages/Liens (include loans and equity lines)								
Lender(s)	Wells Fargo							
Payments - other Mortgages								
Annual Property Tax/Insurance	see attached statement &							
Gross Monthly Rent	rent roll							

Other Real Estate Totals (factors in Ownership %)*

Real Estate Schedule - Other Real Estate Totals**			
Total Market Value	\$	1,900,000	\$3,800,000.
Total Mortgage(s) Balance	\$	750,000	\$1,479,466.51

* Important: If completing this form by hand, be sure to factor in 'Ownership %' and transfer applicable totals based on this % into the corresponding line item of the Financial Statement section on page 1 of this document to ensure an accurate financial picture.

** Total does not include 'Residence' in the above schedule. Residence total transfers directly to the Financial Statement section on page 1.

Real Estate Holdings Attachment*

*Use this page only if you have additional properties not listed in the Real Estate Schedule on page 4.

**Complete "Ownership %" for worksheet formulas to function properly i.e. 4.75% type as .0475 or 100% type as 1.

Property Type: SF = Single Family, MF = Multiple Family, C = Commercial/Industrial, L = Land/Acreage												
Property Type:	<input type="radio"/> Vacation <input checked="" type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L				<input type="radio"/> Vacation <input type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L				<input type="radio"/> Vacation <input type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L			
Ownership %**	50%				0%				0%			
Co-Owned with Spouse	<input checked="" type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
Property Address	7608 Lowe Ave											
City, State, Zip	Las Vegas, NV 89131											
Date Purchased												
Purchase Price	\$129,000											
Estimated Market Value	\$180,000											
1st Mortgage Balance	\$65,229											
Lender												
Interest Rate	5.63% 0.00%				0.00%				0.00%			
Maturity Date												
Payment 1st Mortgage												
All Other Mortgages/Liens (include loans and equity lines)												
Lender(s)	Wells Fargo											
Payments - other Mortgages	see attached mortgage											
Annual Property Tax/Insurance	statement											
Gross Monthly Rent	\$800											

Total Market Value \$180,000.00
Total Mortgage Balance \$65,228.79

Property Type: SF = Single Family, MF = Multiple Family, C = Commercial/Industrial, L = Land/Acreage												
Property Type:	<input type="radio"/> Vacation <input type="radio"/> Rental <input checked="" type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L				<input type="radio"/> Vacation <input type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L				<input type="radio"/> Vacation <input type="radio"/> Rental <input type="radio"/> SF <input type="radio"/> MF <input type="radio"/> C <input type="radio"/> L			
Ownership %**	50%				0%				0%			
Co-Owned with Spouse	<input checked="" type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
Property Address	9517 Queen Charlotte Drive											
City, State, Zip	Las Vegas NV 89145											
Date Purchased												
Purchase Price	\$999,000											
Estimated Market Value	\$900,000											
1st Mortgage Balance	\$650,000											
Lender												
Interest Rate	2.63% 0.00%				0.00%				0.00%			
Maturity Date												
Payment 1st Mortgage												
All Other Mortgages/Liens (include loans and equity lines)												
Lender(s)												
Payments - other Mortgages	\$4,172											
Annual Property Tax/Insurance	see attached ASC											
Gross Monthly Rent	statement											

Other Real Estate Totals (factors in Ownership %)

Real Estate Holdings Attachment - Totals***	
Total Market Value	\$ 540,000
Total Mortgage(s) Balance	\$ 357,615

*** If completing form by hand be sure to factor in 'Ownership %' and transfer applicable totals based on this % into the corresponding line item of the Financial Statement section on page 1.



June 25, 2013

Dear Danka K. Michaels, M.D., Prof.Corp,

You have requested that BANK OF AMERICA, N.A. ("Bank of America") make a loan in the amount of \$450,000.00 (the "Loan") to Danka K. Michaels, M.D., Prof.Corp (the "Borrower"). The proceeds of the Loan will be used for a Existing loan at 3320 N. Buffalo Drive Las Vegas, NV. This letter sets forth Bank of America's conditional commitment to make the Loan upon the terms and conditions set forth below:

Commitment

Purpose: Existing

Approved Amount: \$450,000.00

(Includes \$0 of Working Capital)

This commitment is contingent upon the pledging of the following collateral:

UCC - All Assets	Non Mortgage - First Position	7373 Peak Dr Ste 160 (Existing) Las Vegas, NV 89134
UCC - All Assets	Non Mortgage - First Position	3320 N. Buffalo Drive (New) Las Vegas, NV 89129

This commitment is contingent upon the acceptance of the following guarantor(s):

Mich-Mich Trust
Patience One LLC
Thomas A Pickens
Danka Michaels

Conditions of Approval:

Conditions must be met prior to any disbursements.

Documents

- Signed "Funding Requirements and Credit Conditions" Acceptance letter

Guarantee

- All Guarantees as listed above

Conditions must be met prior to funding of loan.

Insurance

- Certificate of Insurance is required to be maintained for the term of the loan for Business Personal Property naming Bank of America, N.A. as Loss Payee when exposure exceeds \$100,000
- Copy of executed collateral assignment to the life insurance policy naming Bank of America NA as collateral assignee if the amount financed exceeds \$500,000 (signatures required).
- Copy of life insurance policy equal to the total amount of exposure will be required if amount financed exceeds \$500,000. This is required for all principal owners.
- Proof of disability insurance will be required if the total amount of exposure exceeds \$500,000. This is required for all principal practice owners on the Loan.

Site Inspection

- Verification of practice assets by Bank of America or an approved 3rd party when financing exceeds \$500,000

Bank of America is pleased to offer this loan to you and truly appreciates the opportunity to work for you. If you should have any questions regarding this matter, please don't hesitate to contact me at (800) 360-0667.

Sincerely,

Christopher Wallace

Account Manager

1 **AFFIDAVIT OF CUSTODIAN OF RECORDS**

2 STATE OF NEVADA)
3) SS:
4 COUNTY OF CLARK)

5 Tracy Ruccia, being duly sworn and says:

6 1. That at all times herein affiant was over eighteen years of
7 age, not a party to or interested in the proceedings in which this affidavit
8 was made.

9 2. I am employed by Equity Title, LLC, in the
10 Admin. Department.

11 3. That on the 2nd day of July, 2018, affiant
12 received the **SUBPOENA DUCES TECUM** requesting:

13 **Any and all documents in the file (whether stored**
14 **electronically or on paper) relating to the purchase of the**
15 **property located at 4514 Blue Mesa Way, Las Vegas,**
16 **Nevada 89129, Escrow # 17210286 DAW, including, but**
17 **not limited to, purchase agreements, the closing**
18 **statement, records of deposits or purchase funds, deeds,**
19 **trust agreements, power of attorneys, e-mails, internal**
20 **memos, general information forms, correspondence,**
21 **notes, wiring instructions and the front and back of any**
 canceled checks.

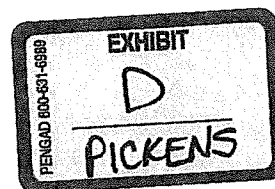
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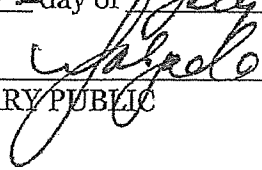
1 4. That on the 9th day of July, 2018, affiant
2 provided true and correct copies of said documents.

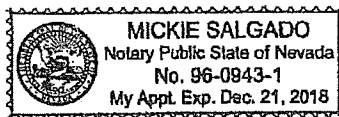
3 FURTHER, AFFIANT SAYETH NAUGHT.

4 Dated this 9th day of July, 2018.

5 
AFFIANT

6 SIGNED AND SWORN to before me
7 this 9th day of July, 2018.

8 
NOTARY PUBLIC





EQUITY
TITLE OF NEVADA

VESTING INSTRUCTIONS

May 22, 2017

TO: Equity Title of Nevada

RE: ESCROW NO. 17210286 DAW

Title for the Buyer(s) is to be vested as follows (use full names and initials, and specify if a Partnership, Trust of Corporation):

Thomas A. Pickens

PLEASE CHECK ONE OF THE FOLLOWING:

- | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> A Single Man (never been married) | <input type="checkbox"/> A married woman as her Sole and Separate Property (Spouse will be required to execute a Quit Claim Deed) |
| <input type="checkbox"/> A Single Woman (never been married) | <input type="checkbox"/> A married man as his Sole and Separate Property (The Community Property Interest of Spouse to be conveyed) |
| <input type="checkbox"/> An Unmarried Man (divorced or widowed) | <input type="checkbox"/> Trust (Copy of trust to be provided to Title prior to close) |
| <input type="checkbox"/> An Unmarried Woman (divorced or widowed) | <input type="checkbox"/> Partnership (Statement of Partnership to be provided to Title prior to close) |
| <input type="checkbox"/> Husband and Wife | <input type="checkbox"/> Corporation (Corporate Resolution to be provided to Title prior to close) |
| <input type="checkbox"/> Wife and Husband | <input type="checkbox"/> Limited Liability Company in the State of: _____ (Copy of Operating Agreement, Articles of Organization & Cert of Good Standing). |
| <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> A married man, and a married man (married to each other) |
| <input type="checkbox"/> A married woman, and a married woman (married to each other) | |


PLEASE CHECK ONE OF THE FOLLOWING IN ADDITION TO THE ABOVE:

- ☐ AS JOINT TENANTS (Upon death of one of the joint tenants, the property passes to the surviving joint tenant(s); it does NOT go through probate and it CANNOT be willed to an heir.)
- ☐ AS COMMUNITY PROPERTY (For Married couples or Domestic Partner). All real property acquired during the course of the marriage is considered community property unless designated otherwise. In case of death, property DOES go through probate, and CAN be willed to an heir.)
- ☐ AS COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP (For Married couples or Domestic Partner) (Carries the benefit of survivorship in that it does NOT go through probate in the event of death; it CANNOT be willed to an heir.)
- ☐ AS TENANTS IN COMMON (Usually used by persons buying property together, but not married or Domestic Partner. Need to state the individual interest of the persons taking title, i.e. 50% - 50%, OR 75% - 25% etc. The ownership interest CAN be said or willed; in the case of death, it DOES require a probate.) **SPECIFY INTEREST BELOW.**
- ☐ AS HIS/HER SOLE AND SEPARATE PROPERTY (The interest of the spouse or Domestic Partner must be conveyed as Nevada is a "community property" state, and real property cannot be sold or encumbered without the spouse executing all documents evidencing consent. The spouse or Domestic Partner will execute a deed divesting themselves of any possible community property interest. CAN be willed; DOES require a probate in case of death.)

IF TENANTS IN COMMON please state the individual interests of each party (totaling 100%) _____

You are hereby authorized and directed to conform any and all documents contained in the above referenced escrow to this vesting, or to comply with Lender requirements, whether or not they have already been executed. It is further acknowledged and authorized that my/our name(s) may be altered to be identical with the Deed of Trust provided by my/our lending institution. **PLEASE NOTE: (THE ESCROW AGENT/HOLDER CANNOT ADVISE YOU AS TO HOW YOU SHOULD ACQUIRE YOUR VESTED INTEREST).** The manner of vesting can have legal or tax consequences. If you are unsure of this, please contact your attorney and/or accountant for advice.

BUYER:



Thomas A. Pickens

APN NO.: 138-05-610-005

RECORDING REQUESTED BY:
EQUITY TITLE OF NEVADA
WHEN RECORDED MAIL TO:
Thomas A. Pickens
4514 Blue Mesa Way
Las Vegas, NV 89129

MAIL TAX STATEMENTS TO:
SAME AS ABOVE

Affix RPTT: \$3,009.00
ESCROW NO.: 17210286 DAW

Inst #: 20170530-0000500

Fees: \$19.00 N/C Fee: \$25.00

RPTT: \$3009.00 Ex: #

05/30/2017 09:06:13 AM

Receipt #: 3096399

Requestor:

EQUITY TITLE OF NEVADA

Recorded By: OSA Pgs: 4

DEBBIE CONWAY

CLARK COUNTY RECORDER

GRANT, BARGAIN, SALE DEED

THIS INDENTURE WITNESSETH THAT:

Jason Gerber, an unmarried man

for a valuable consideration, the receipt of which is hereby acknowledged, do hereby Grant, Bargain Sell
and convey to

Thomas A. Pickens, a single person

all that real property situated in the County of Clark, State of Nevada, described as follows:

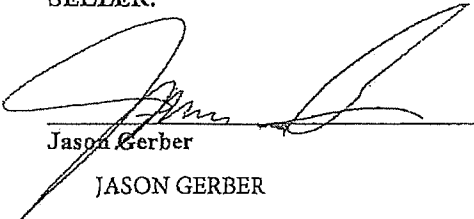
See Exhibit A attached hereto and made a part hereof.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto
belonging to in anywise appertaining.

SUBJECT TO:

1. General and special taxes for the current fiscal year.
2. Covenants, conditions, restrictions, rights of way, easements and reservations of record.

SELLER:


Jason Gerber
JASON GERBER

STATE OF NEVADA
COUNTY OF Clark

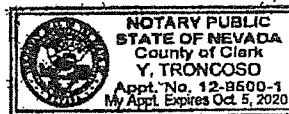
} SS:

On May 25, 2017

Personally appeared before me, a Notary Public

Jason Gerber

Who acknowledged that he/she/they executed the above instrument.



Y. Troncoso
Notary Public

My commission expires: Oct. 5, 2020

Exhibit A

Parcel One (1):

Lot 35 of TUCSON RIDGE UNIT 2, as shown by map thereof on file in Book 72 of Plats, Page 83, in the Office of the County Recorder of Clark County, Nevada.

Parcel Two (2):

Together with an easement for ingress and egress over that portion of all lots shown as private streets as shown on the final map of Tucson Ridge – Unit 2

Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower," as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when ☐ the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for loan qualification or ☐ the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

Thomas A Pickens

Borrower

Co-Borrower

Mortgage Applied for: <input type="checkbox"/> VA <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Other (explain):				Agency Case Number	Lender Case Number
<input type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service					XXXXXXXX4472
Amount \$472,000.00	Interest Rate 4% 360	Amortization Type: <input checked="" type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain):			
<input type="checkbox"/> GPM <input type="checkbox"/> ARM (type):					

Subject Property Address (street, city, state & ZIP) 4514 Blue Mesa WAY, Las Vegas, NV 89129-2214		No. of Units 1
Legal Description of Subject Property (attach description if necessary) SEE ATTACHED LEGAL DESCRIPTION		Year Built 1998

Purpose of Loan: <input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain):	Property will be: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment
<input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent	

Complete this line if construction or construction-permanent loan.					
Year Let Acquired	Original Cost \$	Amount Existing Liens \$	(a) Present Value of Lot \$	(b) Cost of Improvements \$	Total (a + b) \$

Complete this line if this is a refinance loan.					
Year Acquired	Original Cost \$	Amount Existing Liens \$	Purpose of Refinance	Describe Improvements <input type="checkbox"/> made <input type="checkbox"/> to be made	
				Cost: \$	

Title will be held in what Name(s) Thomas A Pickens	Manner in which Title will be held Individual	Estate will be held in: <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)
Source of Down Payment, Settlement Charges, and/or Subordinate Financing (explain) Checking Savings		

Borrower	III. BORROWER INFORMATION	Co-Borrower
----------	---------------------------	-------------

Borrower's Name (include Jr. or Sr. if applicable) Thomas A Pickens				Co-Borrower's Name (include Jr. or Sr. if applicable)			
Social Security Number	Home Phone (incl. area code) 702-604-0038	DOB (mm/dd/yyyy) 10/05/1956	Yrs. School 16	Social Security Number	Home Phone (incl. area code)	DOB (mm/dd/yyyy)	Yrs. School

<input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried (include single, divorced, widowed)	Dependents (not listed by Co-Borrower) no. ages	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)	Dependents (not listed by Borrower) no. ages
<input type="checkbox"/> Separated		<input type="checkbox"/> Separated	

Present Address (street, city, state, ZIP) <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent 12.51 No. Yrs. 9517 QUEEN CHARLOTTE DR, LAS VEGAS, NV 89145-8673	Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.
Mailing Address, if different from Present Address 9517 QUEEN CHARLOTTE DR, LAS VEGAS, NV 89145-8673	Mailing Address, if different from Present Address

If residing at present address for less than two years, complete the following:	Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.
Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.	

Borrower	IV. EMPLOYMENT INFORMATION	Co-Borrower
----------	----------------------------	-------------

Name & Address of Employer <input checked="" type="checkbox"/> Self Employed Blue Point Development, Inc. 3320 North Buffalo Drive, suite 208 LAS VEGAS, NV 89129	Yrs. on this job 8.67	Name & Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job
Position/Title/Type of Business President	Yrs. employed in this line of work/profession 29.00	Position/Title/Type of Business	Yrs. employed in this line of work/profession
Business Phone (incl. area code) 702-604-0038		Business Phone (incl. area code)	

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name & Address of Employer <input checked="" type="checkbox"/> Self Employed Patience One LLC 3320 N Buffalo, Suite 208 LAS VEGAS, NV 89129	Dates (from - to) 05/09/2012 -	Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from - to)
Position/Title/Type of Business Partner	Monthly Income \$(20.00)	Position/Title/Type of Business	Monthly Income \$
Business Phone (incl. area code) 702-604-0038		Business Phone (incl. area code)	

Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from - to)	Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from - to)
Position/Title/Type of Business	Monthly Income \$	Position/Title/Type of Business	Monthly Income \$
Business Phone (incl. area code)		Business Phone (incl. area code)	

Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from - to)	Name & Address of Employer <input type="checkbox"/> Self Employed	Dates (from - to)
Position/Title/Type of Business	Monthly Income \$	Position/Title/Type of Business	Monthly Income \$
Business Phone (incl. area code)		Business Phone (incl. area code)	



V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.		
B/C	Describe Other Income	Monthly Amount
	Neither Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.	\$

B/C	Describe Other Income	Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.	Monthly Amount
-----	-----------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------

VI. ASSETS AND LIABILITIES

Completed ☐ Jointly ☒ Not Jointly[illegible]

Description		Amount		Description		Amount	
Cash deposit toward purchase held by:		\$10,000.00		including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities, which will be satisfied upon sale of real estate owned or upon refinancing of the subject property.			
Escrow				LIABILITIES		Unpaid Balance	
List checking and savings accounts below				Monthly Payment & Months Left to Pay			
Name and address of Bank, S&L, or Credit Union				\$ Payment/Months		\$	
Wells Fargo Bank, N.A.				4,735.00			
ST ROSE & EASTERN OFFICE, P.O. BOX 6995 PORTLAND, OR 97228-6995							
Acct. no.		\$194,939.51		Name and address of Company			
3065793436				Net Rental Loss			
Name and address of Bank, S&L, or Credit Union				Upfront application fees		26.30	
						19	
Acct. no.		\$		Name and address of Company			
Name and address of Bank, S&L, or Credit Union				AMERICAN EXPRESS		(396.00)	
						46	
Acct. no.		\$		Name and address of Company			
Name and address of Bank, S&L, or Credit Union				AMERICAN EXPRESS		(144.31)	
						1	
Acct. no.		\$		Name and address of Company			
Name and address of Bank, S&L, or Credit Union				AMERICAN EXPRESS		(144.31)	
						1	
Acct. no.		\$		Name and address of Company			
Stocks & Bonds (Company name/number & description)		\$		AMERICAN EXPRESS		(144.31)	
						1	
Acct. no.		\$		Name and address of Company			
Life insurance net cash value		\$		AMERICAN EXPRESS		(144.31)	
Face amount: \$						1	
Subtotal Liquid Assets		\$204,939.51		Name and address of Company			
Total estate owned (enter market value from schedule of real estate owned)		\$900,000.00		AMERICAN EXPRESS		(144.31)	
						1	
Vested interest in retirement fund		\$114,474.38		Name and address of Company			
				AMERICAN EXPRESS		(144.31)	
						1	
Net worth of business(es) owned (attach financial statement)		\$		Name and address of Company			
				AMERICAN EXPRESS		(144.31)	
						1	
Automobiles owned (make and year)		\$		Name and address of Company			
				AMERICAN EXPRESS		(144.31)	
						1	
Other Assets (itemize)		\$		Name and address of Company			
				AMERICAN EXPRESS		(144.31)	
						1	
Total Assets &		\$1,219,413.89		Total Monthly Payments		\$4,761.30	

Page 2 of 4



AA01778

CONTINUATION SHEET/RESIDENTIAL LOAN APPLICATION	
Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark B for Borrower or C for Co-Borrower.	Borrower: Thomas A Pickens
	Agency Case Number:
Co-Borrower:	Lender Case Number: XXXXXX4472

Alternate Names Continued

Alternate Name	Creditor Name	Account Number
TIM	PICKENS	
THOMAS	PICKENS	

I/we fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature: _____ Date: 5/25/2012 Co-Borrower's Signature: _____ Date: _____
X Thomas A Pickens X



ORIGINAL

1 DECD
2 Terrie Lynne Meadows-Pickens
3 PETITIONER IN PROPER PERSON
4 6771 Bodega Drive
5 Las Vegas, Nevada 89103
6 (702) 592-4497

FILED
JUN 26 9 43 AM
CLERK

DISTRICT COURT
CLARK COUNTY, NEVADA

7
8 In the Matter of the)
9 Joint Petition for)
10 Divorce of:)
11 Terrie Lynne Meadows-Pickens)
12 and)
13 Thomas Allen Pickens,)
14 PETITIONERS.)

Case No.:
Dept. No.:
Docket

D270526

F

DECREE OF DIVORCE

15 This cause having been submitted to the above-entitled Court for
16 decision pursuant to Chapter 125 of the Nevada Revised Statutes, and
17 based upon the Joint Petition of Petitioners Terrie Lynne Meadows-
18 Pickens, and Thomas Allen Pickens, on the Affidavit of Resident
19 Witness, and finding all of the allegations contained therein to be
20 true, and that the requirements of Chapter 125.181 of the Nevada
21 Revised Statutes have been met; the Court finds that it has complete
22 jurisdiction as to the subject matter, and all other relevant
23 provisions of Chapter 125.181 of the Nevada Revised Statutes; that the
24 Petitioner, Terrie Lynne Meadows-Pickens, has been a resident of the
25 State of Nevada for six weeks prior to the filing of this action; that
26 there are no minor children the issue of the relationship of the
27 parties born before or during the marriage, none adopted by the
28 parties during the marriage, and the wife to the best of her knowledge
not now pregnant; that the parties have community property and

COUNTY CLERK

JUN 27 11:22 AM

RECEIVED

1 community debts to be divided by the Courts, for which an agreement
2 has been made between the parties hereto attached as Exhibit "A" to
3 be adopted and ratified by the Court and incorporated by reference
4 herein; that the parties are incompatible; that both parties waive all
5 rights to present and/or future spousal support; that both parties
6 waive all rights to Written Notice of Entry of Decree of Divorce, to
7 appeal, to request Findings of Fact and Conclusions of Law, and to
8 move for a new trial; and with good cause appearing therefor and the
9 Court having complete jurisdiction as to the subject matter, and the
10 cause having been submitted for decision and judgment by the Court,
11 the Court being fully advised in the premises finds:

12 IT IS HEREBY ORDERED, ADJUDGED AND DECREED:

13 1. That the parties are granted a final Decree of Divorce, and
14 that the bonds of matrimony heretofore existing between the
15 Petitioners are forever and completely dissolved, and that each of the
16 parties are hereto freed and released from all of the responsibilities
17 and obligations hereof, and each of the parties hereto are restored
18 to the status of single, unmarried persons.

19 2. That the Property Settlement Agreement attached hereto as
20 Exhibit "A" is hereby adopted and ratified by the Court and
21 incorporated by reference into the Decree of Divorce as though fully
22 set forth therein.

23 3. That Petitioner Terrie Lynne Meadows-Pickens may be restored
24 to her former name, to wit: Terrie Lynne Meadows.


25 IT IS FURTHER ORDERED, ADJUDGED AND DECREED that both parties are
26 required to provide their Social Security numbers on a separate form
27 to the Court and to the Welfare Division of the Department of Human
28 Resources within ten days from the date this Decree is filed pursuant

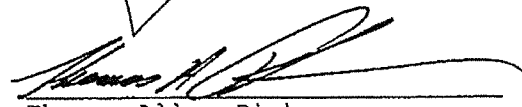
1 to NRS 125.130. Such information shall be maintained by the Clerk in
2 a confidential manner and not part of the public record.

3 IT IS SO ORDERED this 25 day of June, 2001.
4
5

6
7 
DISTRICT JUDGE

8 Submitted by:

9 
10 Terrie Lynne Meadows-Pickens
11 PETITIONER IN PROPER PERSON
12 6771 Bodega Drive
13 Las Vegas, Nevada 89103
14 (702) 592-4497

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Thomas Allen Pickens
PETITIONER IN PROPER PERSON
6771 Bodega Drive
Las Vegas, Nevada 89103
(702) 367-2065

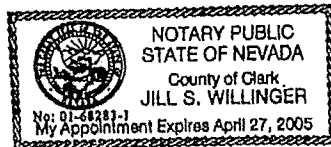
1 STATE OF NEVADA)
2 COUNTY OF CLARK) ss.

3 ACKNOWLEDGMENT

4 On this 24th day of June, 2001,
5 personally appeared before me, a Notary Public, in and for the State
6 of Nevada, County of Clark, Terrie Lynne Meadows-Pickens, known to me
7 to be the person described in and who executed the foregoing
8 instrument, Decree of Divorce, who acknowledged to me that she executed
9 the same freely and voluntarily and for the same uses and purposes
10 therein mentioned.

11 Witness my hand and official seal the day and year in this
12 certificate first written above.

13
14 Jill S. Willinger
15 Notary Public in and for the
16 State of Nevada, County of Clark



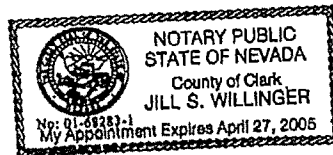
1 STATE OF NEVADA)
2 COUNTY OF CLARK) ss.

3 ACKNOWLEDGMENT

4 On this 4th day of June, 2001, personally
5 appeared before me, a Notary Public, in and for the State of Nevada,
6 County of Clark, Thomas Allen Pickens, known to me to be the person
7 described in and who executed the foregoing instrument, Decree of
8 Divorce, who acknowledged to me that he executed the same freely and
9 voluntarily and for the same uses and purposes therein mentioned.

10 Witness my hand and official seal the day and year in this
11 certificate first written above.

12
13
14 Jill S. Willinger
15 Notary Public in and for the
16 State of Nevada, County of Clark



1 direct or indirect, by the other as fully as though unmarried. Each
2 may for his or her separate benefit, engage in any employment,
3 business, or profession he or she may choose.

4 IT IS THEREFORE AGREED;

5 2. AGREEMENT TO DIVORCE

6 The parties shall file a Joint Petition for Divorce by Summary
7 Procedure.

8 3. SPOUSAL SUPPORT, NOTICE OF ENTRY

9 Petitioners waive any and all rights to spousal support and to
10 written Notice of Entry of Decree of Divorce, to appeal, to request
11 Findings of Fact and Conclusions of Law, and to move for a new trial.

12 4. MINOR CHILDREN

13 That there are no minor children the issue of the relationship
14 of the parties born before or during the marriage, none adopted by the
15 parties during the marriage, and the wife to the best of her knowledge
16 is not now pregnant.

17 5. DIVISION OF COMMUNITY PROPERTY

18 That there is community property of the marriage to be divided
19 between the parties, for which the parties have agreed as follows:

20 1. The wife shall keep as her sole and separate property the
21 following:

- 22 a. All of her personal effects.
- 23 b. 1993 Mazda MX3, VIN JM1EC4315P0233116.
- 24 c. Master bedroom suite.
- 25 d. Big screen TV.
- 26 e. TV with built-in VCR.
- 27 f. Dining table and chairs.
- 28 g. Futon.

1 h. Living room set.
2 i. Entire kitchen.
3 2. The husband shall keep as his sole and separate property the
4 following:

- 5 a. All of his personal effects.
6 b. 1999 Dodge Durango, VIN 1B4HS28ZXXF699492.

7 6. DIVISIONS OF COMMUNITY DEBTS

8 That there are community debts of the marriage to be divided
9 between the parties, for which the parties have agreed as follows:

- 10 1. The wife shall pay the following debts:
11 a. All of her current personal debts.
12 b. Mervyn's credit account # *2641.
13 c. Goodyear credit account # *2561.
14 2. The husband shall pay the following debts:
15 a. All of his current personal debts.
16 b. Encumbrance on the 1999 Dodge Durango, owed to Chrysler
17 Financial, account # *7355.
18 c. Citibank MasterCard account #XXXX XXXX XXXX 1451.
19 d. Fleet Visa account #XXXX XXXX XXXX 8938.
20 e. Orchard Bank MasterCard account #XXXX XXXX XXXX 0470.
21 3. There are no other debts owed to each other.

22 7. DIVORCE DECREE

23 That the parties desire that this agreement be incorporated as
24 a part of any final Decree of Divorce that may hereafter be entered
25 in the County of Clark, State of Nevada or in any other court having
26 appropriate jurisdiction over the parties, and to that end agree that
27 it shall be submitted to said court for ratification and approval.
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8. ENTIRE AGREEMENT

That this agreement constitutes the entire understanding of the parties. It supersedes any and all prior agreements between them. There are no representations or warranties other than those expressly herein set forth.

9. VOLUNTARY

That it is understood and agreed by and between the parties that this agreement is entered into without any undue influence, fraud, coercion, or misrepresentation or for any reason not herein stated. Each party acknowledges that they have read this agreement and that it is fair and equitable and that it is being entered into voluntarily. Each party agrees to abide by the provisions of this agreement.

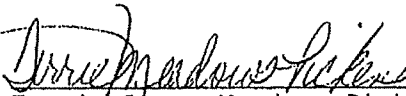
10. LAW USED


That this agreement shall be construed and governed in accordance with the laws of the State of Nevada.

11. PARTIAL INVALIDITY

That if any provision of this agreement is held to be invalid or unenforceable, it shall not affect the validity of any other provision.

DATED this 4th day of June, 2001.


Terrie Lynne Meadows-Pickens
PETITIONER IN PROPER PERSON
6771 Bodega Drive
Las Vegas, Nevada 89103
(702) 592-4497


Thomas Allen Pickens
PETITIONER IN PROPER PERSON
6771 Bodega Drive
Las Vegas, Nevada 89103
(702) 367-2065

1 STATE OF NEVADA)
2 COUNTY OF CLARK) ss.

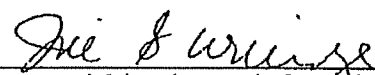
3 VERIFICATION

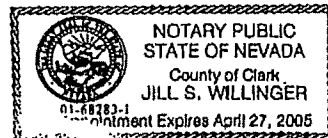
4 Terrie Lynne Meadows-Pickens, being first duly sworn according
5 to law, deposes and says:

6 That she is one of the Petitioners in the above-entitled action;
7 that she has read the above and foregoing Property Settlement
8 Agreement and knows the contents thereof; that the same is true of her
9 own knowledge, except for any matters therein stated upon information
10 and belief, and as to those matters therein stated, she believes them
11 to be true.

12 
13 Terrie Lynne Meadows-Pickens
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22 SUBSCRIBED and SWORN to before me
23 this 24th day of June, 2001.
24

25 
26 Notary Public in and for the
27 State of Nevada, County of Clark
28



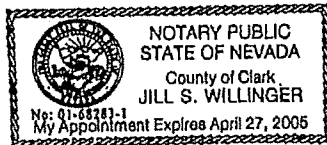
1 STATE OF NEVADA)
2 COUNTY OF CLARK) ss.

3 ACKNOWLEDGMENT

4 On this 4/4 day of June, 2001,
5 personally appeared before me, a Notary Public, in and for the State
6 of Nevada, County of Clark, Terrie Lynne Meadows-Pickens, known to me
7 to be the person described in and who executed the foregoing
8 instrument, Property Settlement Agreement, who acknowledged to me that
9 she executed the same freely and voluntarily and for the same uses and
10 purposes therein mentioned.

11 Witness my hand and official seal the day and year in this
12 certificate first written above.

13
14 Jill S. Willinger
15 Notary Public in and for the
16 State of Nevada, County of Clark




1 STATE OF NEVADA)
2 COUNTY OF CLARK) ss.


3 VERIFICATION

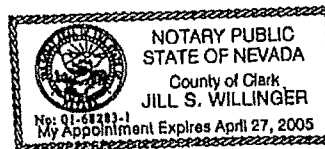
4 Thomas Allen Pickens, being first duly sworn according to law,
5 deposes and says:

6 That he is one of the Petitioners in the above-entitled action;
7 that he has read the above and foregoing Property Settlement Agreement
8 and knows the contents thereof; that the same is true of his own
9 knowledge, except for any matters therein stated upon information and
10 belief, and as to those matters stated, he believes them to be true.

11
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14 
15 Thomas Allen Pickens

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23 SUBSCRIBED and SWORN to before me
24 this 2/14 day of June, 2001.

25
26 
27 Notary Public in and for the
28 State of Nevada, County of Clark



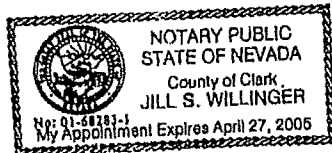
1 STATE OF NEVADA)
2 COUNTY OF CLARK) ss.

3 ACKNOWLEDGMENT

4 On this 4th day of June, 2001, personally
5 appeared before me, a Notary Public, in and for the State of Nevada,
6 County of Clark, Thomas Allen Pickens, known to me to be the person
7 described in and who executed the foregoing instrument, Property
8 Settlement Agreement, who acknowledged to me that he executed the same
9 freely and voluntarily and for the same uses and purposes therein
10 mentioned.

11 Witness my hand and official seal the day and year in this
12 certificate first written above.

13
14 Jill S. Willinger
15 Notary Public in and for the
16 State of Nevada, County of Clark



Business Checking

Account number: 8074759112 ■ November 1, 2014 - November 30, 2014 ■ Page 1 of 4

BLUE POINT DEVELOPMENT
3320 N BUFFALO DR STE 208
LAS VEGAS NV 89129-7411

Questions?

Available by phone 24 hours a day, 7 days a week:

1-800-CALL-WELLS (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: wellsfargo.com/biz

Write: Wells Fargo Bank, N.A. (825)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

Wells Fargo Works for Small Business website

The Wells Fargo Works site offers free access to business information and advice through videos, articles, and other small business resources. This site offers objective information from industry experts, best practices from real business owners, as well as numerous Wells Fargo solutions that can help you run your business. Learn more about Wells Fargo Works at wellsfargoworks.com

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking ☒
Online Statements ☒
Business Bill Pay ☒
Business Spending Report ☒
Overdraft Protection ☐

Activity summary

Beginning balance on 11/1	\$11,746.11
Deposits/Credits	1,102,096.01
Withdrawals/Debits	- 846,202.55
Ending balance on 11/30	\$267,639.57
 Average ledger balance this period	 \$257,686.45

Account number: 8074759112

BLUE POINT DEVELOPMENT

Nevada account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 321270742

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
11/3	1004	Check		2,160.16	9,585.95
11/7		Adp Payroll Fees Adp - Fees 141107 2Ruhe 1874001 Blue Point Development		63.30	
11/7	1026	Check		89.07	
11/7	1035	Check		2,500.00	6,933.58
11/12		Online Transfer From Pickens T Ref #lbeqyhxjr2 Premier Checking Via Mobile	10,000.00		
11/12		Online Transfer From Pickens T Ref #lbeqyhxjr2 Premier Checking Via Mobile	7,000.00		
11/12		Online Transfer From Pickens T Ref #lbeq6Dxqfi Premier Checking Via Mobile	1,000.00		
11/12	1031	Check		1,000.00	23,933.58
11/13		Online Transfer From Pickens T Ref #lbeqyjbzrw Premier Checking Via Mobile	1,000.00		
11/13		Adp TX/Fincl Svc Adp - Tax 141113 Rmuhe 111423A01 Blue Point Development		6,917.50	
11/13		Adp TX/Fincl Svc Adp - Tax 141113 777051906713Uhe Blue Point Development		17,005.44	1,010.64
11/19		WT Fed#01731 Fifth Third Bank /Org=Guggenheim Prtnrs Inv. Mgmt Holding Srf# 2014111900005341 Trn#141119084764 Rfb# 2381013	1,078,763.01		
11/19		Wire Trans Svc Charge - Sequence: 141119084764 Srf# 2014111900005341 Trn#141119084764 Rfb# 2381013		15.00	1,079,758.65
11/21		Online Transfer From Pickens T Ref #lbeqyhxjr2 Premier Checking Via Mobile		20,000.00	
11/21		Online Transfer to Pickens T Ref #lbe2P7Xpkf Premier Checking Via Mobile		20,000.00	
11/21		Adp Payroll Fees Adp - Fees 141121 2Ruhe 2455296 Blue Point Development		65.55	1,039,693.10
11/24		Deposit	4,333.00		
11/24		Online Transfer to Pickens T Premier Checking xxxxxx3436 Ref #lbeq9Gcsc2 on 11/22/14		15,000.00	
11/24		Online Transfer Ref #lbe2vnbkn5 to Mortgage Lowe House		5,733.09	
11/24		Bill Pay American Express on-Line xxxxxxxxxx63006 on 11-24		27,000.00	
11/24		Bill Pay American Express on-Line xxxxxxxxxx51001 on 11-24		50,000.00	
11/24	1036	Check		73.27	
11/24	1040	Check		1,650.00	
11/24	1041	Check		6,650.00	
11/24	1047	Check		139.99	
11/24	1032	Check			
11/24	1046	Check		100.00	
11/24	1045	Check		1,265.00	719,513.20
11/25		Wire Trans Svc Charge - Sequence: 141125160777 Srf# 0007668329571270 Trn#141125160777 Rfb#		30.00	
11/25		WT Fed#05294 Deutsche Bank Trus /Ftr/Bnf=Adp Srf# 0007668329571270 Trn#141125160777 Rfb#		273,754.66	
11/25	1037	Check		181.76	
11/25		Adp TX/Fincl Svc Adp - Tax 141125 Rmuhe 112624A01 Blue Point Development		113,768.85	
11/25	1034	Check		950.00	
11/25	1039	Check		640.00	
11/25	1044	Check		2,500.00	
11/25	1048	Check		60,000.00	267,687.93
11/28	1038	Check		48.36	267,639.57
Ending balance on 11/30					267,639.57
Totals			\$1,102,096.01	\$846,202.55	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
1004	11/3	2,160.16	1036	11/24	73.27	1044 *	11/25	2,500.00
1026 *	11/7	89.07	1037	11/25	181.76	1045	11/24	1,265.00
1031 *	11/12	1,000.00	1038	11/28	48.36	1046	11/24	100.00
1032	11/24	216,901.55	1039	11/25	640.00	1047	11/24	139.99
1034 *	11/25	950.00	1040	11/24	1,650.00	1048	11/25	60,000.00
1035	11/7	2,500.00	1041	11/24	6,650.00			

* Gap in check sequence.

Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq to find answers to common questions about the monthly service fee on your account.

Fee period 11/01/2014 - 11/30/2014	Standard monthly service fee \$12.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements		
• Minimum daily balance	\$3,000.00	\$1,010.64 <input type="checkbox"/>
• Average ledger balance	\$6,000.00	\$257,686.00 <input checked="" type="checkbox"/>
• Qualifying transaction from a linked Wells Fargo Business Payroll Services account	1	0 <input type="checkbox"/>

WBWB

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Transactions	24	150	0	0.50	0.00
Total service charges					\$0.00

**IMPORTANT ACCOUNT INFORMATION****Other Wells Fargo Benefits****Your feedback matters**

Share your compliments and complaints so we can better serve you.

Call us at 1-844-WF1-CARE (1-844-931-2273) or visit wellsfargo.com/feedback.



Summons and Subpoenas Department
PO Box 29728 S4001-01F
Phoenix, AZ 85038
Voice: (480)724-2000

BUSINESS RECORDS DECLARATION

I, Dan Ashley, am over the age of eighteen and I declare that I am employed by Wells Fargo Bank, N.A. ("Wells Fargo") in the Summons and Subpoenas Department and am a duly authorized and qualified witness to certify the authenticity of the attached documents and/or information produced pursuant to the legal order. Wells Fargo reserves the right to designate another Custodian as it deems appropriate in the event an actual appearance is required concerning the records produced. I certify that the attached records:

- A) Were prepared by personnel of Wells Fargo in the ordinary course of business at or near the time of the acts, conditions or events described in the records; and
- B) It was the ordinary course of business for Wells Fargo employees or representatives with knowledge of the act, event, or condition recorded to make the record or transmit the information therein to be included in such record.
- C) The records attached are true and correct copies of the business records as maintained by Wells Fargo.

The records produced are described as follows:

Case number: 22906279

Document Type	Account #	Paper Count	Total Copies
Wire Automated	XXXXXX9112	1	1
Total Copies Delivered:			1

Additional comments:

The bank's standard record retention period is seven years.

I declare under penalty of perjury under the law(s) of the state of Nevada that the foregoing is true and correct according to my knowledge and belief. Executed on this 6th day of January, 2020, in the City of Tempe, State of ARIZONA.

Dan Ashley

Subpoena Processing Representative

Image copies of requested transactions may be missing for the following reasons: Items not imaged, corrupted, blank, damaged, destroyed or not available, item(s) piggy-backed, electronic transaction(s). If the legal order requests certain types of loan information and other non-depository information, it was forwarded to other departments and they will respond to you directly.

Case No: 22906279; Agency Case No: D17560737D

WELLS FARGO BANK N.A.		FOR 25-NOV-2014		Page 652096
FULL TRANSACTION REPORT				
<<< TRN: 141125-160777 >>>				
*** MESSAGE ENVELOPE ***				
(Bank: 121)				
SRC: FT1 CALLER:				
SND DATE: 14/11/25				
EXT:				
RPT#	AMT: 273,754.66	CUR: USD	RATE: 1	TRDR#
TEST: VAL	TYP: FTR/1000 FND: S CHG: DB: B CD: W COM: N CBL: N			
*DBT D/000008074759112	CDT A/021001033			
DEBIT VAL: 14/11/25	CREDIT VAL: 14/11/25			
AMT: 273,754.66 CUR: USD	AMT: 273,754.66 CUR: USD			
GL RECON: 825825	GL RECON: 141114			
DEPT: 0000072583	DEPT: 0002729			
BLUE POINT DEVELOPMENT	DEUTSCHE BANK TRUST CO AMERICAS			
3320 N BUFFALO DR STE 208	NEW YORK NY			
LAS VEGAS NV 89129-7411	UNITED STATES			
SNDR REF NUM: 000768329571270	COUNTRY OF RESIDENCY: US			
	BNF BANK:			
	DEUTSCHE BANK TRUST CO AMERICAS			
	NEW YORK NY			
	BNF: /00412283			
	CHG: BK7N			
	ADP			
ORIG TO BNF INFO:				
Ref RM UHE				
*** CREDIT PAYMENT MESSAGE TEXT ***				
{1510} Type/Subtype Code:	10 (Transfer of funds)			
Type Code:	00 (Regular transfer)			
Subtype Code:				
{2000} Amount:	\$273,754.66			
{3100} Sending Bank:				
ABA number:	121000248			
Short name:	WELLS FARGO SF			
ABA Lookup (AUX):	WELLS FARGO BANK, NA SAN FRANCISCO, CA			
{3320} Sender Reference:	2014112500160777			
{3400} Receiving Bank:				
ABA number:	021001033			
Short name:	DBTCO AMERICAS NYC			
ABA Lookup (REL):	DEUTSCHE BANK TRUST CO AMERICAS NEW YORK NY UNITED STATES			

Loan Billing Statement

Loan Customer # 7829153364

WELLS
FARGO

Payment Due Date: Nov. 15, 2016
Charge Date: Nov. 15, 2016

Principal 2,695.50
Interest 6,162.55
Total Amount Due: \$8,858.05

DCFSSTDTKU 008329

|||||



MAC T7422-012
PATIENCE ONE LLC
3320 N BUFFALO DR STE 208
LAS VEGAS NV 89129-7411

Amount to be charged 8,858.05

|||||

NEVADA BUSINESS BANKING
MAC T7422-012
P.O. BOX 659700
SAN ANTONIO, TX 78265-9700

SU 0008385
MOC
0008385 31

Loan Customer #
7829153364

4320

Total Amount Due
000000000885805

Invoice #
1611632500-31

AMOUNT TO BE DEDUCTED FROM ACCOUNT 8074759104 ON CHARGE DATE
11-15-2016.

AU 0008385
SU 0008385

NEVADA BUSINESS BANKING
MAC T7422-012
P.O. BOX 659700
SAN ANTONIO, TX 78265-9700

PATIENCE ONE LLC

Loan Customer #: 7829153364
Invoice #: 1611632500

Statement Date: 11-04-2016

Payment Due Date: 11-15-2016
Page 1 of 2

Obligation # 18

Maturity Date: 07-15-2019

Effective Date

From Date	Thru Date	Transaction Type	Amount	Principal Balance	Rate	Days	Interest/Fee Balance
10-05-16		Balance Forward		1,433,998.64			
10-15-16	10-16-16	Interest Calc		1,433,998.64	5.00000	2	398.33
10-17-16		Principal Pmt	-2,883.05	1,431,115.59			
10-17-16	11-14-16	Interest Calc		1,431,115.59	5.00000	29	5,764.22

OBLIGATION SUMMARY

Interest Paid YTD 61,265.41
Interest Paid in 2015 74,804.74

Principal Due 2,695.50
Interest Due 6,162.55
Total Due 8,858.05

For 24-Hour Toll-Free Service, Dial 1-800-Call-Wells (1-800-225-5935)



Danka Michaels005509

AA01799

DCFSSTDTKU 008329 NNNNNNNNNN NNN NN 001 002 012675 20234851.1

Loan Billing Statement

Loan Customer # 7829153364

AU 0008385
SU 0008385

NEVADA BUSINESS BANKING
MAC T7422-012
P.O. BOX 659700
SAN ANTONIO, TX 78265-9700

PATIENCE ONE LLC

Loan Customer #: 7829153364
Invoice #: 1611632500

Statement Date: 11-04-2016

Payment Due Date: 11-15-2016
Page 2 of 2

Adjustments will appear on your next statement if financial activity or rate changes occur between this statement date and the due date.

Please note that automatic payments for principal, interest or fees will appear as separate transactions in the charge account.

WELLS
FARGO

DOF5STDTKU 008329 NNNNNNNNNN NNN NN 002 002 012876 20234851.1



MARQUIS AURBACH COFFING

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ahigbee@maclaw.com

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Attorneys for Defendant/Counterclaimant, Patience One LLC

IN THE JUSTICE COURT OF LAS VEGAS TOWNSHIP

COUNTY OF CLARK, STATE OF NEVADA

BLUEPOINT DEVELOPMENT INC.; a Nevada
Corporation,

Plaintiff,

vs.

PATIENCE ONE, LLC, a Nevada Limited
Liability Company; DOES I-X inclusive; ROE
CORPORATIONS XI-X, inclusive,

Defendant.

PATIENCE ONE, LLC, a Nevada Limited
Liability Company; DOES I-X inclusive; ROE
CORPORATIONS XI-X, inclusive,

Counterclaimant,

BLUEPOINT DEVELOPMENT INC.; a Nevada
Corporation; Thomas Allen Pickens, an
individual,

Counterdefendants.

Case No.: 18C003465

Dept. No.: LVJC 6

**NOTICE OF ENTRY OF FINDINGS OF
FACT AND CONCLUSIONS OF LAW**

MARQUIS AURBACH COFFING

10001 Park Run Drive
Las Vegas, Nevada 89145
(702) 382-0711 FAX: (702) 382-5816

NOTICE OF ENTRY OF FINDINGS OF FACT AND CONCLUSIONS OF LAW

Please take notice that the Findings of Fact and Conclusions of Law was entered in the above-captioned matter on the 1st day of June, 2018, a copy of which is attached hereto.

Dated this 1st day of June, 2018.

MARQUIS AURBACH COFFING

By /s/ Michael D. Maupin

Avece M. Higbee, Esq.
Nevada Bar No. 3739
Michael D. Maupin, Esq.
Nevada Bar No. 13721
10001 Park Run Drive
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Attorney(s) for Defendant/Counterclaimant,
Patience One LLC

MARQUIS AURBACH COFFING
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Las Vegas, Nevada 89145
(702) 382-0711 FAX: (702) 382-5816

CERTIFICATE OF SERVICE

I hereby certify that the foregoing **NOTICE OF ENTRY OF FINDINGS OF FACT AND CONCLUSIONS OF LAW** was submitted electronically for filing and/or service with the Eighth Judicial District Court on the 1st day of June, 2018. Electronic service of the foregoing document shall be made in accordance with the E-Service List as follows:¹

David J. Winterton, Esq.
David@davidwinterton.com

/s/ Cally Hatfield
An employee of Marquis Aurbach Coffing

¹ Pursuant to EDCR 8.05(a), each party who submits an E-Filed document through the E-Filing System consents to electronic service in accordance with NRCP 5(b)(2)(D).

1 **Marquis Aurbach Coffing**

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11 mmaupin@maclaw.com

12 Attorneys for Defendant/Counterclaimant, Patience One, LLC

13 **IN THE JUSTICE COURT OF LAS VEGAS TOWNSHIP**

14 **COUNTY OF CLARK, STATE OF NEVADA**

15 BLUEPOINT DEVELOPMENT INC.; a Nevada
16 Corporation,

17 Plaintiff,

18 vs.

19 PATIENCE ONE, LLC, a Nevada Limited
20 Liability Company; DOES I-X inclusive; ROE
21 CORPORATIONS XI-X, inclusive,

22 Defendant.

23 PATIENCE ONE, LLC, a Nevada Limited
24 Liability Company; DOES I-X inclusive; ROE
25 CORPORATIONS XI-X, inclusive,

26 Counterclaimant,

27 vs.

28 BLUEPOINT DEVELOPMENT INC.; a Nevada
Corporation; Thomas Allen Pickens, an
individual,

Counterdefendants.

Case No.: 18C003465

Dept. No.: LVJC 6

FINDINGS OF FACT AND
CONCLUSIONS OF LAW

THE ABOVE-CAPTIONED MATTER, having come on before this Court on April 12 and April 20, 2018, for a hearing regarding Plaintiff Bluepoint Development Inc.'s ("Bluepoint") Complaint and Ex-Parte Application for a Writ of Restitution, against Defendant Patience One LLC, ("Patience One"), appearing by turn Avece M. Higbee Esq. and Michael D. Maupin Esq. appearing on behalf of Defendant and David J. Winterton Esq. appearing on behalf of Plaintiff;

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MAY 18 2018

Page 1 of 7
MAC:15030-001 Findings of Fact and Conclusions of Law and Judgment (4).docx

1 AND, the Court having admitted various exhibits into evidence and heard testimony from
2 various witnesses and having considered the pleadings, together with evidence and argument
3 presented during the hearing, and good cause appearing therefore;

4 NOW, THEREFORE, the Court hereby makes the following Findings of Fact and
5 Conclusions of Law:

6 **FINDINGS OF FACT**

- 7 1. On or about February 13, 2018, the Plaintiff filed its Ex-Parte Application for a Writ of
8 Restitution under the premise that Bluepoint had been unlawfully locked out of the
9 commercial property for which a lease agreement exists.
- 10 2. On or about March 9, 2018, the Court denied the Ex-Parte Application for a Writ of
11 Restitution but set an evidentiary hearing for March 29, 2018.
- 12 3. At the hearing set for March 29, 2018, the Court granted a Temporary Writ of Restitution
13 and set a hearing to determine whether a permanent writ of restitution should issue for
14 April 12, 2018, in order to allow Bluepoint the opportunity to demonstrate whether or not
15 a rent credit existed for the premises at 3320 N. Buffalo Dr. Suite 208 ("Premises" or
16 "Suite 208") and whether all statutory requirements had been followed by Patience One,
17 in the conduct of locking Bluepoint out of the premises.
- 18 4. The Court signed the order issuing a Temporary Writ of Restitution on April 10, 2018.
- 19 5. As a part of receiving the temporary writ of restitution, Bluepoint was required to post a
20 bond with the Court in the amount of \$8,000.00, which Bluepoint posted on April 11,
21 2018.
- 22 6. The keys to the Premises were provided to Plaintiff by Defendant in open Court on April
23 12, 2018.
- 24 7. On April 12 and April 20, 2018, hearings were held to determine whether a permanent
25 writ of restitution would issue.
- 26 8. At those hearings the following facts were demonstrated by a preponderance of the
27 evidence:
- 28

- a. Patience One is a limited liability company that owns the property and commercial building at 3320 N. Buffalo, and acts as landlord for the tenants therein.
- b. A lease was entered between Bluepoint and Patience One on February 1, 2013.
- c. That lease was for a ten year term at \$4,000 per month base rent.
- d. At the time of the lease Thomas Pickens ("Pickens") was the owner of Bluepoint and controlled a half interest in Patience One through his interest in the LV Blue Trust.
- e. Pickens signed the February 1, 2013 lease on behalf of Bluepoint and also on behalf of Patience One.
- f. From February 1, 2013, until January 28, 2014, Patience One employed Sun Property Management to manage the property.
- g. On January 28, 2014, Pickens, in his capacity as co-owner and manager of Patience One, terminated the services of Sun Property Management and took on sole responsibility for the management of the property.
- h. Pickens was the sole manager of Patience One until September of 2016.
- i. During the time Pickens managed Patience One, he had exclusive authority over the management of the company and was responsible for all company recordkeeping.
- j. The other interest holder in Patience One, Dr. Danka Michaels, was not involved in the day to day management of the company, as all management duties were entrusted to Pickens.
- k. Over the course of his management of Patience One, Pickens failed to keep adequate records of transactions between Patience One and Bluepoint.
- l. Due to the failures in recordkeeping, there is insufficient documentary evidence that Bluepoint overpaid its rent or established a rent credit.
- m. In September of 2016, due to a personal falling out between Pickens and Michaels, an Assignment and Assumption of Membership Interest (the

- 1 “Assignment”) was executed wherein the LV Blue Trust, controlled by Pickens,
2 surrendered its interest in Patience One to the Mich-Mich Trust which is
3 controlled by Dr. Michaels.
- 4 n. At the time of the Assignment, Pickens and Bluepoint made no verbal mention of
5 any rent credit, and provided no written documentation of any rent credit.
- 6 o. The Assignment provided that the LV Blue Trust was surrendering its interest in
7 Patience One, “for good and valuable consideration,” and made no provision for
8 rent credits or monies owed by any party.
- 9 p. The first mention of any rent credit by Bluepoint was made in August of 2017,
10 approximately eleven months after the execution of the Assignment.
- 11 q. Following the Assignment in September 2016, Bluepoint continued to make its
12 monthly rent payments to Patience One until October of 2017.
- 13 r. Plaintiff’s Exhibits 4-7 include numerous bank statements for Bluepoint.
- 14 s. The bank statements indicated various payments of rent but did not reference rent
15 credits.
- 16 t. Pickens testified on behalf of Bluepoint, that certain payments made during 2014-
17 2016 were rent credits.
- 18 u. No documentary evidence was presented showing that payments were intended to
19 be rent credits.
- 20 v. No documentary evidence was presented that Patience One was notified of any
21 rent credits or that any rent credits were authorized by Patience One.
- 22 w. Plaintiff’s Exhibits 4-5 include several bank statements for a joint account held by
23 Pickens and Michaels.
- 24 x. No documentary evidence was presented showing that the payments to Patience
25 One from the Pickens/Michaels joint personal account were intended to count
26 toward rent credits for Bluepoint.
- 27 y. Bluepoint failed to make its rent payments for November and December of 2017.
- 28

1 z. Patience One issued a Three Day Notice of Delinquency Pursuant to NRS
2 118C.200 ("Notice of Delinquency") on December 26, 2017.

3 aa. Penny Williams of Marquis Aurbach Coffing executed a Certificate of Mailing of
4 the Notice of Delinquency on December 26, 2017.

5 bb. On December 29, 2017, Dara Lesmeister, a former employee of Bluepoint took
6 receipt of the Notice of Delinquency at 3320 N. Buffalo Dr. Suite 208.

7 cc. On January 5, 2018, a Three Day Notice of Tenant Lockout Pursuant to NRS
8 118C.200 was posted on the door of Suite 208.

9 **CONCLUSIONS OF LAW**

- 10 1. Based on the foregoing findings of fact the Court issues the following Conclusions of
11 Law.
- 12 2. Any of the below articulated Conclusions of Law that would more appropriately deemed
13 Findings of Fact shall be so deemed.
- 14 3. In order to secure a permanent writ of restitution, Bluepoint has the burden to prove that
15 lockout procedures conducted by Patience One were unlawful.
- 16 4. In the present case, the Plaintiff's burden is to prove either that the lockout procedures
17 used by Patience One were unlawful or that a rent credit existed between the parties
18 which would negate the two months of rent arrearages accumulated by Bluepoint.
- 19 5. Counterclaims were filed by Patience One against Bluepoint and Pickens in this matter.
20 However, the Court today makes no ruling on any counterclaims and is exclusively
21 addressing whether a permanent writ of restitution should issue.
- 22 6. Patience One fully complied with all statutory requirements under NRS 118C for the
23 lockout of a commercial tenant.
- 24 7. As all the statutory requirements have been followed, Bluepoint has failed to demonstrate
25 that an unlawful lockout occurred regarding the notices served upon Bluepoint and posted
26 to the property.
- 27 8. The burden to demonstrate the existence of a rent credit also lies with Bluepoint.
- 28

- 1 9. Patience One is under no obligation to demonstrate that a rent credit does not exist, there
- 2 is no circumstance where the burden of proof here shifts to Patience One.
- 3 10. After reviewing the evidence presented, the Court is concerned regarding the failure of
- 4 Pickens to assert the existence of a rent credit, or document such a credit, at any time
- 5 prior to August of 2017.
- 6 11. Of particular concern is the failure to assert the existence of a rent credit at the time that
- 7 the interest in Patience One was assigned in September of 2016.
- 8 12. The evidence of a rent credit provided by Bluepoint did not withstand the scrutiny of
- 9 cross-examination.
- 10 13. The account records produced by Bluepoint were insufficient to demonstrate the
- 11 existence of a rent credit amassed between February 1, 2013 and October 1, of 2017.
- 12 14. Bluepoint has failed to meet its burden of proof in the matter of the rent credit. No rent
- 13 credit has been demonstrated by a preponderance of the evidence.
- 14 15. Therefore, Patience One's lockout of January 5, 2018 was lawfully conducted.
- 15 16. Patience One is in full compliance with all provisions of NRS 118C and as such validly
- 16 exercised its rights to lock Bluepoint out of the property.

JUDGMENT

- 17 1. As Bluepoint has failed to meet its burden of proof, no permanent writ of restitution shall
- 18 issue and the temporary writ of restitution issued on April 10, 2018, is hereby withdrawn.
- 19 2. Upon the filing of the notice of entry of this Findings of Fact, Conclusions of Law and
- 20 Judgment, the \$8,000.00 bond posted by Bluepoint in this matter shall be released into
- 21 the possession of Patience One.
- 22 3. Patience One has leave from the Court to request an award of attorneys fees and costs
- 23 regarding its defense of Bluepoint's Complaint for Re-Entry and Application for Writ of
- 24 Restitution.
- 25 4. Bluepoint and all occupants, subtenants, and assignees shall peacefully vacate the
- 26 premises at 3320 N. Buffalo Dr. Suite 208, Las Vegas NV, 89129, by 11:59 pm on May
- 27 11, 2018.
- 28

5. As of 12:00 am on May 12, 2018, Patience One is authorized to immediately change the locks on Suite 208 and dispose of any materials which may remain therein pursuant to NRS 118C.230.

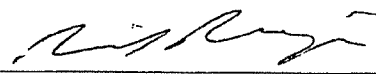
IT IS SO ORDERED.

Dated: May 22, 2018


Justice DISTRICT COURT JUDGE
18C003465 **PATRICK CHAPIN**

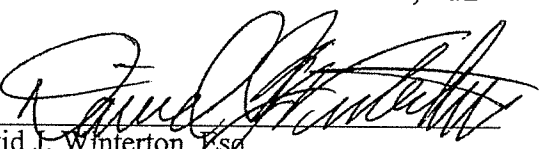
Respectfully submitted by:

MARQUIS AURBACH COFFING

By 
Avece M. Higbee, Esq.
Nevada Bar No. 3739
Michael D. Maupin, Esq.
Nevada Bar No. 13721
10001 Park Run Drive
Las Vegas, Nevada 89145
Attorneys for Defendant/Counterclaimant, Patience One, LLC

Reviewed and Approved by:

DAVID J. WINTERTON & ASSOC., LTD

By 
David J. Winterton, Esq.
Nevada Bar No. 004142
Meghan Hawley Shigemitsu
Nevada Bar No. 0014618
7881 W. Charleston Blvd, Suite 220
Las Vegas, Nevada 89117
Attorneys for Plaintiff/Counterdefendant, Bluepoint Development, Inc.

Client	Matter	Description	Resp	Bank	Deposit	Type	Receipt	Disbs	Last Entry
	Date	Received From/Paid To	Lawyer	Acct#					Acct Bal
	Entry #	Explanation	Che#/Rec#						
72	Michaels, Danka		AT						
	17-2528	Thomas A. Pickens v. Danka K. Michaels							Jan 31/2020
	Nov 16/2017	Consultation Only	04516	2	Credit Card	750.00			750.00
	283051	Payment by Credit Card on File - Thank You.							
	Nov 16/2017	The Abrams Law Firm, LLC	7257	2				750.00	0.00
	283054	Payment for invoice: 27425							
	Nov 16/2017	Danka Michaels	04517	2	Credit Card	10000.00			10000.00
	283058	Payment by Credit Card on File - Thank You.							
	Nov 30/2017	The Abrams Law Firm, LLC	7279	2				4466.51	5533.49
	284190	Payment for invoice: 27560							
	Dec 15/2017	The Abrams Law Firm, LLC	7295	2				1185.97	4347.52
	285526	Payment for invoice: 27723							
	Dec 15/2017	Credit card billings	04572	2	Credit Card	652.48			5000.00
	285584	Payment by Credit Card on File - Thank You.							
	Dec 31/2017	The Abrams Law Firm, LLC	wire	2				1314.50	3685.50
	286186	Payment for invoice: 27765							
	Dec 31/2017	Credit card billings	04607	2	Credit Card	1315.50			5001.00
	286692	Payment by Credit Card on File - Thank You.							
	Jan 15/2018	The Abrams Law Firm, LLC	7313	2				258.50	4742.50
	287307	Payment for invoice: 27929							
	Jan 15/2018	Credit card billings	04625	2	Credit Card	257.50			5000.00
	287629	Payment by Credit Card on File - Thank You.							
	Jan 31/2018	The Abrams Law Firm, LLC	7331	2				2638.50	2361.50
	288406	Payment for invoice: 27976							
	Jan 31/2018	Credit card billings	04661	2	Credit Card	2638.50			5000.00
	288800	Payment by Credit Card on File - Thank You.							
	Feb 15/2018	The Abrams Law Firm, LLC	7348	2				100.00	4900.00
	289562	Payment for invoice: 28141							
	Feb 15/2018	Credit card billings	04686	2	Credit Card	100.00			5000.00
	289792	Payment by Credit Card on File - Thank You.							
	Feb 28/2018	The Abrams Law Firm, LLC	7363	2				1390.71	3609.29
	290326	Payment for invoice: 28208							
	Feb 28/2018	Credit card billings	04719	2	Credit Card	1390.71			5000.00
	290654	Payment by Credit Card on File - Thank You.							
	Mar 15/2018	The Abrams Law Firm, LLC	7384	2				607.50	4392.50
	291309	Payment for invoice: 28280							
	Mar 15/2018	Credit card billings	04746	2	Credit Card	607.50			5000.00
	291695	Payment by Credit Card on File - Thank You.							
	Mar 31/2018	The Abrams Law Firm, LLC	7404	2				652.50	4347.50
	292305	Payment for invoice: 28420							
	Mar 31/2018	Credit card billings	04781	2	Credit Card	652.50			5000.00
	292742	Payment by Credit Card on File - Thank You.							
	Apr 15/2018	The Abrams Law Firm, LLC	7422	2				292.50	4707.50
	293471	Payment for invoice: 28532							
	Apr 15/2018	Credit card billings	04807	2	Credit Card	292.50			5000.00
	293775	Payment by Credit Card on File - Thank You.							
	Apr 30/2018	The Abrams Law Firm, LLC	7446	2				952.50	4047.50
	294594	Payment for invoice: 28635							
	Apr 30/2018	Credit card billings	04846	2	Credit Card	952.50			5000.00
	294910	Payment by Credit Card on File - Thank You.							
	May 15/2018	The Abrams Law Firm, LLC	wire	2				658.50	4341.50
	295511	Payment for invoice: 28701							
	May 15/2018	Credit card billings	04872	2	Credit Card	658.50			5000.00
	296015	Payment by Credit Card on File - Thank You.							
	May 31/2018	The Abrams Law Firm, LLC	7467	2				460.00	4540.00
	296562	Payment for invoice: 28805							
	May 31/2018	Credit card billings	04895	2	Credit Card	460.00			5000.00
	297046	Payment by Credit Card on File - Thank You.							
	Jun 15/2018	The Abrams Law Firm, LLC	7482	2				1137.50	3862.50
	297645	Payment for invoice: 28933							
	Jun 15/2018	Credit card billings	04917	2	Check	1137.50			5000.00
	297992	Payment by Credit Card on File - Thank You.							
	Jun 30/2018	The Abrams Law Firm, LLC	wire	2				1727.50	3272.50
	298444	Payment for invoice: 29041							
	Jun 30/2018	Credit card billings	04941	2	Credit Card	1727.50			5000.00
	298860	Payment by Credit Card on File - Thank You.							
	Jul 15/2018	The Abrams Law Firm, LLC	7507	2				943.00	4057.00
	299395	Payment for invoice: 29148							
	Jul 15/2018	Credit card billings	04963	2	Credit Card	943.00			5000.00
	299762	Payment by Credit Card on File - Thank You.							
	Jul 31/2018	The Abrams Law Firm, LLC	7523	2				2086.00	2914.00
	300563	Payment for invoice: 29258							
	Jul 31/2018	Credit card billings	05000	2	Check	2086.00			5000.00
	301048	Payment by Credit Card on File - Thank You.							
	Aug 15/2018	The Abrams Law Firm, LLC	7545	2				1151.00	3849.00
	301708	Payment for invoice: 29370							
	Aug 31/2018	The Abrams Law Firm, LLC	7565	2				1797.50	2051.50
	302834	Payment for invoice: 29475							
	Aug 31/2018	Credit card billings	05061	2	Credit Card	2948.50			5000.00
	303069	Payment by Credit Card on File - Thank You.							
	Sep 15/2018	The Abrams Law Firm, LLC	7576	2				1905.00	3095.00
	303492	Payment for invoice: 29529							
	Sep 15/2018	Credit card billings	05089	2	Credit Card	1905.00			5000.00

AA01811

Client	Matter	Description	Resp	Bank	Deposit	Type	Receipt	Disbs	Last Entry
	Date	Received From/Paid To	Lawyer	Acct#					Acct Bal
		Explanation	Che#/Rec#						
		303972 Payment by Credit Card on File - Thank You.							
Sep	30/2018	The Abrams Law Firm, LLC	7587	2				662.50	4337.50
	304443	Payment for invoice: 29606							
Sep	30/2018	Credit card billings	05118	2	Credit Card	662.50			5000.00
	304862	Payment by Credit Card on File - Thank You.							
Oct	15/2018	The Abrams Law Firm, LLC	wire	2				1302.50	3697.50
	305321	Payment for invoice: 29677							
Oct	15/2018	Credit card billings	05134	2	Credit Card	1302.50			5000.00
	305618	Payment by Credit Card on File - Thank You.							
Oct	31/2018	The Abrams Law Firm, LLC	wire	2				70.00	4930.00
	306256	Payment for invoice: 29798							
Oct	31/2018	Credit card billings	05156	2	Credit Card	70.00			5000.00
	306405	Payment by Credit Card on File - Thank You.							
Nov	15/2018	The Abrams Law Firm, LLC	7615	2				902.50	4097.50
	307122	Payment for invoice: 29874							
Nov	15/2018	Credit card billing	05181	2	Credit Card	902.50			5000.00
	307304	Payment by Credit Card on File - Thank You.							
Nov	30/2018	The Abrams Law Firm, LLC	7626	2				247.00	4753.00
	307756	Payment for invoice: 29916							
Nov	30/2018	Credit card billings	05198	2	Credit Card	247.00			5000.00
	308078	Payment by Credit Card on File - Thank You.							
Dec	15/2018	The Abrams Law Firm, LLC	7638	2				135.00	4865.00
	308720	Payment for invoice: 30016							
Dec	15/2018	Credit card billings	05216	2	Credit Card	135.00			5000.00
	308763	Payment by Credit Card on File - Thank You.							
Dec	31/2018	The Abrams Law Firm, LLC	7647	2				222.50	4777.50
	309201	Payment for invoice: 30054							
Dec	31/2018	Credit card billings	05240	2	Credit Card	222.50			5000.00
	309634	Payment by Credit Card on File - Thank You.							
Jan	15/2019	The Abrams Law Firm, LLC	7657	2				765.00	4235.00
	310060	Payment for invoice: 30129							
Jan	15/2019	Credit card billings	05265	2	Credit Card	765.00			5000.00
	310599	Payment by Credit Card on File - Thank You.							
Jan	31/2019	The Abrams Law Firm, LLC	7689	2				1472.50	3527.50
	310987	Payment for invoice: 30205							
Jan	31/2019	Credit card billings	05288	2	Credit Card	1472.50			5000.00
	311498	Payment by Credit Card on File - Thank You.							
Feb	15/2019	The Abrams Law Firm, LLC	7701	2				862.00	4138.00
	311944	Payment for invoice: 30284							
Feb	15/2019	Credit card billings	05311	2	Credit Card	862.00			5000.00
	312244	Payment by Credit Card on File - Thank You.							
Feb	28/2019	The Abrams Law Firm, LLC	7704	2				187.50	4812.50
	312561	Payment for invoice: 30384							
Feb	28/2019	Danka Michaels	05338	2	Credit Card	187.50			5000.00
	313041	Payment by Credit Card on File - Thank You.							
Mar	15/2019	The Abrams Law Firm, LLC	7718	2				5000.00	0.00
	313654	Payment for invoice: 30457							
Mar	15/2019	Credit card billings	05363	2	Credit Card	5175.00			5175.00
	313939	Payment by Credit Card on File - Thank You.							
Mar	15/2019	The Abrams Law Firm, LLC	wire	2				175.00	5000.00
	313942	Payment on A/R Balance - Thank You.							
Mar	31/2019	The Abrams Law Firm, LLC	7724	2				2968.40	2031.60
	314352	Payment for invoice: 30500							
Mar	31/2019	Danka Michaels	05383	2	Credit Card	2968.40			5000.00
	314674	Payment by Credit Card on File - Thank You.							
Apr	15/2019	The Abrams Law Firm, LLC	7739	2				485.00	4515.00
	315173	Payment for invoice: 30578							
Apr	15/2019	Credit card billings	05407	2	Credit Card	485.00			5000.00
	315467	Payment by Credit Card on File - Thank You.							
Apr	30/2019	The Abrams Law Firm, LLC	7754	2				647.00	4353.00
	316224	Payment for invoice: 30655							
Apr	30/2019	Credit card billings	05447	2	Credit Card	647.00			5000.00
	316695	Payment by Credit Card on File - Thank You.							
May	15/2019	The Abrams Law Firm, LLC	7765	2				1635.50	3364.50
	317213	Payment for invoice: 30730							
May	15/2019	Credit card billings	05459	2	Credit Card	1635.50			5000.00
	317510	Payment by Credit Card on File - Thank You.							
May	31/2019	The Abrams Law Firm, LLC	wire	2				2332.00	2668.00
	318119	Payment for invoice: 30807							
May	31/2019	Danka Michaels	05490	2	Check	1000.00			3668.00
	318433	Check # 1782 from Black & LoBello							
May	31/2019	Credit card billings	05491	2	Credit Card	1332.00			5000.00
	318462	Payment by Credit Card on File - Thank You.							
Jun	15/2019	The Abrams Law Firm, LLC	7779	2				662.00	4338.00
	318915	Payment for invoice: 30872							
Jun	15/2019	Credit card billings	05507	2	Credit Card	662.00			5000.00
	319288	Payment by Credit Card on File - Thank You.							
Jun	30/2019	The Abrams Law Firm, LLC	7793	2				1971.00	3029.00
	319667	Payment for invoice: 30940							
Jun	30/2019	Credit card billings	05523	2	Credit Card	1971.00			5000.00
	320043	Payment by Credit Card on File - Thank You.							
Jul	15/2019	The Abrams Law Firm, LLC	7813	2					4365.00
	320580	Payment for invoice: 31015							

Client	Matter	Description	Lawyer	Bank	Deposit	Type	Receipt	Disbs	Last Entry
	Date	Received From/Paid To	Che#/Rec#	Acct#					Acct Bal
	Entry #	Explanation							
	Jul 15/2019	Credit card billings	05554	2	Credit Card	635.00			5000.00
	320949	Payment by Credit Card on File - Thank You.							
	Jul 31/2019	The Abrams Law Firm, LLC	7834	2				5000.00	0.00
	321461	Payment for invoice: 31077							
	Jul 31/2019	Credit card billings	05585	2	Credit Card	5847.50			5847.50
	321648	Payment by Credit Card on File - Thank You.							
	Jul 31/2019	The Abrams Law Firm, LLC	7838	2				847.50	5000.00
	321651	Payment on A/R Balance - Thank You.							
	Aug 15/2019	The Abrams Law Firm, LLC	wire	2				2200.50	2799.50
	322446	Payment for invoice: 31165							
	Aug 15/2019	Danka Michaels	05613	2	Credit Card	2200.50			5000.00
	322630	Payment by Credit Card on File - Thank You.							
	Aug 31/2019	The Abrams Law Firm, LLC	7856	2				1232.50	3767.50
	323245	Payment for invoice: 31198							
	Sep 15/2019	The Abrams Law Firm, LLC	7870	2				3110.50	657.00
	324048	Payment for invoice: 31254							
	Sep 15/2019	Danka Michaels	05666	2	Credit Card	4343.00			5000.00
	324366	Payment by Credit Card on File - Thank You.							
	Sep 30/2019	The Abrams Law Firm, LLC	7881	2				1510.00	3490.00
	324846	Payment for invoice: 31318							
	Sep 30/2019	Credit card billings	05678	2	Credit Card	1510.00			5000.00
	325141	Payment by Credit Card on File - Thank You.							
	Oct 15/2019	The Abrams Law Firm, LLC	7895	2				2047.10	2952.90
	325686	Payment for invoice: 31416							
	Oct 15/2019	Credit card billings	05703	2	Credit Card	2047.10			5000.00
	325808	Payment by Credit Card on File - Thank You.							
	Oct 31/2019	The Abrams Law Firm, LLC	wire	2				870.00	4130.00
	326393	Payment for invoice: 31451							
	Oct 31/2019	Danka Michaels	05722	2	Credit Card	870.00			5000.00
	326498	Payment by Credit Card on File - Thank You.							
	Nov 15/2019	The Abrams Law Firm, LLC	7914	2				270.00	4730.00
	327057	Payment for invoice: 31516							
	Nov 15/2019	Danka Michaels	05743	2	Credit Card	270.00			5000.00
	327217	Payment by Credit Card on File - Thank You.							
	Nov 30/2019	The Abrams Law Firm, LLC	7931	2				545.00	4455.00
	327817	Payment for invoice: 31589							
	Nov 30/2019	Danka Michaels	05776	2	Credit Card	545.00			5000.00
	328139	Payment by Credit Card on File - Thank You.							
	Dec 15/2019	The Abrams Law Firm, LLC	7943	2				531.00	4469.00
	328654	Payment for invoice: 31656							
	Dec 15/2019	Danka Michaels	05790	2	Credit Card	531.00			5000.00
	328892	Payment by Credit Card on File - Thank You.							
	Dec 31/2019	The Abrams Law Firm, LLC	7954	2				1369.50	3630.50
	329528	Payment for invoice: 31722							
	Dec 31/2019	Danka Michaels	05821	2	Credit Card	1369.50			5000.00
	329993	Payment by Credit Card on File - Thank You.							
	Jan 15/2020	The Abrams Law Firm, LLC	7963	2				345.00	4655.00
	330287	Payment for invoice: 31788							
	Jan 15/2020	Danka Michaels	05836	2	Credit Card	345.00			5000.00
	330704	Payment by Credit Card on File - Thank You.							
	Jan 31/2020	The Abrams Law Firm, LLC	7979	2				5000.00	0.00
	331269	Payment for invoice: 31856							
	Jan 31/2020	Danka Michaels	05857	2	Credit Card	8278.50			8278.50
	331338	Payment by Credit Card on File - Thank You.							
	Jan 31/2020	The Abrams Law Firm, LLC	7981	2				3278.50	5000.00
	331340	Payment on A/R Balance - Thank You.							
Matter Total:				2		82972.69	77972.69	5000.00	
Client Total:				2		82972.69	77972.69	5000.00	
Firm Totals: 2 - CNB Client Trust Account						82972.69	77972.69	5000.00	

REPORT SELECTIONS - Client Trust Ledger

Layout Template

Default

Advanced Search Filter

None

Requested by

Steph

Finished

Monday, February 10, 2020 at 11:21:04 AM

Ver

14.2.2 (14.2.20181026)

Matters

17-2528

Clients

All

Major Clients

All

Client Intro Lawyer

All

Matter Intro Lawyer

All

Responsible Lawyer

All

Assigned Lawyer

All

Type of Law

All

Select From

Active, Inactive, Archived Matters

Matters Sort by

Default

AA01813

Page: 4

Acct Bal

AA01814

Client Summary

ALL DATES

Client Name	Resp	Assgn	Open Date	Unbd Hrs	Unbd Fees	Unbd Disb	Retainers	Last Bld	Trust Activity		
Matter			Last Entry	Bld Hrs	Bld Fees	Bld Disb	Taxes	AR Bal	Ac#	Balance	Last Entry
Description											
Michaels, Danka			Nov 16/2017	6.00	2382.50	45.00	0.00	31/1/2020			
7528	AT	AT	Feb 9/2020	242.00	73566.00	4406.69	0.00	0.00	2	5000.00	31/1/2020
Thomas A. Pickens v. Danka K. Michaels											
Firm Totals:				6.00	2382.50	45.00	0.00				
				242.00	73566.00	4406.69	0.00	0.00	2	5000.00	

*** Summary by Responsible Lawyer ***

Responsible Lawyer	Total Clients	Total Matters	Unbilled Fees	Unbilled Disb	Billed Fees	Billed Disb+Tax	A/R	Trust	Retainer
AT -Attorney Abrams'	1	1	2382.50	45.00	73566.00	4406.69	0.00	5000.00	0.00
Total:	1	1	2382.50	45.00	73566.00	4406.69	0.00	5000.00	0.00

REPORT SELECTIONS - Client Summary


Layout Template	Default
Advanced Search Filter	None
Requested by	Steph
Finished	Monday, February 10, 2020 at 11:21:20 AM
Ver	14.2.2 (14.2.20181026)
Matters	17-2528
Clients	All
Major Clients	All
Client Intro Lawyer	All
Matter Intro Lawyer	All
Responsible Lawyer	All
Type of Law	All
Select From	Active, Inactive, Archived Matters
Matters Sort by	Default
New Page for Each Lawyer	No
No Activity Date	Dec/31/2199
Working Lawyer	All
Incl. Unbilled Over	0.00
Incl. Matters with Neg Unbld Disb	No
Zero Balances	Yes
Non-zero Balances	Yes
Client Totals Only	No
Totals Only	No

Matter #	Client Name	Description	Resp	Law Type	Amount	Billed
Date	Ref#	Explanation				
17-2528	Michaels, Danka		AT	CD		
	Thomas A. Pickens v. Danka K. Michaels					
12/1/2017	wire	Fee for Daniela Jezova, LL.M.			739.97	Y
1/29/2018	wire	Fee for Daniela Jezova, LL.M.			1355.71	Y
7/3/2018	21169	Special Process Service - Invoice Copy Attached			40.00	Y
7/12/2018	21285	Special Process Service - Invoice Copy Attached			40.00	Y
7/13/2018	21317	Special Process Service - Invoice Copy Attached			80.00	Y
8/3/2018	21709	Special Process Service - Invoice Copy Attached			40.00	Y
8/2/2018	21685	Special Process Service - Invoice Copy Attached			40.00	Y
3/16/2019	19094	Videography - Invoice Copy Attached			430.50	Y
3/21/2019	54082	Court Reporting Service (Invoice Copy Attached)			769.40	Y
10/2/2019	1340130	Court Reporting Service (Invoice Copy Attached)			384.60	Y
12/19/2019	31995	Special Process Service - Invoice Copy Attached			45.00	Y
1/30/2020	24858	Witness Fee - Shannon Evans, Esq.			25.00	Y
2/4/2020	33122	Special Process Service - Invoice Copy Attached			45.00	N
		Total Other			4035.18	
12/28/2017	05580	COUR Courier Service			15.00	Y
1/25/2018	05601	COUR Courier Service			15.00	Y
6/13/2019	05973	COUR Courier Service			15.00	Y
9/12/2019	06043	COUR Courier Service			15.00	Y
		Total Courier Service			60.00	
11/28/2017	05542	EFIL E-Filing Fee			3.50	Y
11/30/2017	05549	EFIL E-Filing Fee			3.50	Y
11/30/2017	05549	EFIL E-Filing Fee - Invoice Copy Attached			227.01	Y
12/15/2017	05570	EFIL E-Filing Fee			3.50	Y
12/29/2017	05583	EFIL E-Filing Fee			3.50	Y
12/29/2017	05583	EFIL E-Filing Fee			3.50	Y
1/15/2018	05588	EFIL E-Filing Fee			3.50	Y
1/25/2018	05602	EFIL E-Filing Fee			3.50	Y
5/14/2018	05688	EFIL E-Filing Fee			3.50	Y
7/15/2018	05724	EFIL E-Filing Fee			3.50	Y
7/15/2018	05726	EFIL E-Filing Fee			3.50	Y
7/15/2018	05725	EFIL E-Filing Fee			3.50	Y
7/28/2018	05734	EFIL E-Filing Fee			3.50	Y
8/15/2018	05748	EFIL E-Filing Fee			3.50	Y
11/30/2018	05821	EFIL E-Filing Fee			3.50	Y
11/30/2018	05822	EFIL E-Filing Fee			3.50	Y
2/15/2019	05870	EFIL E-Filing Fee			3.50	Y
2/15/2019	05870	EFIL E-Filing Fee			3.50	Y
3/31/2019	05898	EFIL E-Filing Fee			3.50	Y
3/31/2019	05898	EFIL E-Filing Fee			3.50	Y
4/25/2019	05917	EFIL E-Filing Fee			3.50	Y
4/25/2019	05922	EFIL E-Filing Fee			3.50	Y
5/15/2019	05947	EFIL E-Filing Fee			3.50	Y
5/15/2019	05954	EFIL E-Filing Fee			3.50	Y
5/31/2019	05962	EFIL E-Filing Fee			3.50	Y
5/31/2019	05965	EFIL E-Filing Fee			3.50	Y
6/13/2019	05976	EFIL E-Filing Fee			3.50	Y
6/14/2019	05977	EFIL E-Filing Fee			3.50	Y
6/30/2019	05994	EFIL E-Filing Fee			3.50	Y
6/30/2019	05994	EFIL E-Filing Fee			3.50	Y
8/13/2019	06019	EFIL E-Filing Fee			3.50	Y
8/13/2019	06019	EFIL E-Filing Fee			3.50	Y
8/13/2019	06020	EFIL E-Filing Fee			3.50	Y
9/12/2019	06045	EFIL E-Filing Fee			3.50	Y
12/12/2019	06112	EFIL E-Filing Fee			3.50	Y
12/26/2019	06119	EFIL E-Filing Fee			3.50	Y
12/30/2019	06129	EFIL E-Filing Fee			3.50	Y
1/31/2020	06148	EFIL E-Filing Fee			3.50	Y
		Total E-Filing Fee			356.51	
		Total			4451.69	
		Firm Total			4451.69	

REPORT SELECTIONS - Disbursement Analysis and Interest

Layout Template:	All	Matters Sort by:	Default
Requested by:	Steph	New Page for Each Lawyer:	No
Finished:	Monday, February 10, 2020 at 11:21:36 AM	Calculate Interest:	No
Selection:	Disbursement History	Calc Interest To:	2/10/2020
Matters:	17-2528	Include Paid:	Paid and unpaid
Clients:	All	Interest Rate:	0.00
Major Clients:	All	Show Firm Totals:	No
Responsible Lawyer:	All	Show Totals Only:	No
Client Intro Lawyer:	All	Summarize by Type of Law:	No
Assigned Lawyer:	All		
Include Billed:	Billed and unbilled		
Filter of Law:	All		
Filter Intro Lawyer:	All		
Select From:	Active, Inactive, Archived Matters		
Billed up to:	All		
Summarize by Resp. Lawyer:	No		
Summary by Explanation Codes:	No		
Ver:	14.2.2 (14.2.20181026)	Receipt up to:	2/10/2020

AA01816


JUDr. Daniela Ježová, LL.M., PhD.

law office

OBJEDNÁVKA PRÁVNÝCH SLUŽIEB

The Order of Legal Services

Klient/Client:

THE ABRAMS & MAYO LAW FIRM
6252 South Rainbow Blvd., Suite 100
Las Vegas, Nevada 89118

Advokát:

JUDr. Daniela Ježová, LL.M., PhD.
advokátka/attorney at law, so sídlom/seat:
Javorinská 13, 811 03 Bratislava,
registrovaná v SAK pod č. 4695; reg. SAK
No. 4695
Bank connection IBAN: SK19 8360 5207
0042 0112 3179 SWIFT: BREXSKBX,
Bank: BRE BANK SA

1. Klient týmto objednáva u **advokáta** tieto právne služby: vypracovanie analýza na otázky klienta.

2. Klient sa zaväzuje uhradiť zmluvnú odmenu advokáta vo výške: 155,- €/hodina a hotové výdaje spojené so zastupovaním (ako správne poplatky, súdne poplatky, poplatky hradené u notára, náklady súvisiace s prekladom, cestovné výdavky vo výške 0,5 € za km a iné). Advokát preukáže výdavky.

Klient súhlasí s tým, že v prípade uhradenia tarifnej odmeny (podľa § 10 vyhlášky 655/2004 Z.z.) povinnou stranou priznanej advokátovi v súdnom konaní bude táto prislúchať advokátovi. Uvedené je klient povinný advokátovi oznámiť a poskytnúť mu pritom potrebnú súčinnosť.

3. Advokát je oprávnený vystaviť faktúru so splatnosťou do 7 dní.

4. Klient sa zaväzuje uhradiť advokátovi zálohu vopred vo výške 465,- €. Klient sa zaväzuje uhradiť advokátovi náklady na ostatné výdavky vopred na základe žiadosti advokáta.

5. Zmeny tejto objednávky je možné meniť len písomnou formou.

6. Klient týmto súhlasí so spracovaním osobných údajov advokátom v súlade so

Client hereby order at attorney these legal services:

Preparing the legal analysis based on the questions of the client

2. Client undertakes to pay to the Attorney for legal services rate 155,- EUR per hour and all related expenses (such as administrative fees, court fees, notary fees, translation fees, traveling expenses at 0,5 EUR per km and others). The Attorney will provide proof of expenses.

Upon payment of the trial tariff fee (§ 10 of Act No. 655/2004, as amended) by the liable party, client agrees to refund this tariff to the attorney. Client is obliged to notify the attorney about the payment and give relevant cooperation to Attorney.

3. The invoice is payable within 7 days.

4. Client undertakes to provide a down payment in advance in amount of 465,- €. Client is bound to pay all other expenses in advance upon notice of Attorney.

5. Changes shall be done only upon written amendment.

Javorinská 13
811 03 Bratislava 1, Slovakia
www.jezova.sk

GlobalLawExperts
Recommended Attorney

ID No.: 42 129 532
Reg. in Slovak Bar Association No. 4695
e-mail: jezova@e-pravnik.sk
tel.: +421 915 750 804

Member of International Network
IPraeLegal

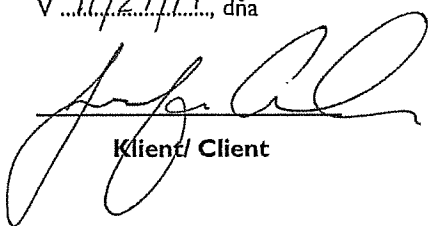
zákonom na ochranu osobných údajov po dobu 10 rokov odo dňa udelenia súhlasu. Súhlas je možné odvolať po ukončení zastupovania.

7. Zmluvné strany si dohodli, že na zmluvný vzťah sa budú vzťahovať právne predpisy platné na území Slovenskej republiky. V prípade súdnych sporov si zmluvné strany dohodli príslušnosť súdov Slovenskej republiky. V prípade pochybností je rozhodujúca slovenská verzia.

6. Client hereby provides the consent to the attorney to collect his personal data according to Act on data protection for 10 years. The consent can be revoked after the legal representation is finished.

7. We hereby agree that rights and obligations according to this agreement shall be governed by the relevant Acts valid in Slovak republic. We agreed on jurisdiction of Slovak courts. In doubt the version in Slovak language is crucial.

V ...11/27/17..., dňa



Klient/ Client

V Bratislave, dňa

advokát/ attorney at law

JUDr. Daniela Ježová, LL.M., PhD.

a d v o k á t k a

Faktúra č. 100022018/invoice No. 100022018

JUDr. Daniela Ježová, LL.M., PhD.
Javorinská 13
811 03 Bratislava 1
IČO: 42 129 532
DIČ: 1045430617
nie som platcom DPH

Klient/ client:

THE ABRAMS & MAYO LAW FIRM

6252 South Rainbow Blvd., Suite 100

Las Vegas, Nevada 89118

Bankové spojenie/Bank connection:

Bank name: mBank SA

IBAN: SK19 8360 5207 0042 0112 3179

SWIFT/BIC: BREXSKBXXX

Platobné podmienky /Payment conditions:

Dátum vyhotovenia“ issuance	12.01.2018	Variabilný symbol (VS):	100022018
Splatnosť najneskôr do/ maturity:	20.01.2018	Špecifický symbol (ŠS):	
Dátum dodania služby/ services rendered:	30.12.2017	Konštantný symbol (KS):	0308
Forma úhrady /payment method:	bankovým prevodom/ bank transfer		

Fakturujem vám / I invoice you

Za poskytnuté právne služby/ for rendered legal services

Spolu k úhrade / to be paid: 1.085,- EUR

Vystavil/ Issued by: Daniela Ježová

Ďakujem! Thank you!

Javorinská 13
811 03 Bratislava 1
www.jezova.sk

GlobalLawExperts
Recommended Attorney

IČO: 42 129 532
Reg. SAK pod č. 4695
e-mail: jezova@e-pravnik.sk
tel.: +421 915 750 804

Člen medzinárodnej siete

IPraeLegal

Danka Michaels002950

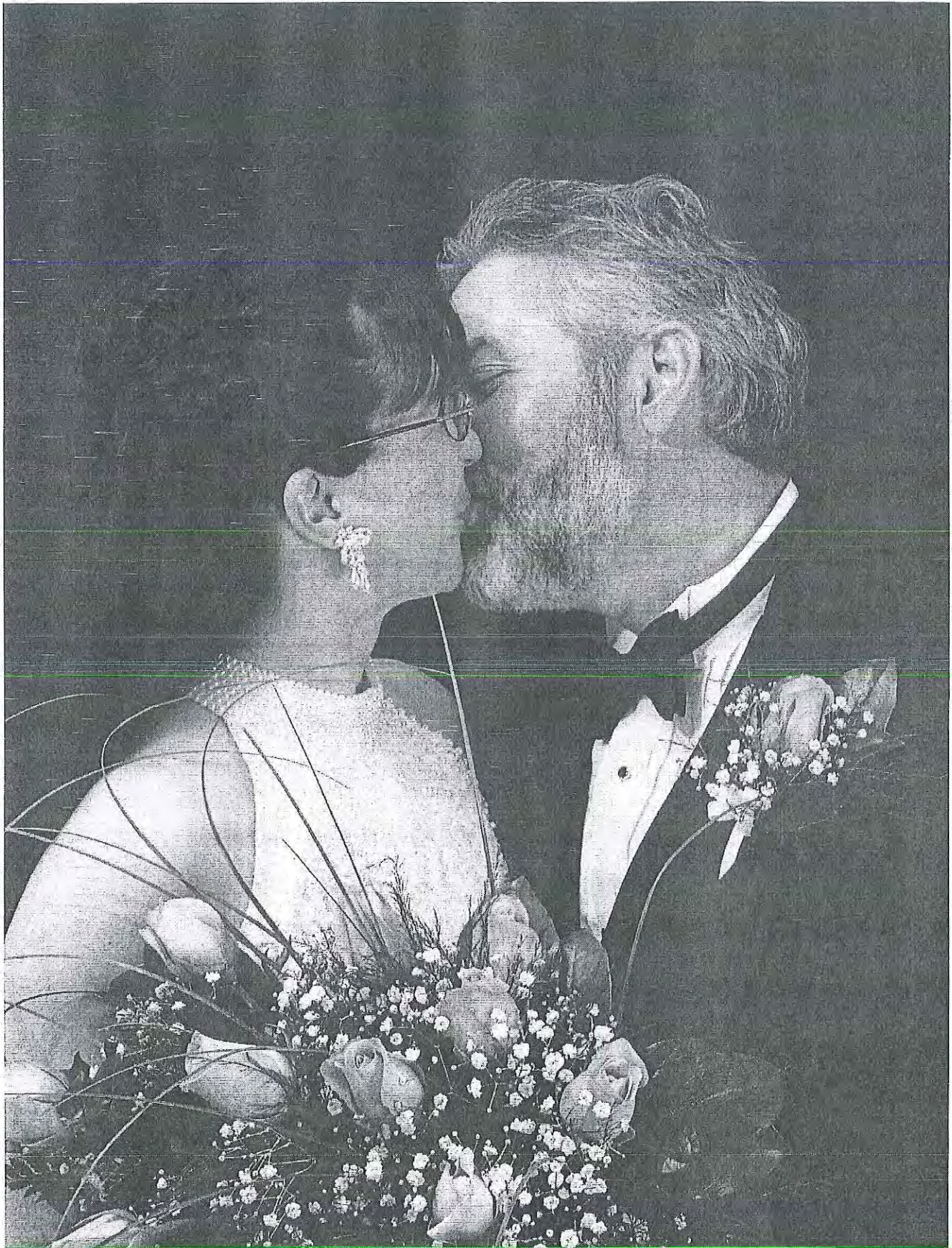
AA01819



TP0001
AA01820



TP0002
AA01821



TP0003
AA01822



*Danka & Tom
are pleased to share the news of their
marriage that took place
on April 7th 2002 in Bratislava, Slovakia.*

Pro uss ecclesiastico sine tymbro. * Pro cirkevné účely bez kolicu

Officium parociale
Rim. kat. farský úrad
Panny Márie Snežnej
Bratislava – Kalvária

Districtus: Bratislava - Stred
Okres:

Nr.:
Čís.: 100/2017

Diocesis: Bratislava
Dieceza:

LITTERAE MATRIMONIALES SOBÁŠNY LIST

In libro matrimoniorum huius Officii parocialis hanc annotationem contuleri fidei digno testor:
Svedčím, že v knihe manželstiev tunajšieho farského úradu je uvedený zápis:

Tomus – zväzok: II. pagina – strana: 78. nr. curr. – bež. čís.: 4.
dies, mensis, annus initii matrimonii:
deñ, mesiac, rok prijatia sviaťosti manželstva: 07. 04. 2002

Coniuges: Manželia	maritus – manžel	uxor – manželka
Nomen, conditio, parentes Meno, zamestnanie, rodičia	PICKENS Thomas, Ivon et Ruth n. Roof	OLTUSOVÁ Danka Katarína, Eugen et Olga n. Belokostolská
Tempus et locus nativitatis Dátum a miesto narodenia	05. 10. 1956, Trumbull, Ohio, USA	26. 11. 1955, Bratislava
Locus domicilii Bydlisko	Las Vegas NV 89134 10261 Coppard PL	Belopotockého 3/C, Bratislava
Religio, status (coelebs – viduus) Náboženstvo, stav (slobodný vdovec)	gr. cath.	r. cath.

Testes – (nomen, locus domicilii)
Svedkovia – (meno, bydlisko)

Daniela Burianová, Rajecká 12, Bratislava
Eugen Oltus, Dunajská Lužná 366

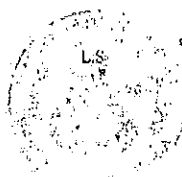
Sacerdos assistens et eius officium
Asistujúci kňaz a jeho hodnosť

P. Plus Majerník, OP
administrator par.

Promulgationes, dispensationes
Ohlasčky, oslobodenia

Observationes – Poznámky

Datum: 01. 09. 2017



P. Chryzostom Kyziof, OP – adm.
subscriptio, functio

Pro usu ecclesiastico sine fymbro • For church purposes there is no revenue stamp

Officium parociale
Roman Catholic Parish Office of
Virgin Mary of the Snows
Bratislava – Calvary

Districtus: Bratislava – Stred
County:

NE:
No.: 100/2017

Diocesis: Bratislava
Diocese:

LITTERAE MATRIMONIALES MARRIAGE CERTIFICATE

In libro matrimoniumhuius Officii parocialis hanc adnotationem contineri fidedigne testor :
I hereby testify that there is a record in the Book of Marriages of the local Parish Office :

Tomus – volume: II
dies, mensis, annus initi matrimonii:

pagina – page: 78th

nr. curr. – curr. no.: 4th

Day, month, year when the sacrament of matrimony was received: April 7, 2002

Coniuges: Spouses	maritus – husband	uxor – wife
Nomen, conditio, parentes Name, occupation, parents	PICKENS Thomas, Ivon et. Ruth n. Roof	OLTUSOVÁ Danka Katarína, Eugen et. Olga n. Belokostolská
Tempus et locus nativitatis Date and place of birth	October 5, 1956, Trumbull, Ohio, USA	November 26, 1955, Bratislava
Locus domicilii Domicile	Las Vegas, NV 89134 10261 Copparo PL	Belopotockého 3/C, Bratislava
Religio, status (coelebs – viduus) Religion, status (single widower)	gr. cath.	r. cath.

Testes – (nomen, locus domicilii)
Witnesses – (name, domicile)

Daniela Burianová, Rajecká 12, Bratislava
Eugen Oltus, Dunajská Lužná 366

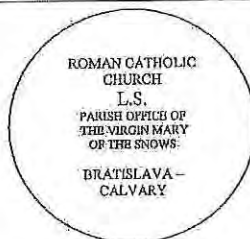
Sacerdos assistens et eius officium
Assisting priest and his rank

P. Pius Majerovič, OP
administrator par.

Promulgationes, dispensationes
Notices, dispensations

Observationes – Comments:

Date: September 1, 2017



[Signature]


P. Chryzostom Kryštof, OP – adm.
subscriptio, functio

AFFIDAVIT

I, Andrea Krlickova, duly sworn, depose and say:

1. That I am a citizen of the United States.
2. That I am presently a resident of Las Vegas, County of Clark, State of Nevada and have been so since August 1998. My business address is 9829 Irls Valley Street, Las Vegas, NV 89178.
3. That I am a native of the Slovak Republic and I am fluent in the Slovak language. That since February 2002, I have been authorized by the Eighth Judicial District Court Interpreters' Office as an Interpreter and Translator. That since March 2005, I have been granted the status of Nevada Registered Court Interpreter by the Supreme Court of Nevada, Administrative Office of the Courts and that as of March 2017, I am a Qualified ACTFL/TLR Oral Proficiency Interview (OPI) Tester in Slovak.
4. That from the above dates forward I have worked as an Interpreter and/or Translator for Municipal, Justice, District and Immigration Courts, as well as County, State and Federal agencies, private attorneys and other entities.
5. That I have obtained a formal education in the Slovak Republic and I have earned a Master's degree from the University of Pavol Jozef Šafárik, School of Law in Košice.
6. That I am a member of the American Translators Association (ATA), National Association of Judiciary Interpreters and Translators (NAJIT), American Council on the Teaching of Foreign Languages (ACTFL), Nevada Interpreters and Translators Association (NITA) and the Federal Court Clerks' Association.
7. That I have translated the Marriage Certificate (Thomas Pickens) for the Pecos LawGroup from Slovak into English.
8. That said translation is true and correct to the best of my knowledge and belief.

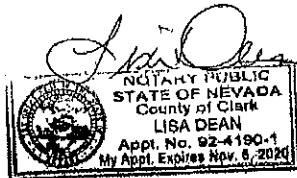
Dated at Las Vegas, Nevada, this October 9, 2017.


Interpreter/Translator

STATE OF NEVADA)
COUNTY OF CLARK)

Signed and sworn to, before me, a Notary Public, this Oct 9, 2017

Notary Public in and for said
Clark County and State of Nevada.



TP0007
AA01826

DANKA K. MICHAELS M.D.
PATIENT PROBLEM LIST

~~ALLERGIES~~

DOB: [REDACTED] 10-5-66

MEDICAL PROBLEMS

Charg 2000

CRD / PIRAS / skulls
CRD / 4v. 9/00

Toy 8214
Bout

ENT GREEN
ENT Silver

PREVENTIVE/DIAGNOSTIC SERVICES AND TESTS

DATE _____

DATE _____

DATE _____

DATE _____

DATE _____

DATE _____

DATE _____

DATE _____

DATE _____

C-XRAY

FLU VACCINE

PNEUMOVAX

DRE

PSA

PAP/PELVIC

MAMMOGRAM

OBX3

EYE EXAM

MICROALBUMIN

PODIATRY

ECHO

STRESS- TRDMILL

PC

ANGIOGRAM

EGD

COLONOSCOPY

DXA

Date	Time	Notes
3/00		audio ^{WMC} (NKadi) → Drwood Street #1
4/00		^{WMC} → Drwood Street #2
4/00		SH → Bonoreo ^{PTCA} Street #3
8/00		WMC → Drwood Street #3
9/00		Cleveland → audio
9/28/00		CAR - 50% : all artificial
10/00		PE : Commission X 6 MO
10/20/01		audio : Kuli MW4
10/24/01		" + PTCA : Tradouian MW4
~ 10/27/01		" : Kasei

PROGRESS NOTES



Nevada Prescription Monitoring Program
For assistance using this application, please contact:
1-855-5NV-4PMP, NV

Report Prepared: 2016-06-02 16:46:03 UTC

Rx Search Request Report

Date Range: 2015-06-02 – 2016-06-02

thomas pickens

birthdate: 1956-10-05

Patients Identified			
Name	Patient ID	DOB	Address
THOMAS PICKENS	1	1956-10-05	9517 QUEEN CHARLOTTE DR LAS VEGAS NV 89145

Summary

Prescriptions: 15	Prescribers: 2	Pharmacies: 1	Private Pay: 15	Active Morphine MME: 1200.0
-------------------	----------------	---------------	-----------------	-----------------------------

Prescriptions

Filled	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy*	Refills	MME	Pynt Type	PMP
05/17/2016	1	05/14/2016	BUPRENORPHINE 2 MG TABLET SL	60.0	30	DA MIC	1326552	COSTC (8926)	0	1200.0	Private Pay	NV
03/07/2016	1	03/04/2016	ALPRAZOLAM 1 MG TABLET	180.0	60	RO CAR	1312760	COSTC (8926)	0		Private Pay	NV
03/07/2016	1	03/04/2016	ZOLPIDEM TARTRATE 10 MG TABLET	90.0	90	RO CAR	1312759	COSTC (8926)	0		Private Pay	NV
03/04/2016	1	03/04/2016	TRAMADOL HCL 50 MG TABLET	240.0	30	RO CAR	1312553	COSTC (8926)	0	1200.0	Private Pay	NV
03/04/2016	1	03/04/2016	OXYCODONE-ACETAMINOPHEN 10-325	120.0	30	RO CAR	1312554	COSTC (8926)	0	2400.0	Private Pay	NV
12/30/2015	1	12/29/2015	OXYCODONE-ACETAMINOPHEN 10-325	120.0	30	RO CAR	1299302	COSTC (8926)	0	2400.0	Private Pay	NV
12/29/2015	1	12/29/2015	ALPRAZOLAM 0.5 MG TABLET	360.0	60	RO CAR	1299270	COSTC (8926)	0		Private Pay	NV
12/24/2015	1	12/24/2015	ZOLPIDEM TARTRATE 10 MG TABLET	90.0	90	DA MIC	1298628	COSTC (8926)	0		Private Pay	NV
10/27/2015	1	10/27/2015	TRAMADOL HCL 50 MG TABLET	240.0	30	DA MIC	1286745	COSTC (8926)	0	1200.0	Private Pay	NV

Filled	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy*	Refills	MME	Pynt Type	PMP
09/21/2015	1	09/21/2015	ALPRAZOLAM 0.5 MG TABLET	360.0	60	DA MIC	1279705	COSTC (8926)	0		Private Pay	NV
09/21/2015	1	09/19/2015	ZOLPIDEM TARTRATE 10 MG TABLET	90.0	90	RO CAR	1279517	COSTC (8926)	0		Private Pay	NV
08/15/2015	1	08/15/2015	OXYCODONE-ACETAMINOPHEN 10-325	120.0	30	RO CAR	1273348	COSTC (8926)	0	2400.0	Private Pay	NV
07/15/2015	1	07/15/2015	ALPRAZOLAM 0.5 MG TABLET	360.0	60	RO CAR	1268129	COSTC (8926)	0		Private Pay	NV
07/15/2015	1	07/15/2015	ZOLPIDEM TARTRATE 10 MG TABLET	90.0	90	RO CAR	1268130	COSTC (8926)	0		Private Pay	NV
07/15/2015	1	07/15/2015	TRAMADOL HCL 50 MG TABLET	240.0	30	RO CAR	1268128	COSTC (8926)	0	1200.0	Private Pay	NV

*Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

Prescribers						
Name	Address	City	State	Zip	Phone	
CARILLO, ROBERTO C	3320 N BUFFALO DR STE 106	LAS VEGAS	NV	89129	7028696190	
MICHAELS, DANKA K	3320 N BUFFALO DR STE 106	LAS VEGAS	NV	89129	7028696190	

Dispensers						
Name	Address	City	State	Zip	Phone	
COSTCO WHOLESALE CORPORATION (8926)	801 S PAVILION CENTER DR DBA COSTCO PHARMACY #685	LAS VEGAS	NV	89144	7023522055	

Disclaimer:

Report contents are based on data entered by dispensers and their staff, and may contain errors. The Board of Pharmacy recommends independent verification with dispensers when prudent or necessary. Willful disclosure of prescription information may be subject to disciplinary action, civil penalties or criminal action.

BLUE POINT MEDICAL GROUP
PROGRESS NOTE

thomas pickens		DOB: 10-05-1956	DATE: 1-09-15	MEDICATIONS
HPI:	SICK x 2 days, feels febrile. Lost PM: nausea, some constipation, cough, chest congestion, etc.			
	- has worked today.			
PE:	WT 245 HT 73 BMI 31.6 T 98.4 P 72 OX 96 BP 124/72			
HEENT	throat & nasal mucosa erythematous & inflamed, (B) nose, mild conjunctivitis, (B) oropharynx & tonsils (B) per dental			
HEART	RRR clear			REV. WITH PATIENT:
LUNGS	Slightly coarse (B) wheezes			<input checked="" type="checkbox"/> ALLERGIES
BREASTS	-			<input checked="" type="checkbox"/> MEDICATIONS, USE, SE
ABDOMEN	-			<input checked="" type="checkbox"/> LABS
EXTREM	clear			<input checked="" type="checkbox"/> XRAY, US, PFT, NCS
SKIN	clear			<input type="checkbox"/> DIET
MS	clear			<input type="checkbox"/> EXERCISE
NEURO	spine intact, intact A7x3, no speech, strong gait, appropriate affect			<input type="checkbox"/> LIFESTYLE CHANGES
GU/RECTAL	-			<input type="checkbox"/> REFERRALS
				<input type="checkbox"/> OLD RECORDS
				<input type="checkbox"/> FHx
				<input type="checkbox"/> PMHx
				<input type="checkbox"/> SHx

Rapid Strep Flu shot Pneumovax Zostavax Gardasil Xray:

CBC CP CTD Lipids Liver p. Renal p. Thyroid p. A1C PSA UA: Dip C+S OBX3 EKG BioZ Mamm PFT SVN

ASSESSMENT

1. UPE } viral & bacterial, will test aggressively, currently
2. Cough } present, > exposure to organisms which may
3. } include influenza.
4. } ~~for 2 weeks~~
5. } ~~for 7 days~~ 1 BPO #10
6. } ~~for pneumonia~~ DM 5.2 L 96 hrs DM #240 mL
- 7.

COMMENTS:

F/U

DR. 

ROS-OVER

PROGRESS NOTE

THOMAS PICKENS						DATE:	12/13/2011	MEDICATIONS
HPI:								
PE:	WT	HT	BMI	T	P	OX	BP	
HEENT								
HEART							REV. WITH PATIENT:	
LUNGS							<input type="checkbox"/> ALLERGIES	
BREASTS							<input type="checkbox"/> MEDICATIONS, USE, SE	
ABDOMEN							<input type="checkbox"/> LABS	
							<input type="checkbox"/> XRAY, US, PFT, NCS	
EXTREM							<input type="checkbox"/> DIET	
SKIN							<input type="checkbox"/> EXERCISE	
MS							<input type="checkbox"/> LIFESTYLE CHANGES	
							<input type="checkbox"/> REFERRALS	
NEURO							<input type="checkbox"/> OLD RECORDS	
							<input type="checkbox"/> FHx	
GU/RECTAL							<input type="checkbox"/> PMHx	
							<input type="checkbox"/> SHx	
Rapid Strep Flu shot Pneumovax Zostavax Gardasil Xray:								
CBC CP CTD Lipids Liver p. Renal p. Thyroid p. A1C PSA UA: Dip C+S OBX3 EKG BioZ Mamm PFT SVN								
ASSESSMENT						PLAN		
1								

MEDICATION REFILL REQUEST
 DATE: 8-7-12
 PT. NAME: TOM PICKENS DOB: 10-5-56
 PHARMACY: COSTCO PHONE/ADDRESS: 604-0038
 MED: DOSE: FREQUENCY: REFILLS:
 MED: PEROCKET 10/325 DOSE: FREQUENCY: QID REFILLS: PRN #120
 MED: DOSE: FREQUENCY: REFILLS:
 MED: DOSE: FREQUENCY: REFILLS:
 MED: DOSE: FREQUENCY: REFILLS: OK ✓
 NOTES FOR MD.

PROGRESS NOTE

NAME: THOMAS PICKENS	DATE 8/2/2010	MEDICATIONS
----------------------	---------------	-------------

HPI:	yo @m faint x 5 days	Faint x 2d
------	----------------------	------------

PE:	WT	HT	6'1"	T	98.5	P	64	OX	96	BP	112/64
-----	----	----	------	---	------	---	----	----	----	----	--------

HEENT: Throat & Lungs! ϕ LMP!

HEART Heart failure pump MC bulgur TM REV. WITH PATIENT:

LUNGS *Smoker* ☒ ALLERGIES

BREASTS *0 cur* MEDICATIONS, USE, SE

ABDOMEN mv NMO ⊕ BS ORU / LABS

✓ 1 XRAY, US, PFT, NCS

EXTREM	✓	COB	✓	DIET
SKIN	✓		✓	EXERCISE

SKIN	<input checked="" type="checkbox"/>	eczema	<input checked="" type="checkbox"/> EXERCISE
MS	<input checked="" type="checkbox"/>	all	<input checked="" type="checkbox"/> LIFESTYLE CHANGES

0 REFERRALS

NEURO also K3 He still smells 0 OLD RECORDS

_____ O FHx

GU/RECTAL du O PMHx

_____ 0 SHx

Rapid Strep ~~Flu shot~~ ~~Pneumovax~~ ~~Zostavax~~ Gardasil Xray Chest

CBC	CP	CTD	Lipids	Liver p.	Renal p.	Thyroid p.	A1C	PSA	UA: Dip	C+S	OBX3	EKG	BioZ	Mamm	PFT	SVN
ASSESSMENT									PLAN							

ASSESSMENT	PLAN
1. <u>Fract</u> otitis media	2. <u>cont</u> the <u>Amoxic</u> x 5 days

2. Визначте 3 шт

3 ~~HA~~ ~~HA~~ Rx pendocet 100 # 90 0

4. $\frac{109}{100} \times 100 = 109\%$ ✓

5. Chlorophyll - green

6 Person

COMMENTS:

F/U 2W DR. CA

ROS-OVER

DANKA MICHAELS, M.D.
PROGRESS NOTE

NAME: THOMAS PICKENS	DATE: 10/13/2009	MEDICATIONS:
HPI: <u>Flu : Lungs</u>		
PE: <u>52 WT 243 HT 6'1" T 97.5 P 60 OX 94% BP 126/71</u>		
HEENT		
HEART		REV. WITH PATIENT:
LUNGS		<input checked="" type="checkbox"/> ALLERGIES
BREASTS		<input checked="" type="checkbox"/> MEDICATIONS, USE, SE
ABDOMEN		<input checked="" type="checkbox"/> LABS
EXTREM <u>ok</u>		<input checked="" type="checkbox"/> XRAY, US, PFT, NCS } <u>20 mins</u>
SKIN <u>pruritus</u>		<input checked="" type="checkbox"/> DIET
MS <u>ok</u>		<input checked="" type="checkbox"/> EXERCISE
		<input type="checkbox"/> LIFESTYLE CHANGES
		<input type="checkbox"/> REFERRALS
NEURO <u>Ataxia, shuffling gait, ML speech appropriate after</u>		<input type="checkbox"/> OLD RECORDS
GU/RECTAL <u>ok</u>		<input type="checkbox"/> FHx
		<input checked="" type="checkbox"/> PMHx
		<input type="checkbox"/> SHx
Rapid Strep Flu shot Pneumovax Zostavax Gardasil Xray: CBC CP CTD Lipids Liver p. Renal p. Thyroid p. A1C PSA UA: Dip C+S OBX3 EKG BioZ Mamm PFT SVN		
ASSESSMENT		
<u>1 Dyslipidemia: ↑ triglycerides, better from last blood draw, cont. Δ in diet</u>		
<u>2 CAD: f/u Dr. Arc!</u>		
<u>3 Obesity: cont. weight loss</u>		
COMMENTS:		
F/U <u>per</u>		DR. <u>✓</u>
ROS-OVER		

DANKA MICHAELS, M.D.
PROGRESS NOTE

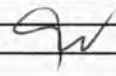
NAME:	THOMAS PICKENS	DATE	6/12/2009	MEDICATIONS
HPI:	Rt ear congestion, pain - blood when he used a-t-p Lt knee pain and swelling - clicking when he goes up the stairs			Allupurinol ✓
PE:	WT 245 HT 6'1" T 48.2 P 63 OX 95% BP 130/70 HEENT Rt TM red, ear canal red with pus neck supple, p masses, d bruits			
HEART	RRR	REV. WITH PATIENT:		
LUNGS	clear	<input checked="" type="checkbox"/> ALLERGIES		
BREASTS	—	<input checked="" type="checkbox"/> MEDICATIONS, USE, SE		
ABDOMEN	—	<input checked="" type="checkbox"/> LABS		
EXTREM	oed	<input type="checkbox"/> XRAY, US, PFT, NCS		
SKIN	oed	<input type="checkbox"/> DIET		
MS	Limited Rom Lt knee, eding.	<input type="checkbox"/> EXERCISE		
NEURO	Atony	<input type="checkbox"/> LIFESTYLE CHANGES		
GU/RECTAL	ok	<input type="checkbox"/> REFERRALS		
		<input type="checkbox"/> OLD RECORDS		
		<input type="checkbox"/> FHx		
		<input checked="" type="checkbox"/> PMHx		
		<input type="checkbox"/> SHx		

Rapid Strep Flu shot Pneumovax Zostavax Gardasil Xray:
 CBC CP CTD Lipids Liver p. Renal p. Thyroid p. A1C PSA UA: Dip C+S OBX3 EKG BioZ Mamm PFT SVN

ASSESSMENT	PLAN
1 Acute otitis externa	ciprofloxacin sample, pt educated
2 Acute otitis media	ery tab 333 q 6hrs x 10 days
3 Lt knee pain	referred Dr. Bradford on 06/12/09
4 Lt knee swelling	e 1347
5	with Hx of
6	to call back
7	to schedule

COMMENTS: spoke with Maria on 06/12/09 e 1436
 scheduled pt at Tracy's location with
 Dr. Bradford.
 RUF
 F/U AS
 DR. [Signature]
 ROS-OVER

DANKA MICHAELS, M.D.
PROGRESS NOTE

NAME:	THOMAS PICKENS	DATE	3/11/2009	MEDICATIONS		
HPI:						
Blood draw.						
PE:	WT	HT	T	P	OX	BP
HEENT						
HEART	REV. WITH PATIENT:					
LUNGS	O ALLERGIES					
BREASTS	O MEDICATIONS, USE, SE					
ABDOMEN	O LABS					
						O XRAY, US, PFT, NCS
EXTREM	O DIET					
SKIN	O EXERCISE					
MS	O LIFESTYLE CHANGES					
						O REFERRALS
NEURO	O OLD RECORDS					
						O FHx
GU/RECTAL	O PMHx					
						O SHx
Rapid Strep Flu shot Pneumovax Zostavax Gardasil Xray:						
CBC CP CTD Lipids Liver p. Renal p. Thyroid p. A1C PSA UA: Dip C+S OBX3 EKG BioZ Mamm PFT SVN						
ASSESSMENT				PLAN		
1						
2						
3						
4						
5						
6						
7						
COMMENTS:						
F/U						
DR. 						
ROS-OVER						

PHONE CALL

FOR Dr. Michaels DATE 10/14/11 TIME 145 P.M.
 M. Re: Thomas Pickens
 OF _____
 PHONE _____ CELL 360-3163
 MESSAGE I swp, when he returns from mississippi he will come in and have his B/W drawn
 SIGNED [Signature] Kyr

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

PHONE CALL

FOR Roberto DATE 01/15/11 TIME — A.M.
 M. Thomas Pickens
 OF _____
 PHONE _____ CELL _____
 MESSAGE seen, call of
Endicott
Gr. & ore
 SIGNED _____

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

Ask your patients if they would prefer once-monthly BONIVA

once-monthly **Boniva**
 ibandronate sodium tablets
 There's only one

Michael's Date: 12/1/11 Time: AM
 Patient: Tom Pickens Pharmacy Tel: _____
 Cell: 313-2990 Gina Allergies: _____
 Message
they sch him they need clinicals & referral sent to them
nocturna
12-1-11 sw/wendy
 Received By: _____
 Returned ☐ Please Call ☐ Will Call ☒ Refill Again ☐ Urgent ☐
 Please see accompanying complete Prescribing Information.



PHONE (702) 733-7866
(800) 433-2750
QuestDiagnostics.com

**BILL TO:**

- ☐ My Account
☐ Insurance Provided
☐ Lab Card/Select
☐ Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE)

M M D D YEAR

SEX

DATE
OF
BIRTH

PATIENT SOCIAL SECURITY #

OFFICE / PATIENT ID #

ROOM #

LAB REFERENCE #

PATIENT PHONE #

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

Patient Service Center location
and appointment scheduling
information is on the back.

Each sample should be labeled
with at least two patient identifiers
at time of collection.

ACCOUNT # (27341)

NAME: DANKA K MICHAELS, MD

ADDRESS: 3320 N BUFFALO DR

CITY, STATE, ZIP: STE 106

TELEPHONE: LAS VEGAS, NV 89129

702-869-1190

DATE COLLECTED

TIME

☐ AM☐ PM☐ Fasting☒ STAT

Send Duplicate Report to:

Fax Number:

NPI / UPIN ORDERING PHYSICIAN AND/OR PAYORS

DANKA MICHAELS, MD 1730151044

ROBERT CARILLO JR, APN 1790916575

☐ ORDERING PHYS.: Dr.**PANEL COMPONENTS ON BACK****ORGAN / DISEASE PANELS**

- 42 ☐ Electrolyte Panel S
104 ☐ Hepatic Function Panel S
982 ☐ Basic Metabolic Panel S
944 ☐ Comp Metabolic Panel S
B 1383 ☐ Lipid Panel (Fasting) S
B 14852 ☐ Lipid Panel w/Reflex D-LDL S
@ 125 ☐ Obstetric Panel w/Reflex Y,L,S
@ 365 ☐ Hepatitis Panel, Acute w/Reflex S
916 ☒ Renal Functional Panel S

HEMATOLOGY

- @ 4516 ☐ Hemoglobin L
@ 4514 ☐ Hematocrit L
@ 4518 ☐ CBC (Hgb, Hct, RBC, WBC, Plt) L
@ 4500 ☐ CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L
B 4021 ☐ PT with INR B
@ 4023 ☐ PTT, Activated B

OTHER TESTS

- 9500 ☐ ABO Group & Rh Type Y
@ 7007 ☐ AFP Tumor Marker S
6015 ☐ Albumin S
6025 ☐ Alkaline Phosphatase S
6420 ☐ ALT S
6040 ☐ Amylase S
3000 ☐ ANA w/Reflex Titer S
9550 ☐ Antibody Scr, RBC w/Reflex ID Y
6415 ☐ AST S
6075 ☐ Bilirubin, Direct S
6090 ☐ Bilirubin, Total S

- 7170 ☐ C-Reactive Protein (CRP) S
@ 1320 ☐ CA 27.29 S
@ 1313 ☐ CA 125 S
6110 ☐ Calcium S
11173 ☐ CCP Ab IgG S
B 7110 ☐ CEA S
B 6165 ☐ Cholesterol, Total S
6180 ☐ CK, Total S
6200 ☐ Creatinine S
1986 ☐ DHEA Sulfate, Immunoassay S
B 6307 ☐ LDL Cholesterol, Direct S
7205 ☐ Estradiol S
@ 7225 ☐ Ferritin S
7230 ☐ Folic Acid S
7235 ☐ FSH S
B 6240 ☐ GGT S
6259 ☐ Glucose, Gestational Screen (50g), 135 cutoff GY S
19833 ☐ Glucose, Gestational Screen (50g), 140 cutoff GY S
B 6245 ☐ Glucosa, Serum S
7440 ☐ hCG, Serum, Qual S
B 7275 ☐ hCG, Serum, Quant S
B 6605 ☐ Hemoglobin A1c L
B 16802 ☐ Hemoglobin A1c w/eAG L
7290 ☐ Hep B Surface Ab Qual S
7270 ☐ Hep B Surface Ag w/Reflex Confirm S
1590 ☐ Hep C Virus Ab S
B 19728X ☐ HIV-1/2 AG/AB, 4th w/Reflex S
1529 ☐ Homocysteine S
116182 ☐ hs CRP S
1475 ☐ Insulin S
6630 ☐ Immunofixation (IFE) S
@ 6290 ☐ Iron, TIBC, % Sat S
@ 6285 ☐ Iron S

**Medicare
Limited
Coverage
Tests**

@ = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
& = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.

Provide
signed
ABN when
necessary

ICD Codes (enter all that apply)

- 6300 ☐ LDH S
599X ☐ Lead (B) TN
7340 ☐ LH S
6310 ☐ Lipase S
6646X ☐ Lyme Disease Ab w/Reflex to Blot (IgG, IgM) S
6335 ☐ Magnesium S
6517 ☐ Microalbumin, Random Urine w/Creat S
B 11290 ☐ Occult Blood, Feces-Fit InsureTM1 S
6363 ☐ Phosphorus S
6380 ☐ Potassium S
7445 ☐ Progesterone S
7450 ☐ Prolactin S
B 7458 ☐ PSA, Total S
4530 ☐ Reticulocyte Count, Automated L
4325 ☐ Rheumatoid Factor S
4341 ☐ RPR (Monitoring) w/Reflex Titer S
4345 ☐ RPR (DX) w/Reflex Confirm S
4327 ☐ Rubella IgG S
4542 ☐ Sed Rate by Mod West L
36170 ☐ Testosterone Free and Total LC/MS/MS SR
15983X ☐ Testosterone, Total, LC/MS/MS SR
7545 ☐ Testosterone, Total, Male SR
3060 ☐ Thyroid Peroxidase Antibodies (TPO) S
B 6440 ☐ Triglycerides S
B 7580 ☐ TSH S
B 7584 ☐ TSH w/Reflex T4, Free S
1430 ☐ T3, Free S
7515 ☐ T3, Total S
B 7520 ☐ T3 Uptake S
B 7525 ☐ T4 (Thyroxine), Total S
B 7528 ☐ T4 (Thyroxine), Free S

- 4785 ☐ UA, Dipstick Only L
4775 ☐ UA, Dipstick w/Reflex Microscopic L
4780 ☐ UA, Complete (Dipstick & Microscopic) L
@ 4770 ☐ UA, Complete, w/Reflex Culture S
6103 ☐ Urea Nitrogen (BUN) S
6455 ☐ Uric Acid S
7590 ☐ Valproic Acid SF
4439 ☐ Varicella-Zoster Virus Ab (IgG) S
7611 ☐ Vitamin B12/Folic Acid S
7610 ☐ Vitamin B12 S
117306 ☐ Vitamin D, 25-Hydroxy, Total, Immunoassay S
91935 ☐ Vitamin D (QuestAssureTM for Infants) SF
25-Hydroxyvitamin D, LC/MS/MS (<3 yrs)

MICROBIOLOGY

Source (Required)

- 2300 ☐ Culture, Aerobic Bacteria*
2600 ☐ Culture, Group A Strep*
2601 ☐ Culture, Group B Strep*
2801 ☐ Culture, Genital*
2375 ☐ Culture, Throat*
@ 2400 ☐ Culture, Urine, Routine* (Inc. Indwelling Cath)

Amplified Specimen Type (Aptima)

- ☐ Endocervical ☐ Urethral ☐ Urine
11363Y ☐ Chlamydia & N. gonorrhoeae RNA, TMA

Stool Pathogens

- (Campy, Salm/Shigella,
2500 ☐ Culture, Stool, Shiga toxins w/Reflex)*
34838X ☐ H. pylori Ag, EIA Stool
36454 ☐ H. pylori Urea Breath Test HB
681X ☐ O & P w/Permanent Stain

* Additional charge for ID and Susceptibilities

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)

Reflex tests are performed at an additional charge.

- 7602 PTH, INTACT WITHOUT CALCIUM
11499 HSV 1/2 IGG, HERPESELECT
3060 THYROID PEROXIDASE AB
3055 THYROGLOBULIN AB
11946 ANA CHOICE CASCADING REFLEX

- 17379 GLYCOMARK
91472 IDENTRA(TM) W/14-3-3

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS
ORDEREDLAB USE
ONLY:

- ☐ SST ☐ RED ☐ GRV ☐ LAV ☐ BLU ☐ PINK ☐ GRN ☐ SERUM ☐ FZ ☐ SWAB ☐ APT
☐ PTEC ☐ M4 ☐ BC ☐ SET ☐ PL ☐ STL ☐ O&P ☐ STL C&S ☐ URC ☐ URY ☐ URG ☐ UR24

For any patient of any payor (including Medicare and Medicaid), only order those tests which
are medically necessary for the diagnosis and treatment of the patient.



PHONE (702) 733-7866
(800) 433-2750
QuestDiagnostics.com

LAB USE ONLY:

SST RED GRV LAV BLU PINK GRN SERUM FZ SWAB APT PTEC M4 BC SET PL STL O&P STL C&S URC URY URG UR24

BILL TO:

- ☐ MY ACCOUNT
☐ PATIENT
☐ MEDICARE
☐ RAILROAD MEDICARE
☐ MEDICAID
☐ Lab Card/Select
☒ OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

DATE M M D D YEAR SEX PATIENT PHONE #
10/05/1950 M ()
PATIENT SOCIAL SECURITY # RM/BED # CHART #

Patient Service Center location and appointment scheduling information is on the back.

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PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. #

CITY STATE ZIP

MEDICARE NUMBER SUFFIX

RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ DEPENDENT

PRIMARY INSURANCE CO. NAME

MEMBER / INSURED ID # GROUP #

INSURANCE ADDRESS

CITY STATE ZIP

EMPLOYER NAME/EMPLOYER # INSURED SOCIAL SECURITY # (if not patient)

Medicare Limited Coverage Tests

@ = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
G = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

ICD Codes (enter all that apply)

- 6300 LDH S
599X Lead (B) TN
7340 LH S
6310 Lipase S
6646X Lyme Ab-WB w/ Reflex Confirm IgG & IgM S
6335 Magnesium S
6517 Microalbumin, Random Urine w/Creat S
Fecal Globin, Feces - FIT, InSure®
11290 DX 11293 MCR Scr
6363 Phosphorus S
6380 Potassium S
7445 Progesterone S
7450 Prolactin S
B 7458 PSA, Total S
4530 Reticulocyte Count, Automated L
4325 Rheumatoid Factor S
4341 RPR (Monitoring) w/Reflex Titer S
4345 RPR (DX) w/Reflex Confirm S
4327 Rubella IgG S
4542 Sed Rate By Mod West L
36170 Testosterone, FR/Tot, LC/MS/MS SR
15983X Testosterone, Total, LC/MS/MS SR
7545 Testosterone, Total, Male SR
3060 Thyroid Peroxidase Antibodies (TPO) S
B 6440 Triglycerides S
B 7580 TSH S
B 7584 TSH w/Reflex T-4, Free S
1430 T-3, Free S
7515 T-3, Total S
B 7520 T-3 Uptake S
B 7525 T-4 (Thyroxine), Total S
B 7528 T-4 (Thyroxine), Free S
4785 UA, Dipstick Only U
4775 UA, Dipstick w/Reflex Microscopic U
4780 UA, Complete (Dipstick & Microscopic) U
@ 4770 UA, Complete, w/Reflex Culture U,UG
6103 Urea Nitrogen (BUN) S
6455 Uric Acid S
7590 Valproic Acid SF
154031 Varicella-Zoster Virus Ab (IgG) S
7611 Vitamin B12/Folic Acid S
7610 Vitamin B12 S
17306X Vitamin D, 25 Hydroxy, LC/MS/MS SF

MICROBIOLOGY

Source (Required)

- 2300 Culture, Aerobic Bacteria*
2600 Culture, Group A Strep*
2601 Culture, Group B Strep*
2801 Culture, Genital*
2375 Culture, Respiratory
@ 2400 Culture, Urine, Routine* (Inc. Indwelling Cath.)

Amplified Specimen Type (please check one)

- ☐ Endocervical ☐ Urethral ☐ Urine
11363Y Chlamydia & N. gonorrhoeae RNA/TMA

Stool Pathogens

- (Campy, Salm/Shigella, Culture, Stool, Shiga toxins w/Reflex)*
2500 Culture, Stool, Shiga toxins w/Reflex)*
34838X H. pylori Ag, EIA Stool
2900 O & P w/Permanent Stain
* Additional charge for ID and Susceptibilities

ACCOUNT # (27341)

NAME DANKA K MICHAELS, MD

ADDRESS 3320 N BUFFALO DR

CITY, STATE, ZIP STE 106

TELEPHONE LAS VEGAS, NV 89129

702-847-6170

DATE COLLECTED

TIME

AM

PM

☐ Fasting

☒ STAT

Send Duplicate Report to:

Fax Number:

NPI / UPIN ORDERING PHYSICIAN AND/OR PAYORS

DANKA MICHAELS, MD 1730151044

ROBERT CARILLO JR, APN 1790916375

09/20/15

☐ ORDERING PHYS.: Dr.

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS

- 42 Electrolyte Panel S
104 Hepatic Function Panel S
982 Basic Metabolic Panel w/eGFR S
944 Comp Metabolic Panel w/eGFR S
B 1383 Lipid Panel (Fasting Specimen) S
B 14852 Lipid Panel w/Reflex d-LDL S
@ 125 Obstetric Panel w/Reflex SR, P, L, S
@ 365 Hepatitis Panel, Acute S
916 Renal Functional Panel w/eGFR S

HEMATOLOGY

- @ 4516 Hemoglobin L
@ 4514 Hematocrit L
@ 4518 CBC (Hgb, Hct, RBC, WBC, Plt) L
@ 4500 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L
B 4021 PT with INR B
@ 4023 PTT, Activated B

OTHER TESTS

- 9500 ABO Group & Rh Type P, L
@ 7007 AFP Tumor Marker S
6015 Albumin S
6025 Alkaline Phosphatase S
6420 ALT S
6040 Amylase S
3000 ANA w/Reflex Titer S
9550 Antibody Scr, RBC w/Reflex ID P, L
6415 AST S
6075 Bilirubin, Direct S
6090 Bilirubin, Total S

- 7170 C-Reactive Protein CRP S
@ 1320 CA 27.29 S
@ 1313 CA 125 S
6110 Calcium S
116182 Cardio CRP S
11173 CCP Ab IgG S
B 7110 CEA S
B 6165 Cholesterol, Total S
6180 CK, Total S
6200 Creatinine w/eGFR S
1986 DHEA Sulfate, Immunoassay S
B 6307 Direct LDL S
7205 Estradiol S
@ 7225 Ferritin S
7230 Folic Acid S
7235 FSH S
B 6240 GGT S
6259 Glucose, Gest. Scr. GY
B 6245 Glucose, Serum S
36454 H. pylori Urea Breath Test HB
7440 hCG, Serum, Qual S
B 7275 hCG, Serum, Quant S
B 6605 Hemoglobin A1c L
B 16802 Hemoglobin A1c w/eAg L
7290 Hep B Surface Ab Qual S
7270 Hep B Surface Ag w/Reflex Confirm S
1590 Hep C Virus Ab S
B 3200 HIV-1/HIV-2 Scr w/Reflexes SR
1529 Homocysteine, Cardiovascular S
1475 Insulin S
6630 Immunofixation (IFE) S
@ 6290 Iron (Total), IBC, % Sat S
@ 6285 Iron, Total S

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)

Reflex tests are performed at an additional charge.

- [] 7602 PTH, INTACT WITHOUT CALCIUM
[] 11479 HSV 1/2 IGG, HERPESELECT
[] 3060 THYROID PEROXIDASE AB
[] 3055 THYROGLOBULIN AB
[] 119946 ANA CHOICE CASCADING REFLEX

- [] 19599 GLYCOMARK
[] 91472 IDENTRA(TM) W/14-3-3

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

For any patient of any payor (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.



Quest
Diagnostics

PHONE (702) 733-7866
(800) 433-2750
QuestDiagnostics.com

LAB USE
ONLY:

☐ SST ☐ RED ☐ GRV ☐ LAV ☐ BLU ☐ PINK ☐ GRN ☐ SERUM ☐ FZ ☐ SWAB ☐ APT ☐ PTEC ☐ M4 ☐ BC ☐ SET ☐ PL ☐ STL ☐ O&P ☐ STL&S ☐ URC ☐ URY ☐ URG ☐ UR24

BILL TO:

- ☐ MY ACCOUNT
☐ PATIENT
☐ MEDICARE
☐ RAILROAD MEDICARE
☐ MEDICAID
☐ Lab Card/Select
☐ OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

Thomson
DATE M M D D YEAR SEX PATIENT PHONE #
10/05/1986 ()
PATIENT SOCIAL SECURITY # RM/BED # CHART #

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and appointment scheduling
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at time of collection.

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PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. #

CITY STATE ZIP

MEDICARE NUMBER SUFFIX

ACCOUNT #: (27341)

NAME DANKA K MICHAELS, MD

ADDRESS 3320 N BUFFALO DR

CITY, STATE, ZIP STE 106

TELEPHONE LAS VEGAS, NV 89129

702 867 6170

DATE COLLECTED

TIME

☐ AM

☐ PM

☒ Fasting

☐ STAT

Send Duplicate Report to:

Fax Number:

NPI/UPIN ORDERING PHYSICIAN AND/OR PAYORS

[] DANKA MICHAELS, MD 1730151044

[] ROBERT CARILLO JR, APN 1790916575

☐ ORDERING PHYS.: Dr.

PANEL COMPONENTS ON BACK

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- 42 ☐ Electrolyte Panel S
104 ☐ Hepatic Function Panel S
982 ☐ Basic Metabolic Panel w/eGFR S
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916 ☐ Renal Functional Panel w/eGFR S

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- @ 4516 ☐ Hemoglobin L
@ 4514 ☐ Hematocrit L
@ 4518 ☐ CBC (Hgb, Hct, RBC, WBC, Plt) L
@ 4500 ☐ CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L
B 4021 ☐ PT with INR B
@ 4023 ☐ PTT, Activated B

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- 9500 ☐ ABO Group & Rh Type P, L
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6025 ☐ Alkaline Phosphatase S
6420 ☐ ALT S
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6415 ☐ AST S
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6090 ☐ Bilirubin, Total S

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@ 1320 ☐ CA 27.29 S
@ 1313 ☐ CA 125 S
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B 7110 ☐ CEA S
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6200 ☐ Creatinine w/eGFR S
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7270 ☐ Hep B Surface Ag w/Reflex Confirm S
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B 3200 ☐ HIV-1/HIV-2 Scr w/Reflexes SR
1529 ☐ Homocysteine, Cardiovascular S
1475 ☐ Insulin S
6630 ☐ Immunofixation (IFE) S
@ 6290 ☐ Iron (Total), IBC, % Sat S
@ 6285 ☐ Iron, Total S

PRIMARY INSURANCE

MEDICAID
NUMBER

RELATIONSHIP TO INSURED: ☐ SELF ☐ SPOUSE ☐ DEPENDENT

PRIMARY INSURANCE CO. NAME

MEMBER / INSURED ID #

GROUP #

INSURANCE ADDRESS

CITY

STATE

ZIP

EMPLOYER NAME/EMPLOYER #

INSURED SOCIAL SECURITY # (if not patient)

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Provide
signed
ABN when
necessary

ICD Codes (enter all that apply)

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599X ☐ Lead (B) TN
7340 ☐ LH S
6310 ☐ Lipase S
6646X ☐ Lyme Ab-WB w/ Reflex Confirm IgG & IgM S
6335 ☐ Magnesium S
6517 ☐ Microalbumin, Random Urine w/Creat S
Fecal Globin, Feces - FIT, InSure®
11290 ☐ DX 11293 ☐ MCR Scr
6363 ☐ Phosphorus S
6380 ☐ Potassium S
7445 ☐ Progesterone S
7450 ☐ Prolactin S
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4327 ☐ Rubella IgG S
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36170 ☐ Testosterone, FR/Tot, LC/MS/MS SR
15983X ☐ Testosterone, Total, LC/MS/MS SR
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B 6440 ☐ Triglycerides S
B 7580 ☐ TSH S
B 7584 ☐ TSH w/Reflex T-4, Free S
1430 ☐ T-3, Free S
7515 ☐ T-3, Total S
B 7520 ☐ T-3 Uptake S
B 7525 ☐ T-4 (Thyroxine), Total S
B 7528 ☐ T-4 (Thyroxine), Free S
4785 ☐ UA, Dipstick Only U
4775 ☐ UA, Dipstick w/Reflex Microscopic U
4780 ☐ UA, Complete (Dipstick & Microscopic) U
@ 4770 ☐ UA, Complete, w/Reflex Culture U,UG
6103 ☐ Urea Nitrogen (BUN) S
6455 ☐ Uric Acid S
7590 ☐ Valproic Acid SF
154031 ☐ Varicella-Zoster Virus Ab (IgG) S
7611 ☐ Vitamin B12/Folic Acid S
7610 ☐ Vitamin B12 S
17306X ☐ Vitamin D, 25 Hydroxy, LC/MS/MS SF

MICROBIOLOGY

Source (Required)

- 2300 ☐ Culture, Aerobic Bacteria*
2600 ☐ Culture, Group A Strep*
2601 ☐ Culture, Group B Strep*
2801 ☐ Culture, Genital*
2375 ☐ Culture, Respiratory
@ 2400 ☐ Culture, Urine, Routine* (Inc. Indwelling Cath.)

Amplified Specimen Type (please check one)

- ☐ Endocervical ☐ Urethral ☐ Urine
11363Y ☐ Chlamydia & N. gonorrhoeae RNA/TMA

Stool Pathogens (Campy, Salm/Shigella, Shiga toxins w/Reflex)*

- 2500 ☐ Culture, Stool, Shiga toxins w/Reflex)*
34838X ☐ H. pylori Ag, EIA Stool
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[] 3055 THYROGLOBULIN AB
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- [] 19599 GLYCOMARK
[] 91472 IDENTRA(TM) W/14-3-3

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are medically necessary for the diagnosis and treatment of the patient.



Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Phone: 7023603163 Patient ID: NG	Specimen: 48776626 Requisition: 273410031988 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:01 PDT	Client #: 27341 9999999999 MICHAELS, DANKA K DANKA K MICHAELS,MD 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129

MRN: 0034150150

COMMENTS: Ordering Physician: MICHAELS, DANKA K

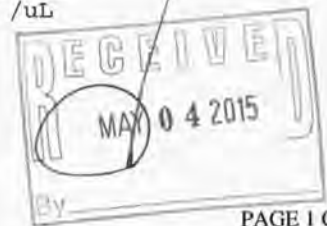
Test Name	In Range	Out Of Range	Reference Range	Lab
PROFILE 104 LIVER				01
Alkaline Phosphatase		28 L	40-115 IU/L	
AST (SGOT)	25		10-35 IU/L	
ALT (SGPT)	31		9-46 IU/L	
Protein, Total	7.0		6.1-8.1 g/dL	
Albumin	4.4		3.6-5.1 g/dL	
Globulin	2.6		1.9-3.7 g/dL	
A/G Ratio	1.7		1.0-2.5	
BILIRUBIN, TOTAL	0.8		0.2-1.2 mg/dL	
BILIRUBIN, DIRECT	0.1		0.0-0.2 mg/dL	
RENAL FUNCTION PANEL				01
Glucose, Fasting	88		65-99 mg/dL	
Glucose reference range reflects a fasting state. For non-fasting patients glucose reference range is 65 - 139 mg/dL.				
BUN	14		7-25 mg/dL	
Creatinine	0.99		0.70-1.33 mg/dL	
Calcium	9.3		8.6-10.3 mg/dL	
Albumin	4.4		3.6-5.1 g/dL	
Phosphorus		4.6 H	2.5-4.5 mg/dL	
Sodium	139		135-146 mEq/L	
Potassium	4.1		3.5-5.3 mEq/L	
Chloride	104		98-110 mEq/L	
CO2	24		19-30 mEq/L	
eGFR African American	97		>59	
eGFR Non-AFR. American	84		>59	
The upper reference limit for Creatinine is approximately 13% higher for people identified as African-American.				
CBC (INCLUDES DIFF/PLATELETS)				01
WHITE BLOOD CELL COUNT	5.9		3.8-10.8 k/uL	
RBC	4.98		4.20-5.80 Million/uL	
HEMOGLOBIN	15.0		13.2-17.1 g/dL	
HEMATOCRIT	45.8		38.5-50.0 %	
MCV	92.0		80.0-100.0 fL	
MCH	30.1		27.0-33.0 pg	
MCHC	32.8		32.0-36.0 g/dL	
RED CELL DISTRIBUTION	13.6		11.0-15.0 %	
PLATELET COUNT	195		140-400 k/uL	
MEAN PLATELET VOLUME	9.5		7.5-11.5 fL	
Absolute Neutrophils	2885		1500-7800 /uL	
Absolute Lymphocytes	2142		850-3900 /uL	
Absolute Monocytes	448		200-950 /uL	
Absolute Eosinophils	407		15-550 /uL	
Absolute Basophils	18		0-200 /uL	
SEGMENTED NEUTROPHILS	48.9		%	
LYMPHOCYTES	36.3		%	
MONOCYTES	7.6		%	
EOSINOPHILS	6.9		%	
BASOPHILS	0.3		%	

CLIENT SERVICES: 702-733-7866

SPECIMEN: 48776626

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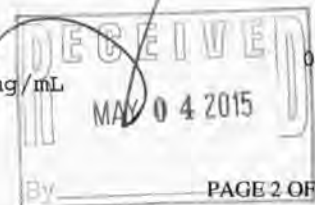
Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:01 PDT	Client #: 27341 MICHAELS, DANKA K

Test Name	In Range	Out Of Range	Reference Range	Lab
RETICULOCYTE COUNT	3.16		%	01
RETICULOCYTES		156600 H	25000-90000 /mcL	
WESTERGREN SED RATE				01
Westergren Sed Rate	3		0-20 mm/h	
URINALYSIS, COMPLETE WITH REFLEX TO CULTURE				01
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.022		1.001-1.035	
PH	5.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	0-5		0-5 /HPF	
RBC	0-2		0-2 /HPF	
SQUAMOUS EPITHELIAL CELL	0-5		0-5 /HPF	
BACTERIA	NONE SEEN		NONE /HPF	
When a urine microscopic exam is performed it is analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen are reported.				
CPK (CREATINE KINASE)				01
CPK, Total	119		44-196 IU/L	
IRON				01
Iron, Total	178		50-180 mcg/dL	
URIC ACID				01
Uric Acid	5.1		4.0-8.0 mg/dL	
Uric Acid therapeutic target for gout patients: <6.0 mg/dL				
HEMOGLOBIN A1C				01
HEMOGLOBIN A1c	5.8 H		0.0-5.6 %T.Hgb	
According to ADA guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes-2013. Diabetes Care. 2013;36:s11-s66				
For the purpose of screening for the presence of diabetes				
<5.7 Consistent with absence of diabetes				
5.7-6.4 Consistent with increased risk of diabetes (prediabetes)				
>or= 6.5 Consistent with diabetes				
This assay result is consistent with an increased risk of diabetes. Currently, no consensus exists for use of hemoglobin A1C for diagnosis of diabetes for children.				
C REACTIVE PROTEIN, QUANTITATIVE				01
CRP, Quantitative	<0.5		0.0-0.8 mg/dL	
Please be advised that patients taking Carboxypenicillins may exhibit falsely decreased C-Reactive Protein levels due to an analytical interference in this assay.				
FERRITIN				01
Ferritin	297		20-380 ng/mL	

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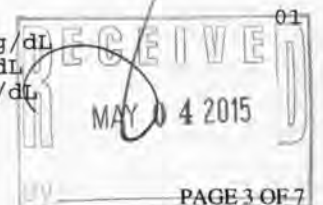
Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:01 PDT	Client #: 27341 MICHAELS, DANKA K

Test Name	In Range	Out Of Range	Reference Range	Lab
PSA, TOTAL (DIAGNOSTIC) (F) Prostatic Antigen (PSA)	1.7		0.0-4.0 ng/mL	01
This test was performed using the Siemens (Bayer) Chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.				
FREE T4				01
Free T4	1.0		0.8-1.8 ng/dL	
TSH	2.30		0.40-4.50 mIU/L	01
PTH INTACT WITHOUT CALCIUM				01
PTH, Intact	38		14-64 pg/mL	
Please, note the change in the reference range of INTACT PTH effective Tuesday, May 27, 2014. This assay was performed using the Beckman Coulter Immunoassay method. Values obtained from different assay methods cannot be used interchangeably.				
*****Interpretative Guide (>17 years)*****				
	PTH	Calcium		
Normal Parathyroid	Normal	Normal		
Hypoparathyroidism	Low/Low Normal	Low		
Hyperparathyroidism				
Primary	Normal or High	High		
Secondary	High	Normal or Low		
Tertiary	High	High		
Non-parathyroid				
Hypercalcemia	Low/Low Normal	High		
VITAMIN B12 AND FOLATE				01
VITAMIN B12				
Vitamin B12	622		200-1100 pg/mL	
Reference ranges for vitamin B12:				
Adults (>17 years):				
200 - 1100 pg/mL				
Pediatrics (<18 years):				
<5 years: Not established				
5-9 years: 250 - 1205 pg/mL				
10-17 years: 260 - 935 pg/mL				
FOLATE				01
Folate, Serum	10.6		5.5-24.0 ng/mL	
Reference range for Folate:				
Adults (>17 years):				
Normal: >5.4 ng/mL				
Borderline: 3.4-5.4 ng/mL				
Low: <3.4 ng/mL				
Pediatrics (<18 years):				
<5 years: Not established				
5-9 years: >7.1 ng/mL				
10-17 years: >8.0 ng/mL				
LIPID PANEL WITH REFLEX TO DIRECT LDL				
CHOLESTEROL	182		125-200 mg/dL	
TRIGLYCERIDES		427 H	0-150 mg/dL	
HDL CHOLESTEROL		29 L	40-199 mg/dL	

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Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:01 PDT	Client #: 27341 MICHAELS, DANKA K

Test Name	In Range	Out Of Range	Reference Range	Lab
insufficiency. Optimal levels are > or = 30 ng/mL.				
Vitamin D, 25-OH, D3	27	ng/mL	Not established	
Vitamin D, 25-OH, D2	< 4	ng/mL	Not established	

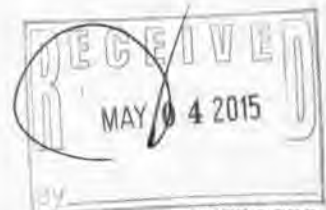
Effective May 4, the test order code 17306, used prior to May 4, for LC/MS/MS, will be transitioned to a carefully-selected immunoassay methodology. The new immunoassay has passed CDC standardization certification and provides high quality quantitative results that are tied back to standards from the NIST.

For those patients for whom LC/MS/MS testing is appropriate, please utilize test code 92888. When LC/MS/MS is the chosen assay, utilize test code 92888 for patients > or = 3 years of age, patients who are on D2 supplementation, and patients for whom a separate D2 and D3 measurement is required. For patients <3 years of age, test code 91935 should be used.

Important Note Regarding Custom Panels With 25-Hydroxyvitamin D: If you currently order vitamin D testing as part of a custom panel, the LC/MS/MS vitamin D test will be maintained in your panel after May 4, 2015. If you would like to replace the test in your panel with the new immunoassay, or have any questions regarding the transition of the 17306 test code, please contact your local Quest Diagnostics sales representative.

(* = out of range)

COMMENT	SEE NOTE	01
One or more test(s) on this accession were ordered without a specific test code. In order to avoid testing delays, we have ordered our most basic test(s)/profile. The test results indicate test(s)/profile that we performed. If you desired either more or less testing, please immediately contact Client Services at 733-3700.		
DIRECT LDL (F)		01
Direct LDL	68	0-130 mg/dL
Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.		
THIS REFLEXIVE TEST WAS ADDED ON		



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Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:01 PDT	Client #: 27341 MICHAELS, DANKA K

Cardio IQ®

Test Name	Units	Result and Risk Category			Result from	Risk Category Ranges		
		Optimal	Moderate	High		Optimal	Moderate	High

Inflammation

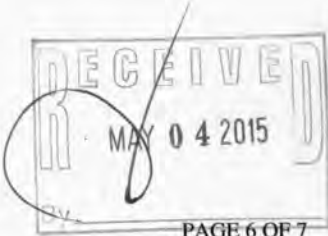
Lab: NI

LP PLA2 (PLAC®)	ng/mL	89				<200	200-235	>235
-----------------	-------	----	--	--	--	------	---------	------

For details on reference ranges please refer to the reference range/comment section of the report.

4myheart Diet & Exercise Coaching Program: Need help achieving and maintaining an optimal weight? Managing stress? Trying to improve physical fitness levels? The 4myheart program provides support and personalized lifestyle guidance to help improve heart health. Please talk to your provider, visit 4myheart.com or call 1-800-432-7889 opt 2 to learn more.

Medical Information For Healthcare Providers: If you have any questions about any of the tests in our Cardio IQ offering, please call 1-800-432-7889 opt 3 to speak to a clinical liaison. For frequently asked questions, you can also visit us at <http://education.questdiagnostics.com/faq/FAQ134>



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Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:01 PDT	Client #: 27341 MICHAELS, DANKA K

Reference Range/Comments		
Analyte Name	Reference Range	Comments
LP PLA2 (PLAC®)	81-259 ng/mL	Risk: Optimal < 200 ng/mL; Moderate 200-235 ng/mL; High > 235 ng/mL Cardiovascular event risk category cut points (optimal, moderate, high) are based on Lanman et al. Prev Cardiol. 2006;9:138

PERFORMING SITE:

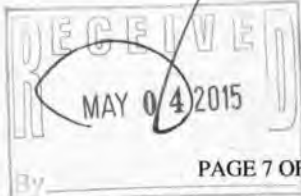
01 Quest Diagnostics, 4230 Burnham Ave., Las Vegas, NV 89119 Laboratory Director: Elizabeth D. Iole, M.D., CLIA: 29D0652720
NI Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675 Laboratory Director: Jon M. Nakamoto, M.D., CLIA: 05D0643352
SL Quest Diagnostics, Inc, Nichols Institute 27027 Tourney Road, Valencia, CA 91355 Laboratory Director: Basel Kashlan, MD, FCAP, CLIA: 05D0550302

This is supplemental to your standard report.

CLIENT SERVICES: 702-733-7866

SPECIMEN: 48776626

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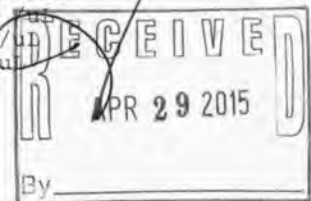


Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Phone: 7023603163 Patient ID: NG	Specimen: 48776626 Requisition: 273410031988 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:05 PDT	Client #: 27341 PSRN MICHAELS, DANKA K DANKA K MICHAELS,MD 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129

MRN: 0034150150

COMMENTS: Ordering Physician: MICHAELS, DANKA K

Test Name	In Range	Out Of Range	Reference Range	Lab
PROFILE 104 LIVER				01
Alkaline Phosphatase		28 L	40-115 IU/L	
AST (SGOT)	25		10-35 IU/L	
ALT (SGPT)	31		9-46 IU/L	
Protein, Total	7.0		6.1-8.1 g/dL	
Albumin	4.4		3.6-5.1 g/dL	
Globulin	2.6		1.9-3.7 g/dL	
A/G Ratio	1.7		1.0-2.5	
BILIRUBIN, TOTAL	0.8		0.2-1.2 mg/dL	
BILIRUBIN, DIRECT	0.1		0.0-0.2 mg/dL	
RENAL FUNCTION PANEL				01
Glucose, Fasting	88		65-99 mg/dL	
Glucose reference range reflects a fasting state. For non-fasting patients glucose reference range is 65 - 139 mg/dL.				
BUN	14		7-25 mg/dL	
Creatinine	0.99		0.70-1.33 mg/dL	
Calcium	9.3		8.6-10.3 mg/dL	
Albumin	4.4		3.6-5.1 g/dL	
Phosphorus		4.6 H	2.5-4.5 mg/dL	
Sodium	139		135-146 mEq/L	
Potassium	4.1		3.5-5.3 mEq/L	
Chloride	104		98-110 mEq/L	
CO2	24		19-30 mEq/L	
eGFR African American	97		>59	
eGFR Non-AFR. American	84		>59	
The upper reference limit for Creatinine is approximately 13% higher for people identified as African-American.				
CBC (INCLUDES DIFF/PLATELETS)				01
WHITE BLOOD CELL COUNT	5.9		3.8-10.8 k/uL	
RBC	4.98		4.20-5.80 Million/uL	
HEMOGLOBIN	15.0		13.2-17.1 g/dL	
HEMATOCRIT	45.8		38.5-50.0 %	
MCV	92.0		80.0-100.0 fL	
MCH	30.1		27.0-33.0 pg	
MCHC	32.8		32.0-36.0 g/dL	
RED CELL DISTRIBUTION	13.6		11.0-15.0 %	
PLATELET COUNT	195		140-400 k/uL	
MEAN PLATELET VOLUME	9.5		7.5-11.5 fL	
Absolute Neutrophils	2885		1500-7800 /uL	
Absolute Lymphocytes	2142		850-3900 /uL	
Absolute Monocytes	448		200-950 /uL	
Absolute Eosinophils	407		15-550 /uL	
Absolute Basophils	18		0-200 /uL	
SEGMENTED NEUTROPHILS	48.9		%	
LYMPHOCYTES	36.3		%	
MONOCYTES	7.6		%	
EOSINOPHILS	6.9		%	
BASOPHILS	0.3		%	



CLIENT SERVICES: 702-733-7866

SPECIMEN: 48776626

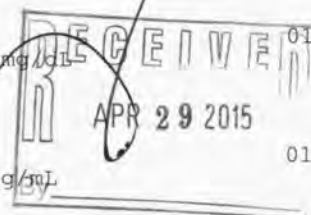
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Patient Information	Specimen Information	Client Information
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Test Name	In Range	Out Of Range	Reference Range	Lab
RETICULOCYTE COUNT	3.16		%	01
RETICULOCYTES		156600 H	25000-90000 /mcL	
WESTERGREN SED RATE				01
Westergren Sed Rate	3		0-20 mm/h	
URINALYSIS, COMPLETE WITH REFLEX TO CULTURE				01
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.022		1.001-1.035	
PH	5.5		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	0-5		0-5 /HPF	
RBC	0-2		0-2 /HPF	
SQUAMOUS EPITHELIAL CELL	0-5		0-5 /HPF	
BACTERIA	NONE SEEN		NONE /HPF	
When a urine microscopic exam is performed it is analyzed for the presence of WBC, RBC, bacteria, casts, and other formed elements. Only those elements seen are reported.				
CPK (CREATINE KINASE)				01
CPK, Total	119		44-196 IU/L	
IRON				01
Iron, Total	178		50-180 mcg/dL	
URIC ACID				01
Uric Acid	5.1		4.0-8.0 mg/dL	
Uric Acid therapeutic target for gout patients: <6.0 mg/dL				
HEMOGLOBIN A1C				01
HEMOGLOBIN A1c		5.8 H	0.0-5.6 %T.Hgb	
According to ADA guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes-2013. Diabetes Care. 2013;36:s11-s66				
For the purpose of screening for the presence of diabetes				
<5.7 Consistent with absence of diabetes				
5.7-6.4 Consistent with increased risk of diabetes (prediabetes)				
>or= 6.5 Consistent with diabetes				
This assay result is consistent with an increased risk of diabetes. Currently, no consensus exists for use of hemoglobin A1C for diagnosis of diabetes for children.				
C REACTIVE PROTEIN, QUANTITATIVE				
CRP, Quantitative	<0.5		0.0-0.8 mg/dL	
Please be advised that patients taking Carboxypenicillins may exhibit falsely decreased C-Reactive Protein levels due to an analytical interference in this assay.				
FERRITIN				
Ferritin	297		20-380 ng/gL	



CLIENT SERVICES: 702-733-7866

SPECIMEN: 48776626

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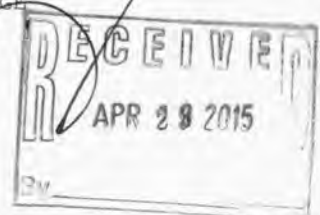


Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:05 PDT	Client #: 27341 MICHAELS, DANKA K

Test Name	In Range	Out Of Range	Reference Range	Lab
***** NOTE: A LDL RESULT OF ** INDICATES THAT TRIGLYCERIDES GREATER THAN 400 MG/DL RENDER LDL CALCULATIONS INVALID.				

LDL-C levels > or = 190 mg/dL may indicate familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first degree relatives of patients with an FH diagnosis.				
J of Clinical Lipidology 5:s1-S8 2011.				
CHOL/HDL C RATIO	6.28 H		0.0-5.00	
1. Initial classification by total blood cholesterol:				
<200 mg/dL Desirable cholesterol level				
200-239 mg/dL Borderline high cholesterol level				
>239 mg/dL High cholesterol level				
2. HDL cholesterol values less than 40 mg/dL are associated with increased risk of coronary heart disease (CHD).				
3. Cholesterol/HDL ratio of greater than 4.5 is associated with increased risk of coronary heart disease.				
4. Triglyceride elevation is an independent risk factor for coronary heart disease as well as a marker for several factors that may themselves raise coronary heart disease risk.				
LDL (Calculated)	**		0-130 mg/dL	
RISK CATEGORY*	LDL-Cholesterol Goal			
Very High (e.g., Diabetes + CVD)	<70 mg/dL			
High (Diabetics; CHD Risk Equivalents)	<100 mg/dL			
Moderately High (Multiple (2+) Risk Factors)	<130 mg/dL			
0 To 1 Risk Factors	<160 mg/dL			
*NCEP Report. Circulation 2004;110:227-239.				
LDL-C levels > or = 190 mg/dL may indicate familial hypercholesterolemia (FH). Clinical assessment and measurement of blood lipid levels should be considered for all first degree relatives of patients with an FH diagnosis.				
J of Clinical Lipidology 5:s1-S8 2011.				
Non-HDL Cholesterol	153		0-159 mg/dL	
Target for non-HDL cholesterol is 30 mg/dL higher than LDL- Cholesterol target.				
QUESTASSURED (TM) 25-HYDROXYVITAMIN D (D2,D3) LC/MS/MS				
Vitamin D, 25-OH, Total				
TEST	RESULT	UNITS	REF RANGE	
Vitamin D, 25-OH, Total	27	ng/mL	30-100	
25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources, such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest				

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PAGE 4 OF 7

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Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:05 PDT	Client #: 27341 MICHAELS, DANKA K

Test Name	In Range	Out Of Range	Reference Range	Lab
insufficiency. Optimal levels are > or = 30 ng/mL.				
Vitamin D, 25-OH, D3	27	ng/mL	Not established	
Vitamin D, 25-OH, D2	< 4	ng/mL	Not established	

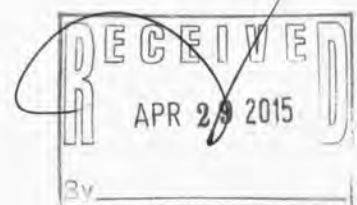
Effective May 4, the test order code 17306, used prior to May 4, for LC/MS/MS, will be transitioned to a carefully-selected immunoassay methodology. The new immunoassay has passed CDC standardization certification and provides high quality quantitative results that are tied back to standards from the NIST.

For those patients for whom LC/MS/MS testing is appropriate, please utilize test code 92888. When LC/MS/MS is the chosen assay, utilize test code 92888 for patients > or = 3 years of age, patients who are on D2 supplementation, and patients for whom a separate D2 and D3 measurement is required. For patients <3 years of age, test code 91935 should be used.

Important Note Regarding Custom Panels With 25-Hydroxyvitamin D: If you currently order vitamin D testing as part of a custom panel, the LC/MS/MS vitamin D test will be maintained in your panel after May 4, 2015. If you would like to replace the test in your panel with the new immunoassay, or have any questions regarding the transition of the 17306 test code, please contact your local Quest Diagnostics sales representative.

(* = out of range)

COMMENT	SEE NOTE		01
One or more test(s) on this accession were ordered without a specific test code. In order to avoid testing delays, we have ordered our most basic test(s)/profile. The test results indicate test(s)/profile that we performed. If you desired either more or less testing, please immediately contact Client Services at 733-3700.			
DIRECT LDL (F)			01
Direct LDL	68	0-130 mg/dL	
Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.			
THIS REFLEXIVE TEST WAS ADDED ON			



CLIENT SERVICES: 702-733-7866

SPECIMEN: 48776626

PAGE 5 OF 7

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Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:05 PDT	Client #: 27341 MICHAELS, DANKA K

Cardio IQ®

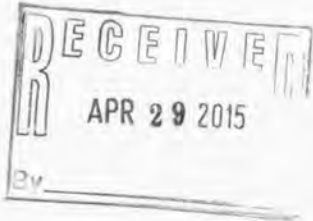
Test Name	Units	Result and Risk Category			Result from	Risk Category Ranges		
		Optimal	Moderate	High		Optimal	Moderate	High

Inflammation						Lab: NI		
LP PLA2 (PLAC®)	ng/mL	89				<200	200-235	>235

For details on reference ranges please refer to the reference range/comment section of the report.

4myheart Diet & Exercise Coaching Program: Need help achieving and maintaining an optimal weight? Managing stress? Trying to improve physical fitness levels? The 4myheart program provides support and personalized lifestyle guidance to help improve heart health. Please talk to your provider, visit 4myheart.com or call 1-800-432-7889 opt 2 to learn more.

Medical Information For Healthcare Providers: If you have any questions about any of the tests in our Cardio IQ offering, please call 1-800-432-7889 opt 3 to speak to a clinical liaison. For frequently asked questions, you can also visit us at <http://education.questdiagnostics.com/faq/FAQ134>



CLIENT SERVICES: 702-733-7866

SPECIMEN: 48776626

PAGE 6 OF 7

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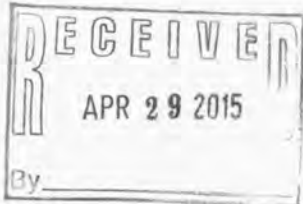
Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:05 PDT	Client #: 27341 MICHAELS, DANKA K

Reference Range/Comments

Analyte Name	Reference Range	Comments
LP PLA2 (PLAC®)	81-259 ng/mL	Risk: Optimal < 200 ng/mL; Moderate 200-235 ng/mL; High > 235 ng/mL Cardiovascular event risk category cut points (optimal, moderate, high) are based on Lanman et al. Prev Cardiol. 2006;9:138

PERFORMING SITE:

- 01 Quest Diagnostics, 4230 Burnham Ave., Las Vegas, NV 89119 Laboratory Director: Elizabeth D. Iole, M.D., CLIA: 29D0652720
- NI Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675 Laboratory Director: Jon M. Nakamoto, M.D., CLIA: 05D0643352
- SL Quest Diagnostics, Inc, Nichols Institute 27027 Tourney Road, Valencia, CA 91355 Laboratory Director: Basel Kashlan, MD, FCAP, CLIA: 05D0550302



CLIENT SERVICES: 702-733-7866

SPECIMEN: 48776626

PAGE 7 OF 7

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Singulex® Clinical Laboratory

Final Report Date: 09/17/2014 13:45
Accession ID: 1409110449
Last Reprint:

Specimen Collected: 09/10/2014 09:00
Specimen Received: 09/11/2014 12:25
Report Status: Final

Requesting Physician

Patient Information

Last Name PICKEN		First Name THOMAS		Practice Name BLUEPOINT MEDICAL - 1819	
Sex Male		Date of Birth 10/05/1956	Age 57	Clinician Name MICHAELS, DANIKA, MD	
Height 6 feet 1 inches		Weight 240 lbs	BMI 32	Street Address 3320 N BUFFALO DR STE 106	
Street Address 9517 QUEEN CHARLOTTE		City LAS VEGAS		State / Zip Code NV 89129	
City LAS VEGAS		State / Zip Code NV 89145		Telephone Number 702-869-6190	
Telephone Number (702)304-0038		# Hours Since Patient Last Ate: 12		Fax Number 702-869-6199	
Notes:					

Risk Categories	At Risk	Moderate Risk	At Target	Previous	At Risk Range	Moderate Risk Range	Target Goal	Reference Range
1. Cardiac Dysfunction								
Sp [®] HD [™] CARDIAC TROPONIN-I*			0.6		>7.1	4.7-7.1	<4.7	0.0-4.6 pg/mL
NT-proBNP			19		>449	125-449	<125	<125 pg/mL
2. Vascular Inflammation and Dysfunction								
Sp [®] HD [™] INTERLEUKIN-6*			1.8		>7.2	4.6-7.2	<4.6	0.0-4.5 pg/mL
Sp [®] HD [™] INTERLEUKIN-17A*			0.3		>3.3	2.0-3.3	<2.0	0.0-1.9 pg/mL
Sp [®] HD [™] TNF-alpha*			2.4		>4.2	3.0-4.2	<3.0	0.0-2.9 pg/mL
PLAC [®] Test for Lp-PLA ₂			123		>235	200-235	<200	0-199 ng/mL
hs-CRP		1.1			>3.0	1.0-3.0	<1.0	0.0-0.9 mg/L
HOMOCYSTEINE			6		>14	10-14	<10	0-15 umol/L
VITAMIN B12	1181				<211 or >946			211-946 pg/mL
FOLATE			>20.0		<4.6 or >34.8			4.6-34.8 ng/mL
3. Dyslipidemia								
TOTAL CHOLESTEROL		227			>240	200-240	<200	<200 mg/dL
LDL	142				>129	100-129	<100	<100 mg/dL
HDL	34				0-34	35-55	>55	>55 mg/dL
TRIGLYCERIDE	356				>200	150-200	<150	<150 mg/dL
APO B	118				>100	80-100	<80	66-133 mg/dL
APO A-1			128		<104			104-202 mg/dL
sdLDL*	68				>50	30-50	<30	13.0-54.5 mg/dL
HDL2b*			TNP		0-28	29-35	>35	

Page 1

Singulex Clinical Laboratory, 1701 Harbor Bay Parkway, Alameda, CA 94502 Phone: 800-400-4344 Fax: 510-995-3983
Laboratory Director: Dean J. Nickles, MD, CLIA: 05D2050618 CLF: 00343341 CAP: 7229934

Results are not for use as the sole means for clinical diagnosis or patient management.

Tests flagged with *** were developed and performance characteristics were determined by Singulex. These tests are not FDA approved/cleared.

Singulex® Clinical Laboratory

Final Report Date: 09/17/2014 13:45
Accession ID: 1409110449
Last Reprint:

Specimen Collected: 09/10/2014 09:00
Specimen Received: 09/11/2014 12:25
Report Status: Final

Requesting Physician

Patient Information

Last Name PICKEN		First Name THOMAS	Practice Name BLUEPOINT MEDICAL - 1819	1730151044
Sex Male		Date of Birth 10/05/1956	Clinician Name MICHAELS, DANIKA, MD	

Risk Categories	At Risk	Moderate Risk	At Target	Previous	At Risk Range	Moderate Risk Range	Target Goal	Reference Range
TEST NOT PERFORMED. UNABLE TO REPORT DUE TO ELEVATED TRIGLYCERIDES.								
Lp(a)			10		>29		<30	<30 mg/dL
4. Cardiometabolic								
PARATHYROID HORMONE			42.0		<15 or >65			15-65 pg/mL
VITAMIN D	26				<30 or >100		>29	30-100 ng/mL
CALCIUM			9.8		<8.6 or >10.2			8.6-10.2 mg/dL
MAGNESIUM			2.1		<1.6 or >2.6			1.6-2.6 mg/dL
LEPTIN*	27.9				>25.2			0.2-25.2 ng/mL
ADIPONECTIN*			3.6		<2.0 or >16.5			2.0-16.5 ug/mL
FERRITIN	402				<30 or >400			30-400 ng/mL
CORTISOL A.M.			17.7		<6.2 or >19.4			6.2-19.4 ug/dL
TESTOSTERONE			437.3		<193 or >740			193-740 ng/dL
GLUCOSE			93		<70 or >125	100-125	<100	70-99 mg/dL
INSULIN	30				>12	10-12	<10	2.6-24.9 uU/mL
HEMOGLOBIN A1c			5.4		<4.0 or >5.9	5.7-5.9	<5.7	4.0-5.6 %
FREE T4			1.0		<0.9 or >1.7			0.9-1.7 ng/dL
FREE T3			2.8		<2.0 or >4.4			2.0-4.4 pg/mL
TSH			1.170		<0.300 or >4.200			0.3-4.2 uIU/mL
URIC ACID			4.4		<3.4 or >7.0			3.4-7.0 mg/dL
7. Renal								
CYSTATIN C			1.05		<0.47 or >1.09			0.47-1.09 mg/L
eGFR			74		<30	30-60	>90	>60 mL/min/BSA
eGFR (AFRICAN-AMERICAN)			74		<30	30-60	>90	>60 mL/min/BSA

Page 2

Singulex Clinical Laboratory, 1701 Harbor Bay Parkway, Alameda, CA 94502 Phone: 800-400-4344 Fax: 510-995-3983
Laboratory Director: Dean J. Nickles, MD, CLIA: 05D2050618 CLF: 00343341 CAP: 7229934

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Singulex® Clinical Laboratory

Final Report Date: 09/17/2014 13:45
Accession ID: 1409110449
Last Reprint:

Specimen Collected: 09/10/2014 09:00
Specimen Received: 09/11/2014 12:25
Report Status: Final

Requesting Physician

Patient Information

Last Name PICKEN		First Name THOMAS		Practice Name BLUEPOINT MEDICAL - 1819	
Sex Male		Date of Birth 10/05/1956	Age 57	Clinician Name MICHAELS, DANIKA, MD	
Height 6 feet 1 inches		Weight 240 lbs	BMI 32	Street Address 3320 N BUFFALO DR STE 106	
Street Address 9517 QUEEN CHARLOTTE		City LAS VEGAS		State / Zip Code NV 89129	
City LAS VEGAS		State / Zip Code NV 89145		Telephone Number 702-869-6190	
Telephone Number (702)304-0038		# Hours Since Patient Last Ate: 12		Fax Number 702-869-6199	
Notes:					

Risk Categories	At Risk	Moderate Risk	At Target	Previous	At Risk Range	Moderate Risk Range	Target Goal	Reference Range
1. Cardiac Dysfunction								
Sp [®] HD [™] CARDIAC TROPONIN-I*			0.6		>7.1	4.7-7.1	<4.7	0.0-4.6 pg/mL
NT-proBNP			19		>449	125-449	<125	<125 pg/mL
2. Vascular Inflammation and Dysfunction								
Sp [®] HD [™] INTERLEUKIN-6*			1.8		>7.2	4.6-7.2	<4.6	0.0-4.5 pg/mL
Sp [®] HD [™] INTERLEUKIN-17A*			0.3		>3.3	2.0-3.3	<2.0	0.0-1.9 pg/mL
Sp [®] HD [™] TNF-alpha*			2.4		>4.2	3.0-4.2	<3.0	0.0-2.9 pg/mL
PLAC [®] Test for Lp-PLA ₂			123		>235	200-235	<200	0-199 ng/mL
hs-CRP		1.1			>3.0	1.0-3.0	<1.0	0.0-0.9 mg/L
HOMOCYSTEINE			6		>14	10-14	<10	0-15 umol/L
VITAMIN B12	1181				<211 or >946			211-946 pg/mL
FOLATE			>20.0		<4.6 or >34.8			4.6-34.8 ng/mL
3. Dyslipidemia								
TOTAL CHOLESTEROL		227			>240	200-240	<200	<200 mg/dL
LDL	142				>129	100-129	<100	<100 mg/dL
HDL	34				0-34	35-55	>55	>55 mg/dL
TRIGLYCERIDE	356				>200	150-200	<150	<150 mg/dL
APO B	118				>100	80-100	<80	66-133 mg/dL
APO A-1			128		<104			104-202 mg/dL
sdLDL*	68				>50	30-50	<30	13.0-54.5 mg/dL
HDL2b*			TNP		0-28	29-35	>35	

Page 1

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Singulex® Clinical Laboratory

Final Report Date: 09/17/2014 13:45
Accession ID: 1409110449
Last Reprint:

Specimen Collected: 09/10/2014 09:00
Specimen Received: 09/11/2014 12:25
Report Status: Final

Requesting Physician

Patient Information

Last Name PICKEN	First Name THOMAS	Practice Name BLUEPOINT MEDICAL - 1819	Clinician Name MICHAELS, DANIKA , MD	1730151044
Sex Male	Date of Birth 10/05/1956			

Risk Categories	At Risk	Moderate Risk	At Target	Previous	At Risk Range	Moderate Risk Range	Target Goal	Reference Range
TEST NOT PERFORMED. UNABLE TO REPORT DUE TO ELEVATED TRIGLYCERIDES.								
Lp(a)			10		>29		<30	<30 mg/dL
4. Cardiometabolic								
PARATHYROID HORMONE			42.0		<15 or >65			15-65 pg/mL
VITAMIN D	26				<30 or >100		>29	30-100 ng/mL
CALCIUM			9.8		<8.6 or >10.2			8.6-10.2 mg/dL
MAGNESIUM			2.1		<1.6 or >2.6			1.6-2.6 mg/dL
LEPTIN*	27.9				>25.2			0.2-25.2 ng/mL
ADIPONECTIN*			3.6		<2.0 or >16.5			2.0-16.5 ug/mL
FERRITIN	402				<30 or >400			30-400 ng/mL
CORTISOL A.M.			17.7		<6.2 or >19.4			6.2-19.4 ug/dL
TESTOSTERONE			437.3		<193 or >740			193-740 ng/dL
GLUCOSE			93		<70 or >125	100-125	<100	70-99 mg/dL
INSULIN	30				>12	10-12	<10	2.6-24.9 uU/mL
HEMOGLOBIN A1c			5.4		<4.0 or >5.9	5.7-5.9	<5.7	4.0-5.6 %
FREE T4			1.0		<0.9 or >1.7			0.9-1.7 ng/dL
FREE T3			2.8		<2.0 or >4.4			2.0-4.4 pg/mL
TSH			1.170		<0.300 or >4.200			0.3-4.2 uIU/mL
URIC ACID			4.4		<3.4 or >7.0			3.4-7.0 mg/dL
7. Renal								
CYSTATIN C			1.05		<0.47 or >1.09			0.47-1.09 mg/L
eGFR			74		<30	30-60	>90	>60 mL/min/BSA
eGFR (AFRICAN-AMERICAN)			74		<30	30-60	>90	>60 mL/min/BSA

Page 2

Singulex Clinical Laboratory, 1701 Harbor Bay Parkway, Alameda, CA 94502 Phone: 800-400-4344 Fax: 510-995-3983
Laboratory Director: Dean J. Nickles, MD, CLIA: 05D2050618 CLF: 00343341 CAP: 7229934

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Singulex Clinical Laboratory

Final Report Date: 09/17/2014 09:54
Accession ID: 1409110449
Last Reprint: 09/17/2014 09:54

Specimen Collected: 09/10/2014 09:00
Specimen Received: 09/11/2014 12:25
Report Status: Partial

Requesting Physician

Patient Information

Last Name PICKEN		First Name THOMAS		Practice Name BLUEPOINT MEDICAL - 1819	
Sex Male	Date of Birth 10/05/1956	Age 57	Clinician Name MICHAELS, DANIKA, MD		
Height 6 feet 1 inches	Weight 240 lbs	BMI 32	Street Address 3320 N BUFFALO DR STE 106		
Street Address 9517 QUEEN CHARLOTTE		City LAS VEGAS		State / Zip Code NV 89129	
Telephone Number (702)304-0038		# Hours Since Patient Last Ate: 12		Fax Number 702-869-6199	
Notes:					

Risk Categories	At Risk	Moderate Risk	At Target	Previous	At Risk Range	Moderate Risk Range	Target Goal	Reference Range
1. Cardiac Dysfunction								
CARDIAC TROPONIN-I*			0.6		>7.1	4.7-7.1	<4.7	0.0-4.6 pg/mL
NT-proBNP			19		>449	125-449	<125	<125 pg/mL
2. Vascular Inflammation and Dysfunction								
INTERLEUKIN-6*			1.8		>7.2	4.6-7.2	<4.6	0.0-4.5 pg/mL
Sgx HD INTERLEUKIN-17A Pending								
TNF-alpha*			2.4		>4.2	3.0-4.2	<3.0	0.0-2.9 pg/mL
PLAC [®] Test for Lp-PLA ₂			123		>235	200-235	<200	0-199 ng/mL
hs-CRP		1.1			>3.0	1.0-3.0	<1.0	0.0-0.9 mg/L
HOMOCYSTEINE			6		>14	10-14	<10	0-15 umol/L
VITAMIN B12	1181				<211 or >946			211-946 pg/mL
FOLATE			>20.0		<4.6 or >34.8			4.6-34.8 ng/mL
3. Dyslipidemia								
TOTAL CHOLESTEROL		227			>240	200-240	<200	<200 mg/dL
LDL	142				>129	100-129	<100	<100 mg/dL
HDL	34				0-34	35-55	>55	>55 mg/dL
TRIGLYCERIDE	356				>200	150-200	<150	<150 mg/dL
APO B	118				>100	80-100	<80	66-133 mg/dL
APO A-1			128		<104			104-202 mg/dL
sdLDL*	68				>50	30-50	<30	13.0-54.5 mg/dL
HDL2b*			TNP		0-28	29-35	>35	

Singulex Clinical Laboratory

Final Report Date: 09/17/2014 09:54
Accession ID: 1409110449
Last Reprint: 09/17/2014 09:54

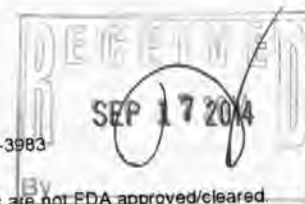
Specimen Collected: 09/10/2014 09:00
Specimen Received: 09/11/2014 12:25
Report Status: Partial

Requesting Physician

Patient Information

Practice Name BLUEPOINT MEDICAL - 1819	
Last Name PICKEN	First Name THOMAS
Sex Male	Date of Birth 10/05/1956
Clinician Name MICHAELS, DANIKA, MD	
1730151044	

Risk Categories	At Risk	Moderate Risk	At Target	Previous	At Risk Range	Moderate Risk Range	Target Goal	Reference Range
TEST NOT PERFORMED. UNABLE TO REPORT DUE TO ELEVATED TRIGLYCERIDES.								
Lp(a)			10		>29		<30	<30 mg/dL
4. Cardiometabolic								
PARATHYROID HORMONE			42.0		<15 or >65			15-65 pg/mL
VITAMIN D	26				<30 or >100		>29	30-100 ng/mL
CALCIUM			9.8		<8.6 or >10.2			8.6-10.2 mg/dL
MAGNESIUM			2.1		<1.6 or >2.6			1.6-2.6 mg/dL
LEPTIN*	27.9				>25.2			0.2-25.2 ng/mL
ADIPONECTIN*			3.6		<2.0 or >16.5			2.0-16.5 ug/mL
FERRITIN	402				<30 or >400			30-400 ng/mL
CORTISOL A.M.			17.7		<6.2 or >19.4			6.2-19.4 ug/dL
TESTOSTERONE			437.3		<193 or >740			193-740 ng/dL
GLUCOSE			93		<70 or >125	100-125	<100	70-99 mg/dL
INSULIN	30				>12	10-12	<10	2.6-24.9 uU/mL
HEMOGLOBIN A1c			5.4		<4.0 or >5.9	5.7-5.9	<5.7	4.0-5.6 %
FREE T4			1.0		<0.9 or >1.7			0.9-1.7 ng/dL
FREE T3			2.8		<2.0 or >4.4			2.0-4.4 pg/mL
TSH			1.170		<0.300 or >4.200			0.3-4.2 uIU/mL
URIC ACID			4.4		<3.4 or >7.0			3.4-7.0 mg/dL
7. Renal								
CYSTATIN C			1.05		<0.47 or >1.09			0.47-1.09 mg/L
eGFR			74		<30	30-60	>90	>60 mL/min/BSA
eGFR (AFRICAN-AMERICAN)			74		<30	30-60	>90	>60 mL/min/BSA





Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 57Y Gender: M Phone: 7023603163 Patient ID: NG	Specimen: 48606606 Requisition: 273410029727 Collected: 09/10/2014 / 08:54 PDT Received: 09/10/2014 / 21:05 PDT Reported: 09/11/2014 / 10:33 PDT	Client #: 27341 PSRN MICHAELS, DANKA K DANKA K MICHAELS,MD 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129

MRN:	0033083522
------	------------

COMMENTS: FASTING
 Ordering Physician: MICHAELS, DANKA K

Test Name	In Range	Out Of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLATELETS)				01
WHITE BLOOD CELL COUNT	6.6		3.8-10.8 k/uL	
RBC	4.68		4.20-5.80 Million/uL	
HEMOGLOBIN	14.6		13.2-17.1 g/dL	
HEMATOCRIT	43.3		38.5-50.0 %	
MCV	92.4		80.0-100.0 fL	
MCH	31.1		27.0-33.0 pg	
MCHC	33.6		32.0-36.0 g/dL	
RED CELL DISTRIBUTION	14.5		11.0-15.0 %	
PLATELET COUNT	187		140-400 k/uL	
MEAN PLATELET VOLUME	9.2		7.5-11.5 fL	
Segmented Neutrophils	51.7		42.0-71.0 %	
LYMPHOCYTES	32.4		24.0-44.0 %	
MONOCYTES	7.9		2.0-12.0 %	
EOSINOPHILS	7.6		0.0-8.0 %	
BASOPHILS	0.4		0.0-2.0 %	
RETICULOCYTE COUNT	1.87		%	01
RETICULOCYTES	88000		25000-90000 /mcL	
IRON AND TIBC				01
Iron	118		50-180 mcg/dL	
UIBC	225		110-370 mcg/dL	
TIBC	343		250-425 mcg/dL	
Transferrin Sat. %	34		15-60 %	
FERRITIN				01
Ferritin		407 H	20-380 ng/mL	
PSA, TOTAL (DIAGNOSTIC) (F)				01
Prostatic Antigen (PSA)	1.8		0.0-4.0 ng/mL	
This test was performed using the Siemens (Bayer) Chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.				

PERFORMING SITE:
01 Quest Diagnostics, 4230 Burnham Ave., Las Vegas, NV 89119 Laboratory Director: Elizabeth D. Iole, M.D., CLIA: 29D0652720

CLIENT SERVICES: 702-733-7866 SPECIMEN: 48606606
Printed by Care360 AutoReceive on 09/11/14 at 10:45am.
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Singulex Clinical Laboratory

1701 Harbor Bay Pkwy
Alameda, CA 94502-3032
Phone: (800) 400-4344
Fax: (510) 995-3983

Dean Nickles, M.D.
Laboratory Director
Lab ID No. CLF 00343341
CLIA No. 05D2050618
NPI No. 1184859191
Medicare Provider No. CM6474

000 840 579

Last _____ First _____
Last _____ First _____
Last _____ First _____
Last _____ First _____
Last _____ First _____

PATIENT INFORMATION			REQUESTING PHYSICIAN		
1 Patient's Last Name (please print) <u>PICKENS</u> First Name <u>THOMAS</u> Middle Initial <u>A</u>			<input checked="" type="checkbox"/> Danka Michaels, MD, NPI #1730151044 <input type="checkbox"/> Stephanie Ashman, MD, NPI #1417279423 <input type="checkbox"/> Robert Carillo, APN, NPI #1790916575		
Patient Street Address _____			Bluepoint Medical		
City _____ State _____ Zip Code _____			3320 N. Buffalo Drive, Suite 106 Las Vegas, NV 89129		
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth <u>10-5-56</u>	Daytime Phone () _____	Tel: (702) 869-6190 Fax: (702) 869-6199		
Email Address _____		Evening Phone () _____	I hereby authorize Singulex to perform the tests indicated below and I certify these services to be medically necessary for the diagnosis and treatment of this patient.		
2 Height: <u>6</u> Feet <u>07</u> Inches Weight: <u>240</u> lbs.	Send copy to referring physician: _____ Fax Number () _____		Practice Patient ID _____ Singulex Client # <u>1019</u> Date <u>9/9/14</u>		
Requesting physician may submit office demographic sheet as substitute for patient information			Medical Professional's Authorizing Signature _____		
SPECIMEN INFORMATION			PANELS		
3 Collection Date ____/____/____ Baseline Draw Time: ____ am / pm Stress Test only: 3-Hour Post Stress Test Draw Time: ____ am / pm # Hours since patient last ate: ____ <input type="checkbox"/> Insulin—time of last dose: ____ am / pm			<input checked="" type="checkbox"/> Comprehensive CV Lab Panel—CardioPathology Panel, Vascular Inflammation Panel, Dyslipidemia Panel, Cardiometabolic Status Panel <input type="checkbox"/> CardioPathology Panel—Sgx HD™ Cardiac Troponin-I, NT-proBNP <input type="checkbox"/> Vascular Inflammation Panel—Sgx HD™ Interleukin-6, Sgx HD™ Interleukin-17A, Sgx HD™ TNF-α, hsCRP, Homocysteine, B12, Folate, LpPLA2 <input type="checkbox"/> Dyslipidemia Panel—Lipid Panel, Apo B, sdLDL, Apo A-1, HDL-2b Lp(a) <input type="checkbox"/> Cardiometabolic Status Panel—PTH, Vitamin D, Calcium, Magnesium, Testosterone, Leptin, Adiponectin, Ferritin, Cortisol, Hemoglobin A1c, Glucose, Insulin, TSH, T3, T4, T3 Free, T4 Free, Uric Acid, Cystatin C		
BILLING AND INSURANCE INFORMATION			LAB TEST		
PLEASE ATTACH COPY OF FRONT & BACK OF PRIMARY & SECONDARY INSURANCE CARDS <input type="checkbox"/> Insurance <input type="checkbox"/> Patient: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard # _____ Name as it appears on Card: _____ Exp. Date: _____			CPT		
ASSIGNMENT OF BENEFITS AND CONSENT As a courtesy, Singulex will make every reasonable effort to obtain reimbursement for its tests. In consideration of services rendered, I transfer and assign any benefits of insurance to Singulex, Inc. and authorize Singulex, Inc. to submit claims on my behalf directly to Medicare and/or my private health insurance provider/health plan. • I authorize Singulex, Inc. to release to Medicare, the insurance carrier or health plan providing my medical benefits, and any health plan of which I am a member, any medical information needed for claim or payment purposes. • I understand that Singulex, Inc. accepts Medicare, PPO, POS, and HMO assignment. • I understand that if the insurance pays me directly for services rendered by Singulex, Inc., I am responsible to forward the payment to Singulex, Inc. • I also understand that if Singulex, Inc. is an in-network provider, I am responsible for any deductibles and co-pays as required by my plan benefits. • I agree that this Assignment of Benefits and Consent will cover all medical services rendered by Singulex, Inc. to me until such authorization is revoked in writing by me. _____/_____/_____ Patient Signature Date			LAB TEST CPT • CardioPathology Markers <input type="checkbox"/> Sgx HD™ Cardiac Troponin-I 84484 <input type="checkbox"/> Sgx HD™ cTnl 3-hour Post Stress Test 84484 <input type="checkbox"/> NT-proBNP 83880 • Vascular Inflammation Markers <input type="checkbox"/> Sgx HD™ Interleukin-6 83520 <input type="checkbox"/> Sgx HD™ Interleukin-17A 83520 <input type="checkbox"/> Sgx HD™ TNF-α 83520 <input type="checkbox"/> PLAC® Test for Lp-PLA2 83698 <input type="checkbox"/> hs-CRP 86141 <input type="checkbox"/> Homocysteine 83090 <input type="checkbox"/> Vitamin B12 – 2 day stability 82607 <input type="checkbox"/> Folate – 2 day stability 82746 • Cardiometabolic Status Markers <input type="checkbox"/> Parathyroid Hormone (PTH) – 3 day stability 83970 <input type="checkbox"/> Vitamin D 82306 <input type="checkbox"/> Calcium 82310 <input type="checkbox"/> Magnesium 83735 <input type="checkbox"/> Leptin 82397 <input type="checkbox"/> Adiponectin 83520 <input type="checkbox"/> Ferritin 82728 <input type="checkbox"/> Cortisol 82533 <input type="checkbox"/> Testosterone 84403		
SINGULEX SIGNATURE SERVICE			• Cystatin C 82610 <input type="checkbox"/> T3 OMIT 84480 <input type="checkbox"/> T3 Free 84481 <input type="checkbox"/> T4 OMIT 84436 <input type="checkbox"/> T4 Free 84439 <input type="checkbox"/> TSH 84443 <input type="checkbox"/> Uric Acid 84550 <input type="checkbox"/> Hemoglobin A1C 83036 <input type="checkbox"/> Glucose – 2 day stability 82947 <input type="checkbox"/> Insulin – 24 hr stability 83525 <input type="checkbox"/> Total CK 82550 <input type="checkbox"/> Liver Panel 80076 <input type="checkbox"/> Renal Panel 80069 • Dyslipidemia Markers <input type="checkbox"/> Cholesterol (total) 82465 <input type="checkbox"/> HDL 83718 <input type="checkbox"/> LDL - Direct 83721 <input type="checkbox"/> Triglycerides 84478 <input type="checkbox"/> sdLDL 83701 <input type="checkbox"/> HDL-2b 82664 <input type="checkbox"/> Apo B 82172 <input type="checkbox"/> Apo A-1 82172 <input type="checkbox"/> Lp(a) 83695		
Please check, write, or circle ALL applicable ICD-9 codes in the space below. The list below has been provided for your convenience.					
DIAGNOSIS ICD-9 Code		DIAGNOSIS ICD-9 Code		DIAGNOSIS ICD-9 Code	
<input type="checkbox"/> Diabetes Type II Unspecified 250.00	<input type="checkbox"/> Benign Essential Hypertension Malignant 401.1	<input checked="" type="checkbox"/> Metabolic Syndrome 277.7	<input checked="" type="checkbox"/> Impaired Fasting Glucose 790.21		
<input type="checkbox"/> Pure Hypercholesterolemia 272.0	<input type="checkbox"/> Unspecified Hypertension 401.9	<input checked="" type="checkbox"/> Vitamin D Deficiency 268.9	<input checked="" type="checkbox"/> Other Malaise & Fatigue 780.79		
<input checked="" type="checkbox"/> Mixed Hyperlipidemia 272.2	<input type="checkbox"/> Hypertensive Heart Disease 402.00	<input type="checkbox"/> Disorders of Thyroid 246.0	<input type="checkbox"/> Other Abnormal Blood Chemistry 790.6		
<input type="checkbox"/> Unspecified Hyperlipidemia 272.4	<input type="checkbox"/> Hypertensive Chronic Kidney Disease 403.00	<input type="checkbox"/> Acute Gout 274.01	<input type="checkbox"/> Shortness of Breath 786.05		
<input type="checkbox"/> ASHD Unspecified 414.00	<input type="checkbox"/> Long-Term Use of Medication V58.69	<input checked="" type="checkbox"/> Gout Unspecified 274.9	<input type="checkbox"/> Malignant Hypertensive Heart Disease w/ Heart Failure 402.01		
<input checked="" type="checkbox"/> ASHD Coronary Artery 414.01	<input type="checkbox"/> Congestive Heart Failure 428.0	<input type="checkbox"/> Hyperparathyroidism, Unspecified 252.00			
Diagnosis: Please use fourth or fifth digit modifiers as necessary. Note: Ordering physician should report the diagnosis codes that best describe the reasons for performing each test whether or not it appears on the list above.					
Primary <u>449</u> Secondary <u>272.2</u> Other Dx <u>277.7</u>					

white copy for Singulex | yellow copy for phlebotomy site

97-0033-12



Quest Diagnostics Incorporated

PATIENT INFORMATION

PICKENS, THOMAS A

Final

QUEST DIAGNOSTICS INCORPORATED

DOB: 10/05/1956 Age: 56Y MICHAELS, DANKA KATARINA
GENDER: M

COLLECTED: 05/29/2013 07:34
REPORTED: 05/31/2013 19:01

Test Name	In Range	Out of Range	Reference Range	Lab
-----------	----------	--------------	-----------------	-----

VAP CHOLESTEROL
VAP Cholesterol

RESULT:

DIRECTLY MEASURED LIPID PANEL

	RESULT	UNITS
TOTAL LDL-C DIRECT	113	mg/dL
(Desirable range <100 mg/dL for CHD, Diabetes,		
TOTAL HDL-C DIRECT	L 35	mg/dL
TOTAL VLDL-C DIRECT	H 47	mg/dL
SUM TOTAL CHOLESTEROL	195	mg/dL
TRIGLYCERIDES-DIRECT	H 294	mg/dL
Note: Triglycerides may be elevated if patient		
TOTAL APOB100 - CALC.	H 109	mg/dL
TOTAL NON-HDL-C (LDL+VLDL)	H 160	mg/dL

FOR CLINICAL JUDGMENT IN SETTING LDL-C GOAL

	RESULT	UNITS
LP(a) CHOLESTEROL	H 15.0	mg/dL
IDL-C	H 27	mg/dL
REAL-LDL-C	71	mg/dL
SUM TOTAL LDL-C	113	mg/dL
REAL-LDL SIZE PATTERN	* B	
: X :		
Pattern B	Pattern	Pattern
Small, Dense LDL	A/B	Large, Buoyant
REMNAANT LIPO (IDL+VLDL3)	H 50	mg/dL
Presence of additional risk factors, consider 1		

CONSIDER INSULIN RESISTANCE/METABOLIC SYNDROME

	RESULT	UNITS
CONSTELLATION OF LIPID	* Yes	
RISK FACTORS (SMALL		
DENSE LDL, ELEVATED TG,		
LOW HDL)		
Consider 2 hr GTT, Hemoglobin Alc, fasting gluc		

SUB-CLASS INFORMATION

	RESULT	UNITS
HDL-2 (LARGE, BUOYANT)	L 5	mg/dL
HDL-3 (SMALL, DENSE)	L 30	mg/dL
VLDL-3	H 23	mg/dL
(* = abnormal)		



PICKENS, THOMAS A - 48248273

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PATIENT INFORMATION

PICKENS, THOMAS A

Final

WEST DIAGNOSTICS INCORPORATED

DOB: 10/05/1956 Age: 56Y MICHAELS DANKA KATARINA
GENDER: M

COLLECTED: 05/29/2013 07:34
REPORTED: 05/31/2013 19:01

Test Name	In Range	Out of Range	Reference Range	Lab
-----------	----------	--------------	-----------------	-----

VITAMIN D, 25-HYDROXY, LC/MS/MS

Vitamin D, 25-Hydroxy

TEST	RESULT	UNITS	REFERENCE
Vitamin D, 25-OH, Total	28 *	ng/mL	30
<p>25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous source such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are > or = 30 ng/mL.</p>			
Vitamin D, 25-OH, D3	28	ng/mL	Normal
Vitamin D, 25-OH, D2	< 4	ng/mL	Normal

(* = out of range)

PATIENT COMMENTS:

PATIENT FASTING

Ordering Physician: MICHAELS, DANKA KATARINA

Performing Laboratory Information:

01 QUEST DIAGNOSTICS, INC 4230 S BURNHAM AVE, STE 250 LAS VEGAS NV 89119
ATH AIRPROTECH 400 VESTAVIA PKWY, STE 300 BIRMINGHAM AL 35216-7720
3L NICHOLS INSTITUTE VALENCIA 27027 TOURNEY ROAD VALENCIA CA 91355-5386

PICKENS, THOMAS A - 48248273

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PATIENT INFORMATION
PICKENS, THOMAS A

Final

QUEST DIAGNOSTICS INCORPORATED
PATIENT SERVICE 702.733.3700

DOB: 10/05/1956 Age: 56Y **MICHAELS, DANKA KATARINA**
GENDER: M

SPECIMEN INFORMATION
SPECIMEN: 48248273
REQUISITION: 0023650
LAB REF NO: 273410023650

PHONE: 7023603163

COLLECTED: 05/29/2013 07:34
RECEIVED: 05/29/2013 19:26
REPORTED: 05/31/2013 19:01

Test Name	In Range	Out of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				
Glucose, Fasting	89			
BUN	18			
Creatinine	1.23			
BUN/Creatinine Ratio	14.6			
Calcium	9.3			
Total Protein	6.8			
Albumin	4.5			
Globulin	2.3			
A/G Ratio	2.0			
Total Bilirubin	0.8			
Alkaline Phosphatase		24 L		
AST (SGOT)	24			
ALT (SGPT)	42			
Sodium	138			
Potassium	4.4			
Chloride	105			
CO2	26			
eGFR African American	76			
eGFR Non-AFR. American	65			
The upper reference limit for 13% higher for people identifi Glucose reference range refle For non-fasting patients gluc is 65 - 139 mg/dL.				
CBC (INCLUDES DIFF/PLATELETS)				
WBC	6.3			
RBC	5.10			
Hemoglobin	15.3			
Hematocrit	46.6			
MCV	91.3			
MCH	30.0			
MCHC	32.9			
Red Cell Distribution	14.1			
Platelet Count	181			
Mean Platelet Volume	9.2			
Segmented Neutrophils	49.5			
Lymphocytes	33.5			
Monocytes	8.4			
Eosinophils		8.1 H		
Basophils	0.5			



PICKENS, THOMAS A - 48248273

Printed by Care360 AutoReceive on 05/31/13 at 09:12pm.

PATIENT INFORMATION

PICKENS, THOMAS A

Final

WEST DIAGNOSTICS INCORPORATED

DOB: 10/05/1956

Age: 56Y

MICHAELS, DANKA KATARINA

COLLECTED: 05/29/2013 07:34

REPORTED: 05/31/2013 19:01

GENDER: M

Test Name	In Range	Out of Range	Reference Range	Lab
URINALYSIS, COMPLETE W/RFL CULTURE				
Color	YELLOW			
Appearance	CLEAR			
Specific Gravity	1.023			
pH	6.0			
Protein	NEGATIVE			
Glucose	NEGATIVE			
Ketones	NEGATIVE			
Blood	NEGATIVE			
Leukocyte Esterase	NEGATIVE			
Bilirubin	NEGATIVE			
Nitrite	NEGATIVE			
	When a urine microscopic exam it is analyzed for the presence RBC, bacteria, casts, and other elements. Only those elements reported.			
URIC ACID				
Uric Acid	5.6			
	Uric Acid therapeutic target			
HEMOGLOBIN A1C				
Glycohemoglobin		5.7 H		
	A1c Value(% of total Hemoglobin)			
	<5.7			
	5.7-6.0			
	6.1-6.4			
	>or= 6.5			
PSA, TOTAL (SCREENING) (F)				
Prostatic Antigen (PSA)	1.9			
	This test was performed using Chemiluminescent method. Values different assay methods cannot PSA levels, regardless of value interpreted as absolute evidence absence of disease.			
FREE T4				
Free T4	1.0			
	The current lot of free T4 reagent available from the manufacturer results that are approximately 9% than previous reagent lots. Please interpret these results			
TSH				
TSH	2.54			
	TSH is within normal reference range suggested. (TSH11:041108) (AC92:N)			

PICKENS, THOMAS A - 48248273

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Quest Diagnostics
PHONE (702) 733-7866
LAB USE ONLY: SST RED GRV LAV BLU PINK GRN SERUM FZ SWAB PT PTEC M4 BC SET PL STL O&P STLC&S URC URY URG UR24
BILL TO: MY ACCOUNT PATIENT MEDICARE RAILROAD MEDICARE MEDICAID Lab Card/Select OTHER INSURANCE
PRINT PATIENT NAME (LAST, FIRST, MIDDLE)
DATE OF BIRTH YEAR SEX PATIENT PHONE #
PATIENT SOCIAL SECURITY # RM/BED # CHART #
PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT
PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. #
CITY STATE ZIP
MEDICARE NUMBER SUFFIX
RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT
PRIMARY INSURANCE CO. NAME
MEMBER / INSURED ID # GROUP #
INSURANCE ADDRESS
CITY STATE ZIP
EMPLOYER NAME/EMPLOYER # INSURED SOCIAL SECURITY # (if not patient)
Medicare Limited Coverage Tests
@ = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
& = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.
Provide signed ABN when necessary
ICD9 Codes (enter all that apply)
ORGAN / DISEASE PANELS
42 ELECTROLYTE PANEL
104 HEPATIC FUNCTION PANEL
982 BASIC METABOLIC PANEL W/eGFR
916 RENAL FUNCTION PANEL W/eGFR
944 COMP METABOLIC PANEL W/eGFR
B 1383 LIPID PANEL (Fasting Specimen)
B 14852 LIPID PANEL W/RFX LDL
125 OBS PANEL W/RFX
365 HEPATITIS PANEL, ACUTE W/RFX
OTHER TESTS
9500 ABO GROUP & RH TYPE
6015 ALBUMIN (Alb)
6025 ALKALINE PHOSPHATASE (AP)
7007 ALPHA-1-FETOPROTEIN (TUMOR MARKER)
6420 ALT (SGPT)
6040 AMYLASE
3000 ANA W/RFX TO TITER
9550 ANTIBODY SCR, RBC W/RFX ID
6415 AST (SGOT)
6075 BILIRUBIN, DIRECT (DBili)
6090 BILIRUBIN, TOTAL (TBili)
6103 BUN
6110 CALCIUM (Ca)
7100 CARBAMAZEPINE (TEGRETOL™)
6175 CARBON DIOXIDE (CO2)
4518 CBC (H/H, RBC, Indices, WBC, PLT)
4500 CBC W/DIFF (H/H, RBC, Indices, WBC, PLT, DIFF)
B 7110 CEA
6145 CHLORIDE (Cl)
B 6165 CHOLESTEROL, TOTAL (Tchol)
6180 CPK
7170 C-REACTIVE PROTEIN (CRP)
6200 CREATININE W/eGFR (Cr)
6186 CREATININE CLEARANCE
116182 CRP, CARDIO
7185 DIGOXIN
7225 FERRITIN
7230 FOLATE (FOLIC ACID)
7235 FOLLICLE STIMULATING HORMONE (FSH)
B 6240 GGT (GGTP)
B 6245 GLUCOSE FASTING
6259 GLUCOSE MATERNAL 1 HR. (RANGE 70-130)
19833 GLUCOSE MATERNAL 1 HR. (RANGE 70-140)
TOLERANCE, INDICATE HR.
B 6247 GLUCOSE, RANDOM (Glu)
B 6605 GLYCOSYLATED HGB (HgbA1C)
B 6275 HDL
36454 HELICOBACTER PYLORI UREA BREATH TEST (UBT™)
3385 HELICOBACTER PYLORI AB IGG
4514 HEMATOCRIT
4516 HEMOGLOBIN
7045 HEP A AB, IGM
1810 HEP B CORE AB, IGM
7290 HEP B SURFACE AB QUAL
7270 HEP B SURFACE AG W/RFX
1590 HEP C VIRUS AB
B 1740 HEPATITIS C RNA, PCR QUANT
B 3200 HIV-1/2 SCR W/RFX WB CONFIRM
B 40085 HIV-1 RNA, PCR QUANTATIVE
6290 IRON (TOT), IBC % SAT
6285 IRON, TOTAL
6300 LDH
B 6307 LDL, DIRECT MEASUREMENT
6310 LIPASE
6315 LITHIUM
7340 LUTEINIZING HORMONE (LH)
13555 VENIPUNCTURE (FOR LAB USE ONLY)
11521 CONVEYANCE (FOR LAB USE ONLY)
43555 HEEL STICK COLLECTION (FOR LAB USE ONLY)
13444 UBT COLLECTION (FOR LAB USE ONLY)
MICROBIOLOGY
SOURCE: MUST BE INDICATED HERE
Sensitivities and/or IDs will be performed if indicated at additional charge.
2000 AFB (W/SMEAR), CULTURE, #
2600 BETA STREP, GROUP A, CULTURE, #
2601 BETA STREP, GROUP B, CULTURE, #
2200 BLOOD, CULTURE, #
2250 FLUID (W/SMEAR), CULTURE, #
2375 RESPIRATORY (NOT SPUTUM), CULTURE, #
2350 SPUTUM (W/QUALITY SMEAR), CULTURE, #
2500 STOOL (CAMPY/SAL/SHIG), CULTURE, #
2504 CAMPYLOBACTER, CULTURE, #
2501 SALMONELLA/SHIGELLA, CULTURE, #
2400 URINE, CULTURE, #
2800 VAGINAL (W/WET MOUNT), CULTURE, #
2275 WOUND (W/SMEAR), CULTURE, #
Smear and Miscellaneous
14577 BV/VAGINITIS SCREEN
3525 C. DIFFICILE TOXIN
17304 GC, DNA AMPLIFIED
17303 CHLAMYDIA, DNA AMPLIFIED
17305 GC/CHLAMYDIA, DNA AMPLIFIED
1378 GC, GENPROBE™
1377 CHLAMYDIA, GENPROBE™
1380 GC/CHLAMYDIA, GENPROBE™ W/RFX
2025 GRAM STAIN
11293 InSure™ OCC BLD (MEDICARE SCR)
11290 InSure™ OCC BLD (DIAGNOSTIC)
B 2945 OCC BLD (MEDICARE SCR)
B 2940 OCC BLD (DIAGNOSTIC)
2900 OVA & PARASITES W/STAIN
2035 WET MOUNT
TOTAL TESTS ORDERED
For any patient of any payer (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.

10/10/2012 5:09:46 AM
TO:

FROM: LABCORP LCLS BLK

TO: 7028696199

LABCORP LCLS BLK

Page 1 of 5

A

ATTN:Danka K.Michaels,M.D.

LabCorp
Laboratory Corporation of America

LabCorp Phoenix
3930 E Watkins Suite 300
Phoenix, AZ 85034-7251

Phone: 602-454-8000

Specimen Number 282-237-5117-0		Patient ID PE3865		Control Number NSG27306910	Account Number 27306910	Account Phone Number 702-869-6190	Route 99
Patient Last Name PICKENS				Account Address Danka K.Michaels,M.D.			
Patient First Name THOMAS		Patient Middle Name		7373 Peak Dr, Ste#160 Las Vegas NV 89128			
Patient SS#	Patient Phone 702-360-3163	Total Volume					
Age (Y/M/D) 56/00/03	Date of Birth 10/05/56	Sex M	Fasting Yes				
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145				Additional Information UPIN: G34625			
Date and Time Collected 10/08/12 10:30	Date Entered 10/09/12	Date and Time Reported 10/10/12 05:09ET	Physician Name MICHAELS, D	NPI 1730151044	Physician ID MICHAELS, D		

Tests Ordered
Urinalysis, Complete; Urine Culture, Routine; Presumptive ID; Organism ID

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Urinalysis, Complete					
Urinalysis Gross Exam					01
Specific Gravity	1.025			1.005 - 1.030	01
pH	6.0			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	Negative	01
Nitrite, Urine	Negative			0.0 - 1.9	01
Microscopic Examination				Negative	01
Microscopic follows if indicated.					01
Microscopic Examination	See below:				01
WBC	None seen		/hpf	0 - 5	01
RBC	None seen		/hpf	0 - 3	01
Epithelial Cells (non renal)					01
Bacteria	None seen		/hpf	0 - 10	01
	None seen			None seen/Few	01

Urine Culture, Routine

Urine Culture, Routine Final Report

Result 1

Beta hemolytic Streptococcus, group B
25,000-50,000 colony forming units per mL
Penicillin and ampicillin are drugs of choice for treatment of beta-hemolytic streptococcal infections. Susceptibility testing of penicillins and other beta-lactam agents approved by the FDA for treatment of beta-hemolytic streptococcal infections need not be performed routinely because nonsusceptible isolates are extremely rare in any beta-hemolytic streptococcus and have not been reported for Streptococcus pyogenes (group A). (CLSI 2011)

PICKENS, THOMAS	PE3865	282-237-5117-0	Seq # 0256
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10/10/12 05:09 ET

FINAL REPORT

Page 1 of 2

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Will not tx: he is symptomatic.
(UA was sent out to 40 sitting on the counter on Rk)

10/10/2012 5:09:46 AM
TO:

FROM: LABCORP LCLS BLK

TO: 7028696199

LABCORP LCLS BLK

Page 2 of 5

A

ATTN:Danka K.Michaels,M.D.

LabCorp
Laboratory Corporation of America

LabCorp Phoenix
3930 E Watkins Suite 300
Phoenix, AZ 85034-7251

Phone: 602-454-8000

Patient Name					Specimen Number		
PICKENS, THOMAS					282-237-5117-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
27306910	PE3865	NSG27306910	10/08/12 10:30	10/10/12	M	56/00/03	10/05/56

01	PD	LabCorp Phoenix	Dir: Frank Ryan, PhD
3930 E Watkins Suite 300, Phoenix, AZ 85034-7251			
For inquiries, the physician may contact Branch: 888-522-2677 Lab: 602-454-8000			

PICKENS, THOMAS	PE3865	282-237-5117-0	Seq # 0256
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10/10/12 05:09 ET

FINAL REPORT

Page 2 of 2

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Laboratory Corporation of America

LabCorp Phoenix
3930 E Watkins Suite 300
Phoenix, AZ 85034-7251

Phone: 602-454-8000

Patient Name					Specimen Number		
PICKENS, THOMAS					280-237-0317-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
27306910	PE3865	KWA27306910	10/06/12 10:30	10/09/12	M	56/00/01	10/05/56

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

Thyroxine (T4) Free, Direct, S
T4, Free(Direct) 1.08 ng/dL 0.82 - 1.77 01

Vitamin D, 25-Hydroxy 25.7 Low ng/mL 30.0 - 100.0 01

Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

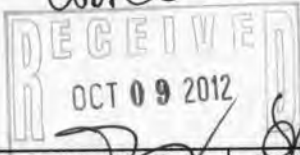
Uric Acid, Serum 9.2 High mg/dL 3.0 - 8.0 01

Uric Acid, Serum
Please Note:

Therapeutic target for gout patients: <6.0

Creatine Kinase, Total, Serum 293 High U/L 24 - 204 01

01 PD LabCorp Phoenix Dir: Frank Ryan, PhD
3930 E Watkins Suite 300, Phoenix, AZ 85034-7251
For inquiries, the physician may contact Branch: 888-522-2677 Lab: 602-454-8000



PICKENS, THOMAS	PE3865	280-237-0317-0	Seq # 0253
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10/09/12 10:19 ET

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LabCorp Phoenix
3930 E Watkins Suite 300
Phoenix, AZ 85034-7251

Phone: 602-454-8000

Patient Name					Specimen Number		
PICKENS, THOMAS					280-237-0317-0		
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
27306910	PE3865	KWA27306910	10/06/12 10:30	10/09/12	M	56/00/01	10/05/56

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Carbon Dioxide, Total	19	Low	mmol/L	20 - 32	01
Calcium, Serum	9.4		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.4		g/dL	6.0 - 8.5	01
Albumin, Serum	4.1		g/dL	3.5 - 5.5	01
Globulin, Total	2.3		g/dL	1.5 - 4.5	
A/G Ratio	1.8			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	26		IU/L	25 - 150	01
AST (SGOT)	28		IU/L	0 - 40	01
ALT (SGPT)	34		IU/L	0 - 55	01

Lipid Panel

Cholesterol, Total	154		mg/dL	100 - 199	01
Triglycerides	276	High	mg/dL	0 - 149	01
HDL Cholesterol	30	Low	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	55	High	mg/dL	5 - 40	
LDL Cholesterol Calc	69		mg/dL	0 - 99	

Vitamin B12 and Folate

Vitamin B12	474		pg/mL	211 - 946	01
Folate (Folic Acid), Serum	19.0		ng/mL	>3.0	01

Note:

A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.

C-Reactive Protein, Cardiac	1.50		mg/L	0.00 - 3.00	01
Relative Risk for Future Cardiovascular Event					
Low				<1.00	
Average				1.00 - 3.00	
High				>3.00	

Hemoglobin A1c	5.7	High	%	4.8 - 5.6	01
----------------	-----	------	---	-----------	----

Increased risk for diabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Testosterone, Serum	254	Low	ng/dL	348 - 1197	01
---------------------	-----	-----	-------	------------	----

TSH	1.500		uIU/mL	0.450 - 4.500	01
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PICKENS, THOMAS	PE3865	280-237-0317-0	Seq # 0253
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Laboratory Corporation of America

LabCorp Phoenix
3930 E Watkins Suite 300
Phoenix, AZ 85034-7251

Phone: 602-454-8000

Specimen Number 280-237-0317-0	Patient ID PE3865	Control Number KWA27306910	Account Number 27306910	Account Phone Number 702-869-6190	Route 99
Patient Last Name PICKENS		Account Address Danka K. Michaels, M.D.			
Patient First Name THOMAS		7373 Peak Dr, Ste#160 Las Vegas NV 89128			
Patient SS#	Patient Phone 702-360-3163	Total Volume			
Age (Y/M/D) 56/00/01	Date of Birth 10/05/56	Sex M	Fasting		
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145		Additional Information UPIN: G34625			
Date and Time Collected 10/06/12 10:30	Date Entered 10/06/12	Date and Time Reported 10/09/12 10:19ET	Physician Name MICHAELS, D	NPI 1730151044	Physician ID MICHAELS, D

Tests Ordered	
CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel; Vitamin B12 and Folate; C-Reactive Protein, Cardiac; Hemoglobin Alc; Testosterone, Serum; TSH; Thyroxine (T4) Free, Direct, S; Vitamin D, 25-Hydroxy; Uric Acid, Serum; Creatine Kinase, Total, Serum	

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	4.9		x10E3/uL	4.0 - 10.5	01
RBC	4.82		x10E6/uL	4.14 - 5.80	01
Hemoglobin	14.5		g/dL	12.6 - 17.7	01
Hematocrit	43.9		%	37.5 - 51.0	01
MCV	91		fL	79 - 97	01
MCH	30.1		pg	26.6 - 33.0	01
MCHC	33.0		g/dL	31.5 - 35.7	01
RDW	13.7		%	12.3 - 15.4	01
Platelets	223		x10E3/uL	140 - 415	01
Neutrophils	51		%	40 - 74	01
Lymphs	32		%	14 - 46	01
Monocytes	9		%	4 - 13	01
Eos	7		%	0 - 7	01
Basos	1		%	0 - 3	01
Neutrophils (Absolute)	2.5		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	1.5		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	0 - 2	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose, Serum	90		mg/dL	65 - 99	01
BUN	16		mg/dL	6 - 24	01
Creatinine, Serum	0.94		mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	90		mL/min/1.73	>59	
eGFR If Africn Am	104		mL/min/1.73	>59	
BUN/Creatinine Ratio	17			9 - 20	
Sodium, Serum	141		mmol/L	134 - 144	01
Potassium, Serum	3.9		mmol/L	3.5 - 5.2	01
Chloride, Serum	105		mmol/L	97 - 108	01

PICKENS, THOMAS	PE3865	280-237-0317-0	Seq # 0253
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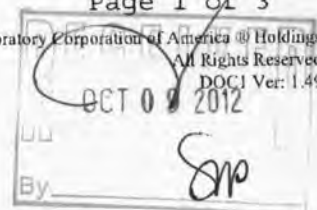
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Danka K. Michaels M.D.
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Las Vegas NV 89128
702-869-6190

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Send additional copy of report to:
Client Number/Physician's Name _____ Phone/Fax Number _____
Physician's Address _____ City, State, Zip _____

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A27306910 KWA27306910 KWA27306910
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KWA27306910

CIRCLE ONE

1730151094-MICHAELS,

CHECK ONE

03 ☐ ACCOUNT BILL
04 ☐ PATIENT BILL
05 ☐ MEDICARE
X1 ☒ INSURANCE

265.9
206.2
Stahn TX
401

06/2012

Patient's Legal Name (Last, First, MI) THOMAS		Sex M	Date of Birth MO DAY YR 06/20/1980	Collection Time AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Fasting Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Collection Date MO DAY YR 06/20/12	Urine hrs/vol hrs vol 01 01
NPI 2000000000	UPIN 000000000	Physician's ID # 000000000	Patient's SS # 000000000	Patient's ID # 000000000			
Physician's Name (Last, First) DANKA K MICHAELS		Physician's Signature X		Hospital Patient Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient			
Diagnosis/Signs/Symptom in ICD-9-CM Format (Highest Specificity) 250.00 274.9 540.0 181 271.0R 260.0 541.2R 285D							
PRIMARY BILLING PARTY		SECONDARY BILLING PARTY					
Insurance Carrier *		Insurance Carrier *					
ID #		ID #					
Group #		Group #					
Insurance Address		Insurance Address					
Name of Insured Person		Name of Insured Person					
Relationship to Patient		Relationship to Patient					
Employer Name		Employer Name					
*If Medicaid State		Physician's Provider #		Workers Comp <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

884247 ☐ **MMR LipoProfile**

006676 ☐ **Thyroid Peroxidase (TPO) Ab**
006692 ☐ **Antithyroglobulin Ab**
010389 ☐ **Triiodothyronine, Free, Serum**
804500 ☐ **VAP Cholesterol Profile**
120295 ☐ **LDL Cholesterol (Direct)**
001974 ☐ **Thyroxine (T₄) Free, Direct, S**
003362 ☐ **Creatinine, Total, Serum**

LABCORP USE ONLY
STAT ☐ VEMPUNCTURE ☐ NON LABCORP ☐ VERBAL ORDER ☐ CHART ORDER ☐ HANDWRITTEN ☐ 24 HR TUV ☐ PST/PSC #

ORGAN OR DISEASE PANELS		
See reverse for components		
322744	Acute Hepatitis Panel	80074 (GEL)
322758	Basic Metabolic Panel (8)	80048 (GEL)
322000	Comp Metabolic Panel (14)	80053 (GEL)
303754	Electrolyte Panel	80051 (GEL)
322755	Hepatic Function Panel (7)	80076 (GEL)
303756	Lipid Panel	80061 (GEL)
235010	Lipid Panel w/LDL/HDL Ratio	80061 (GEL)
221010	Lipid Panel w/TG/HDL Ratio	80061 (GEL)
343925	Lipid Panel w/Non-HDL Cholesterol	80061 (GEL)
322777	Renal Function Panel	80069 (GEL)
HEMATOLOGY		
005009	CBC w Diff w Plt	85025 (LAV)
115907	CBC w Diff w/o Plt	see reverse (LAV)
028142	CBC w/o Diff w Plt	85027 (LAV)
005017	CBC w/o Diff w/o Plt	see reverse (LAV)
005058	Hematocrit	85014 (LAV)
005041	Hemoglobin	85018 (LAV)
005249	Platelet Count	85049 (LAV)
005033	RBC Count	85041 (LAV)
005025	WBC Count	85048 (LAV)
015173	Differential/Total WBC Count	85004 85048 (LAV)
ALPHABETICAL/COMBINATION TESTS		
006049	ABO and Rh	see reverse 85900 86001 (LAV)
001081	Albumin	82040 (GEL)
001107	Alkaline Phosphatase	84075 (GEL)
001545	ALT (SGPT)	84460 (GEL)
001396	Amylase	82150 (GEL)
164855	Antinuclear Antibodies	86038 (GEL)
001123	AST (SGOT)	84450 (GEL)
000810	B ₁₂ and Folate	see reverse 82607 82746 (GEL)
001099	Bilirubin, Total	82247 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT		
001040	BUN	84520 (GEL)
006627	C-Reactive Protein (CRP), Quant	86140 (GEL)
120766	hsCardiac C-Reactive Protein (CRP)	86141 (GEL)
001016	Calcium	82310 (GEL)
007419	Carbamazepine (Tegretol®)	80156 (SER)
002139	CEA	82378 (GEL)
001065	Cholesterol, Total	82465 (GEL)
001370	Creatinine	82565 (GEL)
007385	Digoxin (Lanoxin®)	80162 (GEL)
004515	Estradiol	82670 (GEL)
004598	Ferritin	82728 (GEL)
028480	FSH and LH	see reverse 83001 83002 (GEL)
001958	GGT	82977 (GEL)
001818	Glucose, Plasma	82947 (GRY)
001032	Glucose, Serum	82947 (GEL)
004556	hCG, Beta Subunit, Qual (Serum Pregnancy)	84703 (GEL)
004416	hCG, Beta Subunit, Quant	84702 (GEL)
001925	HDL Cholesterol	83718 (GEL)
001453	Hemoglobin A _{1c}	83036 (LAV)
006734	Hep A Antibody, IgM	86709 (GEL)
006395	Hep B Surface Antibody	86706 (GEL)
006510	Hep B Surface Antigen	87340 (GEL)
143991	Hep C Antibody w/reflex to RIBA*	86803 (GEL)
083824	HIV-1/0/2 Antibodies*	86703 (GEL)
THE BELOW TEST IS FOR NY STATE CLIENTS ONLY		
162222	HIV-1/0/2 Antibodies* - NY ONLY	86703 (GEL)
180836	H pylori Urea Breath	83013 (see reverse)
180764	H pylori Stool Antigen	87338 (see reverse)
001321	Iron and IBC	see reverse 83540 83550 (GEL)
001115	LDH	83615 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT		
361946	Lipid Cascade	see reverse 80178 (GEL) NMR
007708	Lithium (Eskalith®)	80178 (GEL)
001537	Magnesium	83735 (GEL)
006189	Mononucleosis Test, Qual	86308 (GEL)
884247	NMR LipoProfile®	80081 83704 (NMR)
007823	Phenobarbital (Luminal®)	80184 (SER)
007401	Phenytoin (Dilantin®)	80185 (SER)
001024	Phosphorus	84100 (GEL)
001180	Potassium	84132 (GEL)
004465	Prolactin	84146 (GEL)
010322	PSA	84153/80103 (GEL)
480947	PSA, Free: Total Ratio*	84153 84154 (GEL)
005199	Prothrombin Time (PT)/INR	85610 (BLU)
020321	PT and PTT Activated	85610 85730 (BLU)
005207	PTT Activated	85730 (BLU)
006502	Rheumatoid Arthritis Factor	86431 (GEL)
006072	RPR	86592 (GEL)
006197	Rubella Antibodies, IgG	86762 (GEL)
005215	Sed Rate, Westergren	85652 (LAV)
001198	Sodium	84295 (GEL)
004226	Testosterone, Total	84403 (GEL)
070001	Testosterone Women/Children	84403 (GEL)
007336	Theophylline	80198 (SER)
330015	Thyroid Cascade Profile	see reverse (GEL)
001149	Thyroxine (T ₄)	84436 (GEL)
082345	T. pallidum Screening Cascade	see reverse (GEL)
001172	Triglycerides	84478 (GEL)
002188	Triiodothyronine (T ₃)	84480 (GEL)
001156	T ₃ Uptake	84479 (GEL)
004259	TSH, 3rd generation	84443 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT		
001057	Uric Acid	84550 (GEL)
003038	Urinalysis	Microscopic on Positives 81003 (LAV)
081950	Vitamin D, 25-Hydroxy	82306 (GEL)
MICROBIOLOGY See Reverse Side		
<input type="checkbox"/> ENDOCERVICAL	<input type="checkbox"/> THROAT	<input type="checkbox"/> URINE
<input type="checkbox"/> STOOL	<input type="checkbox"/> URETHRAL	INDICATE SOURCE
OTHER		
008649	Aerobic Bacterial Culture †	87070 (see reverse)
183194	CT/NG, NAA	87491 87591 (SPT/NA)
008482	Fungus Culture	87101 (see reverse)
008334	Genital Culture, Routine †	87070 (see reverse)
008540	Gram Stain	87205 (SLO)
188128	Group B Strep Colonization Detection Cult/DNA Probe	87081 87149 (see reverse)
180810	Lower Respiratory Culture†	87070 (see reverse)
182949	Occult Blood, Fecal, IA	82274 (see reverse)
008623	Ova and Parasites	87177 87209 (O & P)
008144	Stool Culture †	87045 87427 (see reverse)
008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081 (see reverse)
008342	Upper Respiratory Culture, Routine	†87070 (see reverse)
008847	Urine Culture, Routine†	87086 (see reverse)
† = ID / Susceptibility at Additional Charge * = Confirmation at Additional Charge		
Clinical Information/Comments		
OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS		
TEST # TEST NAMES		
CPK		

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

Specimen #		Control/Req Num		Pg
291-237-5387-0		JPU273010		1
Fasting	Micro Source	Total Urine Volume	Report Status	
Yes			S /Final	
Date Collected	Time Collected	Date Entered	Date Reported	
10/18/11	09:08	10/19/11	10/22/11	

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Patient ID Number	Patient Phone Number	Patient SSN
PE3865	702-360-3163	***-**-0000
Patient Name	Sex	Date of Birth
PICKENS, THOMAS	M	10/05/56
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145		

Comments

PATN AGE: 055/00/13

Account
27306910
Danka K.Michaels,M.D.
99
7373 Peak Dr,Ste#160
Las Vegas NV 89128
702-869-6190
NPI: 1730151044 UPIN: G34625
DR.ID: MICHAELS,D PHY NAME: MICHAELS,

Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel (14);
Urinalysis, Routine; LP; Vitamin D, 25-Hydroxy, Total;
Vitamin B12 and Folate; Thyroxine (T4) Free, Direct, S; ...

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	5.1		x10E3/uL	4.0 - 10.5	01
RBC	4.99		x10E6/uL	4.10 - 5.60	01
Hemoglobin	15.4		g/dL	12.5 - 17.0	01
Hematocrit	44.9		%	36.0 - 50.0	01
MCV	90		fL	80 - 98	01
MCH	30.9		pg	27.0 - 34.0	01
MCHC	34.3		g/dL	32.0 - 36.0	01
RDW	14.2		%	11.7 - 15.0	01
Platelets	211		x10E3/uL	140 - 415	01
Neutrophils	54		%	40 - 74	01
Lymphs	29		%	14 - 46	01
Monocytes	11		%	4 - 13	01
Eos	6		%	0 - 7	01
Basos	0		%	0 - 3	01
Neutrophils (Absolute)	2.8		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	1.5		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.5		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	0 - 2	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose, Serum	97		mg/dL	65 - 99	01
BUN	19		mg/dL	6 - 24	01
Creatinine, Serum	1.18		mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	69		mL/min/1.73	>59	
eGFR If Africn Am	80		mL/min/1.73	>59	
Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease.					
Calculated using CKD-EPI formula.					
BUN/Creatinine Ratio	16			9 - 20	
Sodium, Serum	140		mmol/L	135 - 145	01
Potassium, Serum	4.6		mmol/L	3.5 - 5.2	01
Chloride, Serum	102		mmol/L	97 - 108	01
Carbon Dioxide, Total	24		mmol/L	20 - 32	01
Calcium, Serum	9.5		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.9		g/dL	6.0 - 8.5	01
Albumin, Serum	4.2		g/dL	3.5 - 5.5	01

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PICKENS, THOMAS

PE3865

291-237-5387-0 Seq# 5647 10-22-11 05:09ET

Universal #2

Specimen # 291-237-5387-0		Control/Req Num JPU273010		Pg 2
Fasting Yes	Micro Source	Total Urine Volume	Report Status S /Final	
Date Collected 10/18/11	Time Collected 09:08	Date Entered 10/19/11	Date Reported 10/22/11	
Patient ID Number PE3865		Patient Phone Number 702-360-3163	Patient SSN ***-**-0000	
Patient Name PICKENS, THOMAS		Sex M	Date of Birth 10/05/56	
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145				

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Clinical Information

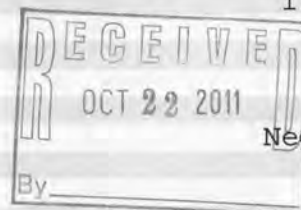
Account 27306910 Danka K.Michaels,M.D. 99 7373 Peak Dr,Ste#160 Las Vegas NV 89128 702-869-6190 NPI: 1730151044 UPIN: G34625 DR.ID: MICHAELS,D PHY NAME: MICHAELS,

Comments

PATN AGE: 055/00/13

Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel (14);
Urinalysis, Routine; LP; Vitamin D, 25-Hydroxy, Total;
Vitamin B12 and Folate; Thyroxine (T4) Free, Direct, S; ...

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Globulin, Total	2.7		g/dL	1.5 - 4.5	
A/G Ratio	1.6			1.1 - 2.5	
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	26		IU/L	25 - 150	01
AST (SGOT)	26		IU/L	0 - 40	01
ALT (SGPT)	24		IU/L	0 - 55	01
Urinalysis, Routine					
Urinalysis Gross Exam					01
Specific Gravity	1.029			1.005 - 1.030	01
pH	6.0			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0 - 1.9	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					01
Microscopic follows if indicated.					
LP					
Cholesterol, Total	190		mg/dL	100 - 199	01
Triglycerides	197	High	mg/dL	0 - 149	01
HDL Cholesterol	40		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	39		mg/dL	5 - 40	
LDL Cholesterol Calc	111	High	mg/dL	0 - 99	
Vitamin D, 25-Hydroxy, Total					
Vitamin D, 25-Hydroxy, Serum	32		ng/mL		02
Reference Range: All Ages: Target levels 32 - 100					
Vitamin B12 and Folate					
Vitamin B12	464		pg/mL	211 - 946	01



FINAL REPORT

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PICKENS, THOMAS

PE3865

291-237-5387-0 Seq# 5647 10-22-11 05:09ET

Universal #2

Specimen # 291-237-5387-0		Control/Req Num JPU2730910		Pg 3
Fasting Yes	Micro Source	Total Urine Volume	Report Status S /Final	
Date Collected 10/18/11	Time Collected 09:08	Date Entered 10/19/11	Date Reported 10/22/11	
Patient ID Number PE3865		Patient Phone Number 702-360-3163	Patient SSN ***-**-0000	
Patient Name PICKENS, THOMAS		Sex M	Date of Birth 10/05/56	
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145				

LabCorp® V 1.40

Clinical Information

Account
27306910
Danka K.Michaels,M.D.
99
7373 Peak Dr,Ste#160
Las Vegas NV 89128
702-869-6190
NPI: 1730151044 UPIN: G34625
DR.ID: MICHAELS,D PHY NAME: MICHAELS,

Comments

PATN AGE: 055/00/13

Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel (14);
Urinalysis, Routine; LP; Vitamin D, 25-Hydroxy, Total;
Vitamin B12 and Folate; Thyroxine (T4) Free, Direct, S; ...

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Folate (Folic Acid), Serum	>20.0		ng/mL	>3.0	01
			Indeterminate:	2.2 - 3.0	
			Deficient:	<2.2	
Thyroxine (T4) Free, Direct, S					
T4,Free(Direct)	1.07		ng/dL	0.82 - 1.77	01
Microalbumin, Random Urine					
Microalbumin, Urine	6.4		ug/mL	0.0 - 17.0	01
Hemoglobin A1c	5.5		%	4.8 - 5.6	01
	Increased risk for diabetes:			5.7 - 6.4	
	Diabetes:			>6.4	
	Glycemic control for adults with diabetes:			<7.0	
Prostate-Specific Ag, Serum					
Prostate Specific Ag, Serum	1.6		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.					
TSH	1.240		uIU/mL	0.450 - 4.500	01
Vitamin D, 25-Hydroxy	33.9		ng/mL	32.0 - 100.0	01
	Effective November 21, 2011 Vitamin D, 25-Hydroxy				
	reference intervals will be changing to 30-100.				
Recent studies consider the lower limit of 32.0 ng/mL to be a threshold for optimal health. Hollis BW. J Nutr. 2005 Feb;135(2):317-22.					
Uric Acid, Serum					
Uric Acid, Serum	7.5		mg/dL	3.7 - 8.6	01
Please Note:					

FINAL REPORT

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PICKENS, THOMAS

PE3865

291-237-5387-0 Seq# 5647 10-22-11 05:09ET

Universal #2



To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (888-522-2677).

Danka K. Michaels, M.D.
7373 Peak Dr., Suite 160
Las Vegas, NV 89128
702-869-6190

☐ Fax ☐ Call ☐ Mail
Send additional copy of report to:
Client Number: _____ Patient's Name: _____ Phone/Fax Number: _____
Physician's Address: _____ City, State, Zip: _____

0800.07

CIRCLE ONE

1730151044-MICHAELS, D

CHECK ONE

03 ☐ ACCOUNT BILL
04 ☐ PATIENT BILL
05 ☐ MEDICARE
X1 ☒ INSURANCE

ton def.
Gout

Patient's Legal Name (Last, First, MI) Pickens Sex THOMAS Date of Birth MO DAY YR Collection Time AM PM Fasting Yes No Collection Date MO DAY YR Urine hrs/vol hrs vol

NPI 27306910-9 UPIN JPU27306910 Physician's ID # JPU27306910 Patient's SS # JPU27306910 Patient's ID # JPU27306910

Physician's Name (Last, First) THOMAS Physician's Signature X Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Diagnosis/Signs/Symptom in ICD-9 Format (Highest Specificity)
244.9 250.00 599.0 268.9 185
2720 R064050.2 R25.9

PRIMARY BILLING PARTY SECONDARY BILLING PARTY

Insurance Carrier * ID # Group # Insurance Address Name of Insured Person Relationship to Patient Employer Name

Insurance Carrier * ID # Group # Insurance Address Name of Insured Person Relationship to Patient Employer Name

*If Medicaid State Physician's Provider # Workers Comp ☐ Yes ☐ No

Patient's Address Phone City State ZIP

Name of Policy Holder (if different from patient) APT # City State ZIP

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient's Signature Date

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)
Refer to Determining Necessity of ABN Completion on reverse.

894247 ☐ Lipoprofile

006676 ☐ Thyroid Peroxidase (TPO) Ab
006692 ☐ Antithyroglobulin Ab

149997 ☐ Microalbumin Random Urine
500610 ☐ Vitamin D, 25-Hydroxy, Total
500726 ☐ Testosterone Free MS/Dialysis
180026 ☐ Vaginitis/Vaginosis DNA Probe
015618 ☐ HIV-1 RNA

WITH THE FOLLOWING INFORMATION, COMBINATIONS OF TESTS LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

LABORATORY USE ONLY	STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
	<input type="checkbox"/> 998074	<input type="checkbox"/> 998085	<input type="checkbox"/> 998239	<input type="checkbox"/> 998250	<input type="checkbox"/> 998261	<input type="checkbox"/> 998272	<input type="checkbox"/> 998283	

ORGAN OR DISEASE PANELS		
See reverse for components		
322744	Acute Hepatitis Panel	80074 (GEL)
322758	Basic Metabolic Panel (8)	80048 (GEL)
322000	Comp Metabolic Panel (14)	80053 (GEL)
303754	Electrolyte Panel	80051 (GEL)
322755	Hepatic Function Panel (7)	80076 (GEL)
303756	Lipid Panel	80061 (GEL)
235010	Lipid Panel w/LDL:HDL Ratio	80061 (GEL)
221010	Lipid Panel w/TC:HDL Ratio	80061 (GEL)
343925	Lipid Panel w/Non-HDL Cholesterol	80061 (GEL)
322777	Renal Function Panel	80069 (GEL)

HEMATOLOGY		
005009	CBC w Diff w Plt	85025 (LAV)
115907	CBC w Diff w/o Plt	see reverse (LAV)
028142	CBC w/o Diff w Plt	85027 (LAV)
005017	CBC w/o Diff w/o Plt	see reverse (LAV)
005058	Hematocrit	85014 (LAV)
005041	Hemoglobin	85018 (LAV)
005249	Platelet Count	85049 (LAV)
005033	RBC Count	85041 (LAV)
005025	WBC Count	85048 (LAV)
015173	Differential/Total WBC Count	85004 85048 (LAV)

ALPHABETICAL/COMBINATION TESTS		
006049	ABO and Rh	see reverse 85001 85001 (LAV)
001081	Albumin	82040 (GEL)
001107	Alkaline Phosphatase	84075 (GEL)
001545	ALT (SGPT)	84460 (GEL)
001396	Amylase	82150 (GEL)
164855	Antinuclear Antibodies	86038 (GEL)
001123	AST (SGOT)	84450 (GEL)
000810	B ₁₂ and Folate	see reverse 82007 82746 (GEL)
001099	Bilirubin, Total	82247 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT		
001040	BUN	84520 (GEL)
006627	C-Reactive Protein (CRP), Quant	86140 (GEL)
120766	hsCardiac C-Reactive Protein (CRP)	86141 (GEL)
001016	Calcium	82310 (GEL)
007419	Carbamazepine (Tegretol)	80156 (SER)
002139	CEA	82378 (GEL)
001065	Cholesterol, Total	82465 (GEL)
001370	Creatinine	82565 (GEL)
007385	Digoxin (Lanoxin)	80162 (GEL)
004515	Estradiol	82670 (GEL)
004598	Ferritin	82728 (GEL)
028480	FSH and LH	see reverse 83001 83002 (GEL)
001958	GGT	82977 (GEL)
001818	Glucose, Plasma	82947 (GRY)
001032	Glucose, Serum	82947 (GEL)
004556	hCG, Beta Subunit, Qual (Serum Pregnancy)	84703 (GEL)
004416	hCG, Beta Subunit, Quant	84702 (GEL)
001925	HDL Cholesterol	83718 (GEL)
001453	Hemoglobin A _{1c}	83036 (LAV)
006734	Hep A Antibody, IgM	86709 (GEL)
006395	Hep B Surface Antibody	86706 (GEL)
006510	Hep B Surface Antigen	87340 (GEL)
143991	Hep C Antibody w/reflex to RIBA	86803 (GEL)
083824	HIV-1/0/2 Antibodies*	86703 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT		
361946	Lipid Cascade	see reverse (GEL) NMR
007708	Lithium (Eskalith)	80178 (GEL)
001537	Magnesium	83735 (GEL)
006189	Mononucleosis Test, Qual	86308 (GEL)
884247	NMR LipoProfile	80051 83704 (NMR)
007823	Phenobarbital (Luminal)	80184 (SER)
007401	Phenytoin (Dilantin)	80185 (SER)
001024	Phosphorus	84100 (GEL)
001180	Potassium	84132 (GEL)
004465	Prolactin	84146 (GEL)
010322	PSA	84153/80103 (GEL)
480947	PSA, Free: Total Ratio*	84153 84154 (GEL)
005199	Prothrombin Time (PT)/INR	85610 (BLU)
020321	PT and PTT Activated	85610 85730 (BLU)
005207	PTT Activated	85730 (BLU)
006502	Rheumatoid Arthritis Factor	86431 (GEL)
006072	RPR	86592 (GEL)
006197	Rubella Antibodies, IgG	86762 (GEL)
005215	Sed Rate, Westergren	85652 (LAV)
001198	Sodium	84295 (GEL)
004226	Testosterone, Total	84403 (GEL)
007336	Theophylline	80198 (SER)
330015	Thyroid Cascade Profile	see reverse (GEL)
001149	Thyroxine (T ₄)	84436 (GEL)
082345	T. pallidum Screening Cascade	see reverse (GEL)
001172	Triglycerides	84478 (GEL)
002188	Triiodothyronine (T ₃)	84480 (GEL)
001156	T ₃ Uptake	84479 (GEL)
004259	TSH, 3rd generation	84443 (GEL)
001057	Uric Acid	84550 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT		
003038	Urinalysis	Microscopic on Positives 81003 (GEL)
081950	Vitamin D, 25-Hydroxy	82306 (GEL)

MICROBIOLOGY See Reverse Side		
ENDOCERVICAL <input type="checkbox"/> THROAT <input type="checkbox"/> URINE <input type="checkbox"/>		
STOOL <input type="checkbox"/> URETHRAL <input type="checkbox"/> INDICATE SOURCE		
OTHER		
008649	Aerobic Bacterial Culture	87070 (GEL)
183194	CT/NG, NAA	87491 87591 (GEL)
008482	Fungus Culture	87101 (SER)
008334	Genital Culture, Routine	87070 (GEL)
008540	Gram Stain	87205 (SLO)
188128	Group B Strep Colonization Detection Cult/DNA Probe	87149 (GEL)
180810	Lower Respiratory Culture	87070 (GEL)
182949	Occult Blood, Fecal, IA	82274 (SER)
008623	Ova and Parasites	87172 87209 (GEL)
008144	Stool Culture	87045 87209 (GEL)
008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081 (GEL)
008342	Upper Respiratory Culture, Routine	87070 (GEL)
008847	Urine Culture, Routine	87086 (GEL)

† = ID / Susceptibility at Additional Charge
* = Confirmation at Additional Charge

Clinical Information/Comments

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS
TEST # TEST NAMES
14
DIRECT LDL

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

Danka K. Michaels, M.D.
7373 Peak Dr, Ste 160
Las Vegas NV 89128
702-869-6190 MUV



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☐ Call
☐ Mail

Send additional copy of report to:
Client Name: _____
Physician's Address: _____
Phone/Fax Number: _____
City, State, Zip: _____

0810.01

27306910-9

ELH27306910

ELH27306910

ELH27306910

CIRCLE ONE

634625-MICHAELS

CHECK ONE

03 ☐ ACCOUNT BILL
04 ☐ PATIENT BILL
05 ☐ MEDICARE
X1 ☒ INSURANCE

ELH27306910

Patient's Legal Name (Last, First, MI) PICKENS, TOM Sex MALE Date of Birth MO DAY YR Collection Time AM PM Fasting ☐ Yes ☐ No Collection Date MO DAY YR Urine hrs/vol hrs vol

NPI UPIN Physician's ID # Patient's SS # Patient's ID #

Physician's Name (Last, First) Physician's Signature Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Diagnosis/Signs/Symptom in ICD-9 Format (Highest Specificity) Patient's Address Phone

City State ZIP

Name of Policy Holder (if different from patient) Address of Policy Holder APT #

City State ZIP

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient's Signature Date

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

1 884247 HMR LipoProfile

1 006676 Thyroid Peroxidase (TPO) Ab
1 006692 Antithyroglobulin Ab
1 164871 CCP IgG Antibodies

1 149997 Microalbumin, Random Urine
1 500510 Vitamin D, 25-Hydroxy, Total
1 500726 Testosterone, Total and Free
1 180026 Vaginitis/Vaginosis, DNA Probe
1 015610 PTB, Intact

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

LABCORP USE ONLY	STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #	TRAVEL LOG ID
	998074	998085	999239	998250	998251	998272	998273		PST HR# DATE LOG#

ORGAN OR DISEASE PANELS See reverse for components			ALPHABETICAL TESTS CONT			ALPHABETICAL TESTS CONT			MICROBIOLOGY (see reverse)		
322744	Acute Hepatitis Panel	80074 GEL	001016	Calcium	82310 GEL	480947	PSA, Free/Total Ratio	84153 / 84154 FR2	<input type="checkbox"/> ENDOCERVICAL <input type="checkbox"/> THROAT <input type="checkbox"/> URINE		
322758	Basic Metabolic Panel (8)	80048 GEL	002139	CEA	82378 GEL	001073	Protein, Total	84155 GEL	<input type="checkbox"/> STOOL <input type="checkbox"/> URETHRAL INDICATE SOURCE		
322000	Comp Metabolic Panel (14)	80053 GEL	001065	Cholesterol, Total	82465 GEL	005199	Prothrombin Time (PT)	85610 BLU	OTHER		
303754	Electrolyte Panel	80051 GEL	001362	Creatine Kinase	82550 GEL	020321	PT and PTT Activated	85610 BLU	008847	Urine, Culture, Routine	87086 (See Ref)
322755	Hepatic Function Panel (7)	80076 GEL	001370	Creatinine	82565 GEL	005207	PTT Activated	85730 BLU	008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081 (See Ref)
303756	Lipid Panel	80061 GEL	007385	Digoxin (Lanoxin)	80162 SER	006502	Rheumatoid Arthritis Factor	86431 GEL	008342	Upper Respiratory Culture, Routine	87070 (See Ref)
322777	Renal Function Panel	80069 GEL	028480	FSH and LH	83001 / 83002 GEL	006072	RPR	86592 GEL	180810	Lower Respiratory Culture	87070 (See Ref)
HEMATOLOGY			001958	GGT	82977 GRY	006197	Rubella Antibodies, IgG	86762 GEL	008334	Genital Culture, Routine	87070 (See Ref)
005009	CBC w Diff w Pit	85025 LAV	001818	Glucose, Plasma	82947 GRY	006197	Rubella Antibodies, IgG	86762 GEL	188128	Group B Strep Colonization Detection Cult/DNA Probe	87149 (See Ref)
115907	CBC w Diff w/o Pit	85027 LAV	004556	hCG, Beta Subunit, Qual	84703 GEL	005215	Sed Rate, Westergren	85652 LAV	008144	Stool Culture	87045 (See Ref)
028142	CBC w/o Diff w Pit	85027 LAV	004416	hCG, Beta Subunit, Quant	84702 GEL	004226	Testosterone	84403 GEL	008649	Aerobic	87070 (See Ref)
005017	CBC w/o Diff w/o Pit	85027 LAV	001925	HDL Cholesterol	83718 GEL	001156	T3 Uptake	84479 GEL	008623	Ova and Parasites	87177 (See Ref)
005058	Hematocrit	85014 LAV	162289	Helicobacter pylori, IgG	86677 GEL	330015	Thyroid Cascade Profile	84438 / 84479 GEL	183194	ChlamydiaGC by Nucleic Acid Amplification Testing	87491 (See Ref)
005041	Hemoglobin	85018 LAV	006395	Hep B Surface Antibody	86706 GEL	000455	Thyroid Panel	84438 / 84479 GEL	164160	ChlamydiaGC by DNA Probe w/Confirmation on positives	87591 (See Ref)
005249	Platelet Count	85049 LAV	006510	Hep B Surface Antigen	87340 GEL	001149	Thyroxine (T4)	84436 GEL	096479	ChlamydiaGC by DNA Probe without Confirmation	87800 (See Ref)
005033	RBC Count	85041 LAV	143991	Hep C Antibody	86803 GEL	001974	Thyroxine (T4) Free	84439 GEL	008904	Anaerobic Culture	87075 (See Ref)
005025	WBC Count	85048 LAV	001453	Hemoglobin A1c	83036 LAV	001172	Triglycerides	84478 GEL			
005090	WBC Differential	85004 LAV	006734	Hepatitis A Ab, IgM	86709 GEL	002188	Triiodothyronine (T3)	84480 GEL			
ALPHABETICAL/COMBINATION TESTS			083824	HIV-1/O/2 Antibodies *	86703 GEL	004259	TSH, 3rd generation	84443 GEL			
006049	ABO and Rh	86900 / 86901 LAV	706994	Homocysteine	83090 GEL	001057	Uric Acid	84550 GEL			
001107	Alkaline Phosphatase	84075 GEL	001321	Iron and IBC	83540 / 83550 GEL	003038	Urinalysis	81003 URIN			
001545	ALT (SGPT)	84460 GEL	001115	LDH	83615 GEL	003772	Urinalysis with Microscopic	81001 URIN			
001396	Amylase	82150 GEL	001404	Lipase	83690 SER	804500	WAP Cholesterol Profile	83701 / 84478 GEL			
164855	Antinuclear Antibodies	86038 GEL	001537	Magnesium	83735 GEL	MATERNAL SERUM TESTING (see reverse)			OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS		
001123	AST (SGOT)	84450 GEL	007401	Phenytoin (Dilantin)	80185 RED	017319	AFP Tetra	017335	AFP X-tra		
000810	B12 and Folate	83907 / 83746 GEL	001180	Potassium	84132 GEL	GA: _____ days on _____ by: LMP US EDD			TEST # TEST NAMES		
001040	BUN	84520 GEL	202945	Prenatal Profile 1	84132 GEL	DOB: _____ / _____ / _____ Maternal Wt: _____					
006627	C-Reactive Protein, Quant	86140 GEL	004465	Prolactin	84146 GEL	Insulin Dependent: Yes No Repeat Test: Yes No					
120766	C-Reactive Protein, Cardiac	86141 GEL	010322	PSA	84153 / G0103 GEL	Type: Single Twins Other Race: Cau Blk Other					
						NTD History: _____					
						Other Indications: _____					

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

Specimen # 214-195-1415-0		Control/Req No FRM27300910		Pg 1
Fasting Yes	Micro Source	Total Urine Volume	Report Status S /Final	
Date Collected 08/02/10	Time Collected 09:15	Date Entered 08/03/10	Date Reported 08/05/10	
Patient ID Number PE386501		Patient Phone Number 702-360-3163	Patient SSN	
Patient Name PICKENS, THOMAS		Sex M	Date of Birth 10/05/56	
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145				
Comments PATN AGE: 053/09/28				

LabCorp® V 1.37

Clinical Information

Account
27306910
Danka K. Michaels, M.D. **AUG 05 2010**
7373 Peak Dr, Ste #160
Las Vegas NV 89115
702-869-6190
NPI: 1730151044 UPIN: G34625
DR.ID: MICHAEL, D PHY NAME: MICHAELS,

Tests Requested **CBC With Differential/Platelet; Comp. Metabolic Panel (14);
Urinalysis, Routine; Lipid Panel; Vitamin D, 25-Hydroxy;
Thyroxine (T4) Free, Direct, S; Prostate-Specific Ag, Serum; TSH; ...**

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	10.2		x10E3/uL	4.0 - 10.5	01
RBC	4.83		x10E6/uL	4.10 - 5.60	01
Hemoglobin	14.5		g/dL	12.5 - 17.0	01
Hematocrit	42.6		%	36.0 - 50.0	01
MCV	88		fL	80 - 98	01
MCH	30.0	✓	pg	27.0 - 34.0	01
MCHC	34.0		g/dL	32.0 - 36.0	01
RDW	14.1		%	11.7 - 15.0	01
Platelets	221		x10E3/uL	140 - 415	01
Neutrophils	72		%	40 - 74	01
Lymphs	16		%	14 - 46	01
Monocytes	9		%	4 - 13	01
Eos	3		%	0 - 7	01
Basos	0		%	0 - 3	01
Neutrophils (Absolute)	7.3	✓	x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	1.7		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.9		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	0 - 1	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose, Serum	94		mg/dL	65 - 99	01
BUN	15		mg/dL	5 - 26	01
Creatinine, Serum	1.02	✓	mg/dL	0.76 - 1.27	01
eGFR	>59		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	139		mmol/L	135 - 145	01
Potassium, Serum	4.3		mmol/L	3.5 - 5.2	01
Chloride, Serum	104		mmol/L	97 - 108	01
Carbon Dioxide, Total	24		mmol/L	20 - 32	01
Calcium, Serum	9.2		mg/dL	8.7 - 10.2	01
Protein, Total, Serum	6.6		g/dL	6.0 - 8.5	01

FINAL REPORT

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PICKENS, THOMAS

PE386501

214-195-1415-0 Seq# 381708-05-10 05:09ET

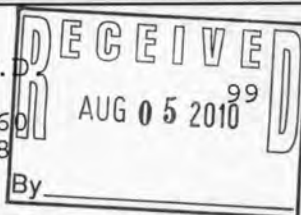
Universal #2

Specimen #		Control/Req Num		Pg
214-195-1415-0		FRM27300910		2
Fasting	Micro Source	Total Urine Volume	Report Status	
Yes			S /Final	
Date Collected	Time Collected	Date Entered	Date Reported	
08/02/10	09:15	08/03/10	08/05/10	

LabCorp® V 1.37

Patient ID Number	Patient Phone Number	Patient SSN
PE386501	702-360-3163	
Patient Name	Sex	Date of Birth
PICKENS, THOMAS	M	10/05/56
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145		

Account
27306910
Danka K.Michaels, M.D.
7373 Peak Dr, Ste#1600
Las Vegas NV 89128
702-869-6190
NPI: 1730151044 UPIN: G34625
DR.ID: MICHAEL, D PHY NAME: MICHAELS,



Comments
PATN AGE: 053/09/28

Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel (14);
Urinalysis, Routine; Lipid Panel; Vitamin D, 25-Hydroxy;
Thyroxine (T4) Free, Direct, S; Prostate-Specific Ag, Serum; TSH; ...

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Albumin, Serum	4.1		g/dL	3.5 - 5.5	01
Globulin, Total	2.5		g/dL	1.5 - 4.5	
A/G Ratio	1.6			1.1 - 2.5	
Bilirubin, Total	0.7		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase, S	30		IU/L	25 - 150	01
AST (SGOT)	22		IU/L	0 - 40	01
ALT (SGPT)	24		IU/L	0 - 55	01

Urinalysis, Routine

Urinalysis Gross Exam					01
Specific Gravity	1.020			1.005 - 1.030	01
pH	5.0			5.0 - 7.5	01
Urine-Color	Yellow			Yellow	01
Appearance	Clear			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative/Trace	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0 - 1.9	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination					
Microscopic follows if indicated.					01

Lipid Panel

Cholesterol, Total	151		mg/dL	100 - 199	01
Triglycerides	183	High	mg/dL	0 - 149	01
HDL Cholesterol	36	Low	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 Calc	37		mg/dL	5 - 40	
LDL Cholesterol Calc	78		mg/dL	0 - 99	

Vitamin D, 25-Hydroxy	39.3		ng/mL	32.0 - 100.0	01
Recent studies consider the lower limit of 32.0 ng/mL to be a threshold for optimal health.					
Hollis BW. J Nutr. 2005 Feb;135(2):317-22.					

Thyroxine (T4) Free, Direct, S**FINAL REPORT**© 2005 Laboratory Corporation of America® Holdings
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PICKENS, THOMAS

PE386501

214-195-1415-0 Seq# 3817 08-05-10 05:09ET

Universal #2

Specimen #		Control/Req No		Pg
214-195-1415-0		FRM2730910		3
Fasting	Micro Source	Total Urine Volume	Report Status	
Yes			S /Final	
Date Collected	Time Collected	Date Entered	Date Reported	
08/02/10	09:15	08/03/10	08/05/10	

LabCorp® V 1.37

Patient ID Number	Patient Phone Number	Patient SSN
PE386501	702-360-3163	
Patient Name	Sex	Date of Birth
PICKENS, THOMAS	M	10/05/56
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145		

Account
27306910
Danka K.Michaels,M.D.
7373 Peak Dr,Ste#160 Las Vegas NV 89128
702-869-6190
NPI: 1730151044 UPIN: G34625
DR.ID: MICHAEL,D PHY NAME: MICHAELS,

Comments
PATN AGE: 053/09/28

Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel (14);
Urinalysis, Routine; Lipid Panel; Vitamin D, 25-Hydroxy;
Thyroxine (T4) Free, Direct, S; Prostate-Specific Ag, Serum; TSH;

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
T4, Free (Direct)	0.96	/	ng/dL	0.82 - 1.77	01

Prostate-Specific Ag, Serum					
Prostate Specific Ag, Serum	1.8	/	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.

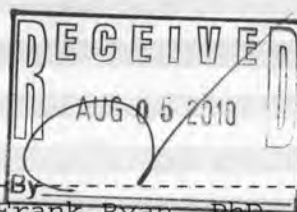
Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

TSH	2.050	/	uIU/mL	0.450 - 4.500	01
Effective August 9, 2010, TSH pediatric reference					
interval will be changing to:					
0 days	-	6 days	0.700 - 15.200	uIU/mL	
7 days	-	3 months	0.720 - 11.000	uIU/mL	
3 mo 1 day	-	12 months	0.730 - 8.350	uIU/mL	
1 year	-	5 years	0.700 - 5.970	uIU/mL	
6 years	-	10 years	0.600 - 4.840	uIU/mL	
11 years and older			No change		

Hemoglobin A1c	5.6	/	%	4.8 - 5.6	01
Increased risk for diabetes:				5.7 - 6.4	
Diabetes:				>6.4	
Glycemic control for adults with diabetes:				<7.0	

Request Problem	No frozen specimen received.	01
TEST: 004333 Insulin		
08/04/2010-Orellana		

Insulin	No frozen specimen received.	01
---------	------------------------------	----



01 PD LabCorp Phoenix Dir: Frank Ryan, PhD
3930 E Watkins Suite 300, Phoenix, AZ 85034-7251

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PICKENS, THOMAS PE386501 214-195-1415-0 Seq# 3817 08-05-10 05:09ET

Universal #2

Danka Michaels05267

AA01884



To find the nearest patient service center, visit www.labcorp.com or call 888-LABCORP (522-2677).

Danka K. Michael, MD
7373 Peak Dr Ste 160
Las Vegas NV 89128
702-869-6190

☐ Fax
☐ Call
☐ Mail

Send additional copy of report to:

Client Number

Physician's Name

Phone/Fax Number

Physician's Address

City, State, Zip

0800.02

FRM27306910

FRM27306910

FRM27306910

FRM27306910

FRM27306910

FRM27306910

CIRCLE ONE

1730151044-MICHAELS, D

CHECK ONE

03 ☐ ACCOUNT BILL
04 ☐ PATIENT BILL
05 ☐ MEDICARE
X1 ☒ INSURANCE

268.9

8/2/10

Patient's Legal Name (Last, First, MI) Thomson Sex Male Date of Birth MO DAY YR Collection Time AM Fasting ☒ Yes ☐ No Collection Date MO DAY YR Urine hrs/vol hrs vol

NPI 998074 UPIN 998095 Physician's ID # 998261 Patient's SS # 998272 Patient's ID # 998263

Physician's Name (Last, First) X Physician's Signature X Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Diagnosis/Sign/Symptom in ICD-9 Format (Highest Specificity) 244.9, 574.00, 185, 720.9, 585.9, 585.9

PRIMARY BILLING PARTY SECONDARY BILLING PARTY

Insurance Carrier * ID # Group # Insurance Address Name of Insured Person Relationship to Patient Employer Name

Insurance Carrier * ID # Group # Insurance Address Name of Insured Person Relationship to Patient Employer Name

*If Medicaid State Physician's Provider # 998263 Workers Comp ☐ Yes ☐ No

PATIENT

Patient's Address Phone City State ZIP

Name of Policy Holder (if different from patient) Address of Policy Holder APT # City State ZIP

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient's Signature Date

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

894247 L 1 NMR Lipoprofile

005576 L 1 Thyroid Peroxidase (TPO) Ab
005692 L 1 Antithyroglobulin Ab

149997 L 1 Microalbumin Random Urine
000510 L 1 Vitamin B12-Hydroxy total
000726 L 1 Testosterone Free MS/Dialysis
180826 L 1 Vaginitis/Vaginosis DNA Probe
015610 L 1 PIR, intact

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PRINTED LISTED IN THE SECTION ABOVE CAN BE ORDERED SEPARATELY

STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSG #	PST HR#	DATE	LOG#
998074	998095	998261	998272	998263						

ORGAN OR DISEASE PANELS		
See reverse for components		
322744	Acute Hepatitis Panel	80074 (RED)
322758	Basic Metabolic Panel (8)	80048 (GEL)
322000	Comp Metabolic Panel (14)	80053 (GEL)
303754	Electrolyte Panel	80051 (GEL)
322755	Hepatic Function Panel (7)	80076 (GEL)
303756	Lipid Panel	80061 (GEL)
235010	Lipid Panel w/LDL/HDL Ratio	80061 (GEL)
221010	Lipid Panel w/TC:HDL Ratio	80061 (GEL)
343925	Lipid Panel w/Non-HDL Cholesterol	80061 (RED)
322777	Renal Function Panel	80069 (GEL)

HEMATOLOGY		
005009	CBC w Diff w Plt	85025 (LAV)
115907	CBC w Diff w/o Plt	see reverse (LAV)
028142	CBC w/o Diff w Plt	85027 (LAV)
005017	CBC w/o Diff w/o Plt	see reverse (LAV)
005058	Hematocrit	85014 (LAV)
005041	Hemoglobin	85018 (LAV)
005249	Platelet Count	85049 (LAV)
005033	RBC Count	85041 (LAV)
005025	WBC Count	85048 (LAV)
005090	WBC Differential	85004 (LAV)

ALPHABETICAL/COMBINATION TESTS		
006049	ABO and Rh	see reverse 88900 (LAV)
001081	Albumin	82040 (GEL)
001107	Alkaline Phosphatase	84075 (GEL)
001545	ALT (SGPT)	84460 (GEL)
001396	Amylase	82150 (GEL)
164855	Antinuclear Antibodies	86038 (GEL)
001123	AST (SGOT)	84450 (GEL)
000810	B12 and Folate	see reverse 82607 (GEL)
001099	Bilirubin, Total	82247 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT		
001040	BUN	84520 (GEL)
006627	C-Reactive Protein (CRP), Quant	86140 (RED)
120766	hsCardiac C-Reactive Protein (CRP)	86141 (RED)
001016	Calcium	82310 (GEL)
007419	Carbamazepine (Tegretol)	80156 (SER)
002139	CEA	82378 (GEL)
001065	Cholesterol, Total	82465 (GEL)
001370	Creatinine	82565 (GEL)
007385	Digoxin (Lanoxin)	80162 (SER)
004515	Estradiol	82670 (GEL)
004598	Ferritin	82728 (GEL)
028480	FSH and LH	see reverse 83001 (GEL)
001958	GGT	82977 (GEL)
001818	Glucose, Plasma	82947 (GRY)
001032	Glucose, Serum	82947 (GEL)
001693	Glycohemoglobin, Total	83036 (LAV)
004556	hCG, Beta Subunit, Qual (Serum Pregnancy)	84703 (GEL)
004416	hCG, Beta Subunit, Quant	84702 (GEL)
001925	HDL Cholesterol	83718 (GEL)
001453	Hemoglobin A1c	83036 (LAV)
006734	Hep A Antibody, IgM	86709 (GEL)
006395	Hep B Surface Antibody	86706 (GEL)
006510	Hep B Surface Antigen	87340 (GEL)
143991	Hep C Antibody*	86803 (GEL)
083824	HIV-1/0/2 Antibodies*	86703 (GEL)
162222	HIV 1/0/2 Antibodies* - NY Only	86703 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT		
180836	H pylori Urea Breath	83013 (GEL)
180764	H pylori Stool Antigen	87338 (GEL)
001321	Iron and IBC	see reverse 83540 (GEL)
001115	LDH	83615 (GEL)
007708	Lithium (Eskalith)	80178 (SER)
001537	Magnesium	83735 (GEL)
006189	Mononucleosis Test, Qual	86308 (GEL)
884247	NMR LipoProfile	see reverse 80081 (RED)
007823	Phenobarbital (Luminal)	80184 (SER)
007401	Phenytoin (Dilantin)	80185 (SER)
001024	Phosphorus	84100 (GEL)
001180	Potassium	84132 (GEL)
004465	Prolactin	84146 (GEL)
010322	PSA	84153/G0103 (GEL)
480947	Prostate-specific Antigen (PSA), Free: Total Ratio*	84153 (RED)
005199	Prothrombin Time (PT)/INR	85610 (BLU)
020321	PT and PTT Activated	85610 (BLU)
005207	PTT Activated	85730 (BLU)
006502	Rheumatoid Arthritis Factor	86431 (GEL)
006072	RPR	86592 (GEL)
006197	Rubella Antibodies, IgG	86762 (GEL)
005215	Sed Rate, Westergren	85652 (LAV)
001198	Sodium	84295 (GEL)
004226	Testosterone, Total	84403 (RED)
007336	Theophylline	80198 (SER)
330015	Thyroid Cascade Profile	see reverse (GEL)
001149	Thyroxine (T4)	84436 (GEL)
001172	Triglycerides	84478 (GEL)
002188	Triiodothyronine (T3)	84480 (GEL)
001156	T3 Uptake	84479 (GEL)

ALPHABETICAL/COMBINATION TESTS CONT		
004259	TSH, 3rd generation	84443 (GEL)
001057	Uric Acid	84550 (GEL)
003038	Urinalysis	Microscopic on Positives 81003 (GEL)
081950	Vitamin D, 25-Hydroxy	82306 (RED)

MICROBIOLOGY See Reverse Side		
<input type="checkbox"/> ENDOCERVICAL	<input type="checkbox"/> THROAT	<input type="checkbox"/> URINE
<input type="checkbox"/> STOOL	<input type="checkbox"/> URETHRAL	INDICATE SOURCE

OTHER		
008649	Aerobic Bacterial Culture	87070 (RED)
183194	Chlamydia/GC by Nucleic Acid Amplification Testing	87481 (RED)
008482	Fungus Culture	87101 (GEL)
008334	Genital Culture, Routine	87070 (RED)
008540	Gram Stain	87205 (GEL)
188128	Group B Strep Colonization Detection Cult/DNA Probe	87081 (RED)
180810	Lower Respiratory Culture	87070 (RED)
182949	Occult Blood, Fecal, IA	82274 (RED)
008623	Ova and Parasites	87177 (GEL)
008144	Stool Culture	87045 (RED)
008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081 (RED)
008342	Upper Respiratory Culture, Routine	87070 (RED)
008847	Urine Culture, Routine	87086 (RED)

† = ID / Susceptibility at Additional Charge
* = Confirmation at Additional Charge

Clinical Information/Comments

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS TEST # TEST NAME

001156 T3 Uptake 84479 (GEL)

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

Specimen # 271-195-1686-0 Control/Req Num ETM273060 Pg 1

Fasting Yes Micro Source Total Urine Volume Report Status S /Final

Date Collected 09/28/09 Time Collected Date Entered 09/29/09 Date Reported 10/01/09

Patient ID Number PE3865 Patient Phone Number 702-360-3163 Patient SSN

Patient Name PICKENS, TOM Sex M Date of Birth 10/05/56

Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145

Comments PATN AGE: 052/11/23

LabCorp® V 1.36

Clinical Information SRC: URINE

Account 27306910 Danka K.Michaels,M.D. 99

7373 Peak Dr,Ste#160 Las Vegas NV 89128

702-869-6190 NPI: 1730151044 UPIN: G34625 PHY NAME: MICHAELS,

Tests Requested VAP Cholesterol Profile; CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Complete; Thyroxine (T4) Free, Direct, S; TSH; Prostate-Specific Ag, Serum; ...

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
VAP Cholesterol Profile					
Lipids					
LDL Cholesterol	78		mg/dL	<130	01
HDL Cholesterol	33	Low	mg/dL	>=40	01
VLDL Cholesterol	34	High	mg/dL	<30	01
Cholesterol, Total	146		mg/dL	<200	01
Triglycerides	206	High	mg/dL	<150	01
Non HDL Chol. (LDL+VLDL)	112		mg/dL	<160	01
apoB100-calc	80		mg/dL	<109	01
LDL-R (Real)-C	66		mg/dL	<100	01
Lp(a) Cholesterol	3.0		mg/dL	<10	01
IDL Cholesterol	10		mg/dL	<20	01
Remnant Lipo. (IDL+VLDL3)	24		mg/dL	<30	01
Clinical Consideration					
Probable Metabolic Syndrome	Yes	Abnormal		No	01
Sub-Class Information					
HDL-2 (Most Protective)	6	Low	mg/dL	>10	01
HDL-3 (Less Protective)	28	Low	mg/dL	>30	01
VLDL-3 (Small Remnant)	14	High	mg/dL	<10	01
LDL1 Pattern A	8.6		mg/dL		01
LDL2 Pattern A	0.0		mg/dL		01
LDL3 Pattern B	32.3		mg/dL		01
LDL4 Pattern B	25.3		mg/dL		01
LDL Density Pattern	B	Abnormal		A	01

[Pattern B Small, Dense LDL] [*] [Pattern A/B Large Buoyant LDL]

RECEIVED OCT 01 2009 BY:

done by 10/1/09
Lopes for Dr. Alluri!

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PICKENS, TOM PE3865 271-195-1686-0 Seq# 2781 10-01-09 05:09ET

Universal #2

Specimen #		Control/Req Num		Pg
271-195-1686-0		ETM2730010		2
Fasting	Micro Source	Total Urine Volume	Report Status	
Yes			S /Final	
Date Collected	Time Collected	Date Entered	Date Reported	
09/28/09		09/29/09	10/01/09	
Patient ID Number	Patient Phone Number	Patient SSN		
PE3865	702-360-3163			
Patient Name		Sex	Date of Birth	
PICKENS, TOM		M	10/05/56	
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145				

LabCorp® V 1.36

Clinical Information
SRC: URINE
Account
27306910
Danka K.Michaels,M.D.
99
7373 Peak Dr,Ste#160
Las Vegas NV 89128
702-869-6190
NPI: 1730151044
UPIN: G34625
PHY NAME: MICHAELS,

Comments

PATN AGE: 052/11/23

Tests Requested VAP Cholesterol Profile; CBC With Differential/Platelet;
Comp. Metabolic Panel (14); Urinalysis, Complete;
Thyroxine (T4) Free, Direct, S; TSH; Prostate-Specific Ag, Serum; ...

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	5.4		x10E3/uL	4.0 - 10.5	02
RBC	4.89		x10E6/uL	4.10 - 5.60	02
Hemoglobin	14.9		g/dL	12.5 - 17.0	02
Hematocrit	45.2		%	36.0 - 50.0	02
MCV	92		fL	80 - 98	02
MCH	30.6		pg	27.0 - 34.0	02
MCHC	33.1		g/dL	32.0 - 36.0	02
RDW	13.5		%	11.7 - 15.0	02
Platelets	198		x10E3/uL	140 - 415	02
Neutrophils	58		%	40 - 74	02
Lymphs	30		%	14 - 46	02
Monocytes	8		%	4 - 13	02
Eos	4		%	0 - 7	02
Basos	0		%	0 - 3	02
Neutrophils (Absolute)	3.1		x10E3/uL	1.8 - 7.8	02
Lymphs (Absolute)	1.6		x10E3/uL	0.7 - 4.5	02
Monocytes (Absolute)	0.4		x10E3/uL	0.1 - 1.0	02
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	02
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	02
Comp. Metabolic Panel (14)					
Glucose, Serum	94		mg/dL	65 - 99	02
BUN	17		mg/dL	5 - 26	02
Creatinine, Serum	1.08		mg/dL	0.76 - 1.27	02
eGFR	>59		mL/min/1.73	>59	
eGFR AfricanAmerican	>59		mL/min/1.73	>59	
Note: Persistent reduction for 3 months or more in an eGFR <60 mL/min/1.73 m2 defines CKD. Patients with eGFR values >=60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present. Additional information may be found at www.kdoqi.org.					
BUN/Creatinine Ratio	16			8 - 27	
Sodium, Serum	138		mmol/L	135 - 145	02
Potassium, Serum	4.4		mmol/L	3.5 - 5.2	02
Chloride, Serum	102		mmol/L	97 - 108	02
Carbon Dioxide, Total	26		mmol/L	20 - 32	02
Calcium, Serum	9.3		mg/dL	8.5 - 10.6	02
Protein, Total, Serum	6.8		g/dL	6.0 - 8.5	02
Albumin, Serum	4.4		g/dL	3.5 - 5.5	02
Globulin, Total	2.4		g/dL	1.5 - 4.5	

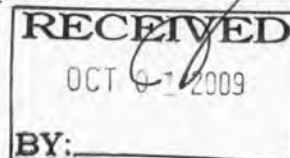
FINAL REPORT

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PICKENS, TOM

PE3865

271-195-1686-0 Seq# 2781 10-01-09 05:09ET



Universal #2

Specimen #		Control/Req Num		Pg
271-195-1686-0		ETM2730620		3
Fasting	Micro Source	Total Urine Volume	Report Status	
Yes			S /Final	
Date Collected	Time Collected	Date Entered	Date Reported	
09/28/09		09/29/09	10/01/09	

Patient ID Number	Patient Phone Number	Patient SSN
PE3865	702-360-3163	
Patient Name	Sex	Date of Birth
PICKENS, TOM	M	10/05/56
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145		

Comments
PATN AGE: 052/11/23

LabCorp® V 1.36

Clinical Information
SRC: URINE

Account
27306910
Danka K.Michaels,M.D.
99
7373 Peak Dr,Ste#160
Las Vegas NV 89128
702-869-6190
NPI: 1730151044
UPIN: G34625
PHY NAME: MICHAELS,

Tests Requested VAP Cholesterol Profile; CBC With Differential/Platelet;
Comp. Metabolic Panel (14); Urinalysis, Complete;
Thyroxine (T4) Free, Direct, S; TSH; Prostate-Specific Ag, Serum; ...

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
A/G Ratio	1.8			1.1 - 2.5	
Bilirubin, Total	0.7		mg/dL	0.1 - 1.2	02
Alkaline Phosphatase, S	27		IU/L	25 - 150	02
AST (SGOT)	25	✓	IU/L	0 - 40	02
ALT (SGPT)	37		IU/L	0 - 55	02
Urinalysis, Complete					
Urinalysis Gross Exam					02
Specific Gravity	>=1.030	Abnormal		1.005 - 1.030	02
pH	6.0			5.0 - 7.5	02
Urine-Color	Yellow			Yellow	02
Appearance	Clear			Clear	02
WBC Esterase	Negative			Negative	02
Protein	Negative			Negative/Trace	02
Glucose	Negative			Negative	02
Ketones	Negative			Negative	02
Occult Blood	Negative	✓		Negative	02
Bilirubin	Negative			Negative	02
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0 - 1.9	02
Nitrite, Urine	Negative			Negative	02
Microscopic Examination					02
Microscopic follows if indicated.					02
Microscopic Examination	See below:				02
WBC	None seen		/hpf	0 - 5	02
RBC	None seen		/hpf	0 - 3	02
Epithelial Cells (non renal)					02
	None seen		/hpf	0 - 10	02
Bacteria	None seen			None seen/Few	02
Thyroxine (T4) Free, Direct, S					
T4, Free (Direct)	1.04	✓	ng/dL	0.93 - 1.71	02
TSH	0.695		uIU/mL	0.450 - 4.500	02
Prostate-Specific Ag, Serum					
Prostate Specific Ag, Serum	1.3	✓	ng/mL	0.0 - 4.0	02
Roche ECLIA methodology.					
According to the American Urological Association, PSA should be undetectable after radical prostatectomy. A PSA of less than 0.5 ng/mL (or undetectable) is not likely to be associated with					

FINAL REPORT

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PICKENS, TOM

PE3865

271-195-1686-0 Seq# 2781 10-01-09 05:09ET

RECEIVED
OCT 01 2009
BY: _____

Universal #2

Specimen #		Control/Req Num		Pg
271-195-1686-0		ETM2730610		4
Fasting	Micro Source	Total Urine Volume	Report Status	
Yes			S /Final	
Date Collected	Time Collected	Date Entered	Date Reported	
09/28/09		09/29/09	10/01/09	

LabCorp® V 1.36

Patient ID Number	Patient Phone Number	Patient SSN
PE3865	702-360-3163	
Patient Name	Sex	Date of Birth
PICKENS, TOM	M	10/05/56
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145		

Comments
PATN AGE: 052/11/23

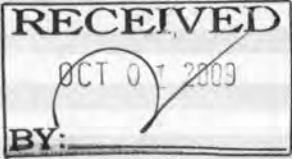
Clinical Information
SRC: URINE
Account
27306910
Danka K.Michaels,M.D.
99
7373 Peak Dr,Ste#160
Las Vegas NV 89128
702-869-6190
NPI: 1730151044
UPIN: G34625
PHY NAME: MICHAELS,

Tests Requested
VAP Cholesterol Profile; CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Complete; Thyroxine (T4) Free, Direct, S; TSH; Prostate-Specific Ag, Serum; ...

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
disease recurrence within five years of treatment. 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.					
Hemoglobin A1c	5.7	✓	%	<7.0	02
			Diabetic Adult	<7.0	
			Healthy Adult	4.8 - 5.9	
				(DCCT/NGSP)	
			American Diabetes Association's Summary of Glycemic Recommendations for Adults with Diabetes: Hemoglobin A1c <7.0%. More stringent glycemic goals (A1c <6.0%) may further reduce complications at the cost of increased risk of hypoglycemia.		
Uric Acid, Serum	4.9	✓	mg/dL	2.4 - 8.2	02
Creatine Kinase,Total,Serum	139	✓	U/L	24 - 204	02
Urine Culture, Routine					
Urine Culture, Routine	Final Report				02
Result 1					02
No growth					

01 ZU	Atherotech Inc		Dir: Krishnaji Kulkarni, PhD		
	201 London Parkway Suite 400, Birmingham, AL 35211				
02 PD	LabCorp Phoenix		Dir: Frank Ryan, PhD		
	3930 E Watkins Suite 300, Phoenix, AZ 85034-7251				
For inquiries,the physician may contact Branch: 888-522-2677 Lab: 602-454-8000					

LAST PAGE OF REPORT



FINAL REPORT

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PICKENS, TOM PE3865 271-195-1686-0 Seq# 2781 10-01-09 05:09ET

Danka K. Michael M.D.
7373 Peak Dr. Ste #160
Las Vegas NV 89128
702-869-6190



☐ Fax
☐ Call
☐ Mail

Send additional copy of report to:

Client Number: 00000000000000000000

Physician's Name: Danka K. Michael

City, State, Zip: Las Vegas, NV, 89128

Phone/Fax Number: 702-869-6190

0810.01

ETH27306910

ETH27306910

ETH27306910

27306910-9

ETH27306910

ETH27306910

ETH27306910

ETH27306910

CIRCLE ONE

034525-MICHAELS

CHECK ONE

03 I 1 ACCOUNT BILL

04 I 1 PATIENT BILL

05 I 1 MEDICARE

06 I 1 INSURANCE

07 I 1 TX

08 I 1 GOUT

9-2809

Patient's Legal Name (Last, First, MI) PICKENS Sex MALE Date of Birth 05/15/1950 Collection Time AM Fasting Yes Collection Date 05/15/2009 Urine hrs/vol hrs vol ml

NPI 27306910 UPIN 27306910 Physician's ID # 27306910 Patient's SS # 27306910 Patient's ID # 27306910

Physician's Name (Last, First) Danka K. Michael Physician's Signature [Signature] Hospital Patient Status: ☒ In-Patient ☐ Out-Patient ☐ Non-Patient

Diagnosis/Signs/Symptom in ICD-9 Format (Highest Specificity) 285.91 27306910 27306910 27306910

PRIMARY BILLING PARTY SECONDARY BILLING PARTY

Insurance Carrier * ID # Group # Insurance Address Name of Insured Person Relationship to Patient Employer Name

Insurance Carrier * ID # Group # Insurance Address Name of Insured Person Relationship to Patient Employer Name

*If Medicaid State Physician's Provider # Workers Comp ☐ Yes ☐ No

Patient's Address Phone City State ZIP

Name of Policy Holder (if different from patient) APT. # City State ZIP

Address of Policy Holder City State ZIP

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient's Signature Date

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

I 1 884247 NMR Lipoprofile

I 1 006676 Thyroid Peroxidase (TPO) Ab

I 1 149997 Micronalbumin Random Urine

I 1 006692 Antithyroglobulin Ab

I 1 500510 Vitamin D₂₅-Hydroxy, Total

I 1 164871 CCP IgG Antibodies

I 1 500726 Testosterone, Total and Free

I 1 180026 Vaginitis/Vaginosis: DNA Probe

I 1 015610 PTA, Intact

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

LABCORP USE ONLY STAT VEMPUNCTURE NON LABCORP VERBAL ORDER CHART ORDER HANDWRITTEN 24 HR TUV PST/PSC #

TRAVEL LOG ID

PST HR# DATE LOG#

ORGAN OR DISEASE PANELS		
See reverse for components		
322744	Acute Hepatitis Panel	80074 GEL
322758	Basic Metabolic Panel (8)	80048 GEL
322000	Comp Metabolic Panel (14)	80053 GEL
303754	Electrolyte Panel	80051 GEL
322755	Hepatic Function Panel (7)	80076 GEL
303756	Lipid Panel	80061 GEL
322777	Renal Function Panel	80069 GEL

HEMATOLOGY		
005009	CBC w Diff w Pit	85025 LAV
115907	CBC w Diff w/o Pit	85025 LAV
028142	CBC w/o Diff w Pit	85027 LAV
005017	CBC w/o Diff w/o Pit	85027 LAV
005058	Hematocrit	85014 LAV
005041	Hemoglobin	85018 LAV
005249	Platelet Count	85049 LAV
005033	RBC Count	85041 LAV
005025	WBC Count	85048 LAV
005090	WBC Differential	85004 LAV

ALPHABETICAL/COMBINATION TESTS		
006049	ABO and Rh	86900 LAV
001107	Alkaline Phosphatase	84075 GEL
001545	ALT (SGPT)	84460 GEL
001396	Amylase	82150 GEL
164855	Antinuclear Antibodies	86038 GEL
001123	AST (SGOT)	84450 GEL
000810	B ₁₂ and Folate	82607 GEL
001040	BUN	84520 GEL
006627	C-Reactive Protein, Quant	86140 GEL
120766	C-Reactive Protein, Cardiac	86141 GEL

ALPHABETICAL TESTS CONT		
001016	Calcium	82310 GEL
002139	CEA	82378 GEL
001065	Cholesterol, Total	82465 GEL
001362	Creatine Kinase	82550 GEL
001370	Creatinine	82565 GEL
007385	Digoxin (Lanoxin®)	80162 SER
028480	FSH and LH	83001 GEL
001958	GGT	82977 GEL
001818	Glucose, Plasma	82947 GRY
004556	hCG, Beta Subunit, Qual	84703 GEL
004416	hCG, Beta Subunit, Quant	84702 GEL
001925	HDL Cholesterol	83718 GEL
162289	Helicobacter pylori, IgG	86677 GEL
006395	Hep B Surface Antibody	86706 GEL
006510	Hep B Surface Antigen	87340 GEL
143991	Hep C Antibody	86803 GEL
001453	Hemoglobin A _{1c}	83036 LAV
006734	Hepatitis A Ab, IgM	86709 GEL
083824	HIV-1/0/2 Antibodies *	86703 GEL
706994	Homocysteine	83090 GEL
001321	Iron and IBC	83540 GEL
001115	LDH	83615 GEL
001404	Lipase	83690 SER
001537	Magnesium	83735 GEL
007401	Phenytoin (Dilantin®)	80185 RED
001180	Potassium	84132 GEL
202945	Prenatal Profile 1	84132 GEL
004465	Prolactin	84146 GEL
010322	PSA	84153 / G0103 GEL

ALPHABETICAL TESTS CONT		
480947	PSA, Free/Total Ratio	84153 / 84154 FRZ
001073	Protein, Total	84155 GEL
005199	Prothrombin Time (PT)	85610 BLU
020321	PT and PTT Activated	85610 BLU
005207	PTT Activated	85730 BLU
006502	Rheumatoid Arthritis Factor	86431 GEL
006072	RPR	86592 GEL
006197	Rubella Antibodies, IgG	86762 GEL
005215	Sed Rate, Westergren	85652 LAV
004226	Testosterone	84403 GEL
001156	T3 Uptake	84479 GEL
330015	Thyroid Cascade Profile	84436 GEL
000455	Thyroid Panel	84436 GEL
001149	Thyroxine (T ₄)	84436 GEL
001974	Thyroxine (T ₄) Free	84439 GEL
001172	Triglycerides	84478 GEL
002188	Trilodothyrone (T ₃)	84480 GEL
004259	TSH, 3rd generation	84443 GEL
001057	Uric Acid	84550 GEL
003038	Urinalysis	81003 URN
003772	Urinalysis with Microscopic	81001 URN
804500	UAP Chemical Profile	83701 / 84478 GEL

MATERNAL SERUM TESTING (see reverse)

017319 AFP Tetra 017335 AFP X-tra

GA: wks days on / by: LMP US EDD

DOB: / / Maternal Wt:

Insulin Dependent: Yes No Repeat Test: Yes No

Type: Single Twins Other Race: Cau Blk Other

NTD History:

Other Indications:

MICROBIOLOGY (see reverse)		
<input type="checkbox"/> ENDOCERVICAL	<input type="checkbox"/> THROAT	<input type="checkbox"/> URINE
<input type="checkbox"/> STOOL	<input type="checkbox"/> URETHRAL	INDICATE SOURCE
OTHER		
008847	Urine, Culture, Routine†	87086 (See Cpt)
008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081 (See Cpt)
008342	Upper Respiratory Culture, Routine	87070 (See Cpt)
180810	Lower Respiratory Culture	87070 (See Cpt)
008334	Genital Culture, Routine	87070 (See Cpt)
188128	Group B Strep Colonization Detection Cult/DNA Probe	87081 (See Cpt)
008144	Stool Culture†	87045 (See Cpt)
008649	Aerobic	87046, 87427 (See Cpt)
008623	Ova and Parasites	87177 (See Cpt)
183194	Chlamydia/GC by Nucleic Acid Amplification Testing	87491 (See Cpt)
164160	Chlamydia/GC by DNA Probe w/Confirmation on positives *	87591 (See Cpt)
096479	Chlamydia/GC by DNA Probe without Confirmation	87800 (See Cpt)
008904	Anaerobic Culture	87075 (See Cpt)

† = ID / Susceptibility at Additional Charge
* = Confirmation at Additional Charge

Clinical Information/Comments

OTHER TESTS / INDIVIDUAL PROFILE COMPONENTS

TEST # TEST NAMES

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.

LABORATORY REPORT

Report Type: **COMPLETE** Report Date: **5/6/2009** Received Date: **5/6/2009**

Requesting Physician

Dr. Danka Michaels
Danka Michaels, M.D.

7373 Peak Dr. Ste 160
Las Vegas, NV, 89138
FAX: 7028696199

Patient

Pickens, Thomas A

Birth Date

10/5/1956

Gender

M

Age

52

ID No

T659028

Specimen No

B09098132

Specimen Type

Buccal Swab

Collection Date

4/24/2009

Collection Time

9:00am

Comments

Arthur Baca M.D., Ph.D., Laboratory Medical Director

forward
05/11/09

TEST PERFORMED

NONCARRIER

CARRIER

StatinCheck KIF6 719Genotype	Trp/Trp	
Single Nucleotide Polymorphism = rs20455	(t/t)	

Clinical Summary

1 **KIF6 Genotype: 719 Trp/Trp homozygous
Noncarrier of the KIF6 719Arg allele**

* See Guidance Statements



***GUIDANCE: KIF6 (Kinesin-like Protein 6) Genotype
Healthcare Professionals Only:***

- The 719Arg polymorphism in the kinesin-like protein 6 (KIF6) gene has been associated with increased coronary heart disease (CHD) risk. This polymorphism has also been associated with CHD event reduction from atorvastatin and pravastatin therapy in certain clinical settings. Carriers of the 719Arg allele, either 719 Arg/Arg or 719 Trp/Arg, have a similar increased CHD risk and observed CHD event reduction with atorvastatin and pravastatin therapy in study populations of predominantly Caucasian men and women over 45 years old.

References:

- Iakoubova, O. et al. Association of the Trp719Arg Polymorphism in KIF6 with MI and CHD in 2 Prospective Trials. The CARE and WOSCOPS Trials. JACC. 2008; 51(4): 435-443.
- Shiffman, D. et. al. Association of Gene Variants in Incident MI in the Cardiovascular Health Study. ATVB. 2008;28:173.
- Bare, L. et. al. Five Common Gene Variants Identify Elevated Genetic Risk for CHD. Genetics in Medicine. 2007. 9(10): 682-689.
- Shiffman, D. et. al. A KIF6 Variant Is Associated With CHD in Women's Health Study. JACC. 2008; 51(4): 444-448.
- Iakoubova, O. et al. Polymorphism in KIF6 Gene and Benefit from Statins after ACS. Results from the PROVE IT-TIMI22 Study. JACC. 2008; (4): 449-455.

- Non genetic factors contribute to CHD risk. Examples of such factors include smoking, hypertension, age, diabetes, elevated blood lipid levels, obesity and sedentary lifestyle.
- Other genetic factors (e.g. family history of heart disease) may contribute to CHD risk.
- These KIF6 test results should be considered in context of other clinical criteria by a qualified physician. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions.
- Genetic consultation for this individual may be helpful in understanding the associated health implications of these test results and management options.
- For help with the use of this test result and recommendation, call 1 (800) HEART-89 to reach our clinical support line at Ext. 6411.

Method: Real-Time Polymerase Chain Reaction (PCR). Analytic sensitivity and specificity of KIF6 genotype assay exceed 99.9%.

Limitations: Direct detection of targeted genetic polymorphisms is highly accurate, but rare false negative / false positive results may occur.

This test was developed and its performance characteristics determined by Berkeley HeartLab. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 ("CLIA") as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research. It has not been reviewed by the U.S. Food and Drug Administration (FDA).

— fax to Dr. Michaels —

PATIENT INFORMATION				REQUESTING MEDICAL PROFESSIONAL																			
Last Name (Please Print) PICKENS		First TOM	Middle Initial	Client Patient ID No.																			
Address 4517 Queen Charlotte				Danka Michaels C: 20953 Danka Michaels, M.D. B: 40 7373 Peck Dr. Ste 160 Las Vegas, NV 89138 T: (702) 869-6190 F: (702) 869-6199																			
City Las Vegas		State NV		Zip Code 89145		Send Additional Copy to: _____ Fax _____																	
Sex M	Date of Birth 10 - 05 - 56		Home Phone (702) 360 3163																				
SSN		Work Phone																					
SPECIMEN INFORMATION				TESTS																			
Refer to back of requisition for specimen requirements and shipping instructions				Individual Test CPT																			
Lab Name _____ Phone: _____				<input checked="" type="checkbox"/> StatinCheck (KIF6 Genotype) 83891, 83892, 83896, 83898, 83903, 83912																			
Collection _____																							
Date _____		Time _____ am/pm																					
Name _____																							
BERKELEY HEARTLAB USE ONLY																							
Received: _____		BHL Patient Number _____		Visit No. _____																			
Date _____		Time _____ am/pm		Specimen Number _____																			
Initials _____		<input type="checkbox"/> Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Self-Pay																					
BILLING AND INSURANCE INFORMATION				DIAGNOSIS																			
Reminder <ul style="list-style-type: none">Have patient sign Assignment of Benefits below.Copy BOTH sides of the patient's insurance card(s).Indicate primary and secondary diagnoses. Note: Physicians (or other individuals authorized to order tests) should only order tests that are medically necessary and reasonable.				<table border="1"><thead><tr><th>ICD-9 CODE</th><th>ICD-9 CODE</th></tr></thead><tbody><tr><td>Diabetes 250.0</td><td>HTN w/ Renal Disease 403.0</td></tr><tr><td>Pure Hypercholesterolemia 272.0</td><td>HTN & Renal Dis. w/ Heart Failure 404.0</td></tr><tr><td>Pure Hyperglyceridemia 272.1</td><td>Intermediate Coronary Syndrome 411.1</td></tr><tr><td>Mixed Hyperlipidemia 272.2</td><td>ASHD — Unspecified 414.00</td></tr><tr><td>Unspecified Hyperlipidemia 272.4</td><td>ASHD — Coronary Artery 414.01</td></tr><tr><td>Hypertension 401.0</td><td>Congestive Heart Failure 428.0</td></tr><tr><td>Hypertension w/ Heart Failure 402.0</td><td>Resp. Abnorm. Unspecified 786.0</td></tr></tbody></table>				ICD-9 CODE	ICD-9 CODE	Diabetes 250.0	HTN w/ Renal Disease 403.0	Pure Hypercholesterolemia 272.0	HTN & Renal Dis. w/ Heart Failure 404.0	Pure Hyperglyceridemia 272.1	Intermediate Coronary Syndrome 411.1	Mixed Hyperlipidemia 272.2	ASHD — Unspecified 414.00	Unspecified Hyperlipidemia 272.4	ASHD — Coronary Artery 414.01	Hypertension 401.0	Congestive Heart Failure 428.0	Hypertension w/ Heart Failure 402.0	Resp. Abnorm. Unspecified 786.0
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Hypertension 401.0	Congestive Heart Failure 428.0																						
Hypertension w/ Heart Failure 402.0	Resp. Abnorm. Unspecified 786.0																						
PRIVATE PAY INFORMATION <input type="checkbox"/> Check: Please make payable to Berkeley HeartLab, Inc. Credit Card Number: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover _____ Expiration Date _____ Name as it appears on credit card _____ Signature _____ \$ _____ Amount of Payment				Diagnosis: Please use fifth digit modifiers. Primary _____ Secondary _____ Other _____ Note: The above ICD-9 codes are listed as a convenience for ordering medical professionals. No medical professional is required to use these ICD-9 codes. Ordering medical professionals should report the diagnosis code that best describes the reason for performing the test, regardless of whether it is included in the list above. The ICD-9 codes selected by you will be applied as the diagnosis for all tests ordered on this requisition form unless you state otherwise in the Comments section of this form.																			
MEDICARE INFORMATION				CONSENT																			
Do you have Medicare coverage? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				Medical Professional Consent																			
Is your Medicare coverage secondary? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				I hereby authorize Berkeley HeartLab, Inc. (BHL) to perform genetic testing for this patient. As may be required by the applicable state laws and regulations, I have supplied information to the patient regarding genetic testing, the patient has given consent for genetic testing to be performed by BHL and for the results to be reported back to me and I will provide or recommend genetic counseling/test interpretation to the patient as appropriate. I shall maintain any written consent as required by law. The medical professional shall make such written consent available to BHL, if BHL reasonably requires it in accordance with applicable law or third party reimbursement requirements.																			
Medicare No. _____ Date of Birth _____				<input checked="" type="checkbox"/> _____ Medical Professional Authorizing Signature _____ Date _____																			
Assignment of Benefits and Consent As a courtesy, BHL will make every reasonable effort to obtain reimbursement for its tests. In consideration of services rendered, I transfer and assign any benefits of insurance to Berkeley HeartLab, Inc. (BHL) and authorize BHL to submit claims on my behalf directly to Medicare and/or my private health insurance provider/health plan. I authorize BHL to release to Medicare, insurance carrier or health plan providing medical benefits to me and any health plan of which I am a member, any medical information needed for claim or payment purposes. I understand that I am responsible for any co pay, deductible, non-covered service amounts or any charges that may be denied or partially reimbursed by Medicare, my insurance carrier or health plan. Further, BHL has permission to perform genetic testing on my sample, to retain the results from such testing in BHL's laboratory information system, to report such results to my referring medical professional, and to use de-identified results from such testing in connection with test validation and research. A copy of this form shall be as valid as the original. I agree that this Assignment of Benefits and Consent will cover all medical services rendered by BHL to me until such authorization is revoked in writing by me. <input checked="" type="checkbox"/> _____ Patient's Signature _____ Date _____																							

Lab Requisition

PHYSICIAN

MD106_StatinCheck_Req_1208



Specimen Number 071-195-0544-0		Patient ID PE3865		Control Number DGY27306910		Account Number 27306910		Account Phone Number 702-869-6190		Rte	
Patient Last Name PICKENS						Account Address Danka K.Michaels,M.D. 7373 Peak Dr,Ste#160 Las Vegas, NV 89128					
Patient First Name THOMAS			Patient Middle Name								
Patient SS#		Patient Phone 702-360-3163		Total Volume							
Age (Y/M/D) 52/5/7		Date of Birth 10/05/56		Sex M		Fasting No					
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS, NV 89145						Additional Information					
Date and Time Collected 03/12/09 00:00		Date Entered 03/13/09		Date and Time Reported 03/14/09 07:15ET		Physician Name MICHAELS, D		NPI		Physician ID MICHA, D	
Tests Ordered CBC With Differential/Platelet;Comp. Metabolic Panel (14);Lipid Panel;CCP IgG Antibodies;Antinuclear Antibodies Direct;Prostate-Specific Ag, Serum;TSH;Hemoglobin Alc;Thyroxine (T4) Free, Direct, S;Rheumatoid Arthritis Factor;Uric Acid, Serum;Sedimentation Rate-Westergrren;C-Reactive Protein, Quant											
General Comments PID: PE3865											

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	7.2		x10E3/uL	4.0-10.5	01
RBC	5.03		x10E6/uL	4.10-5.60	01
Hemoglobin	15.2		g/dL	12.5-17.0	01
Hematocrit	45.9		%	36.0-50.0	01
MCV	91		fL	80-98	01
MCH	30.1		pg	27.0-34.0	01
MCHC	33.0		g/dL	32.0-36.0	01
RDW	15.6	High	%	11.7-15.0	01
Platelets	226		x10E3/uL	140-415	01
Neutrophils	58		%	40-74	01
Lymphs	32		%	14-46	01
Monocytes	5		%	4-13	01
Eos	5		%	0-7	01
Basos	0		%	0-3	01
Neutrophils (Absolute)	4.2		x10E3/uL	1.8-7.8	01
Lymphs (Absolute)	2.3		x10E3/uL	0.7-4.5	01
Monocytes (Absolute)	0.4		x10E3/uL	0.1-1.0	01
Eos (Absolute)	0.4		x10E3/uL	0.0-0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	01
Comp. Metabolic Panel (14)					
Glucose, Serum	117	High	mg/dL	65-99	01
BUN	21		mg/dL	5-26	01
Creatinine, Serum	1.19		mg/dL	0.76-1.27	01
Glom Filt Rate, Est	>59		mL/min/1.73	>59	01
If African-American	>59		mL/min/1.73	>59	01

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.

PICKENS, THOMAS	PE3865	071-195-0544-0	Seq # 3319
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03/14/09 04:44

PRELIMINARY REPORT

Page 1 of 4

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Specimen Number 071-195-0544-0	Patient ID PE3865	Control Number DGY27306910	Account Number 27306910	Account Phone Number 702-869-6190	Rte
Patient Last Name PICKENS		Account Address Danka K.Michaels, M.D. 7373 Peak Dr, Ste#160 Las Vegas, NV 89128			
Patient First Name THOMAS		Patient Middle Name			
Patient SS#	Patient Phone 702-360-3163	Total Volume			
Age (Y/M/D) 52/5/7	Date of Birth 10/05/56	Sex M	Fasting No		
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS, NV 89145			Additional Information		
Date and Time Collected 03/12/09 00:00	Date Entered 03/13/09	Date and Time Reported 03/14/09 07:15ET	Physician Name MICHAELS, D	NPI	Physician ID MICHA, D

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
BUN/Creatinine Ratio	18			8-27	01
Sodium, Serum	142		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	24		mmol/L	20-32	01
Calcium, Serum	9.7		mg/dL	8.5-10.6	01
Protein, Total, Serum	6.7		g/dL	6.0-8.5	01
Albumin, Serum	4.3		g/dL	3.5-5.5	01
Globulin, Total	2.4		g/dL	1.5-4.5	01
A/G Ratio	1.8			1.1-2.5	01
Bilirubin, Total	0.4		mg/dL	0.1-1.2	01
Alkaline Phosphatase, S	32		IU/L	25-150	01
AST (SGOT)	26		IU/L	0-40	01
ALT (SGPT)	38		IU/L	0-55	01
Lipid Panel					
Cholesterol, Total	166		mg/dL	100-199	01
Triglycerides	353	High	mg/dL	0-149	01
HDL Cholesterol	30	Low	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	71	High	mg/dL	5-40	01
LDL Cholesterol Calc	65		mg/dL	0-99	01
CCP IgG Antibodies					
CCP IgG Antibodies					02
WILL FOLLOW					
Antinuclear Antibodies Direct					
Antinuclear Antibodies Direct	30		AU/mL	0-99	01
		Negative	<100		
		Equivocal	100 - 120		
		Positive	>120		
Prostate-Specific Ag, Serum					

PICKENS, THOMAS	PE3865	071-195-0544-0	Seq # 3319
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Specimen Number 071-195-0544-0	Patient ID PE3865	Control Number DGY27306910	Account Number 27306910	Account Phone Number 702-869-6190	Rte
Patient Last Name PICKENS		Account Address Danka K.Michaels, M.D. 7373 Peak Dr, Ste#160 Las Vegas, NV 89128			
Patient First Name THOMAS		Patient Middle Name			
Patient SS#	Patient Phone 702-360-3163	Total Volume			
Age (Y/M/D) 52/5/7	Date of Birth 10/05/56	Sex M	Fasting No		
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS, NV 89145			Additional Information		
Date and Time Collected 03/12/09 00:00	Date Entered 03/13/09	Date and Time Reported 03/14/09 07:15ET	Physician Name MICHAELS, D	NPI	Physician ID MICHA, D

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Prostate Specific Ag, Serum	1.4		ng/mL	0.0-4.0	01
Roche ECLIA methodology.					

According to the American Urological Association, PSA should be undetectable after radical prostatectomy. A PSA of less than 0.5 ng/mL (or undetectable) is not likely to be associated with disease recurrence within five years of treatment. 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.

TSH	1.471		uIU/mL	0.450-4.500	01
Hemoglobin A1c	5.5		%	<7.0	01
Hemoglobin A1c	Diabetic Adult		<7.0		
	Healthy Adult		4.8 - 5.9		
			(DCCT/NGSP)		

American Diabetes Association's Summary of Glycemic Recommendations for Adults with Diabetes:
Hemoglobin A1c <7.0%. More stringent glycemic goals (A1c <6.0%) may further reduce complications at the cost of increased risk of hypoglycemia.

Thyroxine (T4) Free, Direct, S					
T4, Free(Direct)	1.21		ng/dL	0.61-1.76	01
Rheumatoid Arthritis Factor					
RA Latex Turbid.	6.0		IU/mL	0.0-13.9	01
Uric Acid, Serum					
Uric Acid, Serum	5.2		mg/dL	2.4-8.2	01
Sedimentation Rate-Westergren					
Sedimentation Rate-Westergren	0		mm/hr	0-20	01
C-Reactive Protein, Quant					
C-Reactive Protein, Quant	2.4		mg/L	0.0-4.9	01

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PICKENS, THOMAS	PE3865	071-195-0544-0	Seq # 3319
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Specimen Number 071-195-0544-0	Patient ID PE3865	Control Number DGY27306910	Account Number 27306910	Account Phone Number 702-869-6190	Rte
Patient Last Name PICKENS		Account Address Danka K.Michaels, M.D. 7373 Peak Dr, Ste#160 Las Vegas, NV 89128			
Patient First Name THOMAS		Patient Middle Name			
Patient SS#	Patient Phone 702-360-3163	Total Volume			
Age (Y/M/D) 52/5/7	Date of Birth 10/05/56	Sex M	Fasting No		
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS, NV 89145			Additional Information		
Date and Time Collected 03/12/09 00:00	Date Entered 03/13/09	Date and Time Reported 03/14/09 07:15ET	Physician Name MICHAELS, D	NPI	Physician ID MICHA, D
TESTS		RESULT	FLAG	UNITS	REFERENCE INTERVAL LAB
01 PD LabCorp Phoenix 3930 E Watkins Suite 300, Phoenix, AZ 850347251 For inquiries, the physician may contact: Branch: 602-454-8000 Lab: 602-454-8000		Dir: Ryan, Frank PhD			
02 BN LabCorp Burlington 1447 York Court, Burlington, NC 272153361 For inquiries, the physician may contact: Branch: 800-762-4344 Lab: 800-762-4344		Dir: Hancock, William F MD			

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PICKENS, THOMAS	PE3865	071-195-0544-0	Seq # 3319
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Specimen # 071-195-0544-0		Control/Req. # DGY27 5910		Pg 1	LabCorp® V 1.36
Fasting No	Micro Source	Total Urine Volume	Report Status S /Final		
Date Collected 03/12/09	Time Collected	Date Entered 03/13/09	Date Reported 03/15/09		
Patient ID Number PE3865		Patient Phone Number 702-360-3163		Patient SSN	Account 27306910
Patient Name PICKENS, THOMAS		Sex M	Date of Birth 10/05/56		Danka K.Michaels,M.D.
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145					7373 Peak Dr,Ste#160 Las Vegas NV 89128
Comments PATN AGE: 052/05/07					702-869-6190
Tests Requested					DR.ID: MICHA,D
					UPIN: G34625
					PHY NAME: MICHAELS,

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	7.2		x10E3/uL	4.0 - 10.5	01
RBC	5.03		x10E6/uL	4.10 - 5.60	01
Hemoglobin	15.2		g/dL	12.5 - 17.0	01
Hematocrit	45.9		%	36.0 - 50.0	01
MCV	91		fL	80 - 98	01
MCH	30.1		pg	27.0 - 34.0	01
MCHC	33.0		g/dL	32.0 - 36.0	01
RDW	15.6	High	%	11.7 - 15.0	01
Platelets	226		x10E3/uL	140 - 415	01
Neutrophils	58		%	40 - 74	01
Lymphs	32		%	14 - 46	01
Monocytes	5		%	4 - 13	01
Eos	5		%	0 - 7	01
Basos	0		%	0 - 3	01
Neutrophils (Absolute)	4.2		x10E3/uL	1.8 - 7.8	01
Lymphs (Absolute)	2.3		x10E3/uL	0.7 - 4.5	01
Monocytes (Absolute)	0.4		x10E3/uL	0.1 - 1.0	01
Eos (Absolute)	0.4		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Comp. Metabolic Panel (14)					
Glucose, Serum	117	High	mg/dL	65 - 99	01
BUN	21		mg/dL	5 - 26	01
Creatinine, Serum	1.19		mg/dL	0.76 - 1.27	01
Glom Filt Rate, Est	>59		mL/min/1.73	>59	
If African-American	>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	18			8 - 27	
Sodium, Serum	142		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	24		mmol/L	20 - 32	01
Calcium, Serum	9.7		mg/dL	8.5 - 10.6	01
Protein, Total, Serum	6.7		g/dL	6.0 - 8.5	01
Albumin, Serum	4.3		g/dL	3.5 - 5.5	01
Globulin, Total	2.4		g/dL	1.5 - 4.5	

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PICKENS, THOMAS PE3865 071-195-0544-0 Seq# 2052 03-15-09 06:49ET

→ pls fax to Dr. Ameli

Universal #2

Specimen # 071-195-0544-0		Control/Req. # DGY27 5910		Pg 2	
Fasting No	Micro Source	Total Urine Volume	Report Status S /Final		
Date Collected 03/12/09	Time Collected	Date Entered 03/13/09	Date Reported 03/15/09		
Patient ID Number PE3865		Patient Phone Number 702-360-3163		Patient SSN	
Patient Name PICKENS, THOMAS			Sex M	Date of Birth 10/05/56	
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145					
Comments PATN AGE: 052/05/07					
Account 27306910 Danka K.Michaels, M.D. 7373 Peak Dr, Ste#160 Las Vegas NV 89128 702-869-6190 DR.ID: MICHA,D UPIN: G34625 PHY NAME: MICHAELS,					
Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel; CCP IgG Antibodies; Antinuclear Antibodies Direct; Prostate-Specific Ag, Serum; TSH; Hemoglobin Alc; ...					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
A/G Ratio	1.8			1.1 - 2.5	
Bilirubin, Total	0.4		mg/dL	0.1 - 1.2	01
Alkaline Phosphatase, S	32		IU/L	25 - 150	01
AST (SGOT)	26		IU/L	0 - 40	01
ALT (SGPT)	38		IU/L	0 - 55	01
Lipid Panel <i>NON FASTING</i>					
Cholesterol, Total	166		mg/dL	100 - 199	01
Triglycerides	353	High	mg/dL	0 - 149	01
HDL Cholesterol	30	Low	mg/dL	>39	01
Comment	According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.				
VLDL Cholesterol Cal	71	High	mg/dL	5 - 40	
LDL Cholesterol Calc	65		mg/dL	0 - 99	
CCP IgG Antibodies	1		U/mL	0 - 5	02
			Negative:	0 - 5	
			Positive:	>5	
Antinuclear Antibodies Direct	30		AU/mL	0 - 99	01
			Negative	<100	
			Equivocal	100 - 120	
			Positive	>120	
Prostate-Specific Ag, Serum					
Prostate Specific Ag, Serum	1.4		ng/mL	0.0 - 4.0	01
Roche ECLIA methodology.					
According to the American Urological Association, PSA should be undetectable after radical prostatectomy. A PSA of less than 0.5 ng/mL (or undetectable) is not likely to be associated with disease recurrence within five years of treatment. 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.					
TSH	1.471		uIU/mL	0.450 - 4.500	01
Hemoglobin Alc	5.5		%	<7.0	01
		Diabetic Adult		<7.0	

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PICKENS, THOMAS

PE3865

071-195-0544-0 Seq# 2052 03-15-09 06:49ET

Universal #2

Specimen #		Control/Requ...ber		Pg
071-195-0544-0		DGY27...5910		3
Fasting	Micro Source	Total Urine Volume	Report Status	
No			S /Final	
Date Collected	Time Collected	Date Entered	Date Reported	
03/12/09		03/13/09	03/15/09	

LabCorp® V 1.36

Patient ID Number	Patient Phone Number	Patient SSN
PE3865	702-360-3163	
Patient Name	Sex	Date of Birth
PICKENS, THOMAS	M	10/05/56
Patient Address 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145		

Account
27306910
Danka K.Michaels,M.D.
7373 Peak Dr,Ste#160
Las Vegas NV 89128
702-869-6190
DR.ID: MICHA,D
UPIN: G34625
PHY NAME: MICHAELS,

Comments
PATN AGE: 052/05/07

Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel; CCP IgG Antibodies; Antinuclear Antibodies Direct; Prostate-Specific Ag, Serum; TSH; Hemoglobin Alc; ...

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
			Healthy Adult	4.8 - 5.9 (DCCT/NGSP)	
			American Diabetes Association's Summary of Glycemic Recommendations for Adults with Diabetes: Hemoglobin A1c <7.0%. More stringent glycemic goals (A1c <6.0%) may further reduce complications at the cost of increased risk of hypoglycemia.		
Thyroxine (T4) Free, Direct, S					
T4,Free(Direct)	1.21		ng/dL	0.61 - 1.76	01
Rheumatoid Arthritis Factor					
RA Latex Turbid.	6.0		IU/mL	0.0 - 13.9	01
Uric Acid, Serum	5.2		mg/dL	2.4 - 8.2	01
Sedimentation Rate-Westergren	0		mm/hr	0 - 20	01
C-Reactive Protein, Quant	2.4		mg/L	0.0 - 4.9	01

01 PD	LabCorp Phoenix	Dir: Frank Ryan, PhD			
	3930 E Watkins Suite 300, Phoenix, AZ 85034-7251				
02 BN	LabCorp Burlington	Dir: William F Hancock, MD			
	1447 York Court, Burlington, NC 27215-3361				
For inquiries,the physician may contact Branch: 888-522-2677 Lab: 602-454-8000					

LAST PAGE OF REPORT

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PICKENS, THOMAS PE3865 071-195-0544-0 Seq# 2052 03-15-09 06:49ET

Universal #2



Danka K. Michael M.D.
7373 Peak Dr Ste #160
Las Vegas NV 89128
702-869-6190 NVU

☐ Fax ☐ Call ☐ Mail
Send additional copy of report to:
Client Number: Physician's Name: Phone/Fax Number: City, State, Zip:

0810.37

27306910-9

08V27306910 08V27306910 08V27306910
08V27306910 08V27306910 08V27306910

08V27306910

CIRCLE ONE

634625-MICHAELS,

CHECK ONE

03 ☐ ACCOUNT BILL
04 ☐ PATIENT BILL
05 ☐ MEDICARE
XI ☐ INSURANCE

Patient's Name (Last, First, MI) Pickens, Thomas Sex Male Date of Birth MO DAY YR Collection Time AM PM Fasting Yes No Collection Date MO DAY YR Urine hrs/vol hrs vol

NPI 000000 UPIN 000000 Physician's ID # 000000 Patient's SS # 000000 Patient's ID # 000000

Physician's Name (Last, First) X Physician's Signature X Hospital Patient Status: ☐ In-Patient ☐ Out-Patient ☐ Non-Patient

Diagnosis/Signs/Symptom in ICD-9 Format (Highest Specificity) 244.9 7000 235.9 185 272.0 285.1 250.00

PATIENT: Patient's Address City State ZIP Phone City State ZIP

RESP. PARTY: Name of Policy Holder (if different from patient) Address of Policy Holder APT # City State ZIP

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient's Signature Date

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)
Refer to Determining Necessity of ABN Completion on reverse.

3-1-09

1 884247 NMR Lipoprofile

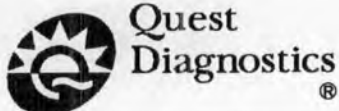
1 006876 Thyroid Peroxidase (TPO) Ab
1 006892 Antithyroglobulin Ab
1 164876 CCP IgG Antibodies

1 149997 Microalbumin, Random Urine
1 500510 Vitamin D, 25-Hydroxy, Total
1 500726 Testosterone, Total and Free
1 180026 Vaginitis/Vaginosis, DNA Probe
1 015610 PTH, Intact

LABORATORY USE ONLY STAT ☐ VENIPUNCTURE ☐ NON LABCORP ☐ VERBAL ORDER ☐ CHART ORDER ☐ HANDWRITTEN ☐ 24 HR TUV ☐ PST/PC # ☐ TRAVEL LOG ID ☐ PST HR# ☐ DATE ☐ LOG#

ORGAN OR DISEASE PANELS			ALPHABETICAL TESTS CONT			ALPHABETICAL TESTS CONT			MICROBIOLOGY (see reverse)		
See reverse for components									INDICATE SOURCE		
322744	Acute Hepatitis Panel	80074 (GEL)	001016	Calcium	82310 (GEL)	010322	PSA	84153 / G0103 (GEL)	<input type="checkbox"/> ENDOCERVICAL <input type="checkbox"/> THROAT <input type="checkbox"/> URINE		
322758	Basic Metabolic Panel (8)	80048 (GEL)	002139	CEA	82378 (GEL)	480947	PSA, Free Total Ratio	84153 / 84154 (FRZ)	<input type="checkbox"/> STOOL <input type="checkbox"/> URETHRAL		
322000	Comp Metabolic Panel (14)	80053 (GEL)	001065	Cholesterol, Total	82465 (GEL)	001073	Protein, Total	84155 (GEL)	OTHER		
303754	Electrolyte Panel	80051 (GEL)	001362	Creatine Kinase	82550 (GEL)	005199	Prothrombin Time (PT)	85610 (BLU)	008847	Urine Culture, Routine	87086 (Urn)
322755	Hepatic Function Panel (7)	80076 (GEL)	001370	Creatinine	82565 (GEL)	020321	PT and PTT Activated	85730 (BLU)	008169	Throat, Beta-Hemolytic Strep Cult, Group A	87081 (Pst)
303756	Lipid Panel	80061 (GEL)	007385	Digoxin (Lanoxin)	80162 (SEP)	005207	PTT Activated	85730 (BLU)	008342	Upper Respiratory Culture, Routine	87070 (Pst)
322777	Renal Function Panel	80069 (GEL)	028480	FSH and LH	83001 / 83002 (GEL)	006502	Rheumatoid Arthritis Factor	86431 (GEL)	180810	Lower Respiratory Culture	87070 (Pst)
			001958	GGTP	82977 (GEL)	006072	RPR	86592 (GEL)	008334	Genital Culture, Routine	87070 (Pst)
			001818	Glucose, Plasma	82947 (GRY)	006197	Rubella Antibodies, IgG	86762 (GEL)	188128	Group B Strep Colonization Detection Cult/DNA Probe	87081 (Pst)
			004556	hCG, Beta Subunit, Qual	84703 (GEL)	005215	Sed Rate, Westergren	85652 (LAV)	008144	Stool Culture	87046 / 87427 (Pst)
			004416	hCG, Beta Subunit, Quant	84702 (GEL)	004226	Testosterone	84403 (GEL)	008649	Aerobic	87070 (Pst)
			001925	HDL Cholesterol	83718 (GEL)	001156	T3 Uptake	84479 (GEL)	008623	Ova and Parasites	87177 (Urn)
			162289	Helicobacter pylori, IgG	86677 (GEL)	330015	Thyroid Cascade Profile	84438 / 84473 (GEL)	183194	Chlamydia GC by Nucleic Acid Amplification Testing	87481 (Pst)
			006395	Hep B Surface Antibody	86706 (GEL)	000455	Thyroid Panel	84436 (GEL)	164160	Chlamydia GC by DNA Probe w/ Confirmation on positives	87800 (Pst)
			006510	Hep B Surface Antigen	87340 (GEL)	001149	Thyroxine (T4)	84436 (GEL)	096479	Chlamydia GC by DNA Probe without Confirmation	87800 (Pst)
			143991	Hep C Antibody	86803 (GEL)	001974	Thyroxine (T4) Free	84439 (GEL)	008904	Anaerobic Culture	87075 (Pst)
			001453	Hemoglobin A1c	83038 (LAV)	001172	Triglycerides	84478 (GEL)			
			006734	Hepatitis A Ab, IgM	86709 (GEL)	002188	Triiodothyronine (T3)	84480 (GEL)			
			083824	HIV-1 Antibodies *	86703 (GEL)	004259	TSH, 3rd generation	84443 (GEL)			
			706994	Homocysteine	83090 (GEL)	001057	Uric Acid	84550 (GEL)			
			001321	Iron and IBC	83540 / 83533 (GEL)	003038	Urinalysis	81003 (URN)			
			001115	LDH	83615 (GEL)	003772	Urinalysis	81001 (URN)			
			001404	Lipase	83690 (SEP)						
			001537	Magnesium	83735 (GEL)						
			007401	Phenytoin (Dilantin)	80185 (RED)						
			001180	Potassium	84132 (GEL)						
			512094	PreGen-Plus™							
			202945	Prenatal Profile 1							
			004465	Prolactin	84146 (GEL)						

NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED ABOVE ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY ABOVE. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY.



4230 Burnham Ave.
Las Vegas, Nevada 89119
(702)733-7866
www.questdiagnostics.com

PATIENT PICKENS, THOMAS A

ROUTE AUTORT4 27341
REFERRED BY DANKA K. MICHAELS, M.D.

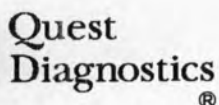
AGE/SEX 10/05/56 M
COLLECTED 03/05/2009 12:00
RECEIVED 03/05/2009 23:03

ACCESSION NO. 01828782
MED. RECORD NO. 0023551998
CHART NO.
7373 PEAK DRIVE STE. 160
LAS VEGAS, NV 89128
CRAIG TINGEY MD

TEST	RESULT	ABN	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
Patient Phone # (702)360-3163 PLEASE FAX RESULTS TO: 869-6199							
CELL COUNT AND DIFF, FLUID (KNEE, RIGHT)							
Color	YELLOW						
Appearance	HAZY						
Total Nucleated Cell Cou	4730			/cmm			
RBC	31			/cmm			
Monocyte/Macrophage	5			%			
Neutrophils	90			%			
Non-Hematologic Cells	2			%			
Lymphocytes	3			%			
Differential performed on specimen concentrate.							
64706 CELL COUNT							
Please note new nomenclature for WBC's. New result name is Total Nucleated Cell Count.							
Parameter/Units	BODY FLUID (not CSF)			SYNOVIAL FLUID			
Color	Pleural: Pale yellow Peritoneal: Pale yellow/Straw Pericardial: Pale yellow/Straw			Yellow/Straw			
Appearance	Clear			Clear/Hazy			
Total Nucleated/mcL	Not Established			<150			
Neutrophils %	Not Established			0-24			
Lymphocytes %	Not Established			0-74			
Monocyte/Macrophage %	Not Established			0-69			
Eosinophils %	Not Established			0-2			
Non-hematologic %	Not Established			0-15			
CRYSTALS, FLUID							
Urate:	NONE		NONE				
Pyrophosphate:	NONE		NONE				
03/05/09 12:00 FLUID CULTURE (KNEE, RIGHT) * FINAL RESULTS *							
NO GROWTH AT 72 HOURS							



FINAL : 03/10/09 14:30 ORIGINAL SENT : 03/10/09 13:47 Page 1 of 2



**4230 Burnham Ave.
Las Vegas, Nevada 89119
(702)733-7866
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PATIENT	PICKENS, THOMAS A
---------	-------------------

ROUTE AUTORT4 27341
REFERRED BY DANKA K. MICHAELS, M.D.

AGE/SEX 10/05/56 M
COLLECTED 03/05/2009 12:00
RECEIVED 03/05/2009 23:03

ACCESSION NO. 01828782 7373 PEAK DRIVE STE. 160
MED. RECORD NO. 0023551998 LAS VEGAS, NV 89128
CHART NO. CRAIG TINGEY MD

[illegible]

FINAL : 03/10/09 14:30 ORIGINAL SENT : 03/10/09 13:47 Page 2 of 2

Danka Michaels005285

AA01902

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LABORATORY RESULTS

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..

PATIENT PICKENS, THOMAS A

AUTORT4

27341

AGE/SEX 10/05/56 M

ACCESSION # 01828782

REFERRED BY DANKA K. MICHAELS, M.D.

7373 PEAK DRIVE STE. 160

COLLECTED 03/05/2009 12:00 MED. RECORD #

0023551998

LAS VEGAS, NV 89128

RECEIVED 03/05/2009 23:03

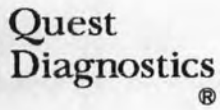
CHART #

CRAIG TINGEY MD

TEST	RESULTS	FLG	REF RANGE	UNITS	LOW	NORM	HIGH
Patient Phone # (702)360-3163							
PLEASE FAX RESULTS TO:							
869-6199							
CELL COUNT AND DIFF, FLUID (KNEE, RIGHT)							
Color	YELLOW						
Appearance	HAZY						
Total Nucleated Cell Cou	4730			/cmm			
RBC	31			/cmm			
Monocyte/Macrophage	5			%			
Neutrophils	90			%			
Non-Hematologic Cells	2			%			
Lymphocytes	3			%			
Differential performed on specimen	concentrate.						
64706 CELL COUNT							
Please note new nomenclature for WBC's. New							
result name is Total Nucleated Cell Count.							
Parameter/Units	BODY FLUID (not CSF)			SYNOVIAL FLUID			
Color	Pleural: Pale yellow			Yellow/Straw			
	Peritoneal: Pale yellow/Straw						
	Pericardial: Pale yellow/Straw						
Appearance	Clear			Clear/Hazy			
Total Nucleated/mcL	Not Established			<150			
Neutrophils %	Not Established			0-24			
Lymphocytes %	Not Established			0-74			
Monocyte/Macrophage %	Not Established			0-69			
Eosinophils %	Not Established			0-2			
Non-hematologic %	Not Established			0-15			
CRYSTALS, FLUID							
Urate:	NONE		NONE				
Pyrophosphate:	NONE		NONE				
03/05/09 12:00 FLUID CULTURE (KNEE, RIGHT)							
* FINAL RESULTS *							
NO GROWTH AT 72 HOURS							

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BY:

PRINTED: 03/09/09 16:59 ORIGINAL PRINTED: 03/09/09 11:46 Page 1 of 2



PATIENT	PICKENS, THOMAS A
---------	-------------------

ROUTE AUTORT4 27341
REFERRED BY DANKA K. MICHAELS, M.D.

7373 PEAK DRIVE STE. 160

LAS VEGAS, NV 89128

CRAIG TINGEY MD

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SENT : 03/09/09 08:30 ORIGINAL PRINTED: 03/08/09 17:37 Page 1 of 1

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LABORATORY RESULTS

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PATIENT PICKENS, THOMAS A

AUTORT4

27341

REFERRED BY DANKA K. MICHAELS, M.D.

AGE/SEX 10/05/56 M

ACCESSION # 01828782

7373 PEAK DRIVE STE. 160

COLLECTED 03/05/2009 12:00 MED. RECORD # 0023551998

LAS VEGAS, NV 89128

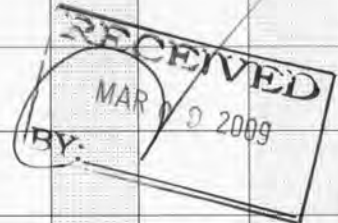
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CHART #

CRAIG TINGEY MD

TEST	RESULTS	FLG	REF	RANGE	UNITS	LOW	NORM	HIGH
Patient Phone # (702)360-3163 PLEASE FAX RESULTS TO: 869-6199								
CELL COUNT AND DIFF, FLUID (KNEE, RIGHT)								
Color	YELLOW							
Appearance	HAZY							
Total Nucleated Cell Cou	4730				/cmm			
RBC	31				/cmm			
Monocyte/Macrophage	5				%			
Neutrophils	90				%			
Non-Hematologic Cells	2				%			
Lymphocytes	3				%			
Differential performed on specimen concentrate.								
Please note new nomenclature for WBC's. New result name is Total Nucleated Cell Count.								
Parameter/Units	BODY FLUID (not CSF)					SYNOVIAL FLUID		
Color	Pleural: Pale yellow					Yellow/Straw		
	Peritoneal: Pale yellow/Straw							
	Pericardial: Pale yellow/Straw							
Appearance	Clear					Clear/Hazy		
Total Nucleated/mcL	Not Established				<150			
Neutrophils %	Not Established				0-24			
Lymphocytes %	Not Established				0-74			
Monocyte/Macrophage %								
	Not Established				0-69			
Eosinophils %	Not Established				0-2			
Non-hematologic %	Not Established				0-15			
CRYSTALS, FLUID								
Urate:	NONE				NONE			
Pyrophosphate:	NONE				NONE			
03/05/09 12:00 FLUID CULTURE (KNEE, RIGHT)								
* PRELIMINARY RESULTS *								
NO GROWTH AT 36-48 HOURS								

PRINTED: 03/08/09 00:39 ORIGINAL PRINTED: 03/07/09 13:48 Page 1 of 2





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PATIENT PICKENS, THOMAS A

ROUTE AUTORT4 27341
REFERRED BY DANKA K. MICHAELS, M.D.

AGE/SEX 10/05/56 M

ACCESSION NO. 01828782

7373 PEAK DRIVE STE. 160

COLLECTED 03/05/2009 12:00

MED. RECORD NO. 0023551998

LAS VEGAS, NV 89128

RECEIVED 03/05/2009 23:03

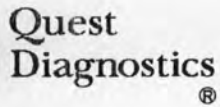
CHART NO.

CRAIG TINGEY MD

TEST	RESULT	ABN	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
Patient Phone # (702)360-3163 PLEASE FAX RESULTS TO: 869-6199							
CELL COUNT AND DIFF, FLUID (KNEE, RIGHT)							
Color	YELLOW						
Appearance	HAZY						
Total Nucleated Cell Cou	4730			/cmm			
RBC	31			/cmm			
Monocyte/Macrophage	5			%			
Neutrophils	90			%			
Non-Hematologic Cells	2			%			
Lymphocytes	3			%			
Differential performed on specimen concentrate.							
Please note new nomenclature for WBC's. New result name is Total Nucleated Cell Count.							
Parameter/Units	BODY FLUID (not CSF)			SYNOVIAL FLUID			
Color	Pleural: Pale yellow			Yellow/Straw			
	Peritoneal: Pale yellow/Straw						
	Pericardial: Pale yellow/Straw						
Appearance	Clear			Clear/Hazy			
Total Nucleated/mcL	Not Established			<150			
Neutrophils %	Not Established			0-24			
Lymphocytes %	Not Established			0-74			
Monocyte/Macrophage %							
	Not Established			0-69			
Eosinophils %	Not Established			0-2			
Non-hematologic %	Not Established			0-15			
CRYSTALS, FLUID							
Urate:	NONE		NONE				
Pyrophosphate:	NONE		NONE				
03/05/09 12:00 FLUID CULTURE (KNEE, RIGHT) * PRELIMINARY RESULTS *							
NO GROWTH AT 12-24 HOURS							



SENT : 03/07/09 08:30 ORIGINAL PRINTED: 03/06/09 20:59 Page 1 of 2



SENT : 03/07/09 08:30 ORIGINAL PRINTED: 03/06/09 20:59 Page 2 of 2



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PATIENT PICKENS, THOMAS A

ROUTE AUTORT4
REFERRED BY DANKA K. MICHAELS, M.D.

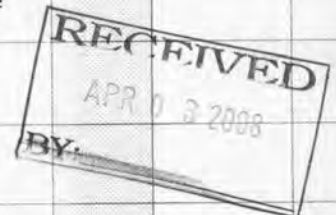
27341

AGE/SEX 10/05/56 M
COLLECTED 04/01/2008 12:22
RECEIVED 04/01/2008 23:00

ACCESSION NO. 48743910
MED. RECORD NO. 0021999519
CHART NO.

7373 PEAK DRIVE STE. 160
LAS VEGAS, NV 89128
G34625 MICHAELS DANKA K

TEST	RESULT	ABN	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
Patient Phone # (702)360-3163 Ordering Physician: MICHAELS, DANKA K PLEASE FAX RESULTS TO: DR S AMELI/233-1001							
ANTI-CCP [01]	<20	✓	0-20	Units			X
A negative result indicates no CCP IgG antibody present or levels are below the assay cutoff.							
DIRECT LDL (F) [01]	78	✓	0-130	mg/dL		X	
COMP METAB PANEL (PRO 944) [01]							
Glucose, Fasting	79		65-99	mg/dL		X	
BUN	16		7-25	mg/dL		X	
Creatinine	0.95		0.50-1.30	mg/dL		X	
Calcium	9.8		8.6-10.2	mg/dL		X	
Total Protein	7.2	✓	6.2-8.3	g/dL		X	
Albumin	4.4		3.6-5.1	g/dL		X	
Total Bilirubin	0.5		0.2-1.2	mg/dL		X	
Alkaline Phosphatase	33	L	40-115	IU/L	X		
AST (SGOT)	24		10-35	IU/L		X	
ALT (SGPT)	33		9-60	IU/L		X	
Sodium	142		131-145	meq/L			X
Potassium	4.4		3.5-5.3	meq/L		X	
Chloride	104		98-110	meq/L		X	
CO2	26		22-31	meq/L		X	
eGFR Rate	>59		>59				
Glucose reference range reflects a fasting state. For non-fasting patients glucose reference range is 65 - 139 mg/dL. eGFR Reference Ranges > 17 years: >59 ml/min/1.78m(2) eGFR calculation requires an accurate age and gender of the patient. For African Americans multiply the eGFR value by 1.21.							
URIC ACID [01]	4.9	✓	4.0-8.0	mg/dL		X	
LIPID PANEL (AMA) [01]							
Cholesterol	145		125-200	mg/dL		X	
Triglycerides	293	H	0-150	mg/dL			X
HDL	33	L	40-199	mg/dL		X	
Cholest/HDL Ratio	4.39		0.0-5.00				X
LDL (Calculated)	53	L	70-130	mg/dL	X		



FINAL : 04/03/08 08:30 ORIGINAL SENT : 04/02/08 23:13 Page 1 of 4



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CLIENT SERVICE 702.733.3700

SPECIMEN INFORMATION
SPECIMEN: 48743910
REQUISITION: 0004038
LAB REF NO: 273410004038

COLLECTED: 04/01/2008 12:22
RECEIVED: 04/01/2008 23:00
REPORTED: 04/02/2008 10:29

PATIENT INFORMATION
PICKENS, THOMAS A

DOB: 10/05/1956 Age: 51Y
GENDER: M

PHONE: 7023603163

REPORT STATUS **Partial**

ORDERING PHYSICIAN
MICHAELS, DANKA K
CLIENT INFORMATION
27341
DANKA K. MICHAELS, M.D.
7373 PEAK DRIVE STE. 160
LAS VEGAS, NV 89128

COMMENTS: *** Patient Comments at the Bottom ***

Test Name	In Range	Out of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL W/eGFR				
Glucose, Fasting	79		65-99 mg/dL	
BUN	16		7-25 mg/dL	
Creatinine	0.95		0.50-1.30 mg/dL	
Calcium	9.8		8.6-10.2 mg/dL	
Total Protein	7.2		6.2-8.3 g/dL	
Albumin	4.4		3.6-5.1 g/dL	
Total Bilirubin	0.5		0.2-1.2 mg/dL	
Alkaline Phosphatase		33 L	40-115 IU/L	
AST (SGOT)	24		10-35 IU/L	
ALT (SGPT)	33		9-60 IU/L	
Sodium	142		131-145 meq/L	
Potassium	4.4		3.5-5.3 meq/L	
Chloride	104		98-110 meq/L	
CO2	26		22-31 meq/L	
eGFR Rate	>59		>59	
Glucose reference range reflects a fasting state. For non-fasting patients glucose reference range is 65 - 139 mg/dL. eGFR Reference Ranges > 17 years: >59 ml/min/1.78m(2) eGFR calculation requires an accurate age and gender of the patient. For African Americans multiply the eGFR value by 1.21.				
LIPID PANEL (AMA)				
Cholesterol	145		125-200 mg/dL	
Triglycerides		293 H	0-150 mg/dL	
HDL		33 L	40-199 mg/dL	
Cholest/HDL Ratio	4.39		0.0-5.00	



PICKENS, THOMAS A - 48743910

Page 1 - Continued on Page 2



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PATIENT INFORMATION
PICKENS, THOMAS A

REPORT STATUS Partial

QUEST DIAGNOSTICS INCORPORATED

DOB: 10/05/1956 Age: 51Y
GENDER: M

ORDERING PHYSICIAN
MICHAELS, DANKA K

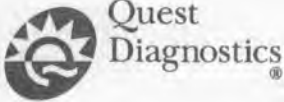
REPORTED: 04/02/2008 10:29
COLLECTED: 04/01/2008 12:22

Test Name	In Range	Out of Range	Reference Range	Lab
LIPID PANEL (AMA) (Continued)				
LDL (Calculated)		53 L	70-130 mg/dL	
***** NOTE: A LDL RESULT OF ** INDICATES THAT TRIGLYCERIDES GREATER THAN 400 MG/DL RENDER LDL CALCULATIONS INVALID. A DIRECTLY MEASURED LDL MAY BE ORDERED SEPARATELY. *****				
1. Initial classification by total blood cholesterol: <200 mg/dL Desirable cholesterol level 200-239 mg/dL Borderline high cholesterol level >239 mg/dL High cholesterol level				
2. HDL cholesterol values less than 40 mg/dL are associated with increased risk of coronary heart disease (CHD).				
3. Cholesterol/HDL ratio of greater than 4.5 is associated with increased risk of coronary heart disease.				
4. Triglyceride elevation is an independent risk factor for coronary heart disease as well as a marker for several factors that may themselves raise coronary heart disease risk.				
ANACHOICE SCREEN W/RFL TITER, FTA Antinuclear Antibody		NEGATIVE	NEGATIVE	01
RHEUMATOID FACTOR, (RA) QUANT. Rheumatoid Factor (RA), Quant.	8		0-14 IU/ml	01
CBC (INCLUDES DIFF/PLATELETS)				
WBC	6.5		4.3-10.0 k/cmm	
RBC	5.04		4.50-6.00 m/cmm	
Hemoglobin	15.1		13.0-18.0 g/dL	
Hematocrit	44.9		39.0-54.0 %	
MCV	89.0		80.0-100.0 fl	
MCH	29.9		27.0-34.0 pg	
MCHC	33.6		32.0-36.0 %	
Red Cell Distribution	14.6		7.0-16.0	
Platelet Count	227		135-450 k/cmm	
Mean Platelet Volume	9.0		6.9-10.9 fl	
Segmented Neutrophils	58.4		42.0-71.0 %	
Lymphocytes	28.7		24.0-44.0 %	
Monocytes	8.3		2.0-12.0 %	
Eosinophils	4.2		0.0-8.0 %	
Basophils	0.4		0.0-2.0 %	
WESTERGRENN SED RATE West. Sed.	1		0-20 mm/h	01



PICKENS, THOMAS A - BY: 08743910

Page 2 - Continued on Page 3



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PATIENT INFORMATION
PICKENS, THOMAS A

REPORT STATUS **Partial**

QUEST DIAGNOSTICS INCORPORATED

ORDERING PHYSICIAN

REPORTED: 04/02/2008 10:29
COLLECTED: 04/01/2008 12:22

DOB: 10/05/1956 Age: 51Y
GENDER: M

MICHAELS, DANKA K

Test Name	In Range	Out of Range	Reference Range	Lab
URINALYSIS, COMPLETE W/RFL CULTURE				
Color	YELLOW		YELLOW	
Appearance	CLEAR		CLEAR	
Specific Gravity	1.021		1.005-1.030	
pH	6.0		4.6-8.0	
Protein	NEGATIVE		NEGATIVE	
Glucose	NEGATIVE		NEGATIVE	
Ketones	NEGATIVE		NEGATIVE	
Blood	NEGATIVE		NEGATIVE	
Leukocyte Esterase	NEGATIVE		NEGATIVE	
Bilirubin	NEGATIVE		NEGATIVE	
Nitrite	NEGATIVE		NEGATIVE	
DIRECT LDL (F)				
Direct LDL	78		0-130 mg/dL	01
URIC ACID				
Uric Acid	4.9		4.0-8.0 mg/dL	01
GLYCOHEMOGLOBIN (HGB A1C) (F)				
Glycohemoglobin	5.5		0.0-5.9 %T.Hgb	01
The following Hemoglobin A1c ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.				
Hemoglobin A1c (%)		Glucose Control Index		
< 6		Non-diabetic level		
6 - 7		Goal-Near normal		
		Excellent control		
7 - 8		Fair to good control		
> 8		Action suggested for better control		
Reference: Diabetes Care, Volume 19, Supplement 1, January 1996.				
C REACTIVE PROTEIN, QUANTITATIVE				
CRP, Quantitative	0.2		0.0-0.8 mg/dL	01
FREE T4				
Free T4	0.9		0.8-1.8 ng/dL	01
TSH, ULTRASENSITIVE				
TSH	1.27		0.40-4.50 mIU/L	01
TSH is within normal reference range. No futher testing is suggested.				
(TSH11:041108) (AC92:N)				

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PICKENS, THOMAS A - 48743910

Page 3 - Continued on Page 4

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LABORATORY RESULTS

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PATIENT PICKENS, THOMAS

PHONEA 27341

REFERRED BY DANKA K. MICHAELS, M.D.

AGE/SEX 10/05/56 M

ACCESSION # 01414431

7373 PEAK DRIVE STE. 160

COLLECTED 12/31/2003 10:10

MED. RECORD # 3700028584

LAS VEGAS, NV 89128

RECEIVED 12/31/2003 15:44

CHART #

FRANCIS ELLYIN, MD

S.S.# 277-60-0578

TEST	RESULTS	FLG	REF RANGE	UNITS	LOW	NORM	HIGH
Patient Phone # 524-0780							
PATIENT FASTING.							
PATIENT TO RETURN FOR THE FOLLOWING TEST(S):							
URINE FOR UA-4775							
PROFILE 104 LIVER							
Alkaline Phosphatase	29	L	40-120	IU/L	X		
AST (SGOT)	20		3-45	IU/L		X	
ALT (SGPT)	22		3-45	IU/L		X	
Total Protein	7.6		6.0-8.0	g/dL			X
Albumin	4.8		3.2-5.0	g/dL			X
Globulin	2.8		1.3-3.6	g/dL		X	
A/G Ratio	1.7		0.9-3.5			X	
Total Bilirubin	0.6		0.0-1.2	mg/dL		X	
Direct Bilirubin	0.1		0.0-0.3	mg/dL		X	
All values are normal except for a decreased alkaline phosphatase. At times, hypophosphatemia can cause this. In most instances low serum alkaline phosphatase is without clinical significance.							
(L10410:911010)(AC49:A*)							
CPK	158		30-195	IU/L			X
LIPID PANEL, LIMITED (F)							
Cholesterol	189		140-200	mg/dL			X
Triglycerides	120		25-150	mg/dL			X
HDL	40		40-60	mg/dL			X
Cholest/HDL Ratio	4.73	H	2.00-4.50				X
LDL (Calculated)	125		70-130	mg/dL			X
LDL Reference range:	< 100		Desirable				
	100 - 159		Borderline				
	> 159		High				
1. Initial classification by total blood cholesterol: <200 mg/dL Desirable cholesterol level 200-239 mg/dL Borderline high cholesterol level >239 mg/dL High cholesterol level							
2. HDL cholesterol values less than 40 mg/dL are associated with increased risk of coronary heart disease (CHD).							
3. Cholesterol/HDL ratio of greater than 4.5 is associated with increased risk of coronary heart disease.							
4. Triglyceride elevation is an independent risk factor for coronary heart disease as well as a marker for several factors that may themselves raise coronary heart disease							

PRINTED: 01/05/04 09:08 ORIGINAL PRINTED: 12/31/03 19:45 Page 1 of 2



Echo
Nevada Cardiology Associates
3150 North Tenaya Way Suite #460
Las Vegas, Nevada 89128

702-233-1000

Patient Name: Pickens, Thomas
Date of Study: 5/29/2013
Patient Date of Birth: 10/5/1956
Location: Dr. D Michaels Office
Referring Doctor: Dr. Danka Michaels
Indication: HTN, CAD, Fatigue, CABG 2000
Tech: JC

M-mode Measurements:

Normal

LEFT VENTRICLE

LVIDd (3.5-5.8) cm. 5.0
LVIDs (2.6-3.5) cm. 3.4
FS% (30-50) 31
IVSd (0.6-1.2) cm. 1.3
PLVWd (0.6-1.2) cm. 1.3

Doppler Measurements:

PA ACC TIME (ms.) Not done
RVOT VELOCITY (m/sec.) 0.5
LVOT VELOCITY (m/sec.) 0.8
AO VELOCITY (m/sec.) 1.0
TR VELOCITY (m/sec.) less than 2.0

RIGHT VENTRICLE

RVd (0.9-3.0) cm. Tech Difficult

LEFT ATRIUM

LA (3.0-4.0) cm. 3.7

AORTIC ROOT

Ao (2.2-3.7) cm. 3.0

Two Dimensional Echocardiogram:

A technically difficult secondary to body habitus study was obtained. Poor subcostals. There is no EKG trigger present. E/E' was not measured for diastolic function. The right ventricular size is not enlarged. Right atrial size is normal. Left atrial size is not enlarged. The left ventricular ejection fraction is estimated at 50 to 55%. *Sum*
The left ventricular size is not enlarged. The LV wall thickness shows mild concentric left ventricular hypertrophy. The mitral valve apparatus is intact. There is minimal thickening of the aortic valve cusps. There is no hemodynamically significant pericardial effusion present. There are no discrete intracardiac masses, thrombi, or valvular vegetations.

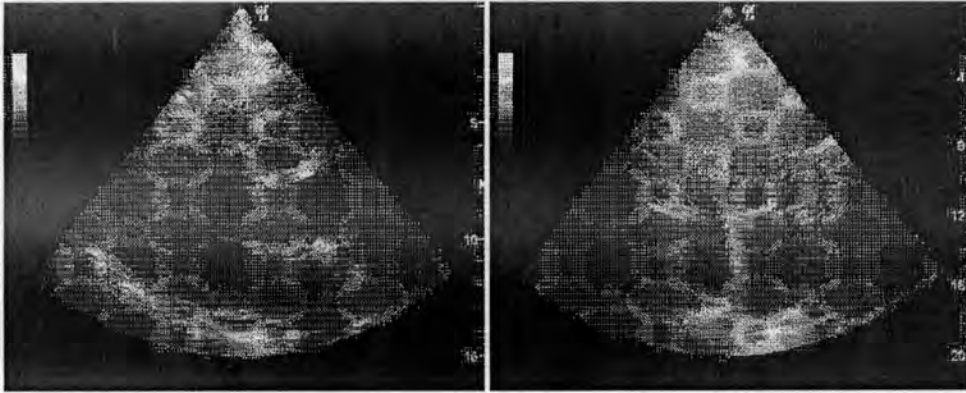


Pickens, Thomas



Echo
Nevada Cardiology Associates
3150 North Tenaya Way Suite #460
Las Vegas, Nevada 89128

702-233-1000



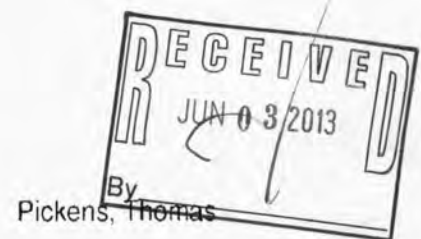
Color Flow and Spectral Doppler:

There is trace mitral regurgitation present.
There is no aortic insufficiency present.
There is trace tricuspid regurgitation present.
There is trace pulmonic regurgitation present.
E to A is equal.

Interpretation:

The left ventricular function is intact. Mild LVH.

Electronically signed and reviewed by Dr. Samuel E Green: 6/3/2013 2:24:39 PM



Patient Name: PICKENS, THOMAS ALLEN
Unit No: G000151138

Exams:

001337188 CHEST PA & 1 LATERAL

REASON FOR EXAM:

CHESTPAIN - 786.50 CHEST P 71020

CPT CODE:

PROCEDURE: TWO VIEW CHEST

DATE: Sep 28, 2009 10:45:00 AM

HISTORY: Chest pain

COMPARISON: None

FINDINGS / IMPRESSION:

1. Minimal multilevel thoracic endplate degenerative changes.
2. Heart size is normal . Median sternotomy.
3. The lungs are free of infiltrates .
4. There is no appreciable effusion or pneumothorax .

** Electronically Signed by Peter Weidenfeld M.D. **
** on 09/28/2009 at 1050 **
Reported and Signed by: Peter Weidenfeld M.D.

CC: DANKA K MICHAELS, M.D.

Dictated Date/Time: 09/28/2009 (1049)

Technologist: CAMACHO, DANIEL

Transcribed Date/Time: 09/28/2009 (1050)

Transcriptionist: PWS

Electronic Signature Date/Time: 09/28/2009 (1050)

Printed Date/Time: 09/28/2009 (1100) Batch No: N/A

PAGE 1

Signed Report

Name: PICKENS, THOMAS ALLEN

Phys: MICDA - MICHAELS, DANKA K

DOB: 10/05/1956 Age: 52 Sex: M

Acct No: G00009114391 Loc: G.RR

Exam Date: 09/28/2009 Status: REG CL

RED ROCK RADIOLOGY

A DEPT OF MOUNTIANVIEW HOSP

7130 SMOKE RANCH ROAD

LAS VEGAS NV 89128

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STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERSPhone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Thomas A Pickens

Patient: **Thomas A Pickens**
SDMI #: 530190.0
Pt. DOB: 10/05/1956
Pt. Sex: Male
Referral ICD 9:
SDMI Location: NW
Date of Service: 06/17/09

Physician: **Michael S. Bradford**
Dr. Fax: (702) 258-5565
Dr. Phone: (702) 878-0393
Dr. Addr.: 2650 N Tenaya Way Las Vegas, NV 89128
Cc:
Cc:

MRI OF THE LEFT KNEE**CLINICAL HISTORY:**

Knee Pain.

TECHNIQUE:**FINDINGS:**

Mild degenerative change involving the anterior of the medial compartment with small osteophytes. Diffuse intrasubstance signal within the adjacent anterior horn of the medial meniscus but cannot define a discrete tear plain directly extending to the articular surface

Discoid lateral meniscus. No lateral meniscal tear.

Degenerative change most prominent involving the medial aspect of the patellofemoral compartment. Irregularity more so on the patellar side. Patellar cartilage.

Anterior cruciate ligament somewhat thin but intact. Signal within the distal 2 cm in the posterior cruciate ligament. Favor chronic. Mucoid degeneration or strain, etc.

Moderate sized joint effusion.

IMPRESSION:

1. Degenerative change involving the anterior aspect of the medial compartment left knee. There is diffuse abnormal signal within the adjacent anterior horn medial meniscus. Intrasubstance and diffuse. No discrete focal tear plane can be identified
2. Discoid lateral meniscus. No lateral meniscal tear
3. Degenerative change most prominent involving the medial aspect of the patellofemoral compartment. More advanced on the patellar side of the joint
4. Intrasubstance signal in the intact distal half of the posterior cruciate ligament. Favor chronic strain or mucoid degeneration, etc.
6. Moderate sized left knee joint effusion

Interpreted by: David Browne M.D. 06/18/2009 11:28 AM

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7130 Smoke Ranch Road
Las Vegas, Nevada 89128
702-731-2888 • fax 702-696-9289
redrockradiology.com

PT NAME: TOM PICKENS
DOB: 10/05/1956
ORDERING MD: DANKA MICHAELS MD
ORDERED: 11/12/07 14:08
PROCEDURE: CHEST PA + 1 LATERAL

MPI #: 53749
PERFORMED: 11/12/07 14:20
EXAM ID #: E-00079095

PA AND LATERAL CHEST RADIOGRAPH - 11/12/2007

CLINICAL HISTORY: Cough x 2 weeks.

COMPARISON STUDY: No prior studies.

FINDINGS: PA and lateral chest radiograph demonstrates intact sternotomy. Normal heart size. Normal vascularity. There is symmetric lung inflation, though the volume is mildly low. This may be related to inspiratory effort. There is no consolidation, effusion, or congestion. The pleural spaces are unremarkable. The bony thorax is remarkable for mild thoracic degenerative changes.

IMPRESSION:

1. NO FOCAL INFILTRATE, EFFUSION, OR PNEUMOTHORAX.
2. MILD LOW LUNG VOLUMES LIKELY FROM POOR INSPIRATORY EFFORT.
3. INTACT STERNOTOMY.
4. MILD THORACIC DEGENERATIVE CHANGES.

DICTATED BY:

RAJIV SHAH, D.O.

ELECTRONICALLY VERIFIED BY:

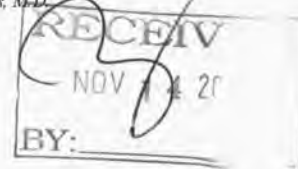
RAJIV SHAH, D.O.

Transcribed Dt/Time: 11/13/07 06:31

Transcriptionist: APEAVY

Harvey S. Miller, M.D. Robert M. Litt, M.D. Mark R. Laussade, M.D. Dean Berthoty, M.D. Kelly R. Gardner, M.D.
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Peter L. Weidenfeld, M.D. G. Brett Hewell, M.D. Jonathan W. Bold, M.D.

Page 1



Exam Notes SHAH,RAJIV Nov 12, 2007 15:33:07

1

PICKENS, TOM CHEST PA + 1 LATERAL Nov 12, 2007 14:11:58

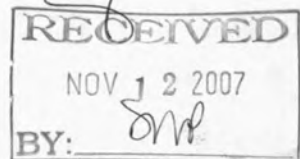
Creator: SHAH,RAJIV
Date: Nov 12, 2007 14:36:16
Subject:

INTACT STERNOTOMY
NORMAL HEART SIZE AND VASCULARITY.

NO FOCAL INFILTRATE, EFFUSION OR PTX.

MILD LOW LUNG VOLUME LIKELY FROM POOR INSPIRATORY EFFORT.

MILD THORACIC DEGENERATIVE CHANGES.



Danka Michaels MD
7373 Peak Drive, Suite 160
Las Vegas, NV 89128

Test Date: 2/28/2007

Patient:	THOMAS PICKENS	DOB:	10/5/1956	Physician:	Danka Michaels MD
Sex:	Male	Height:	cm	Ref Phys:	
ID#:		Weight:	kg	Technician:	Moises Cuevas ENDT

Patient History

Left handed male presents with pain and numbness in both arms and neck.

EMG & NCV Findings:

Evaluation of the Left Median Motor nerve showed prolonged distal onset latency (10.4 ms), reduced amplitude (Wrist, 1.6 mV), reduced amplitude (Elbow, 0.6 mV), and decreased conduction velocity (Elbow-Wrist, 45.2 m/s). The Right Median Motor nerve showed prolonged distal onset latency (4.5 ms) and reduced amplitude (Wrist, 3.9 mV). The Left Median Anti Sensory nerve showed prolonged distal peak latency (6.1 ms) and reduced amplitude (15.5 uV). The Right Median Anti Sensory nerve showed prolonged distal peak latency (4.1 ms). The Left Radial Anti Sensory nerve showed reduced amplitude (1.6 uV). The Left Ulnar Anti Sensory nerve showed prolonged distal peak latency (3.3 ms). The Right Ulnar Anti Sensory nerve showed prolonged distal peak latency (3.3 ms) and reduced amplitude (3.6 uV). All remaining nerves (as indicated in the following tables) were within normal limits.

F Wave studies indicate that the Left Median F Wave has prolonged latency (40.67 ms). The Right Median F Wave has prolonged latency (32.30 ms). The Left Ulnar F Wave has prolonged latency (32.89 ms). The Right Ulnar F Wave has prolonged latency (32.11 ms).

Impression

1. Moderate to severe carpal tunnel syndrome in the left upper extremity.
2. Mild carpal tunnel syndrome in the right upper extremity.
3. Possible cervical radiculopathy.

Comments

There is evidence of bilateral carpal tunnel syndrome in both upper extremities being moderate to severe in the left hand where it affects the sensory and the motor branches of the median nerve, with axonal loss and demyelination. In the right hand there is only affection of the sensory branch of the median nerve without axonal loss or demyelination.

All late responses to the ventral horns of the cervical spine from the median and ulnar mixed nerves, showed borderline to delayed conduction velocities, which is suggestive of a cervical radicular problem.


Danka Michaels MD

Nerve Conduction Studies
Anti Sensory Summary Table

Site	NR	Peak (ms)	Norm Peak (ms)	P-T Amp (µV)	Norm P-T Amp	Onset (ms)	Full Dur (ms)	Site1	Site2	Delta-P (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Median Anti Sensory (2nd Digit) 29.6°C													
Wrist		6.1	<3.5	15.5	>20	4.8	7.88	Wrist	2nd Digit	6.1	13.0	21.3	
Elbow		10.7		7.1		9.6	5.88	Elbow	Wrist	4.6	24.0	52.2	
Right Median Anti Sensory (2nd Digit) 29.7°C													
Wrist		4.1	<3.5	27.2	>20	3.0	3.41	Wrist	2nd Digit	4.1	13.0	31.7	
Elbow		8.8		14.3		8.0	4.56	Elbow	Wrist	4.7	24.0	51.1	
Left Radial Anti Sensory (Base 1st Digit) 29.6°C													
Wrist		2.6	<2.9	1.6	>9	1.5	18.50	Wrist	Base 1st Digit	2.6	0.0		
Right Radial Anti Sensory (Base 1st Digit) 29.7°C													
Wrist		2.5	<2.9	18.7	>9	2.0	9.75	Wrist	Base 1st Digit	2.5	0.0		
Left Ulnar Anti Sensory (5th Digit) 29.6°C													
Wrist		3.3	<3.1	48.7	>10	2.6	3.00	Wrist	5th Digit	3.3	11.0	33.3	
Right Ulnar Anti Sensory (5th Digit) 29.8°C													
Wrist		3.3	<3.1	3.6	>10	2.5	9.53	Wrist	5th Digit	3.3	11.0	33.3	
B Elbow		8.0		18.2		7.1	3.88	B Elbow	Wrist	4.7	0.0		

Motor Summary Table

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm O-P Amp	Full Dur (ms)	P-T Amp (mV)	Site1	Site2	Delta-0 (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Median Motor (Abd Poll Brev) 29.6°C													
Wrist		10.4	<4.5	1.6	>4	32.81	1.5	Elbow	Wrist	7.3	33.0	45.2	>48
Elbow		17.7		0.6	>4	18.59	0.8						
Right Median Motor (Abd Poll Brev) 29.8°C													
Wrist		4.5	<4.5	3.9	>4	27.81	6.1	Elbow	Wrist	5.2	26.0	50.0	>48
Elbow		9.7		4.1	>4	17.11	5.5						
Left Ulnar Motor (Abd Dig Minimi) 29.7°C													
Wrist		3.4	<3.6	8.1	>5	16.48	13.8	B Elbow	Wrist	4.6	23.0	50.0	>48
B Elbow		8.0		5.3	>5	17.50	10.0	A Elbow	Wrist	6.3	34.0	54.0	>48
A Elbow		9.7		5.2	>5	16.80	9.7	B Elbow	A Elbow	1.7	0.0		>48
Right Ulnar Motor (Abd Dig Minimi) 29.9°C													
Wrist		3.5	<3.6	13.0	>5	17.11	22.0	B Elbow	Wrist	5.0	25.0	50.0	>48
B Elbow		8.5		10.9	>5	17.89	18.7	A Elbow	Wrist	6.8	36.0	52.9	>48
A Elbow		10.3		9.8	>5	17.73	17.1	B Elbow	A Elbow	1.8	0.0		>48

F Wave Studies

NR	F-Lat (ms)	Lat Norm (ms)	L-R F-Lat (ms)
Left Median (Mrkrs) (Abd Poll Brev) 29.6°C			
	40.67	<32	8.37
Right Median (Mrkrs) (Abd Poll Brev) 29.8°C			
	32.30	<32	8.37
Left Ulnar (Mrkrs) (Abd Dig Min) 29.6°C			
	32.89	<32	0.78
Right Ulnar (Mrkrs) (Abd Dig Min) 29.8°C			
	32.11	<32	0.78

Nerve Conduction Studies
Anti Sensory Left/Right Comparison

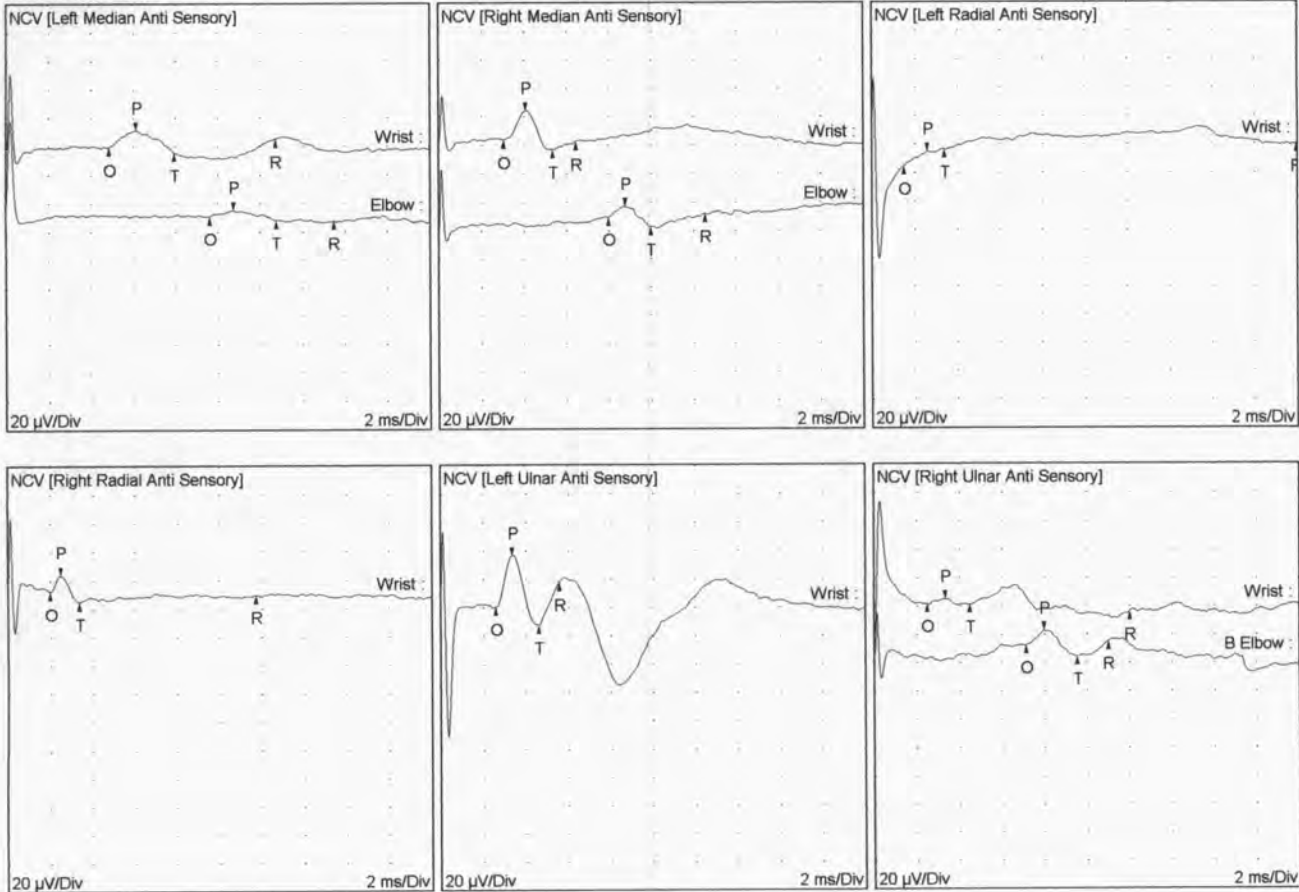
Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (µV)	R Amp (µV)	L-R Amp (%)	Site1	Site2	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)
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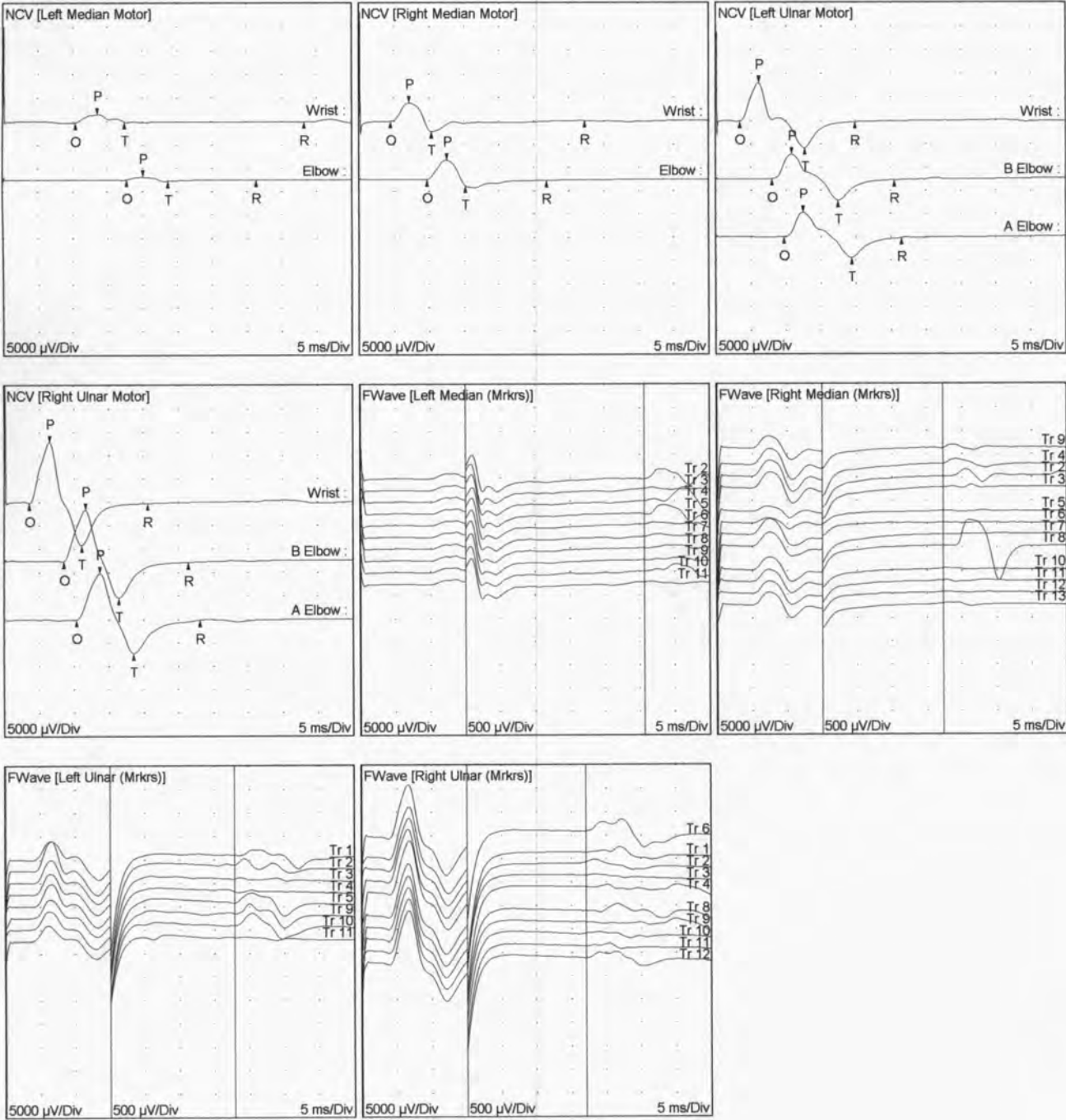
Median Anti Sensory (2nd Digit) 29.6°C											
Wrist	6.1	4.1	2.0	15.5	27.2	43.0	Wrist	2nd Digit	21.3	31.7	10.4
Elbow	10.7	8.8	1.9	7.1	14.3	50.3	Elbow	Wrist	52.2	51.1	1.1
Radial Anti Sensory (Base 1st Digit) 29.6°C											
Wrist	2.6	2.5	0.1	1.6	18.7	91.4	Wrist	Base 1st Digit			
Ulnar Anti Sensory (5th Digit) 25.6°C											
Wrist	3.3	3.3	0.0	48.7	3.6	92.6	Wrist	5th Digit	33.3	33.3	0.0

Motor Left/Right Comparison

Site	L Lat (ms)	R Lat (ms)	L-R Lat (ms)	L Amp (mV)	R Amp (mV)	L-R Amp (%)	Site1	Site2	L Vel (m/s)	R Vel (m/s)	L-R Vel (m/s)
Median Motor (Abd Poll Brev) 29.6°C											
Wrist	10.4	4.5	5.9	1.6	3.9	59.0	Elbow	Wrist	45.2	50.0	4.8
Elbow	17.7	9.7	8.0	0.6	4.1	85.4					
Ulnar Motor (Abd Dig Minimi) 29.7°C											
Wrist	3.4	3.5	0.1	8.1	13.0	37.7	B Elbow	Wrist	50.0	50.0	0.0
B Elbow	8.0	8.5	0.5	5.3	10.9	51.4	A Elbow	Wrist	54.0	52.9	1.1
A Elbow	9.7	10.3	0.6	5.2	9.8	46.9	B Elbow	A Elbow			

Waveforms:





NOCTURNA

A STATE OF THE ART SLEEP CENTER

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Patient Name:	Pickens, Thomas
Date of Study:	12/15/06

**POLYSOMNOGRAM
PAGE 2****IMPRESSIONS:**

1. Mild Obstructive sleep Apnea with an Apnea/Hypopnea Index (AHI) of 8.9 events per hour of sleep and O2 desaturation nadir of 89%, associated with sleep fragmentation. Sleep apnea was worse in supine position (supine AHI 11.3) and during REM sleep (REM AHI 19.2).
2. Mild to moderate intermittent snoring.
3. Negative for Periodic Limb Movements.
4. Sleep stages revealed an increase in Stage 2. REM sleep was mildly increased and obtained exclusively in supine position. REM sleep onset latency was slightly short at 57.5 minutes. This type of REM sleep abnormality may be seen in narcolepsy, irregular sleep hygiene, depression, shift work sleep disorder, due to certain medications etc. Clinical correlation is advised.
5. Cardiac rhythm was sinus.

RECOMMENDATIONS:

1. Consider a repeat polysomnography for CPAP titration.
2. Upper airway surgery or oral appliances are other treatment options in select patients.
3. Follow-up with the referring physician, Dr. Molin.
4. Behavioral modification in the avoidance of alcohol, sedative and weight reduction, are also suggested.
5. Until optimal treatment, patient should be cautioned regarding driving or use of dangerous machinery as daytime sleepiness may impair performance.
6. Should you have any questions pertaining to this study, please feel free to contact us.

Thomson K. Chemplavil, M.D.
Diplomate, American Board of Sleep Medicine

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DEC 21 2006

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NOCTURNA

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FULL NOCTURNAL POLYSOMNOGRAM

Patient Name: Pickens, Thomas
Unit Number: C1-1048-06
Study Date: Dec. 15, 2006
Referring Physician: Molin
Reason for Study: Diagnostic

Methodology: Full Nocturnal Polysomnogram

Procedure: Full polysomnography was performed using a Sandman® 16-channel sleep diagnostic testing system. Medical parameters monitored included EEG (C4-A1, C3-A2, O2-A1, and O1-A2), right and left EOG, diagnostic/anterior tibialis muscle EMG, respiratory airflow by thermistor, chest/abdominal effort measured by piezoelectric strain gauges, oxygen saturation, and cardiac rhythm (V1). The study was scored by a registered polysomnographic technologist and qualitatively verified by a board certified sleep specialist. Recording standards met or exceeded American Academy of Sleep Medicine guidelines.

Sleep Architecture: Testing began at **10:57** and ended at **05:20**, for a total recording time (TRT) of **383.3** min. Total sleep time (TST) was **303.5** min which resulted in sleep efficiency (TST/TRT) of **79.2%** (normal $\geq 80\%$). Sleep architecture revealed a total of **15** respiratory event-related arousals, **44** spontaneous arousals, and **1** periodic limb movement-associated arousals. Sleep onset latency was **10.5** min (normal 12 – 30 min). Sleep onset latency to REM was **57.5** min (normal 70 – 120 min). The patient spent **7.6%** of their sleep time in stage 1 (normal 5 – 7%), **61.6%** in stage 2 (normal 45 – 55%), **0.0%** in stages 3/4 (normal 5 – 15%) and **30.8%** in stage REM (normal 20 – 25%).

Cardiopulmonary Data: Mild-moderate intermittent snoring was observed throughout the study. The patients total Apnea/Hypopnea Index (total apneas + hypopneas/hrs of sleep) **AHI** was **8.9** events per hour with normal being less than 5. Respiratory event arousal index was **3.0**. Mean oxygen saturation was **96.3%** with an oxygen **desaturation** nadir of **89.0%**. Periodic limb movement index was **4.0**/hour. Periodic limb movement arousal index (PLMAI) was **0.2** (normal < 5).

Nocturna

1915 N. Green Valley Pkwy., #100

Henderson, Nevada 89074

Phone (702) 896-REST Fax: (702) 897-8252

SLEEP STUDY REPORT

Patient Name : Pickens, Thomas
D.O.B. : Oct. 05, 1956
Sex : Male

Study Date : Dec. 15, 2006
Height : 6'1"
Weight : 250.0 lbs.

Subject Code : C1-1048-06
Ref. Physician : Molin
Scorer : RM, PSGT

Sleep Architecture

Lights Out:	10.57.32	Lights On:	05.20.49		
Total Recording Time:	383.3	Total Sleep Period:	372.8	Total Sleep Time:	303.5
Sleep Latency:	10.5	REM Latency:	57.5	Sleep Efficiency:	79.2
# REM Periods:	3	# Stage Shifts:	84	Awakenings:	27

Sleep Stage as % TST:

Stage 1:	7.6 %	Stage 4:	0.0 %
Stage 2:	61.6 %	REM:	30.8 %
Stage 3:	0.0 %	MVT:	0.0 %

Body Positions Slept:

(%TST)	75.1 %	(%TST)	7.2 %	(%TST)	17.6 %	(%TST)	0.0 %
Supine:		Right:		Left:		Prone	

Respiratory Analysis:

	NREM	REM	TOTAL	INDEX
Central Apneas	1	2	3	0.6
Obstructive Apneas	0	2	2	0.4
Mixed Apneas	0	1	1	0.2
Hypopneas	14	25	39	7.7
Apneas + Hypopneas	15	30	45	8.9

Supine Events	No. of Events	43	Non-Supine Events	No. of Events	2
	Index	11.3		Index	1.6

Oxygen Analysis:

	Awake	Non-REM	REM	TRT
Mean SaO2 (%)	96.5	96.2	96.4	96.3
Min. SaO2 (%)	92.5	89.0	89.0	89.0
Max. SaO2 (%)	100.0	100.0	98.5	100.0

SaO2 (%TRT)

100-90	98.7 %	90-80	0.1 %	80-70	0.0 %	70-60	0.0 %	60-50	0.0 %	<50	0.0 %
--------	--------	-------	-------	-------	-------	-------	-------	-------	-------	-----	-------

PLM's

	Arousal Index	PLM Index	PLM Arousal	PLM Total
Total Sleep	0.2	4.0	1	20

Arousal Analysis:

	Non-REM	Index	REM	Index	TOTAL	Index
Total Arousals	51	14.6	9	5.8	60	11.9
PLM Arousals	1	0.3	0	0.0	1	0.2
Respiratory Arousals	8	2.3	7	4.5	15	3.0
Spontaneous Arousals	42	12.0	2	1.3	44	8.7

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1915 N. Green Valley Pkwy., #100
Henderson, Nevada 89074
Phone (702) 896-REST Fax: (702) 897-8252

Patient Name: Pickens, Thomas

Subject Code: C1-1048-06

Study Date: Dec. 15, 2006

SLEEP ANALYSIS REPORT**Sleep Architecture**

Time at Lights Off :	10:57:32
Time at Lights On :	05:20:49
Total Recording Time (TRT) :	383.3 min.
Total Sleep Period (TSP) :	372.8 min.
Total Sleep Time (TST) :	303.5 min.
Sleep Efficiency (SE) :	79.2 %
Sleep Onset Latency (SOL) :	10.5 min.
Number of Stage 1 Shifts :	29
Number of Stage Shifts :	84
Number of Awakenings :	27
Number of REM Periods :	3
REM Latency :	57.5 min.
REM Latency minus Awake :	53.0 min.

Sleep Stages

STAGES	TIME (min.)	TST (%)	LATENCY (min.)
Wake:	69.3	-	-
Stage 1:	23.0	7.6	0.0
Stage 2:	187.0	61.6	2.0
Stage 3:	0.0	0.0	N.A
Stage 4:	0.0	0.0	N.A
REM:	93.5	30.8	57.5

Nocturna
1915 N. Green Valley Pkwy., #100
Henderson, Nevada 89074
Phone (702) 896-REST Fax: (702) 897-8252

Patient Name: Pickens, Thomas

Subject Code: C1-1048-06

Study Date: Dec. 15, 2006

SLEEP ANALYSIS REPORT

Apnea Events

PARAMETER	CENTRAL	OBSTRUCTIVE	MIXED	TOTAL
Number:	3	2	1	6
Index:	0.6	0.4	0.2	1.2
Mean Duration (sec):	15.2	10.0	47.5	18.9
Longest Duration (sec):	20.2	10.0	47.5	47.5
Occur in REM:	2	2	1	5
Occur in Non-REM:	1	0	0	1
REM Index:	1.3	1.3	0.6	3.2
Non-REM Index:	0.3	0.0	0.0	0.3

Hypopnea Events

PARAMETER	CENTRAL	OBSTRUCTIVE	MIXED	TOTAL
Number:	0	39	0	39
Index:	0.0	7.7	0.0	7.7
Mean Duration (sec):	N/A	27.4	N/A	27.4
Longest Duration (sec):	N/A	58.1	N/A	58.1
Occur in REM:	0	25	0	25
Occur in Non-REM:	0	14	0	14
REM Index:	0.0	16.0	0.0	16.0
Non-REM Index:	0.0	4.0	0.0	4.0

Respiratory Events and Body Position

PARAMETER	INDEX	TOTAL
Apneas & Hypopneas:	8.9	45
Supine Events:	11.3	43
Non-Supine Events:	1.6	2

Respiratory Events With Arousals

PARAMETER	INDEX	TOTAL
Total Events:	3.0	15
Non-REM Events:	2.3	8
REM Events:	4.5	7

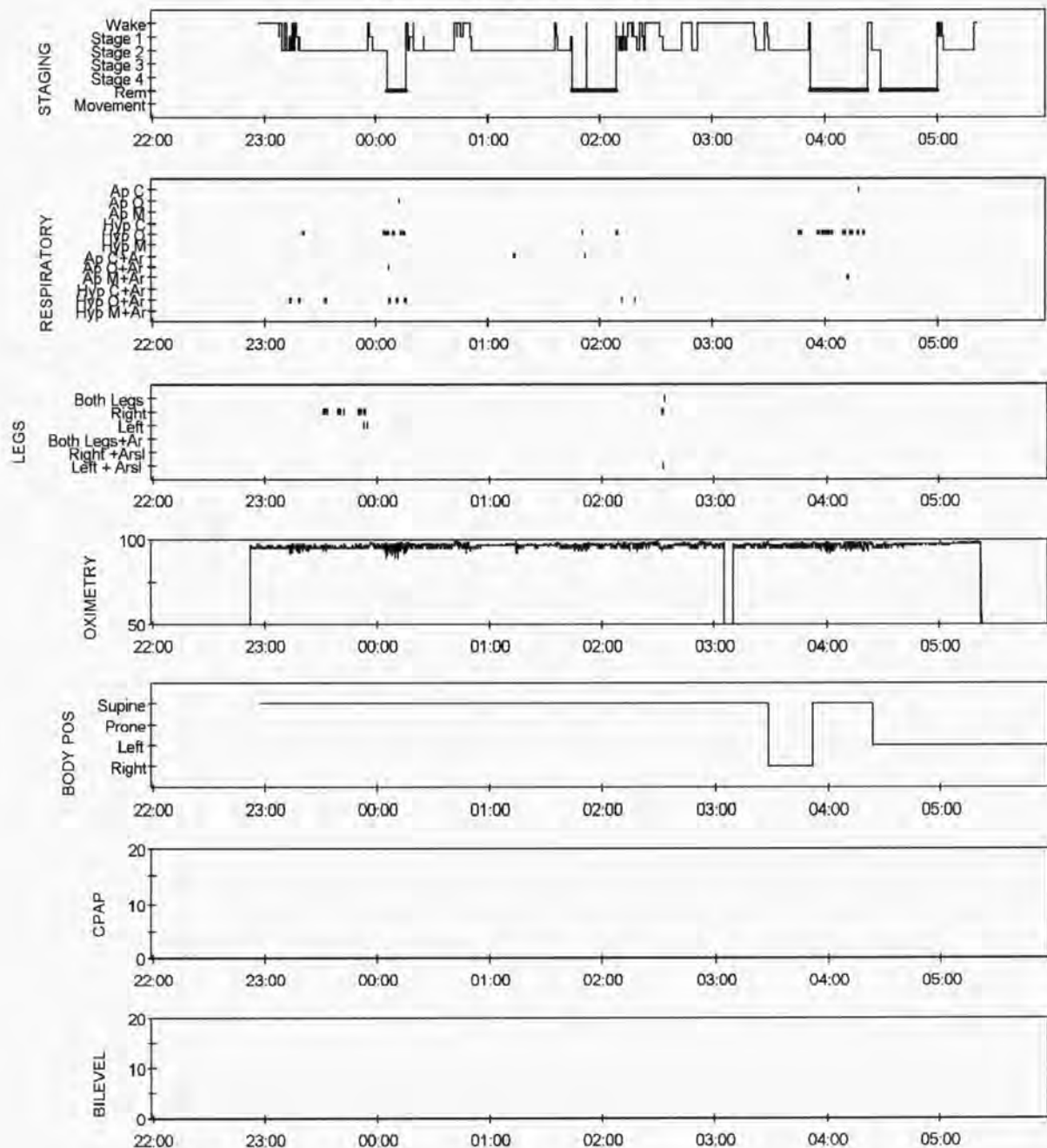
Nocturna
1915 N. Green Valley Pkwy., #100
Henderson, Nevada 89074
Phone (702) 896-REST Fax: (702) 897-8252

Patient Name: Pickens, Thomas

Subject Code: C1-1048-06

Study Date: Dec. 15, 2006

SLEEP ANALYSIS REPORT



History and Physical

Patient Name:	Thomas Pickens	Visit Date:	November 20, 2014
Patient ID:	182826	Provider:	Ashley Sikand, MD
Sex:	Male	Location:	Smoke Ranch
Birthdate:	October 5, 1956	Location Address:	7040 Smoke Ranch Rd Las Vegas, NV 891288607
Referring Provider:	Danka Michaels MD	Location Phone:	(702) 792-6700

Chief Complaint

- "Ear drainage"

History Of Present Illness

The patient is a 58 year old White male, who is referred by Danka Michaels MD for evaluation of drainage from the right ear for the past 3 weeks. The amount of drainage is moderate, and the fluid is described as bloody. The patient denies that there is a prior history of ear drainage. The onset of the current episode of ear drainage was not associated with a known precipitating event. The patient reports the amount of drainage has been improving. There are no additional complaints. The patient denies that he has experienced headaches, balance problems, fever, and chills. There are no identified aggravating factors. treated with cipro po The patient's past medical history is noncontributory.

Past Surgical History

Procedure Name	Date	Notes
NO PREVIOUS SURGERY	--	--

Medication List

Name	Date Started	Instructions
Cipro oral		--
neomycin-polymyxin-HC otic drops, suspension 3.5-10,000-1 mg/mL-unit/mL-%	11/20/2014	instill in affected ear 5 drops by otic route 2 times a day for 7 days right ear

Allergy List

Allergen Name	Date	Reaction	Notes
NO KNOWN DRUG ALLERGIES	--	--	--

Family Medical History

Disease Name	Relative/Age	Notes
Family History Unknown	/	--

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Current some day	--/--	--	--
Married	--	--/--	--	--
Tobacco	Never	--/--	--	--

Review of Systems

Constitutional

- o Denies : fatigue, fever, weight loss, weight gain

Eyes

- o Denies : eye discomfort, double vision, impaired vision, blurred vision, changes in vision

HENT

By

DEC 04 2014

- o **Admits** : SEE HPI
- Cardiovascular**
 - o **Denies** : chest pain, palpitations, shortness of breath with walking or lying flat, swelling of feet, ankles or hands
- Respiratory**
 - o **Denies** : shortness of breath, wheezing, cough, spitting up blood
- Gastrointestinal**
 - o **Denies** : nausea, vomiting, diarrhea, constipation, loss of appetite, abdominal pain, blood in stools, change in bowel movements
- Genitourinary**
 - o **Denies** : urgency, frequency, change in urine color, incontinence, difficulty voiding, decreased libido, irregular menses, vaginal discharge
- Integument**
 - o **Denies** : rash, itching, skin dryness, change in skin color, change in hair or nails, varicose veins
- Neurologic**
 - o **Denies** : tingling or numbness, seizures, tremors, headaches
- Musculoskeletal**
 - o **Denies** : joint pain, joint swelling, muscle pain, muscle cramps, back pain
- Endocrine**
 - o **Denies** : cold intolerance, heat intolerance, dry skin, excessive thirst or urination
- Psychiatric**
 - o **Denies** : depression, memory loss or confusion, insomnia, nervousness
- Heme-Lymph**
 - o **Denies** : lightheadedness, easy bleeding, easy bruising

Physical Examination

Constitutional

- o **General Appearance** : well nourished, well-developed, alert, oriented, in no acute distress
- o **Communication Ability / Voice Quality** : communication ability normal, voice quality normal

Head

- o **Inspection** : normocephalic, no lesions present, atraumatic
- o **Palpation** : no tenderness on palpation, no masses on palpation

Face

- o **Inspection** : normal appearance, no lesions present, no evidence of trauma, jaw position normal
- o **Palpation** : frontoethmoidal and maxillary sinuses nontender to palpation, no masses present
- o **Facial Strength** : facial motion symmetric, normal eye closure strength bilaterally
- o **Parotid Glands** : no tenderness on palpation, no swelling present, no masses present

Eyes

- o **Ocular Motility/Alignment** : ocular alignment normal, ocular motility normal, no nystagmus present, visual acuity normal, no proptosis present

Ears

- o **Hearing** : hearing to conversational voice
- o **External Ears** : auricles normal bilaterally, no auricle lesions present, no auricle tenderness to palpation present, *external auditory canal inflammation present*, no external auditory canal lesions present, *purulent discharge present*
- o **Otoscopic Exam** : tympanic membrane appearance normal, no lesions or perforations present. No fluid present behind tympanic membranes
- o **Vestibular System** : physiologic nystagmus present on version testing

Nose / Nasopharynx

- o **External Nose** : appearance normal, no tenderness on palpation, normal size, no nasal discharge present, no lesions, no evidence of trauma, nostrils patent without discharge
- o **Intranasal Exam** : nasal mucosa within normal limits, vestibule within normal limits, *nasal septum deviation to the right present*
- o **Nasopharynx** : nasopharynx within normal limits, adenoids within normal limits, posterior choanae patent

Oral Cavity / Oropharynx

- o **Lips** : upper and lower lips pink and moist
- o **Teeth** : dentition within normal limits for age
- o **Gums** : gingivae healthy
- o **Oral Mucosa** : oral mucosa moist, no mucosal lesions present
- o **Floor of Mouth** : floor of mouth within normal limits, salivary ducts patent
- o **Tongue** : tongue moist and without lesions
- o **Palate** : soft and hard palates within normal limits
- o **Oropharynx** : appearance within normal limits, tonsils normal in appearance, peritonsillar regions within normal limits



Hypopharynx / Larynx

- o **Hypopharynx** : normal appearance, no lesions present
- o **Larynx** : normal general appearance, epiglottis within normal limits, arytenoid cartilage within normal limits, vocal cord appearance normal

Neck

- o **Inspection and Palpation** : appearance normal, no masses or tenderness on palpation
- o **Thyroid** : size of gland normal, no tenderness, nodules or mass present on palpation, position midline
- o **Submandibular Glands** : normal size, nontender to palpation
- o **Lymph Nodes** : no lymphadenopathy present

Chest / Respiratory

- o **Respiratory Effort** : breathing unlabored

Cardiovascular

- o **Extremities** : no cyanosis or edema

Neurological/Psychiatric

- o **Cranial Nerves** : CN II-XII intact

Assessment

- Otorrhea 388.60
- Otitis Externa, Acute, Infective 380.10

Plan

Instructions

- o Follow-up appointment: 2 weeks
- o Discussed findings and options with patient
- o Microcleaned ear

Correspondence

- o CC this document (Danka Michaels MD) - 11/20/2014

Electronically Signed by: Ashley Sikand, MD -Author on November 20, 2014 02:36:35 PM





2650 North Tenaya Way Suite 301
Las Vegas, Nevada 89128
THOMAS A PICKENS

PO Box 36550
Las Vegas, Nevada 89133-6550
Phone: (702) 878-0393
Fax: (702) 258-3777
MRN#: 226827

1505 Wigwam Parkway Suite 330
Henderson, Nevada 89074
DOB: 10/05/1956 57 years

Date: 04/15/2014 08:02 AM

Orthopedic Evaluation

History of Present Illness

The patient is a 57 year old male with a chief complaint of left hip pain.

Additional reason for visit:

Transition into care
patient is seen for his left hip

He works construction and he does a lot of walking he's noted pain in his left groin with hip motion

History

Allergy

NKDA (03/28/2007)

Other Medical History

Drug Dependence 04/15/2014: no
Fracture Treatment no

Social

Alcohol use 04/15/2014: none
Current Drug Rehab 04/15/2014: no
Current work status 04/15/2014: yes
Disabled no
Home assistance available 04/15/2014: yes
Illicit drug use 04/15/2014: no
Never smoker
Pain Contract 04/15/2014: no
Past Drug Rehab 04/15/2014: no
Tobacco use 04/15/2014: never smoker

Medications

Ambien CR (Oral) Specific dose unknown - Active.
Percocet (Oral) Specific dose unknown - Active.
Medications Reconciled.

Family

Heart Disease
Hypertension

Past Surgical

Heart Surgery

04/15/2014 08:04 AM

Pulse: 58 (Regular)

BP: 129/83 Electronic (Sitting, Left Arm, Standard)

Abnormal vital signs have been discussed with the patient. Patient has been advised to see PCP ASAP. Patient aware of high risk for heart attack and/ or stroke. Patient given clinical summary for today's visit.

THOMAS A PICKENS

Patient #: 226827

DOB: 10/05/1956 (57 years)

Thursday, May 1, 2014

Page 1 / 2

This fax was sent with GFI FAXmaker fax server from Nevada Orthopedic & Spine Center

Review of Systems

General: Not Present- Chills, Fever, Weight Gain and Weight Loss.

Skin: Not Present- Brittle Nails, New Lesions, Skin Color Changes and Changes in Nails Skin.

Respiratory: Not Present- Cough, Difficulty Breathing and Dyspnea.

Cardiovascular: Not Present- Chest Pain.

Musculoskeletal: Present- Joint Pain. Not Present- Decreased Range of Motion, Joint Redness, Joint Stiffness, Joint Swelling, Muscle Weakness, Swelling of Extremities and Atrophy.

Physical Exam

General: Awake, alert, oriented, appropriate. Skin intact, no acute distress.

HEENT: Normocephalic pupils equal round and reactive ears clear

Left hip full range of motion with mild pain

X-rays left hip reviewed shows moderate DJD

Assessment is left hip pain we will have under fluoroscopy of corticosteroid shot done, and followup

Assessments & Plans

Left hip pain (719.45)

Procedures

Hip X-Ray (Taken and Read) - LT (1 Units)

Pelvis X-Ray, 1 or 2 Views (Taken and Read) - LT (1 Units)

AUTHORIZATION FOR SERVICES (DIAGNOSTICS) (1 Units)

Intra-articular Injection w/ Fluoro, Hip (1 Units)

The encounter was completed by EDWARD S ASHMAN MD.

THOMAS A PICKENS

Patient #: 226827

DOB: 10/05/1956 (57 years)

Thursday, May 1, 2014

Page 2 / 2

This fax was sent with GFI FAXmaker fax server from Nevada Orthopedic & Spine Center



Peter A. Caravezza, MD FACS
Eddy H. Loh, MD FACS
Anne O'Neill, MD FACS FRCS
Yogesh K. Patel, MD FACS

8930 W Sunset Road Ste 300
Las Vegas Nevada, 89148-5008

Tel (702) 228-8834
Tel (702) 258-7788
Fax (702) 258-7787

www.lvsurgical.com

Mar 10, 2014

DANKA MICHAELS MD, MD
7373 PEAK #160
LAS VEGAS, NV 89128

Dear Dr. MICHAELS,

It was a pleasure seeing your patient, THOMAS ALLEN PICKENS on 03/10/2014.

ASSESSMENT

- Pilar cyst

PLAN

Obtain auth for in-office excision of Pilar cyst.
Schedule for next monday.

Thank you for allowing Las Vegas Surgical Associates to be involved in the care of your patient.
If I can be of any further assistance, please do not hesitate to contact me at the number above, or
at drpatel@lvsurgical.com.

Sincerely,
YOGESH K. PATEL MD, FACS

cc:

*Entered, but not edited. If you would like a detailed copy of the office note, please contact our office and
one will be provided.*

RECEIVED
MAR 24 2014
BY: _____

REFILL AUTHORIZATION REQUEST

To: MICHAELS, DANKA Request Date: 03/19/2013
7373 PEAK DRIVE
LAS VEGAS, NV
Phone: (702) 869-6190 Fax: (702) 869-6199

Pharmacy Name: Costco Pharmacy Summerlin
801 S. Pavilion Center Dr
Las Vegas, NV 89144
Phone: 702-352-2052 Fax: 702-352-2071

Patient Info: PICKENS, THOMAS Birthdate: 10/5/1956
9517 QUEEN CHARLOTTE DR
LV, NV 89145
Phone: (702) 360-3163

Prescription Info: Rx#: 1076793
Med: ALPRAZOLAM 0.25MG TAB (GRE)
Qty: 180
Last Refilled On: 1/4/2013 For Qty: 180
Orig Date: 8/28/2012 With 003 Refills
Qty Owed: 180
Sig: 2TPOTID ;TAKE 2 TABLETS BY MOUTH 3TIMES A DAY

Special Notes: Prescription has expired.

Please Note: The pharmacy may be closed for 30 minutes between 1:30PM and 2:30PM for lunch.

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Fax to 702-352-2071
Or Call 702-352-2052

For: PICKENS, THOMAS Date: 03/19/2013
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Disp: 180 Last: 1/4/2013
Prev Rx#: 1076793
Sig: 2TPOTID ;TAKE 2 TABLETS BY MOUTH 3TIMES A DAY

Please Provide
Prescriber's NPI
(National Provider Identifier)

Prescription has expired.

May refill this time 1 plus 3 additional refills

Quantity: _____ Approved By: _____

Sign Here====>

Substitution Permitted

Dispense as Written

MICHAELS, DANKA
7373 PEAK DRIVE
LAS VEGAS, NV

Phone: (702) 869-6190
Fax: (702) 869-6199
DEA#:

MAR 19 2013

By

03/19/2013 @ 1:10pm
SW Marsha Pharmacist
gave verbal auth -18

REFILL AUTHORIZATION REQUEST

To: MICHAELS, DANKA Request Date: 03/15/2013
7373 PEAK DRIVE
LAS VEGAS, NV
Phone: (702) 869-6190 Fax: (702) 869-6199

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dupli

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Disp: 180	Last: 1/4/2013
	Prev Rx#: 1076793
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Please Provide
Prescriber's NPI
(National Provider Identifier)

Prescription has expired.

May refill this time ____ plus ____ additional refills

Quantity: ____ Approved By: ____

Sign Here==>

Substitution Permitted
MICHAELS, DANKA
7373 PEAK DRIVE
LAS VEGAS, NV

Dispense as Written

Phone: (702) 869-6190
Fax: (702) 869-6199

D2A#

RECEIVED
MAR 15 2013
By

REFILL AUTHORIZATION REQUEST

To: MICHAELS, DANKA Request Date: 03/13/2013
7373 PEAK DRIVE
LAS VEGAS, NV
Phone: (702) 869-6190 Fax: (702) 869-6199

Pharmacy Name: Costco Pharmacy Summerlin
801 S. Pavilion Center Dr.
Las Vegas, NV 89144
Phone: 702-352-2052 Fax: 702-352-2071

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Prescriber's NPI
(National Provider Identifier)

Prescription has expired.

May refill this time 1 plus 3 additional refills

Quantity: _____ Approved By: _____

Sign Here==>

Substitution Permitted

Dispense as Written

MICHAELS, DANKA
7373 PEAK DRIVE
LAS VEGAS, NV

Phone: (702) 869-6190
Fax: (702) 869-6199
DEA#:

NEVADA ORTHOPEDIC & SPINE CENTER

P.O. Box 36550
Las Vegas, NV 89133-6550

2650 North Tenaya Way, Suite 301
Las Vegas, NV 89128

(702) 878-0393

Patient Name: THOMAS A PICKENS
Patient ID: 226827
Date of Birth/Age: 10/05/1956 55 yrs, 2 mths
Date of Examination/Report: 12/22/2011

ORTHOPEDIC EVALUATION

HISTORY OF PRESENT ILLNESS: He is seen for his right shoulder. He had a fall somewhere around Thanksgiving and caught himself. He has been having shoulder pain primarily at the level of his socket since that time. He has been having pain since 11/24/2011.

PAST SURGICAL HISTORY: History of cardiac surgery.

PAST MEDICAL HISTORY: A history of hypertension not currently.

Denies cough. Denies night sweats. Denies TB exposure. Denies claustrophobia. Denies pacemaker.

SOCIAL HISTORY: Denies smoking. Denies drinking.

Pain at its worst is 7/10. Currently, it is 4/10.

PHYSICAL EXAMINATION: On exam, he is awake, alert, oriented, and appropriate. He has forward flexion 175. Lateral abduction is 175. Negative drop-arm test. Positive O'Brien test. Positive pain with palpation at the level of the superior labral. He is neurologically intact right upper extremity. He is no acute distress. Normal extraocular eye movements. Skin is intact. No effusion. Height 6'1". Weight 259 pounds.

DIAGNOSTIC STUDIES: X-rays reviewed. It shows minimal AC arthropathy.

ASSESSMENT: Positive shoulder pain. Probable labral tear.

RECOMMENDATIONS: I recommend an MRI arthrogram of the right shoulder. I am going to plan to see him back. He has had pain despite doing home exercise and anti-inflammatory medication.

EDWARD S. ASHMAN, M.D./mlc
Dictated, not edited.

cc: DANKA MICHAELS MD
7373 PEAK DR SUITE 160
LAS VEGAS NV 89128

DATE: 12/22/2011
TIME: 03:57 pm



Page 1 of 1

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SUNRISE | MOUNTAINVIEW | SOUTHERN HILLS | SUNRISE CHILDREN'S
FACSIMILE TRANSMITTAL SHEET

TO:
ROBERT CARILLO

FROM:
Mountain View Hospital

FAX NUMBER:
98696199

DATE:
11/25/2011 6:29:31 AM

RE:
Patient Notification (for your review)

TOTAL NO. OF PAGES, INCLUDING COVER:
4

Dear Physician / Provider,

You've had a patient visit Mountain View Hospital, please see the attached documents for more information.

This transmission is intended only for individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

If you've received this fax in error, please call Deborah Millstone at (702) 836-3976





SUNRISE HEALTH

SUNRISE | MOUNTAINVIEW | SOUTHERN HILLS | SUNRISE CHILDREN'S

Dear Physician/Provider,

Your patient PICKENS, THOMAS ALLEN, account number G00010769236, visited the Mountain View Hospital Emergency Department on 11/24/201 for the reason of FELL OFF ROOF, UPPER BACK PAIN. Please find attached discharge instructions.

If you would like more information regarding this admission, please contact Medical Records at 702-255-5048 or log in remotely to Meditech.

You may obtain a copy of the patient's medical record by faxing a request on letterhead to the Medical Records Department at 702-255-5007.



General Instructions

Mountainview Hospital
3100 N Tenaya Way, Las Vegas, NV 89128 (702)-255-5000
11/24/2011 20:06

Patient: PICKENS, THOMAS ALLEN
MRN: G000151138
Acct#: G00010769236

Contusion to the back and right shoulder (ribs).

INSTRUCTIONS

Apply ice intermittently (15-20 minutes at a time 4-6 times daily) for four days. You may walk and bear weight as tolerated. Do not work for two days. (XRAYs AND EXAMINATION WERE DISCUSSED AND ATTACHED REPORTS ARE BELOW. YOU MAY HAVE PERSISTENT PAIN/ACHINESS FOR THE NEXT FEW DAYS. RETURN TO ER FOR WORSENING PAIN, ANY EMERGENT CONCERNS. THANK YOU FOR YOUR PATIENCE.

Exams: REASON FOR EXAM: CPT CODE:
001619860 RT SHOULDER AP I O-AXIA FALL R SIDED INJ ER BED 16 73030
PROCEDURE: Right shoulder 3 views
DATE: 11/24/2011 9:00 PM
HISTORY: Pain following injury.
FINDINGS: No acute fracture or dislocation. No gross bone erosion or radiopaque foreign body. The AC joint is intact. Bony spurring in the inferior aspect of the a.c. joint is noted.
IMPRESSION: No acute fracture or dislocation.
** Electronically Signed by Wayne Jacobs M.D. on 11/24/2011 at 2107 **
Reported and Signed by: Wayne Jacobs M.D.

CC:
Dictated Date/Time: 11/24/2011 (2107)
Technologist: OMER, JONATHAN P
Transcribed Date/Time: 11/24/2011 (2107)
Transcriptionist: PWS
Electronic Signature Date/Time: 11/24/2011 (2107)
Printed Date/Time: 11/24/2011 (2108) Batch No: N/A
PAGE 1 Signed Report
Name: PICKENS, THOMAS ALLEN MOUNTAINVIEW HOSPITAL
Phys: VUTIM - VU, TIM 3100 N TENAYA WAY
DOB: 10/05/1956 Age: 55 Sex: M LAS VEGAS NV 89128
Acct No: G00010769236 Loc: G.ER
Exam Date: 11/24/2011 Status: REG ER Ph: 255-5080 Fax: 562-5512



001619859&N&N: (COLL: 11/24/2011 21:09) (MsgRcvd 11/24/2011 21:10) Final results

Exams:
- RT RIBS 5 W/PA/AP CHEST
Patient Name: PICKENS, THOMAS ALLEN
Unit No: G000151138
Exams: REASON FOR EXAM: CPT CODE:
001619859 RT RIBS 5 W/PA/AP CHEST FALL ER BED 16 71101
PROCEDURE: Right rib series.
DATE: 11/24/2011 9:00 PM
HISTORY: Pain following injury.

FINDINGS: The cardiac and mediastinal silhouettes are within normal limits. No acute consolidation, effusion, or pneumothorax. The trachea is midline. On the views of the right ribs that are submitted, there is no definite rib fracture. Median sternotomy wires in place.

IMPRESSION: No definite right rib fracture or pneumothorax.

**** Electronically Signed by Wayne Jacobs M.D. on 11/24/2011 at 2109 ****

Reported and Signed by: Wayne Jacobs M.D.).

Warnings: SEDATIVE MEDICATION: You were given sedative medication during your visit. Do not drive or operate dangerous machinery.

Further evaluation is necessary. It is very important to follow up with a physician.

GENERAL WARNINGS: Return or contact your physician immediately if your condition worsens or changes unexpectedly, if not improving as expected, or if other problems arise. **SPECIFICALLY,** return if you develop weakness of the arm, numbness, tingling or incontinence of feces (loss of bowel control).

Prescription Medications:

Percocet 7.5 mg/325 mg: take 1-2 tablets orally every 6 hours as needed for pain. Dispense twenty (20). No refill. Generic substitute OK.

Follow-up with:

THANG-TOM TRAN, MED.IM, (702)870-8994, 3009 W CHARLESTON BLVD., ST.E A, LAS VEGAS, 89102.

Follow up in two days even if well. Call for an appointment. OR YOUR OWN DOCTOR..

Understanding of the discharge instructions verbalized by patient.

You have been given the following additional information:

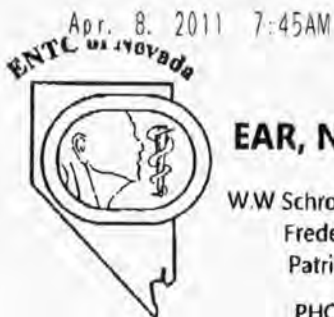
MEDICATION: PERCOCET

You may walk and bear weight as tolerated. Do not work for two days.

Vu, Tim, MD

License#:



**EAR, NOSE & THROAT CONSULTANTS OF NEVADA**

W.W. Schroeder, M.D., F.A.C.S., F.A.A.P. David Foggia, M.D. Ashley Sikand, M.D., F.A.C.S.
Frederick Goll, III, M.D. Larry Yu, M.D., F.A.C.S. Timothy Tolan, M.D.
Patrick O'Donnell, M.D. Charles Abdo, M.D. James Heroy, III, M.D., F.A.C.S.

PHONE: (702) 792-6700 FAX: (702) 792-7198 www.entc.com

March 31, 2011

Danka Michaels, M.D.

RE: Thomas Pickens
ACCOUNT #:



Dear Danka:

Thank you for asking me to see Tom today regarding recurrent epistaxis. This has been ongoing for two months and is always on the right side. He also complains of nasal obstruction on that side. He does have past history of nasal surgery back when he was 12 years old.

PHYSICAL EXAMINATION: This reveals severe nasal septal deviation to the right side. Endoscopic exam was negative for any lesions of the nasopharynx or nasal cavity. There were bleeding sites identified in the anterior nasal septum on the right side.

IMPRESSION:

- 1) Anterior epistaxis, right side.
- 2) Deviated nasal septum.

PLAN: The septal vessels were cauterized with silver nitrate and Rhinaris gel was provided to be used on a t.i.d. basis for two weeks.

If Tom continues to have recurrent epistaxis despite these initial measures, I would recommend a septoplasty as the next step.

Very best personal regards,

ASHLEY SIKAND, M.D., F.A.C.S.

AS:ak

Dictated but not edited

Northwest Office

7040 Smoke Ranch Rd

Las Vegas, NV 89128

Green Valley

10001 S Eastern Ave

Suite 209

Henderson, NV 89052

Southwest

8530 W Sunset Rd

Suite 230

Las Vegas, NV 89113

ENTC of Nevada

**EAR, NOSE & THROAT CONSULTANTS OF NEVADA**

W.W Schroeder, M.D., F.A.C.S., F.A.A.P. David Foggia, M.D. Ashley Sikand, M.D., F.A.C.S.
 Frederick Goll, III, M.D. Larry Yu, M.D., F.A.C.S. Timothy Tolan, M.D.
 Patrick O'Donnell, M.D. Charles Abdo, M.D. James Heroy, III, M.D., F.A.C.S.

PHONE: (702) 792-6700 FAX: (702) 792-7198 www.entc.com

March 31, 2011

Danka Michaels, M.D.

PICKENS
 RE: Thomas Wertheim:
 ACCOUNT #:



Dear Danka:

Thank you for asking me to see Tom today regarding recurrent epistaxis. This has been ongoing for two months and is always on the right side. He also complains of nasal obstruction on that side. He does have past history of nasal surgery back when he was 12 years old.

PHYSICAL EXAMINATION: This reveals severe nasal septal deviation to the right side. Endoscopic exam was negative for any lesions of the nasopharynx or nasal cavity. There were bleeding sites identified in the anterior nasal septum on the right side.

IMPRESSION:

- 1) Anterior epistaxis, right side.
- 2) Deviated nasal septum.

PLAN: The septal vessels were cauterized with silver nitrate and Rhinaris gel was provided to be used on a t.i.d. basis for two weeks.

If Tom continues to have recurrent epistaxis despite these initial measures, I would recommend a septoplasty as the next step.

Very best personal regards,

ASHLEY SIKAND, M.D., F.A.C.S.

AS:ak

Dictated but not edited

Northwest Office

7040 Smoke Ranch Rd

Las Vegas, NV 89128

Green Valley

10001 S Eastern Ave

Suite 209

Henderson, NV 89052

Southwest

8530 W Sunset Rd

Suite 230

Las Vegas, NV 89113

PATIENT NAME: PICKENS, THOMAS A

DATE OF PROCEDURE: 10/22/2004

CINE NO:

CARDIOLOGIST: Navid Kazemi, M.D.

PROCEDURE:

1. Retrograde left heart catheterization.
2. Selective coronary angiogram.
3. Left ventriculogram.
4. IVUS of right coronary artery.
5. Angio-Seal left femoral artery.

INDICATIONS: The patient is a 48-year-old gentleman with history of coronary artery bypass graft who presented with unstable angina with negative troponin and unchanged EKG.

CONSENT: Indications and risks of cardiac catheterization have been discussed with the patient prior to the procedure. The patient was advised that these risks included, but were not limited to bleeding, infection, vascular injury, allergic reaction, myocardial infarction, stroke, and death. The possible need for revascularization via balloon angioplasty, intracoronary stent or bypass surgery were also discussed. The patient wished to proceed.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, the patient was brought to the cardiac catheterization laboratory and attached to monitors. The right groin was prepped and draped in the usual sterile fashion and anesthetized with 1% Xylocaine. A 6-French sheath in the right femoral artery via Seldinger technique. A 5-French JL4 catheter was used to engage the left main artery and views of the left circumflex artery and left anterior descending artery were taken. Then a JR4 catheter was used to engage the right coronary artery and view was taken. Then this catheter was used to engage the only patent radial artery to the ramus artery. The other radial artery had occluded in the past and was not searched for. Then the right catheter was used to enter the subclavian artery and switched to a left internal mammary artery catheter which did not engage the left internal mammary artery very well and switched to IMC catheter which engaged well and corresponding views were taken. Then a 6-French pigtail catheter was subsequently used to enter the left ventricle. Pressures were measured and ventriculogram was done in both the RAO and LAO views.

Using a 6-French JR4 guide catheter and BMW wire the right coronary artery was crossed with ease. IVUS was performed of the right coronary artery. An additional view was taken of the right coronary artery after the wire and the IVUS catheter was removed. The patient tolerated the procedure well.

COMPLICATIONS: None.

DURATION OF PROCEDURE: One hour.

TOTAL CONTRAST: 230 cc.

MEDICATIONS: Midazolam 1 mg, Stadol 1 mg

PICKENS, THOMAS A
G00005418252 / G000151138
KAZEMI, NAVID
ADMITTED: 10/21/04
ROOM: G.211S-A

MOUNTAINVIEW
HOSPITAL AND MEDICAL CENTER
3100 North Tenaya Way
Las Vegas, NV 89133
CARDIAC CATHETERIZATION

Run: 04/19/06-01:00 by Kazemi, Navid

CARDIAC CATHETERIZATION - Additional copy

RECEIVED OCT 02 2009

Page 1 of 3

HEMODYNAMICS: The patient was in normal sinus rhythm with blood pressure 110/60. Left ventricular pressure 110/10 with left ventricular end diastolic pressure of 15.

LEFT VENTRICULOGRAPHY: The left ventricular chamber sizes were normal. In the RAO view a mid anterolateral hypokinetic area was noted with apical hypokinesis. In the LAO view there was no wall motion abnormality.

SELECTIVE ANGIOGRAM:

1. Left main artery was normal.
2. Left anterior descending had an 85% proximal stenosis near the ostium and it was occluded mid way, first diagonal was occluded.
3. Left circumflex artery was normal. First obtuse marginal was occluded. Second obtuse marginal extended to the apex of the heart.
4. Ramus artery was occluded.
5. Right coronary artery is dominant with a 50% proximal stenosis and a 50-70% distal stenosis right before the bifurcation into the posterior descending artery and PLV.
6. Radial graft to the obtuse marginal was normal.
7. Left internal mammary artery was normal and supplied the first diagonal artery and then jumped to the left anterior descending artery with normal anastomosis.
8. Post intervention, post IVUS right coronary artery appeared the same.

IVUS

1. Reference lumen of distal RCA was 3.9 X 4.2 mm. Disease area had luminal dimension of 1.8 X 2.2 mm.

IMPRESSIONS:

1. Occluded left anterior descending artery.
2. Occluded diagonal artery.
3. Occluded ramus artery.
4. Left internal mammary artery to diagonal and left anterior descending artery normal.
5. Obtuse marginal to ramus normal.
6. Occluded radial artery to right coronary artery from previous catheterization.
7. Moderate mid and distal right coronary artery, noted to be severe via IVUS imaging.
8. Normal ejection fraction with mild anterolateral and apical akinesis.

DISCUSSION: This patient was treated with unstable angina, however, in view of lack of troponin elevation and severe stenosis on the angiogram and lack of presence of unstable plaque we will stop the heparin and Integrelin and Plavix. He will be treated medically on aspirin, beta blocker and statin.

NAVID KAZEMI, M.D.

D: 10/22/2004 09:52:32

CC/NK/813 T: 10/22/2004 22:13:45

Job #: 2323949 RT 90

Doc #: 2050784

cc: NAVID KAZEMI, M.D.

RECEIVED OCT 22 2004

PICKENS, THOMAS A

G00005418252 / G000151138

KAZEMI, NAVID

ADMITTED: 10/21/04

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HOSPITAL AND MEDICAL CENTER
3100 North Tenaya Way
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CARDIAC CATHETERIZATION

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Page 2 of 3

Electronically signed by

on

at

KAZEMI,NAVID

TRANSCRIBED BY: L&H MEDICAL TRANSCRIP

DATE DICTATED: 10/22/04
DATE TRANSCRIBED: 10/22/04

Electronically Signed by NAVID KAZEMI on 10/25/04 at 1515

PICKENS,THOMAS A
G00005418252 / G000151138
KAZEMI,NAVID
ADMITTED: 10/21/04
ROOM: G.211S-A

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HOSPITAL AND MEDICAL CENTER
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CARDIAC CATHETERIZATION

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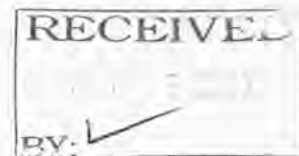
SUNRISE | MOUNTAINVIEW | SOUTHERN HILLS | SUNRISE CHILDREN'S

Dear Physician/Provider,

Your patient PICKENS, THOMAS ALLEN, account number G00009115141, was discharged from Mountain View Hospital on 9/29/2009. The patient was admitted for the reason of CHEST PAIN, ROM1.

If you would like more information regarding this admission, please contact Medical Records at 702-255-5048 or log in remotely to Meditech.

You may obtain a copy of the patient's medical record by faxing a request on letterhead to the Medical Records Department at 702-255-5007.



M-MODE DATA:

RVIDd (2.1-3.2 cm)= 3.0

LVIDd (3.5-5.7 cm)= 4.0

LVIDs (2.6-3.6 cm) = 2.6

IVS (0.6-1.2 cm)= 1.1

EF =

LVPW (0.6-1.1 cm) = 1.2

AO Root 2.0-3.7 cm)= 3.5

LA (1.9-4.0 cm) = 4.1

ACS 1.5-2.6 cm)=

FS =

FINDINGS:

1. Technically difficult echo.
2. Intact LV systolic function with ejection fraction of 60%.
3. No evidence of hemodynamically significant pericardial effusion.
4. No evidence of intracardiac mass, thrombi or vegetation visualized.
5. Mild left atrial enlargement.

DOPPLER:

1. Trace MR.
2. Trace TR.
3. Normal _____ ratio.

CONCLUSION:

1. Intact left ventricular systolic and diastolic function.
2. No significant pericardial effusion.
3. Mild left atrial enlargement.

Sean S Ameli, MD, FACC

DD: 09/30/2009 11:35:52 (EST)

DT: 09/30/2009 11:43:03 (EST)

Transcriptionist: 422557 Editor: 422557 Last Edit: 09/30/2009 11:43:03 (EST)

Document ID: 25579130 Voice Job ID: 27820447 Phys Job ID: 298344

cc: Danka K. Michaels, MD



MountainView Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

Patient Name: PICKENS, THOMAS A
MR#: G000151138
Acct#: G00009115141
ADM Date: 09/28/2009
DIS Date: 09/29/2009
Room-Bed: 523S-A

Echocardiogram

Page 1 of 1

PATIENT IDENTIFICATION:

The patient is well known to me with a history of known coronary artery disease and a history of non-Q wave myocardial infarction in the year 2000. As such, status post percutaneous transluminal coronary angiography x3 in March, April, and July of 2000, and status post bypass surgery, 4 vessels, all arterial bypasses in 09/2000 in the Cleveland Clinic. The patient had been generally doing well. However, over about a week or 2 ago, he started doing a lot of heavy lifting, in fact, he actually apparently had lifted a model T Ford car on his own in their garage while he was fixing it. Since then, he has had this constant chest pain for 2 weeks. He says that sometimes it gets better, sometimes it gets worse in the morning. It gets better, then it gets worse as he starts moving around, but it does not get worse with moving his chest and arm. There is no associated shortness of breath. The very first time it happened, he took nitroglycerin and then went to sleep and it was better after that, but he also states that at one point, he thinks when the pain came, he also maybe passed out for a couple of seconds, but he cannot be sure and he did not tell anyone this until weeks later. The patient's labs are all normal, but he continues to have episodic chest pain, so he is being admitted.

FAMILY HISTORY:

Noncontributory. Family history also has a history of hypertension, coronary artery disease, and hypercholesterolemia.

SOCIAL HISTORY:

The patient is married. He has no history of TB or alcohol or drug use. He is a nonsmoker.

PAST MEDICAL HISTORY:

Includes hypertension, dyslipidemia, gout, low HDL, high triglycerides, obesity, and history of PE post bypass.

ALLERGIES:

No known drug allergies.

REVIEW OF SYSTEMS:

The patient denies any melena, hematochezia, hematemesis, hematuria, hemoptysis, epistaxis, bleeding diatheses, fevers, chills, or night sweats.

MEDICATIONS:

Include Coreg, Altace, aspirin, and statins.

PHYSICAL EXAMINATION:

Vital Signs: Blood pressure was 120/60, pulse of 60 and regular, respirations 14, and afebrile. General: Mildly overweight Caucasian female, very pleasant, cooperative, in no acute distress. HEENT: Head: Normocephalic, atraumatic. Eyes: EOMI, PERRLA. Sclerae and conjunctivae are clear and anicteric. Oropharynx: Benign. Neck: Supple. JVP correlates with normal central venous pressure. Lungs: Clear to percussion and auscultation. Heart: Well-healed surgical scar, otherwise nontender. Regular rate and rhythm. Normal S1, S2, without any changes in murmur. Abdomen: Positive bowel sounds, soft, nontender. Extremities: No cyanosis, clubbing, or edema. Neurologic: Nonfocal.

MountainView Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

Patient Name: PICKENS, THOMAS A
MR#: G000151138
Acct#: G00009115141
ADM Date: 09/28/2009
DIS Date:
Room-Bed: 523S-A



Pre-Op H&P

Page 1 of 2

ASSESSMENT:

1. Atypical chest pain.
2. Negative cardiac enzymes.
3. Rest of past medical history.

DISCUSSION:

At this time, the patient's symptoms are atypical, however, given his extensive history of coronary artery disease, everything is warranted to be observed. If D-Dimer is negative, I would proceed with an MRA of the thoracic aorta to rule out aortic pathology, and especially doing that in case he needs an angiogram, so we minimize the use of contrast. I have discussed with the patient to proceed directly with cardiac catheterization for the definitive evaluation, which, at this time, he is adamantly against unless there is evidence of myocardial infarction by enzymes. After, if it is not positive, and he has no symptoms, he may consider stress testing. I explained to him however performed, the stress test could be helpful, although, if he continues to have symptoms, difficult to do, but also, if any come back negative and he has symptoms, the consideration of cardiac catheterization would be discussed. However, he still wants not to consider that.

PLAN:

1. Rule out MI protocol.
2. Two-D echocardiogram.
3. Would obtain next his MRA of the thoracic aorta if the D-dimer is negative.
4. Consider cardiac catheterization, but at this time, the patient does not wish to consider.
5. Continue with ACE inhibitors, beta-blockers, statins, and aspirin.
6. DVT prophylaxis if the aorta is unremarkable.
7. Further consideration of cardiac catheterization will be discussed with the patient's decision and as per progress.
8. Further evaluation and recommendations forthcoming as above or as warranted.

Sean S Ameli, MD, FACC

DD: 09/28/2009 20:32:44 (EST)

DT: 09/28/2009 21:00:09 (EST)

Transcriptionist: 422807 Editor: 422807 Last Edit: 09/28/2009 21:00:09 (EST)

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cc: Danka K. Michaels, MD



MountainView Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

Patient Name: PICKENS, THOMAS A
MR#: G000151138
Acct#: G00009115141
ADM Date: 09/28/2009
DIS Date:
Room-Bed: 6235-A

Pre-Op H&P

Page 2 of 2



Northwest Location
2650 N. Tenaya Way, Suite 301
Las Vegas, NV 89128

Southeast Location
1505 Wigwam Pkwy, Suite 330
Henderson, NV 89074

Mailing Address
PO Box 36550
Las Vegas, NV 89133-6550

(702) 878-0393



Date: 6/30/09 To: Roberto
Fax # 869-6199 Ph# 869-6190
Re: MRI results: Thomas Pickers

From: Heather W/ Dr. Bradford
Direct Line: 702-258-5554
Fax: 702-258-5565

*Spoke with Heather
on 06/30/09 @ 1:20
stated Dr. Bradford is
out of town until
till tomorrow
Monday when
he gets back.
Ken*

Comments: _____

Acknowledgement Requested: YES NO

Number of pages including cover sheet: 3

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NEVADA ORTHOPEDIC & SPINE CENTER

P.O. Box 36550
Las Vegas, NV 89133-6550

2650 North Tenaya Way, Suite 301
Las Vegas, NV 89128

(702) 878-0393

Patient Name: THOMAS A PICKENS
Patient ID: 226827
Date of Birth/Age: 10/05/1956 52 yrs, 8 mths
Date of Examination/Report: 06/12/2009

Danka Michaels, M.D.
7373 Peak Dr. Suite 160
Las Vegas, NV. 89128

Dear Dr. Michaels:

Thank you for referring your husband for evaluation of his left knee. He has been having problems with his left knee since May with pain, swelling, catching sensation in the knee. He does not remember any specific injury to it.

PAST SURGICAL HISTORY: None.

PAST MEDICAL HISTORY: He has some heart problems.

MEDICATIONS: Did not list any medications.

ALLERGIES: NKDA.

PHYSICAL EXAMINATION: On examination he has tenderness along the medial joint line, tenderness around the lateral joint, positive McMurray medial and lateral. The knee is grossly ligamentously stable. There is no gross deformity. There is a small effusion present. Neurovascular function distally is normal.

DIAGNOSTIC STUDIES: X-rays show some mild arthritic changes and a little bit of joint space narrowing medially, but overall fairly well maintained joint space.

IMPRESSION: Torn medial and lateral meniscus.

PLAN: We will get an MRI to evaluate him for the meniscus tears. We injected the knee with some cortisone today to settle it down. We will see him back in follow up after the MRI. There is a chance he may need arthroscopic treatment depending on what the MRI shows. If there are any questions about this report, please do not hesitate to call. Thank you again for referring your husband for evaluation of his knee.

Sincerely,

MICHAEL S. BRADFORD, M.D./paf

Dictated but not edited.

DATE: 06/17/2009
TIME: 10:27 am



Page 1 of 2

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NEVADA ORTHOPEDIC & SPINE CENTER

P.O. Box 36550
Las Vegas, NV 89133-6550

2650 North Tenaya Way, Suite 301
Las Vegas, NV 89128

(702) 878-0393

Patient Name:	THOMAS A PICKENS
Patient ID:	226827
Date of Birth/Age:	10/05/1956 52 yrs, 8 mths
Date of Examination/Report:	06/12/2009



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Roberto

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MESSAGE

I n Regards to Thomas Pickens

DANKA K. MICHAELS M.D.
7373 PEAK DR. # 100 LAS VEGAS NV 89128
702/889-6190
FAX 702/ 889-6199

FACSIMILE TRANSMITTAL

DATE = 05/11/09
TO: Dr. Anel: office
FAX# 233 1001
FROM: Roberto

TOTAL # OF PAGES 2

MESSAGE: IN Regards to Thomas Pickens

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FAXED BY Roberto

7/3/2008

M

PRESCRIPTION REFILL REQUEST

P

(Rx 6677663)

Date: 01-18-2009

TO: PHYSICIAN

FOR: PATIENT

MICHAELS, DANKA K.
7373 PEAK DR
LAS VEGAS, NV 89128
(702) 869-6190
(702) 869-6199

PICKENS, THOMAS
9517 QUEEN CHARLOTTE
LAS VEGAS, NV 89145
(702) 360-3163

Birthdate: 10-05-1956

PRESCRIPTION REQUESTED

FROM: PHARMACY

Rx: 6677663 PICKENS, THOMAS
Drug: COLCHICINE 0.6MG TAB QUAL
Generic for:
Qty: 60
Sig: TAKE ONE TABLET BY MOUTH TWICE
DAILY AS NEEDED

VONS 29-1688
820 S Rampart Blvd
Las Vegas, NV

Fax: (702) 946-5339
Phone: (702) 946-5333

First Filled: 10-07-2007 Orig Order Qty: 60
Last Filled: 02-17-2008 Last Ref Qty: 60

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Additional refills: 1 2 3 4 5 6 PRN or
Date: _____

Doctor Signature: _____
or

Authorized Person: _____
(Print Name) (Initials)

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ORTHOPAEDIC SPECIALISTS OF NEVADA
ORTHOPAEDIC SURGERY & SPORTS MEDICINE

December 5, 2007

Dr. Danka Michaels
7373 Peak Dr. #160.
Las Vegas, NV 89128

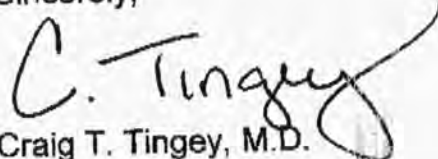
Re: Thomas Pickens,

Dear Dr. Michaels,

Thank you for referring Thomas Pickens to my clinic. He was seen for initial consultation today. To keep you informed, I am enclosing a copy of my chart notes detailing my findings and the treatment I intend to pursue.

Thank you again for your confidence in referring patients to our office.

Sincerely,


Craig T. Tingey, M.D.



☐ 701 South Tonopah Drive
Las Vegas, NV 89106
T (702) 388-1008 • F (702) 388-1841

☒ 7200 Cathedral Rock Drive, Suite 170
Las Vegas, NV 89128
T (702) 256-8500 • F (702) 256-8527

☐ 2680 Crimson Canyon Drive
Las Vegas, NV 89128
T (702) 228-7355 • F (702) 228-4499

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Las Vegas, NV 89106
T (702) 474-7200 • F (702) 474-0009

General Orthopaedics - Sports Medicine - Joint Reconstruction - Foot & Ankle - Spine - Shoulder & Elbow - Hand - Trauma - Workman's Comp - orthopaedicspecialists.org

NAME: THOMAS PICKENS**DOB: 10/05/1956****DOS: 11/27/2007**

HISTORY: Tom is a 51-year-old male who is seen for right knee injury. He states that he fell while walking up in the steps, two days ago. Initially, he did not have very much pain and yesterday he did not have pain, but today he is having moderate-to-severe pain in the area of the tibial tubercle. He is having difficulty walking because of the pain. He denies any mechanical symptoms such as popping, locking or catching.

PAST MEDICAL HISTORY: Coronary artery disease.

PAST SURGICAL HISTORY: Bypass surgery.

MEDICATION: None.

ALLERGIES: No known drug allergies.

FAMILY HISTORY: Negative.

SOCIAL HISTORY: He does not smoke or drink.

REVIEW OF SYSTEMS: As scanned into the chart.

PHYSICAL EXAMINATION: On examination of the right knee, there is a small hematoma and skin abrasion over the tibial tubercle. He is point tender at the tubercle and not over the patellar tendon or extensor mechanism. The medial and lateral joint lines are nontender. Range of motion is 0 degrees to 100 degrees. He has full active extension of the knee against resistance. He has normal patellar mobility. The collateral ligaments are stable to varus and valgus stress at 0 and 30 degrees. Anterior drawer, posterior drawer, and Lachman's tests are negative.

RADIOGRAPHS: X-rays of the knee show mild-to-moderate joint space narrowing of the medial compartments with some evidence of osteophytes in the patellofemoral compartment, which indicates mild osteoarthritic changes, but no fracture or acute bony abnormality.

ASSESSMENT: Right knee pain probable contusion at the tibial tubercle.

PLAN: I have recommended conservative measures of icing and anti-inflammatories as necessary for pain. The patient may weight bear as tolerated. If he fails to have significant improvement of his symptoms, in a week or so, an MRI may be considered.

Craig T. Tingey, M.D.
CTT/dps



NEVADA CARDIOLOGY ASSOCIATES

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MARTIN D. SCHAFER, MD, FACC, FACP
BERGE J. DADOURIAN, MD, FACC
FOAD MOAZEZ, MD, FACC
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SEAN S. AMELI, MD, FACC, FACP
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ROBERT L. BAKER, MD, FACC
RICHARD CHEN, MD, FACC

BOARD CERTIFIED CARDIOLOGISTS


September 17, 2004

RE: Pickens, Thomas

To Whom It May Concern:

Mr. Pickens is a 48-year-old Caucasian male with extensive advanced coronary artery disease. He is status post multiple cardiovascular procedures, including coronary artery bypass graft surgery and underwent intracoronary stent placement of his coronary arteries in 2002. He has a history of requirement for defibrillation as well as multiple episodes of angina pectoris and multiple episodes of chest pain of various etiologies. He has significant dyslipidemia and multiple risks for recurrent coronary disease; therefore, he has undergone extensive treatment and evaluation for his underlying advanced coronary disease. Due to the above cardiovascular status, the patient has been recommended since that time until now to refrain from any activities which would further exacerbate or potentially worsen his condition. He has been specifically instructed to avoid his work duties, especially additional stress that it caused, and specific work-related stress and other activities. Therefore, he had been instructed to avoid those job activities since March 2002 until now. If I can be of any further assistance, please do not hesitate to contact me.

Sincerely,


Sean S. Ameli, M.D., FACC, FACP, FCCP
Nevada Cardiology Associates

SSA:ep11
FN: SSA0917
Job# 27150



3121 S. Maryland Pkwy., Suite 512
Las Vegas, Nevada 89109-2310
(702) 796-7150 • Fax 796-9071

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BLUEPOINT
MEDICAL GROUP

Danka K. Michaels, M.D.
BC Internal Medicine
BC Clinical Biochemistry
Roberto Carillo, RN, APN

FAX

ATTENTION TO:

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Danka K. Michaels, M.D.
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Phone: 702-869-6190 Fax: 702-869-6199

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10/6/16
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Episource, LLC on behalf of Aetna

Aetna Medical Record Request: Patient List

Please submit member list in all communications:

Fax to: 800.893.7048 or 888.300.0970

E-mail to: docmgt@episource.com To protect ePHI, please use encrypted email.

Send via traceable mail to: 500 W 190th Street, 4th Floor, Gardena CA 90248.

Call: 844.848.1449 or 855.216.9420 to schedule a remote download or on-site visit, or for further questions

Relevant documents:

- Progress Notes
- Consult Notes
- Hospital Records
- History & Physical Reports
- Pathology Reports
- Diagnostics
- Medication & Problem List
- Past Medical History Logs

Required Dates of Service: Jan 01, 2016 to Dec 31, 2016

Total Charts Requested: 12

File #	Provider Name	Member Last Name	Member First Name	DOB	Epi Chart ID	Comments
1	DANKA MICHAELS	APUZZO	DONNA	06 Sep 1953	30024232084003873740	
2	DANKA MICHAELS	BISHOP	JODI	18 Aug 1967	30024232084003803963	
3	DANKA MICHAELS	CAMPBELL	DEANA	24 Jan 1961	30024232084003025153	
4	DANKA MICHAELS	CARILLO	FELICITAS	20 Mar 1952	30024232084003655676	
5	DANKA MICHAELS	GREEN	KENNETH	25 Jan 1998	30024232084003657781	
6	DANKA MICHAELS	LISUE	ROBERT	13 Jul 1957	30024232084003840027	
7	DANKA MICHAELS	LESMEISTER	DARA	27 Oct 1954	30024232084003366827	
8	DANKA MICHAELS	MACHA	THERESA	26 Nov 1956	30024232084003022306	
9	DANKA MICHAELS	MORRIS	TRACI	07 Oct 1968	30024232084003115950	
10	DANKA MICHAELS	PHILLIPS	DAPHNE	09 Oct 1961	30024232084003875697	
11	DANKA MICHAELS	PICKENS	THOMAS	05 Oct 1956	30024232084003104015	
12	DANKA MICHAELS	STEINBERG	SUZANNE	18 Mar 1964	30024232084003654921	

Epi Reference ID: L-00249340

1

RECEIVED OCT 04 2016

Send Result Report

MFP

CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23

09/21/2015 16:00
(2LF_1000.005.003) (2K9_1100.002.001) (2) C_7000.005.0101

Job No.: 058006

Total Time: 0°00'16"

Page: 001

Complete

Document: doc05800620150921155948

Page 1 of 1

Danka K Michaels M D Prof Corp

3320 N BUFFALO DR STE 106 LAS VEGAS, NV, 89129-7410

Tel: 702-869-6190 Fax: 702-869-6199

Prepared By: Paque,Ireri

Trans id: 2015092117092287645131

Danka K. Michaels, MD
Internal Medicine

PICKENS, THOMAS

PRINTED PRESCRIPTION

9517 QUEEN CHARLOTTE, LAS VEGAS, NV-89145

Date: 09/21/2015

DOB: 10/05/1956, Phone: 702-304-0038

Pharmacy: Costco Pharmacy # 685, 801 SOUTH PAVILION DR, LAS VEGAS Tel: 702-352-2052, Fax: 702-352-2071

Rx

Xanax Tablet 0.5 MG Orally

Disp: ***360*** (THREE HUNDRED SIXTY)

Sig: 2 tablet Three times a day 90 days

Refills: ***0*** (ZERO)

DEA #: BM5019977

NPI #: 1730151044

LIC #: 8666



Danka K. Michaels, MD,

To ensure brand name dispensing, prescriber must write "Dispense as Written" or "D.A.W." on the prescription.

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	09/21/15 16:00	7023522071	0°00'16"	FAX	OK	200x100 Norma1/On

Danka K Michaels M D Prof Corp

3320 N BUFFALO DR STE 106 LAS VEGAS, NV, 89129-7410

Tel: 702-869-6190 Fax: 702-869-6199

Prepared By: Paque,Ileri

Trans id: 2015092117092287645131

Danka K. Michaels, MD
Internal Medicine

PRINTED PRESCRIPTION

PICKENS, THOMAS

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Danka K. Michaels, MD,

Send Result Report

MFP

CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23



09/16/2015 14:12
[2LF_1000.005.003] [2K9_1100.002.001] [2LC_7000.005.010]

Job No.: 057755

Total Time: 0°00'15"

Page: 002

Complete

Document:

doc05775520150916141122



Danka K. Michaels, M.D.
BC Internal Medicine
BC Clinical Biochemistry

Roberto Carillo, RN, APN

FAX

ATTENTION TO: Dr. Green

FAX NUMBER: 702 233 1001 DATE 09/16/15

NUMBER OF PAGES INCLUDING COVER: 2

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
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Send Result Report

MFP

CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23



09/16/2015 14:18
[2LF_1000.005.003] [2K9_1100.002.001] [2LC_7000.005.010]

Job No.: 057754 Total Time: 0°00'42" Page: 002

Complete

Document: doc05775420150916141106



Danka K. Michaels, M.D.
BC Internal Medicine
BC Clinical Biochemistry

Roberto Carillo, RN, APN

FAX

ATTENTION TO: Cardiac Lab
FAX NUMBER: 702 255 5075 DATE 09/16/15
NUMBER OF PAGES INCLUDING COVER: 2

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	09/16/15 14:11	7022555075	0°00'42"	FAX	OK	200x100 Normal/On



Danka K. Michaels, M.D.
BC Internal Medicine
BC Clinical Biochemistry

Roberto Carillo, RN, APN

FAX

ATTENTION TO: Cardiac Lab

FAX NUMBER: 702 255 5075 DATE 09/16/15

NUMBER OF PAGES INCLUDING COVER: 2

COMMENTS: Thomas Pickens D.O.B. 10/05/86

PT / PTT, pt has
angiogram scheduled on
09/17/2015

3320 N. Buffalo Drive, st. 106
Las Vegas, NV 89129
Phone: 702-869-6190 Fax: 702-869-6199



Danka K. Michaels, M.D.
BC Internal Medicine
BC Clinical Biochemistry

Roberto Carillo, RN, APN

FAX

ATTENTION TO: Dr. Green

FAX NUMBER: 702 233 1001 DATE 09/16/15

NUMBER OF PAGES INCLUDING COVER: 2

COMMENTS: Thomas Pickens D.O.B. 10/05

PT/PTT, pt has angiogram
scheduled on 09/17/2015

3320 N. Buffalo Drive, st. 106
Las Vegas, NV 89129
Phone: 702-869-6190 Fax: 702-869-6199

Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Phone: 7023603163 Patient ID: NG	Specimen: 48890486 Requisition: 273410034074 Collected: 09/16/2015 / 09:56 PDT Received: 09/16/2015 / 12:22 PDT Faxed: 09/16/2015 / 13:15 PDT	Client #: 27341 PSRN MICHAELS, DANKA K DANKA K MICHAELS, MD 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129

MRN: 0034861886

COMMENTS: Ordering Physician: MICHAELS, DANKA K

Test Name	In Range	Out Of Range	Reference Range	Lab
PROTHROMBIN TIME WITH INR				01
PT	11.1		9.0-11.5 sec	
INR	1.1		0.9-1.1	
The recommended therapeutic INR for moderate-intensity Warfarin therapy is 2.0 to 3.0, except for patients on higher-intensity Warfarin therapy. In these latter patients, the therapeutic INR range is 3.0 to 4.0.				
PARTIAL THROMBOPLASTIN TIME, ACTIVATED				01
PTT	24		22-34 sec	
This test has not been validated for monitoring unfractionated heparin therapy. For testing that is validated for this type of therapy, please refer to Heparin, Unfractionated (Xa Inhibition) - TC 132092.				

PERFORMING SITE:

01 Quest Diagnostics, 4230 Burnham Ave., Las Vegas, NV 89119 Laboratory Director: Elizabeth D. Iolo, M.D., CLIA: 2900652720



Quest Diagnostics Incorporated
Address: 4230 South Burnham Avenue,
Las Vegas, NV 89119
Phone: 702-733-7866
www.questdiagnostics.com
www.QuestConnect.com

FAX COVER SHEET

PROTECTED HEALTH INFORMATION

DATE: 09/16/2015 04:22:21 PM
FAX: 17028696199
FROM: Quest Diagnostics Incorporated
DATE: Lab Report

Number of pages including cover sheet: 2

CONFIDENTIALITY NOTICE:

The medical information in this FAX message is confidential and protected by both State and Federal Law. It is unlawful for unauthorized persons to review, copy, disclose, or disseminate confidential Medical information. If the reader of this warning is not the intended FAX recipient or the intended Recipient's agent, you are hereby notified that you have received this FAX message in error and that Review or further disclosure of the information contained in this FAX is strictly prohibited. If you have Received this FAX in error, please notify us immediately at the telephone number indicated above and either destroy these documents or return the originals to us by mail. Thank you.

FAX Cover Sheet
HIPAA703A-F3

Send Result Report

MFP

CS 4550ci

Firmware Version 2LC_2F00.007.009 2013.11.27



09/09/2015 13:53
[2LC_1000.009.001] [2K9_1100.002.001] [2LC_7000.007.009]

Job No.: 128575

Total Time: 0°06'38"

Page: 020

Complete

Document: doc12857520150909134628

From: Episource Fax 4

Fax:

To: +1702886188

Fax: +1702886188

Page 4 of 6 09/28/2016 12:11 PM



Please support our yearly risk adjustment efforts

We contracted with Episource to help collect medical record images. We use these images for risk adjustment efforts. In the next few weeks, Episource will contact your office to schedule an onsite or remote session to collect medical images.

Get Important Information about new diagnostic codes

Your participation in this session will help us secure images for Risk Adjustment Data Validation by the U.S. Department of Health and Human Services (HHS). It'll also help you prepare for the transition to the ICD-10 CM model. This model places greater emphasis on documentation specificity. The normal-used range of codes jumps from about 13,000 to 64,000.

How to prepare for your scheduled session

During your session, you'll give Episource access to records for your Aetna patients for the requested dates of service. For each patient, it's important to:

- Document the condition(s) and/or symptoms in the medical record (progress notes and plan).

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	09/09/15 13:47	18008937048	0°06'38"	FAX	OK	200x100 Normal/On



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How to prepare for your scheduled session

During your session, you'll give Episource access to records for your Aetna patients for the requested dates of service. For each patient, it's important to:

- Document the condition(s) and/or symptoms in the medical record (progress notes and plan).
- Use the appropriate, specific ICD-9-CM diagnosis codes.

Using the provided medical records, Episource will:

- Review and assign ICD-9 codes.
- Validate encounter data.
- Scan and replace all paper and/or electronic records.

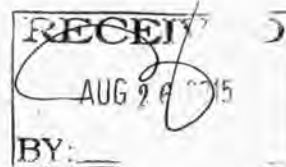
Once Episource completes the medical record review, we'll work with them to develop a provider-specific Clinical Documentation Improvement (CDI) plan. The CDI plan will identify any trends and gaps in your documentation. It'll also tell you how to correct them.

We're here to help

Thanks in advance for your help. If you have questions, just call **Episource** at 855-874-1852 or 855-216-9420. Or you can call our Provider Service Center at **1-800-624-0756**.

Sincerely,

Stanley S. Lynch Jr., MD, FAAP, MM
Chief Medical Officer
Individual & Public Exchanges



We review patient medical records in order to report complete and accurate diagnosis codes to the Centers for Medicare and Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS). We're contacting you to request medical records for your Aetna/Coventry patients.

We've partnered with Episource to collect medical records on our behalf. They'll contact your office to schedule an appointment to retrieve charts for patients enrolled in one of our Commercial Health Exchange Plans. This request is time-sensitive, so we appreciate your prompt response.

What to expect with the medical record review process

Episource offers a few ways to retrieve the requested medical records. You can choose the one that will best suit your needs with little disruption to your daily routine:

- Schedule a Medical Records Technician to come to your site to collect the records.
- Fax medical records directly to Episource at 800-893-7048 or 800-883-5468.
- E-mail medical records directly to Episource at docmgt@episource.com.
- Mail copies of the records. Episource will send a pre-paid shipping label.
- Transfer records using a secure web portal or secure file transfer protocol (contact Outreach Services for more info).

You can also setup remote retrieval for electronic medical records only. If one of these options doesn't work for you, you can work with the Episource Outreach Consultant to find one that does.

Also, please refrain from submitting X-ray or original medical record(s). You should also only submit those medical records with dates of service that correspond to the member's effective dates. Once we receive your records, we'll verify that the diagnosis codes reported include the right codes.

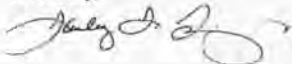
Your patients' records are safe

We have an agreement with Episource and their employees to protect the privacy rights of physicians and members. This means that Episource will keep any information shared during review activities in the strictest of confidence. Collectively, we'll comply with all applicable state and federal laws and HIPAA requirements regarding the confidentiality of the patient.

If you have questions, we can help you find answers

Thank you for participating in our medical record review process. If you have questions or need more information, just call your Episource Outreach Consultant at 855-874-1852 or 855-216-9420 Monday thru Friday 6:00 a.m. to 5:00 p.m. Pacific Standard Time.

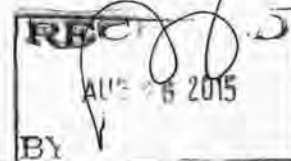
Sincerely,



Stanley S. Lynch Jr., MD, FAAP, MM
Chief Medical Officer
Individual & Public Exchanges

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

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Tracking #: ET-0249-15



Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna

FAX



episource
Global Solutions Redefined

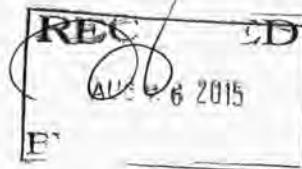
SUBJECT: Request for medical records

To:	Dr.Danka Michaels	From:	Outreach Services
Fax:	7028696199	Fax:	(800) 893-7048 or (800) 883-5468
Pages:	5	Date:	8/26/15

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Tracking #: ET-0214-15



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AUG 6 2015
BY

episource
Data/Claims/Insurance

Line	Project Name	Provider Name	Member Last Name	Member First Name	DOB	Chart ID	Date of Service Start Date	Date of Service End Date	Paper	EMR	CNA	NPV	Complete	MRT
1	Aetna Commercial 2015 Test Load	Danka Michaels	BARKETT	MARTHA	7/28/1997	30003986464001439843	1/1/2015	12/31/2016						
2	Aetna Commercial 2015 Test Load	Danka Michaels	CAMPBELL	JEAN	5/24/1991	30003986464001439843	1/1/2015	12/31/2016						
3	Aetna Commercial 2015 Test Load	Danka Michaels	CANFIELD	TECHIE	3/20/1992	30003986464001439843	1/1/2015	12/31/2016						
4	Aetna Commercial 2015 Test Load	Danka Michaels	DEMPSEY	JOHN	1/1/1991	30003986464001439843	1/1/2015	12/31/2016						
5	Aetna Commercial 2015 Test Load	Danka Michaels	CHURCH	JOHN	10/2/1995	30003986464001439843	1/1/2015	12/31/2016						
6	Aetna Commercial 2015 Test Load	Danka Michaels	HATCHER	JOHN	1/1/1991	30003986464001439843	1/1/2015	12/31/2016						
7	Aetna Commercial 2015 Test Load	Danka Michaels	HUTCHINSON	JOHN	10/4/1994	30003986464001439843	1/1/2015	12/31/2016						
8	Aetna Commercial 2015 Test Load	Danka Michaels	EMERSON	JOHN	1/1/1991	30003986464001439843	1/1/2015	12/31/2016						
9	Aetna Commercial 2015 Test Load	Danka Michaels	MICHAE	JOHN	1/1/1991	30003986464001439843	1/1/2015	12/31/2016						
10	Aetna Commercial 2015 Test Load	Danka Michaels	MILLER	JOHN	1/1/1991	30003986464001439843	1/1/2015	12/31/2016						
11	Aetna Commercial 2015 Test Load	Danka Michaels	PARQUE	JOHN	10/10/1990	30003986464001439843	1/1/2015	12/31/2016						
12	Aetna Commercial 2015 Test Load	Danka Michaels	PICKENS	THOMAS	10/5/1996	30003986464001020460	1/1/2015	12/31/2016						
13	Aetna Commercial 2015 Test Load	Danka Michaels	SAXMAN	JOHN	1/1/1991	30003986464001019095	1/1/2015	12/31/2016						
14	Aetna Commercial 2015 Test Load	Danka Michaels	TECHIE	JOHN	1/1/1991	30003986464001019095	1/1/2015	12/31/2016						
15	Aetna Commercial 2015 Test Load	Danka Michaels	SMITH	JOHN	1/1/1991	30003986464001019095	1/1/2015	12/31/2016						
16	Aetna Commercial 2015 Test Load	Danka Michaels	STERNBERG	JOHN	1/1/1991	30003986464001020460	1/1/2015	12/31/2016						

DANKA MICHAELS, MD
3320 N. BUFFALO DRIVE, SUITE 106
LAS VEGAS, NV 89129

Patient Info				
MedRecNum	PE3865	Acct. #	PE386501	Alt File #
Name	PICKENS, THOMAS	Date Of Birth (Age)	10/5/1956 (58)	Emerg. Contact
Address	9517 QUEEN CHARLOTTE	Gender	Male	Relationship
City	LAS VEGAS	Marital Status	Married	Phone
State, Zip	NV, 89145	SSN		Address Change?
Email		License #		Address
Home Phone	702-304-0038	Referred By		City
Work Phone	702-604-0038	Date of Service		State
Cell Phone		Ref. Phys. Name		Zip
Other Phone		Last Visit Appt. Type	EST / ESTABLISHED PT	Last Visit Date
Father F. Name		Last Visit Chief Comp. 1		2/9/2015
Father L. Name		Last Visit Chief Comp. 2		
Mother F. Name		Mother Address		
Mother L. Name		Mother City		
Father Cell		Mother Cell		
Language	English	Race	Unknown	Zip
				Spouse Cell
				Ethnicity
				State
				Unknown
Financial Class	Primary Insurance		Secondary Insurance	
Insured Name	AETNA PPO			
(Insured) Subscriber #	THOMAS PICKENS			
Insured DOB	W2023-00140			
Group (Plan) Name	10/5/1956			
Group #	618157-10-001			
Insurance Name	AETNA US HEALTHCARE			
Insurance Address	PO BOX 14079			
Insurance City	LEXINGTON			
Insurance State	KY			
Insurance Zip	40512-4079			
Insurance Phone	800-377-5015			

1. I, **THOMAS PICKENS**, hereby authorize the physician and/or nurse at **DANKA MICHAELS, MD's** office to administer such treatment and medication as may be deemed necessary or advisable in the treatment and diagnosis of my condition. This authorization is given voluntarily and I hereby acknowledge that no guarantees have been made to me as to the results of treatments and examinations at **DANKA MICHAELS, MD's** office.

2. I, **THOMAS PICKENS**, hereby authorize **DANKA MICHAELS, MD** to release any information acquired in the course of my examination or treatment to any person or corporation, including but not limited to the Social Security Administration, Insurance Carriers, Worker's Compensation Carriers, Welfare Funds or Employers, PROVIDING such agent has a financial liability for my treatment at **DANKA MICHAELS, MD's** office.

3. I, **THOMAS PICKENS**, hereby give my permission, when applicable, for my Insurance Company to pay **DANKA MICHAELS, MD's** office directly. I further agree to pay any balance due and payable.

4. I, **THOMAS PICKENS**, understand that I am responsible, prior to treatment, for inquiring with my Insurance Company as to the benefits of my policy for services provided by **DANKA MICHAELS, MD**.

5. I, **THOMAS PICKENS**, understand and acknowledge that my Health Information is protected and confidential. (For more information, please see our office staff for our privacy policy.)

6. I, **THOMAS PICKENS**, am visiting the doctor because: _____

DATE _____

SIGNED (Insured or Authorized) _____

<https://www2.mdsynergy.com/patientInfoSheets/patientInfoSheetPrint.asp?MedRecNum=...> 3/20/2015

Send Result Report

MFP

CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23



08/31/2015 08:53
[2LF_1000.005.003] [2K9_1100.002.001] [2LC_7000.005.010]

Job No.: 056552

Total Time: 0°00'28"

Page: 004

Complete

Document: doc05655220150831085157

Page 1 of 2

REFERRAL

Danka K. Michaels, MD

Internal Medicine

Danka K Michaels M D Prof Corp

3320 N BUFFALO DR STE 106, LAS VEGAS, NV-89129-7410

Tel: 702-869-6190 Fax: 702-869-6199

THOMAS PICKENS

10/05/1956

Date: 08/28/2015

Patient Information:

Patient Name: THOMAS PICKENS

Patient DOB: 10/05/1956

Patient Insurance:

Patient Subscriber No:

Patient Address: 9517 QUEEN CHARLOTTE, LAS VEGAS, NV, US 89145

Patient Phone: 702-304-0038

Patient Work Phone: 702-604-0038

Patient Cell Phone:

Insurance Information

Insurance Name:

Subscriber Name:

Subscriber DOB:

Subscriber Address:

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	08/31/15 08:52	7022331001	0°00'28"	FAX	OK	200x100 Normal/On

REFERRAL

Danka K. Michaels, MD
Internal Medicine

THOMAS PICKENS
10/05/1956

Danka K Michaels M D Prof Corp
3320 N BUFFALO DR STE 106, LAS VEGAS, NV-89129-7410
Tel: 702-869-6190 Fax: 702-869-6199

Date: 08/28/2015

Patient Information:

Patient Name: THOMAS PICKENS
Patient DOB: 10/05/1956
Patient Insurance:
Patient Subscriber No:
Patient Address: 9517 QUEEN CHARLOTTE, LAS VEGAS, NV, US 89145
Patient Phone: 702-304-0038
Patient Work Phone: 702-604-0038
Patient Cell Phone:

Insurance Information

Insurance Name:
Subscriber Name:
Subscriber DOB:
Subscriber No:
Subscriber Group No:
Subscriber Address:
Subscriber Phone:

Referral From Information:

Provider Name: Danka K. Michaels, MD
Provider ID Number:
Provider UPIN: V38008
Provider NPI: 1730151044
Provider Facility: Danka K Michaels M D Prof Corp
Provider Speciality: Internal Medicine
Address1: 3320 N BUFFALO DR
Address2: STE 106
City, State, Zip: LAS VEGAS, NV, 89129-7410
Phone: 702-869-6190
Fax: 702-869-6199

Referral To Information:

Provider Name: NEVADA CARDIOLOGY ASSOCIATES
Provider ID Number:
Provider UPIN:
Provider NPI: 1134122021
Provider Facility:
Provider Speciality:
Address1: 3150 N TENAYA WAY SUITE 460
Address2:
City, State, Zip: LAS VEGAS, NV, 89128
Phone: 702-233-1000
Appt. Date/Time:
Fax: 702-233-1001

Facility Tax ID
Number:

<https://nvbmegapp.ecwcloud.com/mobiledoc/jsp/catalog/xml/printPatientReferral.jsp?refer...> 8/28/2015

REFERRAL

Danka K. Michaels, MD
Internal Medicine

THOMAS PICKENS
10/05/1956

Danka K Michaels M D Prof Corp
3320 N BUFFALO DR STE 106, LAS VEGAS, NV-89129-7410
Tel: 702-869-6190 Fax: 702-869-6199

Reason For Referral:**Authorization No:**

Reason: LEXISCAN STRESS TEST
Diagnosis: 786.50 - Chest pain
Procedures:
Visits Allowed: 1
Unit Type: V (VISIT)
Start Date: 08/28/2015
End Date: 08/28/2016

Authorization Type:**Notes:**

SPOKE WITH JORDAN CLINICAL REVIEW NURSE @EVICARE, CPT CODE 78452 HAS BEEN APPROVED # A27533077 EFFECTIVE AS OF 8-28-15 THROUGH 11-26-15 SPOKE WITH AL H. @ AETNA INS CPT CODES 93015,A9500,J2785,J7050 AS PER AL NO PRECERT REQUIRED REFERENCE # 2389638345

Clinical Notes:**Structured Data:**

<https://nvbmegapp.ecwcloud.com/mobiledoc/jsp/catalog/xml/printPatientReferral.jsp?refer...> 8/28/2015



Member Search

[Help for this screen](#)

If you do not see the correct Requesting Provider NPI in the dropdown menu, go to NPI Resources > NPI Assistance Center

Requesting Provider:	Michaels, Danka K. - 1730151044		
Member ID:	w202300140	Member DOB:	10/05/1956
Member Last Name:		Member First Name:	
Member Is:	Choose One		

[Search](#) [Exit](#) [Clear](#)

Referral not required for this member's coverage

Member ID	Member Name	Gender	DOB	Product Type	Relationship	Enrollment Status	Previous Coverage
W202300140	PICKENS, THOMAS	MALE	10/05/1956	BLUEPOINT DEVELOPMENT LLC	SELF	ACTIVE COVERAGE	

Send Result Report

MFP

CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23

[2LF_1000.005.003] [2K9_1100.002.001] [2LC_7090.005.010] 07/15/2015 17:48

Job No.: 052642

Total Time: 0'00'33"

Page: 003

Complete

Document: doc05264220150715174646

Page 1 of 1

Danka K. Michaels, MD
Internal Medicine

Tel: Fax:

Prepared By: Pague,Ireri

Trans id: 2015071518323974335650

PICKENS, THOMAS

Date: 07/15/2015

9517 QUEEN CHARLOTTE, LAS VEGAS, NV-89145

DOB: 10/05/1956, Phone: 702-304-0038

Pharmacy: Costco Pharmacy # 685, 801 SOUTH PAVILION DR, LAS VEGAS Tel: 702-352-2052, Fax: 702-352-2071

Rx

Xanax Tablet 0.5 MG Orally

Disp: ***360*** (THREE HUNDRED SIXTY)

Sig: 2 tablet Three times a day 90 days

Diagnosis:

Refills: ***0*** (ZERO)

Auth No:

DEA #: BM5019977

NPI #: 1730151044

LIC #: 8666

ML2003 008
APR 07 11 26
Roberto Carillo, APN
3320 N. Buffalo Drive, Suite 106
Las Vegas, NV 89129

To ensure brand name dispensing, prescriber must
write "Dispense as Written" or "D.A.W" on the
prescription.

*Valid only if transmitted by facsimile machine

Pague,Ireri,

Electronically Generated Signature

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	07/15/15 17:47	7023522071	0'00'33"	FAX	OK	200x100 Normal/On

Danka K. Michaels, MD
Internal Medicine

Tel: Fax:
Prepared By: Paque,Ireri
Trans id: 2015071518323974335650

PICKENS, THOMAS

Date: 07/15/2015

9517 QUEEN CHARLOTTE, LAS VEGAS, NV-89145

DOB: 10/05/1956, Phone: 702-304-0038

Pharmacy: Costco Pharmacy # 685, 801 SOUTH PAVILION DR, LAS VEGAS Tel: 702-352-2052, Fax: 702-352-2071

Rx

Xanax Tablet 0.5 MG Orally
Disp: ***360*** (THREE HUNDRED SIXTY)
Sig: 2 tablet Three times a day 90 days
Diagnosis:

ML2003008
APN 071126

Refills: ***0*** (ZERO)
Auth No:
DEA #: BM5019977
NPI #: 1730151044
LIC.#: 8666



Roberto Carillo, APN
3320 N. Buffalo Drive, Suite 106
Las Vegas, NV 89129

To ensure brand name dispensing, prescriber must
write "Dispense as Written" or "D.A.W" on the
prescription.

*Valid only if transmitted by facsimile machine.

Paque,Ireri,

Electronically Generated Signature

<https://nvbmegapp.ecwcloud.com/mobiledoc/jsp/catalog/xml/faxPrescription3.jsp?encount...> 7/15/2015

Danka K. Michaels, MD
Internal Medicine

Tel: Fax:
Prepared By: Paque,Ireri
Trans id: 2015071518332134735650

PICKENS, THOMAS

Date: 07/15/2015

9517 QUEEN CHARLOTTE, LAS VEGAS, NV-89145

DOB: 10/05/1956, Phone: 702-304-0038

Pharmacy: Costco Pharmacy # 685, 801 SOUTH PAVILION DR, LAS VEGAS Tel: 702-352-2052, Fax: 702-352-2071

Rx

Ambien Tablet 10 MG Orally

Disp: ***90 Tablet*** (NINETY)

Sig: 1 tablet at bedtime as needed Once a day 90 days

Diagnosis:

Refills: ***0*** (ZERO)

Auth No:

DEA #: BM5019977

NPI #: 1730151044

LIC.#: 8666



ML 2 003 608
APN 071226
Roberto Carillo, APN
3320 N. Buffalo Drive, Suite 106
Las Vegas, NV 89129

[Signature]
Paque,Ireri

To ensure brand name dispensing, prescriber must
write "Dispense as Written" or "D.A.W" on the
prescription.

*Valid only if transmitted by facsimile machine.

Electronically Generated Signature

Danka K. Michaels, MD
Internal Medicine

Tel: Fax:
Prepared By: Paque,Ireri
Trans id: 201507151833339535650

PICKENS, THOMAS

Date: 07/15/2015

9517 QUEEN CHARLOTTE, LAS VEGAS, NV-89145

DOB: 10/05/1956, Phone: 702-304-0038

Pharmacy: Costco Pharmacy # 685, 801 SOUTH PAVILION DR, LAS VEGAS Tel: 702-352-2052, Fax: 702-352-2071

Rx

Tramadol HCl Tablet 50 MG Orally
Disp: ***240*** (TWO HUNDRED FORTY)
Sig: 1-2 tablet as needed every 6 hrs 90 days
Diagnosis:

APN 001126
MC 2003008

Refills: ***0*** (ZERO)

Auth No:

DEA #: BM5019977

NPI #: 1730151044

LIC #: 8666



Roberto Carrillo, APN
3320 N. Buffalo Drive, Suite 106
Las Vegas, NV 89129

[Signature]

Paque,Ireri ,

To ensure brand name dispensing, prescriber must
write "Dispense as Written" or "D.A.W" on the
prescription.

*Valid only if transmitted by facsimile machine.

Electronically Generated Signature

<https://nvbmegapp.ecwcloud.com/mobiledoc/jsp/catalog/xml/faxPrescription3.jsp?encount...> 7/15/2015

Send Result Report

MFP

CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23



04/15/2015 15:39
[2LF_1000,005,003] [2K9_1100,002,001] [2LC_7000,005,010]

Job No.: 047276 Total Time: 0°00'17" Page: 001

Complete

Document: doc04727620150415153829

OnCallData - Script Page 1 of 2

OnCallData™

o n c a l l d a t a . c o m

Danka Michaels, M.D.
DEA BM5019977
NPI 1730151044
Phone: 702-869-6190 / Fax: 702-869-6199
Entered By: Ireri Paque

DANKA MICHAELS M.D.
3320 North Buffalo
Suite 106
Las Vegas, NV 89128

* Tramadol 50 mg Dispense two hundred forty (**240**) — Tramadol 50 mg Dispense two hundred forty (**240**) — Tramadol 50 mg Dispense two hundred forty (**240*)

Thomas A Pickens

DOB 5-OCT-1956 — Male
9517 QUEEN CHARLOTTE DR
LV, NV 89145
702-360-3163
Member ID: 202300140

R Apr. 15, 2015 2:04 PM (PDT)
Tramadol 50 mg Oral Tablet
(Sch. 4 drug)
Dispense two hundred forty (**240**) tablets--Take
one to two tablets by mouth every six hours
As Needed
0 Refills

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	04/15/15 15:39	7023522071	0°00'17"	FAX	OK	200x100 Normal/Ori



o n c a l l d a t a . c o m

Danka Michaels, M.D.

DEA BM5019977
NPI 1730151044
Phone: 702-869-6190 / Fax: 702-869-6199
Entered By: Ileri Paque

DANKA MICHAELS M.D.
3320 North Buffalo
Suite 106
Las Vegas, NV 89128

- Tramadol 50 mg Dispense two hundred forty (**240**) - Tramadol 50 mg Dispense two hundred forty (**240**) - Tramadol 50 mg Dispense two hundred forty (**240**)

Thomas A Pickens

DOB 5-OCT-1956 — Male
9517 QUEEN CHARLOTTE DR
LV, NV 89145
702-360-3163

Member ID: 202300140

Costco Pharmacy # 685
801 South Pavilion Dr
Las Vegas, NV 89144
phone. 702-352-2052
fax. 702-352-2071
Print Only

R Apr. 15, 2015 2:04 PM (PDT)
Tramadol 50 mg Oral Tablet
(Sch. 4 drug)
Dispense two hundred forty (**240**) tablets--Take
one to two tablets by mouth every six hours
As Needed
****0** Refills**
Substitution Allowed

Order ID: S36137354C2008177

Rx is void if more than 1 Rx(s) on paper.

Printed Security Features: Microprint Signature Line, duplication in small print of medication(s) and dispense amounts, Rx void if more than __ Rx
(s) statement, quantity and refills surrounded by asterisks, serial number


- (signature)

Send Result Report
MFP
CS 3500i



Firmware Version 2LH_2F00.005.015 2013.04.23 [2LF_1000.005.003] [2K9_1100.002.001] [2LC_7000.005.010] 04/15/2015 15:40

Job No.: 047277 Total Time: 0°00'16" Page: 001

Complete

Document: doc04727720150415153838

OnCallData - Script Page 2 of 2

OnCallData

o n c a l l d a t a . c o m

Danka Michaels, M.D.
DEA BM5019977
NPI 1730151044
Phone: 702-869-6190 / Fax: 702-869-6199
Entered By: Ireri Paque
DANKA MICHAELS M.D.
3320 North Buffalo
Suite 106
Las Vegas, NV 89128

Zolpidem 10 mg Dispense ninety (**90**) Zolpidem 10 mg Dispense ninety (**90**) Zolpidem 10 mg Dispense ninety (**90**) Zolpidem 10 mg Dispense ninety (**90**) Zolpidem 10 mg Dispense ninety (**90')

Thomas A Pickens
DOB 5-OCT-1956 — Male
9517 QUEEN CHARLOTTE DR
LV, NV 89146
702-360-3163
Member ID: 202300140
R Apr. 15, 2015 2:04 PM (PDT)
Zolpidem 10 mg Oral Tablet
(Sch. 4 drug)
Dispense ninety (**90**) tablets--Take one tablet by
mouth Every Night at Bedtime
0 Refills
Substitution Allowed

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECH
001	04/15/15 15:40	7023522071	0°00'16"	FAX	OK	200x100 Normal/On

OnCall/Data™

o n c a l l d a t a . c o m

Danka Michaels, M.D.

DEA BM5019977

NPI 1730151044

Phone: 702-869-6190 / Fax: 702-869-6199

Entered By: Ireri Pague

DANKA MICHAELS M.D.

3320 North Buffalo

Suite 106

Las Vegas, NV 89128

- Zolpidem 10 mg Dispersed granules (**90**) — Zolpidem 10 mg Dispersed granules (**90**) — Zolpidem 10 mg Dispersed granules (**90**) — Zolpidem 10 mg Dispersed granules

Thomas A Pickens

DOB 5-OCT-1956 — Male
9517 QUEEN CHARLOTTE DR
LV, NV 89145
702-360-3163

Member ID: 202300140

Costco Pharmacy # 685

801 South Pavilion Dr

Las Vegas, NV 89144

phone. 702-352-2052

fax. 702-352-2071

Print Only

R Apr. 15, 2015 2:04 PM (PDT)

Zolpidem 10 mg Oral Tablet

(Sch. 4 drug)

Dispense ninety (**90**) tablets--Take one tablet by mouth Every Night at Bedtime

★★0★★ Refills

Substitution Allowed

Order ID: S36137355C2008177

Rx is void if more than 1 Rx(s) on paper.

Printed Security Features: Microprint Signature Line, duplication in small print of medication(s) and dispense amounts, Rx void if more than ___ Rx (s) statement, quantity and refills surrounded by asterisks, serial number

(signature)

(signature)

Send Result Report
MFP
CS 3500i



Firmware Version 2LH_2F00.005.015 2013.04.23 [2LH_1000.005.003] [2K9_1100.002.001] [2LC_7000.005.010] 01/02/2015 08:01

Job No.: 040088 Total Time: 0'00'18" Page: 002

Complete

Document: doc04008820150102080054

OnCallData - Script Page 1 of 1

OnCallData™
o n c a l l d a t a . c o m

Danka Michaels, M.D.

DEA BM5019977
NPI 1730151044
Phone: 702-869-6190 / Fax: 702-869-6199
Entered By: Ireri Paque

DANKA MICHAELS M.D.
3320 North Buffalo
Suite 108
Las Vegas, NV 89128

Thomas A Pickens

DOB 5-OCT-1956 — Male
9517 QUEEN CHARLOTTE DR
LV, NV 89145
702-360-3163

Member ID: 202300140

R

Dec. 31, 2014 12:57 PM (PST)
Xanax 0.5 mg Oral Tablet
(Sch. 4 drug)
Dispense three hundred sixty (**360**) tablets--
Take two tablets by mouth three times every day
3 Refills
Substitution Allowed

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	01/02/15 08:01	7023522071	0'00'18"	FAX	OK	200x100' Normal/On

OnCallData™

o n c a l l d a t a . c o m

Danka Michaels, M.D.

DEA BM5019977

NPI 1730151044

Phone: 702-869-6190 / Fax: 702-869-6199

Entered By: Ireri Paque

DANKA MICHAELS M.D.

3320 North Buffalo

Suite 106

Las Vegas, NV 89128

-Xanax 0.5 mg Dispense three hundred sixty (**360**) - Xanax 0.5 mg Dispense three hundred sixty (**360**) - Xanax 0.5 mg Dispense three hundred sixty (**360*)**Thomas A Pickens**DOB 5-OCT-1956 — Male
9517 QUEEN CHARLOTTE DR
LV, NV 89145
702-360-3163

Member ID: 202300140

Costco Pharmacy # 685801 South Pavilion Dr
Las Vegas, NV 89144
phone. 702-352-2052
fax. 702-352-2071**Print Only****R** Dec. 31, 2014 12:57 PM (PST)**Xanax 0.5 mg Oral Tablet****(Sch. 4 drug)**

Dispense three hundred sixty (**360**) tablets--

Take two tablets by mouth three times every day

****3** Refills**

Substitution Allowed

Order ID: S35551837C2008177

Rx is void if more than 1 Rx(s) on paper.

Printed Security Features: Microprint Signature Line, duplication in small print of medication(s) and dispense amounts, Rx void if more than __ Rx (s) statement, quantity and refills surrounded by asterisks, serial number

(signature)

CONTROLLED DRUG PRESCRIPTION REQUEST

Dear Practitioner:

The current prescription for your patient has no refills or has expired. To continue therapy for this controlled medication, please fax a new valid written prescription. (See form below)

Prescriber: MICHAELS, DANKA MD Request Date: 12/31/2014
7373 PEAK DR
LAS VEGAS, NV
Phone: (702) 869-6190 Fax: (702) 869-6199

Pharmacy Name: Costco Pharmacy Summerlin
801 S. Pavilion Center Dr.
Las Vegas, NV 89144
Phone: 702-352-2052 Fax: 702-352-2071

Patient Info: PICKENS, THOMAS Birthdate: 10/5/1956
9517 QUEEN CHARLOTTE DR
LV, NV 89145
Phone: (702) 360-3163

Prescription Info: Rx#: 1206103
Med: ALPRAZOLAM 0.5 MG TABLET
Qty: 360
Last Refilled On: 8/9/2014 For Qty: 360
Sig: TAKE 2 TABLETS BY MOUTH 3 TIMES A DAY

Special Notes: No refills remain for this prescription.
Comments:

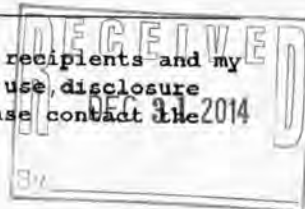
- ** Per DEA regulations, PLEASE FILL OUT THE PRESCRIPTION BLANK BELOW COMPLETELY.
** Required: Patient's name, address, medication name, quantity, sig, date and refills.
** Prescriber's signature, DEA number and address are also required.

Fax to 702-352-2071
Or Call 702-352-2052

Sign Here ==>

Patient: _____
Pt. Address: _____
Pt. Date of Birth _____ Date written _____
Drug Name: _____ Strength: _____ Qty: _____
Directions: _____
Refills: _____
Substitution Permitted _____ Dispense as Written _____
Prescriber's DEA# _____
Prescriber's Address _____

Confidentiality Notice: This message is for the sole use of the intended recipients and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the original message.



DANKA MICHAELS, MD
1930 VILLAGE CENTER CIRCLE #3-234
LAS VEGAS, NV 89134-6245

Patient Info

MedRecNum	PE3865	Acct. #	PE386501	Alt File #	
Name	PICKENS, THOMAS	Date Of Birth (Age)	10/5/1956 (56)	Emerg. Contact	
Address	9517 QUEEN CHARLOTTE	Gender	Male	Relationship	
City	LAS VEGAS	Marital Status	Married	Phone	
State, Zip	NV, 89145	SSN		Address Change?	
Email		License #		Address	
Home Phone	702-304-0038	Referred By		City	State
Work Phone	702-604-0038	Date of Service		Zip	
Cell Phone		Ref. Phys. Name		Last Visit Date	8/2/2010
Other Phone		Last Visit Appt. Type	W/IN / WALK-IN		
Father F. Name		Last Visit Chief Comp. 1			
Father L. Name		Last Visit Chief Comp. 2			
Mother F. Name		Mother Address			
Mother L. Name		Mother City		Zip	State
Father Cell		Mother Cell		Spouse Cell	
Language	Unknown	Race	Unknown	Ethnicity	Unknown

Financial Class	Primary Insurance	Secondary Insurance
Insured Name	AETNA PPO	
(Insured) Subscriber #	THOMAS PICKENS	
Insured DOB	W194184602	
Group (Plan) Name	10/5/1956	
Group #	532673-10-000	
Insurance Name	AETNA US HEALTHCARE	
Insurance Address	PO BOX 14079	
Insurance City	LEXINGTON	
Insurance State	KY	
Insurance Zip	40512-4079	
Insurance Phone	800-377-5015	

1. I, **THOMAS PICKENS**, hereby authorize the physician and/or nurse at **DANKA MICHAELS, MD's** office to administer such treatment and medication as may be deemed necessary or advisable in the treatment and diagnosis of my condition. This authorization is given voluntarily and I hereby acknowledge that no guarantees have been made to me as to the results of treatments and examinations at **DANKA MICHAELS, MD's** office.

2. I, **THOMAS PICKENS**, hereby authorize **DANKA MICHAELS, MD** to release any information acquired in the course of my examination or treatment to any person or corporation, including but not limited to the Social Security Administration, Insurance Carriers, Worker's Compensation Carriers, Welfare Funds or Employers, PROVIDING such agent has a financial liability for my treatment at **DANKA MICHAELS, MD's** office.

3. I, **THOMAS PICKENS**, hereby give my permission, when applicable, for my Insurance Company to pay **DANKA MICHAELS, MD's** office directly. I further agree to pay any balance due and payable.

4. I, **THOMAS PICKENS**, understand that I am responsible, prior to treatment, for inquiring with my Insurance Company as to the benefits of my policy for services provided by **DANKA MICHAELS, MD**.

5. I, **THOMAS PICKENS**, understand and acknowledge that my Health Information is protected and confidential. (For more information, please see our office staff for our privacy policy.)

6. I, **THOMAS PICKENS**, am visiting the doctor because: _____

DATE

5129113

SIGNED (Insured or Authorized)

Send Result Report

MFP

CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23



11/19/2014 15:20
[2LF_1000.005.003] [2K9_1100.002.001] [2LC_7000.005.010]

Job No.: 037784

Total Time: 0°00'30"

Page: 003

Complete

Document: doc03778420141119151941

BLUE POINT MEDICAL GROUP
DANKA K MICHAELS, M.D.

ROBERTO CARILLO, A.N.P.

3320 N. BUFFALO DR. #106
LAS VEGAS, NV 89129
PHONE: 702-869-6190
FAX: 869-6199

10:50 am

Ⓡ 702
255-0601

Attn: Samantha

PATIENT CONSULTATION / REFFERAL

We recommend that you see a specialist for evaluation and/or treatment for:

DIAGNOSIS: SEVERE EAR PAIN

3829

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	11/19/14 15:20	7027927198	0°00'30"	FAX	OK	200x100 Normal/Ort

Send Result Report

MFP

CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23

11/19/2014 17:52
[2LF_1000.005.003] [2K9_1100.002.001] [2LC_7000.005.010]

Job No.: 037791

Total Time: 0'00'28"

Page: 003

Complete

Document:

doc03779120141119175152

BLUE POINT MEDICAL GROUP
DANKA K MICHAELS, M.D.

ROBERTO CARILLO, A.N.P.

3320 N. BUFFALO DR. #106
LAS VEGAS, NV 89129
PHONE: 702-869-6190
FAX: 869-6199

10:50 am

Ⓢ 702
255-0601

Attn: Samantha

PATIENT CONSULTATION / REFFERAL

We recommend that you see a specialist for evaluation and/or treatment for:

DIAGNOSIS: SEVERE EAR PAIN

3829

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	11/19/14 17:52	7027927198	0'00'28"	FAX	OK	200x100 Normal/On