

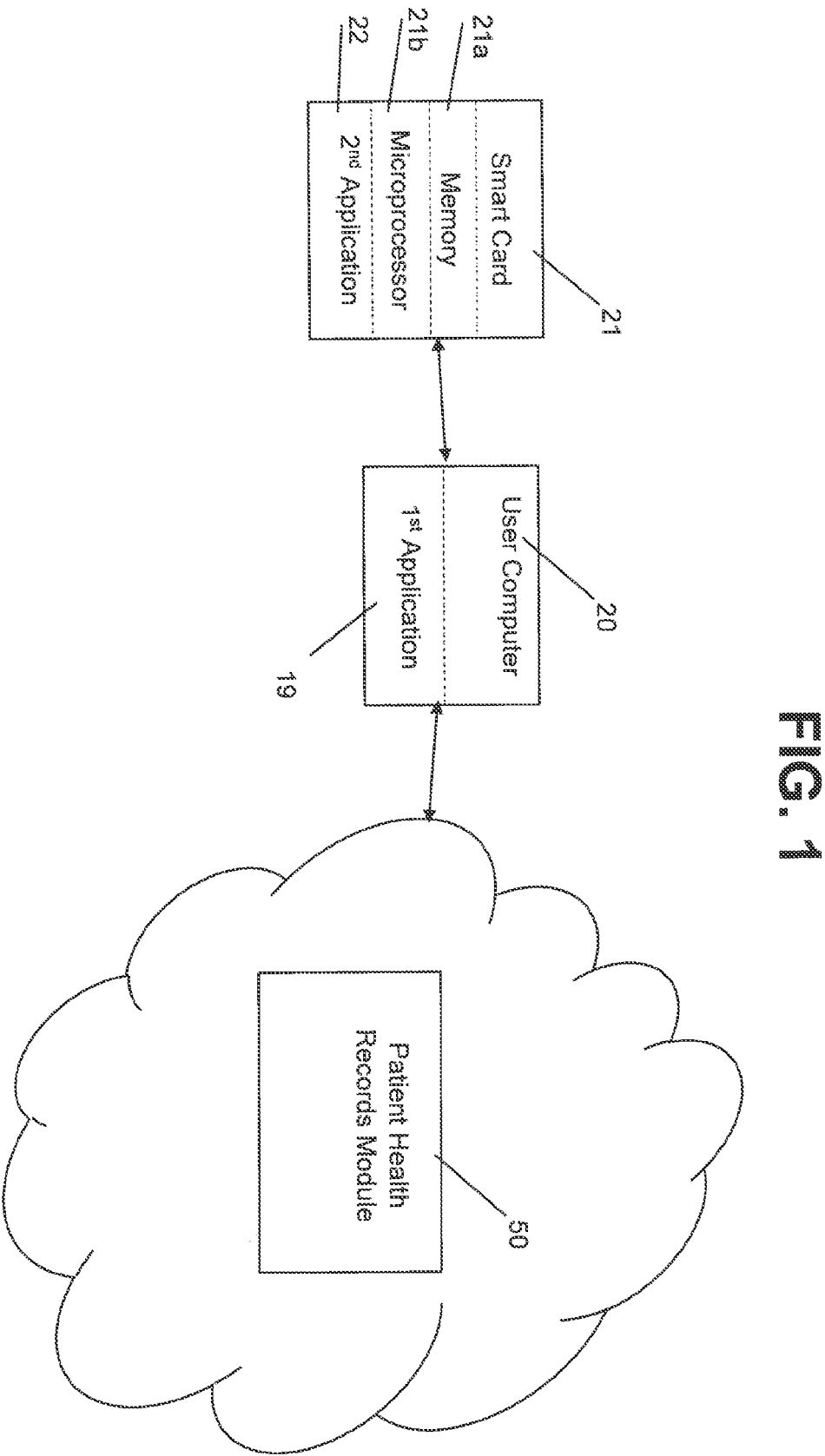


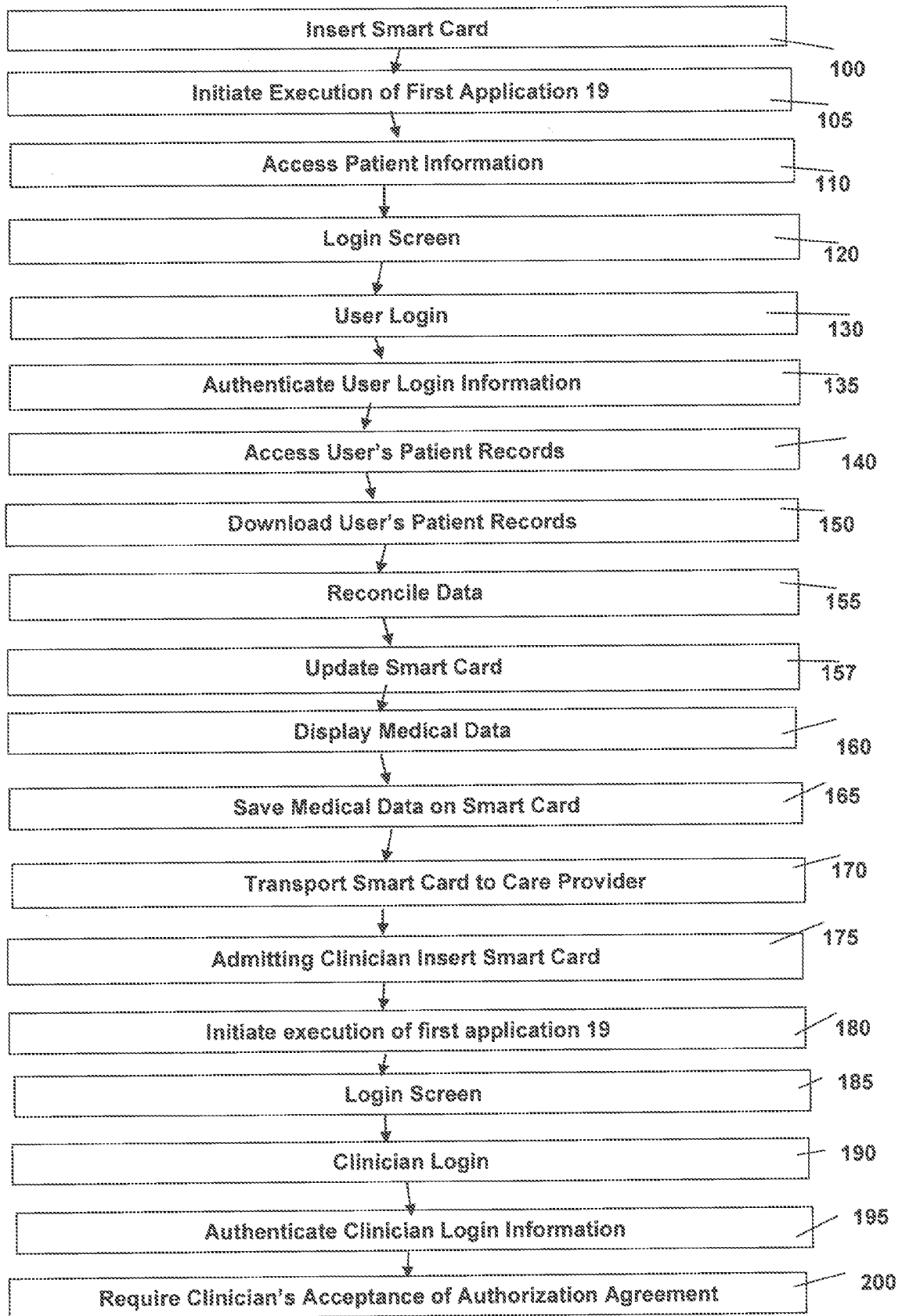
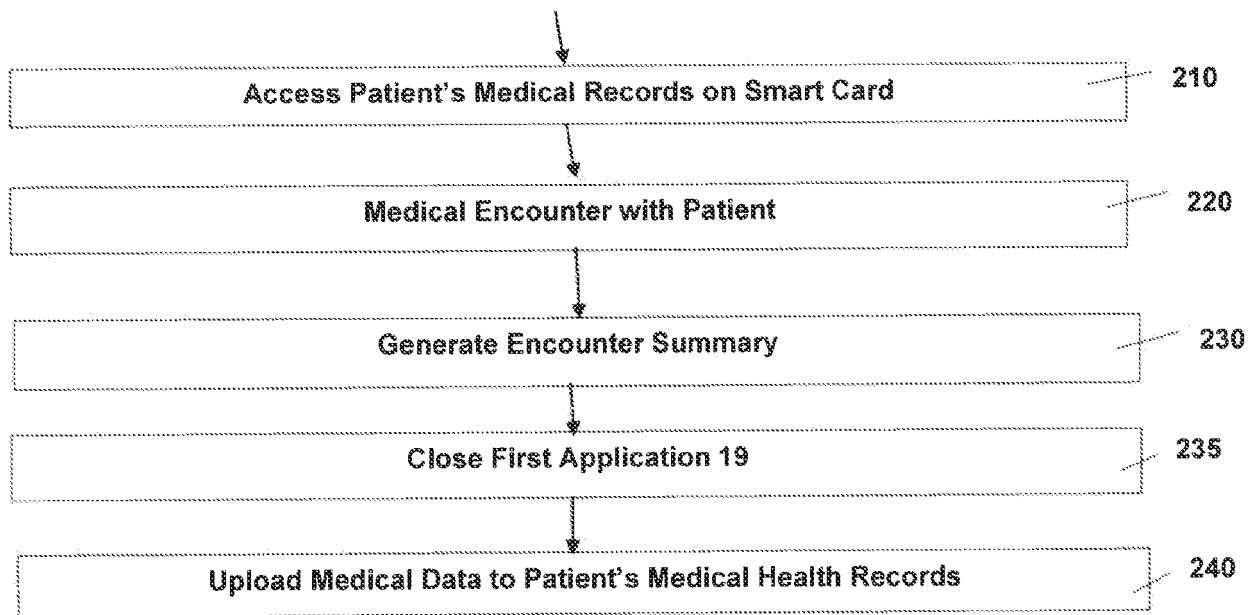
Fig. 2

Fig. 2

Summary of User Actions and Associated Screens Used During by Patient and Care Provider

User patient Login Screen – Using the Client-side HIE Smart Card Health Information Exchange Application Software program (available on the company's web site via download)

1. User inserts their personal Smart Card into a card reader/personal computer that is web enabled and enters their Username and Password using the "single-username/password as used with the Cloud Based Personal health Records System"

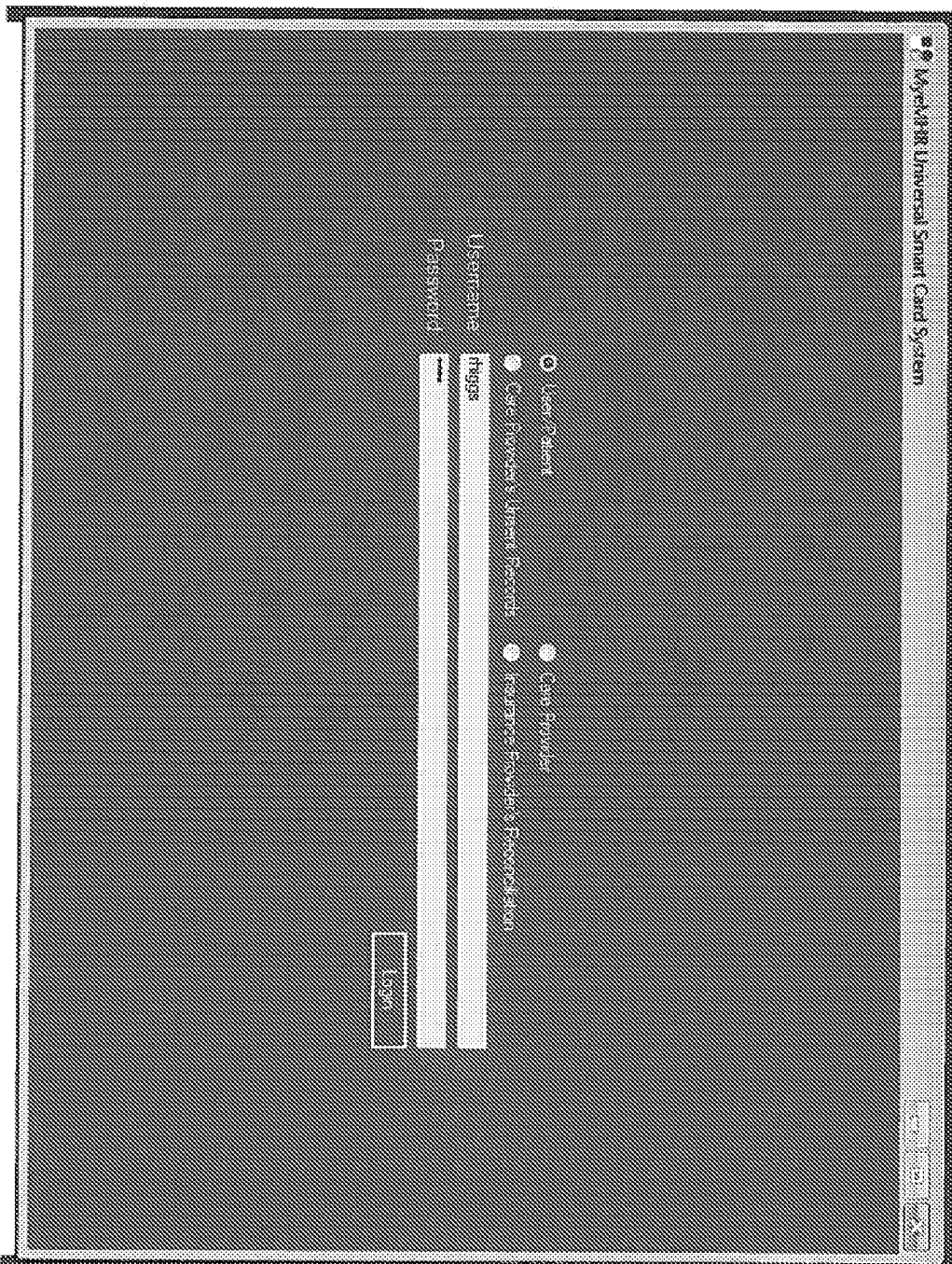


Fig. 3A

2. System authenticates the user against the card and cloud based PHR

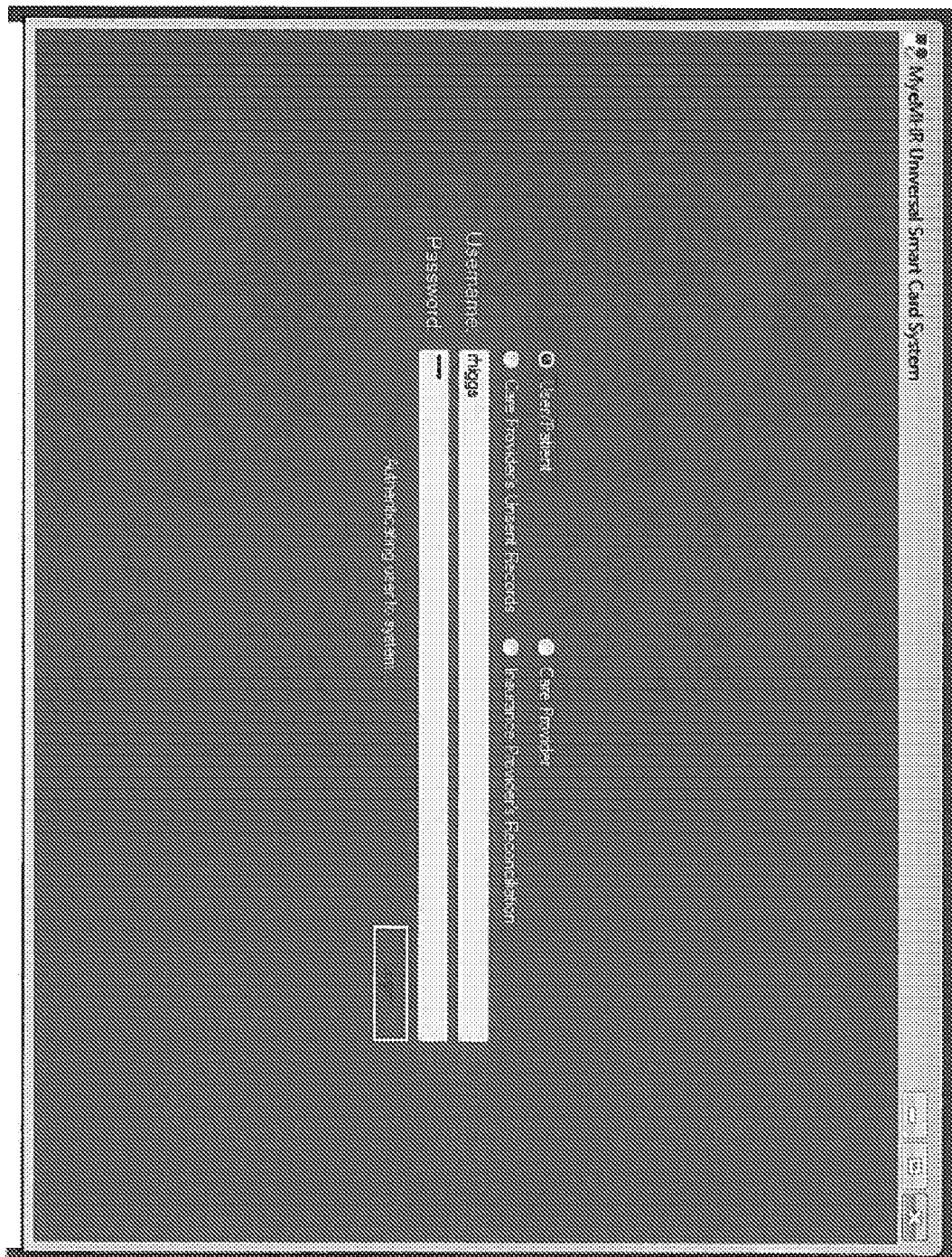


Fig. 3B

3. Upon completion of Authentication, system Reconciles Patient/User's Medical Record Data as stored in the Cloud against the Data as stored on the Smart card and Updates data if appropriate.

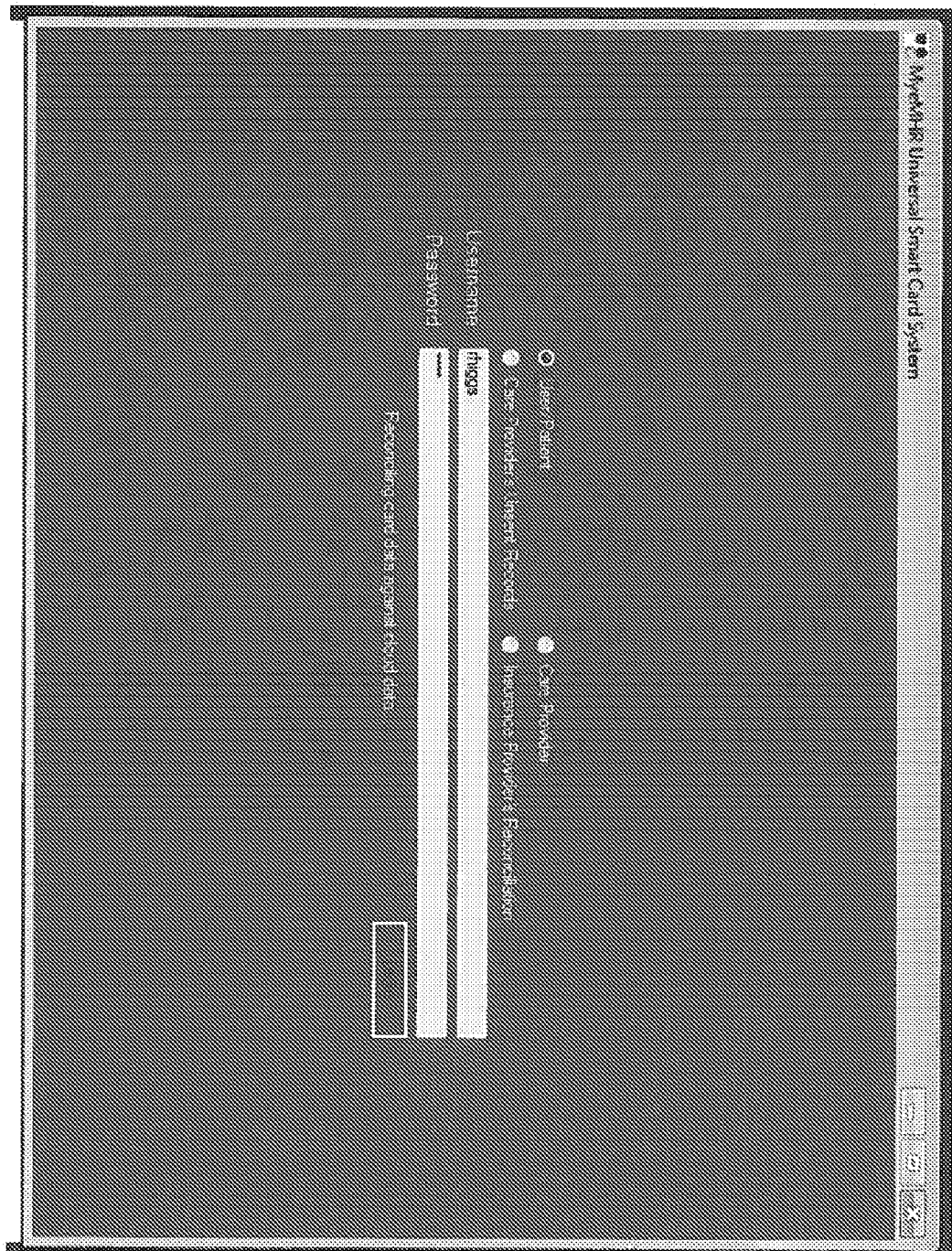


Fig. 3C

4. System writes new data to card if appropriate. Or loads the data as stored on the card to the screen in a viewable and printable fashion. The Data can be saved in the original NIST Format suitable for use in importing to any certified records system as structured data or uploaded into any uncertified operating system as .xml and .pdf format, or simply printed and added to the patient paper-based medical records system. (Partial view of actual record - 1/2 page of a 21 page medical record of structured data)

ICUcare LLC

ICUcare Health Summary

Patient: Robert Higgs
Created On: November 06, 2015, 07:00:00
Age: 60
Gender: Male

CONTACT DATA:
 Primary Address: 151 South 2000 St, Salt Lake City, UT 84143
 Tel: (801) 555-1234
 Fax: (801) 555-5678
 Email: r.higgs@icucare.com
 Tel: (801) 555-9012
 Tel: (801) 555-3456

Insurance Information:
 The Robert Higgs - 2700000 South 5000
 (801) 555-1234
 From Date: 06, 2015, 11:00:00 to Date: 06, 2015, 07:00:00
 Insurance Code: 5000
 Tel: (801) 555-1234
 Tel: (801) 555-3456

Table of Contents:

1. Demographics
2. Past Record: February 17th Jan 2015
3. Care Plan
4. Allergies, Adverse Reactions, Alerts
5. Immunizations
6. Medications
7. Problems
8. Procedures
9. Surgical History
10. Records
11. Family History
12. Social History
13. Reference Literature

Summary:
 No Response or Action
 06, 2015, 07:00:00



Fig. 3D

4.2. As show below, the user/patient records, includes both structured and unstructured data (files). These unstructured data files include any/all medical imaging, scanned documents etc. for either viewing or downloading

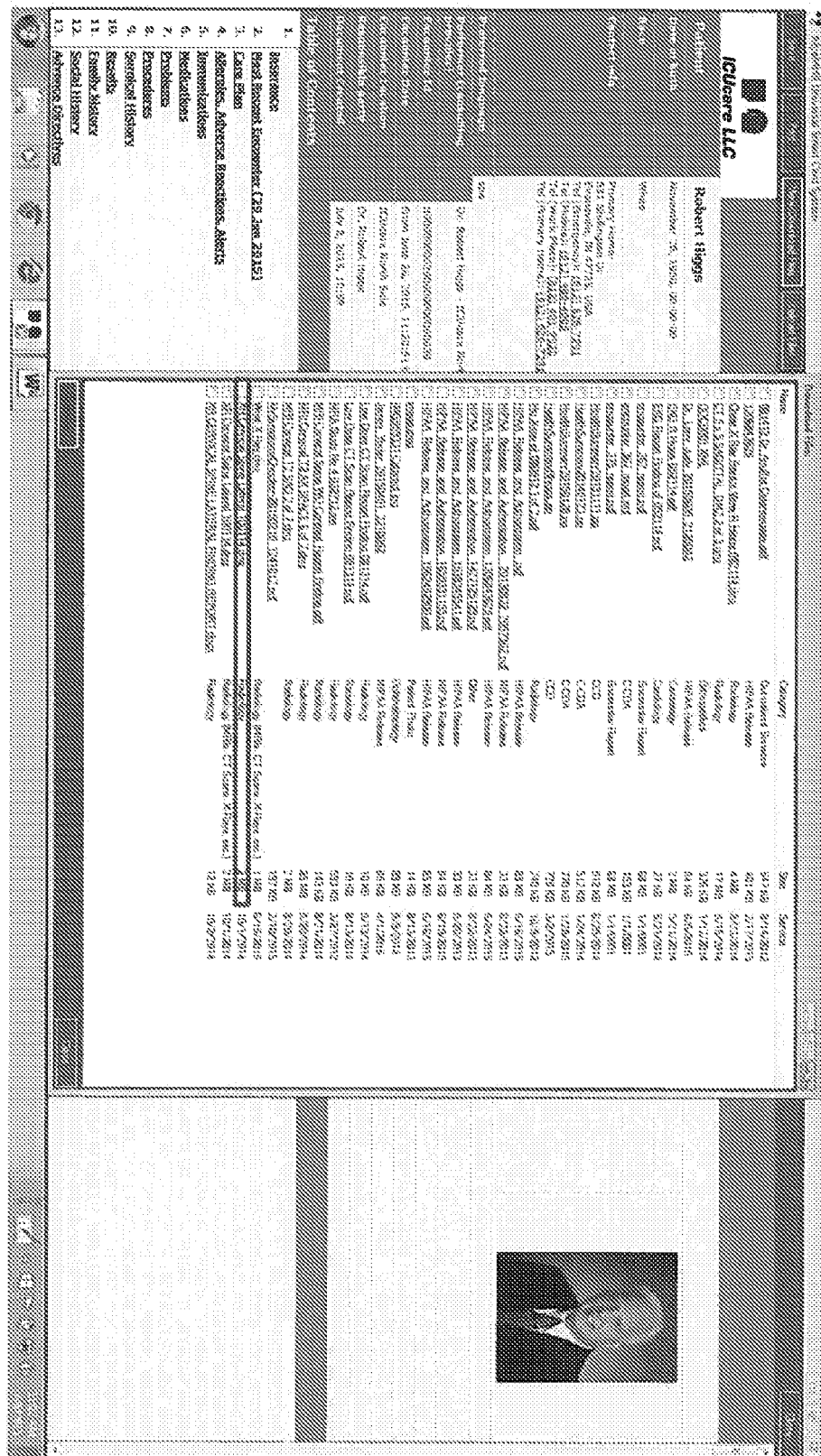
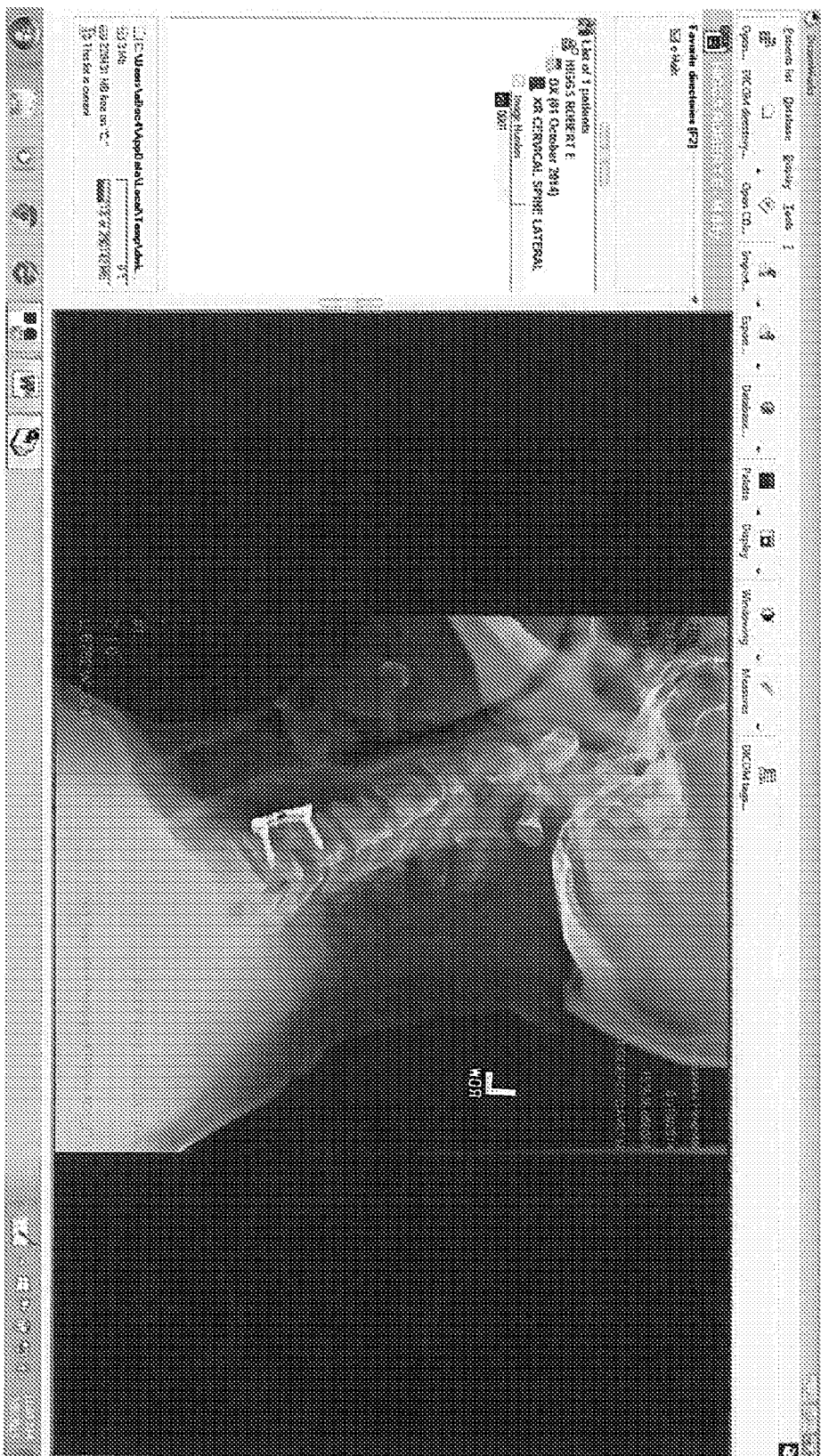


Fig. 3E

4-b. The below image is an example of the ability to open and view the image in native DICOM. (CT scan of Neck Anatomy)



5. After the user/patient has successfully loaded and viewed/confirmed that the Smart Card has the most recent copy of their medical records data, they remove the card from the card reader and place it in their wallet or purse as appropriate

Fig. 3F

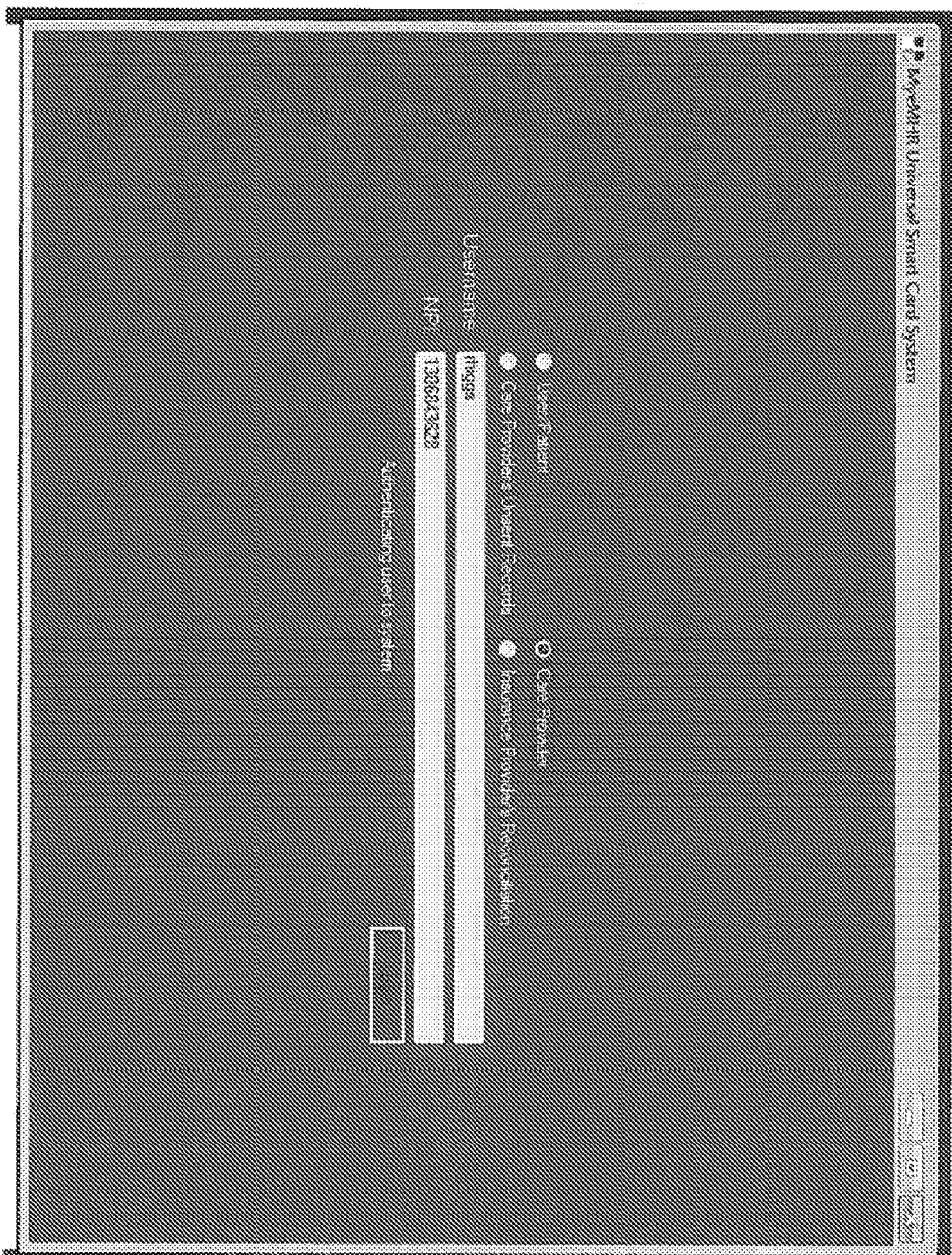
6. Upon "presenting" to a healthcare facility, the user/patient submits their Smart Card to the care provider(s) or clinician for use in establishing identity, insurance, benefits and providing a longitudinal personal medical history of data for use by the care provider during their visit. (Ambulatory or Inpatient/Hospital)

7. Upon loading the client-side application into their web enabled computer and inserting the Smart Card, The care provider is presented with the below login screen by which they click on care provider. The care provider then ask for the user/patients username and enters their NPI number into the system.

The screenshot shows a web application window titled "MyeHR Universal Smart Card System". The interface has a dark background with white text and form fields. At the top, there are two radio buttons: "User/Patient" (selected) and "Care Provider". Below these, there are two more radio buttons: "Care Provider's Urgent Records" (selected) and "Insurance Provider's Recommendation". In the center, there are two text input fields. The first field is labeled "Username" and contains the text "dhgs". The second field is labeled "NPI" and contains the text "136243623". At the bottom right, there is a "Login" button.

Fig. 3G

8. The Client-side APP System authenticates both the patient, the card and the care provider against a national care provider database called the NPI (National Providers Identifier) or other in-country physician database.



9. After the system authenticates the User/patient and Care Provider it then presents the following screen.

This screen represents a dynamically generated binding Business Associates Agreement (BAA) in the form of a HIPAA Release and Authorization Agreement between the patient and care provider. (This could represent another Claim)

Fig. 3H

Upon Acceptance by the care provider by clicking the Accept box at the lower right of the screen, the care provider is allowed access to the patient's records in their entirety. (Note the Agreement includes the Care Providers complete Name and credentials etc.)

Save Cancel OK Cancel

HIPAA RELEASE AND AUTHORIZATION

Dated: 7/8/2015

To:
Robert Solinger
601 S FLOYD ST
LOUISVILLE, KY 40202-1835
1306843628

From:
Robert Higgins
531 Shillington Dr
Evansville, IN 47725

I, (Principal), hereby authorize the following PHR Services Provider to act as my agent with regard to the matters specified in this Release:

ICUcare LLC
2425 Hwy 41 N, Suite 204
Evansville, IN 47711
Tele. No.: (812) 401-9920

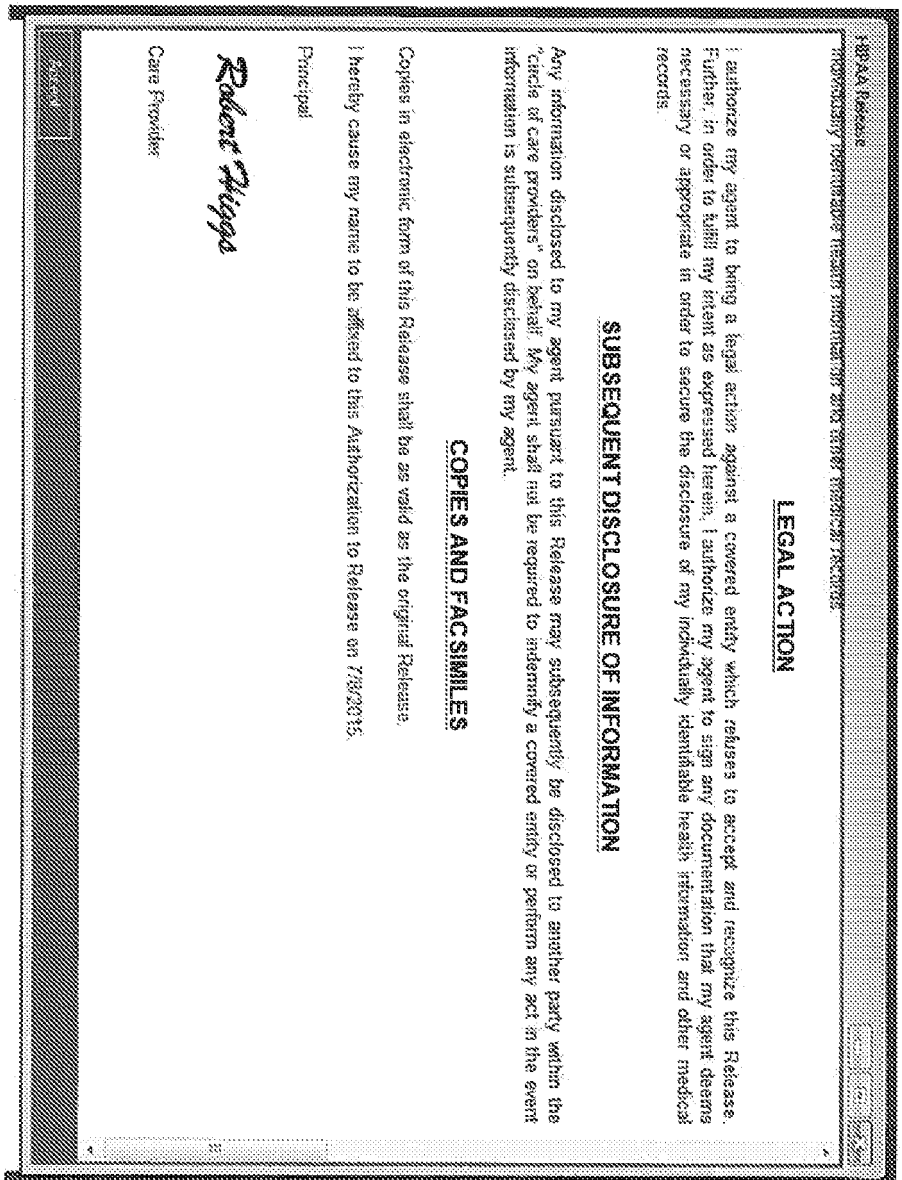
This Release and all of the provisions contained herein are effective immediately. I intend for my agent (ICUcare LLC) to be treated as I would be treated with respect to my rights regarding the use and disclosure of my individually identifiable health information and other medical records. This Release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC 1320d and 45 CFR 160.164.

AUTHORIZATION

I hereby authorize any doctor, physician, medical specialist, psychiatrist, chiropractor, health-care professional, dentist, optometrist, health plan, hospital, hospice, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, pathologist, or other provider of medical or mental health care, as well as any insurance company and the Medical Information

(Screen 1 of 3 showing the Agreement)

Fig. 31



Note that the Agreement is automatically signed electronically for and on behalf of the patient. Requiring only the acceptance and digital signature of the care provider.

See the below screen 3 of 3 showing the electronic digital signature affixed to the document agreement.

Fig. 3J

10. After completing the above and either saving or printing a copy of the Agreement, the care provider is presented with the same longitudinal screen as shown before with access to all the same data files as was the patient.

Upon completion of providing all medical related services to the patient, the care provider can close the client-side application by clicking close whereby they are presented with the following screen on the next page.

HIPAA Release

EXPLANATION

I authorize my agent to bring a legal action against a covered entity which refuses to accept and recognize this Release. Further, in order to fulfil my intent as expressed herein, I authorize my agent to sign any documentation that my agent deems necessary or appropriate in order to secure the disclosure of my individually identifiable health information and other medical records.

SUBSEQUENT DISCLOSURE OF INFORMATION

Any information disclosed to my agent pursuant to this Release may subsequently be disclosed to another party within the "circle of care providers" on behalf. My agent shall not be required to indemnify a covered entity or perform any act in the event information is subsequently disclosed by my agent.

COPIES AND FACSIMILES

Copies in electronic form of this Release shall be as valid as the original Release.

I hereby cause my name to be affixed to this Authorization to Release on 7/8/2015.

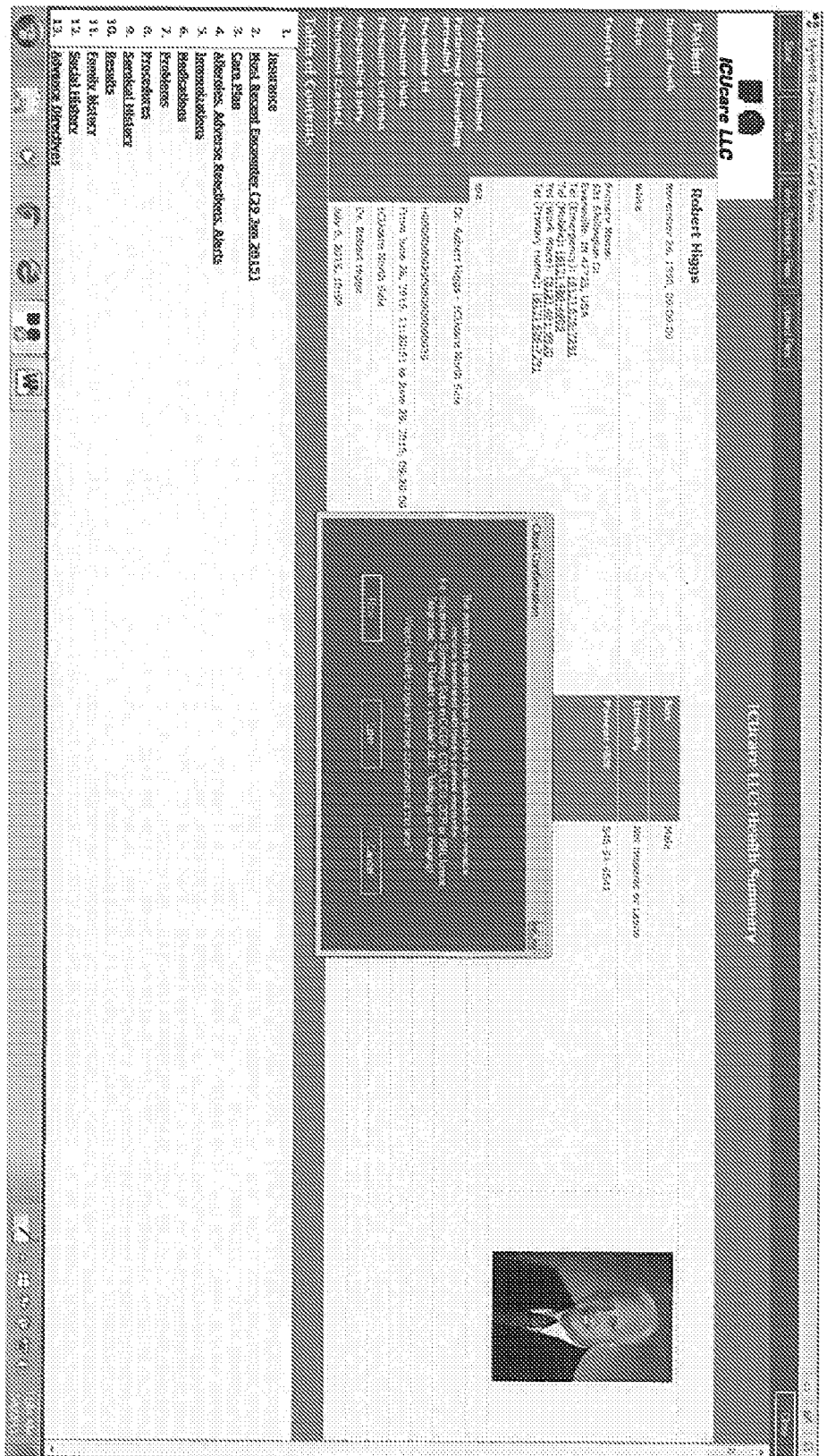
Principal

Robert Thiggs

Care Provider

Robert Salinger

Fig. 3K



11. On this screen, the care provider is reminded of the need to upload any/all data files associated with the services provided to the patient. They may choose to do so at this time or choose to do so at a later time whereby the system will generate a cookie of the patient's name, DOB, insurance information and date of service for use in uploading said data at a later time. The system logs this cookie as belonging to the care provider by NPI number.

Fia. 3L

12. This screen shows the log of patient medical data records that are due to be uploaded. By clicking on any one of them, they are presented with the following screens for use in uploading patient medical records.

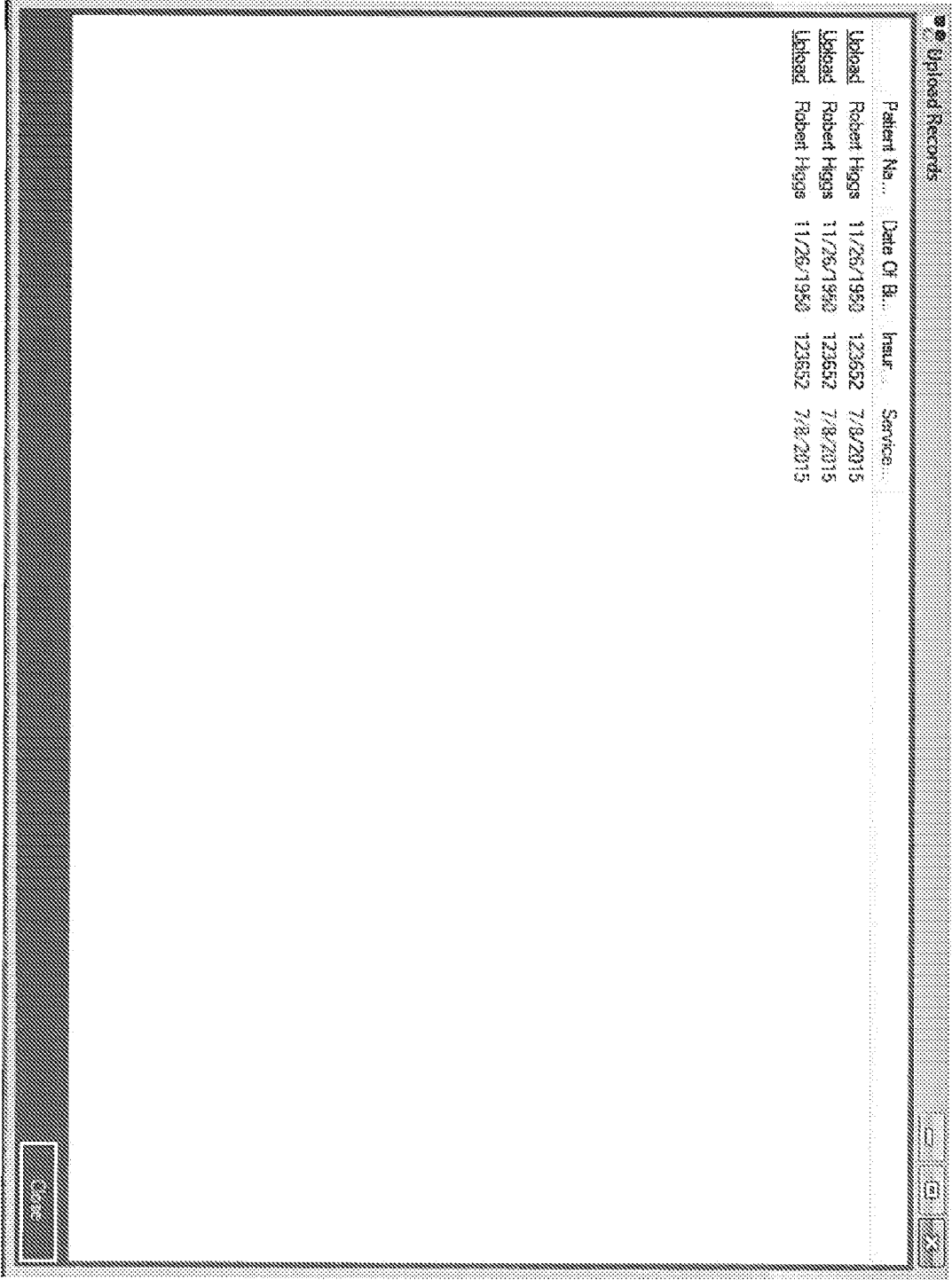


Fig. 3M

12-a. Continuation of the above. The care provider uses the below screens (2) from which to navigate (Browse) to the location of their data files, select a category for which to upload file into and then upload.

iClicare LLC

Health Summary

Patient: Robert Higgs
 Date of Birth: November 25, 1970, 09:20:00
 Race: White

Primary Home:
 535 Washington St
 Washington, DC 20540, USA
 Tel: (202) 462-1720, 7292
 Tel: (202) 462-1720, 7292
 Tel: (202) 462-1720, 7292
 Tel: (202) 462-1720, 7292

Professional Information:
 Dr. Robert Higgs - iClicare LLC
 From June 26, 2015, 11:29:31
 iClicare Health Suite
 Dr. Robert Higgs
 July 8, 2015, 12:59

Medical History Categories:

1. Allergies
2. Most Recent Encounter (29 Jan 2015)
3. Care Plans
4. Allergies, Adverse Reactions, Alerts
5. Immunizations
6. Medications
7. Procedures
8. Discharges
9. Surgical History
10. Records
11. Family History
12. Social History
13. Adverse Reactions

Upload File

Category:

Dr. Robert Higgs

iClicare LLC

IClicare LLC Health Summary

Patient: Robert Higgs

Date of Birth: November 24, 1955, 09:55:00

Gender: Male

Current Location: 531 Shiloh Road, Suite 200, Evansville, IN 47712, USA

Primary Phone: 812.438.2282

Tel: 812.438.2282

Fax: 812.438.2282

Cell: 812.438.2282

Emergency Contact: 812.438.2282

Referral From: Dr. Robert Higgs - iClicare LLC

Referral Date: 11/24/2015 11:20:31

Referral Reason: Dr. Robert Higgs

Referral Date: 11/24/2015 11:20:31

Table of Contents

1. REFERENCES
2. Most Recent Encounter (29 Nov 2015)
3. Care Plan
4. Assessment, Admission, Discharge, Alerts
5. Immunizations
6. Medications
7. Problems
8. Procedures
9. Surgical History
10. Research
11. Family History
12. Social History
13. Advanced Directives

Medical Note

Dr. Robert Higgs

11/24/2015 11:20:31

Referral From: Dr. Robert Higgs - iClicare LLC

Referral Date: 11/24/2015 11:20:31

Referral Reason: Dr. Robert Higgs

Referral Date: 11/24/2015 11:20:31

References

1. REFERENCES

2. Most Recent Encounter (29 Nov 2015)

3. Care Plan

4. Assessment, Admission, Discharge, Alerts

5. Immunizations

6. Medications

7. Problems

8. Procedures

9. Surgical History

10. Research

11. Family History

12. Social History

13. Advanced Directives

Fig 20

12-b. Upon completion of uploading any one file, the system ask the care provider whether they have another file to upload and so on. After uploading all relevant patient encounter files, the care provider closes out the program.

ICalcare LLC

Health Summary

Patient: Robert Higgs
 Date of Birth: November 26, 1970, 06:30:00
 Gender: Male
 Address: 5215 Shiloh Road, Suite 100, Dallas, TX 75215, USA
 Phone: (214) 554-4541
 Email: r.higgs@icalcare.com

Physician: Dr. Robert Higgs
 Date of Birth: November 26, 1970, 06:30:00
 Gender: Male
 Address: 5215 Shiloh Road, Suite 100, Dallas, TX 75215, USA
 Phone: (214) 554-4541
 Email: r.higgs@icalcare.com

Medical History:

- 1. Allergies
- 2. Most Recent Encounter (29 Jan 2015)
- 3. Care Plan
- 4. Assessment, Assessment Results, Alerts
- 5. Immunizations
- 6. Medications
- 7. Problems
- 8. Procedures
- 9. Surgical History
- 10. Results
- 11. Family History
- 12. Social History
- 13. Advanced Directives

Medical Summary:

Summary: The patient is a 44-year-old male with a history of hypertension and type 2 diabetes. He is currently on treatment with lisinopril and metformin. His blood pressure is well-controlled, and his blood sugar levels are stable. He has no other significant medical history.

Next Steps: Continue to monitor blood pressure and blood sugar levels. Schedule a follow-up visit in 6 months.

Physician Signature: Dr. Robert Higgs

Physician Stamp: Dr. Robert Higgs, MD, Internal Medicine, ICalcare LLC, 5215 Shiloh Road, Suite 100, Dallas, TX 75215, USA. Phone: (214) 554-4541. Email: r.higgs@icalcare.com.

Physician Photo: [Portrait of Dr. Robert Higgs]

Fig. 3P

13. The below screen shows what is presented to the care provider "Every time" they attempt to launch or open the Client-side application if there are any data files owed to the Cloud Based System (PHR)

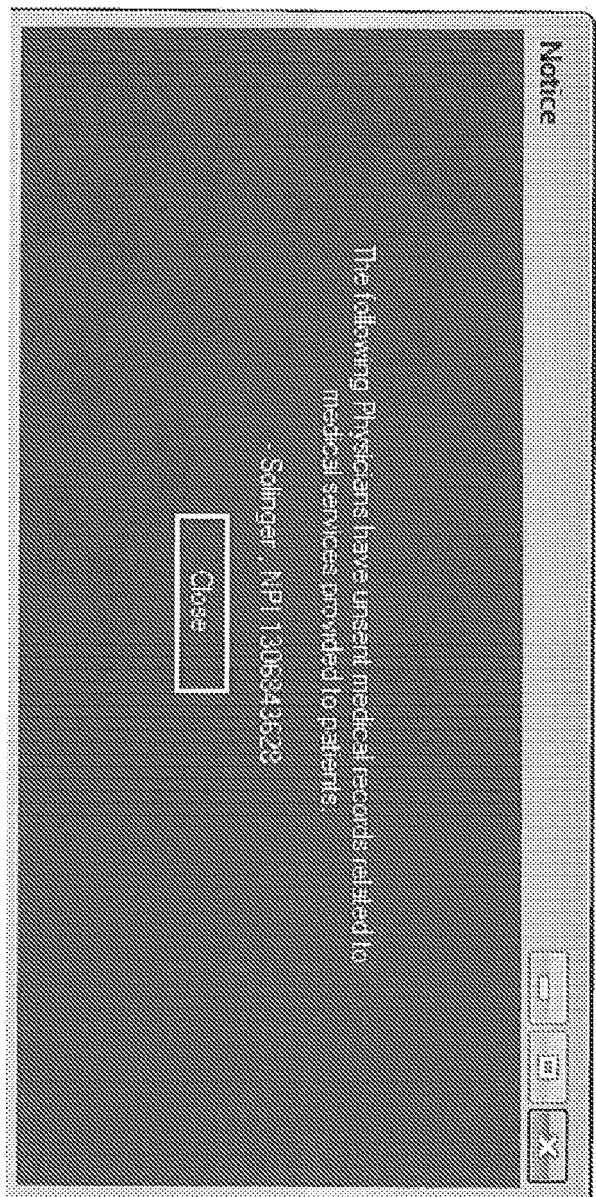


Fig. 3Q

14. If the care provider chooses to not upload in real time while the patient is still in their presence, they or any other associate (accounts receivable person) can log into the system and click on the Care Provider for Unsent Data Records button and process the transaction using the above screens as already shown.

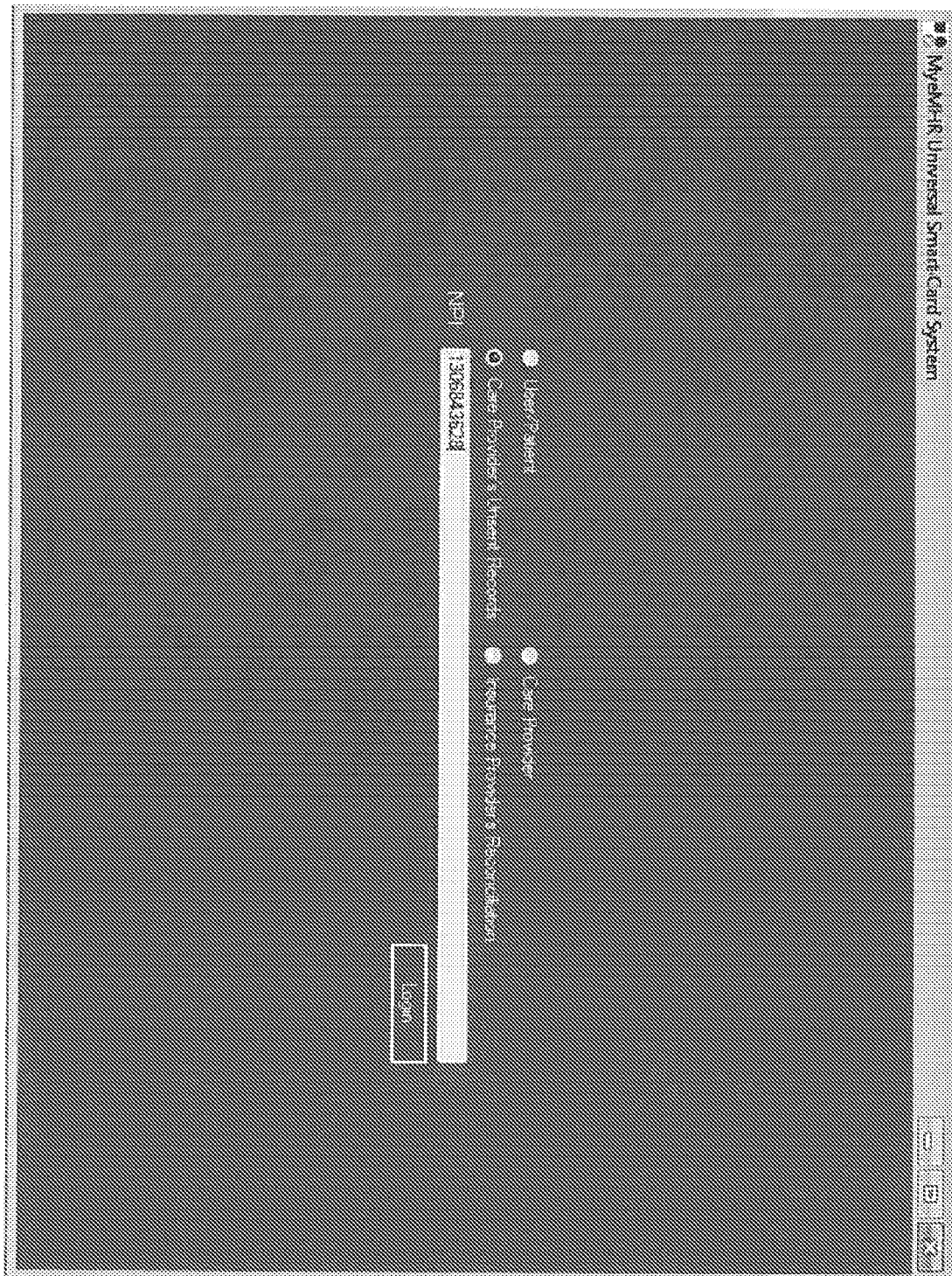


Fig. 3R

15. The last user group having access to the client-side APP by way of subscription is the Payer i.e. CMS, State Medicaid System, United Healthcare, Aetna, Anthem etc. for use in reconciliation of Bills submitted for payment for Services Rendered against Medical Services Received. This portion of the client-side HIE APP provides for a bullet proof, 100% compliance system as it is tied directly to the payment of services.

The payer/user will login to the screen with their Username and Password and the system will authenticate their credentials to the cloud based system and load another screen for use in entering patient, care provider and date of service related information.

The screenshot shows a web application titled "MyeMR Universal Smart Card System". It features a login interface with the following elements:

- Four radio buttons for user selection: "User/Patient", "Care Provider's Patient Records", "Care Provider", and "Payer Reconciliation".
- A "Username" label followed by a text input field containing the text "Dudoum".
- A "Password" label followed by a text input field containing a series of dashes "-----".
- A "Login" button located at the bottom right of the form area.

Fig. 3S

15-a. The Payer will enter the Beneficiary ID Number OR their Name, DOB, and Date of Service and Name of the Subscriber (Care Providers) into the system. The system will auto-navigate to the Cloud Based PHR and the individual patient record and search for data that corresponds to that service date and that care provider or care provider facility.

The image shows a screenshot of a web application window titled "Payer Reconciliation". The window has a standard title bar with minimize, maximize, and close buttons. The main content area is dark gray and contains the title "Payer Reconciliation" in a large, white, serif font. Below the title, there are four white input fields stacked vertically, each with a label to its left: "Patient Name", "Insurance ID Number", "Date of Service", and "Subscriber (Provider)". At the bottom left of the form area is a small rectangular button labeled "Search".

Fig. 3T

15-b. The system will either return an electronic copy of the encounter Summary with all appropriate Codes as used for billing for direct reconciliation against the Billed Medical services Invoice OR, the system will return a preprinted copy of a letter for downloading and mailing to the care provider (or facility) that provides notification of non-payment due to not having provided the required patient medical data is required. And that upon receipt of said data, the Cloud Based system will notify said Payer of said receipt and provide a copy of the Medical Encounter and/or other appropriate documentation s required to support payment for services.

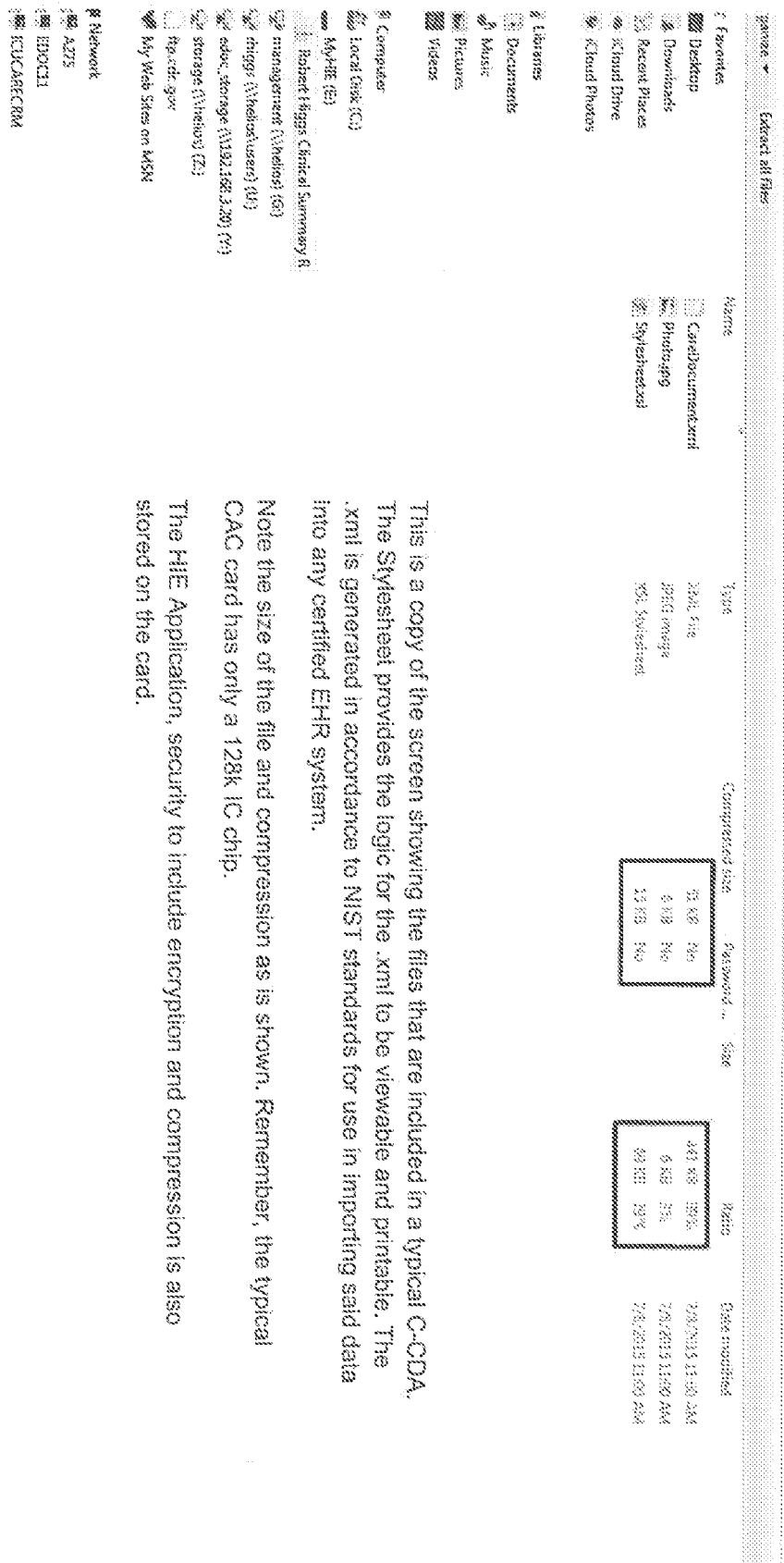
Summary to the above being used in a Claim

The value of having a Payer enacted incentive or disincentive, however you wish to describe it, is not the goal of the invention. Compliance and use by the healthcare system is the sole reasoning for such a development. What use is any invention if no one's uses it or if it is so flawed as to be able to compromise its integrity? The integrity of the data is on behalf of the patient is what this portion of the invention is all about. They deserve no less!

Every sense the HIPAA Law was enacted and signed into law, the ownership of a patient medical records has always been with the patient. However, in practice throughout the healthcare industry even today, this has and is not the case or reality. Any given patients records are more times than not withheld from the patient even if the patient presents to a care provider or provides and signs any required documentation regarding Release of Information.

In the 2009 HITECH Act as made part of the ARRA Act of 2009, the regulations were even set forth stating that a patient has no "legal recourse against a care provider or healthcare institution for failure to provide such records.

The development of a unique process that has the capacity to insure 100% compliance in anything that man has ever developed is more than noteworthy as simply another disclosure. As an inventor, I'm sure that the "idea" which is much liken to a dream in the day time, for such a device, solution o whatever you wish to describe it, has been the subject of discussion for ages, however, much liken to the idea or wish for man to fly. At the same time, nobody has ever developed a solution that actually achieves the idea or reduces such an idea to practice. Reducing an idea to practice for which no one has ever done so before is patentable and surely a valid claim thereof.



This is a copy of the screen showing the files that are included in a typical C-CDA. The Stylesheet provides the logic for the .xml to be viewable and printable. The .xml is generated in accordance to NIST standards for use in importing said data into any certified EHR system.

Note the size of the file and compression as is shown. Remember, the typical CAC card has only a 128k IC chip.

The HIE Application, security to include encryption and compression is also stored on the card.

Fig. 3V

BASIC FLOW SUMMARY OF DATA FROM VARIOUS STAKEHOLDERS AND RESPECTIVE PROCESS SYSTEMS

(Remember, there are three major processing components below in addition to the other two hardware components as mentioned but not included in the Draft)

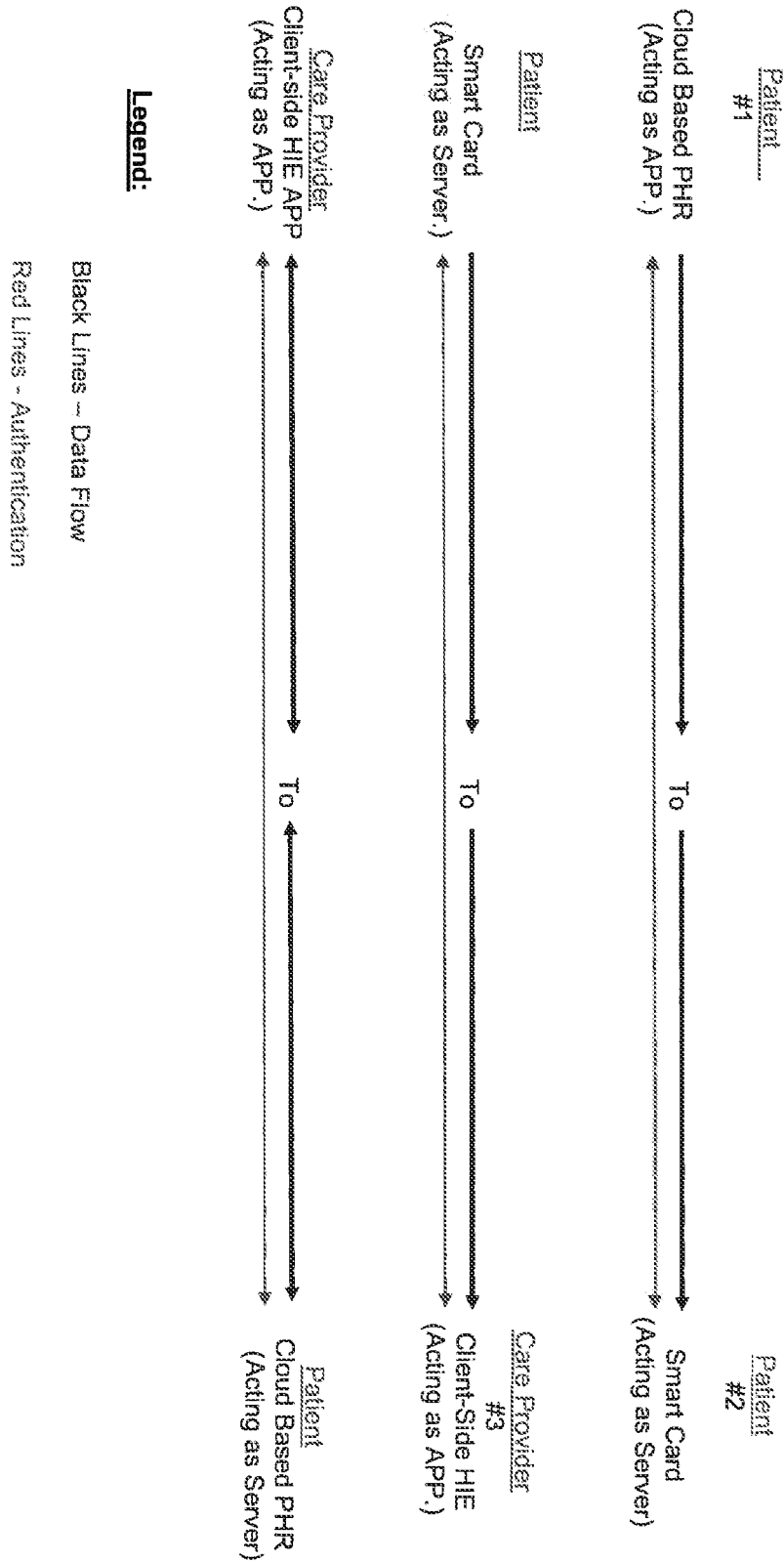


Fig. 3W



icucare LLC

ICUcare LLC: Health Summary

Patient	Robert Higgs		
Date of birth	November 26, 1950, 00:00:00	Sex	Male
Race	White	Ethnicity	Not Hispanic or Latino
Contact info	Primary Home: 531 Shilington Dr Evansville, IN 47725, USA Tel (Emergency): (812) 626-7291 Tel (Mobile): (812) 480-4005 Tel (Work Place): (812) 401-9920 Tel (Primary Home): (812) 626-7291	Patient SSN	546-54-6541
Preferred language	Spanish		
Referring (consulting provider)	Dr. Robert Higgs - ICUcare North Side		
Encounter Id	H0000000290000000000039		
Encounter Date	From June 26, 2015, 11:20:51 to June 29, 2015, 09:20:00		
Encounter Location	ICUcare North Side		
Responsible party	Dr. Robert Higgs		
Document Created	July 10, 2015, 14:27		

Table of Contents

1. Insurance
2. Most Recent Encounter (29 Jun 2015)
3. Care Plan
4. Allergies, Adverse Reactions, Alerts
5. Immunizations
6. Medications
7. Problems
8. Procedures
9. Surgical History
10. Results
11. Family History

Fig. 4

12. Social History
13. Advance Directives
14. Most recent Vital Signs
15. Functional and Cognitive Status
16. Document Informations

Insurance					
Payer Name	Policy Type / Coverage Type	Policy ID	Covered Party ID	Policy Holder	Expiry
United Health Care	HMO	144822	123652	Self	31 Dec 2020
Anthem BCBS		89384024	IN783BC		

Most Recent Encounter (29 Jan 2015)

Attending Physician

Physician's Name: Robert Higgs
Telephone No: tel: (812) 401-9920

Address: 2425 HWY41 N STE 204
Email: rhiggs@lucare.com

City/State/Zip: Evansville, IN, 47711

Care Plan

Care Plan (Actions/Instructions)

Follow-up: Patient advised to come into the office
Instructions (other):

- we have spoken to the care providers at the ER and they report that your high blood pressure reading was insignificant. Based on the repeated frequency of such readings in the last week, I suggest that you bring the device into the office and we will provide you with another device.

Cognitive Status: Unremarkable
Functional Status: unremarkable

Allergies, Adverse Reactions, Alerts

SNOMED Allergy Type Code	Medication/Agent Allergy	Reaction	Adverse Event Date
Food allergies			
414285001	Fish and Shellfish	rash, hives	19 Apr 2012
414285001	Peanut/Tree Nuts	shortness of breath	12 Feb 2009

Fig. 4

SNOMED Allergy Type Code	Medication/Agent Allergy	Reaction	Adverse Event Date
Environmental allergies			
418038007	Cleaners	rash	8 Apr 2015
418038007	Body parts from house miles	hives, blisters	18 Jul 2013
418038007	Animal fur & dander	nausea, headaches	7 Mar 2013
Drug allergies			
416098002	Bactrim	nausea	4 May 2014
416098002	Amoxicillin	nausea, hives	20 Mar 2013
416098002	Insulin	headaches	8 Aug 2012
416098002	Cefprozil	nausea, hives	3 Apr 2011

Immunizations			
CVX Code	CPT Code	Vaccine	Date
20	90700	DTaP	1 Jan 2015
85	90730	HEPATITIS A	9 Sep 2014
45	90731	HEPATITIS B	9 Sep 2014
88	90724	INFLUENZA	9 Sep 2014
67		Malaria	26 Aug 2014
128	90663	H1N1 IMMUNIZATION	26 Aug 2014
67		Malaria Immunization	21 May 2014
121	90736	ZOSTER OR SHINGLES VACCINA	15 May 2014
121	90736	ZOSTER VACCINE	2014
141	90658	INFLUENZA SPLIT VIRUS	11 Oct 2013
141	90658	INFLUENZA SPLIT VIRUS	19 Oct 2012
121	90736	Zoster (Shingles)	24 Jul 2012
67		MALARIA DOSE PACK	17 Dec 2011
85	90730	HEPATITIS A	7 Dec 2011
45	90731	HEPATITIS B	7 Dec 2011
52	90632	HEPATITIS A, ADULT	1 Dec 2011
08	90743	HEPATITIS B, ADULT/ADOL	1 Dec 2011
141	90658	INFLUENZA SPLIT VIRUS	27 Oct 2011
88	90724	INFLUENZA	5 Oct 2011
141	90658	Influenza > 3yo Split Virus	19 Oct 2010
88	90724	INFLUENZA	Jan 2008

Fig. 4

CVX Code	CPT Code	Vaccine	Date
09	90718	Td	20 Apr 2006
85	90730	HEPATITIS A	2 Apr 2005
45	90731	HEPATITIS B	Apr 2004
128	90663	BIRD FLU IMMUNIZATION	5 Jan 2002

Medications						
RXNORM Code	Brand Name	Dose	Route	Frequency	Date Started	Status
309071	cefotetan 2 gram solution for injection	Take	injection	as directed	24 Jun 2015	Active
434018	doxycycline hyclate 100 mg tablet, delayed release	Take	by mouth or orally	every four hours	23 Jun 2015	Active
313115	streptomycin 1 gram intramuscular solution	Take	injection	as directed	10 Jun 2015	Active
310325	ferrous sulfate 325 mg (65 mg iron) tablet	Take 1	by mouth or orally	before meals	5 Jun 2015	Active
1049599	oxycodone ER 80 mg tablet, extended release, 12 hr	Take 1	by mouth or orally	every day	29 May 2015	Active
198332	trimethoprim 100 mg tablet	Take	by mouth or orally	every 4-6 hours	29 May 2015	Active
634061	penicillin V potassium 250 mg tablet	Take 1	by mouth or orally	at bed time	26 May 2015	Active
197366	amoxapine 50 mg tablet	Take	by mouth or orally	as directed	10 May 2015	Active
313564	Valacyclovir Hcl 1 G Po Tabs	Take 1 tab	by mouth or orally	as directed	26 Apr 2015	Active
1100647	cranberry concentrate-ascorbic acid 6,000 mg-100 mg capsule	Drink	by mouth or orally	four times daily	27 Jan 2015	Active
198051	Oneprazole 20 Mg Po Cpd	Take	by mouth or orally	every day	17 Sep 2014	Active
857005	Hydrocodone-Acetaminophen 7.5-325 Mg Po Tabs	Take 1	by mouth or orally	at bed time	27 Aug 2014	Active
	Vitamin C Po	Take PO QD			15 Aug 2014	Active
848176	Betamethasone Dipropionate 0.05 % Ex Crea	Apply	topical	as needed	8 Aug 2014	Active
861448	Clobetasol Propionate 0.05 % Ex Oint	Apply	topical	twice daily	15 Jul 2014	Active
861487	Clobetasol Propionate 0.05 % Ex Soln	Apply	topical	as directed	21 May 2014	Active
	Tylenol 325 Mg Po Tabs	Take 4	by mouth or orally	every day	9 Apr 2014	Active
1895	Calcium 500 Mg Po Tabs	Take one tablet	by mouth or orally	every day	9 Apr 2014	Active
	Bayer Low Strength 81 Mg Po Inoc	Take one tablet	by mouth or orally	every day	9 Apr 2014	Active
	Multivitamins Po Tabs	Take one tablet	by mouth or orally	every day	9 Apr 2014	Active
904467	Pravastatin Sodium 20 Mg Po Tabs	Take 1 tablet	by mouth or orally	at bed time	11 Oct 2013	Active
259151	Flaxseed Oil 1000 Mg Po Caps	Take	by mouth or orally	every day	27 May 2013	Active
309593	Cyanocobalamin 1000 MCG Po Tabs	Take	by mouth or orally	every day	28 Apr 2013	Active
727509	Cyanocobalamin 1000 MCG/Ml Ij Soln	Take	intramuscular	as needed	19 Nov 2012	Active
828320	Cyclobenzaprine Hcl 5 Mg Po Tabs	Take	by mouth or orally	three times daily	5 Dec 2011	Active
247775	Vitamin D 1000 Units Po Tabs	Take 1	by mouth or orally	every day	9 Apr 2009	Active

Fig. 4

Problems			
ICD-9 Code	Patient Problem	Status	Date Diagnosed
560.9	Intestinal Obstruction	Active	24 Jun 2015
784.0	Headache Disorders	Active	24 Jun 2015
787.91	Diarrheal Disorders	Active	23 Jun 2015
021.9	Tularemia	Active	10 Jun 2015
280.9	Iron Deficiency Anemia	Active	5 Jun 2015
599.60	Lower Urinary Tract Obstruction	Active	29 May 2015
460	Common Cold / Nasopharyngitis	Active	26 May 2015
441.9	Aortic Aneurysm / Dissection	Active	10 May 2015
599.0	Urinary Tract Infection	Resolved	27 Jan 2015
722.0	Displacement of cervical intervertebral disc without myelopathy	Resolved	20 Aug 2014
599.70	Hematuria, gross	Active	19 Aug 2014
327.23	Obstructive sleep apnea of adult	Active	21 May 2014
380.22	Eczema of external ear	Active	9 Jul 2013
780.2	Vasodepressor syncope	Active	24 Sep 2010
447.70	Thoracic aortic ectasia	Active	20 Sep 2010
211.3	Colon polyps	Active	21 Jul 2010
562.10	Diverticulosis of colon	Active	21 Jul 2010
V15.82	Personal history of tobacco use, presenting hazards to health	Resolved	18 Mar 2008
272.4	Hyperlipidemia	Active	22 Mar 2007
281.0	Pernicious anemia	Active	22 Mar 2007
790.21	Impaired fasting glucose	Active	22 Mar 2007
721.0	Cervical spondylosis without myelopathy	Controlled	23 Sep 2004

Procedures		
CPT Code	Description	Date
	EYE EXAMINATION	30 Oct 2014
Z1020	CHEST X-RAY	1 Oct 2014
Z2040	SPINAL X-RAY	1 Oct 2014
FINDINGS: Lateral view of the cervical spine shows prior anterior fusion at either C6-7 or C5-6. This depends on how you count the C2 and C3 level, which appears to show partial congenital fusion. The fused segment shows excellent alignment. There is an anterior metallic plate and a bony fusion plug in place. There is loss of disc space height and spurring just below the fused segment and there is facet arthropathy in the lower cervical spine. No other significant finding.		
	SPINAL EXAM	1 Oct 2014

Fig. 4

CPT Code	Description	Date
	SPINAL EXAM	1 Oct 2014
	2 VIEW CHEST LOW DOSE CT SCAN WITH OR WITHOUT CONTRAST	16 Sep 2014
21020	XR CHEST PA AND LATERAL 2 VIEW	21 Aug 2014
	XR CHEST PA AND LATERAL 2 VIEW (08/21/2014 3:13 PM CDT) Narrative Frontal and lateral views of the chest, compared to the study from 9/20/2010, show clear lungs without a pleural effusion or cardiomegaly. Procedure Note Frontal and lateral views of the chest, compared to the study from 9/20/2010, show clear lungs without a pleural effusion or cardiomegaly.	
72141	MRI	19 Aug 2014
	INDICATION: Left arm pain. TECHNIQUE: Multiplanar and multisequence images were obtained. FINDINGS: There is reversal of the cervical lordosis. There is no evidence of marrow replacement. The cervical cord has a normal appearance. No abnormalities are seen from the skull base through C2. There is mild degenerative change at C2-3 with mild posterior disc osteophyte complex and moderate left uncovertebral spurring with associated moderate foraminal stenosis. C3-4: Mild posterior spurring and moderate uncovertebral spurring on the left with moderate neural foraminal stenosis. C4-5: Moderate broad-based disc protrusion and left-sided uncovertebral spurring with moderate foraminal stenosis. C5-6: Advanced degenerative disc disease with disc space narrowing and bilateral uncovertebral spurring. This results in moderate right and severe left neural foraminal stenosis. C6-7: Uncovertebral spurring, greater on the right with moderate to severe right neural foraminal stenosis. C7-T1: Normal.	
72141	MRI CERVICAL SPINE WO CONTRAST	19 Aug 2014
	MRI CERVICAL SPINE WO CONTRAST (08/19/2014 10:25 AM CDT) Narrative TECHNIQUE: Sagittal T2 exam was performed through the cervical spine without intravenous contrast. After this sequence was performed, the patient decided to terminate the exam and was unable to complete, therefore, this is a limited study. COMPARISON: 9/23/04 FINDINGS: Signal in the bony spinal axis and spinal cord appears normal. There is reversal of the normal lordosis which has increased from 2004. There appears to be some moderate disc-osteophyte complex at C5-C6 and lesser degree at C6-C7 with some mild disc protrusion at C4-C5. Procedure Note TECHNIQUE: Sagittal T2 exam was performed through the cervical spine without intravenous contrast. After this sequence was performed, the patient decided to terminate the exam and was unable to complete, therefore, this is a limited study. COMPARISON: 9/23/04 FINDINGS: Signal in the bony spinal axis and spinal cord appears normal. There is reversal of the normal lordosis which has increased from 2004. There appears to be some moderate disc-osteophyte complex at C5-C6 and lesser degree at C6-C7 with some mild disc protrusion at C4-C5. IMPRESSION: 1. MODERATE DISC-OSTEOPHYTE COMPLEX AT C5-C6 AND C6-C7 WITH SOME MINIMAL DISC PROTRUSION AT C4-C5. THIS APPEARS ONLY MINIMALLY PROGRESSED FROM 2004 EXAM. 2. NOTE, ONLY ONE SAGITTAL T2 SEQUENCE WAS PERFORMED, AS THE PATIENT COULD NOT COMPLETE THE REST OF THE EXAM, THEREFORE, THIS IS A LIMITED EXAM AS NO AXIALS WERE OBTAINED.	
71250	CT SCAN	13 Aug 2014
	INDICATION: Long-term smoker with 15 pack year history of smoking. TECHNIQUE: Low-dose screening chest CT obtained without contrast for detection of lung cancer. COMPARISON: 9/20/2010 FINDINGS: No pleural or pericardial effusion or lymphadenopathy is seen. Calcified granulomatous lymph nodes are seen in the mediastinum and right hilum. No significant abnormality is seen in visualized upper abdomen. Mild upper lobe dominant emphysema is seen. There is a calcified granuloma in right lower lobe. A small nodule along left major fissure on image 85 of series 2 is stable since 2010 and thus likely benign in etiology. Given its location it may represent a small lymph node. No suspicious lung nodule is seen. Mild degenerative disc space narrowing is seen in thoracic spine.	
IMG10224	CT LOW DOSE LUNG SCREENING	13 Aug 2014

CPT Code	Description	Date
99213	PHYSICAL EXAM	9 Jul 2014
93015	CARDIO TEST TREADMILL STRESS TEST (05/22/2014 11:58 AM CDT) Result Comment Normal. Problem may be acid reflux. See what the omeprazole does.	22 May 2014
76770	ECHO ULTRA EKG (05/21/2014 1:02 PM CDT) Result Comment Normal. No change from 2010 tracing. No electrical evidence of recent (or ever) heart attack	21 May 2014
76705	ULTRASOUND RIGHT UPPER QUADRANT ULTRASOUND/COMPARISON: None. TECHNIQUE: High-resolution gray scale images of the liver, pancreas, gallbladder, common bile duct, and right kidney were obtained. FINDINGS: Liver is normal in size and echotexture. No free fluid in the visualized abdomen. Pancreas is within normal limits. Gallbladder is unremarkable. Common bile duct normal in caliber measuring 3 mm. Limited views of the right kidney demonstrates no hydronephrosis.	21 May 2014
IMG15012	US RUQ ABDOMEN US RUQ ABDOMEN (05/21/2014 10:44 AM CDT) Narrative RIGHT UPPER QUADRANT ULTRASOUND COMPARISON: None. TECHNIQUE: High-resolution gray scale images of the liver, pancreas, gallbladder, common bile duct, and right kidney were obtained. FINDINGS: Liver is normal in size and echotexture. No free fluid in the visualized abdomen. Pancreas is within normal limits. Gallbladder is unremarkable. Common bile duct normal in caliber measuring 3 mm. Limited views of the right kidney demonstrates no hydronephrosis. Procedure Note RIGHT UPPER QUADRANT ULTRASOUND COMPARISON: None. TECHNIQUE: High-resolution gray scale images of the liver, pancreas, gallbladder, common bile duct, and right kidney were obtained. FINDINGS: Liver is normal in size and echotexture. No free fluid in the visualized abdomen. Pancreas is within normal limits. Gallbladder is unremarkable. Common bile duct normal in caliber measuring 3 mm. Limited views of the right kidney demonstrates no hydronephrosis. IMPRESSION: NEGATIVE RIGHT UPPER QUADRANT ULTRASOUND. Result Comment normal	21 May 2014
	LUNG SCREENING II	6 Apr 2014
	V76.44 NEO. OF PROSTATE	25 Mar 2014
81025	URINE TEST	7 May 2013
76090	COLONOSCOPY	22 Aug 2012
73510	XR HIP RIGHT (XR HIP RIGHT MIN 2 VIEWS)	9 Aug 2012

CPT Code	Description	Date
	XR HIP RIGHT (XR HIP RIGHT MIN 2 VIEWS) (08/09/2012 2:08 PM CD) NARRATIVE EXAMINATION: RIGHT HIP FINDINGS: Frontal and lateral images of the right hip were obtained. There are mild degenerative changes identified. No fracture or dislocation is seen. Procedure Note EXAMINATION: RIGHT HIP FINDINGS: Frontal and lateral images of the right hip were obtained. There are mild degenerative changes identified. No fracture or dislocation is seen. IMPRESSION: 1. THERE ARE MILD DEGENERATIVE CHANGES IDENTIFIED. 2. NO ACUTE FRACTURE OR DISLOCATION IS SEEN.	
Z0551	MRA	27 Mar 2012
	TECHNIQUE: Magnetic resonance angiography of the aorta was accomplished before and after 40 cc of ProHance. FINDINGS: No significant aneurysm is seen. The ascending thoracic aorta appears unremarkable throughout. There is no dissection identified. There is no atherosclerotic disease appreciated.	
IM613004	MRA CHEST W.O. CONTRAST	27 Mar 2012
93015	CARDIO TEST	3 Mar 2012
Z0551	MRA	18 Feb 2012
	TECHNIQUE: Magnetic resonance angiography of the aorta was accomplished before and after 40 cc of ProHance. FINDINGS: No significant aneurysm is seen. The ascending thoracic aorta appears unremarkable throughout. There is no dissection identified. There is no atherosclerotic disease appreciated.	
	LUNG SCREENING	4 Jan 2006
Z6090	COLONOSCOPY	4 Apr 2004
Z1020	CHEST XRAY	2 Mar 1994
Surgical History		
History		
Coronary artery bypass graft		
Facility: Deaconess Hospital	Other reason: Location: Evansville, IN	Admission Date: 3 Mar 2011 Discharge Date: 6 Mar 2011
Discharge Instructions: Return to emergency department for re-evaluation in 10 days. Check in with your doctor (Primary Care Provider or Cardiologist) if not improved in 5 days. You may need to have an outpatient (stress test/echocardiogram). This (has/has not) been discussed with your regular doctor.		
Cataract surgery		
Facility: St. Marys Hospital	Other reason: Location: Evansville, IN	Admission Date: 26 Feb 1995 Discharge Date: 27 Feb 1995
Discharge Instructions: Stay off feet, sit in chair for 2 days following discharge. Followup visit in 3 days. Report any unusual discharge from around the eyes and continue on post surgical medications until finished.		
Results		
APT - 85730	LOINC Code Range	Unit 8/21/2014

Fig. 4

aPTT	12185-5	23.4-32.8	SEC	28.7 Comment: HCT OF >55% W ILL CAUSE INAC CURATE COAGUL ATION TEST RES ULTS. CALL 812- 450-2482 FOR FU RTHIR INSTRUCC TIONS, IF NEEDED.
BASIC METABOLIC PANEL (BASIC METABOLIC PANEL (CHEM8)) - 80048				
	LOINC Code	Range	Unit	8/21/2014
Glucose	2345-7	70-99	MG/DL	99
BUN	3094-0	8-23	MG/DL	16
Creatinine	2160-0	0.6-1.2	MG/DL	0.9
Sodium	2951-2	136-145	MMOL/L	143
Potassium	2823-3	3.5-5.4	MMOL/L	4.0
Chloride	2075-0	98-107	MMOL/L	109 (H)
CO2	2028-9	20-33	MMOL/L	30
Calcium	17861-6	8.7-10.4	MG/DL	8.7
Est GFR	33914-3	>60	ML/MIN/1.73S G.M	>60
GFR Comment				IF PATIENT IS AF IF PATIENT IS A RICAN AMERICA FRICAN AMERIC N, MULTIPLY RES AN, MULTIPLY R ULT BY 1.21
ANION GAP	1863-0	7-14	MMOL/L	8
CATECHOLAMINE, URINE (CATECHOLAMINE, FRACTIONATED, 24 HR URINE) - 82384	LOINC Code	Range	Unit	10/21/2010
				12

Fig. 4

CAT UR INTERPRETATION	49256-1	See Note (NOTE) TEST INFORMATION: OM: Catecholamines Panel, Urine Free Ratios to creatinine may be useful for evaluation of patients younger than 18 years of age, when the urine collection is random or other than 24 hours, or the urine volume is less than 300 mL							
CAT UR CREAT MG/DL	20624-3	mg/dL	90	1732 (NOTE) Performed by ARUP Laboratories, 500 Chipeta Way, SL C, UT 84108 800-522-2787 www.aruplab.com, Sherrie L Perkins, MD, Lab Director					
CAT UR CREAT MG/DAY	2162-6	mg/d							
Epinephrine	13734-9	ug/gCR	6						
EPINEPHRINE UG/DAY	2232-7	ug/d	10						
NOREPINEPHRINE UG/G C RT	13782-8	ug/gCR	36						
NOREPI UG/DAY	2668-2	ug/d	62						
Dopamine	2217-8	ug/gCR	129						
DOPAMINE UG/DAY	2218-6	ug/d	223						
CAT UR PERIOD	30211-7	hr	24						
CAT UR VOLUME	19153-6	mL	1925						
CBC W AUTO DIFF-85025	LOINC Code	Range	Unit	8/21/2014	7/15/2014	5/21/2014	7/5/2013	6/29/2012	5/20/2011
WBC	6690-2	4.1-10.9	THOUS	5.0	5.2	5.0	4.8	5.5	6.9
RBC	789-8	3.35-5.50	MIL	4.02	4.13	4.09	4.18	4.10	4.35
Hemoglobin	718-7	12.9-16.6	GM/DL	13.4	13.6	13.7	13.8	13.8	14.3
Hematocrit	4544-3	%		38.0	38.9	38.9	39.4	37.9	41.0
MCV	787-2	81.0-95.0	FL	94.5	94.2	95.1 (H)	94.3	92.4	94.3

Fig. 4

MCH	785-6	PG	33.3	32.9	33.5	33.0	33.7	32.9
MCHC	786-4	33.0-37.0	G/DL	35.3	35.0	35.2	35.0	36.4
RDWCV	788-0	%	12.2	12.3	12.6	12.5	12.3	12.8
RDWSD	21000-5	35.0-42.0	FL	42.2 (H)	42.1 (H)	43.7 (H)	42.5 (H)	41.8
Platelets	777-3	130-400	THOUS	148	138	141	142	140
MPV	28542-9	7.4-10.4	FL	11.5 (H)	12.1 (H)	11.9 (H)	12.0 (H)	11.6 (H)
nRBC	19048-8	0	/100 WBC'S	0.0	0.0	0.0		11.8 (H)
ABS NRBC	30392-5	1		0.0 (L)	0.0 (L)	0.0 (L)		
Differential Type	49024-3							
Neutrophils	26511-6	%	50.9	50.7	53.3	51.5	53.1	64.9
Lymphs	26478-8	%	32.0	26.1	30.9	30.8	30.0	21.4
Monocytes	26485-3	%	7.6	6.3	7.2	8.1	9.0	7.0
Eos	26450-7	%	8.5	6.1	7.6	9.0	7.4	6.3
Basos	30180-4	%	0.8	0.6	0.8	0.4	0.5	0.4
IMM Gran	38518-7	%	0.2	0.2	0.2	0.2		
Neutrophils Absolute	26499-4	1	2.6 (H)	3.2 (H)	2.7 (H)	2.5 (H)	2.9 (H)	4.5 (H)
Lymphocytes Absolute	26474-7	1	1.6 (H)	1.4 (H)	1.6 (H)	1.5 (H)	1.7 (H)	1.5 (H)
Monocytes Absolute	26484-6	1	0.4 (L)	0.3 (L)	0.4 (L)	0.4 (L)	0.5 (L)	0.5 (L)
Eosinophils Absolute	26449-9	1	0.4 (L)	0.3 (L)	0.4 (L)	0.4 (L)	0.4 (L)	0.4 (L)
Basophils Absolute	26444-0	1	0.0 (L)	0.0 (L)	0.0 (L)	0.0 (L)	0.0 (L)	0.0 (L)
ABS IMM Gran	51584-1	1	0.01 (L)	0.01 (L)	0.01 (L)	0.01 (L)		
CK (CK (CPK) CREATINE PHOSPHOKINASE) - 82550								
LOINC Code		Range	Unit	5/21/2014				
Total CK	2157-6		U/L	183				
COMPREHENSIVE METABOLIC PANEL - 80053								
LOINC Code		Range	Unit	7/15/2014	6/29/2012	5/20/2011		
Glucose	2345-7	70-99	MG/DL	119 (H)	124 (H)	117 (H)		
BUN	3094-0	6-20	MG/DL	14	15	14		
Creatinine	2160-0	0.6-1.2	MG/DL	0.9	1.0	1.0		
Sodium	2951-2	136-145	MMOL/L	141	141	142		

Fig. 4

Potassium	2823-3	3.5-5.4	MMOL/L	4.3	4.4	4.3 Comment: Slightly hemolyze d, may affect K, AST, ALT result
Chloride	2075-0	98-107	MMOL/L	107	107	109 (H)
CO2	2028-9	20-33	MMOL/L	27	30	30
Calcium	17861-6	8.7-10.4	MG/DL	8.9	8.8	9.0
Total Protein	2885-2	6.4-8.3	G/DL	6.3 (L)	6.5	6.6
Albumin	1751-7	3.4-4.6	G/DL	4.2	4.2	4.3
Albumin/Globulin Ratio	1759-0	1		2.0 (H)	1.8 (H)	1.9 (H)
Bilirubin, Total	1975-2	0.3-1.2	MG/DL	0.4	0.2 (L)	0.2 (L)
AST	1920-8		U/L	21	20	19
Alkaline Phosphatase	6768-6		U/L	67	69	73
ALT	1742-6		U/L	25	20	24
Est GFR	33914-3	>60	ML/MIN/1.73sq m	>60	>60	>60
GFR Comment				IF PATIENT IS AF IF PATIENT IS A IF PATIENT IS A RICAN AMERICA FRICAN AMERIC N, MULTIPLY RES AM, MULTIPLY R ULT BY 1.21 ESULT BY 1.21		
ANION GAP	1863-0	7-14	MMOL/L	11	8	
D-DIMER, QUANTITATIVE	LOINC Code	Range	Unit	5/21/2014		
-85379						
D-Dimer, Quant	48065-7	0.20-0.59	MG/L FEU	0.33 HCT OF >55 % WILL CAUSE I NACCURATE CO AGULATION TES T RESULTS. CALL 812-450-2482 FO R FURTHER INST RUTIONS, IF NE EDED. Comment : ===== RESU LTS OF <0.5 MG/ L ARE TYPICALLY NOT ASSOCIATE D WITH DVT OR PE.		
HEMOGLOBIN A1C - 83036	LOINC Code	Range	Unit	7/15/2014	7/5/2013	6/29/2012 5/20/2011
Hemoglobin A1C	17856-6		%	5.7	5.6	5.9 5.8

12 of 19

W
T
S

Fig. 4

PROTIME-INR (PROTIME (PROTHROMBIN TIME)) - 85610	LOINC Code	Range	Unit	8/21/2014
Protime		9-11.4	SEC	10.6
INR	34714-6	1		1.0
PSA - 84153	LOINC Code	Range	Unit	7/15/2014 7/5/2013 6/29/2012 5/20/2011 8/6/2002
PSA	2857-1			
SEDIMENTATION RATE, MANUAL (SEDIMENTATION RATE (SED RATE) - WESTERGRÉN) - 85652	LOINC Code	Range	Unit	8/21/2014
Sed Rate	30341-2	0-15	MM/HR	8
TROPONIN I (SINGLE DETERMINATION) - 84484	LOINC Code	Range	Unit	5/21/2014
Troponin I	10839-9	0-0-0.1	NG/ML	<0.1
TNI NORMAL				SEE NOTES Com ment: rare cases of unknown interfering su stances have been reported and may resul t in false TNIE LEVATION. CORR ELATION WITH P ATIENT CLINICA L PRESENTATION IS REQUIRED.
TNI COMMENT				SEE NOTES Com ment: rare cas es of unknown interfering su stances have been reported and may resul t in false TNIE LEVATION. CORR ELATION WITH P ATIENT CLINICA L PRESENTATION IS REQUIRED.

URINALYSIS AUTO W/SCOPE (URINALYSIS (UA) WITH MICROSCOPIC) - 81001						
Color, UA	33125-5	YELLOW	7/15/2014	7/5/2013	6/29/2012	5/20/2011
UR Appearance	33511-7	CLEAR	CLEAR	CLEAR	CLEAR	SLIGHTLY CLOU DY
Glucose, UA	5792-7	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE
Bilirubin, UA	5770-3	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE
Ketones, UA	5797-6	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE
Specific Gravity, UA	33513-3	1	1.015 (H)	1.021 (H)	1.017 (H)	1.022 (H)
Blood, UA	20409-9	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE
pH, UA	5803-2	1	6.5 (H)	6.0 (H)	6.5 (H)	7.0 (H)
Protein, UA	5804-0	NEGATIVE	NEGATIVE	TRACE	NEGATIVE	TRACE
Urobilinogen, UA	20405-7	<2	MG/DL	0.2	<2.0	<2.0
Nitrite, UA	5802-4	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE	NEGATIVE
Leukocytes Esterase UA	5799-2	NEGATIVE	LEU/UL	NEGATIVE	NEGATIVE	NEGATIVE
URINALYSIS AUTO W/SC OPE (URINALYSIS (UA) W ITH MICROSCOPIC)						
DEACONESS CL NIC DOWNTOWN 421 CHESTNUT S TREET EVANSVIL LE, IN 47713						
Site	19803-6			CCMS	CCMS	CCMS
RBC, UA	13945-1	<3	/HPF	2		1
WBC, UA	5821-4	<5	/HPF	1	1	NONE SEEN
Mucus, UA	46421-4	NORMAL		RARE	RARE	RARE
Hyaline Casts, UA	9842-6	<3	/LPF	7 (H)	2	
Ca Oxalate Crys, UA	5782-8	NORMAL		FEW	RARE	
Amorphous, UA	8246-1	NORMAL	/HPF	RARE	RARE	SCATTERED
Bacteria, UA	25145-4	NONE	/HPF			RARE
VITAMIN B12 - 82607						
LOINC Code	Range	Unit	12/18/2012			
Vitamin B-12	2132-9	PG/ML	780			

Family history

Fig. 4

Condition	Family Member		
Cancer	Father		
	Brother		
	Aunt		
	Grandparents (Fathers-side)		
Diabetes	Father		
	Mother		
	Sister		
	Uncle		
Polyps in colon:	Grandparents (Mothers-side)		
	Father		
	Brother		
Hypertension	Brother		
	Uncle		
	Grandparents (Mothers-side)		
High Cholesterol	Aunt		
	Mother		
	Sister		
	Uncle		
Stroke	Mother		
	Sister		
	Grandparents (Mothers-side)		
Social History			
SNOMED CT Code	Social History	Description	Start Date
8517006	Former smoker	Stopped 1973	1968
	Former drinker (alcohol)	2-5 glasses of wine per month	1966
	Former drinker (caffeine)		1968
Advance Directives			
Directive	Verification		Release

Fig. 4

Appointee will make decisions			Carole E Higgs			Signature on Scan		
Most recent Vital Signs								
Result name	LOINC Code	Unit	1/2/2014	11/27/2013	11/14/2013	8/22/2013	8/20/2013	
O2 % SdC Oximetry	2710-2	%	98	98	98	98	96	
Heart Rate	8867-4	beats/min	72	72	72	72	72	
Body Temperature	8310-5	F/C	101.0	101.2	101.1	98.1	96.6	
Weight Measured	3141-9	lbs/kg	190	190	200	200	201	
Height	8302-2	in/cm	72	72	72	72	72	
Body mass index	39156-5	kg/m2	25.8	25.8	27.1	27.1	27.3	
BP Systolic	8480-6	mmHg	190	150	150	140	145	
BP Diastolic	8462-4	mmHg	100	90	90	80	80	
* Results from patient are displayed in italic								
Functional and Cognitive Status								
SNOMED Code	Description		Finding			Date		
248536006	Finding of functional performance and activity		unremarkable			29 Jun 2015		
373930000	Cognitive function Finding		Unremarkable			29 Jun 2015		
Document Informations								
Information patient								

Dr. Larry Judy	
Work Place:	123 Locust st. Evansville, Indiana 47712 Mail (Work Place): lhiggs@icucare.com
Dr. Robbie Solinger	
Work Place:	2425 Hwy 41 N, Ste 204 Evansville, Indiana 47711 Mail (Work Place): rhiggs@csiang.net
James Yoder	
Work Place:	2425 HWY41 N STE 204 Evansville, Indiana 47711 Mail (Work Place): rhiggs@icucare.com
myEnhvr CDDA Generator	
2425 Hwy 41 N #204 Evansville, IN 47711, US Tel (Work Place): (812) 401 9920	
Robert Higgs	
2425 N Hwy 41 Evansville, Indiana 47712, United States Tel (Work Place): (022) 289-3832	
Robert Higgs	
2425 N Hwy 41 Evansville, Indiana 47712, United States Tel (Work Place): (022) 289-3832	
Signed on July 18, 2015, 14:27	
2425 Hwy 41 N #204 Evansville, IN 47711, US Tel (Work Place): (812) 401 9920	
ICUCare LLC	

Fig. 4

Work Place:
2425 Hwy 41 N #204
Evansville, IN 47711, US
Tel (Work Place): (812) 401-9920

Fig. 4