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 ATTORNEYS FOR RESPONDENT

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Plaintiff's Trial Exhibit 76 - Wells Fargo Checking ending 3436 titled in the names of Thomas A. Pickens and Danka K. Michaels 01/01/2015 through 12/31/15	02/14/2020	XXX/AA07015- 07016
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 86 - American Express Statements #72004 Thomas Pickens card #72004 Danka Michaels card #72020 12/16/14 through 12/15/15	02/14/2020	XXX/AA07060
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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CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME IX OF XXXVII **DESCRIPTION** DATE FILED VOL./PAGE NO. Plaintiff's Trial Exhibit 110 - American Express 02/14/2020 XXXII/AA #51001 titled in the name of Blue Point 07683-07685 Development 12/21/16 through 12/20/17 Plaintiff's Trial Exhibit 111 - American Express 02/14/2020 XXXII/AA 07686-07687 #51001 titled in the name of Blue Point Development 12/21/17 through 12/20/18 Plaintiff's Trial Exhibit 112 - American Express 02/14/2020 XXXII/AA 07688-07689 #51001 titled in the name of Blue Point Development 12/21/18 through 04/19/19 Plaintiff's Trial Exhibit 113 - Bank of America 02/14/2020 XXXII/AA 07690-07691 Bank Statements #2561 titled in the name of Blue Point Development 10/29/12 through 02/28/14 Plaintiff's Trial Exhibit 114 - Bank of America 02/14/2020 XXXII/AA Bank Statements #0222 titled in the name of 07692-07693 Patience One LLC 11/01/12 through 12/31/13 **Plaintiff's Trial Exhibit 115 - Wells Fargo Visa** 02/14/2020 XXXII/AA 07694-07695 #0648 titled in the name of Thomas Pickens 06/06/17 through 12/08/17 Plaintiff's Trial Exhibit 116 - Wells Fargo Visa 02/14/2020 XXXII/AA 07696-07698 #0648 titled in the name of Thomas Pickens 12/09/17 through 12/07/18 Plaintiff's Trial Exhibit 117 - Wells Fargo Visa 02/14/2020 XXXII/AA #0648 titled in the name of Thomas Pickens 07699-07700 12/08/18 through 05/08/19 02/14/2020 Plaintiff's Trial Exhibit 118 - Wells Fargo XXXII/AA Checking #8952 titled in the name of Thomas 07701-07702 Pickens 10/16/18 through 12/31/18 Plaintiff's Trial Exhibit 119 - Wells Fargo 02/14/2020 XXXII/AA Checking #8952 titled in the name of Thomas 07703-07704 Pickens 01/01/19 through 04/30/19 Plaintiff's Trial Exhibit 125 - Land Rover XXXII/AA 02/14/2020 Financial Group statement 12/13/13 - 01/12/1407705-07706

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CHRONOLOGICAL INDEX OF APPELLANT'S APPENDIX VOLUME IX OF XXXVII VOL./PAGE NO. **DESCRIPTION** DATE FILED **Defendant's Trial Exhibit K** – Blue Point 02/14/2020 XXXV/AA 08272 Development account statement and record produced by Wells Fargo Bank, in response to Subpoena Duces Tecum 02/14/2020 XXXV/AA **Defendant's Trial Exhibit L** – Wells Fargo billing Statement dated November 2016 08273-XXXVI/AA 08571 **Defendant's Trial Exhibit M** – Notice of Entry 02/14/2020 XXXVI/AA of Findings of Fact and Conclusions of Law filed 08572on June 1, 2018 in the matter of Bluepoint XXXVII/AA Development Inc. v. Patience One, LLC 08867 **Defendant's Trial Exhibit N** – Records XXXVII/AA 02/14/2020 evidencing attorney's fees and expert fees paid by 08868-08938 Defendant in this action Receipt of Copy 11/10/2021 XXXVII/AA 08939

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Motion to Dismiss

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to EDCR 5.503(e)		
Appendix of Exhibits to Plaintiff's Response and Opposition to Defendant's Motion to Compel Discovery Responses	05/13/2019	II/AA00468- 00495

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

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ALPHABETICAL INDEX OF APPELLANT'S APPENDIX VOLUME IX OF XXXVII **DESCRIPTION** DATE FILED VOL./PAGE NO. 11/21/2018 Declaration of Danka K. Michaels in Support of II/AA00330-00332 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 *Michoff*; and to Set Aside Deeds of Real Property and Assignment of L.L.C. Interest; Affirmative Defenses and Counterclaim Declaration of Service 07/13/2018 I/AA00230 Declaration of Service 07/19/2018 I/AA00238 V/AA00844 Declaration of Service 09/05/2019 Declaration of Service 11/01/2019 V/AA00882 V/AA00886 Declaration of Service 12/20/2019 V/AA00910 Declaration of Service 02/04/2020 Declaration of Service 02/05/2020 V/AA00911 Declaration of Service Robert Semonian 08/03/2018 I/AA00243 Declaration of Service Shannon L. Evans 08/03/2018 I/AA00244 Defendant Danka K. Michaels Memorandum of 08/25/2021 XII/AA02658-02671 Fees and Costs Defendant's Closing Argument Brief XI/AA02444-05/28/2021 02467 Defendant's EDCR 7.27 Brief 04/02/2021 XI/AA02302-02320 Defendant's Motion to Compel Discovery 04/22/2019 II/AA00441-00458 Reponses Defendant's Pre-Trial Memorandum 02/07/2020 V/AA00914-00932 Defendant's Reply to Plaintiff's Objection to 09/20/2021 XIII/AA02855-Memorandum of Fees and Costs 02885 Defendant's Second Supplemental Witness List 12/27/2019 V/AA00887-

00891

(Non-Expert)

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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						
Plaintiff's Trial Exhibit 16 - 2012 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03373- 03429						
Plaintiff's Trial Exhibit 17 - 2013 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03430- 03478						
Plaintiff's Trial Exhibit 18 - 2014 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03479- 03494						
Plaintiff's Trial Exhibit 19 - 2015 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XV/AA03495- XVI/AA03543						
Plaintiff's Trial Exhibit 2 - Litterae Matrimoniales (Marriage Certificate) of Thomas Pickens and Danka Katarina Oltusova dated April 7, 2002	02/14/2020	XIV/AA03084- 03096						
Plaintiff's Trial Exhibit 20 - 2016 1040 Income Tax Return for Thomas A. Pickens	02/14/2020	XVI/AA03544- 03639						
Plaintiff's Trial Exhibit 21 - 2005 1040 Income Tax Return for Danka Michaels	02/14/2020	XVI/AA03640- 03735						
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00381

Deposition

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PHARMACY NAME	COSTCO PHARMACY #685	LICENSE #	PH01642			
ADDRESS	801 S. PAVILLION CENTER DRIV	FEDERAL TAX ID	911223280			
CITY, ST ZIP TELEPHONE	LAS VEGAS NV 89144 (702) 352-2055	IRS #				
	()					
FAMILY NAME ADDRESS	PICKENS, THOMAS	TELEPHONE	(702) 360-	3163		
CITY, ST ZIP	9517 QUEEN CHARLOTTE DR LV NV 891450000	FAMILY ACCOUNT #	056837			
	By 831430000					
MEMBER NAME MEMBER #	PICKENS, THOMAS	BIRTHDAY	10/05/1956			
SOCIAL SECURITY #	01	SEX RELATION	M H			
		KEENTION	n			
RX-# RFL NDC- 1059092 6846203	-# DRUG-DESCRIPTION DOCTOR-NA 34001 SULFAMETHOXAZOLE-TMP DS T MICHAELS,	ME RFL-DATE RPH/TCH		3PTY#	CUST-\$	PRICE-\$
		DA 05/08/2012 CZ /PT DA 05/08/2012 CZ /PT	90 90 90 90	1 1	9.43 9.99	9.43 9.99
1059104 0018501	10201 LISINOPRIL 20 MG TABLET MICHAELS,	DA 05/08/2012 CZ /PT	180 90	1	12.86	12.86
1059117 6838200 1059118 6838200	09706 PAROXETINE HCL 10 MG TABL MICHAELS, 09501 CARVEDILOL 25 MG TABLET MICHAELS,		180 90	1	26.99	26.99
1059103 1 6838200	05101 MELOXICAM 15 MG TARLET MICHAELS	DA 05/08/2012 PHI/HA DA 08/08/2012 PHI/AT	180 90 90 90	1	9.99	9.99
1059117 1 6838200	9706 PAROXETINE HCL 10 MG TABL MICHAELS,	DA 08/08/2012 PHI/AT	180 90	1	9.99 26.99	9.99 26.99
1059104 1 0018501	10201 LISINOPRIL 20 MG TABLET MICHAELS,	DA 08/08/2012 PHI/AT	180 90	1	12.86	12.86
	09501 CARVEDILOL 25 MG TABLET MICHAELS, 20401 OXYCODONE-ACETAMINOPHEN 1 CARILLO,R	DA 08/08/2012 PHI/AT	180 90	1	9.99	9,99
1076793 5976237	1903 ALPRAZOLAM 0.25 MG TABLET MICHAELS,	DA 08/28/2012 KDT/CS	120 30 180 30	303 303	10.00 10.00	42.66 14.17
1083938 0059155	4405 ALLOPURINOL 300 MG TABLET ASHMAN, ST	EP 10/09/2012 PHI	90 90	1	9.23	9.23
1084352 0037853	1001 ZOLPIDEM TARTRATE 10 MG T MICHAELS, 1903 ALPRAZOLAM 0.25 MG TABLET MICHAELS,	DA 10/10/2012 PT /CS	90 90	1	14.04	14.04
1059117 2 6838200	9705 PAROXETINE HCL 10 MG TABLET MICHAELS,	DA 11/12/2012 CH	180 30 180 90	303	10.00	17.40
1094292 4319900	2124 HYDROCORTISONE AC 25 MG S CARILLO.R	OR 12/04/2012 TAO/HA	40 20	1 303	17.50 10.00	17.50 38.00
1076793 2 5976237	1903 ALPRAZOLAM 0.25 MG TABLET MICHAELS,	DA 01/04/2013 PT	180 30	303	10.00	17.40
	5101 MELOXICAM 15 MG TABLET MICHAELS, 4405 ALLOPURINOL 300 MG TABLET ASHMAN,ST	DA 01/07/2013 PT	90 90	1	9.99	9.99
1059103 3 6838200		DA 03/13/2013 CH	90 90 90 90	1 1	8.72 9.99	8.72 9.99
1114102 6437606	3005 ALPRAZOLAM 0.25 MG TABLET MICHAELS,	OA 03/19/2013 JAO/HA	180 30	303	10.00	10.00
1123383 5374602 1114102 1 6437606	0401 OXYCODONE-ACETAMINOPHEN 1 CARILLO, RO	OB 05/06/2013 JAO	120 30	303	10.00	49.82
1083938 2 0059155	3005 ALPRAZOLAM 0.25 MG TABLET MICHAELS, 4405 ALLOPURINOL 300 MG TABLET ASHMAN,ST	DA 06/12/2013 KDT/CS	180 30 90 90	303 1	10.00	10.00
1136896 0037853	1001 ZOLPIDEM TARTRATE 10 MG T CARILLO, RO	OB 07/18/2013 JAO/HA	90 90	î	8.72 13.13	8.72 13.13
1136897 4733506	0313 ALPRAZOLAM 0.25 MG TABLET CARILLO.RO	OR 07/18/2013 JAO/HA	180 30	303	10.00	19.00
1137199 6838200	9705 PAROXETINE HCL 10 MG TABL MICHAELS, 1 9501 CARVEDILOL 25 MG TABLET MICHAELS, 1	DA 07/19/2013 KDT/AT DA 07/19/2013 KDT/AT	180 90	1	17.50	17.50
1137200 0018501	0201 LISINOPRIL 20 MG TABLET MICHAELS.1	OA 07/19/2013 KDT/AT	180 90 180 90	1	9.99 11.45	9.99 11.45
1137201 6838200	5101 MELOXICAM 15 MG TABLET MICHAELS.	OA 07/19/2013 KDT/AT	90 90	1	9.99	9.99
1137204 5374602 1157526 0059155	7201 SULFAMETHOXAZ/TMP DS 800- MICHAELS, I 4405 ALLOPURINOL 300 MG TABLET MICHAELS, I	DA 07/19/2013 KDT/AT	90 45	1	9.02	9.02
1157528 6838200	5101 MELOXICAM 15 MG TABLET MICHAELS. I	TT/OAT, F105/70/11 AC	90 90 90 90	1 1	8.72 9.99	8.72 9.99
1157662 0037853	1001 ZOLPIDEM TARTRATE 10 MG T MICHAELS, I	DA 11/07/2013 KDT/CS	90 90	ī	15.58	15.58
1157664 5766403 1157665 6437606	7718 TRAMADOL HCL 50 MG TABLET MICHAELS,	DA 11/07/2013 KDT/CS	480 60	1	18.11	18.11
1137198 1 6838200	3005 ALPRAZOLAM 0.25 MG TABLET MICHAELS, I 9705 PAROXETINE HCL 10 MG TABL MICHAELS, I	OA 11/07/2013 KDT/CS	180 30 180 90	303 1	10.00	10.00
113/199 1 6838200	9501 CARVEDILOL 25 MG TABLET MICHAELS.	DA 02/03/2014 JAO/HA	180 90	1	17.50 9.99	17.50 9.99
1137200 1 0018501	0210 LISINOPRIL 20 MG TABLET MICHAELS,	DA 02/03/2014 JAO/HA	180 90	1	11.75	11.75
1181605 0037853	4405 ALLOPURINOL 300 MG TABLET MICHAELS, I 1001 ZOLPIDEM TARTRATE 10 MG T CARILLO, RO	OA 02/03/2014 JAO	90 90	1	8.72	8.72
1181860 0040605	2301 OXYCODONE-ACETAMINOPHEN 1 CARILLO.RO	B 03/20/2014 KDT/CC	90 90 120 30	1 303	15.58 10.00	15,58 102.68
1189966 4733506	0313 ALPRAZOLAM 0.25 MG TARLET CARTLLO DO	D 05/05/2014 BM /GC	180 30	303	10.00	10.00
1157526 2 0059155	9705 PAROXETINE HCL 10 MG TABL MICHAELS, I 4405 ALLOPURINOL 300 MG TABLET MICHAELS, I	OA 06/20/2014 EML	180 90	1	17.50	17.50
115/664 1 5766403	7713 TRAMADOL HCL 50 MG TABLET MICHAELS (D 06/20/2014 PMT.	90 90 480 60	1	8.72	8.72
1181602 1 0037853	1001 ZOLPIDEM TARTRATE 10 MG T CARILLO, RO	08 06/20/2014 EML	90 90	1	19.62 15.58	19.62 15.58
1205624 6838200		0A 08/06/2014 PHI/HA	180 90	1	11.75	11.75
1205625 6800101	5200 CARVEDILOL 25 MG TABLET MICHAELS F	A 08/06/2014 PHI/HA A 08/06/2014 PHI/HA	90 90 180 90	1	9.99	9.99
1205627 5374602	7201 SULFAMETHOXAZ/TMP DS 800- MICHAELS F	D 08/06/2014 DUT/UN	90 45	1 1	9.99 8.92	9.99 8.92
1206104 003/853.	1001 ZOLPIDEM TARTRATE 10 MG T MICHAELS F	TT / 1842 1 10 C / 20 / 20 4	90 90	ī	15.58	15.58
1212991 53746020	3105 ALPRAZOLAM 0.5 MG TABLET MICHAELS, E 0401 OXYCODONE-ACETAMINOPHEN 1 MICHAELS, E	3 00/10/2014 pm /ca	360 60	1	18.77	18.77
112/256 3 003/801	BIOS ALLOPURINOL 300 MG TARLET MICHARLE P	0 10/12/2014 CDI/ND	120 30 90 90	303 1	10.00	102.68
1222913 5766403	7718 TRAMADOL HCL 50 MG TARLET CARTLE DO	P 11/00/2014 074/530	240 30	303	11.21 10.00	11.21 13.64
1203612 1 68001020	0808 LISINOPRIL 20 MG TABLET MICHAELS,D 1001 ZOLPIDEM TARTRATE 10 MG T MICHAELS,D	B 11/20/2014 KDm/gc	180 90	1	12.32	12.32
1445315 2420806	3562 NEOMYCIN-POLYMYXIN-HC EAR SIKAND.ASH	A 11/20/2014 KDT/CS L 11/20/2014 PHT/HB	90 90 10 15	1	16.16	16.16
1203024 1 6838200	SIUI MELOXICAM 15 MG TABLET MICHAELS,D	A 12/30/2014 KDT	90 90	303 1	10.00 9.99	21.42 9.99
1205625 1 68001015 1232553 00378018	5200 CARVEDILOL 25 MG TABLET MICHAELS, D 3105 ALLOPURINOL 300 MG TABLET MICHAELS, D	A 12/30/2014 KDT	180 90	1	9.99	9.99
1232552 68382009	9705 PAROXETINE HCL 10 MG TABL MICHAELS D	3 12/21/2014 CV	90 90 180 90	1	11.89	11.89
1232577 64376063	3105 ALPRAZOLAM 0.5 MG TABLET MICHAELS, D	A 01/02/2015 PHI/HA	360 60	1 1	18.09 20.03	18.09 20.03
				-		20.03

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

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COSTCO PHARMACY #685 PHARMACIST'S STATEMENT

01/01/2008 THRU 12/31/2017 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 SEY SOCIAL SECURITY # RELATION NDC~# DRUG-DESCRIPTION DOCTOR-NAME RFL-DATE RPH/TCH OUAN DAY 3PTY# CUST-\$ PRICE-S 00004080085 TAMIFLU 75 MG CAPSULE 1234186 CARILLO, ROB 01/09/2015 EML/EAG 10 132.60 132.60 5 1234188 00781149668 AZITHROMYCIN 250 MG TABLE CARILLO,ROB 01/09/2015 EML/EAG 16714004211 ALLOPURINOL 300 MG TABLET MICHAELS,DA 04/13/2015 CJM/EAG 11.08 11.08 1232553 31.30 90 90 31.30 57664037713 TRAMADOL HCL 50 MG TABLET MICHAELS, DA 04/15/2015 CUM/EAG
00378531001 ZOLPIDEM TARTRATE 10 MG T MICHAELS, DA 04/18/2015 JT
68382005101 MELOXICAM 15 MG TABLET MICHAELS, DA 05/26/2015 EML 1252169 240 30 303 14.52 14.52 1252703 16.83 16.83 1205624 90 90 9.99 9.99 68382009705 PAROXETINE HCL 10 MG TABL MICHAELS, DA 05/26/2015 CH 53746020401 OXYCODONE-ACETAMINOPHEN 1 MICHAELS, DA 05/27/2015 EML/EAG 1232552 180 90 18.09 18.09 1259527 120 30 303 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 00378531001 ZOLPIDEM TARTRATE 10 MG T CARILLO, ROB 07/15/2015 JAO/CS 28.67 28.67 1268130 90 90 16.02 16.02 1273348 53746020401 OXYCODONE-ACETAMINOPHEN 1 CARILLO, ROB 08/15/2015 AY /TMN 120 30 303 15.00 89.42 68001015200 CARVEDILOL 25 MG TABLET 68001020808 LISINOPRIL 20 MG TABLET 1273491 MICHAELS, DA 08/17/2015 AY MICHAELS, DA 08/17/2015 AY /TMN 30 303 7.14 1273492 60 30 303 9.06 9.06 1232553 16714004211 ALLOPURINOL 300 MG TABLET MICHAELS, DA 08/18/2015 CH 67877019805 AMLODIFINE BESYLATE 5 MG GREEN, SAMUE 09/11/2015 EML/CS 52536030065 NITROGLYCERIN LINGUAL 0.4 CARILLO, ROB 09/14/2015 TMN/EAG 90 26.23 26.23 1277966 303 30 30 3.93 3.93 1278417 5 30 303 15.00 134.84 00378531001 ZOLPIDEM TARTRATE 10 MG T CARILLO,ROB 09/21/2015 EML/CS 67253090150 ALPRAZOLAM 0.5 MG TABLET MICHAELS,DA 09/21/2015 EML/CS 1279517 16.21 16.21 1279705 360 60 14.12 14.12 1283083 52536030020 NITROGLYCERIN LINGUAL 0.4 CARILLO, ROB 10/08/2015 PT /CP 30 303 68001015200 CARVEDILOL 25 MG TABLET MICHAELS, DA 10/09/2015 EW 68001026908 LISINOPRIL 20 MG TABLET MICHAELS, DA 10/09/2015 EW 15.00 387.98 1273491 30 60 303 7.14 1273492 60 30 303 9.06 9.06 68382009705 PAROXETINE HCL 10 MG TABL MICHAELS, DA 10/26/2015 PT 1232552 18.09 18.09 57664037713 TRAMADOL HCL 50 MG TABLET MICHAELS, DA 10/27/2015 PHI/CH 1286745 240 30 303 14.81 1232553 00591554401 ALLOPURINOL 300 MG TABLET MICHAELS, DA 11/30/2015 PT 90 00143971310 LISINOPRIL 20 MG TABLET 29.06 29.06 1293779 MICHAELS, DA 12/01/2015 BD /TMN MICHAELS, DA 12/01/2015 CS /EW 180 18.09 1293792 68001015200 CARVEDILOL 25 MG TABLET 180 90 1 9.99 9 99 1298628 00093007401 ZOLPIDEM TARTRATE 10 MG T MICHAELS, DA 12/24/2015 AT /TMN 68001015200 CARVEDILOL 25 MG TABLET CARILLO, ROB 12/29/2015 EAG 18,18 18.18 1299268 60 30 303 7.14 7.14 ---1299266 13107015430 PAROXETINE HCL 10 MG TABL CARILLO, ROB 12/29/2015 EAG 180 90 18.09 18.09 00143971310 LISINOPRIL 20 MG TABLET CARILLO, ROB 12/29/2015 EAG 1299267 303 9.06 9.06 1299264 16714004211 ALLOPURINOL 300 MG TABLET CARILLO, ROB 12/29/2015 ED 90 90 26.23 26.23 1299270 67253090150 ALPRAZOLAM 0.5 MG TABLET CARILLO,ROB 12/29/2015 BD 53746020401 OXYCODONE-ACETAMINOPHEN 1 CARILLO,ROB 12/30/2015 CS /EW 360 60 14.12 14.12 1299302 120 30 303 80.53 1302675 43478041007 NITROGLYCERIN 400 MCG SPR CARILLO, ROB 01/15/2016 AT /EEW 18 30 303 15 00 440.29 65162062750 TRAMADOL HCL 50 MG TABLET CARILLO, ROB 03/04/2016 EAG/EW 30 303 15.00 15.00 1312554 00406052301 OXYCODONE-ACETAMINOPHEN 1 CARILLO, ROB 03/04/2016 EAG/TMN 120 30 303 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 67253090250 ALPRAZOLAM 1 MG TABLET CARILLO, ROB 03/07/2016 CS /EW 16714065202 CIPROFLOXACIN HCL 500 MG MICHAELS, DA 04/15/2016 EAG/EW 00228315603 BUPRENORPHINE 2 MG TABLET MICHAELS, DA 05/17/2016 AY /DK 9.21 9.21 1320696 20 10 303 9.47 9.47 1326552 60 53746020401 OXYCODONE-ACETAMINOPHEN 1 CARILLO, ROB 06/03/2016 AT /EW 00093007401 ZOLPIDEM TARTRATE 10 MG T CARILLO, ROB 06/03/2016 AT /EW 67253090150 ALPRAZOLAM 0.5 MG TABLET CARILLO, ROB 06/03/2016 AT /PT 30 47.40 47.40 1329498 120 79.07 1329499 90 90 15.57 1 15.57 1329513 60 14.12 14.12 1332708 68382005101 MELOXICAM 15 MG TABLET CARILLO, ROB 06/21/2016 EAG 30 303 30 4.26 1332709 67877019805 AMLODIPINE BESYLATE 5 MG CARILLO, ROB 06/21/2016 EAG 68001015200 CARVEDILOL 25 MG TABLET CARILLO, ROB 06/21/2016 EAG 30 30 303 3.93 3.93 1332710 303 7.14 7.14 1332711 00143971310 LISINOPRIL 20 MG TABLET CARILLO, ROB 06/21/2016 EAG 60 303 30 9.06 9.06 16252061830 ROSUVASTATIN CALCIUM 40 M CARILLO, ROB 06/21/2016 EAG 57664037713 TRAMADOL HCL 50 MG TABLET CARILLO, ROB 06/21/2016 KJB/TNN 30 30 303 15.00 201.72 1332716 240 14.81 00591554401 ALLOPURINOL 300 MG TABLET CARILLO, ROB 06/22/2016 CS /TN 14.81 1332818 30 30 303 13.71 13.71 53746020401 OXYCODONE-ACETAMINOPHEN 1 CARILLO, ROB 08/30/2016 EG/PT 67253090150 ALPRAZOLAM 0.5 MG TABLET CARILLO, ROB 08/30/2016 LJ /EW 1344910 120 30 303 15,00 74.14 1344909 360 14.73 1344911 00378531001 ZOLPIDEM TARTRATE 10 MG T CARILLO, ROB 08/30/2016 LJ /EW 90 90 1 16 81 16.81 53746020401 OXYCODONE-ACETAMINOPHEN 1 MICHAELS, DA 01/26/2017 EAG/JM 1374878 120 74.14 74.14 1374888 68001015200 CARVEDILOL 25 MG TABLET MICHAELS, DA 01/26/2017 CS /JM 60

00591554401 ALLOPURINOL 300 MG TABLET MICHAELS, DA 01/26/2017 CS /JM

67877019805 AMLODIPINE BESYLATE 5 MG MICHAELS, DA 01/26/2017 CS /JM 68001026908 LISINOPRIL 20 MG TABLET MICHAELS, DA 01/26/2017 CS /JM

00378531001 ZOLPIDEM TARTRATE 10 MG T MICHAELS, DA 01/26/2017 AT /JM 68382005101 MELOXICAM 15 MG TABLET MICHAELS, DA 03/30/2017 PT

1 00591554401 ALLOPURINOL 300 MG TABLET MICHAELS, DA 03/30/2017 PT

MICHAELS, DA 01/26/2017 CS /JM MICHAELS, DA 01/26/2017 AT /JM

68001026908 LISINOPRIL 20 MG TABLET 68382005101 MELOXICAM 15 MG TABLET

67253090250 ALPRAZOLAM 1 MG TABLET

68382005101 MELOXICAM 15 MG TABLET

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DATE/TIME - 01/24/2018 3:42pm

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

COSTCO PHARMACY #685
PHARMACIST'S STATEMENT
1/01/2008 THRU 12/31/201

DATE/TIME - 01/24/2018 3:42pm PAGE- 3

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	O	1/01/2008 THRU 12/31/2017		
ADDRESS 8 CITY, ST ZIP L	COSTCO PHARMACY #685 101 S. PAVILLION CENTER DRIV LAS VEGAS NV 89144 (702) 352-2055	LICENSE # FEDERAL TAX ID IRS #	PH01642 911223280	
ADDRESS 9	PICKENS,THOMAS 9517 QUEEN CHARLOTTE DR NV 8914	TELEPHONE FAMILY ACCOUNT # 50000	(702) 360-3163 056837	ı
	PICKENS, THOMAS	BIRTHDAY SEX RELATION	10/05/1956 M H	
1374890 1 67877019 1374891 2 00591554 1374888 2 68001015 1403168 67877019 1403169 3 00591554 1403169 1 00185062 1374881 3 68001015 1374892 3 68382005 1374881 4 00591554 1403168 1 67877019 1403169 2 43547035	200 CARVEDILOL 25 MG TABLET 805 AMLODIPINE BESYLATE 5 MG 401 ALLOPURINOL 300 MG TABLET 101 MELOXICAM 15 MG TABLET 200 CARVEDILOL 25 MG TABLET 805 AMLODIPINE BESYLATE 5 MG 908 LISINOPRIL 20 MG TABLET	DOCTOR-NAME RFL-DATE RPH/TCH MICHAELS, DA 03/30/2017 PT MICHAELS, DA 03/30/2017 PT MICHAELS, DA 06/20/2017 AY /JM MICHAELS, DA 06/20/2017 AY /JM MICHAELS, DA 06/20/2017 AY /JM MICHAELS, DA 06/20/2017 EAG/JM MICHAELS, DA 06/20/2017 EAG/JM MICHAELS, DA 06/20/2017 EAG/JM MICHAELS, DA 08/17/2017 CH /JM MICHAELS, DA 12/05/2017 AY	60 30 3 30 30 3 30 30 3 30 30 3 60 30 3	CY# CUST-\$ PRICE-\$ 103 8.49 8.49 103 9.85 9.85 103 12.67 12.67 103 4.61 4.61 10.76 10.76 1 15.08 15.08 103 13.81 13.81 1 21.46 21.46 1 23.63 23.63 1 14.17 14.17 1 14.17 14.17 1 14.17 14.17 1 12.72 21.72 1 14.74 14.74 1 20.72 20.72 1 14.17 14.17

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 1/24/1

DRAFT - 071515 - PENDING SIGNATURES & APPT CONFIRMATION

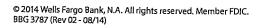
Personal Financial Statement Business Banking



Applicant or Guarantor

						ctivities, U.S. Federal law rec an account. What this mear you. We may also ask to see					
	s is your fu		s it appe			driver's license or state ID is Social Security Number		ate of your pri		idenc	:e.)
Pickens	All	en	Tho	nas			10-5-56		702-	204 (1000
Residential Street Ad	dress		Apt. I	Vumber	City		State	Zip Code	# of D		
9517 Queen Charlo	tte Drive				Las Vegas		NV	89145			
Time at Residence			Mont	hly PMT	Employer		Position	103143		Tim	e at Employer
10 years	@ Own	O Rent			Self		Managme	rıt			vears
Co-Applicant if a											
Full Legal Name: (This	s is your ful	l legal name exactly a	s it appe	ars on a	n unexpired o	driver's license or state ID is	ued by the sta	te of your prin	ncipal resi	denc	e)
Last Name	Mic 1	dle Name	First !	Vame		Social Security Number	Date of Birt		Conta		
Residential Street Add	dress		Apt. N	lumber	City		State	Zip Code	# of Di	pend	dents
Time at Residence	· · · · · · · · · · · · · · · · · · ·		Mont	hly PMT	Employer		Position			Time	at Employer
	O Own	O Rent]	. at 211/pto y C1
Financial Statem	ent (leav	e blank, data you enter	into the	schedul	es on pages 3	, 4, 5, and 6 will flow into thi	s table)			<u></u>	
	Assets of				lmount	T	ilities of Signe	r			Amount
Cash in Bank Account	ts** (sched	ule 1)		\$	118,048	Total David to Co. 197				\$	
Publicly Traded Inves	tments** (schedule 2)		\$	220,583	T-4-114-B	chedule B)			\$	20,000
Other Assets** (sched	lule 3)		***************************************	\$	220,000	Orbert States of L. L. I.	e C)	·		\$	154,565
Residence Market Val	ue (RE Sch	edule)	**************	\$	0	Masters	Re schedule)			\$	(
Other Real Estate Mar	ket Value*	**	***************************************	\$	2,440,000	Market and Charles		·····		\$	4 407 04
		Tota	Assets	\$	2,998,631			Total Li	abilities	\$	1,107,614
						1		Ne	t Worth	\$	1,282,179
Please provide state *Other Real Estate		ıde figures from the l	Real Esta	ate Sche	edule (page	4) and the Real Estate Atta	chment (page		ı		1,716,452
Applicant or Gua	rantor	dentity Verifica	tion (B	anker to	personallyvie	wan unevnired state issued					pecifics belowly
by signing this persona	ii iii lai iciai :	statement, you confire	n that th	e inforn	nation entere	d in this section is correct.	** * : ********************************				
Applicant or Guar											
Name on Identification			Primar	y ID Typ	e*	Identification Number	From State/C	ountry of	Issue D	ite	Exp. Date
Name on Identification			Primary	orSecor	ndary ID Type*	Identification Number	From State/C	ountry of	Issue Da	ite	Exp. Date
Co-Applicant									1		
Name on Identification			Primary	/ ID Type	2*	Identification Number	From State/C	ountry of	Issue Da	ite	Exp. Date
Name on Identification			Primary	or Secon	idary ID Type*	Identification Number	From State/C	ountry of	Issue Da	ite	Exp. Date
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Page 1



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.
- 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

	Αp	plican	t/Guarantor	Γ	Co-A	pplicant
 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) 	0	Yes	No	0	Yes	O No
2. Have you ever been convicted of a felony? (If "YES", explain in number 11)	0	Yes	No	0	Yes	O No
3. Are you a party to any claims or lawsuits? (If "YES", explain in number 11)	0	Yes	No	0	Yes	O No
4. Are you obligated to pay alimony, child support or separate maintenance? (note \$ amount in number 11)	0	Yes	No	0	Yes	O No
5. Are you a co-signer or guarantor of any other debt? (provide details in schedule C or D)	0	Yes	No	0	Yes	O 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:	0	Yes	♠ No	0	Yes	O 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.)	9	Yes	O No	0	Yes	O No
8. Do you own 25% or more of another company? (attach tax returns; provide details in schedule 3)	0	Yes	O No	0	Yes	O No
9. Are you a citizen of the United States? (If NO, complete question 9 a.)	0	Yes	O No	0	Yes	O No
9 a. Are you a permanent resident alien?	0	Yes	O No	0	Yes	O No
Please provide country of citizenship:						
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.)	000		Married Separated Jomarried	0 0 0		Married Separated Unmarried
	(U	nmarı	ried: single, d	ovib	rced,	widowed)
11. If YES to question(s) 1-8, please describe:						

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
×		×	

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.

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Page 2

Date of Valuation (mm/dd/yy)_

Sources of Income

see attached tax document

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:		
(Allowania de Valoria			Total Annual Income:	\$ 473,077	\$

 $[\]hbox{$^*\!\!A$ limony, 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)	ee attached bank statement - DEC) Wells Fargo		118,048
	To	otal: \$	118,048

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

Account(s) Description	Name(s) Registered In	Shares/Amt	Retirement		Curren	t Value
UBS Pension 401k (see attached statement)	Thomas Pickens		O Yes	O No		220,58
			O Yes	O No		
			O Yes	O No		
			O Yes	O No	••••••	
			O Yes	O No		
				Total:	\$	220 58

 $Schedule\ 3: Other\ Assets-vehicles, boats, partnerships, proprietor ships, cash-value\ life\ insurance\ owned\ by\ signer-vehicles, boats, partnerships, proprietor ships, cash-value\ life\ insurance\ owned\ by\ signer-vehicles, boats, partnerships, proprietor ships, cash-value\ life\ insurance\ owned\ by\ signer-vehicles, boats, partnerships, proprietor ships, cash-value\ life\ insurance\ owned\ by\ signer-vehicles, boats, partnerships, proprietor ships, cash-value\ life\ insurance\ owned\ by\ signer-vehicles, boats, partnerships, proprietor ships, cash-value\ life\ insurance\ owned\ by\ signer-vehicles, boats, partnerships, proprietor ships, cash-value\ life\ insurance\ owned\ by\ signer-vehicles, boats, partnerships, proprietor ships, cash-value\ life\ insurance\ owned\ by\ signer-vehicles, boats, partnerships, partnerships,$

Property Description	N(2) D	I
	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:	

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			
Wells Fargo	paid in full every month			
AMEX Blue card	payments range from \$2000 - \$5000 per month			20,000
			Total	¢ .

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
4-1			
		Total:	\$ 154,565

 $Schedule\ C:\ Other\ Liabilities-contract\ debts, maintenance\ payments, lawsuits, tax\ penalties$

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

Schedule D: Contingent Liabilities – partnerships, guarantees

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

Real Estate Schedule – Property Owned By Signer

 ${\color{blue} \textbf{Complete "Ownership \%" for worksheet formulas to function properly i.e.\,4.75\% type~as~.0475~or~100\% type~as~1.}$

Property	Type: SF≃Single Fam	ily, MF = Multiple F	amily, C=	Commercia	l/Industrial	, L = Lan	d/Acreag	e		
Property Type;	Reside	nce	0	Vacation	O Renta	al .) Vacation	O Rent	al
0	O SF	O MF	O SF	O MF	ОС	O L	O SF	O MF	⊚ C	ΟL
Ownership % (Must complete to enable)	0%			0%				50	97	
Co-Owned with Spouse	O Yes	O No		O Yes	O No		 	Ø Yes	O No	
Property Address			1				 			
							Patience Drive, s	e One, LLC uite 208	= 3320 N E	Buffalo
City, State, Zip							Las Ved	as NV 8912	9	
Date Purchased						***************************************				
Purchase Price			****					\$1,700	0.000	
Estimated Market Value			\$3,800,000							
1st Mortgage Balance								\$1,500		
Lender							Wells Fa		,,000	
Interest Rate	0.00	%		0.00	%			0.00	1%	********
Maturity Date							<u> </u>			
Payment 1st Mortgage				····				e attache	ed Ioan	
All Other Mortgages/Liens (include loans and equity lines)					- T		sta	tement		
Lender(s)								·	***************************************	
Payments - other Mortgages										
Annual Property Tax/Insurance					***************************************					
Gross Monthly Rent										

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Page 4

Other Real Estate Totals (factors in Ownership %)*

Real Estate Schedule - O	ther Real Estate Totals**			_
Total Market Value	\$	1,900,000	\$3,800,000	
Total Mortgage(s) Balance	\$		\$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:	O Vaca	ation	© Ren	ital		O Vacation O Rental				O Vacation O Rental				
		MF	O C	ΟL	O SF	O MF	O C	OL	O SF	O MF	O C	اه O L		
Ownership %**		509	%			09	,							
Co-Owned with Spouse	8	Yes	O No		 	O Yes	O No			O Yes	O No			
Property Address					 	0 .03	0 110		 	0 163	O NO			
	7608 Lowe A	ve.												
City, State, Zip	Las Vegas N	V 8913	1											
Date Purchased				****			·					······································		
Purchase Price		\$129,	000											
Estimated Market Value		\$180,	000											
1st Mortgage Balance	***	\$65,2												
Lender											······································			
Interest Rate	5.63 %	0.00	%			0.00	%			0.00	10/_			
Maturity Date										0.00	70			
Payment 1st Mortgage							***********		·	***************************************				
All Other Mortgages/Liens (include loans and equity lines)									***************************************					
Lender(s)	Wells Fargo									***************************************				
Payments - other Mortgages	see attac	hed	morta	200			'''							
Annual Property Tax/Insurance	statemer			aye –		····								
Gross Monthly Rent	7	\$800												

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

Prop	erty Type: SF = Sin		nily, MF = N	lultiple F	amily, C =	Commercia	I/Industria	I, L = Lan	d/Acreage			
Property Type:	O Vacation O Rental				O Vacation O Rental				1 -	Vacation	O Rent	
	◎ 5F (O MF	<u> </u>	ΟL	O SF	O MF	0 C	ΟL	O SF	O MF	0 C	ΟL
Ownership %**		509	%			0%	6			09	6	
Co-Owned with Spouse	0	Yes	O No			O Yes	O No			O Yes	O No	
Property Address	9517 Queen	9517 Queen Charlotte Drive										
City, State, Zip	Las Vegas N	V 8914	5			***************************************						
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	1%			0.00	%	
Maturity Date									***************************************	***************************************		
Payment 1st Mortgage												
All Other Mortgages/Liens (include loans and equity lines)										***************************************	***************************************	
Lender(s)												
Payments - other Mortgages		\$4,1	72									
Annual Property Tax/Insurance	COO ott	a ob o	4 400		***************************************	· · · · · · · · · · · · · · · · · · ·				·····		
Gross Monthly Rent	see atta		u ASC									

Other Real Estate Totals (factors in Ownership %)

Real Estate	achment - Totals***	
Total Ma	rket 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.

DHAFT - 071515 - PENDING SIGNATURES & APPT CONFIRMATION

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 11-26-55 702-604-0381 Residential Street Address Apt. Number City Zip Code # of Dependents 9517 Queen Charlotte Drive Las Vegas NV 89145 Time at Residence Monthly PMT Employer Time at Employer Position Own O Rent 10 years 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 Residential Street Address Apt. Number City Zip Code State # of Dependents Time at Residence Monthly PMT Employer Position Time at Employer O Own O 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) Total Revolving Credit (schedule A) \$ 283,344 20,000 Publicly Traded Investments** (schedule 2) \$ Total Installment Loans (schedule B) 737.341 Other Assets** (schedule 3) \$ Other Liabilities (schedule C) \$ Residence Market Value (RE Schedule) Mortgage on Residence (Re schedule) \$ Other Real Estate Market Value*** \$ Mortgage(s) on Other Real Estate*** 2,440,000 1,107,615 Total Assets \$ **Total Liabilities** 3,460,685 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.
- 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.

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.
- 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.
- 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.

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Instruction Sheet

Date of Valuation ((mm/dd/yy)							
Sources of Income				see attach	ed tax docum	ent		
Annua	l Applicant/	Guarantor	Co-Applicant	Aı	nual	Applicant	/Guaranto	r Co-Applicant
Salary:		205,000		Dividends/Interes	it:	1		
Commissions:				Rental Income:			***************************************	
Cash Distributions: from individual/busines.	5			Alimony/Child Su (voluntary: disclose				
Other Sources: (ex. Con	tract income)			Other Sources:	***************************************			
*Alimony, child support, or: Financial Statemer Schedule 1; Cash in Ba		eed not be re	evealed if it will not be		Fotal Annual Income: ial source of repayment.	1 '	205,000	\$
Account Description/A					N	-£D1-		T
	count) ending #3436 (see a	ttaabad ata	utomont)			of Bank		Current Balance
DKM (BPMG Payroll S		nacheu sia	nement)		Wells Fargo			118,04
DKM (BPMS) Stateme					Bank of America			149,41
DRW (DI WO) Stateme	111 #3 100				Bank of America			15,88
	raded Investments: Stock	s, bonds, 1	nutual funds, 40	lk, IRAs			Total:	\$ 283,34
Account(s) Description			Name(s) I	Registered In	Shares/Amt	Retire	ment	Current Value
UBS Portfolio - 401k (s	ee attached statement)		DKM			O Yes	O No	584,808
Valic - 401k (see attach	ned statement)		DKM	//		O Yes	O No	31,086
Columbia - 401k (see a	ttached statement)		DKM			O Yes	O No	121,447
						O Yes	O No	
						O Yes	O No	
Sahadula 2. Othan II aa	on making bear and			1 1 100	••		Total:	\$ 737,341
Property Description	ets – vehicles, boats, part	nersnips, j	proprietorships,	cash-value life ins				
N/A					Name(s) Re	gisterea in		Current Value
IVA								
								
		·					Total:	· .
Schedule A: Total Revo	lving Credit – credit card	s, credit li	nes				rotun [, O
To Whom Payable		Descr			Commitment Amt	Monthly	/Pmt	Current Balance
Amex - Blue						· · · · · · · · · · · · · · · · · · ·		20,000

20,000

Total: \$

General Information

	Ap	plicar	nt/Guaranto	r	Co-	Applicant
 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) 	0	Yes	O No	0	Yes	O No
2. Have you ever been convicted of a felony? (If "YES", explain in number 11)	0	Yes	€ No	0	Yes	O No
3. Are you a party to any claims or lawsuits? (If "YES", explain in number 11)	o	Yes	⊘ No		Yes	
4. Are you obligated to pay alimony, child support or separate maintenance? (note \$ amount in number 11)	0	Yes	❷ No	-	Yes	
5. Are you a co-signer or guarantor of any other debt? (provide details in schedule C or D)		Yes	⊚ No	ļ	Yes	
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:	0	Yes	No No		Yes	
 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.) 	0	Yes	O No	0	Yes	O No
8. Do you own 25% or more of another company? (attach tax returns; provide details in schedule 3)	6	Yes	O No	0	Yes	O No
9. Are you a citizen of the United States? (if NO, complete question 9 a.)	0	Yes	O No	o	Yes	O No
9 a. Are you a permanent resident alien?	0	Yes	O No	0	Yes	O No
Please provide country of citizenship:						
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.)	000		Married Separated Unmarried	1		Married Separated Unmarried
	(U	nmar	ried: single,	divo	rced	.widowed)
11. If YES to question(s) 1-8, please describe:	<u></u>					,

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
Х		×	

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.

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Confidential if filled out

Page 2

${\bf Schedule\,B:\,Total\,Installment\,Loans-cars,\,boats,furniture}$

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:	\$

$^{\prime}$ Schedule D: Contingent Liabilities – partnerships, guarantees

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

Real Estate Schedule - Property Owned By Signer

 $\underline{\text{Complete "Ownership \%" for worksheet formulas to function properly i.e. 4.75\% type as .0475 or 100\% type as 1.}\\$

Proper	ty Type: SF = Single Family, MF = Multiple F	amily, C = Comm	ercial/In	dustria	i, L = Lan	d/Acreage	•		
Property Type:	Residence	O Vacati		O Rent			Vacation	O Rent	al
	O SF O MF	OSF O	MF (⊚ C	ΟL	O SF	O MF	O C	ΟL
Ownership %									
(Must complete to enable)	0%		50%				09		
Co-Owned with Spouse	O Yes O No	Ø Y∈	es C) No			O Yes	O No	
Property Address		3320 N BUFFA	LO DR.						
City, State, Zip		LAS VEAGS N	V 89129)					
Date Purchased									
Purchase Price		\$1	,700,00	00					
Estimated Market Value			3,800,00						
1st Mortgage Balance		\$1	,500,00	00					
Lender		WELLS FARGO)			******************		·	
Interest Rate	0.00%		0.00%				0.00	1%	
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								

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Confidential if filled out

Page 4

Other Real Estate Totals (factors in Ownership %)*

Real Estate Schedule - C	ther Real Estate Totals**			
Total Market Value	\$	1,900,000	\$3,800,000.	l
Total Mortgage(s) Balance	\$		\$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.

Droner	hy Timas SE - Ci	agla E				70% type						
Property Type:	ty Type: 5F = Si	igie ran cation	nuy, wir = N	iuitiple F								
		Cation O MF	@ Rent	at OL	0 55	Vacation	O Rent] -	Vacation	O Renta	
Ownership %**	103			ΟL	O SF	O MF	0 C	ΟL	O SF	O MF	0 C	O L
Co-Owned with Spouse		50				09	6]	09	6	
Property Address	6	Yes	O No			O Yes	O No			O Yes	O No	
Property Address	7608 Lowe	Ave										
City, State, Zip	Las Vegas,	NV 891	31									
Date Purchased												
Purchase Price		\$129,	000									
Estimated Market Value		\$180,								······································		
1st Mortgage Balance		\$65,2					·····					
Lender												
Interest Rate	5.63%	0.00	%			0.00				0.00	0/	
Maturity Date	- Common and a second					0.00	70			0.00	%	
Payment 1st Mortgage												
All Other Mortgages/Liens (include loans and equity lines)					****						·	
Lender(s)	Wells Fargo				······································							
Payments - other Mortgages	see atta	ched	morta	306 	7							
Annual Property Tax/Insurance	stateme									······································		
Gross Monthly Rent		\$80	0									

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

Prop	erty Type: SF = Single Family, MF = Multiple F	amily, C = Commercial/Industrial, L = Lan	d/Acreage
Property Type:	O Vacation O Rental	O Vacation O Rental	O Vacation O Rental
	SF OMF OC OL	OSF OMF OC OL	OSF OMF OC OL
Ownership %**	50%	0%	0%
Co-Owned with Spouse	Yes O No	O Yes O No	O Yes O 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 - Tot	als***
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
UCC - All Assets

Non Mortgage - First Position

Non Mortgage - First Position

7373 Peak Dr Ste 160 (Existing) Las Vegas, NV 89134 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

OMBNAA002GG3

Page 1 of 3

6/25/2013

5:31 pm

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

OMBNAA002GG3

Page 2 of 3

6/25/2013 5:31 pm

AA0+779841

1	AFFIDAVIT OF CUSTODIAN OF RECORDS
2	STATE OF NEVADA)
3	COUNTY OF CLARK) ss:
4	Tracy Ruccia, being duly sworn and says:
5	1. That at all times herein affiant was over eighteen years of
6	age, not a party to or interested in the proceedings in which this affidavit
7	was made.
8	2. I am employed by Equity Title, LLC, in the
9	Admin. Department.
10	3. That on the 2nd day of July, 2018, affiant
11	received the SUBPOENA DUCES TECUM requesting:
12	Any and all documents in the file (whether stored
13	electronically or on paper) relating to the purchase of the property located at 4514 Blue Mesa Way, Las Vegas, Nevada 89129, Escrow # 17210286 DAW, including, but
14	not limited to, purchase agreements, the closing
15	statement, records of deposits or purchase funds, deeds, trust agreements, power of attorneys, e-mails, internal
16	memos, general information forms, correspondence, notes, wiring instructions and the front and back of any
17	canceled checks.
18	///
19	///
20	///
21	/// 4 PICKENS
	4 PICKENS

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 Joly, 2018.
5	
6	SIGNED AND SWORN to before me
7	this 7 day of Mele, , 2018.
8	NOTARY PUBLIC
9	MICKIE SALGADO
10	Notary Public State of Nevada No. 96-0943-1 My Appt. Exp. Dec. 21, 2018
11	**************************************
12	·
13	
14	
15	
16	•
17	
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19	
20	·
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	5



VESTING INSTRUCTIONS

May 22, 2017

	Equity Title of Nevada SSCROW NO. 17210286 DAW		
Title	for the Buyer(s) is to be vested as follows (us	e full r	names and initials, and specify if a Partnership, Trust of Corporation):
Thon	nas A. Pickens		
PLE	ASE CHECK ONE OF THE FOLLOWING	:	
A	A Single Man (never been married)		A married woman as her Sole and Separate Property (Spouse will be required to execute a Quit Claim Deed)
	A Single Woman (never been married)		A married man as his Sole and Separate Property (The Community Property Interest of Spouse to be conveyed)
	An Unmarried Man (divorced or widowed)		Trust (Copy of trust to be provided to Title prior to close)
	An Unmarried Woman (divorced or widowed)		Partnership (Statement of Partnership to be provided to Title prior to close)
	Husband and Wife		Corporation (Corporate Resolution to be provided to Title prior to close)
	Wife and Husband	Q	Limited Liability Company in the State of: (Copy of Operating Agreement, Articles of Organization & Cert of Good Standing).
	Domestic Partner		A married man, and a married man (married to each other)
	A married woman, and a married woman (married to each other)		(
PLEA	SE CHECK ONE OF THE FOLLOWING	IN AI	DDITION TO THE ABOVE:
		the joi	nt tenants, the property passes to the surviving joint tenant(s); it does NOT go
	AS COMMUNITY PROPERTY (For Married	d coup	les or Domestic Partner). All real property acquired during the course of the designated otherwise. In case of death, property DOES go through probate,
	AS COMMUNITY PROPERTY WITH RIG	HT OF	SURVIVORSHIP (For Married couples or Domestic Partner) (Carries the sprobate in the event of death; it CANNOT be willed to an heir.)
	AS TENANTS IN COMMON (Usually used	by pera	sons buying property together, but not married or Domestic Partner. Need to to i.e. 50% - 50%, OR 75% - 25% etc. The ownership interest CAN be said or
	AS HIS/HER SOLE AND SEPARATE PROP	ERTY	(The interest of the spouse or Domestic Partner must be conveyed as Nevada cannot be sold or encumbered without the spouse executing all documents
	evidencing consent. The spouse or Domest property interest. CAN be willed; DOES requ	ic Pari	mer will execute a deed divesting themselves of any possible community
IF TE	NANTS IN COMMON please state the indivi		
with Lo altered CANN	ender requirements, whether or not they have alread to be identical with the Deed of Trust provided b	y been : y my/o ACQU)	ocuments contained in the above referenced escrow to this vesting, or to comply executed. It is further acknowledged and authorized that my/our name(s) may be ur lending institution. PLEASE NOTE: (THE ESCROW AGENT/HOLDER IRE YOUR VESTED INTEREST). The manner of vesting can have legal or tax ley and/or accountant for advice.
BUYE	CR:		
Thoma	as A. Pickens		

HER THE PROPERTY OF THE PARTY O

Inst#: 20170530-0000500 Fees: \$19,00 N/C Fee: \$25.00

TO MADE SAME AND ARREST OF THE

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**

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

GRANT, BARGAIN, SALE DEED

Military and the supplementary of the state of the supplementary of the

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:

SELLER:

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

Am.	
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.	
	NOTARY PUBLIC STATE OF NEVADA County of Clerk Y, TRONCOSO
U. Troncow	Appt. No. 12-8500-1 My Appt. Expires Oct 5, 2020
Notary Public	
My commission expires: 04.5, 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

Uniterm Residential Loan Application

а сотпи гераутия	mity property nt of the lose	state, the se	surity proper	ty is located	in a commun	ity property state,	or the Borrower is	relying on other	brobeny jacat peny nghis pu	ights pursua reveat to ap and in a com	nt to state law plicable law a munity proper	will not be used as a nd Borrower resides i sy state as a basia for
lf this is	an application	a for joint or	edil, Borrow	cr and Co-B	orrower each	agree that we inte	nd to apply for job	t credit (sign beli	rw):			
Воложе	nas A Pi	ckens										
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Amount \$472,000.	.00		st Rate No. o 4% 360			tization Type:	S Fixed Rate C);		L	
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4514 Blue	roperty Addr c Mesa WAY,	Las Veges, 1	NV 89129-2	114								No. of Units
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SUCIAL SEC			ne Phone (in -604-0038		(mm/dd/y) 10/05/195	5	Social Security	Number	Home Phone	(incl. area c	(ode) DOB	Yrs. School Vyyyy)
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HCFG-00001 Uniform Residential Loan Application Famila Maz/Freddie Med VMPS Wokers Kluwer Frishcial Services©

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Page 2 of 4



9517 QUEEN CH	if rental being held	TEDR 2 SER CONTRACTOR						Mo ga Paym		Insurance, Maintenance, Taxes & Misc.		Net Reptal Income		
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Loan amount (ad Cash from/to Box			├	472,000,00 114,087.09	i. Are you a co-ma	ker or en	dorser on a note	:7				Ø	iä	
ubtractj, k, i & o	from i)			114,027.09	j. Are you a U.S. c	itizen?					_⊠			
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Loan Application. Mark B for Borrower or C for Co-	Co-Borrower:	Lender Case Number:
Borrower.		XXXXXX4472

Alternate Names Continued

Alternate Name		Creditor Name	Account Number
	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:
	5/25/2017

Co-Borrower's Signature:

Thomas A Pickens

HCFG-00001 Horizon Residential Loan Application Fauria Mast Fraddia Mac VMPO Wolters KEwer Financial Services©

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• URIGINAL

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

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DISTRICT COURT CLARK COUNTY, NEVADA

In the Matter of the Joint Petition for Divorce of:
Terrie Lynne Meadows-Pickens and Thomas Allen Pickens, PETITIONERS.

Case No.:
Dept. No.:

DECREE OF DIVORCE

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

County Clerk

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

IT IS HEREBY ORDERED, ADJUDGED AND DECREED:

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- 1. That the parties are granted a final Decree of Divorce, and that the bonds of matrimony heretofore existing between the Petitioners are forever and completely dissolved, and that each of the parties are hereto freed and released from all of the responsibilities and obligations hereof, and each of the parties hereto are restored to the status of single, unmarried persons.
- 2. That the Property Settlement Agreement attached hereto as Exhibit "A" is hereby adopted and ratified by the Court and incorporated by reference into the Decree of Divorce as though fully set forth therein.
- That Petitioner Terrie Lynne Meadows-Pickens may be restored 3. to her former name, to wit: Terrie Lynne Meadows.

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

I	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 35 day of gine, 2001.
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6	Atall
7	DISTRICT JUDGE
8.	Submitted by:
9	Jurid and worken
10	Terrie Lynne Meadows-Pickens Thomas Allen Pickens PETITIONER IN PROPER PERSON PETITIONER IN PROPER PERSON
11	6771 Bodega Drive 6771 Bodega Drive Las Vegas, Nevada 89103 Las Vegas, Nevada 89103
12	(702) 592-4497 (702) 367-2065
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STATE OF NEVADA 2 COUNTY OF CLARK SS. 3 ACKNOWLEDGMENT 4 day of 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 15 Notary Public in and for the 16 State of Nevada, County of Clark 17 NOTARY PUBLIC STATE OF NEVADA 18 County of Clark
JILL S. WILLINGER 19 ent Expires April 27, 2005 20 21 22 23 24 25

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STATE OF NEVADA 2 COUNTY OF CLARK) ss. 3 **ACKNOWLEDGMENT** day of 4 ____, 2001, personally appeared before me, a Notary Public, in and for the State of Nevada, 5 County of Clark, Thomas Allen Pickens, known to me to be the person 6 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. Witness my hand and official seal the day and year in this 10 certificate first written above. 11 12 13 14 15 State of Nevada, County of Clark NOTARY PUBLIC STATE OF NEVADA 16 County of Clark JILL S. WILLINGER 17 nt Expires April 27, 2005 18 19 20 21 22 23 24 25 26 27 28

EXHIBIT "A" PROPERTY SETTLEMENT AGREEMENT

This agreement is made by and between the Petitioners, Thomas Allen Pickens and Terrie Lynne Meadows-Pickens, hereinafter called husband and wife.

б

WITNESSETH:

WHEREAS, in view of their intention to live separate and apart for the rest of their lives, they are desirous of making a full, complete, permanent, and final settlement of all the respective rights in and through properties held now and properties which may hereinafter be acquired by either of them, and as a part of said settlement each of the parties desires to relinquish any and all claims- past, present, and future- against the properties or estate heretofore or hereinafter acquired by the other party, his or her executors, successors, or assigns, and to finally settle and adjust for all times any and all rights, claims, and demands which either of them may have or should have against the other arising out of the marital relation, except with respect to those properties that are specifically agreed hereafter to be held in tenancy in common as hereinafter set forth.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS;

That in consideration of the premises and the covenants and agreements herein contained, and other valuable consideration from each to the other passing, it is covenanted and agreed by the parties hereto as follows:

1. ABSOLUTE DIVORCE

The husband and wife shall continue to live separate and apart for the rest of their lives. Each shall be free from interference.

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

IT IS THEREFORE AGREED;

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2. AGREEMENT TO DIVORCE

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

3. SPOUSAL SUPPORT, NOTICE OF ENTRY

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

4, MINOR CHILDREN

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

5. DIVISION OF COMMUNITY PROPERTY

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

- 1. The wife shall keep as her sole and separate property the following:
 - a. All of her personal effects.
 - b. 1993 Mazda MX3, VIN JM1EC4315P0233116.
 - c. Master bedroom suite.
 - d. Big screen TV.
 - e. TV with built-in VCR.
 - f. Dining table and chairs.
 - g. Futon.

- h. Living room set.
- i. Entire kitchen.
- 2. The husband shall keep as his sole and separate property the following:
 - a. All of his personal effects.
 - b. 1999 Dodge Durango, VIN 1B4HS28ZXXF699492.

6. DIVISIONS OF COMMUNITY DEBTS

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

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

7. DIVORCE DECREE

That the parties desire that this agreement be incorporated as a part of any final Decree of Divorce that may hereafter be entered in the County of Clark, State of Nevada or in any other court having appropriate jurisdiction over the parties, and to that end agree that 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 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.

An day of June DATED this

Lynne Meadows-Pickens Terrie' PETITIONER IN PROPER PERSON 6771 Bodega Drive

Las Vegas, Nevada 89103

27 (702) 592-4497

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Thomas Allen Pickens PETITIONER IN PROPER PERSON 6771 Bodega Drive

Las Vegas, Nevada (702) 367-2065 89103

STATE OF NEVADA 2 COUNTY OF CLARK 3 **VERIFICATION** 4 Terrie Lynne Meadows-Pickens, being first duly sworn according 5 to law, deposes and says: That she is one of the Petitioners in the above-entitled action; 6 that she has read the above and foregoing Property Settlement 7 Agreement and knows the contents thereof; that the same is true of her 8 own knowledge, except for any matters therein stated upon information and belief, and as to those matters therein stated, she believes them 10 to be true. 11 12 13 14 15 16 17 18 19 20 21 22 SUBSCRIBED and SWORN to before me 23 2001. 24 25 Notary Public in and for the 26 State of Nevada, County of Clark NOTARY PUBLIC 27 STATE OF NEVADA County of Clark JILL S. WILLINGER 28 iment Expires April 27, 2005

5

STATE OF NEVADA COUNTY OF CLARK) ss. 3 ACKNOWLEDGMENT 4 this day of 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 to be the person described in and who executed the foregoing 7 instrument, Property Settlement Agreement, who acknowledged to me that she executed the same freely and voluntarily and for the same uses and 10 purposes therein mentioned. Witness my hand and official seal the day and year in this 12 certificate first written above. State of Nevada, County of Clark 16 17 **NOTARY PUBLIC** STATE OF NEVADA 18 County of Clark
JILL S. WILLINGER 19 ent Expires April 27, 2005 20 22 23

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2001,

STATE OF NEVADA 1 COUNTY OF CLARK 2) 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 and knows the contents thereof; that the same is true of his own 8 knowledge, except for any matters therein stated upon information and 9 10 belief, and as to those matters stated, he believes them to be true. 11 12 13 14 Thomas Allen Pickens 15 16 17 18 19 20 21 22 23 SUBSCRIBED and SWORN to before me 24 2001. day of 25 26 NOTARY PUBLIC STATE OF NEVADA Notary Public in and for the County of Clark JILL S. WILLINGER 27 State of Nevada, County of Clark ent Expires April 27, 2005 28

1 STATE OF NEVADA 2 COUNTY OF CLARK) ss. 3 ACKNOWLEDGMENT 4 day of ____, 2001, personally 5 appeared before me, a Notary Public, in and for the State of Nevada, County of Clark, Thomas Allen Pickens, known to me to be the person 6 7 described in and who executed the foregoing instrument, Property Settlement Agreement, who acknowledged to me that he executed the same 8 9 freely and 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 15 State of Nevada, County of Clark 16 NOTARY PUBLIC STATE OF NEVADA 17 County of Clark . JILL S. WILLINGER 18 ieni Expires April 27, 2005 19 20 21 22 23 24 25 26 27 28

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

	Check		Deposits/	Withdrawals/	Ending daily
Date	Number	Description	Credits	Debits	balance
11/3	1004			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	2,300.00	0,000.00
11/12		College Bransien Engine Calapsea Chestron Republication (Service)	7,000.00	····	
		Byancas Gracking vice Metalle	1,000,000		
11/12		Online Transfer From Pickens T Ref #Ibek6Dxqfl Premier	1,000.00		
		Checking Via Mobile			
11/12	1031	Check		1,000.00	23,933.58
11/13		Online Transfer From Pickens T Ref #Ibeqyjbzrw Premier	1,000.00		
44.80		Checking Via Mobile			
11/13		Adp TX/Fincl Svc Adp - Tax 141113 Rmuhe 111423A01 Blue Point		6,917.50	
11/13		Development			
11/13	•	Adp TX/Fincl Svc Adp - Tax 141113 777051906713Uhe Blue Point		17,005.44	1,010.64
11/19		Development VITE-1804 To 1804	****		
11/13		WT Fed#01731 Fifth Third Bank /Org=Guggenheim Prinrs Inv.	1,078,763.01		
		Mgmt Holding Srf# 2014111900005341 Trn#141119084764 Rfb# 2381013			
11/19		Wire Trans Svc Charge - Sequence: 141119084764 Srf#			
11710		2014111900005341 Tm#141119084764 Rfb# 2381013		15.00	1,079,758.65
11/21		Color Continue Category Control Color (No. 2010)		22.222.22	
		Charles and the control of the contr		20,000.00	
11/21		Online Transfer to Pickens T Ref #lbe2P7Xpkf Premier Checking		60,000,00	
		Via Mobile		20,000.00	
11/21		Adp Payroll Fees Adp - Fees 141121 2Ruhe 2455296 Blue Point		65.55	1,039,693.10
		Development		W.33	1,035,053.10
11/24		Deposit	4,333.00		
11/24		Online Transfer to Pickens T Premier Checking xxxxxx3436 Ref		15,000.00	
		#lbeg9Gcsc2 on 11/22/14		,	
11/24		Online Transfer Ref #lbetvnbkn5 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 xxxxxxxxxxx51001 on 11-24		50,000.00	····
11/24		Check		73.27	
11/24		Check		1,650.00	
11/24		Check		6,650.00	
11/24		Check		139.99	
11/24		Check			
11/24 11/24				100.00	
11/25		Check		1,265.00	719,513.20
11/23		Wire Trans Svc Charge - Sequence: 141125160777 Srf#		30.00	
11/25		0007668329571270 Trn#141125160777 Rfb#			
11/23		WT Fed#05294 Deutsche Bank Trus /Ftr/Brif=Adp Sri#		273,754.66	
11/25		0007668329571270 Tm#141125160777 Rfb# Check			
11/25				181.76	
		Adp TX/Fincl Svc Adp - Tax 141125 Rmuhe 112624A01 Blue Point Development	•	113,768.85	
11/25		Check		050.00	······································
11/25	1039			950.00 640.00	
11/25	1044			2,500.00	
11/25	1048			60,000.00	067 607 00
11/28		Check		48.36	267,687.93 267,639.57
Ending bala	nce on 11/30			70.00	***************************************
					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.

Account number: 8074759112

November 1, 2014 - November 30, 2014

Page 3 of 4



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 <i>[</i> 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	-	20	23,000.00

^{*} 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 morithly 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 Have any ONE of the following account requirements	Minimum required	This fee period
Minimum daily balance Average ledger balance Qualifying transaction from a linked Wells Fargo Business Payroll Services accuses.	\$3,000.00 \$6,000.00 count 1	\$1,010.64 ☐ \$257,686.00 ☑ 0 ☐

Account transaction fees summary

Combo shares de 10		Units	Excess	Service charge per	Total service
Service charge description	Units used	included	units	excess units (\$)	charge (\$)
Transactions	24	150	0	0.50	0.00
Total service charges			,		\$0.00



MEDITARY ACCOUNT INFORMATION

Other Welis 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 Cliffy
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

Loan Billing Statement

Loan Customer # 7829153364

DCFSSTDTKU 008329

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

Nov. 15, 2016

Principal Interest

2,695.50 6,162.55

WELLS

FARGO

Total Amount Due:

\$8,858.05

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MAC T7422-012 PATIENCE ONE LLC

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

իրձևիվիլիկիրդիկիլուրիիիրդիիիրդան NEVADA BUSINESS BANKING

Amount to be charged 8,858.05

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 11-15-2016.

ON CHARGE DATE

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	Obligation # 18						07-15-2019	
Effective	Date							
From	Thru	Transaction		Principal			Interest/Fee	
Date	Date	Туре	Amount	Balance	Rate	Days	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 Interest Due **Total Due** 2.695.50 6,162.55 8,858.05

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



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.



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

1	Marquis Aurbach Coffing Avece M. Higbee, Esq.	
2	Nevada Bar No. 3739 Michael D. Maupin, Esq. Nevada Bar No. 13721	
4	10001 Park Run Drive Las Vegas, Nevada 89145	
5	Telephone: (702) 382-0711 Facsimile: (702) 382-5816	
6	ahigbee@maclaw.com mmaupin@maclaw.com Attorneys for Defendant/Counterclaimant, Patie	ence One LTC
7	IN THE JUSTICE COURT O	
8	COUNTY OF CLARK,	STATE OF NEVADA
9	BLUEPOINT DEVELOPMENT INC.; a Nevada	
10	Corporation,	G . V
11	Plaintiff,	Case No.: 18C003465 Dept. No.: LVJC 6
12	Vs.	
13	PATIENCE ONE, LLC, a Nevada Limited Liability Company; DOES I-X inclusive; ROE CORPORATIONS XI-X, inclusive,	NOTICE OF ENTRY OF FINDNGS OF FACT AND CONCLUSIONS OF LAW
14	,	
15	Defendant.	
16	PATIENCE ONE, LLC, a Nevada Limited Liability Company; DOES I-X inclusive; ROE CORPORATIONS XI-X, inclusive,	
17	Counterclaimant,	
18	BLUEPOINT DEVELOPMENT INC.; a Nevada	
19	Corporation; Thomas Allen Pickens, an individual,	
20	Counterdefendants.	
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AA01801

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Case Number: 18C003465

Page 1 of 3

MARQUIS AURBACH COFFING

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

NOTICE OF ENTRY OF FINDNGS 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

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

Page 2 of 3

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MARQUIS AURBACH COFFING

10001 Park Run Drive 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

Page 3 of 3

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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).

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

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Marquis Aurbach Coffing Avece M. Higbee, Esq. Nevada Bar No. 3739 Michael D. Maupin, Esq. Nevada Bar No. 13721 10001 Park Run Drive Las Vegas, Nevada 89145 Telephone: (702) 382-0711 Facsimile: (702) 382-5816 ahigbee@maclaw.com mmaupin@maclaw.com 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.

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,

VS.

VS.

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

Counterdefendants.

Case No.: Dept. No.:

18C003465 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;

RECEIVED MAY 1 8 2018

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

LAS VEGAS JUSTICE COURT

AA01804

Case Number: 18C003465

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

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

FINDINGS OF FACT

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

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

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a.	Patience	One	is	a	limited	liabilit	y cor	npany	tha	ıt	owns	the	prope	rty	and
	commerc	ial bu	ildir	ng	at 3320	N. Bu	ffalo,	and	acts	as	landlo	ord i	for the	ten	ants
	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.
- 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.
- 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

Page 3 of 7 MAC:15030-001 Findings of Fact and Conclusions of Law and Judgment (4).docx

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"Assignment") was executed wherein the LV Blue Trust, controlled by Pickens
surrendered its interest in Patience One to the Mich-Mich Trust which is
controlled by Dr. Michaels.
At the time of the Assignment, Pickens and Bluepoint made no verbal mention of
any rent credit, and provided no written documentation of any rent credit.

- o. The Assignment provided that the LV Blue Trust was surrendering its interest in Patience One, "for good and valuable consideration," and made no provision for rent credits or monies owed by any party.
- p. The first mention of any rent credit by Bluepoint was made in August of 2017, approximately eleven months after the execution of the Assignment.
- q. Following the Assignment in September 2016, Bluepoint continued to make its monthly rent payments to Patience One until October of 2017.
- Plaintiff's Exhibits 4-7 include numerous bank statements for Bluepoint.
- The bank statements indicated various payments of rent but did not reference rent credits.
- Pickens testified on behalf of Bluepoint, that certain payments made during 2014-2016 were rent credits.
- u. No documentary evidence was presented showing that payments were intended to be rent credits.
- v. No documentary evidence was presented that Patience One was notified of any rent credits or that any rent credits were authorized by Patience One.
- w. Plaintiff's Exhibits 4-5 include several bank statements for a joint account held by Pickens and Michaels.
- x. No documentary evidence was presented showing that the payments to Patience One from the Pickens/Michaels joint personal account were intended to count toward rent credits for Bluepoint.
- y. Bluepoint failed to make its rent payments for November and December of 2017.

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- z. Patience One issued a Three Day Notice of Delinquency Pursuant to NRS 118C.200 ("Notice of Delinquency") on December 26, 2017.
- aa. Penny Williams of Marquis Aurbach Coffing executed a Certificate of Mailing of the Notice of Delinquency on December 26, 2017.
- bb. On December 29, 2017, Dara Lesmeister, a former employee of Bluepoint took receipt of the Notice of Delinquency at 3320 N. Buffalo Dr. Suite 208.
- cc. On January 5, 2018, a Three Day Notice of Tenant Lockout Pursuant to NRS 118C.200 was posted on the door of Suite 208.

CONCLUSIONS OF LAW

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

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9.	Patience One is under no obligation to demonstrate that a rent credit does not exist, there
	is no circumstance where the burden of proof here shifts to Patience One.

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

JUDGMENT

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

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1	5. Ag of 12:00 cm on Mov. 12. 2019. Detically 0.
	5. As of 12:00 am on May 12, 2018, Patience One is authorized to immediately change the
2	locks on Suite 208 and dispose of any materials which may remain therein pursuant to
3	NRS 118C.230.
4	
5	IT IS SO ORDERED.
6	Dated: May 22, 2018
7	
8	At the Chyun
9	ustice district court judge 18C003465 PATRICK CHAPIN
10	Respectfully submitted by:
11	MARQUIS AURBACH COFFING
12	
13	By Arran M. Wilder F.
14	Avece M. Higbee, Esq. Nevada Bar No. 3739
15	Michael D. Maupin, Esq. Nevada Bar No. 13721
16	10001 Park Run Drive Las Vegas, Nevada 89145
17	Attorneys for Defendant/Counterclaimant, Patience One, LLC
18	Reviewed and Approved by:
19	DAVID J. WINTERTON & ASSOC., LTD
20	
21	By August Mully David J. Winterton, Esq.
22	Nevada Bar No. 004142 Meghan Hawley Shigemitsu
23	Nevada Bar No. 0014618 7881 W. Charleston Blvd, Suite 220
24	Las Vegas, Nevada 89117 Attorneys for Plaintiff/Counterdefendant, Bluepoint Development, Inc.
25	
26	
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-, I	

The Abrams Law Firm, LLC Client Trust Ledger To Feb/10/2020

Client

Clien	t	То	Resp					
	Matter	Description	Lawyer	Bank				Last Entry
	Date	Received From/Paid To		Acct#	Deposit Type	Receipt	Disbs	
		Explanation						
~72	Michaels, 17-2528	Danka Thomas A. Pickens v. Danka K. Michaels	AT					
	Nov 16/2017		04516	2	Credit Card	750.00		Jan 31/2020 750.00
	283051		You.		010010 0010	,50.00		750.00
	Nov 16/2017 283054		7257	2			750.00	0.00
	Nov 16/2017	Danka Michaels	04517	2	Credit Card	10000.00		10000.00
	283058	Payment by Credit Card on File - Thank !			010010 0010	10000.00		10000.00
	Nov 30/2017 284190	- · · · · · · · · · · · · · · · · · · ·	7279	2			4466.51	5533.49
	Dec 15/2017		7295	2			1185.97	4347.52
	285526	•						1017102
	Dec 15/2017 285584	3 -	04572	2	Credit Card	652.48		5000.00
	Dec 31/2017	The Abrams Law Firm, LLC	wire	2			1314.50	3685.50
	286186	-						
	Dec 31/2017 286692	Credit card billings Payment by Credit Card on File - Thank Y	04607	2	Credit Card	1315,50		5001.00
	Jan 15/2018	The Abrams Law Firm, LLC	7313	2			258.50	4742.50
	287307		0.4505	_				
	Jan 15/2018 287629		04625	2	Credit Card	257.50		5000.00
	Jan 31/2018	The Abrams Law Firm, LLC	7331	2			2638.50	2361.50
	288406 Jan 31/2018		0.4553	_				
	288800	Credit card billings Payment by Credit Card on File - Thank Y	04661 (01).	2	Credit Card	2638.50		5000.00
	Feb 15/2018	The Abrams Law Firm, LLC		2			100.00	4900.00
	289562 Feb 15/2018	Payment for invoice: 28141 Credit card billings	04606					
	289792	Payment by Credit Card on File - Thank y	04686	2	Credit Card	100.00		5000.00
	Feb 28/2018	The Abrams Law Firm, LLC Payment for invoice: 28208 Credit card billings Payment by Credit Card on File Thank I	7363	2			1390.71	3609.29
	290326 Feb 28/2018	Payment for invoice: 28208	04710	•	a	1200 71		5000 00
	290654	Payment by Credit Card on File - Thank Y	04719 Ou.	2	Credit Card	1390.71		5000.00
	Mar 15/2018	The Abrams Law Firm, LLC	7384	2			607.50	4392.50
	291309 Mar 15/2018	Payment for invoice: 28280 Credit card billings	04746	2	Credit Card	607.50		5000 00
	291695	Payment by Credit Card on File - Thank Y		2	Credit Card	607.50		5000.00
	Mar 31/2018		7404	2			652.50	4347.50
	292305 Mar 31/2018	Payment for invoice: 28420 Credit card billings	04781	2	Credit Card	652.50		5000.00
	292742	Payment by Credit Card on File - Thank Y		2	Credit Card	032.30		5000.00
	Apr 15/2018	The Abrams Law Firm, LLC	7422	2			292.50	4707.50
		Payment for invoice: 28532 Credit card billings	04807	2	Credit Card	292.50		5000.00
	2937 7 5	Payment by Credit Card on File - Thank Y	ou.	-	Orcare outa	232.30		3000.00
	Apr 30/2018 294594	The Abrams Law Firm, LLC Payment for invoice: 28635	7446	2			952.50	4047.50
		Credit card billings	04846	2	Credit Card	952.50		5000.00
	294910	Payment by Credit Card on File - Thank Y		_		302.00		3000.00
		The Abrams Law Firm, LLC Payment for invoice: 28701	wire	2			658.50	4341.50
		Credit card billings	04872	2	Credit Card	658.50		5000.00
	296015	Payment by Credit Card on File - Thank Y	ou.					
		The Abrams Law Firm, LLC Payment for invoice: 28805	7467	2			460.00	4540.00
		Credit card billings	04895	2	Credit Card	460.00		5000.00
		Payment by Credit Card on File - Thank Y						
	Jun 15/2018 297645	The Abrams Law Firm, LLC Payment for invoice: 28933	7482	2			1137.50	3862.50
	Jun 15/2018	Credit card billings	04917	2	Check	1137.50		5000.00
		Payment by Credit Card on File - Thank Y						
		The Abrams Law Firm, LLC Payment for invoice: 29041	wire	2			1727.50	3272.50
		Credit card billings	04941	2	Credit Card	1727.50		5000.00
		Payment by Credit Card on File - Thank Y					242 22	4055 00
		The Abrams Law Firm, LLC Payment for invoice: 29148	7507	2			943.00	4057.00
	Jul 15/2018	Credit card billings	04963	2	Credit Card	943.00		5000.00
		Payment by Credit Card on File - Thank Y		2			2006 00	2014 00
		The Abrams Law Firm, LLC Payment for invoice: 29258	7523	2			2086.00	2914.00
	Jul 31/2018	Credit card billings	05000	2	Check	2086.00		5000.00
		Payment by Credit Card on File - Thank Y	ou. 7545	2			1161 00	2010 00
		The Abrams Law Firm, LLC Payment for invoice: 29370	1949	2			1151.00	3849.00
	Aug 31/2018	The Abrams Law Firm, LLC	7565	2			1797.50	2051.50
		Payment for invoice: 29475 Credit card billings	05061	າ	Credit Card	2948 50		5000.00
	303069	Payment by Credit Card on File - Thank Y		2	CLEUIC CALU	2240.30		3000.00
	Sep 15/2018	The Abrams Law Firm, LLC	7576	2			1905.00	3095.00
		Payment for invoice: 29529 Credit card billings	05089	2	Credit Card	1905.00	AA0181	[5000.00
	neh 19/4010	Cicare cara printings	00000	2	Jicaic Caru	2203.00		5000.00

The Abrams Law Firm, LLC

	Clien	it Trust Ledger	
	То	Feb/10/2020	
Client		Resp	

Clien	t		Resp					
	Matter	Description Received From/Paid To	Lawyer	Bank	Damasit Mana	D-salut	Disbs	Last Entry
	Date Entry #	Explanation	Che#/Rec#	ACCT#	Deposit Type	Keceipt	DISDS	Acct Bal
~~		Payment by Credit Card on File - Thank Yo	u.			***************************************		
	Sep 30/2018	The Abrams Law Firm, LLC	7587	2			662.50	4337.50
	304443 Sep 30/2018	The Abrams Law Firm, LLC Payment for invoice: 29606 Credit card billings	05118	2	Credit Card	662.50		5000.00
	304862	Payment by Credit Card on File - Thank Yo	u.					
	Oct 15/2018 305321	The Abrams Law Firm, LLC Payment for invoice: 29677	wire	2			1302.50	3697.50
	Oct 15/2018	Credit card billings	05134	2	Credit Card	1302.50		5000.00
	305618 Oct 31/2018	Payment by Credit Card on File - Thank Yo The Abrams Law Firm, LLC	u. wire	2			70.00	4930.00
	306256	Payment for invoice: 29798						
		Credit card billings Payment by Credit Card on File - Thank Yo	05156	2	Credit Card	70.00		5000.00
	Nov 15/2018	The Abrams Law Firm, LLC	7615	2			902.50	4097.50
	307122 Nov 15/2018	Payment for invoice: 29874 Credit card billing	05181	2	Credit Card	902.50	•	5000.00
	307304	Payment by Credit Card on File - Thank Yo			Credit Card	902.50		3000.00
	Nov 30/2018 307756	The Abrams Law Firm, LLC Payment for invoice: 29916	7626	2			247.00	4753.00
	Nov 30/2018	Credit card billings	05198	2	Credit Card	247.00		5000.00
	308078 Dec 15/2018	Payment by Credit Card on File - Thank Yo The Abrams Law Firm, LLC	u. 7638	2			135.00	4865.00
	308720	Payment for invoice: 30016						1003.00
	Dec 15/2018 308763	Credit card billings Payment by Credit Card on File - Thank Yo	05216	2	Credit Card	135.00		5000.00
	Dec 31/2018	The Abrams Law Firm, LLC		2			222.50	4777.50
	309201 Dec 31/2018	Payment for invoice: 30054	05240	2	Credit Card	222.50		5000.00
	309634	Credit card billings Payment by Credit Card on File - Thank Yo		2	Credit Card	222.30		3000.00
	Jan 15/2019 310060	The Abrams Law Firm, LLC	7657	2			765.00	4235.00
	Jan 15/2019	Payment for invoice: 30129 Credit card billings	05265	2	Credit Card	765.00		5000.00
	310599 Jan 31/2019	Payment by Credit Card on File - Thank Yo The Abrams Law Firm, LLC	u. 7689	2			1472.50	3527.50
	310987	Payment for invoice: 30205						3327.30
	Jan 31/2019 311498	Credit card billings Payment by Credit Card on File - Thank Yo	05288	2	Credit Card	1472.50		5000.00
	Feb 15/2019	The Abrams Law Firm, LLC	7701	2			862.00	4138.00
	311944 Feb 15/2019	Payment for invoice: 30284 Credit card billings	05311	2	Credit Card	862.00		5000.00
	312244	Payment by Credit Card on File - Thank Yo	u.		010010 0010	002.00		
	Feb 28/2019 312561	The Abrams Law Firm, LLC Payment for invoice: 30384	7704	2			187.50	4812.50
	Feb 28/2019	Danka Michaels	05338	2	Credit Card	187.50		5000.00
		Payment by Credit Card on File - Thank Yo The Abrams Law Firm, LLC		2			5000.00	0.00
	313654	Payment for invoice: 30457	05040			5485 00		
	Mar 15/2019 313939	Credit card billings Payment by Credit Card on File - Thank Yo		2	Credit Card	5175.00		5175.00
	Mar 15/2019	The Abrams Law Firm, LLC	wire	2			175.00	5000.00
	313942 Mar 31/2019	Payment on A/R Balance - Thank You. The Abrams Law Firm, LLC	7724	2			2968.40	2031.60
	314352	Payment for invoice: 30500			a 111 a 1	0060 40		5000 00
	Mar 31/2019 314674	Danka Michaels Payment by Credit Card on File - Thank Yo	05383 u.	2	Credit Card	2968.40		5000.00
	Apr 15/2019	The Abrams Law Firm, LLC	7739	2			485.00	4515.00
	315173 Apr 15/2019	Payment for invoice: 30578 Credit card billings	05407	2	Credit Card	485.00		5000.00
	315467	Payment by Credit Card on File - Thank Yo		2			647.00	4353.00
	Apr 30/2019 316224	The Abrams Law Firm, LLC Payment for invoice: 30655	7754	2			647.00	4333.00
	Apr 30/2019	Credit card billings	05447	2	Credit Card	647.00		5000.00
	316695 May 15/2019	Payment by Credit Card on File - Thank Yo The Abrams Law Firm, LLC	u. 7765	2			1635.50	3364.50
	317213	Payment for invoice: 30730	05459	2	Credit Card	1625 50		5000.00
	May 15/2019 317510	Credit card billings Payment by Credit Card on File - Thank Yo		Z	Cledit Card	1033.30		3000.00
	May 31/2019	The Abrams Law Firm, LLC Payment for invoice: 30807	wire	2			2332.00	2668.00
	318119 May 31/2019	Danka Michaels	05490	2	Check	1000.00		3668.00
	318433 May 31/2019	Check # 1782 from Black & LoBello Credit card billings	05491	2	Credit Card	1332.00		5000.00
	318462	Payment by Credit Card on File - Thank Yo	u.		5_5			
	Jun 15/2019 318915	The Abrams Law Firm, LLC Payment for invoice: 30872	7779	2			662.00	4338.00
	Jun 15/2019	Credit card billings	05507	2	Credit Card	662.00		5000.00
	319288 Jun 30/2019	Payment by Credit Card on File - Thank Yo The Abrams Law Firm, LLC	u. 7793	2			1971.00	3029.00
	319667	Payment for invoice: 30940			Crodit Card	1071 00		5000.00
	Jun 30/2019 320043	Credit card billings Payment by Credit Card on File - Thank Yo	05523 u.	2	Credit Card			
	Jul 15/2019	The Abrams Law Firm, LLC	7813	2			AA01812	4365.00
	320580	Payment for invoice: 31015						

The Abrams Law Firm, LLC Client Trust Ledger To Feb/10/2020

Client			Resp					
	Matter Date Entry #	Description Received From/Paid To Explanation	Lawrer	Bank Acct#	Deposit Type	Receipt	Disbs	Last Entry Acct Bal
	Jul 15/2019	Credit card billings	05554	2	Credit Card	635.00		5000.00
3	320949 Jul 31/2019	The Abrams Law Firm, LLC	7834	2			5000.00	0.00
	321461 Jul 31/2019	Credit card billings	05585	2	Credit Card	5847.50		5847.50
	321648 Jul 31/2019	The Abrams Law Firm, LLC	7838	2			84 7. 50	5000.00
	321651 Aug 15/2019	Payment on A/R Balance - Thank You. The Abrams Law Firm, LLC	wire	2			2200.50	2799.50
	322446 Aug 15/2019	Danka Michaels	05613	2	Credit Card	2200.50		5000.00
	322630 Aug 31/2019	The Abrams Law Firm, LLC	7856	2			1232.50	3767.50
	323245 Sep 15/2019	The Abrams Law Firm, LLC	7870	2			3110.50	657.00
	324048 Sep 15/2019	Danka Michaels	05666	2	Credit Card	4343.00		5000.00
	324366 Sep 30/2019	Payment by Credit Card on File - Thank Y The Abrams Law Firm, LLC	7881	2			1510.00	3490.00
	324846 Sep 30/2019	Credit card billings	05678	2	Credit Card	1510.00		5000.00
	325141 Oct 15/2019	The Abrams Law Firm, LLC	7895	2			2047.10	2952.90
	325686 Oct 15/2019	Credit card billings	05703	2	Credit Card	2047.10		5000.00
	325808 Oct 31/2019	The Abrams Law Firm, LLC	wire	2			870.00	4130.00
	326393 Oct 31/2019	Payment for invoice: 31451 Danka Michaels	05722	2	Credit Card	870.00		5000.00
	326498 Nov 15/2019	The Abrams Law Firm, LLC	7914	2			270.00	4730.00
	327057 Nov 15/2019	Danka Michaels	05743	2	Credit Card	270.00		5000.00
	327217 Nov 30/2019	The Abrams Law Firm, LLC	7931	2			545.00	4455.00
	327817 Nov 30/2019	Danka Michaels	05776	2	Credit Card	545.00		5000.00
	328139 Dec 15/2019	Payment by Credit Card on File - Thank Y The Abrams Law Firm, LLC	7943	2			531.00	4469.00
	328654 Dec 15/2019	Danka Michaels	05790	2	Credit Card	531.00		5000.00
	328892 Dec 31/2019		7954	2			1369.50	3630.50
	329528 Dec 31/2019	Danka Michaels	05821	2	Credit Card	1369.50		5000.00
	329993 Jan 15/2020	Payment by Credit Card on File - Thank Y The Abrams Law Firm, LLC	7963	2			345.00	4655.00
	330287 Jan 15/2020		05836	2	Credit Card	345.00		5000.00
	330704 Jan 31/2020	Payment by Credit Card on File - Thank Y The Abrams Law Firm, LLC	7979	2			5000.00	0.00
	331269 Jan 31/2020	Payment for invoice: 31856 Danka Michaels	05857	2	Credit Card	8278.50		8278.50
	331338 Jan 31/2020 331340	Payment by Credit Card on File - Thank Y The Abrams Law Firm, LLC Payment on A/R Balance - Thank You.	7981	2			3278.50	5000.00
Matter	Total:			2		82972.69	77972.69	5000.00
Client	: Total:			2		82972.69	77972.69	5000.00
Firm T	otals: 2 -	CNB Client Trust Account				82972.69	77972.69	5000.00

REPORT SELECTIONS - Client Trust Ledger

Matter

Date

Description

Received From/Paid To

Client

The Abrams Law Firm, LLC Client Trust Ledger To Feb/10/2020

Resp

Lawyer Bank Che#/Rec# Acct# Deposit Type Receipt

Last Entry Disbs Acct Bal

Entry # Explanation w Page for Each Lawyer No w Totals for All Matters with Trust Balances Yes cter with No Trust Activity on or After No Details Begin Date Jan/ 1/1982 Details End Date Dec/31/2199 Matters with Balances Greater Than or Equal to No Include Checks Yes Include Receipts Yes Include Details for Cheque, Cash, Credit Card, Bank Chk, Dir Dpst, Money Order, Other, Wire, Crtfd Chk Account Show Entries which result in a neg. balance No All Matters with Activity Yes Firm Totals Only No Totals Only No Negative Balances Only No Sort by Date

The Abrams Law Firm, LLC
Client Summary

Client Name			Open Date	Unbd Hrs	ALL Unbd Fees	DATES Unbd Disb	Retainers	Last Bld		Trust Activi	ty
Matter Description	Resp	Assgn	Last Entry	Bid Hrs	Bld Fees	Bld Disb	Taxes	AR Bal	Ac#	Balance	Last Entry
4	AT ns v. Da	AT nka K. Michaels	Nov 16/2017 Feb 9/2020	6.00 242.00	2382.50 73566.00	45.00 4406.69	0.00 0.00	31/1/2020 0.00	2	5000.00	31/1/2020
Firm Totals:				6.00 242.00	2382.50 73566.00	45.00 4406.69	0.00 0.00	0.00	2	5000.00	
				**	* Summary by R	esponsible Lawye	er ***				
Responsible Lawy	yer	Total Clients	Total Matters	Unbilled Fees	Unbilled Disb	Billed Fees	Bil Disb+	led Tax	A/R	Trust	Retainer
AT -Attorney Abr Total:	ams'	1		2382.50 2382.50	45.00 45.00	73566.00 73566.00	4406 4406		0.00	5000.00 5000.00	0.00

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

The Abrams Law Firm, LLC Disbursement History

Matter #	Client Nam		Resp Law T	ype
	Descriptio Date	n Ref#	Explanation	Amount Bille
17-2528	Michaels,	Danka	AT CD	Talloute Diffe
****	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 Attach	
	7/12/2018	21285	Special Process Service - Invoice Copy Attach	
	7/13/2018 8/3/2018	21317 21709	Special Process Service - Invoice Copy Attach	
	8/2/2018	21685	Special Process Service - Invoice Copy Attach Special Process Service - Invoice Copy Attach	
	3/16/2019	19094	Videography - Invoice Copy Attached	
	3/21/2019	54082	Court Reporting Service (Invoice Copy Attache	430.50 Y
	10/2/2019	1340130	Court Reporting Service (Invoice Copy Attache	
	12/19/2019	31995	Special Process Service - Invoice Copy Attach	
	1/30/2020	24858	Witness Fee - Shannon Evans, Esq.	25.00 Y
	2/4/2020	33122	Special Process Service - Invoice Copy Attach	
			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		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 1/25/2018	05588	EFIL E-Filing Fee	3.50 Y
	5/14/2018	05602 05688	EFIL E-Filing Fee EFIL E-Filing Fee	3.50 Y
	7/15/2018	05724	EFIL E-Filing Fee	3.50 Y
	7/15/2018	05724	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 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 6/30/2019	05977 05994	EFIL E-Filing Fee	3.50 Y
	6/30/2019	05994	EFIL E-Filing Fee 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 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	
			Total	4451.69
			Firm Total	4451.69

REPORT SELECTIONS - Disbursement Analysis and Interest Layout Template: All Requested by: Steph Monday, February 10, 2020 at 11:21:36 AM Finished: Selection: Disbursement History 17-2528 Matters: Clients: A11 Major Clients: A11 Matters Sort by: Default Responsible Lawyer: A11 New Page for Each Lawyer: No Client Intro Lawyer: Calculate Interest: A11 No Assigned Lawyer: 2/10/2020 A11 Calc Interest To: Paid and unpaid Billed and unbilled Include Paid: e of Law: All Interest Rate: 0.00 cter Intro Lawyer: A11 Show Firm Totals: No Select From: Active, Inactive, Archived Matters Billed up to: All Show Totals Only: No Summarize by Resp. Lawyer: Summarize by Type of Law: No No Summary by Explanation Codes: No 14.2.2 (14.2.20181026) 2/10/2020 Receipt up to: Ver:

AA01816

OBJEDNÁVKA PRÁVNYCH SLUŽIEB The Order of Legal Services

Klient/Client:

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

- I. 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 splatnosť 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

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

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 <u>www.jezova.sk</u> 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

GlobalLawExperts'

- 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 by 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 <i>l</i> .	1/27/1	, dňa	_	\sim
4			1/	
T	Klient	/ Client		~

V Bratislave, dňa

advokát/ attorney at law



Faktúra č. 100022018/invoice No. 100022018

Klient/ client:

JUDr. Daniela Ježová, LL.M., PhD. Javorinská 13

811 03 Bratislava 1 IČO: 42 129 532 DIČ: 1045430617

nie som platcom DPH

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: **BREXSKBXXXX**

Platobné podmienky / Payment conditions:

Dátum vyhotovenia"

12.01.2018

Variabilný symbol (VS):

100022018

issuance

Splatnosť najneskôr do/

20.01.2018

Špecifický symbol (ŠS):

maturity:

Dátum dodania služby/

30.12.2017

Konštantný symbol (KS):

0308

services rendered:

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

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

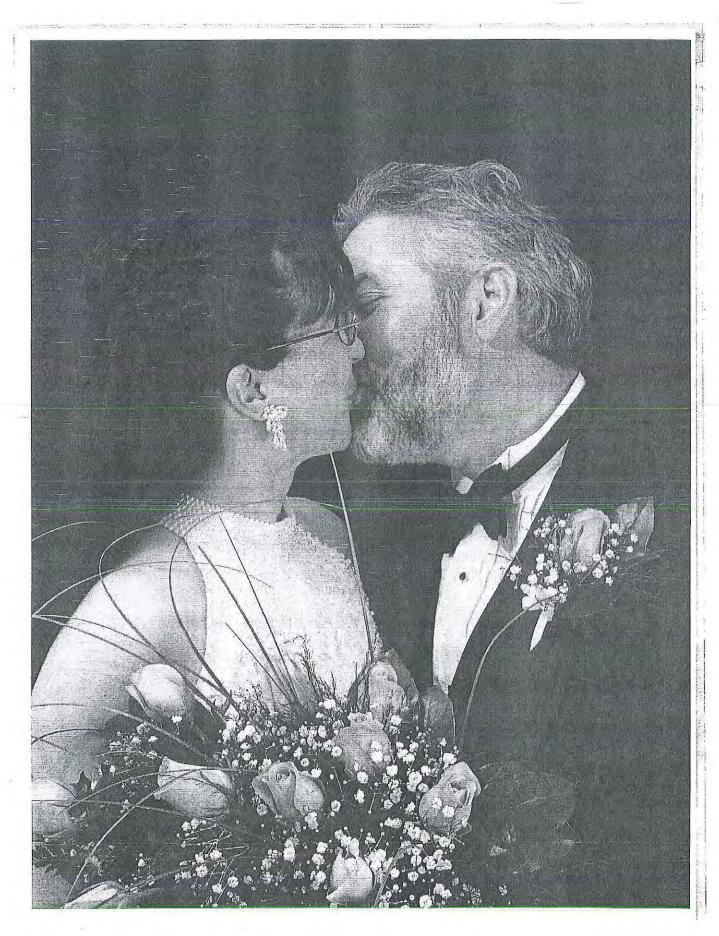
Člen medzinárodnej siete **IPraeLegal**



TP0001 AA01820



TP0002 AA01821



TP0003 AA01822



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

Pro usu ecclesiastico sine tymbro. Pre cirkevné účely bez kolku

Officium parceciale Rím, kat, farský úrad Panny Márie Snežnej Bratislava – Kalvária Districtus: Bratislava - Stred

Okres:

Č(s.: 100/2017

Dioecesis : Bratislava

Dieceza :

LITTERAE MATRIMONIALES SOBAŠNY LIST

lii libro matrimoniumhulus Officii parocelalis hand adnotationem contleri fidedigne testor : Svedčim, že v knihe manželstiev tunajšieho farského úradů je uvedený zápis :

Tomus - zvilzok: II.

pagina - strana: 78,

nr. curr. – bež. čls.: 4.

dies, mensis, annus Initi matrimonii: deň, mesiac, rok prijatia sviatosti manželstva: 07. 04. 2002

Conluges: Manželia	maritus — manžei	irkor - manželka
Nomen, conditio, parentes Meno, zamestnanie, redičia	PICKENS Thomas, lyon et Ruth n. Roof	OLTUSOVÁ Danka Katarina, Eugen et Olga n. Belokostolská
Tempus et locus nativitatis Dătum a inieste sarodenia	05, 10, 1956, Trumbull, Ohio, USA	26, 11, 1955, Bratislava
Locus domicilii Bydlisko	Las Pegas NV 89134 10261 Coppare PL	Belopotockého 3/C, Bratislava
Religio, status (coelebs – viduus) Náboženstvo, stav (slobodný vdovec)	gr. cath.	r, cath.

Testes - (namen, locus domicilii) Svedkovia - (meno, bydlisko)

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

Sacredos assistens et elus oficium Asistujúci kňaz a jeho hodnosť

P. Plus Majerovič, OP

Promulgationes, dispensationes Ohldsky, oslobodenia

Observationes -- Poznámky

Daium: 01, 09, 2017

P. Chryzostoin-Krystof, OP - adm, subscriptio, functio

Pro usu ecclesiastico sine tymbro . For church purposes there is no revenue stamp

Officium paraeciale Roman Catholic Parish Office of Virgin Mary of the Suows Bratislava – Calvary Districtus; Bratislava – Stred County:

Ne.: No.: 100/2017 Diocesis: Bratislava Diocese;

LITTERAE MATRIMONIALES MARRIAGE CERTIFICATE

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

Tomus - volume: II

pagina - page: 78th

nr, curr. - curr. no.; 4th

dies, mensis, annus initi matrimonii:

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

Conluges: Spouses	maritus – husband	uxot ~ 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
Regilio, 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

Sacredos assistens et eius oficium Assisting priest and his rank P. Pius Majerovič, OP administrator par.

Promulgationes, dispensationes Notices, dispensations

Observationes - Comments:

Date: September 1, 2017

ROMAN CATHOLIC CHURCH L.S. PARISH OFFICE OF THE VIRGION MARY OF THE SNOWS: BRATISLAVA — CALVARY [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.
- 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/ILR 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.
- 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.
- 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.

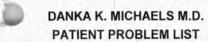
Dated at Las Vogas, Nevada, this October 9, 2017.

Interpreter/Translater

STATE OF NEVADA) COUNTY OF CLARK)

Signed and sworn to, before me, a Notary Public, this _____

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



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80		me	- Thewood Steet #3
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10/3	401	4 + PTCA	
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PRO	GRES	S NOTES	MVH-144 (11/ 1519

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

Rx Search Request Report

Date Range: 2015-06-02 - 2016-06-02

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

Patients Identified		

thomas pickens birthdate: 1956-10-05	B		Patients Identified	entified
	Name	Patient ID	DOB	Address
	THOMAS PICKENS	3	1956-10-05	9517 QUEEN CHARLOTTE DR LAS VEGAS NV 89145
		Summary	У	
Prescriptions: 15	Prescribers: 2	Pharmacies: 1	Private Pay: 15	5 Active Morphine MME: 1200.0

				Pres	Prescriptions	ions						
Filled	5	Written	Drug	ALD	Days	Prescriber	Rx#	Pharmacy*	Refills	MME	Pymt Type	PMP
05/17/2016		05/14/2016	BUPRENORPHINE 2 MG TABLET SL	60.0	30	DA MIC	1326552	COSTC (8926)	0	1200.0	Private Pay	٧V
03/07/2016		03/04/2016	ALPRAZOLAM 1 MG TABLET	180.0	00	RO CAR	1312760	COSTC (8926)	0		Private Pay	N
03/07/2016	_	03/04/2016	ZOLPIDEM TARTRATE 10 MG TABLET	90.0	90	RO CAR	1312759	COSTC (8926)	0		Private Pay	٧V
03/04/2016	_	03/04/2016	TRAMADOL HCL 50 MG TABLET	240.0	30	RO CAR	1312553	COSTC (8926)	0	1200.0	Private Pay	VN
03/04/2016	-	03/04/2016	OXYCODONE-ACETAMINOPHEN 10-325	120.0	30	RO CAR	1312554	COSTC (8926)	0	2400.0	Private Pay	V
12/30/2015	_	12/29/2015	OXYCODONE-ACETAMINOPHEN 10-325	120.0	00	RO CAR	1299302	COSTC (8926)	0	2400.0	Private Pay	N/
12/29/2015	_	12/29/2015	ALPRAZOLAM 0.5 MG TABLET	360.0	60	RO CAR	1299270	COSTC (8926)	0		Private Pay	N
12/24/2015	_	12/24/2015	ZOLPIDEM TARTRATE 10 MG TABLET	90.0	06	DA MIC	1298628	COSTC (8926)	0		Private Pay	٧V
10/27/2015	-	10/27/2015	TRAMADOL HCL 50 MG TABLET	240.0	30	DA MIC	1286745	COSTC (8926)	0	1200.0	Private Pay	N/
	1											

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

*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

Name	Address	City	State	Zip	Phone	O
CARILLO, ROBERTO C	3320 N BUFFALO DR STE 106	LAS VEGAS	NV	89129	70286	7028696190
MICHAELS, DANKA K	3320 N BUFFALO DR STE 106	LAS VEGAS	NV	89129	70286	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
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DANKA MICHAELS, M.D. & ASSOC. PROGRESS NOTE

	THOMAS PICKENS		DATE:	12/13/2011	MEDICATIONS
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ROS-OV	CN.	
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NAME: THOMAS PICKENS	DATE 10/13/2009 MEDICATIONS
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CBC CP CTD Lipids Liver p. Renal p. Thyroid p. A10	C PSA UA: Dip C+S OBX3 EKG BioZ Mamm PFT SVN
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Dr. Blad ford.		
pr. Bind ford. RU Fred ROS-0	F/U AC	DR. /

NAME:	THOMAS	PICKENS				DATE	3/11/200	9 MEDICATIONS
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FORDY. MEChauls DATE 10/19 M. Re: Thomas picke OF	O -3 6 3 DELEPHONED RETURNED YOUR CALL PLEASE CALL WILL CALL AGAIN CAME TO SEE YOU	
FOR POLICES M. Thins Pillers OF PHONE MESSAGE FOR POLICES OF OF OF OF OF OF OF OF OF O	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		s & referral
Boniva Ibandronate sodium tablets There's only one	Returned Please Will Call Please see accompa	Received By: Refill Urgent Dinying complete Prescribing Information.

CCOUNT (27341) AME DANKA K MICHAELS I OURESS 3320 N BUFFALD DR TY STATE STE 106		Patient Service C and appointment information is on Each sample shot with at least two	scheduling the back. Ild be labeled	ROOM # PRINT NAME (LAB REFERENCE	# SIBLE PARTY (LAST,	PATIENT PH) LE) - IF OTHER THAN P
TOZ-869-6190	/	at time of collecti		2000	EET ADDRESS (OR	INSURED/RESPO		
ATE COLLECTED TIME AN		STAT	CITY			STA	TE ZIP	5
and Duplicate Report to:	Fax Number:		RELATI PRIMARY I	IONSHIPTO INSURI	ED: SELF	□ SPOI	105	DEPENDENT
J DANKA MICHAELS, MD J ROBERT CARILLO JR, A	1730151044 APN 1790916	575	INSURANC	INSURED ID NO. #	1 = 16 6 4	GROUF		Y-1-1-1
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OUNT; (27341) ME DANKA K MICHAELS, MD RESS. 3320 N BUFFALD DR STATE ZISTE 106 PHONE AL. AS VEGAS, NV 89129 E COLLECTED SATIME 170 AM : PM		and appointm information is		aahadulina			
STATE ZISTE 106 PHONE AL. AS VEGAS, NV 89129 ECOLLECTED SATIME 170 DAM			on t		PATIENT STREET ADDRESS (OR	INSURED/RESPO	NSIBLE PARTY) APT, #
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DRDERING PHYS.; Dr.				Medicare Limited	 m = May not be covered for the re F = Has prescribed frequency rule A test or service performed w 	ported diagnosis. s for coverage.	Provide signed
ANEL COMPONENTS ON BACK	70 C-Reactive Prote 20 CA 27.29	ein CRP	S	Coverage Tests	& = A test or service performed w B = Has both diagnosis and freque	th research/experi ency-related covera	mental kit. ABN when necessary
ORGAN / DISEASE PANELS @ 13	13 CA 125		S	706	ICD Codes (ente	er all that	apply)
	10 Calcium 82 Cardio CRP		S	6300		n 7520 -	A Property and a prop
1101	73 CCP Ab IgG		S	599X	Lead (B) TN		T-4 (Thyroxine), Free UA, Dipstick Only
	10 CEA		S	7340	LH S	anne I	UA, Dipstick w/Reflex Microscopic
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916 Renal Functional Panel w/eGFR S B 63	07 Direct LDL		S		DX 11293 MCR Scr		Valproic Acid Varicella-Zoster Virus Ab (lgG)
HEMATOLOGY	05 Estradiol 25 Ferritin		S	6363	Phosphorus S	7611	Vitamin B12/Folic Acid
4516 Hemoglobin	30 Folic Acid		S	6380 7445	Potassium S Progesterone S	7610 1	Vitamin B12
9 4514 Hematocrit	35 FSH		s	7450	Prolactin S		Vitamin D, 25 Hydroxy, LC/MS/MS
	40 GGT		S	B 7458	PSA, Total S	-	MICROBIOLOGY
	59 Glucose, Gest. S 45 Glucose, Serum		GY	4530 4325	Reticulocyte Count, Automated L Rheumatoid Factor S	Source (Required).	
	54 H. pylori Urea E		НВ	4341	RPR (Monitoring) w/ReflexTiter S		Culture, Aerobic Bacteria*
OTHER TESTS 74	40 hCG, Serum, Q		S	4345 4327	RPR (DX) w/Reflex Confirm S Rubella IgG S	7075	Culture, Group A Strep*
D GG	75 hCG, Serum, Q 05 Hemoglobin A1		S	4542	Sed Rate By Mod West L	The state of the s	Culture, Group B Strep* Culture, Genital*
W /UU/ AFF lumor Marker 5	02 Hemoglobin A1		L	36170	Testosterone, FR/Tot, LC/MS/MS SR		Culture, Respiratory
6025 Alkaline Phosphatase S	90 Hep B Surface		S	15983X 7545	Testosterone, Total, LC/MS/MS SR Testosterone, Total, Male SR		Culture, Urine, Routine*(Inc. Indwelling Ca
CAZO ALT	70 Hep B Surface A	g w/Reflex Confir	m S	3060	Thyroid Peroxidase Antibodies (TPO) S	Amplified S	pecimen Type (please check one
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3000 ANA w/ReflexTiter S	29 Homocysteine, C		s	B 7584	TSH w/Reflex T-4, Free S	Canal Dati	homme
	75 Insulin	(ICE)	S	1430	T-3, Free S		(Campy, Salm/Shigell Culture, Stool, Shiga toxins w/Reflex
	90 Iron (Total), IBC,		S	7515 B 7520	T-3, Total S T-3 Uptake S		H. pylori Ag, EIA Stool O & P w/Permanent Stain
	85 Iron, Total		s	B 7525	T-4 (Thyroxine), Total S	* Additional	charge for ID and Susceptibiliti
DITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND O			orme	d at an addition	onal charge. Over Disposition	iii Diagnostics, the associated I Copyright © 2012 Quest Diag All other marks - ® and ™- an	ogo and ell associated Quest Diagnosias mans, are the tricking postoci incorporated. All rights manned www.questocaprostics e the property of their nepoctive owner QD200540-1V Revised
	WITHOUT C			F 7	19599 GLYCOMAR 91472 IDENTRAC		
1 11479 HSV 1/Z IGG, 1 3060 THYROID PERO	HERPESEL XIDASE AR	to be a		- 4	ATTIC TOURS	1100 000	
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MMENTS, CLINICAL INFORMATION:		- 10	(m)	TOTAL TESTS ORDERED			

Diagnostics QuestDiagno	stics.com	PATI	TO: ACCOUNT ENT DICARE ROAD MEDICARE	PRINT PATIENT N DATE M M D D YEAR OF BIRTH DESCRIPTION DATE M M D D YEAR OF BIRTH DESCRIPTION DESCRIPTIO	SEX	PATIENT PHONE # () RM/BED # CHART #
CCOUNT# (27341) AME DANKA K MICHAELS DDRESS 3320 N BUFFALD D		Patient Service and appointmen information is o	nt scheduling in the back.	PATIENT STREET ADDRESS (Color Col	ST, FIRST, MIDDLE) - IF OTHER THAN PATIENT PONSIBLE PARTY) APT. #
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end Duplicate Report to:	Fax Number:		NUMBER RELAT	TIONSHIPTO INSURED: SEI	LF SP	POUSE DEPENDENT
DANKA MICHAELS, MD ROBERT CARILLO JR,	173015104		Z	/ INSURED ID #	GRO	UP#
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	6	7-15-15	A EMPLOYE	R NAME/EMPLOYER #	100000	SOCIAL SECURITY # (if not patient)
ORDERING PHYS.; Dr.	7470 00000	onn d	Medicare Limited	F = Has prescribed frequency	e reported diagnosic rules for coverage.	s. Provide signed berimental kit. ABN when
PANEL COMPONENTS ON BACK ORGAN / DISEASE PANELS 42 Electrolyte Panel S	7170 C-Reactive Pr @ 1320 CA 27.29 @ 1313 CA 125 6110 Calcium	5	Coverage Tests	B = Has both diagnosis and fro	equency-related cov	erage limitations, necessary
104 Hepatic Function Panel S 982 Basic Metabolic Panel w/eGFR S 944 Comp Metabolic Panel w/eGFR S 8 1383 Lipid Panel (Fasting Specimen) S 8 14852 Lipid Panel w/Reflex d-LDL S 9 125 Obstetric Panel w/Reflex SR, P, L, S 9 365 Hepatitis Panel, Acute S 9 16 Renal Functional Panel w/eGFR S HEMATOLOGY @ 4516 Hemoglobin L @ 4518 CBC (Hgb, Hct, RBC, WBC, Plt) L @ 4500 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt) L B 4021 PT with INR B 0 4023 PTT, Activated B OTHERTESTS 9500 ABO Group & RhType P, L @ 7007 AFPTumor Marker S 6015 Albumin S 6025 Alkaline Phosphatase S 6420 ALT S 6040 Amylase S 3000 ANA w/ReflexTiter S 9550 Antibody Scr, RBC w/Reflex ID P, L 6415 AST 6075 Bilirubin, Direct S 6090 Bilirubin, Total S DDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME	1475 Insulin 6630 Immunofixatio @ 6290 Iron (Total), IBG @ 6285 Iron, Total E AND ORDER CODE) Refle	t. Scr. G t. Scr. G um a Breath Test Hi Qual Quant A1c A1c w/eAg e Ab Qual e Ag w/Reflex Confirm bb rw/Reflexes Si c, Cardiovascular on (IFE) C, % Sat	S 11290 S 6363 S 6380 S 6380 S 7445 S 8 7450 S 8 7545 S 8 7555 S 8 7525 S 8 7525 S 8 7525 S	LH Lipase Lyme Ab-WB w/ Reflex Confirm IgG & IgM Magnesium Microalbumin, Random Urine w/Crea Fecces - FIT, InSure® DX 11293	S 6103 6455 7590 154031 5 7590 154031 5 7591 5 7590 154031 5 7611 7610 5	UA, Dipstick Only UA, Dipstick WReflex Microscopic UA, Complete (Dipstick & Microscopic) UA, Complete, WReflex Culture U,t Urea Nitrogen (BUN) Uric Acid Valproic Acid Valproic Acid Vitamin B12/Folic Acid Vitamin B12/Folic Acid Vitamin B12/Folic Acid Vitamin B12, The Witamin B12/Folic Acid Vitamin B12 Vitamin D, 25 Hydroxy, LC/MS/MS MICROBIOLOGY ed) Culture, Aerobic Bacteria* Culture, Group A Strep* Culture, Group B Strep* Culture, Urine, Routine*(Inc. Indwelling Cilture, Group) Culture, Group Glease check on Vical Urins Chlamydia & N. gonorrhoeae RNA, TMM athogens Culture, Stool, Shiga toxins w/Reflex H. pylori Ag, ElA Stool O & P W/Permanent Stain al charge for ID and Susceptibilitie in ligared in Geocaeae Quet Biggrees male as a file tackness (Diogness in Geocaeae) Quet Biggrees male as a file tackness (Diogness in Geocaeae) Quet Biggrees male as a file tackness (Diogness in Geocaeae) Quet Biggrees male as a file tackness (Diogness in Geocaeae) Quet Biggrees male as a file tackness (Diogness in Geocaeae) Quet Biggrees male as a file tackness (Diogness in Geocaeae) Quet Biggrees male as a file tackness (Diogness in Geocaeaeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee
3055 THYROGLOB		REFLEX	TOTAL TESTS			

Danka Michaels 005223





Report Status: Final PICKENS, THOMAS A

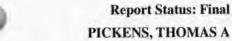
Patient Information	Specimen Information	Client Information		
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Phone: 7023603163 Patient ID: NG	Specimen: 48776626 Requisition: 273410031988 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:01 PDT	Client #: 27341 999999999999999999999999999999999999		

OMMENTS: Ordering Physician: MICH	AELS, 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	0.1		0.0 0.2 Mg/ 42	01
	88		65-99 mg/dL	-
Glucose, Fasting Glucose reference range		ng state	65 35 mg/ db	
Glucose reference range	alugare referen	ing state.		
For non-fasting patients	glucose referer	ice range		
is 65 - 139 mg/dL.	4.4		n or/4v	
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		is approximately		
13% higher for people iden	tified as Africa	an-American		
CBC (INCLUDES DIFF/PLATELETS)	icitica ab mitto			01
WHITE BLOOD CELL COUNT	5.9		3.8-10.8 k/uL	
	4.98		4.20-5.80 Million/uL	
RBC	15.0		13.2-17.1 g/dL	
HEMOGLOBIN				
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	3
SEGMENTED NEUTROPHILS	48.9		* EVERINIE	Visi
LYMPHOCYTES	36.3		* MEGETTE	1111
MONOCYTES	7.6		9	
EOSINOPHILS	6.9		MAN 0 4 2015	111
BASOPHILS	0.3		8 MAN 0 4 2010	1
2.272.112.00	1000			
			By	
LIENT SERVICES: 702-733-7866	SPECIME	EN: 48776626	PAG	E I OF 7
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PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M	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
Patient ID: NG		
most Ware	In Pance Out Of Pance	Peference Pange Lah

est Name	In Range	Out Of Range	Reference Range	La
ETICULOCYTE COUNT RETICULOCYTES	3.16	156600 H	% 25000-90000 /mcL	0.1
ESTERGREN SED RATE		200000		0.1
Westergren Sed Rate	3		0-20 mm/h	01
RINALYSIS, COMPLETE WITH COLOR	YELLOW		YELLOW	0.1
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 L 0-5		0-2 /HPF 0-5 /HPF	
SQUAMOUS EPITHELIAL CEL BACTERIA	NONE SEEN		NONE /HPF	
	copic exam is perform	hed	NOINE / III I	
	the presence of WBC,	icu		
	s, and other formed			
elements. Only thos				
reported.				
PK (CREATINE KINASE)				0
CPK, Total	119		44-196 IU/L	
RON				0
Iron, Total	178		50-180 mcg/dL	
RIC ACID				0
Uric Acid	5.1		4.0-8.0 mg/dL	
Uric Acid therapeutic	target for gout pat:	lents: <6.0 mg/d	II.	0
				- 11
EMOGLOBIN A1C		F 0 17	0 0 5 6 9 5 11-1-	-
EMOGLOBIN AlC HEMOGLOBIN Alc	-1/ b1-b/- **		0.0-5.6 %T.Hgb	
EMOGLOBIN AlC HEMOGLOBIN Alc According to ADA guid	elines, hemoglobin A	lc <7.0% represe	nts	
EMOGLOBIN AlC HEMOGLOBIN Alc According to ADA guid optimal control in no	n-pregnant diabetic p	lc <7.0% represe patients. Differ	nts ent	
EMOGLOBIN Alc HEMOGLOBIN Alc According to ADA guid optimal control in no metrics may apply to	n-pregnant diabetic p specific patient popu	lc <7.0% represe patients. Differ	nts ent	
EMOGLOBIN AlC HEMOGLOBIN Alc According to ADA guid optimal control in no metrics may apply to of Medical Care in Di	n-pregnant diabetic p specific patient popu abetes-2013.	lc <7.0% represe patients. Differ	nts ent	
EMOGLOBIN Alc HEMOGLOBIN Alc According to ADA guid optimal control in no metrics may apply to	n-pregnant diabetic p specific patient popu abetes-2013.	lc <7.0% represe patients. Differ	nts ent	
EMOGLOBIN AlC HEMOGLOBIN Alc According to ADA guid optimal control in no metrics may apply to of Medical Care in Di Diabetes Care. 2013;3	n-pregnant diabetic p specific patient popu abetes-2013. 6:s11-s66	lc <7.0% represe patients. Differ ulations. Stand	nts ent ards	
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EMOGLOBIN AlC HEMOGLOBIN Alc According to ADA guid optimal control in no metrics may apply to of Medical Care in Di Diabetes Care. 2013;3. For the purpose of sc <5.7 5.7-6.4 or= 6.5 This assay result is	n-pregnant diabetic paper specific patient poper abetes-2013. 6:s11-s66 reening for the preservant with absence on sistent with increase prediabetes) onsistent with diabete consistent with an increase consistent with a consis	lc <7.0% represe patients. Differ plations. Stand ence of diabetes see of diabetes ased risk of dia tes ncreased risk of	nts ent ards betes diabetes.	
EMOGLOBIN AlC HEMOGLOBIN Alc According to ADA guid optimal control in no metrics may apply to of Medical Care in Di Diabetes Care. 2013;3. For the purpose of sc <5.7 5.7-6.4 or= 6.5 This assay result is Currently, no consens	n-pregnant diabetic paper specific patient poper abetes-2013. 6:s11-s66 reeening for the presence on sistent with absence on sistent with increase prediabetes) on sistent with diabete consistent with an increase of sistent with a sistent	lc <7.0% represe patients. Differ plations. Stand ence of diabetes see of diabetes ased risk of dia tes ncreased risk of	nts ent ards betes diabetes.	/
EMOGLOBIN A1C HEMOGLOBIN A1c According to ADA guid optimal control in no metrics may apply to of Medical Care in Di Diabetes Care. 2013;3. For the purpose of sc <5.7 5.7-6.4 or= 6.5 This assay result is Currently, no consens diagnosis of diabetes	n-pregnant diabetic paper specific patient poper abetes-2013. 6:s11-s66 reening for the presence on sistent with absence on sistent with increase prediabetes) on sistent with diabete consistent with an increase of section of the presence of the for children.	lc <7.0% represe patients. Differ plations. Stand ence of diabetes see of diabetes ased risk of dia tes ncreased risk of	nts ent ards betes diabetes.	/
EMOGLOBIN AlC HEMOGLOBIN Alc According to ADA guid optimal control in no metrics may apply to of Medical Care in Di Diabetes Care. 2013;3. For the purpose of sc <5.7 5.7-6.4 or= 6.5 This assay result is Currently, no consens diagnosis of diabetes REACTIVE PROTEIN, QUANT	n-pregnant diabetic paper specific patient poper abetes-2013. 6:s11-s66 reening for the preservation with absence on sistent with increase prediabetes) on sistent with diabete consistent with an increase as a second of the consistent with an increase as a second of the consistent with an increase as a second of the consistent with an increase as a second of the consistent with an increase as a second of the consistent with an increase as a second of the consistent with an increase as a second of the consistent with an increase as a second of the consistent with an increase as a second of the consistent with an increase as a second of the consistent with a secon	lc <7.0% represe patients. Differ plations. Stand ence of diabetes see of diabetes ased risk of dia tes ncreased risk of	ents ent ards betes diabetes. for	,
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EMOGLOBIN AIC HEMOGLOBIN Alc According to ADA guid optimal control in no metrics may apply to of Medical Care in Di Diabetes Care. 2013;3 For the purpose of sc <5.7 5.7-6.4 cor= 6.5 This assay result is Currently, no consens diagnosis of diabetes REACTIVE PROTEIN, QUANT CRP, Quantitative Please be advised to	n-pregnant diabetic paper specific patient poper abetes-2013. 6:s11-s66 reening for the presence on sistent with absence on sistent with increase prediabetes) consistent with diabete consistent with an increase of consistent with a consiste	lc <7.0% represe patients. Differ plations. Stand ence of diabetes ce of diabetes ased risk of dia tes increased risk of hemoglobin AlC	betes diabetes. for 0.0-0.8 mg/dL	/
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EMOGLOBIN AIC HEMOGLOBIN Alc According to ADA guid optimal control in no metrics may apply to of Medical Care in Di Diabetes Care. 2013;3 For the purpose of sc <5.7 5.7-6.4 Or= 6.5 This assay result is Currently, no consens diagnosis of diabetes REACTIVE PROTEIN, QUANT CRP, Quantitative Please be advised t may exhibit falsely due to an analytica	n-pregnant diabetic properties abetes-2013. 6:s11-s66 reening for the presence on sistent with absence on sistent with incressprediabetes) onsistent with diabete consistent with an incressive exists for use of for children. FITATIVE <0.5 hat patients taking (decreased C-Reactive linterference in this	lc <7.0% represe patients. Differ plations. Stand ence of diabetes ased risk of diabetes are processed risk of hemoglobin AlC Carboxypenicillic Protein levels	betes diabetes. for 0.0-0.8 mg/dL	0: 2015

CLIENT SERVICES: 702-733-7866

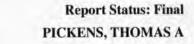
SPECIMEN: 48776626

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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

PSA, TOTAL (DIAGNOSTIC) (F)
Prostatic Antigen (PSA) 01 0.0-4.0 ng/mL 1.7 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. 01 FREE T4 0.8-1.8 ng/dL 1.0 Free T4 0.40-4.50 mIU/L 01 TSH 2.30 PTH INTACT WITHOUT CALCIUM 01 14-64 pg/mL PTH, Intact 38
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 Parathyoid Normal Normal Low/Low Normal Hypoparathyroidism Low Hyperparathyroidism Primary Normal or High High Secondary High Normal or Low Tertiary High High Non-parathyroid Hypercalcemia Low/Low Normal VITAMIN B12 AND FOLATE 01 VITAMIN B12 200-1100 pg/mL 622 Vitamin B12 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</pre> FOLATE 01 5.5-24.0 ng/mL Folate, Serum 10.6 Reference range for Folate: Adults (>17 years): >5.4 ng/mL Normal: 3.4-5.4 ng/mL <3.4 ng/mL Borderline: Low: Pediatrics (<18 years): Not established >7.1 ng/mL >8.0 ng/mL <5 years: 5-9 years: 10-17 years: LIPID PANEL WITH REFLEX TO DIRECT LDL 125-200 mg/dI 0-150 mg/dI CHOLESTEROL 427 H TRIGLYCERIDES 40-199 mg/dt

CLIENT SERVICES: 702-733-7866

HDL CHOLESTEROL

SPECIMEN: 48776626

29 L

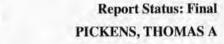
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Patient Information	Specimen Information	Client Information
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Test Name	In Range Out Of Range	Reference Range Lab

Out Of Range Reference Range

Name In Range Out O
****** 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/HDLC RATIO 6.28 H 0-0-5-00

 Initial classification by total blood cholesterol: <200 mg/dL Desirable cholesterol level 200 mg/dL 200-239 mg/dL Borderline high cholesterol level mg/dL High cholesterol level >239

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.
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) RISK CATEGORY* 0-130 mg/dL LDL-Cholesterol Goal Very High (e.g., Diabetes + CVD)
High (Diabetics; CHD Risk Equivalents)
Moderately High (Multiple (2+) Risk Factors)
0 To 1 Risk Factors <70 mg/dL <100 mg/dL

<130 mg/dL <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 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

UNITS REF RANGE TEST RESULT Vitamin D. 25-OH, Total 30-100 27 ng/mL

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

CLIENT SERVICES: 702-733-7866 SPECIMEN: 48776626

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SL 4 2015

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0-159 mg/dL





Report Status: Final PICKENS, THOMAS A

Lab

OI

OI

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Out Of Range Reference Range In Range Test Name

insufficiency. Optimal levels are > or = 30 ng/mL.

Vitamin D, 25-OH, D3 27 ng/mL

Vitamin D, 25-OH, D2 < 4 ng/mL Not established 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 them appropriate D2 and D2 measurement is required. For patients 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)

SEE NOTE COMMENT 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) 0-130 mg/dL Direct LDL 68

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

PAGE 5 OF 7

CLIENT SERVICES: 702-733-7866

SPECIMEN: 48776626

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Report Status: Final PICKENS, THOMAS A

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 and Risk Category		Result from	Risk	Category Rai	nges
	Optimal	Moderate	High		Optimal	Moderate	High	
Inflammation								Lab: N
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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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:

Quest Diagnostics, 4230 Burnham Ave., Las Vegas, NV 89119 Laboratory Director: Elizabeth D. Iole, M.D., CLIA: 29D0652720
Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675 Laboratory Director: Jon M. Nakamoto, M.D., CLIA: 05D0643352
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.

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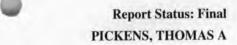
CLIENT SERVICES: 702-733-7866

SPECIMEN: 48776626

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

MRN: 0034150150				
COMMENTS: Ordering Physician: MICH	IAELS, DANKA K			
Test Name	In Range	Out Of Range	Reference Range	Lab
PROFILE 104 LIVER		00.0		01
Alkaline Phosphatase		28 L	40-115 IU/L	
AST (SGOT)	2.5		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 fasti	ng state.		
For non-fasting patients is 65 - 139 mg/dL.	glucose referen	ce range		
BUN 135 Mg/QLL.	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	4.4	4.6 H	2.5-4.5 mg/dL	
Sodium	139	4.0 n		
Potassium	4.1		135-146 mEq/L	
Chloride	104		3.5-5.3 mEq/L	
CO2	24		98-110 mEq/L	
eGFR African American	97		19-30 mEq/L >59	
	84		>59	
eGFR Non-AFR. American				
The upper reference limit				
13% higher for people ider	itilied as Alrica	in-American.		0.5
CBC (INCLUDES DIFF/PLATELETS)			3 3 4 3 3 4 4 4	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 CE D DD	PD
Absolute Eosinophils	407		15-550 / HA E G E W	12 10 1
Absolute Basophils	18		0-200	
SEGMENTED NEUTROPHILS	48.9		8 10 10000	E
LYMPHOCYTES	36.3		% PR 29 201	12
MONOCYTES	7.6		8	
EOCTNODILLIC			90	
EOSINOPHILS BASOPHILS	6.9		8 134	

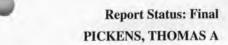
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Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:05 PDT	Client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

Gender. W	100			
Patient ID: NG				
Work Name	In Range	Out Of Rang	re Reference Range	Lab
Test Name RETICULOCYTE COUNT	3.16	out or hang	%	01
RETICULOCYTES	3.10	156600 H	25000-90000 /mcL	-
WESTERGREN SED RATE		150000 11	25000 50000 7 111012	01
	3		0-20 mm/h	0.1
Westergren Sed Rate			0 20 Hun/ 11	01
URINALYSIS, COMPLETE WITH RE	YELLOW		YELLOW	0.1
COLOR	CLEAR		CLEAR	
APPEARANCE	1.022		1.001-1.035	
SPECIFIC GRAVITY	5.5		5.0-8.0	
PH	NEGATIVE		NEGATIVE	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN			NEGATIVE	
KETONES	NEGATIVE NEGATIVE		NEGATIVE	
OCCULT BLOOD			NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE			
LEUKOCYTE ESTERASE	NEGATIVE 0-5		NEGATIVE	
WBC	0-5		0-5 /HPF	
RBC			0-2 /HPF	
SQUAMOUS EPITHELIAL CELL	0-5 NONE CERN		0-5 /HPF	
BACTERIA	NONE SEEN	- 4	NONE /HPF	
When a urine microscopi		ea		
it is analyzed for the	presence of wac,			
RBC, bacteria, casts, a				
elements. Only those el	ements seen are			
reported.				0.1
CPK (CREATINE KINASE)	119		44 106 TH/T	01
CPK, Total	119		44-196 IU/L	0.1
IRON Total	178		EO 100/dt	01
Iron, Total URIC ACID	1/0		50-180 mcg/dL	01
Uric Acid	5.1		1 0 0 0 / 41	UI
		anta: 26 0 mm	4.0-8.0 mg/dL	
Uric Acid therapeutic tar HEMOGLOBIN A1C	get for gout pati	ents: <0.0 mg	/ db	0.1
HEMOGLOBIN Alc		5 0 tt	0.0-5.6 %T.Hgb	01
According to ADA guidelin	os homoglobin 11			
optimal control in non-pr				
metrics may apply to spec of Medical Care in Diabet	and 2012	lations. Sta	ndards	
Diabetes Care. 2013;36:s1				
Diabetes tale. 2013, 30.81	11-500			
For the purpose of screen	ing for the prese	nce of diabet	200	
	stent with absence			
	stent with increa			/
		sed fisk of d	labeles	/
	diabetes) .stent with diabet	0.0	/	
This assay result is cons			of dishetes	
Currently, no consensus e				
diagnosis of diabetes for		nemogrobin Al	(101	
C REACTIVE PROTEIN, QUANTITA			DE OF	7.00
	<0.5		0.0-0.8 mg/les 5 E	1 1 5 0
CRP, Quantitative		nehaurmaniail		1 14 14 111
Please be advised that may exhibit falsely dec				
			APR 29	2015
due to an analytical in FERRITIN	refrerence in thi	s assay.	In ()	0.1
Ferritin	297		20-380 ng/mL	01
COLLICIN	431		20-300 1191214	

CLIENT SERVICES: 702-733-7866

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Report Status: Final PICKENS, THOMAS A

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 Received: 04/24/2015 / 17:27 Reported: 04/29/2015 / 10:05	PDT
Most Name	In Range Out Of R	tange Reference Range Lab

Patient ID: NG				
Test Name	In Range	Out Of Range	Reference Range	Lab 01
PSA, TOTAL (DIAGNOSTIC) (F) Prostatic Antigen (PSA) This test was performed usi Chemiluminescent method. Va different assay methods car PSA levels, regardless of v interpreted as absolute evi	alues obtained nnot be used in value, should n	from nterchangeably. not be	0.0-4.0 ng/mL	-01
absence of disease. FREE T4				01
Free T4 TSH	1.0		0.8-1.8 ng/dL 0.40-4.50 mIU/L	01
PTH INTACT WITHOUT CALCIUM PTH, Intact Please, note the change in INTACT PTH effective Tuesda This assay was performed us Immunoassay method. Values assay methods cannot be use	ay, May 27, 201 sing the Beckma obtained from	14. an Coulter different	14-64 pg/mL	01
*********Interpretative Gu				
Hypoparathyroidism	PTH Normal Low/Low Normal	Calcium Normal Low		
Hyperparathyroidism Primary Secondary Tertiary	Normal or High High High	High Normal or High	Low	
VITAMIN B12 AND FOLATE	Low/Low Normal	High		0.1
VITAMIN B12 Vitamin B12 Reference ranges for vitamin Adults (>17 years): 200 - 1100 Pediatrics (<18 years): <5 years: Not establitics 5-9 years: 250 - 1205 10-17 years: 260 - 935	pg/mL ished pg/mL		200-1100 pg/mL	01
FOLATE Folate, Serum Reference range for Folate: Adults (>17 years): Normal: >5.4 no	10.6		5.5-24.0 ng/mL	01
Borderline: 3.4-5.4 Low: <3.4 no Pediatrics (<18 years):	4 ng/mL g/mL zablished g/mL g/mL	427 H 29 L	125-200 mg/dI 0-150 mg/dI 40-199 mg/dI	E W E1 R 2 9 2015

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Report Status: Final PICKENS, THOMAS A

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

****** NOTE: A LDL RESULT OF ** INDICATES THAT
TRIGLYCERIDES GREATER THAN 400 MG/DL RENDER LDL Lab

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.

Clinical Lipidology 5:s1-S8 2011. 0.0-5.00 CHOL/HDLC RATIO 6.28 H

1. Initial classification by total blood cholesterol: Desirable cholesterol level Borderline high cholesterol level High cholesterol level <200 mg/dL 200-239 mg/dL >239 mg/dL

2. HDL cholesterol values less than 40 mg/dL are associated with increased risk of coronary heart disease (CHD).

Cholesterol/HDL ratio of greater than 4.5 is associated with increased risk of coronary heart disease.
 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

0-130 mg/dL LDL (Calculated) LDL-Cholesterol Goal RISK CATEGORY* Very High (e.g., Diabetes + CVD) <70 mg/dL <100 mg/dL High (Diabetics; CHD Risk Equivalents)
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.

of Clinical Lipidology 5:s1-S8 2011. Non-HDL Cholesterol 153 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

Vitamin D, 25-OH, Total ng/mL 30-100 25-OHD3 indicates both endogenous production and

RESULT

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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SL

0-159 mg/dL

REF RANG

UNITS

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Danka Michaels 005234





Report Status: Final PICKENS, THOMAS A

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Vitamin D, 25-OH, D3 27 ng/mL Not establicate

Vitamin D, 25-OH, D2 < 4 Lab Not established Not established

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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) SEE NOTE 01 COMMENT

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) 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

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01







Report Status: Final PICKENS, THOMAS A

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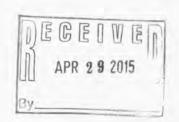
Patient Information	Specimen Information	Client Information
PICKENS, THOMAS A DOB: 10/05/1956 AGE: 58Y Gender: M Patient ID: NG	Specimen: 48776626 Collected: 04/24/2015 / 07:43 PDT Received: 04/24/2015 / 17:27 PDT Reported: 04/29/2015 / 10:05 PDT	Client #: 27341 MICHAELS, DANKA K

Reference Range/Commen	ents	e/Comm	Rand	erence	Ref	
------------------------	------	--------	------	--------	-----	--

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:

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



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	HOLD CIN	MEDIC Deab Ca OTHER	CCOUNT NT CARE OAD MEDICARE CAID ard/Select R INSURANCE	OF 208 BIRTH 208 PATIENT SOCIAL SECU	JRITY#	857	PATIENT PHONE () RM/BED # FIRST, MIDDLE) - IF 0'	CHART#
ACCOUNT (27341) DANKA K MICHAELS, MD	and ap	pointment	enter location scheduling	THOM	AJ A	P10	RENZ	
ADDRESS 3320 N BUFFALD DR		ation is on		PATIENT STREE			ONSIBLE PARTY)	APT. #
TE EPHONE LAS VEGAS, NV 89129 702-869-6190	with a	t least two of collect	uld be labeled patient identif ion.	iers CITY LAS U	legns	STA	NTE ZIP 891	45
DATE COLLECTED S TIME : DAM DE	asting S	STAT	(III)	NUMBER	1	-		SUFFIX
Send Duplicate Report to: Fax No	imber:	100	MEDICAID NUMBER RELAT	IONSHIPTO INSURED:	SELF	□ SPO	USE DEF	STATE
NRI / UPIN ORDERING PHYSICIAN AND/OR PAYORS	30151044		MEMBER!	INSURED ID #	E	GROUI	P#	
			CITY			18	STATE ZIP	
	031		E	R NAME/EMPLOYER #	مليلا	TINSHBED SO	CIAL SECURITY#J	if not nation!
			244		268-	27	1. 41.	+
☐ ORDERING PHYS.: Dr.	C-Reactive Protein CRP)(<u>\</u>	Medicare Limited Coverage	F = Has prescrib	covered for the rep ped frequency rules rvice performed wit	for coverage.		Provide signed ABN when
104 Hepatic Function Panel S 116182	DHEA Sulfate, Immunor Direct LDL Estradiol Ferritin Folic Acid FSH GGT Glucose, Gest. Scr. Glucose, Serum H. pylori Urea Breath Te hCG, Serum, Quant Hemoglobin A1c Hemoglobin A1c Hemoglobin A1c Hep B Surface Ab Qual Hep B Surface Ab Qual Hep C Virus Ab HIV-1/HIV-2 Scr w/Reflexes Homocysteine, Cardiovas Insulin Immunofixation (IFE) Iron (Total), IBC, % Sat	S S S S S S S S S S S S S S S S S S S	6310	LDH Lead (B) LH Lipese Lyme Ab-WB w/ Reflex Cor Magnesium Microalbumin, Random Feces - FIT, InSure DX 11293 Phosphorus Potassium Progesterone Prolactin PSA, Total Reticulcoyte Count, A Rheumatoid Factor RPR (Monitoring) w/R RPR (DX) w/Reflex Cor RUBella IgG Sed Rate By Mod Wes Testosterone, FR/Tot, Testosterone, Total, LU Testosterone, Total TSH w/Reflex T-4, Free T-3, Total T-3 Uptake T-4 (Thyroxine), Total	Urine w/Creat MCR Scr S S S S S S S S S S S S S S S S S S	B 7528	T-4 (Thyroxine), Fre UA, Dipstick Only UA, Dipstick WReff UA, Complete (Dips UA, Complete, WR Urea Nitrogen (BU Uric Acid Valoroic Acid Valoroic Acid Valoroic Acid Vitamin B12/Folic A Mamin B12/Folic A Mamin B12 Vitamin D, 25 Hydr VILER (DIE) (DIE) Culture, Group B S Culture, Gr	lex Microscopic tick & Microscopic) Reflex Culture U,U N) sus Ab (IgG) Acid roxy, LC/MS/MS S IGY Recteria* Strep* Strep* Strep* Ine*(Inc. Indwelling Ca Indian Company, SalmyShigella Iggs toxins w/Reflex) Int Stain Id Susceptibilitie
ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORD) TO 7602 PTH, INTACT W 11499 HSV 1/2 IGG, 3060 THYROID PEROX TO 3055 THYROGLOBULIN 119946 ANACHOICE CAS COMMENTS, CLINICAL INFORMATION:	HERPESELECT IDASE AB AB		E] TOTAL TESTS ORDERED	PLAC	LYCOMAR	Copyright © 2012 Quest Dis Partier marks - Strand ™ a	ignostics incorporated. All rights re re-the property of their respective i	hered were grantifiggrants. CD200540_U Revised 5

CONTROL Cont	(27341)	916	□ RAI	DICAIC	D MEDICARE BI	ATIENT SOCIAL SECURITY #	576 PONSIBLE PA	RM/BED # CHART #
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CONDERNO PHYSICIAN AND/OR PAYORS 1730151044 1730151	702-869-6190 ATE COLLECTED TIME AN	Fac	ting STAT	, u	MEDICAID	MEDICARE NUMBER	-	
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2 Becroyle Panel 5 110 Caclum 5		7170 8	C-Reactive Protein CRP	S	Limited Coverage	F = Has prescribed frequence & = A test or service perform	ned with rese	earch/experimental kit. 23 ABN who
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© 355 Hepatits Panel, Acute S B607 Direct LD. T205 Estradiol S T225 Ferritin S G380 Potassitum S Potassitum S T230 Ferritin S G380 Potassitum S T230 Ferritin S G380 Potassitum S T340 Production S T340 Prod				100	72000	Magnesium	S	6103 Urea Nitrogen (BUN)
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## 4500 CBC w/Diff (ligh, Hct, RBC, WBC, Pt, Diff) L ## 4021 PT with INR					mad.	The state of the s		MICROBIOLOGY
## 4027 PTT, Activated B 36454 H. pylori Urea Breath Test HB 7440 h.CG, Serum, Qual S 4345 RRR (DX) w/Reflex Confirm S 2600 Culture, Group & Strep* ## 5000 ABO Group & Rh Type P. L ## 67007 AFP Tumor Marker S 6605 Hemoglobin A1c L ## 67007 Heng Surface Ab Qual S 7270 Hep B Su	@ 4500 CBC w/Diff (Hgb, Hct, RBC, WBC, Pit, Diff) L	100000		GY			L	
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9500 ABO Group & RhType P. L © 7007 AFPTumor Marker S 6015 Abburnin S 6025 Alkaline Phosphatase S 60420 ALT S 6040 Amylase S 3000 ANA w/Reflex Titer S 3000 ANA w/Reflex Titer S 3000 ANA w/Reflex Titer S 5050 Anibody Scr. RBC w/Reflex ID P. L 1475 Insulin S 6415 AST S 6620 Immunofixation (IFE) S 7515 T-3, Total S 6620 Bilirubin, Direct S 6620 Bilirubin, Direct S 6620 Bilirubin, Total S 6625 ANACHOLICE CASCADING REFLEX 8 7520 FERDELECT 11475 HSV 1/2 IGG + HERPESELECT 8 7520 FERDELECT 8 7520 FERDELECT 14367 FRUbella IgG S 4327 Flubella IgG S 4526 S Sed Rate By Mod West L 36170 Testosterone, FR/Tot, LC/MS/MS SR 4542 S Sed Rate By Mod West L 36170 Testosterone, FR/Tot, LC/MS/MS SR 7270 Hep B Surface Ab Qual SF15983X Testosterone, Total, LC/MS/MS SR 7290 Culture, Genital* 2375 Culture, Genital*	@ 4023 PTT, Activated B		A Charles and a construction of the constructi	100			100	
## Stool ABO Group & Rh Type ## Sto	The state of the s			100	4327	Mubella IgG	S	
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Alkaline Phosphatase S 7290 Hep B Surface Ab Qual S 7770 Hep B Surface Ag w/Reflex Confirm S 3060 Thyroid Peroxidase Antibodies (TPO) S 1590 Hep C Virus Ab S 1590 Hep C V	6 7007	B 16802	Hemoglobin A1c w/eAg	L			210	
6420 ALT S 1590 Hep C Virus Ab S 1590 Hep C	0010	1	Control of the Contro		7545	Testosterone, Total, Male	SR	
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3000 ANA w/ReflexTiter S 1529 Homocysteine, Cardiovascular S B 7584 TSH w/ReflexT-4, Free S 2500 Campy, Salm/Shige Sp550 Antibody Scr, RBC w/Reflex ID P, L 1475 Insulin S 1430 T3, Free S 2500 Culture, Stool, Shiga toxins w/Reflex 6415 AST S 6630 Immunofixation (IFE) S 7515 T3, Total S 34838X H, pylori Ag, ElA Stool 6075 Billirubin, Direct S 66290 Iron (Total), IBC, % Sat S B 7520 T3 Uptake S 2900 O & P w/Permanent Stain S 66285 Iron, Total S 87525 T-4 (Thyroxine), Total S 4 Additional Charge for ID and Susceptibility of the support of Day and Susceptibility of the Susceptibility of Suscepti			The state of the s				4	1363Y Chlamydia & N. gonorrhoeae RNA
6415 AST S 6630 Immunofixation (IFE) S 7515 T-3, Total S 24838X H, pylori Ag, ElA Stool 6075 Billirubin, Direct S 66290 Iron (Total), IBC, % Sat S B 7520 T-3 Uptake S 2900 O & P w/Permanent Stain * Additional charge for ID and Susceptibility Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Stain * Additional charge for ID and Susceptibility S 1000 O & P w/Permanent Susceptibility S 1000 O & P w/Permanent Stain * Additional charg	0000	3 - 2 - 2		- 60	B 7584	TSH w/Reflex T-4, Free	331112	tool Pathogens (Campy, Salm/S
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Final Report Date:

09/17/2014 13:45

Accession ID: Last Reprint:

1409110449

Specimen Received:

09/10/2014 09:00

09/11/2014 12:25

Report Status:

Requesting Physician

Specimen Collected:

Patient Information			Practice Name BLUEPOINT MEDICAL - 1819			
Last Name PICKEN	First Name THOMAS		Clinician Name MICHAELS, DANIKA, MD			
Sex Male	Date of Birth 10/05/1956	Age 57	Street Address 3320 N BUFFALO DR STE 106			
Height 6 feet 1 inches	Weight 240 lbs	BMI 32	City LAS VEGAS	State / Zip Code NV 89129		
Street Address 9517 QUEEN CHARLOTTE		Telephone Number 702-869-6190	Fax Number 702-869-6199			
City LAS VEGAS	State / Zip Code NV 89145	9	Notes:			
Telephone Number (702)304-0038	# Hours Since F	Patient Last Ate:				

Risk Categories	At Risk	Moderate Risk	At Target	Previous	At Risk Range	Moderate Risk Range	Target Goal	Reference Range
1. Cardiac Dysfunction								
SexHD* 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	1						
Sex HD INTERLEUKIN-6*			1.8		>7.2	4.6-7.2	<4.6	0.0-4.5 pg/mL
Sex HD INTERLEUKIN-17A*			0.3		>3.3	2.0-3.3	<2.0	0.0-1,9 pg/mL
Spic 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	18	<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
АРО В	118				>100	80-100	280	66-133 mg/dL
APO A-1			128		<104	1	SEA	104-202 mg/dL
sdLDL*	68				>50	30-50 By	<30	13.0-54.54mg/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.

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Requesting Physician

Patient Information		Practice Name BLUEPOINT MEDICAL - 1819				
Last Name PICKEN	First Name THOMAS	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. UN	ABLE TO RE	PORT DUE TO	ELEVATED T	RIGLYCERIDE	S.			
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		9	0.47-1.09 mg/L
eGFR			74		<30	30-60	>90	60 mL/min/BS
eGFR (AFRICAN-AMERICAN)	1 1000		74		<30	30-60	>90	>60 mL/min/BS

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

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Requesting Physician

Patient Information			Practice Name BLUEPOINT MEDICAL - 1819		
Last Name PICKEN	First Name THOMAS		Clinician Name MICHAELS, DANIKA , MD		
Sex Male	Date of Birth 10/05/1956	Age 57	Street Address 3320 N BUFFALO DR STE 106		
Height 6 feet 1 inches	Weight 240 lbs	BMI 32	City LAS VEGAS	State / Zip Code NV 89129	
Street Address 9517 QUEEN CHARLOTTE		Telephone Number 702-869-6190	Fax Number 702-869-6199		
City LAS VEGAS	State / Zip Code NV 89145	9	Notes:		
Telephone Number (702)304-0038	# Hours Since F	Patient Last Ate:			

Risk Categories	At Risk	Moderate Risk	At Target	Previous	At Risk Range	Moderate Risk Range	Target Goal	Reference Range
1. Cardiac Dysfunction								
Sex 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	1						
Sex HD" INTERLEUKIN-6"			1.8		>7.2	4.6-7.2	<4.6	0.0-4.5 pg/mL
Sex HD" INTERLEUKIN-17A"			0.3		>3.3	2.0-3.3	<2.0	0.0-1.9 pg/mL
Sox 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	1	V	104-202 mg/dL
sdLDL*	68				>50	30-50	<30	13.0-54.5 mg/dL
HDL2b*			TNP		0-28	29-35	SEP 3 8	2014

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Laboratory Director: Dean J. Nickles, MD, CLIA: 05D2050618 CLF: 00343341 CAP: 7229934
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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. UN	ABLE TO REF	PORT DUE TO	ELEVATED T	RIGLYCERIDE	S.			
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*	17-11		3.6		<2.0 or >16.5			2.0-16.5 ug/mL
FERRITIN	402		1		<30 or >400			30-400 ng/mL
CORTISOL A.M.	1		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/BS/
eGFR (AFRICAN-AMERICAN)			74		<30	30-60	>99	>60 mL/min/BS/

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
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.

Final Report Date: Accession ID:

09/17/2014 09:54 1409110449

09/17/2014 09:54 Last Reprint:

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

Risk Categories	At Risk	Moderate Risk	At Target	Previous	At Risk Range	Moderate Risk Range	Target Goal	Reference Range
1. Cardiac Dysfunction							<4.7	0.0-4.6 pg/mL
CARDIAC TROPONIN-I*			0.6	- 1	>7.1	4.7-7-1		
NT-proBNP			19		>449	125-449	<125	<125 pg/mL
2. Vascular Inflammation and	Dysfunctio	n				1 - 102010	1 1	0.0-4.5 pg/mL
SEX HO INTERLEUKIN-6"			1.8		>7.2	4.6-7.2	<4.6	0.0-4.5 pg/mc
Sgx HD INTERLEUKIN-17A P	ending		Annum managari				1	0.0-2.9 pg/mL
TNF-alpha*			2.4		>4.2	3.0-4.2	<3.0	
PLAC® Test for Lp-PLA ₂			123		>235	200-235	<200	0-199 ng/mL
hs-CRP		1.1			>3.0	10-30	<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
7110 10001	Roumman		>20.0		<4.6 or >34.8			4.6-34.8 ng/mL
FOLATE	_		Announcement					
3. Dyslipidemia		227			>240	200-240	<200	<200 mg/dL
TOTAL CHOLESTEROL	annannan			- 1	>129	100-129	<100	<100 mg/dL
LOL	142		-		0-34	35-55	>55	>55 mg/dL
HDL	34					150-200	<150	<150 mg/dL
TRIGLYCERIDE	356				>200	7. A. A. A. A. A.		66-133 mg/dL
APO B	118				>100	80-100	<80	Diameter 7 - A
APO A-1			128		<104			104-202 mg/dL
sdLDL*	68				>50	30-50	<30	13.0-54.5 mg/d
HDL2b*	Thumson,		TNP		0-28	29-35	>35	

Page 1

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

09/17/2014 09:54

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

Partial Report Status:

Requesting Physician

Practice Name BLUEPOINT MEDICAL - 1819 Patient Information

Clinician Name First Name 1730151044 Last Name PICKEN MICHAELS, DANIKA, MD THOMAS

Date of Birth Sex 10/05/1956 Male

Risk Categories	At Risk	Moderate Risk	At Target	Previous	At Risk Range	Moderate Risk Range	Target Goal	Reference Range
TEST NOT PERFORMED. UN	ABLE TO RE	PORT DUE TO	ELEVATED T	RIGLYCERIDE	S.			200 300
Lp(a)			10		>29		<30	<30 mg/dL
4. Cardiometabolic								15-65 pg/mL
PARATHYROID HORMONE			42.0		<15 or >65			F C 4 2 7 2 WAS
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
	27.9		Management	200	>25.2			0.2-25.2 ng/mL
LEPTIN*	Summonn		3.6	"	<2.0 or >16.5			2.0-16.5 ug/mL
ADIPONECTIN*	402		Management	and a	<30 or >400			30-400 ng/mL
FERRITIN	402		17.7		<6.2 or >19.4			6.2-19.4 ug/dL
CORTISOL A.M.			ARRIVATION TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRES		<193 or >740			193-740 ng/dL
TESTOSTERONE			437.3			100-125	<100	70-99 mg/dL
GLUCOSE			93		<70 or >125		-	
INSULIN	30				>12	10-12	<10	2.5-24.9 LIU/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
	_		1.170		<0.300 or >4,200			0.3-4.2 uIU/mL
TSH			4.4	****	<3.4 or >7.0			3.4-7.0 mg/dL
URIC ACID			Summunin	mi				
7. Renal			1.05	ma	<0.47 or > 1.09			0.47-1 09 mg/L
CYSTATIN C	-	-	74	****	<30	30-60	>90	>60 mL/min/BS
eGFR		-	ARRIGHT THE PARTY OF THE PARTY		<30	30-60	>90	>60 mL/mir/BS
eGFR (AFRICAN-AMERICAN)			74	must be a second	<30	34.40	3.44	

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

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 PDA approved/cleared.







Report Status: Final PICKENS, THOMAS A

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 01
CBC (INCLUDES DIFF/PLATELETS) WHITE BLOOD CELL COUNT RBC HEMOGLOBIN HEMATOCRIT MCV MCH MCHC RED CELL DISTRIBUTION PLATELET COUNT MEAN PLATELET VOLUME Segmented Neutrophils	6.6 4.68 14.6 43.3 92.4 31.1 33.6 14.5 187 9.2 51.7		3.8-10.8 k/uL 4.20-5.80 Million/uL 13.2-17.1 g/dL 38.5-50.0 % 80.0-100.0 fL 27.0-33.0 pg 32.0-36.0 g/dL 11.0-15.0 % 140-400 k/uL 7.5-11.5 fL 42.0-71.0 % 24.0-44.0 %	01
LYMPHOCYTES MONOCYTES EOSINOPHILS BASOPHILS RETICULOCYTE COUNT	32.4 7.9 7.6 0.4 1.87		24.0-44.0 % 2.0-12.0 % 0.0-8.0 % 0.0-2.0 % %	01
RETICULOCYTES IRON AND TIBC Iron UIBC TIBC Transferrin Sat. %	88000 118 225 343 34		50-180 mcg/dL 110-370 mcg/dL 250-425 mcg/dL 15-60 %	01
FERRITIN Ferritin	34	407 H	20-380 ng/mL	01
PSA, TOTAL (DIAGNOSTIC) (F) Prostatic Antigen (PSA) This test was performed us	1.8 ing the Siemer	ns (Bayer)	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.

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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			RINSURANCE	PATIENT SOCIAL SECURITY #	SPONSIRI E PARTVII A	RM/BED # CHART #
CCOUNT (27341) IAME DANKA K MICHAEL		Patient Service C and appointment information is on	scheduling	PATIENT STREET ADDRESS	(
DORESS 3320 N BUFFALD TY STATE ZP STE 106 ELEPHONE LAS VEGAS, NV 8		Each sample show with at least two at time of collection	patient identif	CITY		TATE ZIP
ATE COLLECTED TIME A	Facting	☐ STAT		MEDICARE NUMBER		SUFFIX
end Duplicate Report to:	Fax Number:			ONSHIPTO INSURED: S	ELF SP	OUSE DEPENDENT
PI / UPIN ORDERING PHYSICIAN AND/OR PAYORS	D 17301510	44	UR	NSURANCE CO. NAME	GRO	1 1 1 1 1 1 1 1 1
13 ROBERTO CARILLO,	NP 17909165 MD 1417279		≧	INSURED ID #	GRO	Jr.#
			AR	E ADDRESS		
i 5	56 A	0111	CITY			STATE ZIP
	9-	-919	EMPLOYER	NAME/EMPLOYER #	INSURED S	SOCIAL SECURITY # (if not patient)
ORDERING PHYS.: Dr.	01	- 50	Medicare Limited	@ = May not be covered for F = Has prescribed frequency	the reported diagnosis y rules for coverage.	s. Provide signed erimental kit. ABN when
PANEL COMPONENTS ON BACK ORGAN / DISEASE PANELS	7170 C-Reactive Pro @ 1320 CA 27.29	S	Coverage Tests	& = A test or service perform B = Has both diagnosis and ICD Codes (e	frequency-related cov	erage limitations. necessary
42 Electrolyte Panel S	@ 1313 CA 125	s s	1200	100	inter an the	t a joyy
104 Hepatic Function Panel S 982 Basic Metabolic Panel w/eGFR S	116182 Cardio CRP 11173 CCP Ab IgG	s s		LDH Lead (B)	S B 7528 TN 4785	
944 Comp Metabolic Panel w/eGFR S B 1383 Lipid Panel (Fasting Specimen) S	B 7110 CEA B 6165 Cholesterol, To	s s		LH Lipase	s 4775 s 4780	
B 14852 Lipid Panel w/Reflex d-LDL S	6180 CK, Total	S		Lyme Ab-WB w/ Reflex Confirm IgG & Ig Magnesium	M S @ 4770 S 6103	UA, Complete, w/Reflex Culture U,
@ 125 Obstetric Panel w/Reflex SR, P, L, S @ 365 Hepatitis Panel, Acute	1986 DHEA Sulfate	, Immunoassay S		Microalbumin, Random Urine w/Cr Feces - FIT, InSure®	6455 7590	
916 Renal Functional Panel w/eGFR S	B 6307 Direct LDL 7205 Estradiol	S	6363	DX 11293 MCR	Scr 154031 7611	Varicella-Zoster Virus Ab (IgG)
@ 4516 Hemoglobin L	@ 7225 🔀 Ferritin 7230 🔲 Folic Acid	S	0300	Potassium Progesterone	5 7610 [Vitamin B12 Vitamin D, 25 Hydroxy, LC/MS/MS
@ 4514 Hematocrit L @ 4518 CBC (Hgb, Hct, RBC, WBC, Plt) L	7235 FSH B 6240 GGT	S	7.00	Prolactin PSA, Total	S	MICROBIOLOGY
@ 4500 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L	6259 Glucose, Gest	. Scr. GY	4530	Reticulocyte Count, Automated	L	
B 4021 PT with INR B @ 4023 PTT, Activated B	B 6245 Glucose, Seru 36454 H. pylori Urea	-	4341	Rheumatoid Factor RPR (Monitoring) w/Reflex Titer		Culture, Aerobic Bacteria*
OTHER TESTS	7440 hCG, Serum, B 7275 hCG, Serum,	A TOTAL CONTRACTOR OF THE PARTY	4345	RPR (DX) w/Reflex Confirm Rubella IgG	S 2600 2601	Culture, Group A Strep*
9500	B 6605 Hemoglobin	A1c L	4542 <u> </u>	Sed Rate By Mod West Testosterone, FR/Tot, LC/MS/MS	L 2801	Culture, Genital*
6015 Albumin S	7290 Hemoglobin A		15983X	Testosterone, Total, LC/MS/MS	SR @ 2400	Culture, Respiratory Culture, Urine, Routine*(Inc. Indwelling C
6025 Alkaline Phosphatase S 6420 ALT S	7270 Hep B Surface		3060	Testosterone, Total, Male Thyroid Peroxidase Antibodies (TP	SR Amplified	Specimen Type (please check on vical Urethral Urine
6040 Amylase S	1590 Hep C Virus A B 3200 HIV-1/HIV-2 Scr		D 6440	Triglycerides TSH	s 17305	
3000 ANA w/ReflexTiter S	1529 Homocysteine		B 7584	TSH w/Reflex T-4, Free	CALAL D	athogens (Campy, Salm/Shigel
	1475 Insulin 6630 Immunofixatio	n (IFE) S	7515	T-3, Free T-3, Total		Culture, Stool, Shiga toxins w/Reflex H. pylori Ag, EIA Stool
9550 Antibody Scr, RBC w/Reflex ID P, L 6415 AST S	@ 6290 Tron (Total), IBC	c, % Sat S	B 7520	T-3 Uptake	s 2900	O & P w/Permanent Stain
6415 AST S 6075 Billirubin, Direct S	The state of the s	S		T-4 (Thyroxine), Total nal charge.	S * Addition Lest, Quert Diagnostics, the associationstics. Copyright © 2012 Quest	al charge for ID and Susceptibility yed top and all associated Quest Diagnostics marks are the tradem Diagnostics (hocyporated, All rights reserved, www.questdiagnosts "- are the property of their respective owner, OD20354Q LV. Revise
6415 AST S 6075 Billrubin, Direct S 6090 Billrubin, Total S	@ 6285 Iron, Total	x tests are performe			Jild Mchidusians a way	 are the property of their respective owner. QD20354Q-LV. Revise
6415 AST S 6075 Billirubin, Direct S 6090 Billirubin, Total S DDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME	@ 6285 Iron, Total AND ORDER CODE) Refle ACT WITHOUT	CALCIUM	[]	19599 GLYCE		
6415 AST S 6075 Billirubin, Direct S 6090 Billirubin, Total S DDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME TAGZ PTH INT	@ 6285 Iron, Total EAND ORDER CODE) Refle FACT WITHOUT IGG - HERPES	ELECT	£ 3	14944 PEARI	1	
6415 AST S 6075 Billirubin, Direct S 6090 Billirubin, Total S ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME FOR THE STANDARD STAN	@ 6285 Iron, Total EAND ORDER CODE) Refle FACT WITHOUT IGG - HERPES	ELECT	63	1424A PEACE	4	
6415 AST S 6075 Billirubin, Direct S 6090 Billirubin, Total S ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME FOR THE STANDARD STAN	@ 6285 Iron, Total EAND ORDER CODE) Refle FACT WITHOUT IGG HERPES PEROXIDASE DBULIN AB	ELECT AB	TOTAL TESTS.	1424A PLACE	9	

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. CM647A

	-	000 840 579
Last	Last	Last
First	First	First
Last	Last	Last
First	First	First

D. C. C. L. C.		FORMATION				0.00	G PHYSICIAN			
Patient's Last Name (please pri	nt)	First Name	Mid	ddle Initial	Danka Michaels, MD, NP	1#173	0151044			
Deline Constitution		11167	7	1	Stephanie Ashman, MD,	NPI #1	417279423			
Patient Street Address					Robert Carillo, APN, NPI	#1790	916575			
City			State Zip	p Code	Bluepoint Medical					
Con Doto of Blat		I Davidson Bhar			3320 N. Buffalo Drive, Suite 106					
Sex Date of Birth	56	Daytime Phor	e		Las Vegas, NV 89129					
Email Address	-0	Evening Phor	ie		Tel: (702) 869-6190 Fax:	1702	869-6199			
	6	()			1011 (102) 000 0200 1011	1	,			
Height: 6 Feet 0 7	Inches	Weight	1 7 4 0 lbs.		I hereby authorize Singulex to perfor	m the te	sts indicated below and I certify these s	ervices		
Send copy to referring physician:		Fax Number			to be medically necessary for the dia	gnosis ar	nd treatment of this patient.	16.		
sens capy to reterming physicians		()			D-11 D1 V	V		17		
Requesting physician may submit o	ffice demogr	raphic sheet as sub	stitute for patient in	formation	Practi Medical Professional's Authoriz	ing Signa	oture Singulex Client #1819 Date	1		
SP	ECIMEN IN	NFORMATION			T	PAI	NELS			
3 Collection Date	1 1	Baseline Draw Ti	me:	am / nm	Comprehensive CV Lab Panel	-Cardio	pathology Panel, Vascular Inflamm	ation Pa		
Stress Test only: 3-Hour Post			illes	-1080700	Dyslipidemia Panel, Cardiometab					
		The state of the s	33.4		CardioPathology Panel — 5gx)					
# Hours since patient last ate:	U"	nsulin—time of las	st dose:	_ am / pm			" interleukin-6, Sgx HD" interleuk	in-170		
BILLING AND INSURANCE INFORMATION					HD/** TNF-tt, hsCRP, Homocystein			and the same		
PLEASE ATTACH COPY OF FRONT & BACK OF PRIMARY & SECONDARY INSURANCE CARDS					Dyslipidemia Panel-Lipid Pan					
☐ Insurance ☐ Patient: ☐ Visa ☐ Mastercard #							Atamin D, Caldum, Magnesium, Te	electrical desired		
Name as it appears on Card: Exp. Date:					Contract to the Contract to th		moglobin A1c, Glucose, Insulin, TSF			
ASSIGNME	NT OF BEN	EFITS AND CO	NSENT		Free, T4 Free, Uric Acid, Cystatin		magnami rany anatoraty maning far	y 129.47		
As a courtesy, Singulex will make ev	Company of the Compan	THE RESERVE OF THE PARTY OF THE		its tests.	No. of Concession, Name of Street, or other party of the last of t					
n consideration of services rendered	d, I transfer a	nd assign any ben	efits of insurance to	Singulex,	LAB TEST	CPT	LAB TEST	CPT		
nc. and authorize Singulex, Inc. to su		on my behalf dire	ctly to Medicare and	/or my	Cardiopathology Markers		Cystatin C	82610		
private health insurance provider/he			and an extra plate or to an ex-	teltario	Sex HD* Cardiac Troponin-I	84484	OB ONIT	84480		
 I authorize Singulex, Inc. to release my medical benefits, and any heal 					Spx HD* cTnl 3-hour Post Stress Test		T3 Free	84481		
needed for claim or payment purp					□ NT-proBNP	83880	OMIT	84436		
I understand that Singulex, Inc. ac					Vascular Inflammation Markers Security Interded to 6	02520	T4 Free	84439		
I understand that if the insurance am responsible to forward the pay			ndered by Singulex,	Inc., I	Spx HD* Interleukin-6 Spx HD* Interleukin-17A	83520 83520	☐ TSH ☐ Uric Acid	84443 84550		
lalso understand that if Singulex,			am responsible for	anv	☐ S _{p×} HD TNF-α	83520	Hemoglobin A1C	83036		
deductibles and co-pays as requir			anni sapanasa jan		PLAC* Test for Lp-PLA2	83698	Glucose - 2 day stability	82947		
I agree that this Assignment of Be				ndered by	hs-CRP	86141	☐ Insulin – 24 hr stability			
	horization is		hu ma		The Control of the Co		☐ Total CK	84575		
Singulex, Inc. to me until such aut		revoked in writing	by me.		I I Homocysteine	83090		83525 82550		
Singulex, Inc. to me until such aut		revoked in writing	by me.	- 104	☐ Homocysteine ☐ Vitamin B12 – 2 day stability	83090 82607		82550		
Singulex, Inc. to me until such aut		revoked in writing	y by me.	,	☐ Homocysteine ☐ Vitamin B12 – 2 day stability ☐ Folate – 2 day stability	82607 82746	Liver Panel Renal Panel	82550		
	nature	revoked in writing	_/_/	_	☐ Vitamin B12 - 2 day stability	82607 82746	☐ Liver Panel	82550 80076		
Singulex, Inc. to me until such aut Patient Sig	nature	revoked in writing	Date		☐ Vitamin B12 – 2 day stability ☐ Folate – 2 day stability	82607 82746	Liver Panel Renal Panel	82550 80076		
	nature	revoked in writing	_/_/		☐ Vitamin B12 - 2 day stability ☐ Folate - 2 day stability • Cardiometabolic Status Markers	82607 82746	☐ Liver Panel ☐ Renal Panel • Dyslipidemia Markers	82550 80076 80069		
	nature	revoked in writing	_/_/		□ Vitamin B12 - 2 day stability □ Folate - 2 day stability • Cardiometabolic Status Markers □ Parathyroid Hormone (PTH) - 3 day stability □ Vitamin D	82607 82746	☐ Liver Panel ☐ Renal Panel • Dyslipidemia Markers ☐ Cholesterol (total)	82550 80076 80069 82465		
	nature	revoked in writing	_/_/			82607 82746 83970 82306 82310	☐ Liver Panel ☐ Renal Panel • Dyslipidemia Markers ☐ Cholesterol (total) ☐ HDL ☐ LDL - Direct ☐ Triglycerides	82550 80076 80069 82465 83718 83721 84478		
	nature	revoked in writing	_/_/			82607 82746 83970 82306 82310 83735	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides sdLDL	82550 80076 80069 82465 83718 83721 84478 83701		
	nature	revoked in writing	_/_/			82607 82746 83970 82306 82310 83735 82397	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides sdLDL HDL-2b	82550 80076 80069 82465 83718 83721 84478 83701 82664		
Patient Sig			/		□ Vitamin B12 - 2 day stability □ Folate - 2 day stability • Cardiometabolic Status Markers □ Parathyroid Hormone (PTH)	82607 82746 83970 82306 82310 83735 82397 83520	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides SdLDL HDL-2b Apo B	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172		
Patient Sig			/	/ <u></u>		83970 82306 82306 82310 83735 82397 83520 82728	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides SdLDL HDL-2b Apo B Apo A-1	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172 82172		
			/	/ <u></u>		83970 82306 82306 82310 83735 82397 83520 82728 82533	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides SdLDL HDL-2b Apo B	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172		
Patient Sig			/	/		83970 82306 82306 82310 83735 82397 83520 82728	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides SdLDL HDL-2b Apo B Apo A-1	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172 82172		
Patient Sig	SIGN	IATURE	/ _{Date}	es in the spa		83970 82746 83970 82306 82310 83735 82397 83520 82728 82533 84403	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides sdLDL HDL-2b Apo B Apo A-1 Lp(a)	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172 83695		
Patient Sig	SIGN ase check, wi	IATURE	/ _{Date}	es in the spa		83970 82306 82310 83735 82397 83520 82728 82533 84403 ided for y	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides sdLDL HDL-2b Apo B Apo A-1 Lp(a)	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172 82172 83695		
****SINGULE) **Plea	ase check, wi	IATURE .	Date SERVICE* pplicable ICD-9 code	es in the spa ICD-9 Code		83970 82746 83970 82306 82310 83735 82397 83520 82728 82533 84403	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides SdLDL HDL-2b Apo B Apo B Lp(a)	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172 83695		
***SINGULE)	SIGN ase check, wi	IATURE .	Date Date SERVICE* pplicable ICD-9 code Hypertension Malignant	es in the spa ICD-9 Code	Vitamin B12 − 2 day stability Folate − 2 day stability Cardiometabolic Status Markers Parathyroid Hormone (PTH) − 3 day stability Vitamin D	83970 82306 82310 83735 82397 83520 82728 82533 84403 ided for y	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides SdLDL HDL-2b Apo B Apo A-1 Lp(a) DIAGNOSIS	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172 82172		
**************************************	ase check, w	IATURE . rrite, or circle ALL a DIAGNOSIS Benign Essential	Date Date Date Pplicable ICD-9 code Hypertension Malignant lypertension	es in the spa ICD-9 Code 401, 1	Vitamin B12 − 2 day stability Folate − 2 day stability Cardiometabolic Status Markers Parathyroid Hormone (PTH) − 3 day stability Vitamin D	83970 82746 83970 82306 82310 83735 82397 83520 82728 82533 84403 ded for y	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides SdLDL HDL-2b Apo B Apo A-1 Lp(a) DIAGNOSIS	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172 83695		
Patient Signature Singular Sin	ase check, wi ICD-9 Code 250.00 272.0	prite, or circle ALL a DIAGNOSIS Benign Essential Unspecified H Hypertensive Hypertensive CI	Date Date Date Date Date	es in the spa ICD-9 Code 401. 1 401.9	Vitamin B12 − 2 day stability Folate − 2 day stability Cardiometabolic Status Markers Parathyroid Hormone (PTH) −3 day stability Vitamin D Calcium Magnesium Leptin Adiponectin Ferritin Cortisol Testosterone Cee below. The list below has been provided by the company of the compan	83970 82306 82310 83735 82397 83520 82728 82533 84403 ded for y ICD-9 Code 277.7 268.9 246.0 274.01	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides SdLDL HDL-2b Apo B Apo A-1 Lp(a) DIAGNOSIS Impaired Fasting Glucose Other Malaise & Fatigue Other Abnormal Blood Chemistry Shortness of Breath	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172 83695		
Patient Signature Singules **Pleatient Signature Singules **Pleatient Signature Sign	ase check, wi ICD-9 Code 250.00 272.0 272.2	prite, or circle ALL a DIAGNOSIS Benign Essential Unspecified H Hypertensive	Date Date Date Date Date Disease Disease Disease Disease Disease Disease Disease Disease	es in the spa ICD-9 Code 401. 1 401.9 402.00	Vitamin B12 − 2 day stability Folate − 2 day stability Cardiometabolic Status Markers Parathyroid Hormone (PTH) −3 day stability Vitamin D Calcium Magnesium Leptin Adiponectin Ferritin Cortisol Testosterone Coe below. The list below has been provided by the complete of the com	83970 82746 83970 82306 82310 83735 83520 82728 82533 84403 ided for y ICD-9 Code 277.7 268.9 246.0	Liver Panel Renal Panel Dyslipidemia Markers Cholesterol (total) HDL LDL - Direct Triglycerides SdLDL HDL-2b Apo B Apo A-1 Lp(a) DIAGNOSIS Impaired Fasting Glucose Other Malaise & Fatigue Other Abnormal Blood Chemistry	82550 80076 80069 82465 83718 83721 84478 83701 82664 82172 82172 83695		

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97-0033-12



PATIENT INFORMATION

PICKENS, THOMAS A

Final

DUE DIAGNOSTICS INCORPORATED

COLLECTED: 05/29/2013 07:34 05/31/2013

DOB: 10/05/1956 Age: 56Y

MICHAELS DANKA KATARINA

GENDER: M

In Range

Test Name

REPORTED:

Out of Range

Reference Range

Lab

VAP CHOLESTEROL

VAP Cholesterol

RESULT:

DIRECTLY	MEASURED	LIPID	PANEL	
				RE
		non.		4 5

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

FOR CLINICAL JUDGMENT IN SETTING LDL-C GOAL

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

CONSIDER INSULIN RESISTANCE/METABOLIC SYNDROME

RESULT * Yes UNITS

CONSTELLATION OF LIPID RISK FACTORS (SMALL DENSE LDL, ELEVATED TG,

Consider 2 hr GTT, Hemoglobin Alc, fasting gluc

SUB-CLASS INFORMATION

HDL-2 (LARGE, BUOYANT) HDL-3 (SMALL, DENSE) VLDL-3

RESULT L 5 H 23

UNITS

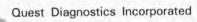
mg/dL

mg/dL

mg/dL

PICKENS, THOMAS A - 48248273

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PATIENT INFORMATION

PICKENS, THOMAS A

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WHEN DIAGNOSTICS INCORPORATED

In Range Out of Range

RESULT:

DOB: 10/05/1956 Age: 56Y

R

MICHAELS DANKA KATARINA

Reference Range

Lab

GENDER: M

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

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

Vitamin D, 25-Hydroxy

TEST

TEST
Vitamin D, 25-OH, Total
28
25-OHD3 indicates both enogenous production and supplementation. 25-OHD2 is an indicator of exogenous source. supplementation. 25-OHD2 is an indicator of exogenous source such as diet or supplementation. Therapy is based on measur of Total 25-OHD, with levels <20 ng/mL indicative of Vitami deficiency, while levels between 20 ng/mL and 30 ng/mL sugg insufficiency. Optimal levels are > or = 30 ng/mL.

ng/mL N Vitamin D, 25-OH, D3 28 Vitamin D, 25-OH, D2 < 4 ng/mL No (* = out of range)

PATIENT COMMENTS:

FASTING

Ordering Physician: MICHAELS, DANKA KATARINA

Performing Laboratory Information:

11 QUEST DIAGNOSTICS, INC 4230 S BURNHAM AVE, STE 250 LAS VEGAS NV 89119

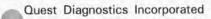
ATH AIREROTECH 400 VESTAVIA PRWY, STE 300 BIRMINGHAM AL 35216-7720

\$I. NICHOLE INSTITUTE VALENCIA 27027 TOURNEY ROAD VALENCIA CA 91355-5386

Wa cull

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PATIENT INFORMATION

PHONE: 7023603163

PICKENS, THOMAS A

Final

. ST DIAGNOSTICS INCORPORATED | LENT SERVICE 702.733.3700

GENDER: M

TECIMEN INFORMATION

ALT (SGPT)

Potassium

Chloride

Sodium

CO2

SPECIMEN: 48248273 REQUISITION: 0023650 LAB REF NO: 273410023650

COLLECTED: 05/29/2013 07:34 19:26

DOB: 10/05/1956 Age: 56Y

MICHAELS, DANKA KATARINA

Lab

RECEIVED: 05/29/2013 REPORTED: 05/31/2013 19:01 In Range Out of Range Reference Range Test Name COMPREHENSIVE METABOLIC PANEL Glucose, Fasting 18 Creatinine BUN/Creatinine Ratio 14.6 9.3 Calcium Total Protein 6.8 4.5 Albumin Globulin 2.3 A/G Ratio 2.0 Total Bilirubin 0.8 Alkaline Phosphatase 24 L AST (SGOT) 24

76 eGFR African American eGFR Non-AFR. American The upper reference limit for 13% higher for people identif. Glucose reference range refle For non-fasting patients gluc is 65 - 139 mg/dL.

42

138

4.4 105

26

CBC (INCLUDES DIFF/PLATELETS)

WBC 5.10 RBC 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

6.3 8.1 H

PICKENS, THOMAS A - 48248273

Basophils

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Opinion by Research Line (1557)

0.5



PATIENT INFORMATION

Final

_ ST DIAGNOSTICS INCORPORATED

PICKENS, THOMAS A

Age: 56Y MICHAELS, DANKA KATARINA

DOB: 10/05/1956 GENDER: M

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

Lab In Range Out of Range Reference Range Test Name URINALYSIS, COMPLETE W/RFL CULTURE YELLOW Color Appearance CLEAR Specific Gravity 1.023 6.0 NEGATIVE Protein NEGATIVE Glucose NEGATIVE Ketones NEGATIVE Blood Leukocyte Esterase NEGATIVE Bilirubin NEGATIVE Nitrite NEGATIVE When a urine microscopic exam it is analyzed for the present RBC, bacteria, casts, and other elements. Only those elements reported. URIC ACID Uric Acid 5.6 Uric Acid therapeutic target HEMOGLOBIN A1C 5.7 H Glycohemoglobin Alc Value (% of total Hemoglobin) <5.7 5.7-6.0 6.1-6.4 >or= 6.5 PSA, TOTAL (SCREENING) (F) Prostatic Antigen (PSA) This test was performed using Chemiluminescent method. Value JUN 03 2013 different assay methods cannot PSA levels, regardless of value interpreted as absolute evider absence of disease. FREE T4 Free T4 1.0

1.0
The current lot of free T4 reavailable from the manufacture results that are approxima 9% than previous reagent lots.
Please interpret these result:

TSH TSH

2.54
TSH is within normal reference r
suggested.

(TSH11:041108) (AC92:N)

PICKENS, THOMAS A - 48248273

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Danka Michaels 005253

ACCOUNT / (27341) NAME DANKA K MICHAEL ADDRESS 3320 N BUFFALD GITY-STATE 2F STE 106 TREPUGNE / LAS VEGAS - NV 8 702-869-6190	DR	Panel Component On The Back. Reflex Tests Are An Additional Ch PSC Appointment Telephone Numb Listed On The Ba	Performed At arge. t Website And er Information	PRINT NAME OF INSURED/ PATIENT STREET ADDRES CITY MEDICARE	SS (OR INSURED/RES		+ 1 - 1
DATE COLLECTED TIME A	- Depeting	☐ STAT	III MEDICAID	MEDICARE NUMBER	-		SUFFIX
Send Duplicate Report to:	Fax Number:			IONSHIPTO INSURED:	SELF S	POUSE DEPE	STATE
IJ DANKA MICHAELS, M IJ ROBERTO CARILLO, IJ STEPHANIE ASHMAN:	NP 17909165	75	INSURANC	INSURED ID # CE ADDRESS INAME/EMPLOYER #		STATE ZIP SOCIAL SECURITY # (if	not patient)
ORDERING PHYS.: Dr. ORGAN / DISEASE PANELS 42 ELECTROLYTE PANEL S (Na. K. CI, CO2) 104 HEPATIC FUNCTION PANEL S (Alb, TBI, DBI), AP, TP, AST, ALT) 9 982 BASIC METABOLIC PANEL W/eGFR S (Na, K. Ca, CI, CO2, Giu, BUN, Cr) 916 RENAL FUNCTION PANEL W/eGFR S (Afb, Ca, CO2, CI, C, Giu, Phos. K. Na, BUN)	B 7110 CEA 6145 CHLORIDE (CI) B 6165 CHOLESTEROL, 6180 CPK 7170 C-REACTIVE PRI 6200 CREATININE W/ 6186 CREATININE CLI 116182 CRP, CARDIO @ 7185 DIGOXIN	S OTEIN (CRP) S eGFR (Cr) S	DOIT MIC	ROALBUMIN, QUALITATIVE, UR ENYTOIN, (DILANTIN") DSPHORUS	ney rules for coverage, irmed with research/ex d frequency-related co (enter all th	perimental kit. verage limitations.	B USE ONLY) OR LAB USE ONLY) USE ONLY)
@ 944 COMP METABOLIC PANEL W/eGFR S (Na. K. CI, COZ, Giu, BUN, C. Ca, TP, Alb, TBII, AP, AST, ALT) B 1383 LIPID PANEL (Fasting Specimen) S (Tchol, Trig, HDL, calc LDL) B 14852 LIPID PANEL (Fasting Specimen) (Fasting Specimen) (Tchol, Trig, HDL, calc LDL) © 125 OBS PANEL W/RFX S, P, L (ABO/Rh, Antibody Scr BBC W/reflex, CBC, RPR (DX) W/reflex confirm, HBsAg w/reflex confirm, Rubella IgG Ab) @ 365 HEPATITIS PANEL, ACUTE W/RFX S (HBsAg w/reflex confirm, HC Ab, HA Ab IgM, HBoAb IgM) OTHER TESTS 9500 ABO GROUP & RHTYPE P 6015 ALBUMIN (Alb) S 6025 ALKALINE PHOSPHATASE (AP) S 6420 ALT (SGPT) S 6420 ALT (SGPT) S 64420 ANAWASE S 3000 AMYLASE S 3000 AMYLASE S 3000 ANAWARFXTOTITER S 9555 ANTIBODY SCR, RBC W/RFX ID 2P 6415 AST (SGOT) S 6075 BILIRUBIN, DIRECT (DBIII) S 6090 BILIRUBIN, DIRECT (DBIII) S 6103 BUN 6110 CALCIUM (Ca) S 7100 CARBAMAZEPINE (TEGRETOL**)	@ 7225 FERRITIN 7230 FOLATE (FOLIC. 7235 FOLLICLE STIMULZ B 6240 GGT (GGTP) B 6245 GLUCOSE FAST 6259 GLUCOSE MATERIA 19833 GLUCOSE MATERIA TOLERAN B 6247 GLUCOSE, RAN B 6605 GLYCOSYLATED B 6275 HDL 36454 HELICOBACTERPILOR 3385 HELICOBACTERPILOR 3385 HELICOBACTERPILOR 94514 HEMATOCRIT 4516 HEM AGLOBIN 7745 HEP A AB, IGM 81810 HEP B SURFACE 7270 HEP B SURFACE 7270 HEP B SURFACE 7270 HEP B SURFACE 7270 HEP B TORE AB 7290 HEP C VIRUS AE 7270 HEP ATTITS CR 7270 HEP B TORE AB 7290 HEP C VIRUS AE 7270 HEP TITTIS CR 7270	ATING HORMONE (FSH) S GY ALTHR (RANGE 70-130) GY ALTHR (RANGE 70-140) GY CLE, INDICATE HR. DOMM (GIU) GY D HGB (HgbA1C) L S BUREABREATH TEST (URIT) S BUREABREATH TEST (URIT) S S, IGM S E AB QUAL E AG W/RFX S S S, NC S S S S S S S S S S S S S S S S S S S	B 7275 PRIB B 7440 PRIF 7445 PRIF 7445 PRIF 6725 PRIF 6400 PRIF 64	EGNANCY, HCG TOTAL QUANT GNANCY, HCG TOTAL QUAL SEP DICACTIN DITEIN ELECTROPHORESIS W/TP DITEIN, TOTAL (TP) DITHROMBIN TIME + INR (PT) A T TIC COUNT EUMATOID FACTOR (RA) R W/RFXTITER (MONITORING) R W/RFXTITER (MONITORING) RELLA IGG AB D RATE (WESTERGREN) DIUM (Na) HORMONE (Formerly T3 RIA) UPTAKE FREE ESTOSTERONE EOPHYLLINE GLYCERIDES (Trig) H, ULTRA SENSITIVE , COMPLETE (RPS CULT, # , DIPSTICK ONLY , DIPSTICK ONLY , DIPSTICK ONLY , DIPSTICK ONLY , DIPSTICK W/RFXTO MICRO	SUM S R SOURCE: MUST S R SOU	BE INDICATED HERE Ities and/or IDs will be pit additional charge. AFB IW/SMEARI, CULT BETA STREP, GROUP A BEDOD, CULTURE, # FLUID IW/SMEARI, CU RESPIRATORY (NOT SPU SPUTUM (W/OUALITY S STOOL (CAMPY/SAL/S CAMPY/LOBACTER, CL SALMONELLA/SHIGEL URINE, CULTURE, VAGINAL (W.WET MOL WOUND (W/SMEARI), SMEAR AND MISCEILLAR BV/VAGINITIS SCREEN C, DIFFICILETOXIN GC, DNA AMPLIFIED CHLAMYDIA, DNA AM GC/CHLAMYDIA, GENPROBE™ CHLAMYDIA, GENPRO GC/CHLAMYDIA, GENPRO GC	erformed if TURE, # A, CULTURE, # B, CULTURE, # ILTURE, # INTI, CULTURE, # I

MICHAELS, D

01

LabCorp

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

Phone: 602-454-8000 Patient ID 282-237-5117-0 Account Number 27306910 PE3865 702-869-6190 NSG27306910 Patient Last Nat PICKENS Danka K. Michaels, M. D. Patient Piest Name
THOMAS Patient Middle Name 702-360-Total Volum 7373 Peak Dr, Ste#160 3163 Age (Y/M/D) 56/00/03 Las Vegas NV 89128 e of Birth 10/05/56 Yes 9517 QUEEN CHARLOTTE LAS VEGAS NV 89145 Additional Information UPIN: G34625 Date and Time Collected 10/08/12 10:30 Date and Time Reported Physician Name 10/10/12 05:09ET MICHAELS Physician ID NPI 10/09/12 1730151044

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

TESTS	RESULT	FLAG	UNITS	Distriction	9000
Urinalysis, Complete			UNITS	REFERENCE INTERVAL	LAI
Urinalysis Gross Exam					
Specific Gravity	1.025			1 005 1 000	01
pH	6.0			1.005 - 1.030	01
Urine-Color	Yellow			5.0 - 7.5	01
Appearance	Clear			Yellow	01
WBC Esterase	Negative			Clear	01
Protein	Negative			Negative	01
Glucose	Negative			Negative/Trace	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin				Negative	01
Urobilinogen, Semi-Qn	Negative		3.45	Negative	01
Nitrite, Urine	0.2		mg/dL	0.0 - 1.9	01
Microscopic Examination	Negative			Negative	01
Microscopic follows i					
Microscopic Examination					01
WBC	See below:		200		01
RBC	None seen		/hpf	0 - 5	01
Epithelial Cells (non rena	None seen		/hpf	0 - 3	01
Epicheriai celis (non ren					
Bactería	None seen		/hpf	0 - 10	01
Bacteria	None seen			None seen/Few	01
rine Culture, Routine					
Urine Culture, Routine	Final Re	nort			1.5
Result 1	ETHAT Ke	port			01

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 10/10/12 05:09 ET FINAL REPORT Page 1 of 2 This document contains private and confidential health information protected by state and federal law. 02004-12 Laboratory Corporation of America & Holo f you have received this document in error, please call 888-522-2677 (up ms such out is 40 sitiup on the counter on Ri

10/10/2012 5:09:46 AM

FROM: LABCORP LCLS BLK TO: 702869 ATTN:Danka K.Michaels,M.D.

то: 7028696199

LABCORP LCLS BLK

Page 2 of 5

PICKENS, THOMAS

PE3865

27306910

Patient ID

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

Phone: 602-454-8000 Specimen Number 282-237-5117-0 Control Number Date and Time Collected Date Reported Age(Y/M/D) Date of Birth NSG27306910 10/08/12 10:30 10/10/12 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 01

PICKENS, THOMAS

PE3865

282-237-5117-0 Seq # 0256

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LabCorp

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

TO: 17028696199

Phone: 602-454-8000

PICKENS,	THOMAS	Patient Name				Specimen No. 280-237-0	
Account Number 27306910	Patient ID PE3865	Control Number KWA27306910	Date and Time Collected 10/06/12 10:30		Sex M	Age(Y/M/D) 56/00/01	Date of Birth 10/05/56
	TESTS	RESULT	PLAG	UNITS	REFE	RENCE INTE	RVAL LAB

Thyroxine (T4) Free, Direct, S

T4, Free (Direct)

1.08

ng/dL

0.82 -1.77

100.0 01

25.7 Vitamin D, 25-Hydroxy 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):1 DM-30.

Uric Acid, Serum Uric Acid, Serum Please Note:

mg/dL High

Therapeutic target for gout patients:

Creatine Kinase, Total, Serum

293

High

PhD

Lab: 602-454-8000

01

Dir: Frank Ryan, 34-72-1 01 PD LabCorp Phoenix Dir: Fra 3930 E Watkins Suite 300, Phoenix, AZ 85034-7291 For inquiries, the physician may contact Branch: 888-522-2677

OCT 0 9 2012

PICKENS, THOMAS

PE3865

FINAL REPORT

280-237-0317-0

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LabCorp

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

Phone: 602-454-8000 280-237-0317-0 PICKENS, THOMAS Patient 1D 10/09/12 10/06/12 10:30 M 56/00/01 10/05/56 PE3865 KWA27306910 27306910 REFERENCE INTERVAL LAB TESTS RESULT FLAG UNITS 20 - 32 8.7 - 10.2 Carbon Dioxide, 19 mmol/L 01 Total Low 9.4 mg/dL 01 Calcium, Serum Protein, Total, Serum Albumin, Serum 6.4 g/dL 6.0 - 8.501 3.5 - 5.5g/dL 01 4.1 1.5 - 4.5 2.3 g/dL Globulin, Total 1.1 - 2.5 1.8 A/G Ratio 01 Bilirubin, Total 0.5 mg/dL 0.0 - 1.2Alkaline Phosphatase, S 25 - 150 IU/L 01 26 0 - 40 IU/L 01 AST (SGOT) 28 ALT (SGPT) IU/L 0 - 55 34 Lipid Panel mg/dL 100 - 199 01 Cholesterol, Total (276 mg/dL 0 - 149 Triglycerides High 01 mg/dL >39 01 HDL Cholesterol 30 Low 01 Comment According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD. mg/dL - 40 VLDL Cholesterol Cal 55 High mg/dL 0 - 99 69 / LDL Cholesterol Calc Vitamin B12 and Folate pg/mt U 01 474 Vitamin B12 >3.0 01 Folate (Folic Acid), Serum 19.0 ng/mL 01 Note: A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency. 3.00 0.00 -01 C-Reactive Protein, Cardiac 1.50 mg/L Relative Risk for Future Cardiovascular Event Low <1.00 1.00 - 3.00 Average >3.00 High 5.7 Hemoglobin Alc 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

TSH

254 1.500

Low

ng/dL

uIU/mL

348 - 1197

0.450 - 4.50001

PICKENS, THOMAS

PE3865

280-237-0317-0 Seq # 0253

01

10/09/12 10:19 ET

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Phone: 602-454-8000

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

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/Plate			A. V. V. V. A. V.		
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		8	37.5 - 51.0	01
MCV	91		£L	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		8	12.3 - 15.4	01
Platelets	223		x10E3/uL	140 - 415	01
Neutrophils	51		8	40 - 74	01
Lymphs	32		8	14 - 46	01
Monocytes	9		8	4 - 13	01
Eos	7		8	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		8	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 NonAfrica Am	90		mL/min/1.73	>59	
eGFR If Africa 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 10/09/12 10:19 ET

FINAL REPORT

PE3865

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Danka Michaels 005258

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itamin B12 and Folate; Thyro	xine (T4) F	ree, Direct, S;	REFERENCE INTERVAL	LAB
		LAG UNITS	HEI ENERGE IN ENVAL	LAD
BC With Differential/Platele	C	x10E3/uL	4.0 - 10.5	0
WBC	5.1			0:
RBC	4.99	x10E6/uL	4.10 - 5.60	
Hemoglobin	15.4	g/dL	12.5 - 17.0	0
Hematocrit	44.9	9	36.0 - 50.0	0
MCV	90	fL	80 - 98	0
MCH	30.9	pg	27.0 - 34.0	0
MCHC	34.3	DECETALATION	32.0 - 36.0	0
RDW	14.2	13 0 12 11 85/11	11.7 - 15.0	0
Platelets	211	IN OCT 9 X19E3/UI	140 - 415	0
Neutrophils	54	061 22 201/8	40 - 74	0
Lymphs	29	18 1	14 - 46	0
Monocytes	11	/BV (Y %)	4 - 13	0
Eos	6	8	0 - 7	0
Basos	0	8	0 - 3	0
Neutrophils (Absolute)	2.8	x10E3/uL	1.8 - 7.8	0
Lymphs (Absolute)	1.5	x10E3/uL	0.7 - 4.5	C
Monocytes (Absolute)	0.5	x10E3/uL	0.1 - 1.0	0
Eos (Absolute)	0.3	x10E3/uL	0.0 - 0.4	0
Baso (Absolute)	0.0	x10E3/uL	0.0 - 0.2	0
Immature Granulocytes	0.0	96	0 - 2	0
Immature Grans (Abs)	0.0	x10E3/uL	0.0 - 0.1	0
omp. Metabolic Panel (14)				
Glucose, Serum	97	mg/dL	65 - 99	0
BUN	19	mg/dL	6 - 24	0
Creatinine, Serum	1.18	mg/dL	0.76 - 1.27	0
eGFR If NonAfrich Am	69	mL/min/1.7		
eGFR If Africa Am	80	mL/min/1.7		
Note: A persistent eGFR		1 73 m2 (3 months o		
indicate chronic kidney	digase Ar	eGER >59 mL/min/1	73 m2 with an	
elevated urine protein a	lso may ind	licate chronic kidne	y disease.	
Calculated using CKD-EPI	formula		3 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	
Calculated using Charles	16		9 - 20	
BUN/Creatinine Ratio	140	mmol/L	135 - 145	C
Sodium, Serum	4.6	mmol/L	3.5 - 5.2	0
Potassium, Serum	102	mmol/L	97 - 108	Č
Chloride, Serum	24	mmol/L	20 - 32	C
Carbon Dioxide, Total	9.5	mg/dL	8.7 - 10.2	C
Calcium, Serum	6.9	g/dL	6.0 - 8.5	C
Protein, Total, Serum	4.2	g/dL	3.5 - 5.5	Ö
Albumin, Serum		REPORT	© 2005 Laboratory Corporation of America	

PICKENS, THOMAS

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PE3865

PICKENS, THOMAS

Universal #2

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LabCorp® v 1.40 291-237-5387-0 JPU2730 10 Pg 3 **Total Urine Vo** Clinical Information /Final Yes Date Reported 10/22/11 10/19/11 10/18/11 09:08 Patient SSN * * * - * * - 0 0 0 0 Patient ID Nur 27306910 702-360-3163 PE3865 Date of Birth Danka K.Michaels, M.D. 99 PICKENS, THOMAS
atient Address 9517 QUEEN CHARLOTT
LAS VEGAS NV 89145 10/05/56 7373 Peak Dr,Ste#160 Las Vegas NV 89128 QUEEN CHARLOTTE 702-869-6190 NPI: 1730151044 UPIN: G34625 PATN AGE: 055/00/13 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 ng/mL Folate (Folic Acid), Serum 01 >20.0 Indeterminate: 2.2 - 3.0 Deficient: <2.2 Thyroxine (T4) Free, Direct, S T4, Free (Direct) ME G E ng/dL 0.82 - 1.77 01 1.07 T 22 2011 / Microalbumin, Random Urine ug/mL 0.0 - 17.0 01 Microalbumin, Urine 6.4 01 5.5 4.8 - 5.6 Hemoglobin Alc Increased risk for diabetes: 5.7 - 6.4 >6.4 Diabetes: Glycemic control for adults with diabetes: <7.0 Prostate-Specific Ag, Serum 0.0 - 4.01.6 ng/mL Prostate Specific Ag, Serum 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. 0.450 - 4.500 TSH uIU/mL 01 Vitamin D, 25-Hydroxy 33.9 ng/mL ***Effective November 21, 2011 Vitamin D, 25-Hydroxy*** reference intervals will be changing to 30-100. 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. Uric Acid, Serum Uric Acid, Serum mg/dL 3.7 - 8.6 01 7.5 01 Please Note: FINAL REPORT © 2005 Laboratory Corporation of America® Holdings

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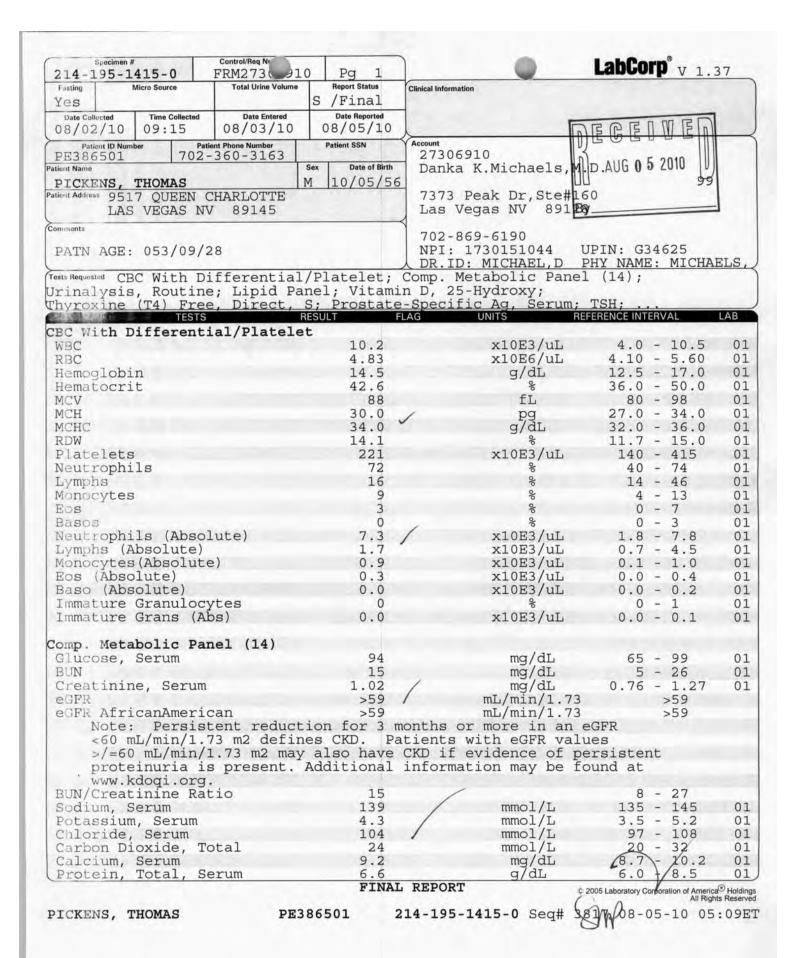
PICKENS, THOMAS

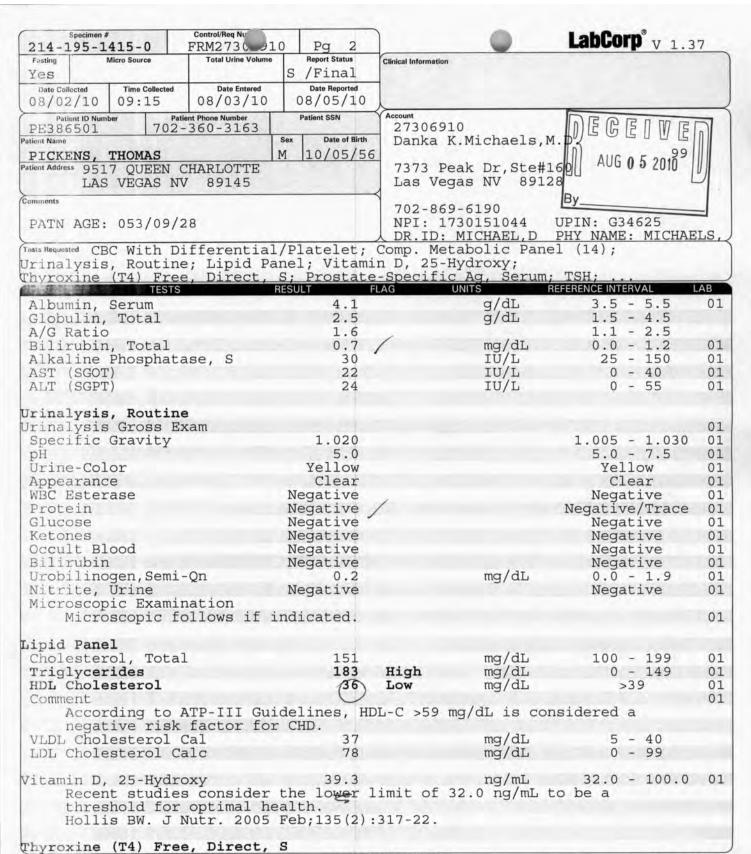
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I PATIENT BILL I MEDICARE I I INSURANCE	Physician's Nam	ne (Last, First)	Physicia	an's Signature	Hospital Patient S	Status: In	Patient 🗆	Out-Patient	-Patient
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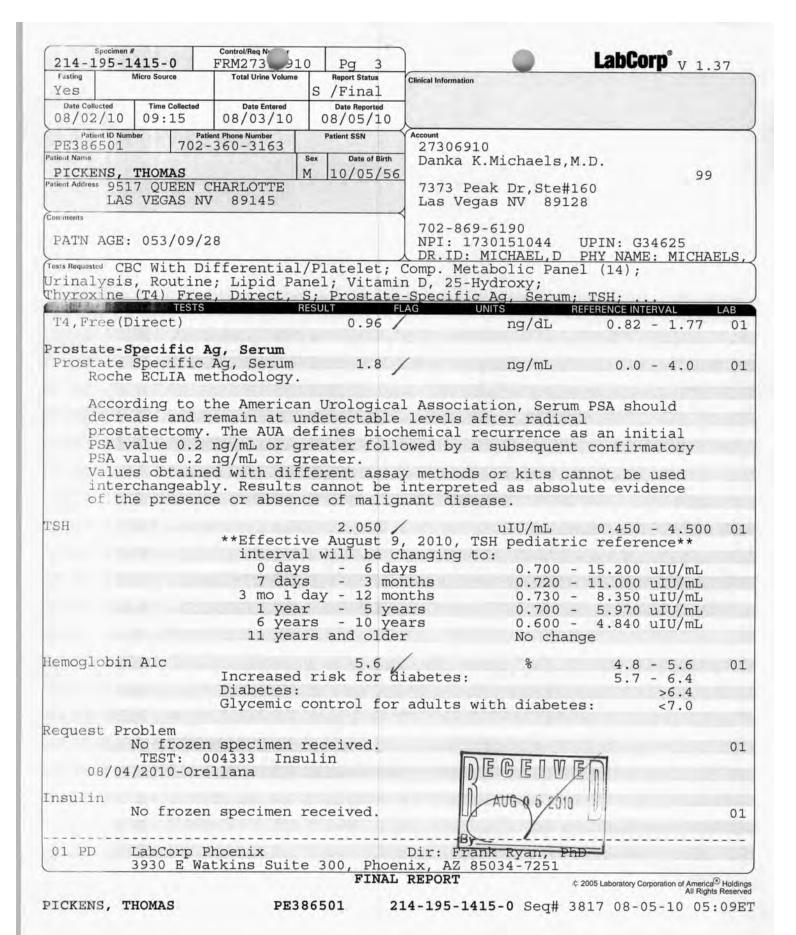
FINAL REPORT

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ORGAN OR DISEASE PASE reverse for compor 322744 Acute Hepatitis Panel 322758 Basic Metabolic Panel 322755 Basic Metabolic Panel 322755 Hepatic Function Panel 323756 Lipid Panel WILDL/HDL F Lipid Panel WICDL/HDL F LIPId F LIPI	NON LABCORP 1988239 NON LABCORP 1988239 NELS 100	Person Order Person 1998250	MANDWRITTEN 298272 2011 998272 2011 998272 2011 2	24 HR TUV 1 999283 ALPHABETIO 180836	CAL/COMBINATION TEST Poylori Urea Breath Pylori Stool Antigen ron and IBC see LDH Lithium (Eskalith) Magnesium Mononucleosis Test, Qual NMR LipoProfile Phenobarbital (Luminal) Phenytoin (Dilantin) Phosphorus Potassium Prolactin PSA 8415: Prothrombin Time (PT)/INR PT and PTT Activated PTT Activated Rheumatoid Arthritis Factor	8738 (EL) 8748 (EL) 8748 (EL) 8748 (EL) 8759 (EL) 8750 (EL) 87573 (EL) 87573 (EL) 87573 (EL) 87573 (EL) 87573 (EL)	ALPHABETICAL/COMBINATION TESTS CON 004259 TSH, 3rd generation 84443 GE 001057 Uric Acid Microscopic 003038 Urinalysis on Positives 81003 GE 081950 Vitamin D, 25-Hydroxy 82306 REI ENDOCERVICAL THROAT URINE STOOL URETHRAL INDICATE SOURCE OTHER 008649 Aerobic Bacterial Culture † 87070 GENERAL STOOL OTHER 008649 Aerobic Bacterial Culture † 87070 GENERAL STOOL OTHER 008649 Aerobic Bacterial Culture † 87070 GENERAL STOOL OTHER 008649 Aerobic Bacterial Culture † 87070 GENERAL STOOL OTHER 008649 Aerobic Bacterial Culture † 87070 GENERAL STOOL OTHER 008649 Aerobic Bacterial Culture † 87070 GENERAL STOOL OTHER 008649 Aerobic Bacterial Culture † 87070 GENERAL STOOL OTHER 008649 Aerobic Bacterial Culture † 87070 GENERAL STOOL OOS BENERAL STOO
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LabCorp® v 1.36 ETM27306 0 271-195-1686-0 Pg Total Urine Volu /Final SRC: URINE Yes 10/01/09 09/29/09 09/28/09 Patient SSN Patient Phone Number 702-360-3163 Patient ID No 27306910 PE3865 Date of Birth Danka K.Michaels, M.D. 99 PICKENS, TOM atient Address 9517 Q 10/05/56 7373 Peak Dr,Ste#160 Las Vegas NV 89128 QUEEN CHARLOTTE LAS VEGAS NV 89145 702-869-6190 NPI: 1730151044 UPIN: G34625 PATN AGE: 052/11/23 PHY NAME: MICHAELS Tests Requested VAP Cholesterol Profile; CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Complete; S; TSH; Prostate-Specific Ag,
RESULT FLAG UNITS Thyroxine (T4) Free, Direct,

Serum; ... TESTS VAP Cholesterol Profile 01 Lipids <130 01 78 mg/dL LDL Cholesterol 33 Low mg/dL >=40 01 34 mg/dL <30 01 High VLDL Cholesterol mg/dL <200 01 146 Cholesterol, Total mg/dL mg/dL 206 High <150 01 Triglycerides <160 01 (LDL+VLDL) 112 Non HDL Chol. mg/dL mg/dL <109 01 80 apoB100-calc <100 01 LDL-R (Real)-C 66 mg/dL mg/dL 01 Lp(a) Cholesterol 3.0 <10 <20 01 10 IDL Cholesterol mg/dL 01 <30 Remnant Lipo. (IDL+VLD Clinical Consideration 24 (IDL+VLDL3) 01 01 No Yes Abnormal Probable Metabolic Syndrome 01 Sub-Class Information mg/dL mg/dL 01 HDL-2 (Most Protective) HDL-3 (Less Protective) VLDL-3 (Small Remnant) (6 >10 Low 28 01 >30 Low mg/dL mg/dL 01 <10 14 High 01 LDL1 Pattern A 8.6 mg/dL mg/dL 01 0.0 LDL2 Pattern A 01 LDL3 Pattern B 32.3 01 mg/dL 25.3 LDL4 Pattern B 01 B Abnormal LDL Density Pattern Pattern Pattern A Pattern B A/B Large Buoyant LDL Small, Dense LDL RECEIVED OCTO 1 2009

D.

FINAL REPORT

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PICKENS, TOM

PE3865

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

Universal #2

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LabCorp® v 1.36 ETM2730 10 271-195-1686-0 Pg **Total Urine Volume** SRC: URINE Yes /Final 09/29/09 09/28/09 10/01/09 Patient SSN Patient ID Nu 702 tient Phone Number -360-3163 27306910 PE3865 Date of Birth Danka K.Michaels, M.D. 10/05/56 99 PICKENS, 9517 QUEEN CHARLOTTE 7373 Peak Dr, Ste#160 LAS VEGAS NV 89145 Las Vegas NV 89128 702-869-6190 NPI: 1730151044 UPIN: G34625 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; ...

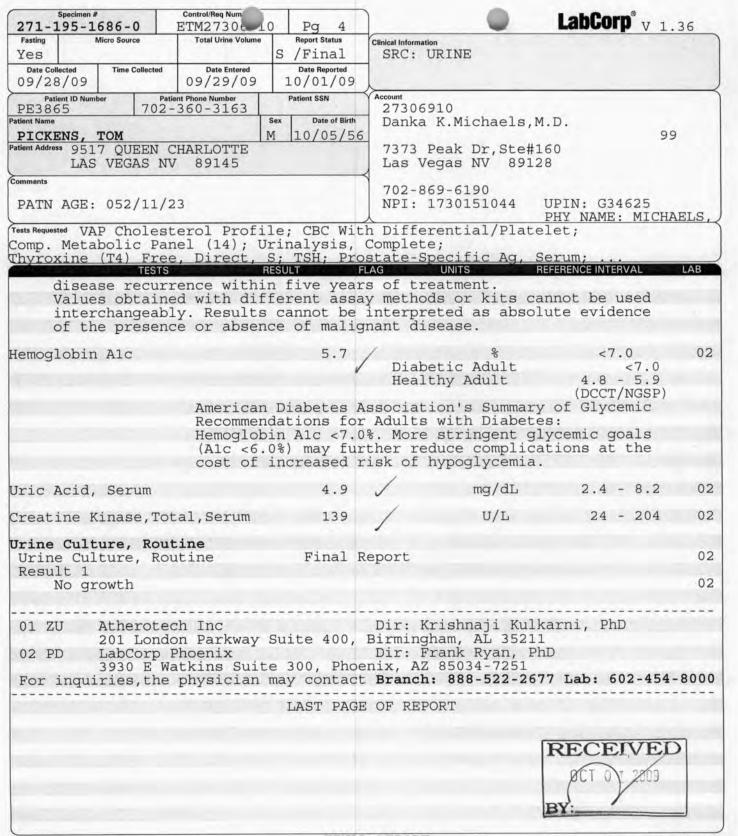
RESULT FLAG UNITS REFERENCE INTERVAL PHY NAME: MICHAELS, CBC With Differential/Platelet 5.4 x10E3/uL WBC 4.10 - 5.60 12.5 - 17.0 4.89 x10E6/uL RRC g/dL 14.9 02 Hemoglobin 45.2 36.0 50.0 02 8 Hematocrit 80 - 98 92 fL 02 MCV 30.6 34.0 02 pg g/dL 27.0 MCH 33.1 02 32.0 36.0 MCHC 11.7 02 RDW 13.5 15.0 x10E3/uL 02 415 198 Platelets 40 74 02 Neutrophils 58 14 - 46 02 0/0 30 Lymphs 02 Monocytes 8 4 13 7 0 -02 00 4 02 0 3 0 Basos 7.8 02 x10E3/uL Neutrophils (Absolute) 3.1 1.8 0.7 Lymphs (Absolute) 1.6 x10E3/uL 4.5 0.1 - 1.0 Monocytes (Absolute) 0.4 x10E3/uL 02 x10E3/uL x10E3/uL Eos (Absolute) Baso (Absolute) 0.2 0.0 0.4 02 0.0 0.0 0.2 02 Comp. Metabolic Panel (14) mg/dL mg/dL 65 - 99 5 - 26 94 02 Glucose, Serum 17 02 BUN 1.08 mg/dL 0.76 - 1.27 02 Creatinine, Serum mL/min/1.73 mL/min/1.73 >59 >59 eGFR eGFR AfricanAmerican >59 >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. 27 BUN/Creatinine Ratio 16 135 - 145 02 138 mmol/L Sodium, Serum mmol/L 3.5 5.2 02 4.4 Potassium, Serum Chloride, Serum 97 - 108 02 102 mmol/L mmol/L 20 32 02 Carbon Dioard Calcium, Serum Protein, Total, Serum Total 26 Carbon Dioxide, mg/dL g/dL 10.6 02 9.3 8.5 6.0 8.5 02 6.8 Protein, Total Albumin, Serum g/dL 5.5 4.4 3.5 02 1.5 4.5 g/dL Globulin, Total FINAL REPORT 271-195-1686-0 Seq# 2781 10-01-09 05:09ET PE3865 PICKENS, TOM RECEIVED

BY:

LabCorp® v 1.36 271-195-1686-0 ETM27306 0 Pg /Final SRC: URINE Yes Time Collected Date Reporte 09/29/09 10/01/09 09/28/09 Patient SSN nt ID Nu PE3865 27306910 702-360-3163 Danka K.Michaels, M.D. PICKENS, TOM
atient Address 9517 QUEEN CHARLOTTE M 10/05/56 99 7373 Peak Dr,Ste#160 Las Vegas NV 89128 LAS VEGAS NV 89145 702-869-6190 NPI: 1730151044 UPIN: G34625 PATN AGE: 052/11/23 PHY NAME: MICHAELS, Tests Requested VAP Cholesterol Profile; CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Complete; S; TSH; Prostate-Specific Ag, Thyroxine (T4) Free, Direct REFERENCE INTERVAL LAB TESTS A/G Ratio 1.8 1.1 -2.5 0.1 - 1.2 Bilirubin, Total 0.7 mg/dL 02 IU/L 27 25 150 02 Alkaline Phosphatase, S AST (SGOT) ALT (SGPT) 0 - 40 25 02 37 IU/L 0 55 02 Urinalysis, Complete Urinalysis Gross Exam Specific Gravity 02 1.005 - 1.030 5.0 - 7.5 02 >=1.030 Abnormal 02 6.0 pH Urine-Color Yellow Yellow 02 Clear 02 Clear Appearance Negative Negative 02 WBC Esterase Negative/Trace Negative 02 Protein Negative 02 Negative Glucose Negative 02 Negative Ketones Negative 02 Occult Blood Negative Negative 0.0 - 1.9 02 Bilirubin Negative mg/dL 02 Urobilinogen, Semi-Qn 0.2 Negative 02 Nitrite, Urine Negative Microscopic Examination 02 Microscopic follows if indicated. 02 Microscopic Examination See below: 02 0 /hpf WBC None seen 02 None seen /hpf 0 -Epithelial Cells (non renal) 0 -10 02 None seen /hpf None seen/Few None seen 02 Bacteria Thyroxine (T4) Free, Direct, S T4, Free (Direct) ng/dL 0.93 - 1.7102 1.04 uIU/mL 0.450 - 4.50002 0.695 TSH Prostate-Specific Ag, Serum Prostate Specific Ag, Serum Roche ECLIA methodology. ng/mL 0.0 - 4.0 02 1.3 undetectable after radical prostatectomy. A PSA of less than 0.5 ng/mL (or undetectable) is not likely to be associated with FINAL REPORT © 2005 Laboratory Corporation of America® Holdings All Rights Reserved 271-195-1686-0 Seq# 2781 10-01-08 05:09ET PE3865 PICKENS, TOM RECEIVED

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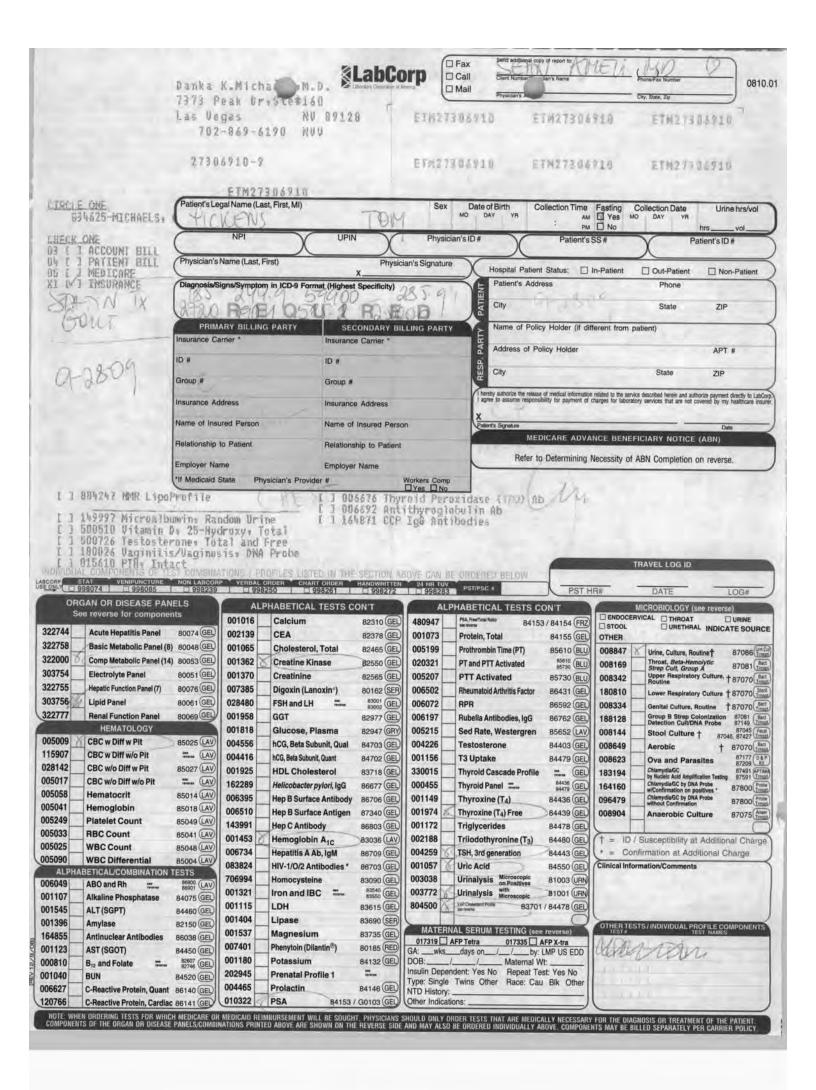
FINAL REPORT

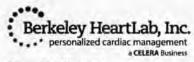
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PICKENS, TOM

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







960 Atlantic Ave. Ste. 100 Alameda, Ca 94501 (877) 454-7437

ODATORY REPORT

LA IN	AIUNIN	ELOKI
Report Type	Report Date	Received Dat
COMPLETE	5/6/2009	5/6/2009
	Birth Date	Gender Age

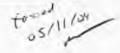
Req	uesting	Physicial	η

Dr. Danka Michaels Danka Michaels, M.D.

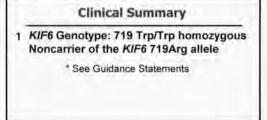
7373 Peak Dr. Ste 160 Las Vegas, NV, 89138 FAX: 7028696199

Patient	COMPLETE	5/6/2009 Birth Date	5/6/2009 Gender Age
Pickens, T	homas A	10/5/1956	M 52
ID No T659028	Specimen No Specimen T B09098132 Buccal Sv	wab 4/24/2009	te Collection Tir 9:00am
Comments			

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



TEST PERFORMED	NONCARRIER	CARRIER
StatinCheck KIF6 719Genotype	Trp/Trp	
ingle Nucleotide Polymorphism = rs20455	(t/t)	





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

1. 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:

- (A) lakoubova, 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.
 (B) Shiffman, D, et. al. Association of Gene Variants in Incident MI in the Cardiovascular Health Study. ATVB. 2008;28:173.
- (C) Bare, L, et. al. Five Common Gene Variants Identify Elevated Genetic Risk for CHD. Genetics in Medicine. 2007: 9(10);
- (D) Shiffman, D, et. al. A KIF6 Variant Is Associated With CHD in Women's Health Study. JACC. 2008; 51(4): 444-448.
 (E) 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.
- 2. 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
- 5. Genetic consultation for this individual may be helpful in understanding the associated health implications of these test results and management options.
- 6. 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

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). allel

Berkeley HeartLab, Inc. personalized cardiac management a CELERA Business

Lab Requisition

960 Atlantic Avenue, Suite 100 Alameda, California 94501 Phone: (800) Heart-89 • (800) 432-7889 Fax: (888) 792-1923

PATIENT INFORMATION	REQUESTING MEDICAL PROFESSIONAL
Address Size Date of Birth First Middle Initial Client Patient ID No. Address State Size Size Date of Birth First Middle Initial Client Patient ID No. Home Phone (7-2)3603163 SSN Work Phone	Danka Michaels C: 20953 Danka Michaels, M.D. B: 40 7373 Peak Dr. Ste 160 Las Vegas, NV 89138 T: (702) 869-6190 F: (702) 869-6199 Send Additional Copy to: Fax
	TESTS
SPECIMEN INFORMATION	TESTS
Refer to back of requisition for specimen requirements and shipping instructions Lab Name Phone:	Individual Test CPT
()	X StatinCheck (KIF6 Genotype) 83891, 83892, 83896, 83898, 83903, 83912
Collection	
Date I am/pm	
Name	
BERKELEY HEARTLAB USE ONLY	
Received: Date / / SHL Patient Number Visit No.	
Timeam/pm Specimen Number	
Initials Contract Insurance Medicare Self-Pay	
BILLING AND INSURANCE INFORMATION	DIAGNOSIS ICD-9 CODE CODE
Reminder • Have patient sign Assignment of Benefits below.	Diabetes 250. HTN w/ Renal Disease 403
 Have patient sign Assignment of Benefits below. Copy BOTH sides of the patient's insurance card(s). 	Pure Hypercholesterolemia 272.0 HTN & Renal Dis. w/ Heart Failure 404.
 Indicate primary and secondary diagnoses. 	Pure Hyperglyceridemia 272.1 Intermediate Coronary Syndrome 411.1
Note: Physicians (or other individuals authorized to order tests) should only order	Mixed Hyperlipidemia 272.2 ASHD — Unspecified 414.00
tests that are medically necessary and reasonable.	Unspecified Hyperlipidemia 272.4 ASHD — Coronary Artery 414.01 Hypertension 401. Congestive Heart Failure 428
PRIVATE PAY INFORMATION	Hypertension 401. Congestive Heart Failure 428. Hypertension w/ Heart Failure 402. Resp. Abnorm. Unspecified 786.
Check: Please make payable to Berkeley HeartLab, Inc.	
Credit Card Number: Visa MasterCard AMEX Discover	Diagnosis: Please use fifth digit modifiers.
	Primary Secondary Other
Expiration Date	Note: The above ICD-9 codes are listed as a convenience for ordering medical
Name as it appears on credit card	professionals. No medical professional is required to use these ICD-9 codes.
Signature Amount of Payment	Ordering medical professionals should report the diagnosis code that best
MEDICARE INFORMATION	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
Do you have Medicare coverage? YES NO	diagnosis for all tests ordered on this requisition form unless you state otherwise
Do you have incured sortings.	in the Comments section of this form.
Is your Medicare coverage secondary? YES NO	
Medicare No. Date of Birth	
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	CONSENT
or payment purposes. Lunderstand that I am responsible for any co pay, deductible, non-	Medical Professional Consent
covered service amounts or any charges that may be denied or partially reimbursed by Medicare, my insurance carrier or health plan.	I hereby authorize Berkeley HeartLab, Inc. (BHL) to perform genetic testing for this
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	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
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.	BHL, if BHL reasonably requires it in accordance with applicable law or third party reimbursement requirements.
x \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	X ()M
Patient's Signature Date	Medical Professional Authorizing Signature Date

PHYSICIAN

Danka Michaels 005275

MD106_StatinCheck_Req_1208



Specimen Number 071-195-0544-0		Patient ID E3865		Control Number DGY27306910	Account Number 27306910	Account Phone Number	
PICKENS	Patient Last Na	me		Danka k	Account Address Danka K.Michaels, M.D.		
Patient First Na THOMAS	me		Patient Middle Name	7373 Pe	ak Dr, Ste#160		
Patient SS#	702-360-		Total Volume	Las Veg	as, NV 89128		
Age (Y/M/D) 52/5/7	Date of Birth 10/05/56	Sex M	Fasting No				
9517 QUEEN CHA		ss			Addition	Il Information	
Date and Time Collected 03/12/09 00:00	Date Entere 03/13/		Date and Time Repo 03/14/09 07:1		ysician Name HAELS, 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-Westergren; C-Reactive Protein, Quant

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		8	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	8	11.7-15.0	01
Platelets	226		x10E3/uL	140-415	01
Neutrophils	58		8	40-74	01
Lymphs	32		8	14-46	01
Monocytes	5	/	8	4-13	01
Eos	5	*	8	0-7	01
Basos	0		8	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	7	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

American >59 mL/min/1.73

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 03/14/09 04:44

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PE3865

Seq # 3319 Page 1 of 4

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071-195-0544-0

Danka Michaels 005276



Prostate-Specific Ag, Serum

PICKENS, THOMAS

Laboratory Corpora	tion of America								
Specimen Number		Patient ID		C	ontrol Number	Account Number	Account Phone	Number	Rte
071-195-0544-0		PE3865		DGY2	7306910	27306910	702-869-	6190	
PICKENS	Patient La	ist Name				Account Ad	dress		
Patient First	Name		Patient Middle Name			Michaels, M.D.			
THOMAS						Dr,Ste#160			
Patient SS#	The state of the s	nt Phone 60-3163	Total Vol	ume	Las Vegas	s, NV 89128			
Age (Y/M/D)	Date of Birth	Sex	Fasting						
52/5/7	10/05/56 Patient		No			Additional I			
9517 QUEEN CLAS VEGAS, N	HARLOTTE	iduless				Auditorial	mormation		
Date and Time Collecter 03/12/09 00:00		Entered L3/09	Date and Time R 03/14/09 07			n Name ELS, D	NPI	Physic MICH	
	TESTS		RES	SULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
BUN/Creating	nine Ratio		1	.8			8-2	27	01
Sodium, Sen	rum		1	42		mmol/L	135-	145	01
Potassium,	Serum		4	.2		mmol/L	3.5-	5.2	01
Chloride, S	Serum		1	03		mmol/L	97-1	108	01
Carbon Dio	xide, Total		2	2.4		mmol/L	20-	32	01
Calcium, Se	erum		9	.7		mg/dL	8.5-3	10.6	01
Protein, To	otal, Serum		6	.7		g/dL	6.0-	8.5	01
Albumin, Se	erum		4	.3		g/dL	3.5-	5.5	01
Globulin, S	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 Pl	nosphatase,	S	3	32		IU/L	25-1	150	01
AST (SGOT)			2	26		IU/L	0-4	40	01
ALT (SGPT)			3	38		IU/L	0-5	55	01
Lipid Panel									
Cholestero	l, Total		1	66		mg/dL	100-	199	01
Triglycerid	es		(3	53	High	mg/dL	0-1	49	01
HDL Cholest	erol		3	30	Low	mg/dL	>3	9	01
			-III Guide		, HDL-C >59	mg/dL is co	nsidered a		
VLDL Choles	terol Cal		7	71	High	mg/dL	5-4	40	01
LDL Choles	terol Calc		6	55		mg/dL	0-9	99	01
CCP IgG Anti									02
			WILL	FOLLO	N				
Antinuclear Antinuclea	Antibodies r Antibodie		t 3	30 /	Negative	AU/mL <100	0-9	99	01
					Equivocal Positive	100 - 120 >120			

PE3865

03/14/09 04:44 PRELIMINARY REPORT

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Specimen Number		Patient ID		Control	Number	Account Number	Account Phone	Number	Rte	
071-195-0544-0		PE3865		DGY2730	7306910 27306910 702-869-6190					
	Patient Last	Name	-			Account Ac	idress			
PICKENS					Danka K.M	Michaels, M.D.				
Patient First Na THOMAS	ame		Patient Middle Name		7373 Peak Dr, Ste#160 Las Vegas, NV 89128					
Patient SS#	702-360		Total Volu	ume	Las vegas	s, NV 09120				
Age (Y/M/D) 52/5/7	Date of Birth 10/05/56	Sex M	Fasting No	3						
9517 QUEEN CH LAS VEGAS, NV		dress				Additional	Information			
Date and Time Collected 03/12/09 00:00	Date En 03/13		Date and Time Re 03/14/09 07			In Name	NPI	Physicia MICH2		
TE	STS		RES	BULT	FLAG	UNITS	REFERENCE	INTERVAL	LA	
Prostate Sp	ecific Ag.	Serum	1.	.4		ng/mL	0.0-	4.0	0	

Prostate Specific Ag, Serum 1.4 / 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.

PICKENS, THOMAS	PE386	55 071-	195-0544-0 Seq	# 3319
			D MAR V 2009	
C-Reactive Protein, Quant C-Reactive Protein, Quant	2.4	mg/L	0.0-4.9	01
Sedimentation Rate-Westergren Sedimentation Rate-Westergren	0	mm/hr	0-20	01
Uric Acid, Serum Uric Acid, Serum	5.2	mg/dL	2.4-8.2	01
Rheumatoid Arthritis Factor RA Latex Turbid.	6.0	IU/mL	0.0-13.9	01
Thyroxine (T4) Free, Direct, S T4, Free (Direct)	1.21	ng/dL	0.61-1.76	01
Recommendations for Hemoglobin Alc <7.0 (Alc <6.0%) may fur	Association's Summar Adults with Diabet 0%. More stringent of ther reduce complications of hypoglycemia	ry of Glycemic tes: glycemic goals cations at the		
	Healthy Adult	4.8 - 5.9 (DCCT/NGSP)		
Hemoglobin Alc Hemoglobin Alc	5.5 Diabetic Adult	% <7.0	<7.0	01
TSH TSH	1.471	uIU/mL	0.450-4.500	01
evidence of the pres	sence or absence of	marrynant disease	•	

PICKENS, THOMAS 03/14/09 04:44

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Control Numb DGY27306910 702-869-6190 27306910 PE3865 071-195-0544-0 Danka K.Michaels, M.D. PICKENS Patient First Name 7373 Peak Dr, Ste#160 THOMAS Las Vegas, NV 89128 Patient SS# 702-360-3163 Fasting Age (Y/M/D) 10/05/56 No M 52/5/7 Additional Information 9517 QUEEN CHARLOTTE LAS VEGAS, NV 89145 Physician ID MICHA, D Physician Name MICHAELS, NPI Date and Time Collected 03/12/09 00:00 REFERENCE INTERVAL LAB FLAG UNITS RESULT TESTS

Dir: Ryan, Frank PhD 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: Hancock, William F MD BN LabCorp Burlington 1447 York Court, Burlington, NC 272153361

For inquiries, the physician may contact: Branch: 800-762-4344 Lab: 800-762-4344



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LabCorp® v 1.36 071-195-0544-0 DGY27 5910 Pg No /Final Date Co Date Reporte 03/12/09 03/13/09 03/15/09 Patient ID Nur PE3865 Patient SSN 27306910 702-360-3163 Date of Birth Danka K.Michaels, M.D. PICKENS, THOMAS atient Address 9517 QUEE 10/05/56 99 QUEEN CHARLOTTE 7373 Peak Dr, Ste#160 LAS VEGAS NV 89145 Las Vegas NV 89128 702-869-6190 G346250 PATN AGE: 052/05/07 UPIN: PHY NAME: MICHAELS, 1 (14); Dipid Panel; DR.ID: MICHA, D Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel CCP IgG Antibodies; Antinuclear Antibodies Direct; Prostate-Specific Ag, Serum; TSH; Hemoglobin Alc RESULT REFERENCE INTERVAL TESTS FLAG UNITS CBC With Differential/Platelet 4.0 - 10.5 x10E3/uL 01 4.10 - 5.60 12.5 - 17.0 x10E6/uL g/dL RBC 5.03 01 15.2 Hemoglobin 01 45.9 - 50.0 Hematocrit 00 36.0 01 91 MCV fL 80 - 98 01 30.1 pg g/dL MCH 27.0 - 34.0 32.0 - 36.0 27.0 01 MCHC 33.0 01 11.7 - 15.0 140 - 415 40 - 74 High RDW 15.6 01 Platelets 226 x10E3/uL 01 Neutrophils 58 01 - 46 Lymphs 32 2 14 01 Monocytes 4 13 01 5 0 -Eos 8 01 0 Basos 0 3 01 Neutrophils (Absolute) x10E3/uL 4.2 1.8 - 7.8 01 Lymphs (Absolute) 2.3 x10E3/uL 0.7 - 4.5 01 0.1 - 1.0 Monocytes (Absolute) 0.4 x10E3/uL 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) High Glucose, Serum 117 mg/dL 65 - 99 01 mg/dL 5 - 26 BUN 21 01 1.19 mg/dL 0.76 -Creatinine, Serum 1.27 01 Glom Filt Rate, Est If African-American mL/min/1.73 mL/min/1.73 >59 >59 >59 >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 Potassium, Serum Chloride, Serum mmol/L 142 135 - 145 01 mmol/L 3.5 5.2 4.2 01 97 - 108 103 mmol/L 01 Carbon Dioxide, Total 24 mmol/L 20 32 01 9.7 mg/dL g/dL 8.5 - 10.6 Calcium, Serum 01

FINAL REPORT

6.7

4.3

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8.5

4.5

6.0

1.5

3.5 -

PICKENS, THOMAS

Protein, Total Albumin, Serum

Globulin,

Total, Serum

Total

PE3865

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g/dL

g/dL

- pls fore to m. aurei

01

01

LabCorp® V 1.36 071-195-0544-0 DGY27 5910 Pg Clinical Informatio No /Final Date Co Time Collected Date Reporter 03/12/09 03/13/09 03/15/09 Patient PE3865 Patient SSN nt ID Nu 702-360-3163 27306910 7373 Peak Dr, Ste#160 Las Vegas NV 89128 MAR 162 Danka K.Michaels, M.D. PICKENS, THOMAS atient Address 9517 QUEE 10/05/56 99 QUEEN CHARLOTTE LAS VEGAS NV 89145 UPIN: G34625 PATN AGE: 052/05/07 DR.ID: MICHA,D PROTECTION OF THE PROTECT OF THE PRO PHY NAME: MICHAELS (14); bipid/Panel; Prostate-Specific Ag, Serum; TSH;
TESTS RESULT Hemoglobin Alc FLAG UNITS REFERENCE INTERVAL A/G Ratio 1.1 - 2.5 0.1 - 1.2 1.8 Bilirubin, Total mg/dL 0.4 01 Alkaline Phosphatase, S AST (SGOT) ALT (SGPT) IU/L 25 - 150 0 - 40 32 01 26 01 38 IU/L 0 - 55 01 cholesterol, Total Lipid Panel 166 100 - 199 mg/dL 01 Triglycerides 0 - 149 353 High mg/dL 01 HDL Cholesterol mg/dL 30 >39 Low 01 Comment 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 LDL Cholesterol Calc 65 mg/dL 0 - 99 CCP IgG Antibodies 1 U/mL 0 - 5 02 Negative: 0 - 5 Positive: Antinuclear Antibodies Direct 30 AU/mL 0 - 99 01 <100 100 - 120 Negative Equivocal Positive >120 Prostate-Specific Ag, Serum Prostate Specific Ag, Serum ng/mL 0.0 - 4.001 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. 1.471 uIU/mL 0.450 - 4.500 01 Hemoglobin Alc <7.0 Diabetic Adult <7.0 FINAL REPORT © 2005 Laboratory Corporation of America® Holdings
All Rights Reserved PICKENS, THOMAS PE3865 071-195-0544-0 Seg# 2052 03-15-09 06:49ET

LabCorp® V 1.36 3 071-195-0544-0 DGY27. 5910 Pg Clinical Information No /Final Date Co Time Collected Date Entered Date Reporte 03/12/09 03/13/09 03/15/09 Patient ID Num PE3865 Patient SSN 702-360-3163 27306910 Danka K.Michaels, M.D. 7373 Peak Dr, Ste#160 Las Vegas NV 89128 MAR 1 6 2009 PICKENS, THOMAS atient Address 9517 QUEE 10/05/56 99 QUEEN CHARLOTTE LAS VEGAS NV 89145 PATN AGE: 052/05/07 UPIN: G34625 PHY NAME: MICHAELS, DR.ID: MICHA, D PHY NAME: MICHAELS,

Tests Requested CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel;

CCP IgG Antibodies; Antinuclear Antibodies Direct; Ag, Serum; TSH; Hemoglobin Alc; ... Prostate-Specific REFERENCE INTERVAL TESTS 4.8 - 5.9 (DCCT/NGSP) Healthy Adult American Diabetes Association's Summary of Glycemic Recommendations for Adults with Diabetes:
Hemoglobin Alc <7.0%. More stringent glycemic goals
(Alc <6.0%) may further reduce complications at the
cost of increased risk of hypoglycemia. Thyroxine (T4) Free, Direct, S T4, Free (Direct) ng/dL 0.61 - 1.76 01 1.21 Rheumatoid Arthritis Factor 0.0 - 13.9IU/mL RA Latex Turbid. 6.0 01 mg/dL Uric Acid, Serum 5.2 2.4 - 8.201 0 mm/hr 0 - 20 Sedimentation Rate-Westergren 01 C-Reactive Protein, Quant mg/L 0.0 - 4.901 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

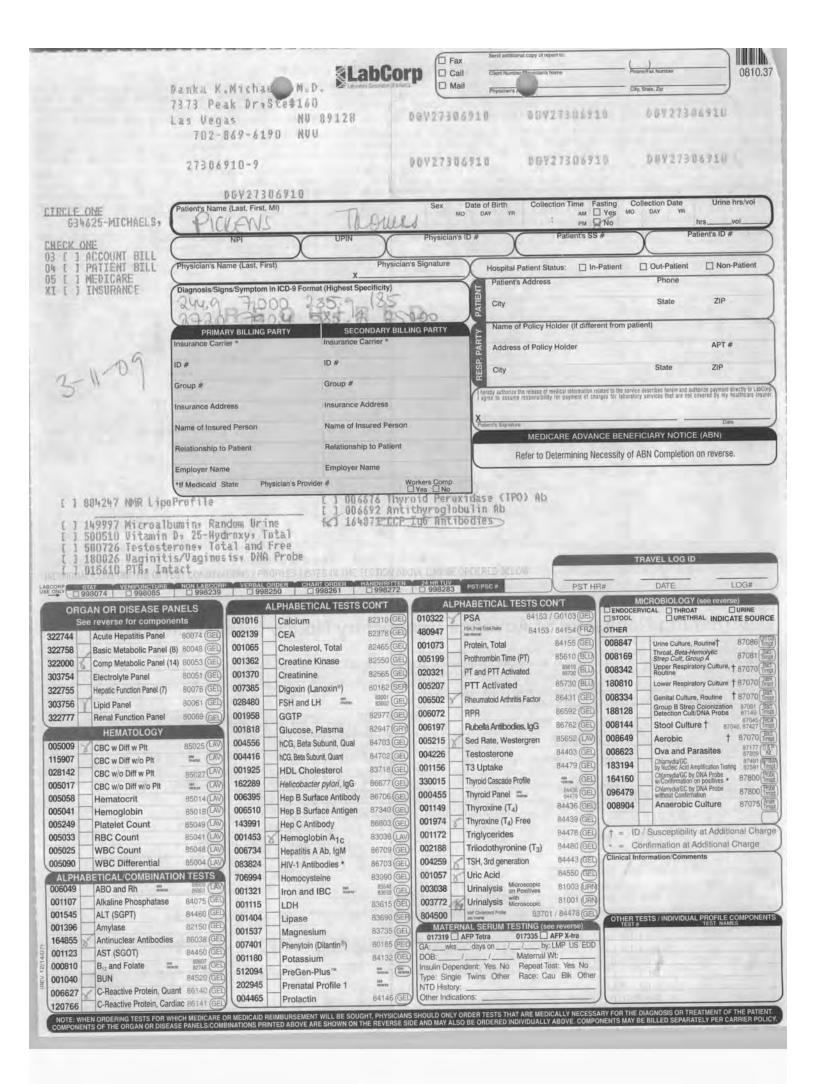
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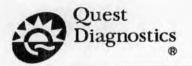
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PICKENS, THOMAS

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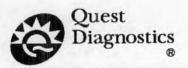


PATIENT PICKENS, THOMAS A

AGE/SEX 10/05/56 M COLLECTED 03/05/2009 12:00 RECEIVED 03/05/2009 23:03

ROUTE AUTORT4 27341
REFERRED BY DANKA K. MICHAELS, M.D.
ACCESSION NO. 01828782 7373 PEAK DRIVE STE. 160
MED. RECORD NO. 0023551998 LAS VEGAS, NV 89128
CHART NO. CRAIG TINGEY MD

TECT	RESULT	ABN	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
Patient Phone # (702)360-3		ADIA	HEI EHENGE HANGE	1 0,			
Patient Phone # (702/360-	2102						
PLEASE FAX RESULTS TO:							
869-6199							-
	AMERICA DEG						
CELL COUNT AND DIFF, FLUID	(KNEE, RIG						
Color	YELLOW						1
Appearance	HAZY			,			
Total Nucleated Cell Cou	4730			/cmm			
RBC	31			/cmm			
Monocyte/Macrophage	5			%			
Neutrophils	90			00 00			
Non-Hematologic Cells	2			%			
Lymphocytes	3			00			
Differential performed	on specimen	con	centrate.				
Differencial performed	on procession	1					
64706 CELL COUNT							
OTIOO CHILD COMI							
Please note new	nomenclatur	e fo	r WBC's Net	N			
result name is To	otal Muclea	tad	Cell Count				
Parameter/Units			not CSF)	SYNOVIA	TILITY .)	
Parameter/Units	BODI FIIO	1	not car,	DINOVIE	1 1011		
Galass Plannal	Pale yello			Yellow/s	Straw	-	
Color Pleural:	Pare yerro	1 7 a	/atman	TETTOW/	SCIAW		
Peritone	al: Pale ye	TTOW	SLIAW				
	ial: Pale y	етто	w/straw	Q1 /II			-
Appearance	Clear			Clear/Ha	azy		
Total Nucleated/	mcL Not Est	abli	shed	<150			
Neutrophils %	Not Est	abli	shed	0-24			-
Lymphocytes %	Not Est	abli	shed	0-74			
Monocyte/Macroph	age %						
	Not Est			0-69			
Eosinophils %	Not Est	abli	shed	0-2			
Non-hematologic	% Not Est	abli	shed	0-15			
						/	
CRYSTALS, FLUID					/		
Urate:	NONE	3	NONE		/		
Pyrophosphate:	NONE		NONE		/		
гугориозричее.							
			F	RECE	1		
				RECE	VEI		
		7		MAR T	1		
03/05/09 12:00 FLUID CU	LTURE (KNE	E R	IGHT)	MAR I	1/2009	1	
* FINAL RESULTS		71					
TIMAL RESOLIE			1	3Y:	1		
NO GROWTH AT 72 HOURS							
NO GROWIN AT 72 HOURS			1				
DTWAT 02/20/00 14 20 0D	TOTAL OPEN		02/10/00 1	3 . 47 Dag	9 1 0	F 2	-
FINAL : 03/10/09 14:30 OR	IGINAL SENT		03/10/09 1	5:4/ Pag	6 1 0		



4230 Burnham Ave. Las Vegas, Nevada 89119 (702)733-7866

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PATIENT PICKENS, THOMAS A

27341

AGE/SEX 10/05/56 M COLLECTED 03/05/2009 12:00 RECEIVED 03/05/2009 23:03

ROUTE AUTORT4 273
REFERRED BY DANKA K. MICHAELS, M.D.
ACCESSION NO. 01828782 7373 PEAK DRIVE STE. 160
MED. RECORD NO. 0023551998 LAS VEGAS, NV 89128
CHART NO. CRAIG TINGEY MD

TEST RESULT	ABN REFERENCE RANGE UNITS	LOW	NORMAL	HIGH
03/05/09 12:00 ANAEROBIC CULTURE * FINAL RESULTS *	(KNEE, RIGHT)			
NO ANAEROBES ISOLATED				
RAM STAIN (KNEE, RIGHT) Collecte RARE WHITE BLOOD CELLS	ed 03/05/09 12:00			
NO ORGANISMS OBSERVED RAM STAIN, ANAEROBIC SPECIMEN (KNEE,	RIGHT) Collected 03	/05/09	12	
RARE WHITE BLOOD CELLS NO ORGANISMS OBSERVED				
	RI	CEI	VED	
	BY:		2000	
			1	
FINAL : 03/10/09 14:30 ORIGINAL SE	NT : 03/10/09 13:47 Pag		of 2	

Quest Diagnostics Incorpor. ed

LABORATORY RESULTS

Facsimile Copy

4230 Burnham Avenue, Suite 250 Las Vegas, NV 89119 (702) 733-7866

PATIENT PICKENS, THOMAS A

AUTORT4

27341

AGE/SEX 10/05/56 M

REFERRED BY DANKA K. MICHAELS, M.D. ACCESSION# 01828782 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

RESULTS FLG REFRANGE 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 용 90 Neutrophils 8 Non-Hematologic Cells 2 8 Lymphocytes 3 8 Differential performed on specimen concentrate. 64706 CELL COUNT Please note new nomenclature for WBC's. New result name is Total Nucleated Cell Count. SYNOVIAL FLUID Parameter/Units BODY FLUID (not CSF) Color Pleural: Pale yellow
Peritoneal: Pale yellow/Straw Yellow/Straw Pericardial: Pale yellow/Straw Appearance Clear Clear/Hazy Total Nucleated/mcL Not Established <150 Neutrophils % Not Established Lymphocytes % Not Established 0-24 0-74 Monocyte/Macrophage % Not Established
Eosinophils % Not Established 0-69 0-2 Non-hematologic % Not Established 0-15 CRYSTALS, FLUID NONE Urate: NONE NONE NONE Pyrophosphate: 03/05/09 12:00 FLUID CULTURE (KNEE, RIGHT) * FINAL RESULTS * RECEIVED NO GROWTH AT 72 HOURS MAR 1 0 2009 BY:

Quest Diagnostics Incorporated

LABORATORY RESULTS

Facsimile Copy

4230 Burnham Avenue, Suite 250 Las Vegas, NV 89119 (702) 733-7866

PATIENT PICKENS, THOMAS A

AUTORT4

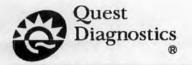
27341

AGE/SEX 10/05/56 M ACCESSION # 01828782 7373 PEAK DRIVE STE. 160

REFERRED BY DANKA K. MICHAELS, M.D.

COLLECTED 03/05/2009 12:00MED.RECORD# 0023551998 LAS VEGAS, NV 89128 RECEIVED 03/05/2009 23:03 CHART# CRAIG TINGEY MD

3 5,675	(4747.F.) p		LOW	ALU NA	
(KNEE	, RIGHT)				
ed 03/0	5/09 12:00				
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L.					
, RIGHT) Coll	ected 03	3/05/09	12	
		REC	CEIL	ED	
		MA	R 1 0 1	2009	
		BY:	102101500 200103002		-
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			1010 12 DIC 1010 12 DIC 1010 12 DIC 1010 12 DIC		
			Coldinate 1-12		
	(KNEE	(KNEE, RIGHT) ed 03/05/09 12:00	(KNEE, RIGHT) ed 03/05/09 12:00 , RIGHT) Collected 03	(KNEE, RIGHT) ed 03/05/09 12:00 , RIGHT) Collected 03/05/09 RECEIV	ed 03/05/09 12:00 , RIGHT) Collected 03/05/09 12 RECEIVED MAR I 0 2009



PATIENT PICKENS, THOMAS A

AGE/SEX 10/05/56 M COLLECTED 03/05/2009 12:00 RECEIVED 03/05/2009 23:03

ROUTE AUTORT4 273
REFERRED BY DANKA K. MICHAELS, M.D.
ACCESSION NO. 01828782 7373 PEAK DRIVE STE. 160
MED. RECORD NO. 0023551998 LAS VEGAS, NV 89128
CHART NO. CRAIG TINGEY MD

TEST RESULT	ABN	REFERENCE RANGE	UNITS	LOW	NORMAL	HIG
Patient Phone # (702)360-3163 PLEASE FAX RESULTS TO:						
869-6199						
03/05/09 12:00 FLUID CULTURE (KN * FINAL RESULTS *	EE, R	IGHT)				
NO GROWTH AT 72 HOURS						
Results To Follow:					1	
T2010 ANAEROBIC CULTURE						
		Ri	2	7		
		MI	RODE	07		
		A.	1/9/19			
				/		

Sun Mar 8 00:40:18 2009 Quest Diagnostics Incorpo ated

LABORATORY RESULTS

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PATIENT PICKENS, THOMAS A

AUTORT4

AGE/SEX 10/05/56 M ACCESSION # 01828782 7373 PEAK DRIVE STE. 160

REFERRED BY DANKA K. MICHAELS, M.D.

AGE/SEX 10/05/56 M ACCESSION# 01828/62 /3/3 FEAL STATES OF THE COLLECTED 03/05/2009 12:00MED. RECORD# 0023551998 LAS VEGAS, NV 89128 RECEIVED 03/05/2009 23:03 CHART# CRAIG TINGEY MD

	4 5/67	REF RANGE		LOW	NORM	10
Patient Phone # (702)360-3163						
PLEASE FAX RESULTS TO:						
869-6199				Digitalities :		+
CELL COUNT AND DIFF, FLUID (KNEE, RIG	HT)					
Color YELLOW				100000000		-
Appearance HAZY				10 10 10 10 10 10 10 10 10 10 10 10 10 1		
Total Nucleated Cell Cou 4730			/cmm	1010010111111		
RBC 31			/cmm	EB-BOYGE FIRE		
Monocyte/Macrophage 5			8	100000000000000000000000000000000000000		
Neutrophils 90			8	ELECTRONIC CONTRACTOR		
Non-Hematologic Cells 2			8	12:00:00 to 00:00 to		
Lymphocytes 3			8	10.0110.010		+
Differential performed on specimen		centrate.				
Please note new nomenclatur result name is Total Nuclea	ted	Cell Count				
Parameter/Units BODY FLU	ID (not CSF)	SYNOVI	AL FLUI	D	
Color Pleural: Pale yello	w		Yellow	/Straw	-	
Peritoneal: Pale ye		/Straw				T
Pericardial: Pale y				lemma 1		
Appearance Clear			Clear/	Hazv		
Total Nucleated/mcL Not Est	abli	shed	<150			1
Neutrophils % Not Est	17000		0-24			1
Lymphocytes % Not Est			0-74	10.11.000.000		
Monocyte/Macrophage %		51104	9.11	100000000000000000000000000000000000000		+
Not Est	ahli	shed	0-69	Manual Page		
Eosinophils % Not Est	120	2,01,000	0-2			
Non-hematologic % Not Est	Address of the second	and the second s	0-15	DEDELLO GUELLO		1
						1
CRYSTALS, FLUID				1		+
Urate: NONE		NONE		200000 10		
Pyrophosphate: NONE		NONE		300		1
					FIN	h
			1	MA	10 21	20
03/05/09 12:00 FLUID CULTURE (KNE * PRELIMINARY RESULTS *	E, F	(IGHT)	(0)	Y:		
NO GROWTH AT 36-48 HOURS						

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LABORATORY RESULTS

Facsimile Copy

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PATIENT PICKENS, THOMAS A

AUTORT4

27341

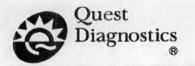
REFERRED BY DANKA K. MICHAELS, M.D.

AGE/SEX 10/05/56 M ACCESSION # 01828782 7373 PEAK DRIVE STE. 160 COLLECTED 03/05/2009 12:00MED. RECORD # 0023551998 LAS VEGAS, NV 89128

RECEIVED 03/05/2009 23:03 CHART#

CRAIG TINGEY MD

03/05/09 12:00 ANAEROBIC CULTURE * PRELIMINARY RESULTS *	(KNE	E, RIG	HT.)	Modern		******	
NO GROWTH AT 36-48 HOURS							
GRAM STAIN (KNEE, RIGHT) Collected	03/	05/09	12:00				
NO ORGANISMS OBSERVED							
GRAM STAIN, ANAEROBIC SPECIMEN (KNEE,	RIGH	T)	Coll	ected 0	3/05/09	12	
RARE WHITE BLOOD CELLS NO ORGANISMS OBSERVED							
Results To Follow: #T2250 FLUID CULTURE							
#T2010 ANAEROBIC CULTURE					110 110 110 110 110 110 110 110 110 110		
					0.0000000		
				R	ECH	7	-
			1	RV	MARY	2000	7
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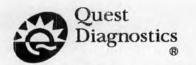
PATIENT PICKENS, THOMAS A

27341

AGE/SEX 10/05/56 M COLLECTED 03/05/2009 12:00 RECEIVED 03/05/2009 23:03

ROUTE AUTORT4 273
REFERRED BY DANKA K. MICHAELS, M.D.
ACCESSION NO. 01828782 7373 PEAK DRIVE STE. 160
MED. RECORD NO. 0023551998 LAS VEGAS, NV 89128
CHART NO. CRAIG TINGEY MD

			7		THE RESERVE OF THE PARTY OF THE	1		and the same
	TEST	RESULT	ABN	REFERENCE RAN	IGE UNITS	LOW	NORMAL	HIGH
	Phone # (702)360-	3163						
PLEASE FA	AX RESULTS TO:							
869-6199								
		Marchan de la						
CELL COUNT	AND DIFF, FLUID	(KNEE, RIC	GHT)					
Color		YELLO	V					
Appearan	ce	HAZ	Y					
Total Nue	cleated Cell Cou	473	0		/cmm			
RBC		3:	1		/cmm			
	/Macrophage		5		8			
Neutroph		9	0		%			
Non-Hemai	cologic Cells		2		8			
Lymphocy			3		96			
Differ	ential performed	on enecime	con	centrate				
Differ	encial periormed	on specimen	1 0011	centrace.				
	Please note new	nomenclatu	re fo	r WBC's.	New			
	result name is T							
	Parameter/Units		ITD (not CSF)	SYNOVIA	T. FIJIT)	
	Parameter/ Offics	BODI III	OTD (noc cor,	DINOVIII	7 1 201		
	Color Pleural:	Pale yelle	2747		Yellow/	Straw	-	
	COIOI Pieurai:	al: Pale ye	2110v	/C+xar	TETTOW/	Sciaw		
		ial: Pale	yerro	W/Straw	01/11			
	Appearance	Clear	1 2 1	1 1	Clear/H	azy		-
	Total Nucleated/		tabli	sned	<150			
	Neutrophils %				0-24			
	Lymphocytes %	Not Es	tabli	shed	0-74			
	Monocyte/Macroph	age %						
		Not Es			0-69			
		Not Es			0-2			
	Non-hematologic	% Not Es	tabli	shed	0-15			
	and the same of th							
CRYSTALS,	FLUID							
Urate:		NON	E	NONE		7		
Pyrophos	ohate:	NON		NONE /	200			
1 / Lopiloo		10.00		1-	CAN	7-7		
				1	Au Too	1207		
				1/	MAR OF 2			
				100-	- 1.10	109		
03/05/	09 12:00 FLUID CU	LTURE (KN	EE R	IGHT)	: //			
03/03/	* PRELIMINARY R		1	10111	#			
	" PREDIMINARI K	EDOLID	-					
NO C	ROWTH AT 12-24 HO	TIRS						
NO G	MUNIT AT 12-24 HO	OILD						
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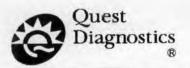


PATIENT PICKENS, THOMAS A

AGE/SEX 10/05/56 M COLLECTED 03/05/2009 12:00 RECEIVED 03/05/2009 23:03

ROUTE AUTORT4 273
REFERRED BY DANKA K. MICHAELS, M.D.
ACCESSION NO. 01828782 7373 PEAK DRIVE STE. 160
MED. RECORD NO. 0023551998 LAS VEGAS, NV 89128
CHART NO. CRAIG TINGEY MD

03/05/09 12:00 ANAEROBIC CULTURE * PRELIMINARY RESULTS * FURTHER INCUBATION/AEROTOLERANCE STUDIES REQUIRED BRAM STAIN (KNEE, RIGHT) Collected 03/05/09 12:00 RARE WHITE BLOOD CELLS NO ORGANISMS OBSERVED BRAM STAIN, ANAEROBIC SPECIMEN (KNEE, RIGHT) Collected 03/05/09 12 RARE WHITE BLOOD CELLS NO ORGANISMS OBSERVED Results To Follow: #T2250 FLUID CULTURE #T2010 ANAEROBIC CULTURE	TEST	RESULT	ABN F	EFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
GRAM STAIN (KNEE, RIGHT) Collected 03/05/09 12:00 RARE WHITE BLOOD CELLS NO ORGANISMS OBSERVED GRAM STAIN, ANAEROBIC SPECIMEN (KNEE, RIGHT) Collected 03/05/09 12 RARE WHITE BLOOD CELLS NO ORGANISMS OBSERVED Results To Follow: #T2250 FLUID CULTURE	03/05/09 12:00 * PRELI	ANAEROBIC CULTURE	(KNEE,	RIGHT)				
RARE WHITE BLOOD CELLS NO ORGANISMS OBSERVED GRAM STAIN, ANAEROBIC SPECIMEN (KNEE, RIGHT) Collected 03/05/09 12 RARE WHITE BLOOD CELLS NO ORGANISMS OBSERVED Results To Follow: #T2250 FLUID CULTURE	FURTHER INCU	BATION/AEROTOLERAN	CE STUDI	ES REQUIRE	ED			
RARE WHITE BLOOD CELLS NO ORGANISMS OBSERVED Results To Follow: #T2250 FLUID CULTURE	ARE WHITE BLOOK	CELLS	ed 03/05	/09 12:00				
#T2250 FLUID CULTURE	ARE WHITE BLOOK	CELLS	, RIGHT)	Colle	ected 03	/05/09	12	
BY: 299	250 FLUID (CULTURE						
BY: 2000								
BY: PAR O 7 200							/	
BY: 2000				RE	PEIV	1		
				BY:	299			



PATIENT PICKENS, THOMAS A ROUTE AUTORT4 27341

AGE/SEX 10/05/56 M ACCESSION NO. 48743910 7373 PEAK DRIVE STE. 160

COLLECTED 04/01/2008 12:22 MED. RECORD NO. 0021999519 LAS VEGAS, NV 89128

RECEIVED 04/01/2008 23:00 CHART NO. G34625 MICHAELS DANKA K

TEST	RESULT	ABN	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
Patient Phone # (702)360-31 Ordering Physician: MICHAEL PLEASE FAX RESULTS TO:	63 S, DANKA	К					
DR S AMELI/233-1001							
			0 00	Units		X	
ANTI-CCP [01]	<20	/	0-20	Units		Δ	
A negative result indicat or levels are below the a	es no CCP ssay cuto	IgG ff.	antibody pr	resent			
DIRECT LDL (F) [01]	78	/	0-130	mg/dL		Х	
COMP METAB PANEL (PRO 944) [01]				7.2			
Glucose, Fasting	79		65-99	mg/dL		X	
BUN	16		7-25	mg/dL		X	
Creatinine	0.95		0.50-1.30 8.6-10.2			X	
Calcium	9.8		6.2-8.3	g/dL		X	
Total Protein	4.4		3.6-5.1	g/dL		X	
Albumin	0.5		0.2-1.2	mg/dL		X	
Total Bilirubin	33		40-115	IU/L	X		
Alkaline Phosphatase AST (SGOT)	24		10-35	IU/L	- 33	X	
ALT (SGPT)	33		9-60	IU/L		X	
Sodium	142		131-145	meq/L		X	
Potassium	4.4		3.5-5.3			X	
Chloride	104		98-110	meg/L		X	
CO2	26		22-31	meq/L		X	
eGFR Rate	>59		>59				
Glucose reference	range ref	lect	s a fasting	state.			
For non-fasting pa is 65 - 139 mg/dL.	tients gi	ucos	e reference	range	DO		
eGFR Reference Ran	ges > 17	vear	S:		THE	FITTE	
>59 ml/min/1.78m(2 eGFR calculation r)				APR	1 3 ans	D
and gender of the		ii ac	curace age	12	27.5	4 5008	1
For African Americ value by 1.21.	ans multi	ply	the eGFR	(8	28-1-		
URIC ACID [01]	4.9	V	4.0-8.0	mg/dL		х	
LIPID PANEL (AMA) [01]							
Cholesterol	145		125-200	mg/dL		X	
Triglycerides	(293		0-150	mg/dL	44	-	2
HDL	33		40-199	mg/dL	X		X
Cholest/HDL Ratio	4.39		0.0-5.00		X	/	Λ
LDL (Calculated) ************************************	53	L	70-130	mg/dL	****	*/	-
*********				C	1		
FINAL : 04/03/08 08:30 ORIG	GINAL SENT	:	04/02/08 2	3:13 Pag	ge 1 o	f #	



QUEST DIAGNOSTICS INCORPORATED 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

Quest on DemandTM

PATIENT INFORMATION PICKENS, THOMAS A

DOB: 10/05/1956 Age: 51Y MICHAELS, DANKA K

GENDER: M

PHONE: 7023603163

REPORT STATUS Partial

ORDERING PHYSICIAN

CLIENT INFORMATION

27341

DANKA K. MICHAELS, M.D. 7373 PEAK DRIVE STE. 160

LAS VEGAS, NV 89128

Cest Name	In Range	Out of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANE	EL 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 meg/L	
Chloride	104		98-110 meg/L	
CO2	26		22-31 meq/L	
eGFR Rate	>59		>59	
	Glucose	reference range re	eflects a fasting state.	
			glucose reference range	
		139 mg/dL.		
	eGFR Re	ference Ranges > 1	years:	
		min/1.78m(2)		
	eGFR ca	lculation requires	an accurate age	
	and gen	der of the patient		
	For Afr	ican Americans mul	ciply the eGFR	
	value b	y 1.21.		
LIPID PANEL (AMA)			and dealers and the	
Cholesterol	145		125-200 mg/dL	
Triglycerides		293 H	0-150 mg/dL	

33 L



Cholest/HDL Ratio

HDL

PICKENS, THOMAS A - 48743910

Page 1 - Continued on Page 2

40-199 mg/dL

0.0-5.00

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QUEST DIAGNOSTICS INCORPORATED

PICKENS, THOMAS A - 188743910

Quest on DemandTM

PATIENT INFORMATION PICKENS, THOMAS A

REPORT STATUS Partial

ORDERING PHYSICIAN

DOB: 10/05/1956 Age: 51Y MICHAELS, DANKA K

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. ***********************************				
	>239 m 2. HDL chol with inc	esterol values 1	holesterol level ess than 40 mg/dL are a oronary heart disease (ssociated	
	with inc	reased risk of c ride elevation i heart disease a	greater than 4.5 is as oronary heart disease. s an independent risk fs well as a marker for ves raise coronary hear	actor for several	
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	
WBC RBC Hemoglobin Hematocrit MCV MCH MCHC Red Cell Distribution Platelet Count Mean Platelet Volume Segmented Neutrophils Lymphocytes Monocytes Eosinophils Basophils	6.5 5.04 15.1 44.9 89.0 29.9 33.6 14.6 227 9.0 58.4 28.7 8.3 4.2 0.4		4.3-10.0 k/cmm 4.50-6.00 m/cmm 13.0-18.0 g/dL 39.0-54.0 % 80.0-100.0 fl 27.0-34.0 pg 32.0-36.0 % 7.0-16.0 135-450 k/cmm 6.9-10.9 fl 42.0-71.0 % 24.0-44.0 % 2.0-12.0 % 0.0-8.0 % 0.0-2.0 %		
WESTERGREN SED RATE West. Sed. RECEIVED	1		0-20 mm/h	01	

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Page 2 - Continued on Page 3



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COLLECTED: 04/01/2008

REPORTED: 04/02/2008 10:29



Quest on DemandTM

PATIENT INFORMATION PICKENS, THOMAS A REPORT STATUS Partial

ORDERING PHYSICIAN

DOB: 10/05/1956 Age: 51Y MICHAELS, DANKA K

GENDER: M

Test Name	In Range	Out of Range	Reference Range	Lab
URINALYSIS, COMPLETE W/F	FL 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 NEGATIVE	
Leukocyte Esterase	NEGATIVE			
Bilirubin	NEGATIVE		NEGATIVE	
Nitrite	NEGATIVE	7	NEGATIVE	
DIRECT LDL (F)				
Direct LDL	(78)		0-130 mg/dL	01
URIC ACID				1
Uric Acid	4.9		4.0-8.0 mg/dL	01
GLYCOHEMOGLOBIN (HGB A1	C) (E)			
Glycohemoglobin	5.5		0.0-5.9 %T.Hgb	01
GIYCONEMOGIODIN	The following Hemog	lobin Ala ranges	그리고 그 이번 아이들이 아이들이 아이를 가지하다. 그리는 아이들이 얼마나 없다면 없다고 없다면	0.1
			factors such as durati	OR
			d the age of the patien	
	should also be seen	idered in assessi	ng the degree of blood	
	glucose control.	ideled in assessi	ing the degree of brood	
		Glucose Contro	1 Index	
	Hemoglobin Alc (%)	Non-diabet		
	< 6	CO. CO. CO. CO. CO.		
	6 - 7	Goal-Near		
		Excellent		
	7 - 8		od control	
	> 8		gested for better contr	
	Reference: Diabetes	Care, Volume 19,	Supplement 1, January	1996.
C REACTIVE PROTEIN, QUA	NTITATIVE			
CRP, Quantitative	0.2		0.0-0.8 mg/dL	01
only gamerousers	2.7		2.000.000.000	
FREE T4			200 200 200 200	
Free T4	0.9		0.8-1.8 ng/dL	01
TSH, ULTRASENSITIVE				
TSH, ULTRASENSITIVE	1.27		0.40-4.50 mIU/L	01
130		thin normal refe	rence range. No futher	
			Lence range. No ruther	costing is
	suggested			
	(TSH11:04	1108) (AC92:N)		



PICKENS, THOMAS A - 48743910

Page 3 - Continued on Page 4

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Diagnostics www.questalegnostics.com BILLTO MYAC PATIE MEDIO OTHER LabCa DID YOU REMI	CCOUNT NT CARE COAD MEDICARE CAID OF BIRTH OF
ORDERING PHYS.: Dr.	INSURANCE ADDRESS CITY EMPLOYER NAME/EMPLOYER # INSURED SOCIAL SECURITY # (if not patient)
ORGAN / DISEASE PANELS OTHER TESTS (continued)	*TEST SUBJECTTO MEDICARE RESTRICTIONS ICD9 CODE(S) FOR DIAGNOSIS, SYMPTOM OR COMPLAINT (MUST BE PROVIDED) 6310 LIPASE
I 11499 HERPESELECT HSV 1 & 2 IGG I 1556 MICROALBUMIN 24HR (W/CREAT) I 1698 LIPID W/RFX VAP CHOL* Duest Diagnositic, the associated logo and all associated Quest Diagnositics marks are the trademarks of Quest Diagnositic, Dopright 6 2000 Quest Diagnositic Vacaporated Air offer resource deview, C2 of 3. Revised 407. TOTAL TESTS ORDERED ORDERED	1 14852 LIPID W/RFX DIRECT LDL* 1 13838 HSV 1 IGG, HERPESELECT 1 100051 HSV 2 IGG, HERPESELECT For any patient of any payor (including Medicare and Medicaid) that has a medical necessity requirement, you should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

Quest Diagnostics Incorporate

LABORATURY RESULTS

Facsimile Copy

4230 Bumham Avenue, Suite 250 Las Vegas, NV 89119 (702) 733-7866

PATIENT PICKENS, THOMAS

PHONEA REFERRED BY DANKA K. MICHAELS, M.D.

27341

AGE/SEX 10/05/56 M COLLECTED 12/31/2003 10:10MED. RECORD# 3700028584 LAS VEGAS, NV 89128

ACCESSION # 01414431 7373 PEAK DRIVE STE. 160

CHART#

FRANCIS ELLYIN, MD

RECEIVED 12/31/2003 15:44

S.S.# 277-60-0578

Patient Phone # 524-0780						
PATIENT FASTING.	TECT!	er.				
PATIENT TO RETURN FOR THE FOLLOWING	LESI (3).		O DE CONTRE DE		
URINE FOR UA-4775						
PROPELLE 104 LIVER						
PROFILE 104 LIVER Alkaline Phosphatase 29	L	40-120	IU/L	X		-
AST (SGOT) 20		3-45	IU/L		X	
ALT (SGPT) 22	- 1	3-45	IU/L		x	
Total Protein 7.6		6.0-8.0	g/dL		X	I Jimil
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	
Direct Billiubin						
All values are normal except for a	decr	eased alka	line			No.
phosphatase. At times, hypophosph	atemi	a can caus	e this.			
In most instances low serum alkali	ne ph	osphatase	is	TERRETARINE SECTOR FIRE		
without clinical significance.				100		
Without Clinical Bignizion						
(L10410:911010)(AC49:A*)				Partition		
(110410.511010)(11015111)						
CPK 158		30-195	IU/L	TIDECTON T	X	
CFR					× vo l	-1
LIPID PANEL, LIMITED (F)	1				1	יעה
Cholesterol 189		140-200	mg/dL		n A PAT	>1
Triglycerides 120		25-150	mg/dL		() ()	٨
HDL 40		40-60	mg/dL	7	2	W.L
Cholest/HDL Ratio 4.73	H	2.00-4.50			101	X_
LDL (Calculated) 125		70-130	mg/dL		, ,	X
202 (000000)				12101010	1	
LDL Reference range: <	100	Desira			/	
1	00 -	159 Border	line		/	
>	159	High			1	
1. Initial classification	by t	otal blood	cholest	erol:		1
<200 mg/dL Desir	able	cholester	ol level	HARRIST		
200-239 mg/dL Borde	erlin	e high cho	lesterol	level	110	
>239 mg/dL High	chol	esterol le	vel		111	
		1000				1000
2. HDL cholesterol values	less	than 40 m	g/dL are	assoc	iated	
with increased risk of	coro	nary heart	disease	(CHD)		
				BESIET.		
3. Cholesterol/HDL ratio	of gr	eater than	4.5 is	associ	ated	1
with increased risk of	coro	nary heart	disease	•	/	
4. Triglyceride elevation	is a	n independ	ent risk	facto	r for /	1
coronary heart disease	as w	ell as a m	arker fo	r seve	ra_/	
factors that may themse	elves	raise cor	onary he	art di	sease	
4-5-4-6-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-				1	U	3



Echo Nevada Cardiology Associates 3150 North Tenaya Way Suite #460 Las Vegas, Nevada 89128

702-233-1000

Patient Name: Date of Study:

Patient Date of Birth: Location:

Referring Doctor: Indication:

Tech

Pickens, Thomas

5/29/2013 10/5/1956

Dr. D Michaels Office Dr. Danka Michaels

HTN, CAD, Fatigue, CABG 2000

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.) 8.0 AO VELOCITY (m/sec.) 1.0

less than 2.0 TR VELOCITY (m/sec.)

RIGHT VENTRICLE

RVd (0.9-3.0) cm. Tech Difficult

LEFT ATRIUM LA (3.0-4.0) cm.

AORTIC ROOT

Ao (2.2-3.7) cm. 3.0

Two Dimensional Echocardiogram:

3.7

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%

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.

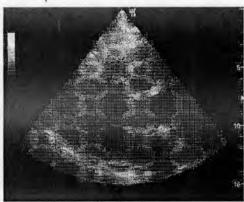
There are no discrete intracardiac masses, thrombi, or valvular vegetations.

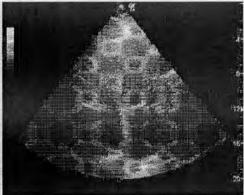
Pickens, Thomas



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:

REASON FOR EXAM:

CPT CODE:

CHESTPAIN - 786.50 CHEST P 71020 001337188 CHEST PA & 1 LATERAL

PROCEDURE: TWO VIEW CHEST

Sep 28, 2009 10:45:00 AM DATE:

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

Signed Report PAGE 1

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 Ph: 731-2888 Fax: 947-7409

RED ROCK RADIOLOGY

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7130 SMOKE RANCH ROAD LAS VEGAS NV 89128

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS Fax: (702) 732-6071

Phone: (702) 732-6000 www.sdmi-lv.com

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

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

2767 N. Tenaya Way, Las Vegas, Nevada 89128 4 Sunset Way, Building D, Henderson, Nevada 89014

2950 S. Maryland Parkway, Las Vegas, Nevada 89109

2850 Sierma Heights, Henderson, Nevada 89052 9070 W. Post Road, Las Vogas, Nevada 89148

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7130 Smoke Ranch Road Las Vegas, Nevada 89128 702-731-2888 ➡ fax 702-696-9289 redrockradiology.com

PT NAME: DOB:

TOM PICKENS 10/05/1956

ORDERING MD: ORDERED: PROCEDURE:

DANKA MICHAELS MD

11/12/07 14:08 CHEST PA + 1 LATERAL

MPI#:

53749

PERFORMED: EXAM ID #:

11/12/07 14:20 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:

- NO FOCAL INFILTRATE, EFFUSION, OR PNEUMOTHORAX.
 MILD LOW LUNG VOLUMES LIKELY FROM POOR INSPIRATORY EFFORT. 2
- INTACT STERNOTOMY. 3
- MILD THORACIC DEGENERATIVE CHANGES. 4

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. Steven H. Davis, M.D. Richard A. Schwartz, M.D. David P. Gorczyca, M.D. Lindsey C. Blake, M.D. Jeffrey L. Johnson, M.D. Wayne E. Jacobs, M.D. C. Rodger Hughes, M.D. Yong Park, M.D. Arthur A. Montes, M.D. Peter L. Weidenfeld, M.D. G. Brett Hewell, M.D. Jonathan W. Bold, M.D.

Page 1

BY

Exam Notes

SHAH, RAJIV

Nov 12, 2007 15:33:07

.

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

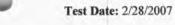
- 1. Moderate to severe carpal tunnel syndrome in the left upper extremity.
- 2. Mild carpal tunnel syndrome in the right upper extremity.
- 3. Possible cervical radiculopathy.

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 Med	lian An	ti Sensor	y (2nd Dig	it) 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 Me	edian A	nti Sense	ory (2nd Di	git) 29.7°	C				TA WALL				
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 Rad	ial 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 Ra	dial An	ti Senso	ry (Base 1s	t Digit) 2	9.7°C				THE RESERVE				
Wrist		2.5	<2.9	18.7	>9	2.0	9.75	Wrist	Base 1st Digit	2.5	0.0		
Left Ulna	ar 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 Ul	nar An	ti Sensor	y (5th Digi	t) 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 Med	ian Mo	otor (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	10.00	0.6	>4	18.59	0.8				- 1		
Right Me	edian N	fotor (Ab	d Poll Brev)	29.8°C						17.1			
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 Ulna	r Mote	or (Abd D	ig 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 Ul	nar Mo	tor (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 !		rs) (Abd Poll Brev	
	40.67	<32	8.37
Right	Median (Mr	krs) (Abd Poll Bre	ev) 29.8°C
	32.30	<32	8.37
Left	Ulnar (Mrkrs	(Abd Dig Min) 2	9.6°C
	32.89	<32	0.78
Right	t Ulnar (Mrkr	s) (Abd Dig Min)	29.8°C
	32.11	<32	0.78

Nerve Conduction Studies Anti Sensory Left/Right Comparison

1	Site	1. Lat	RLat	L-R Lat	L Amp	RAmp	L-R Amp	Site1	Site2	L Vel	R Vel	L-R Vel
	Site	(ms)	(ms)			(µV)		10000		(m/s)	(m/s)	(m/s)

Patient: PICKENS, THOMAS

Test Date: 2/28/2007

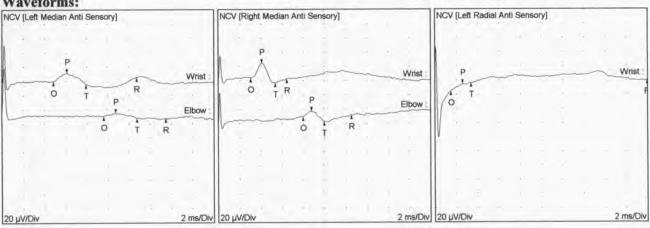
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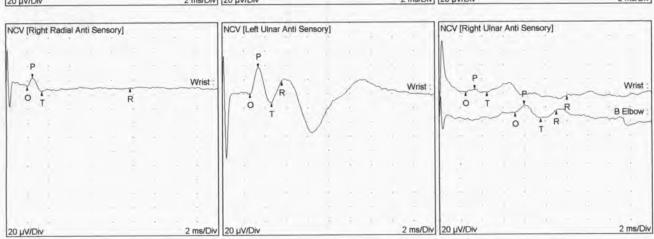
Median .	Anti Senso	ry (2nd Di	git) 29.6°C					A LANGE			
Wrist	6.1	4.1	2.0	15.5	27.2	43.0	Wrist	2nd Digit	21.3	31.7	10.4
Elbow	10.7	8.8	1.9	7.1	14.3	50.3	Elbow	Wrist	52.2	51.1	1.1
Radial A	nti Sensor	y (Base 1st	Digit) 29.69	°C							
Wrist	2.6	2.5	0.1	1.6	18.7	91.4	Wrist	Base 1st Digit			
Ulnar A	nti Sensor	y (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

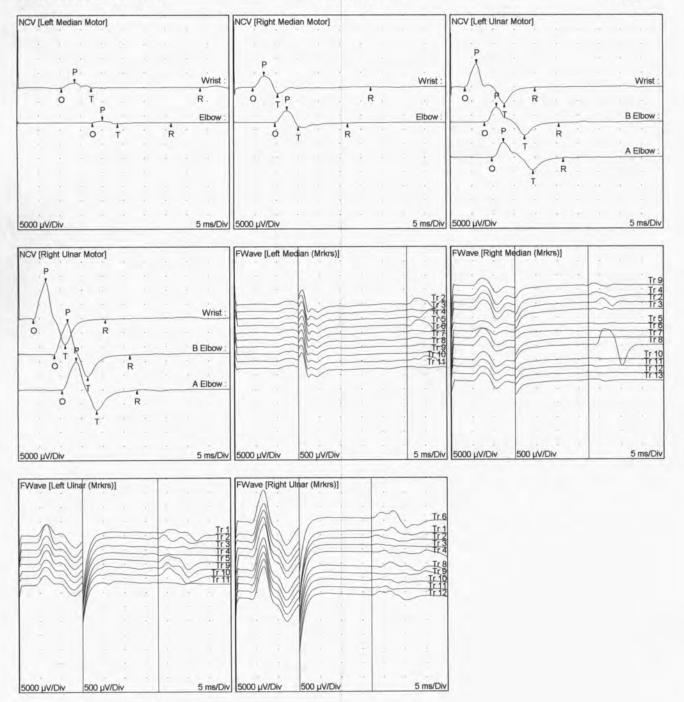
Motor Left/Right Comparison

Site	L Lat	R Lat	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 M	lotor (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 Mo	tor (Abd D	ig Minimi)	29.7°C					OUT AND			
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:









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Patient Name: Pickens, Thomas

Date of Study: 12/15/06

POLYSOMNOGRAM PAGE 2

IMPRESSIONS:

- 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.
- Behavioral modification in the avoidance of alcohol, sedative and weight reduction, are also suggested.
- 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 2 / SOUNT

702.896,7378 • 702.897.8252

KOCTURNA

p. 2



FULL NOCTURNAL POLYSOMNOGRAM

Patient Name: Pickens, Thomas
Unit Number: C1-1048-06
Study Date: Dec. 15, 2006
Refering 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).

1915 N. Green Valley Pkwy., #100, Henderson, NV 89074 702/896-REST Fax 702/897-8252

Noctuma

1915 N. Green Valley Pkwy., #100 Henderson, Nevada 89074 Phone (702) 896-REST Fax: (702) 897-8252

SLEEP STUDY REPORT

Patient Name :

Pickens, Thomas Oct. 05, 1956 Male

Study Date : Dec. 15, 2006 Height : 6'1" Weight : 250.0 lbs.

Subject Code : Ref. Physician :

C1-1048-06

D.O.B.: Sex:

Scorer:

Molin RM,PSGT

Sleep Architecture		and the same of th			
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
# RFM Periods:	3	# Stage Shifts:	84	Awakenings:	27

neep stage	38 /0 101.			
Stage I:	7.6 %	Stage 4:	0.0 %	
Stage 2:	61.6 %	REM:	30.8 %	
Stage 3:	0.0 %	MVT:	0.0 %	

ouy Positio	ms siept.						
(%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

SaUZ (%	IRI)										
100.00	08 7 %	90.80	0.1%	80-70	0.0%	70-60	00%	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	4	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

Noctuma 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.

STAGES	TIME (min.)	TST (%)	(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

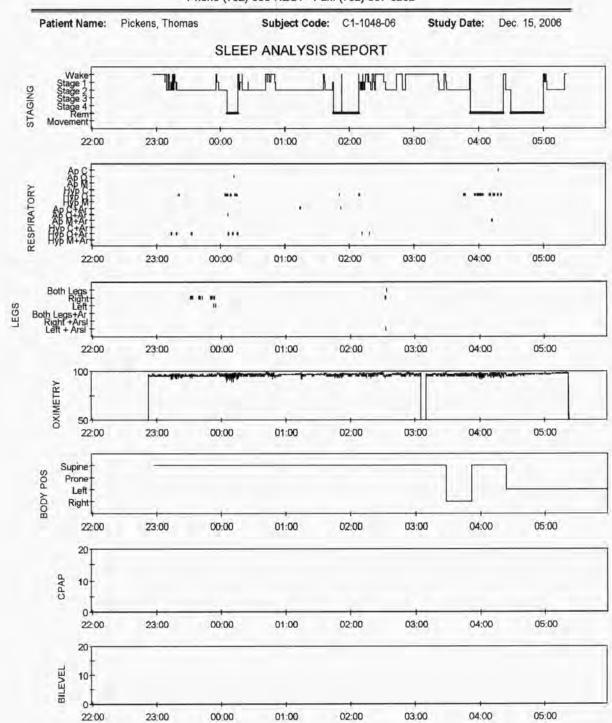
Respiratory Events and Body Position

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



Page 6 of 6

History and Physical

Patient Name:

Sex:

Thomas Pickens

Patient ID: 182826

Male Birthdate:

October 5, 1956

Danka Michaels MD

Visit Date:

November 20, 2014

Provider:

Ashley Sikand, MD Smoke Ranch

Location: Location Address:

7040 Smoke Ranch Rd Las Vegas, NV 891288607

Location Phone: (702) 792-6700

Chief Complaint

Referring Provider:

"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 NO PREVIOUS SURGERY

Notes

Medication List

Date Started

Instructions

Cipro oral

neomycin-polymyxin-HC otic drops, suspension 3.5-10,000- 11/20/2014

1 mg/mL-unit/mL-%

instill in affected ear 5 drops by otic route 2 times a

day for 7 days right ear

Allergy List

Allergen Name NO KNOWN DRUG ALLERGIES

Date

Reaction

Notes

Family Medical History

Disease Name Family History Unknown Relative/Age Notes

Social History

Finding	Status	Start/Stop
Alcohol	Current some day	/
Married	4	/

Tobacco Never Quantity Notes

Review of Systems

Constitutional

o Denies: fatigue, fever, weight loss, weight gain

o Denies: eye discomfort, double vision, impaired vision, blurred vision, changes in vision

HENT

o Admits : SEE HPI

Cardiovascular

- Denies: chest pain, palpitations, shortness of breath with walking or lying flat, swelling or feet, ankles or hands
 Respiratory
 - o Denies : shortness of breath, wheezing, cough, spitting up blood

Gastrointestinal

 Denies: nausea, vomiting, diarrhea, constipation, loss of appetite, abdominal pain, blood in stools, change in bowel movements

Genitourinary

 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 tendemess 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
- Parotid Glands: no tenderness on palpation, no swelling present, no masses present

Eyes

 Ocular Motility/Alignment: ocular alignment normal, ocular motility normal, no nystagmus present, visual acuity normal, no proptosis present

Ears

Mearing : hearing to conversational voice

- 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

- External Nose: appearance normal, no tenderness on palpation, normal size, no nasal discharge present, no lesions, no evidence of trauma, nostrils patent without discharge
- 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

DE 0 4 2014
regions within normal limits

Dec. 4. 2014 8:51AM ENT Consultants of NV , [History and Physical] [Thomas Picken 182826]

No. 6814 P. 4 [12/4/2014] Page 3 of 3

Hypopharynx / Larynx

o Hypopharynx: normal appearance, no lesions present

 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

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

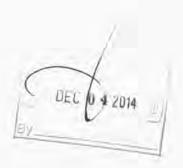
o Discussed findings and options with patient

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





PO Box 36550 Las Vegas, Nevada 89133-6550 Phone; (702) 878-0393 Fax: (702) 258-3777 2650 North Tenaya Way Suite 301 Las Vegas, Nevada 89128 THOMAS A PICKENS 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: ves 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 asvised to see PCP ASAP. Patient aware of high risk for heart attack and/ or stroke. Patient given clinical summary fot 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

From. Nevada Orthopedic To. (702) 869-6199 Page. 3/3 Date. 5/1/2014 2:11:55 PM To: [(702) 769-6199, DANKA MICHAELS MD] ID: [10232.131241]

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
Thursday, May 1, 2014

Patient #: 226827

DOB: 10/05/1956 (57 years)

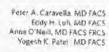
Page 2 / 2

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SURGICAL



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.

DECEIVED BY:

REFILL AUTHORIZATION REQUEST To: MICHAELS . DA Request Date 7373 PEAK DRIVE 03/19/2013 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: 9517 QUEEN CHARLOTTE DR 10/5/1956 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 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. Fax to 702-352-2071 or Call 702-352-2052 For: PICKENS, THOMAS 9517 QUEEN CHARLOTTE DR LV, NV 89145 Med: ALPRAZOLAM 0.25MG TAB (GRE) Qty Rem: 180 1/4/2013 | Disp: 180 Last:

Date: 03/19/2013 Prev Rx#: 1076793 | Sig: 2TPOTID TAKE 2 TABLETS BY MOUTH 3TIMES A DAY Please Provide Prescriber's NPI Prescription has expired. (National Provider Identifier) | May refill this time / plus additional refills Approved By Quantity: Sign Here==> | Substitution Permitted | Dispense as Written | MICHAELS, DANKA | Phone: (702) 869-6190 | 7373 PEAK DRIVE | Fax: (702) 869-6199 5/19/2013 @ 1 10 PM | MICHAELS, DANKA 7373 PEAK DRIVE PM PAS (VENE), COV DEA# : MAR 1 9 2013 gove verbal outer -18

MICHAELS, DAA Request Date To: 03/15/2013 7373 PEAK DRIVE LAS VEGAS, NV Phone: (702) 869-6190 Fax: (702) 869-6199 Costco Pharmacy Summerlin Pharmacy Name: 801 S. Pavilion Center Dr. Las Vegas, NV 89144 Phone: 702-352-2052 Fax: 702-352-2071 PICKENS, THOMAS Birthdate: Patient Info: 9517 QUEEN CHARLOTTE DR LV, NV 89145 10/5/1956 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 STIMES A DAY Prescription has expired. Special Notes: Please Note: The pharmacy may be closed for 30 minutes between 1:30PM and 2:30PM for lunch. 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. Fax to 702-352-2071 03/15/2013 or Call 702-352-2052 For: PICKENS, THOMAS Date: 9517 QUEEN CHARLOTTE DR LV, NV 89145 Med: ALPRAZOLAM 0.25MG TAB (GRE) Qty Rem: 1/4/2013 | Disp: 180 Last: Prev Rx#: 1076793 Sig: 2TPOTID TAKE 2 TABLETS BY MOUTH STIMES A DAY Please Provide Prescriber's NPI (National Provider Identifier) | Prescription has expired. May refill this time ____ plus ____ additional refills Approved By: Quantity:_ Sign Here==> Dispense as Written | Substitution Permitted Phone: (702) 869-6190 | MICHAELS, DANKA 7373 PEAK DRIVE Fax: | LAS VEGAS, NV MAR 1 5 2013 By

REFILL AUTHORIZATION REQUEST

REFILL AUTHORIZATION REQUEST MICHAELS, D. A Request Dat To: 7373 PEAK DRIVE 03/13/2013 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: 9517 QUEEN CHARLOTTE DR 10/5/1956 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. 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. Fax to 702-352-2071 Or Call 702-352-2052 | For: PICKENS, THOMAS Date: 03/13/2013 9517 QUEEN CHARLOTTE DR LV, NV 89145 | Med: ALPRAZOLAM 0.25MG TAB (GRE) Qty Rem: 180 | Disp: 180 Last: 1/4/2013 Prev Rx#: 1076793 | Sig: 2TPOTID ;TAKE 2 TABLETS BY MOUTH 3TIMES A DAY Please Provide Prescriber's NPI Prescription has expired. (National Provider Identifier) | MAR 1 3

May refill this time / plus

| Substitution Permitted

Approved By

Dispens

Quantity:

| MICHAELS, DANKA | 7373 PEAK DRIVE

| LAS VEGAS, NV

Sign Here==>

additional refills

Phone: (702) 869-6190

(702) 869-6199

as Written

Fax: (DEA#:

NAME (27341) ADDRESS DANKA K. MICHAELS, M.D. CIV STATE ZE 7373 PEAK DRIVE STE. 160 THEPHONE LAS VEGAS, NV 89128	OTHER INSURANCE Panel Components Are Listed On The Back. Reflex Tests Are Performed At An Additional Charge. PSC Appointment Website And Telephone Number Information Listed On The Back.	PATIENT STREET ADDRESS (OF	INSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIE R INSURED/RESPONSIBLE PARTY) APT. # STATE ZIP
DATE COLLECTED TIME : 30 PM Fasting [Send Duplicate Report to: Fax Number: Fax Number: NPI / UPIN ORDERING PHYSICIAN AND/OR PAYORS J DANKA MICHAELS, MD 1730151044 E) ROBERTO CARILLO, NP 1790916575 E1 STEPHANIE ASHMAN, MD 141727942	A MEMBER INSURANCE CITY	MEDICARE NUMBER TIONSHIPTO INSURED: SELF INSURANCE CO. NAME / INSURED ID # CE ADDRESS R NAME/EMPLOYER #	SUFFIX STAT STAT GROUP # STATE ZIP INSURED SOCIAL SECURITY # (if not patient)
QRGAN / DISEASE PANELS 42 ELECTROLYTE PANEL (Na, K, C), CO2) 104 HEPATIC FUNCTION PANEL (Alb, TBil, DBil, AP, IP, AST, ALT) @ 982 BASIC METABOLIC PANEL W/GGFR S (Na, K, C), CO2, Giu, BUN, Cri 916 RENAL FUNCTION PANEL W/GGFR S (Na, K, C), CO2, Giu, BUN, Cri 917 COMP METABOLIC PANEL W/GGFR S (Alb, Ca, CO2, Ciu, Giu, Pinos, K, Na, BUN) @ 944 COMP METABOLIC PANEL W/GGFR S (Alb, Ca, CO2, Ciu, Giu, Pinos, K, Na, BUN) @ 944 COMP METABOLIC PANEL W/GGFR S (Alb, Ca, CO2, Ciu, Giu, Pinos, K, Na, BUN) @ 944 COMP METABOLIC PANEL W/GGFR S (Alb, Ca, CO2, Ciu, Giu, BUN, Cri, Ca, TP) Alb, TBil, AP, AST, ALT) B 1383 LIPID PANEL (Fasting Specimen) (TChol, Ting, HDL, calc, LDL) @ 125 DBS PANEL W/RFX (BR) (DM) w/frefix cordinm) (TChol, Ting, HDL, calc, LDL) @ 125 DBS PANEL W/RFX (BB) (BW) w/frefix cordinm, HBAQ w/frefix cordi	S (CRP) S (335 MA (517 MIC (518 MA) (517 MIC (518 MA) (517 MIC (518 MA) (517 MIC (518 MA) (5	F = Has prescribed frequency mile & = A test or service performed v B = Has both diagnosis and frequency mile and the performed v B = Has both diagnosis and frequency mile and the performed v B = Has both diagnosis and frequency mile and the performance of the	signed with research/experimental kit. ency-related coverage limitations. 13555 VENIPUNCTURE (FOR LAB USE ONLY) 11521 CONVEYANCE (FOR LAB USE ONLY) 13555 HEEL STICK COLLECTION (FOR LAB USE ONLY) 1343555 HEEL STICK COLLECTION (FOR LAB USE ONLY) 13444 UBT COLLECTION (FOR LAB USE ONLY) 13445 UBT COLLECTION (FOR LAB USE ONLY) 13444 UBT COLLECTION (FOR LAB USE ONLY) 14557 RESPIRATORY (NOT SPUTUM), CULTURE, # 2500 SPUTUM (WOUALITY SMEAR), CULTURE, # 2501 SALMONELLASHIGELLA, CULTURE, # 2502 SALMONELLASHIGELLA, CULTURE, # 2503 SPUTUM (WOUALITY SMEAR), CULTURE, # 2504 CAMPYLOBACTER, CULTURE, # 2505 SALMONELLASHIGELLA, CULTURE, # 2506 STOOL (CAMPY/SAL/SHIG), CULTURE, # 2507 SALMONELLASHIGELLA, CULTURE, # 2508 VAGINAL (W/WET MOUNT), CULTURE, # 2509 VAGINAL (W/WET MOUNT), CULTURE, # 2509 LOLLAMYDIA, DNA AMPLIFIED 17303 CHLAMYDIA, DNA AMPLIFIED 17304 GC, CHLAMYDIA, DNA AMPLIFIED 17305 GC/CHLAMYDIA, GENPROBE™ WIRFX 1377 CHLAMYDIA, GENPROBE™ WIRFX 1377 CHLAMYDIA, GENPROBE™ WIRFX 1380 GC/CHLAMYDIA, GENPROBE™ WI

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 DEC 22 2011

Page 1 of 1

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SUNRISE | MOUNTAINVIEW | SOUTHERN HILLS | SUNRISE CHILDREN'S

FACSIMILE TRANSMITTAL SHEET

TO:

ROBERT CARILLO Mountain View Hospital

FAX NUMBER DATE:

98696199 11/25/2011 6:29:31 AM

TOTAL NO. OF PAGES, INCLUDING COVER: RE:

Patient Notification (for your review)

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



From: HCA Hospital Corporation of America

To: ROBERT CARILLO Page: 1/4

Date: 11/25/2011 6:45:28 AM



SUNRISE HEALTH

SUNRISE I MOUNTAINVIEW I SOUTHERN HILLS I 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.



From: HCA Hospital Corporation of America

To: ROBERT CARILLO Page: 2/4

Date: 11/25/2011 6:45:28 AM

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.

REASON FOR EXAM: Exams: 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

Signed Report

Name: PICKENS, THOMAS ALLEN MOUNTAINVIEW HOSPITAL

Phys: VUTIM - VU,TIM 3100 N TENAYA WAY Sex: M LAS VEGAS NV 89128 DOB: 10/05/1956 Age: 55

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

REASON FOR EXAM: Exams: CPT CODE: 001619859 RT RIBS 5 W/PA/AP CHEST FALL ER BED 16

PROCEDURE: Right rib series. DATE: 11/24/2011 9:00 PM HISTORY: Pain following injury.

From HCA Hospital Corporation of America To: ROBERT CARILLO Page 3/4

Date 11/25/2011 6:45:29 AM

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

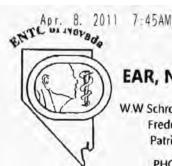


From HCA Hospital Corporation of America

To: ROBERT CARILLO

Page 4/4

Date 11/25/2011 6:45:29 AM



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.

<u>PHYSICAL EXAMINATION</u>: 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.
- Deviated nasal septum.

<u>PLAN</u>: 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.

Schange

AS:ak

Dictated but not edited

Northwest Office

Green Valley

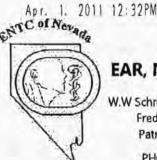
Southwest

7040 Smoke Ranch Rd

10001 S Eastern Ave Suite 209 Henderson, NV 89052 8530 W Sunset Rd Suite 230

Las Vegas, NV 89128

Suite 230 52 Las Vegas, NV 89113



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.

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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 Werthelm:
ACCOUNT #:

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<u>PHYSICAL EXAMINATION</u>: 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.

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- 2) Deviated nasal septum.

<u>PLAN</u>: 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

Green Valley

Southwest

7040 Smoke Ranch Rd

10001 S Eastern Ave

8530 W Sunsel Rd

Las Vegas, NV 89128

Sulte 209 Henderson, NV 89052 Sulfe 230 Las Vegas, NV 89113 PATIENT NAME: PICKEN: THOMAS A

DATE OF PROCEDURE:

CINE NO:

CARDIOLOGIST:

Navid Kazemi, M.D.

PROCEDURE:

- 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

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. 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

Run: 04/19/06-01:00 by Kazemi, Navid

CARDIAC CATHETERIZATION - Additional copy

MOUNTAINVIEW HOSPITAL AND MEDICAL CENTER 3100 North Tenaya Way Las Vegas, NV 89133 CARDIAC CATHETERIZATION

RECEIVED OCT 02 2009

Page 1 of 3

HEMODYNAMICS: The patier was in normal sinus rhythm with lood 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 ANGTOGRAM:

- 1. Left main artery was normal.
- Left anterior descending had an 85% proximal stenosis near the ostium and it was occluded mid way, first diagonal was occluded.
- 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.
- 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.
- Left internal mammary artery to diagonal and left anterior descending artery normal.
- Obtuse marginal to ramus normal.
- 6. Occluded radial artery to right coronary artery from previous catheterization.
- 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.

PICKENS, THOMAS A G00005418252 / G000151138

KAZEMI, NAVID ADMITTED: 10/21/04

ROOM: G.211S-A

Run: 04/19/06-01:00 by Kazemi, Navid

CARDIAC CATHETERIZATION - Additional copy

MOUNTAINVIEW
HOSPITAL AND MEDICAL CENTER
3100 North Tenaya Way
Las Vegas, NV 89133
CARDIAC CATHETERIZATION

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Page 2 of 3

2009

at

KAZEMI, NAVID

TRANSCRIBED BY: L&H MEDICAL TRANSCRP

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

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

Page 3 of 3



SUNRISE HEALTH

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.



From: HCA Hospital Corporation of America

To: DANKA K MICHAELS

Page: 2/5

Date: 10/1/2009 5:16:00 AM

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) = 4.1ACS 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.
- 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

Patient Name: PICKENS, THOMAS A

MR#: G000151138 Acct#; G00009115141 ADM Date: 09/28/2009 DIS Date: 09/29/2009

Room-Bed: 523S-A

Echocardiogram

Mountain New Hospital 3100 N. Tenaya Way Las Vegas, NV 89128

Page 1 of 1

RECEIVED

SEP 3 0 2000



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: 6238-A

Pre-Op H&P

Page 1 of 2

RECEIVEL

/002 Fax Server



- 1. Atypical chest pain.
- 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)
Document ID; 25537729 Voice Job ID; 27779598 Phys Job ID; 297879

cc: Danka K, Michaels, MD

RECEIVED

Mountain/New 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



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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 RECEIVED VED

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: Date of Birth/Age:

226827 10/05/1956 52 yrs, 8 mths

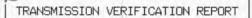
Date of Examination/Report:

06/12/2009



Page 2 of 2

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DATE,TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

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DANKA K. MICHAELS M.D. 7373 PEAK DR. # 160 LAS VEGAS NV 89128 702/889-6190 FAX 702/869-6199

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PRESCRIPTION REFILL REQUEL

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(Rx 6677663)

Date: 01-18-2009

TO: PHYSICIAN

MICHAELS, DANKA K.

7373 PEAK DR

LAS VEGAS

, NV 89128

(702) 869-6190 (702)869-6199

(702)360-3163

LAS VEGAS

FOR: PATIENT

PICKENS, THOMAS

, NV 89145

Birthdate: 10-05-1956

9517 QUEEN CHARLOTTE

PRESCRIPTION REQUESTED

Rx: 6677663 PICKENS, THOMAS

Drug: COLCHICINE 0.6MG TAB QUAL

Generic for:

Qty: 60

Sig: TAKE ONE TABLET BY MOUTH TWICE

DAILY AS NEEDED

FROM: PHARMACY

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

REFILL APPROVAL

Comments:

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One (1) Fill authorized: Y or N

Additional refills: 1 2 3 4 5 6 PRN or

Doctor Signature:

or

Authorized Person:

(Print Name) (Initials)

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Remaining Qty: 300

Rx Expires On: 10-05-2008

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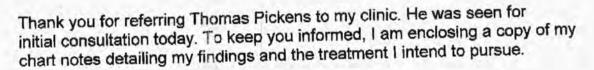


December 5, 2007

Dr. Danka Michaels 7373 Peak Dr. #160. Las Vegas, NV 89128

Re: Thomas Pickens,

Dear Dr. Michaels,



Thank you again for your confidence in referring patients to our office.

Sincerely,

Craig T. Tingey, M.D.

DEC 0 2 5003

To 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 39 (28 T (702) 256-8500 - F (702) 256-8527 ☐ 2680 Crimson Canyon Drive Las Vegas, NV 89128 T 17021 228-7355 - F 1702) 228-4499 2020 Palomino Lane, Suite 220 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 tenden 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 kriee 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



MARTIN D. SCHAFFER, MD. FACC, FACP BERGE J. DADOURIAN, MD, FACC FOAD MOAZEZ, MD, FACC SAMUEL E. GREEN, MD, FACC SEAN S. AMELI. MD, FACC, FACP PATRICK C. HSU, MD, FACC 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:epl1 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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Danka K. Michaels, M.D. BC Internal Medicine BC Clinical Biochemistry

Roberto Carillo, RN, APN

FAX

ATTENTION TO:

PAX NUMBER:

NUMBER OF PAGES INCLUDING COVER: Thomas Pickens

COMMENTO

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Resolution/ECM

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Danka K. Michaels, M.D.

BC Internal Medicine
BC Clinical Biochemistry

Roberto Carillo, RN, APN

FAX

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NUMBER OF PAG OMMENTS:	ES INCLUDIA	NG COVER.	2
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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

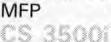
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3	DANKA MICHAELS	CAMPBELL	DEANA	24 Jun 1961	30024232084003025153	
4	DANKA MICHAELS	CARILLO	FELICITAS		30024232084003655676	
5	DANKA MICHAELS	GREEN	KENNETH	25 Jan 1998	30024232084003657781	
6	DANKA MICHAELS	USUE	ROBERT	13 Jul 1957	300242320840038404.7	
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8	DANKA MICHAELS	MACHA	THERESA	26 Nov 1956	30024232084003022306	
9	DANIO MICHAELS	MORRIS	TRACI	07 Oct 1968	30024232084003115950	
10	DANKA MICHAELS	PHILLIPS.	DAPHNE	09 Oct 1961	 3007/125208/4003875697	
11	DANKA MICHAELS	PICKENS	THOMAS	05 Oct 1956	30024232084003104015	
12	DANKA MIZHAELS	STEINBERG	SUZANNE		30024232084003654921	

Epi Reference ID: L-00249340

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Tel: 702-869-6190 Fax: 702-869-6199

Prepared By: Paque, Ireri Trans id: 2015092117092287645131

Danka K. Michaels, MD Internal Medicine

PRINTED PRESCRIPTION

Date: 09/21/2015

PICKENS, THOMAS

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

Refills: ***0*** (ZERO) DEA #: BM5019977 NPI #: 1730151044 LIC.#: 8666

To ensure brand name dispensing, prescriber must write "Dispense as Written" or D.A.W" on the prescription.

mka K. Michaels, MD,

Date and Time Destination

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Resolution/ECM

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Danka K Michaels M D Prof Corp

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Tel: 702-869-6190 Fax: 702-869-6199

Prepared By: Paque, Ireri

Trans id: 2015092117092287645131

Danka K. Michaels, MD Internal Medicine

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To ensure brand name dispensing, prescriber must write "Dispense as Written" or "D.A.W" on the prescription.

Danka K. Michaels, MD.

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Danka K. Michaels, M.D. BC Internal Medicine BC Clinical Biochemistry

Roberto Carillo, RN, APN

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FAX NUMBER: 702 237 1-01 DATE 09/16/19

NUMBER OF PAGES INCLUDING COVER: 2

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Roberto Carillo, RN, APN

FAX

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FAX NUMBER:	702 255 5075	DATE 09/16/15
NUMBER OF PAGE	ES INCLUDING COVER: 2	

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Roberto Carillo, RN, APN

FAX

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Danka K. Michaels, M.D. BC Internal Medicine BC Clinical Biochemistry

Roberto Carillo, RN, APN

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Report Status: Final - Courtesy Copy PICKENS, THOMAS A

Patient Information	Specimen Information	Client Information	
PICKENS, THOMAS A	Specimen: 48890486 Requisition: 273410034074	Client #: 27341 PSRN MICHAELS, DANKA K	
DOB: 10/05/1956 AGE: 58Y Gender: M Phone: 7023603163 Patient ID; NG	Collected: 09/16/2015 / 09:56 PDT Received: 09/16/2015 / 12:22 PDT Faxed: 09/16/2015 / 13:15 PDT	DANKA K MICHAELS,MD 3320 N BUFFALO DR STE 106 LAS VEGAS, NV 89129	

MRN: 0034861886 COMMENTS: Ordering Physician: MICHAELS, DANKA K.

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The recommended therapeuti Warfarin therapy is 2.0 to higher-intensity Warfarin patients, the therapeutic PARTIAL THROMBOPLASTIN TIME, ACT	c INR for mode 3.0, except f therapy. In th INR range is 3	or patients on ese latter	0.9-1.1	01
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© Quest Diagnostics, 4230 Burnham Avc., Las Vegas, NV 89119 Laboratory Director, Elizabeth D. Jole, M.D., CLIA, 2900652720

CLIENT SERVICES: 702-733-7866

SPECIMEN: 48890486

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To: +17028896199

Fax: +17028686188

199 4 of 6 08/28/2016 12:11 PM

aetna:



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We contracted with Episource to help collect medical record images. We use these images for risk edjustment offorts. In the next few weeks, Episource will contact your office to schedule an onsite or remote session to collect

Get important information about new diagnostic codes

Your participation in this session will help us secure images for Risk Adjustment Date 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 pieces 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

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Document the condition(s) and/or symptoms in the medical record (progress notes and plan).

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001	09/09/15 13:47 18008937048	0°06'38" FAX	OK	200x100 Normal/On	





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

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. 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).
- 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.

Stanley S. Lynch Jr., MD, FAAP, MM

Chief Medical Officer

Janey J. D.

Individual & Public Exchanges



Fav:

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

Actnotis the brand name used for products and services provided by one or more of the Actnotic group of subsidiary companies, including Actnotic Insurance Company and its affiliates (Actno).

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2015

Quality health plans & benefits Healthler living Financial well-being Intelligent solutions



FAX



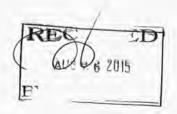
SUBJECT: Request for medical records

To:	Dr.Danka Michaels	From:	Outreach Services
Fax:	7028696199	Fax:	(800) 893-7048 or (800) 883-5468
Pages:	5	Date:	8/26/15

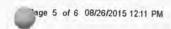
Confidentiality Notice: The information contained in this facsimile transmission is privileged and confidential intended for the use of the addressee listed on the cover page. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the Information after its stated need has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited (Federal Regulation 42 CFR, Part 2, and 45 CFR, Part 160). If you have received this fax in error, please notify the sender immediately by calling the phone number above to arrange for return of these documents. You may disregard this notice if the patient listed is not your patient.

Actual is the brand name used for products and services provided by one or more of the Actua group of subsidiary companies, including Actualities in Surance Company and its affiliates (Actual).

@2015 Aetna Inc. Tracking #: ET-0214-15



From: Episource Fax 4 To: +17028696199 Fax: +17028696199 age 6 of 6 08/26/2015 12:11 PM 15 AUG & ZOIS Paper EMR CNA NPV Complete MRT





500 W. 190th Street, Suite 400 Gardena, CA 90248 Phone: 1,855.216.9420

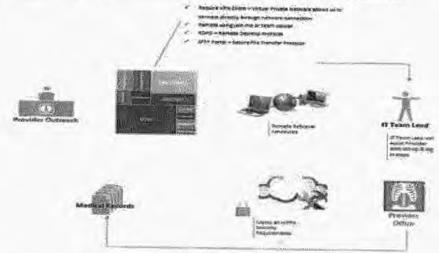
EMR Remote Retrieval Participation

Dear Provider,

If your office utilizes an electronic medical record system, you have been selected to participate in our remote download retrieval option. Our HIPAA certified technicians will access only those records requested from **Aetna Coventry** enabling retrieval of records with minimal disruption to your daily operations. You will be assigned an Outreach Consultant and a Lead Medical Records Technician that will coordinate, oversee and complete the remote retrieval process that is best suited for your office.

We want to assure you that the security of your patient information is a high priority for our team. Examples of our protocols include:

- PHI in transit and at rest is encrypted and password protected
- All data resides in our SSAE 15 Type II certified data center
- HIPAA-HITECH Business Associate policy addresses requirements for HIPAA compliance and compliance with state security breach notification laws
- HIPAA Training/Testing for all new employees and yearly re-testing for existing employees



If you have any questions about the process, we are available at your convenience

Sincerely.

Arun Patel

Sr. Director, IT& Compliance Officer

DANKA MICHAELS, MD 3320 N. BUFFALO DRIVE, SUITE 106 LAS VEGAS, NV 89129

			and the same of th	443		
Patient Info MedRecNum Name Address City State, Zip Email Home Phone Work Phone Cell Phone Other Phone Father F. Name Mother F. Name Mother L. Name Father Cell Language	9517 Q LAS VE NV, 89: 702-304 702-604	NS, THOMAS NUEEN CHARLOTTE GAS 145 4-0038 4-0038	Acct. # Date Of Birth (Age) Gender Marital Status SSN License # Referred By Date of Service Ref. Phys. Name Last Visit Appt. Type Last Visit Chief Comp. 1 Last Visit Chief Comp. 2 Mother Address Mother City Mother Cell Race	PE386501 10/5/1956 (58) Male Married EST / ESTABLISHED PT	Alt File # Emerg. Contact Relationship Phone Address Chang Address City Zip Last Visit Date Zip Spouse Cell	ge? State
Financial Class Insured Name (Insured) Subscr Insured DOB Group (Plan) Nam Group # Insurance Name Insurance Addres Insurance City Insurance State Insurance Zip Insurance Phone	mę	Primary Insural AETNA PPO THOMAS PICKENS W2023-00140 10/5/1956 618157-10-001 AETNA US HEALTH PO BOX 14079 LEXINGTON KY 40512-4079 800-377-5015	nce	Unknown Secondary In	Ethnicity surance	Unknown

- 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
- 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 h

o. 1, THOMAS PICKENS, an	visiting the doctor because:	
DATE		
		SIGNED (Insured or Authorized)

https://www2.mdsynergy.com/patientInfoSheets/patientInfoSheetPrint.asp?MedRecNum=... 3/20/2015

Send Result Report MFP



KYOCERa

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

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

ratient 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:

Date and Time Destination Times Туре Result. Resolution/ECM 001 08/31/15 08 52 7022331001 0°00'28" FAX OK 200x100 Norma1/On

[NHL 2902576]

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:

THOMAS PICKENS Patient Name: Patient DOB: 10/05/1956

Patient DUB:
Patient Insurance:
Patient Subscriber No:
Patient Address: 9517 QUEEN CHARLOTTE, LAS VEGAS, NV, US 89145

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 LAS VEGAS, NV, 89129-7410 City, State, Zip:

Phone: 702-869-6190 Fax: 702-869-6199

Referral To Information:

Provider Name: **NEVADA CARDIOLOGY ASSOCIATES**

Provider ID Number: Provider UPIN:

Provider NPI: Provider Facility: Provider Speciality:

1134122021

Address1:

3150 N TENAYA WAY SUITE 460 Address2:

City, State, Zip: LAS VEGAS, NV, 89128 702-233-1000

Appt. Date/Time:

Facility Tax ID Fax: 702-233-1001 Number:

https://nvbmegapp.ecwcloud.com/mobiledoc/jsp/catalog/xml/printPatientReferral.jsp?refer... 8/28/2015

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

Reason For Referral:

Authorization No:

Reason: Diagnosis: LEXISCAN STRESS TEST 786.50 - Chest pain

Procedures: Visits Allowed:

Unit Type: Start Date: End Date: V (VISIT) 08/28/2015 08/28/2016

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

Authorization Type:

Clinical Notes: Structured Data:

Toban

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.	- 1/3015	1044	~
Member ID:	w202300140		Member DOB: 10/05/1956	
Member Last Name:			Member First Name:	_
Member Is:	Choose One	V		

Referral not required for this member's coverage

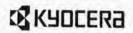
W202300140 PICKENS, THOMAS MAIF 10/05/1056 BUILEPOINT DOUT DOWNERS AND COVERAGE COVE	Member ID	Member Name	Gender	DOB	Product Type	Relationship	Enrollment Status	Previous
	W202300140	PICKENS, THOMAS	MALE	10/05/1956	BLUEPOINT DEVELOPMENT LLC	SELF	ACTIVE COVERAGE	Coverage

https://navinet.navimedix.com/controller.aspx

8/31/2015

Send Result Report MFP





CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23

07/15/2015 17:48 FZLF_1000,005.0031 [2K9_1100.002.001] [2LC_7000.005.0101

Job No.: 052642

Total Time: 0°00'33"

Page: 003

Complete

07/15/15 17 47 7023522071

Document:

doc05264220150715174646

		Page 1 of 1
Tel: Fax: Prepared By: Paque,Ireri Trans id: 201507151832		Danka K. Michaels, MD Internal Medicine
DOB: 10/05/1956, Phone	TTE, LAS VEGAS, NV-89145 : 702-304-0038 : 685, 801 SOUTH PAVILION DR, LAS VEGAS Tel:	Date: 07/15/2015
Refills: ***0*** (ZERO) Auth No: DEA #: BM5019977 NPI #: 1730151044 LIC.#: 8666	Xanax Tablet 0.5 MG Orally Disp: ***360*** (THREE HUNDRED SIX Sig: 2 tablet Three times a day 90 days Diagnosis:	ML2003 008
	To ensure brand name dispensing, prescriber must write "Dispense as Written" or "D.A.W" on the prescription. *Wolld only if transmitted by footimile mechine	Paque, freni ,
. Date and Time Destination		Result Resolution/FCM

Times Type

0°00'33" FAX

OK.

Resolution/ECM

200x100 Normal/On

Danka K. Michaels, MD Internal Medicine

Date: 07/15/2015

Tel: Fax:

Prepared By: Paque, Ireri

Trans id: 2015071518323974335650

PICKENS, THOMAS

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

ML2003 008 Disp: ***360*** (THREE HUNDRED SIXTY) Aprosinab

Sig: 2 tablet Three times a day 90 days

Diagnosis:

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

the

prescription.
*Valid only if transmitted by facsimile machine.

Paque, Ireri,

Electronically Generated Signature

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Danka K. Michaels, MD Internal Medicine

Date: 07/15/2015

Tel: Fax:

Prepared By: Paque, Ireri

Trans id: 2015071518332134735650

PICKENS, THOMAS

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

Sig: 1 tablet at bedtime as needed Once a day 90 days

Diagnosis:

Refills: ***0*** (ZERO) Auth No:

DEA #: BM5019977 NPI #: 1730151044 LIC.#: 8666

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,

Roberto Carillo, APN

MLZ 003608

3320 N. Buffalo Drive, Suite 106 Las Vegas, NV 89129

Paque, Ireri

Electronically Generated Signature

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Danka K. Michaels, MD Internal Medicine

Date: 07/15/2015

Tel: Fax:

Prepared By: Paque, Ireri

Trans id: 201507151833339535650

PICKENS, THOMAS

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

MC2003008

Aprosiire

Diagnosis:

Refills: ***0*** (ZERO) Auth No:

DEA #: BM5019977 NPI #: 1730151044 LIC.#: 8666

Las Vegas, NV 89129 3320 N. Buffalo Drive, Suite 106 Roberto Carillo, APN

Mr

Paque, Ireri .

Electronically Generated Signature

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.

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KYOCERa

CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23

04/15/2015 15:39 F2LF_1000.005.003] [2K9_1100.002.001] [2LC_7000_005_010]

Job No.: 047276 Total Time: 0°00'17"

Page: 001

Complete

Document:

doc04727620150415153829

a

OnCallData - Script

Page 1 of 2

m

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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

a Transled 10 mg Dispesse pap banded farty (**3 fo**) — Transled 50 mg Dispense wer hapded farty (**200**) — Transled 50 ng Dispense two banded farty (**740*

d

Thomas A Pickens

DOB 5-OCT-1956 - Male 9517 QUEEN CHARLOTTE DR LV, NV 89145 702-360-3163

Member ID: 202300140

04/15/15 15:39 7023522071

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

Date and Time Destination

Times Type Result

Resolution/ECM

0°00'17" FAX 200x100 Normal/On OK

d a t C m 0

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

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**

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

https://secure.instantdx.com/desktop/ocd5Scripts.confirmation.paperPrescriptionPrint.do?p... 4/15/2015

(signature)



₹KYOCERa

CS 3500i

Firmware Version 2LH 2F00.005.015 2013.04.23

04/15/2015 15:40 [2LF_1000.005.003] [2K9_1100 002.001] [2LC_7000.005.010]

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d

Page: 001

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OnCallData - Script

Page 2 of 2

OnCall Data

a.com

Danka Michaels, M.D.

DEA BM5019977 NPI 1730151044

Phone: 702-869-6190 / Fax: 702-869-6199

Entered By: Irerl Paque

DANKA MICHAELS M.D. 3320 North Buffalo

Suite 106

t

a

Las Vegas, NV 89128

· Cospidence 10 mg. Cospinion alongs (***9)**1) ··· Zedpidence 10 mg Dispusse nivery (***00**) ··· Zedpidence 10 mg Dispusse nivery (***00**7) ··· Zedpidence 10 mg Dispusse nivery

Thomas A Pickens

DOB 5-OCT-1956 — Male 9517 QUEEN CHARLOTTE DR LV, NV 89145 702-360-3163

Member ID: 202300140

04/15/15 15:40 7023522071

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

Cubatitution Alleren

No. Date and Time Destination

001

Times Type

Result

Resolution/ECM

0°00'16" FAX 0K 200x100 Normal/On



1 d t a a C 0 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

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**

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

https://secure.instantdx.com/desktop/ocd5Scripts.confirmation.paperPrescriptionPrint.do?p... 4/15/2015

(signature)



® Kyocera

CS 3500i

Firmware Version 2LH_2F00.005.015 2013.04.23

01/02/2015 08:01 [2LF_1000.005.003] [2K9_1100.002.001] [2LC_/000.005.010]

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Total Time: 0°00'18"

Page: 002

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OnCallData - Script

Page 1 of 1

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on call data.com

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

Xives 0.0 mg Disposes three handred skey (*156*1) — Xives 0.1 mg Disposes three handred size (*156*1) — Xives 0.1 mg Disposes three handred size (*156*1) — Xives 0.1 mg Disposes three handred size (*156*1)

Thomas A Pickens

DOB 5-OCT-1956 — Male 9517 QUEEN CHARLOTTE DR LV, NV 89145 702-360-3163

Member ID: 202300140

Dec. 31, 2014 12:57 PM (PST) Xahax 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

01/02/15 08:01 **7023522071** 0"00'18" FAX

OK

200x100 Norma1/On

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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

Sames 0.5 mg Deepense three hundred note (** 80**) . Xames 0.5 mg Deepense three hundred note (** 80**) . Yames 0.5 mg Deepense three hundred note (** 800**)

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 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

Apr will

(signature)

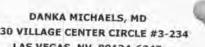
https://secure.instantdx.com/desktop/ocd5Scripts.confirmation.paperPrescriptionPrint.do?... 12/31/2014

CONTROLLED DRUG PRESCRIPTION REQUEST

Dear Practitioner:		
The current prescri	ption for your patient has r ntrolled medication, please	no refills or has expired. To continue fax a new valid written prescription.
1222 TOTAL DOLOWY		
Prescriber:	MICHAELS, DANKA MD 7373 PEAK DR	Request Date: 12/31/2014
	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
	PICKENS, THOMAS 9517 QUEEN CHARLOTTE DR LV, NV 89145 Phone: (702) 360-3163	Birthdate: 10/5/1956
	Rx#: 1206103 Med: ALPRAZOLAM 0.5 MG TABLE Qty 360 Last Refilled On: 8/9/2014	For <u>Q</u> ty: 360
	Sig: TAKE 2 TABLETS BY MOUTH	3TIMES & DAY
Special Notes: No Comments:	refills remain for this pre	escription
" Required: Patient	ns, PLEASE FILL OUT THE PRES 's name, address, medication ature, DEA number and addres	CRIPTION BLANK BELOW COMPLETELY.
	mainst und addres	s are also required.
Fax to 702-352-2071 Or Call702-352-2052	Patient:	
	Pt. Address:	
	Pt. Date of Birth	Date written
	Drug Name;	Strength: Qty:
	Directions;	11/1/20
	Refills:	N We we don't
Sign Were ===>	Substitution Permitted Dispense as Written	
	Prescriber's DEA#	
	Prescriber's Address	
or distribution is pr	and privileged information, ohibited. If you are not the	sole use of the intended recipients and my Any unauthorized review, use, disclosure intended recipient, please contact the 2014
sender and destroy al	l copies of the original mes	ssage.



1930 VILLAGE CENTER CIRCLE #3-234 LAS VEGAS, NV 89134-6245



Patient Info

MedRecNum PE3865 Name PICKENS, THOMAS Address 9517 QUEEN CHARLOTTE

City LAS VEGAS State, Zip NV, 89145 Email

Home Phone 702-304-0038 **Work Phone** 702-604-0038

Cell Phone Other Phone Father F. Name Father L. Name

Mother F. Name Mother L. Name Father Cell

Language

Unknown

Ref. Phys. Name Last Visit Appt. Type Last Visit Chief Comp. 1

Last Visit Chief Comp. 2

Date Of Birth (Age)

Marital Status

Mother Address **Mother City**

Mother Cell Race

Acct. #

Gender

License #

Referred By

Date of Service

SSN

Unknown

PE386501

Male

Married

10/5/1956 (56)

W/IN / WALK-IN

Alt File #

Phone

Address

City

Zip

Zip

Emerg. Contact

Address Change?

Last Visit Date

Spouse Cell

Ethnicity

State

8/2/2010

State

Unknown

Relationship

Secondary Insurance

Primary Insurance **AETNA PPO** THOMAS PICKENS

W194184602

532673-10-000

PO BOX 14079

AETNA US HEALTHCARE

10/5/1956

Financial Class **Insured Name** (Insured) Subscriber # Insured DOB

Group (Plan) Name Group #

Insurance Name

Insurance Address Insurance City Insurance State

Insurance Zip Insurance Phone

KY 40512-4079 800-377-5015

LEXINGTON

- 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, Wo 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

5129/13

SIGNED (Insured or Authorized)



© Kyocera

10:50 9m @ 702 255-0601 Attn: Samantha

CS 3500

Firmware Version 2LH_2F00.005.015 2013.04.23

[2LF_1000.005.003] [2K9_1100.002.001] [2LF_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

PATIENT CONSULTATION / REFFERAL

We recommend that you see a specialist for evaluation and/or treatment for:

1.

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
 DK
 200x100 Normal/Or

[NHL2902576]



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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

CS 3500i

Total Time: 0°00'28"

Page: 003

Complete

Document:

doc03779120141119175152

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 9m

ttn: Sawantha

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

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1 NHL 2902575]