



Name:	JEFFREY THOMAS BODIN
Date of Birth:	22-May-1997
Gender Identity:	Male

My Care Team

Provider	Service Type
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Health Conditions

Name	Onset	Status	Source
Narcolepsy		Active	Patient-Entered
Idiopathic Neuropathy		Active	Patient-Entered
Cluster headaches		Active	Patient-Entered
Seasonal allergies		Active	LSU Healthcare Network
Narcolepsy		Active	LSU Healthcare Network
Elevated transaminase level		Active	LSU Healthcare Network
Grand mal seizure		Active	LSU Healthcare Network
Intractable epilepsy without status epilepticus, unspecified epilepsy type		Active	LSU Healthcare Network
Nonintractable epilepsy without status epilepticus, unspecified epilepsy type		Active	LSU Healthcare Network

Procedures

Name	Date	Provider	Source
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Medications

Name	Directions	Refills	Provider	Source
Amphetamine-Dextroamphetamine 30 MG Oral Tablet	3/day 90mg total daily		Dr. Ashely Weiss	Patient-Entered
24HR Allergy Relief 180 MG Oral Tablet	Take 1 Tablet Daily.	0		LSU Healthcare Network

<u>Name</u>	<u>Directions</u>	<u>Refills</u>	<u>Provider</u>	<u>Source</u>
Azelastine HCl - 0.1 % Nasal Solution	Use 1 Spray In Each Nostril Twice Daily.	11		LSU Healthcare Network
Fluticasone Propionate 50 MCG/ACT Nasal Suspension	Use 2 Sprays In Each Nostril Once Daily.	5		LSU Healthcare Network
Amphetamine-Dextroamphet ER 30 MG Oral Capsule Extended Release 24 Hour	Take 3 Capsule Daily.	0		LSU Healthcare Network
Montelukast Sodium 10 MG Oral Tablet	Take 1 Tablet At Bedtime.	11		LSU Healthcare Network
buPROPion HCl ER (XL) 300 MG Oral Tablet Extended Release 24 Hour	Take 1 Tablet Daily.	0		LSU Healthcare Network
Sunosi 75 MG Oral Tablet		0		LSU Healthcare Network

Allergies

<u>Name</u>	<u>Reactions</u>	<u>Status</u>	<u>Source</u>
Latex	Rash	Active	Patient-Entered
Latex Gloves		Active	LSU Healthcare Network

Immunizations

<u>Name</u>	<u>Date</u>	<u>Status</u>	<u>Source</u>
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Family Health Conditions

<u>Name</u>	<u>Relationship</u>	<u>Status</u>	<u>Source</u>
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Personal Health Conditions

<u>Name</u>	<u>Status</u>	<u>Source</u>
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Vitals

<u>Name</u>	<u>Date</u>	<u>Value</u>	<u>Source</u>
Oxygen Saturation	1/2/2019	99 %	LSU Healthcare Network
Heart Rate	1/2/2019	90 Beats Per Minute	LSU Healthcare Network
Blood Pressure	1/2/2019	110/76 mmHG	LSU Healthcare Network
Respiration Rate	1/2/2019	18 Breaths Per Minute	LSU Healthcare Network
Temperature	1/2/2019	97.6 ° F	LSU Healthcare Network
Pain Scale	1/2/2019	0	LSU Healthcare Network

Name	Date	Value	Source
Body Surface Area	1/2/2019	1.59 m ²	LSU Healthcare Network
Body Mass Index	1/2/2019	17.7 kg/m ²	LSU Healthcare Network
Weight	1/2/2019	113.0 lbs	LSU Healthcare Network
Height	1/2/2019	5' 7"	LSU Healthcare Network
Body Mass Index	7/8/2019	17.23 kg/m ²	LSU Healthcare Network
Blood Pressure	7/8/2019	132/83 mmHG	LSU Healthcare Network
Body Surface Area	7/8/2019	1.57 m ²	LSU Healthcare Network
Height	7/8/2019	5' 7"	LSU Healthcare Network
Pain Scale	7/8/2019	0	LSU Healthcare Network
Pulse	7/8/2019	Normal	LSU Healthcare Network
Heart Rate	7/8/2019	97 Beats Per Minute	LSU Healthcare Network
Weight	7/8/2019	110.0 lbs	LSU Healthcare Network
Pain Scale	11/11/2019	0	LSU Healthcare Network
Heart Rate	11/11/2019	89 Beats Per Minute	LSU Healthcare Network
Blood Pressure	11/11/2019	120/79 mmHG	LSU Healthcare Network
Body Surface Area	11/11/2019	1.57 m ²	LSU Healthcare Network
Body Mass Index	11/11/2019	17.23 kg/m ²	LSU Healthcare Network
Weight	11/11/2019	110.0 lbs	LSU Healthcare Network
Height	11/11/2019	5' 7"	LSU Healthcare Network
Pain Scale	9/28/2020	0	LSU Healthcare Network
Pulse	9/28/2020	Normal	LSU Healthcare Network
Heart Rate	9/28/2020	91 Beats Per Minute	LSU Healthcare Network
Blood Pressure	9/28/2020	111/78 mmHG	LSU Healthcare Network
Body Surface Area	9/28/2020	1.5 m ²	LSU Healthcare Network
Body Mass Index	9/28/2020	15.47 kg/m ²	LSU Healthcare Network
Weight	9/28/2020	98.8 lbs	LSU Healthcare Network
Height	9/28/2020	5' 7"	LSU Healthcare Network
Body Mass Index	9/10/2018	17.28 kg/m ²	LSU Healthcare Network
Blood Pressure	9/10/2018	130/82 mmHG	LSU Healthcare Network
Body Surface Area	9/10/2018	1.59 m ²	LSU Healthcare Network
Height	9/10/2018	5' 8"	LSU Healthcare Network
Oxygen Saturation	9/10/2018	99 %	LSU Healthcare Network
Pain Scale	9/10/2018	HEAD	LSU Healthcare Network
Pain Scale	9/10/2018	4	LSU Healthcare Network
Pulse	9/10/2018	Normal	LSU Healthcare Network
Respiration	9/10/2018	Normal	LSU Healthcare Network
Heart Rate	9/10/2018	90 Beats Per Minute	LSU Healthcare Network
Respiration Rate	9/10/2018	18 Breaths Per Minute	LSU Healthcare Network
Temperature	9/10/2018	98.7 ° F	LSU Healthcare Network
Weight	9/10/2018	112.0 lbs	LSU Healthcare Network

Results

Documents

9/10/2018 - Release of Information Authorization LSU Healthcare Network

FollowMyHealth

Authorization Release of Information

First Name: JEFFREY

Middle initial:

Last Name: BODIN

I, BODIN, JEFFREY authorize LSU Healthcare Network to release any and all healthcare information about me to my FollowMyHealth personal health record for my own uses and purposes. I acknowledge that such healthcare information may include the following: x-rays, clinical diagnosis, histories of present illnesses, immunizations, allergies, prescription drug information, laboratory results, diagnostic screening and testing, clinical procedures, medical research, clinical trials, billing, account, and insurance information.

I acknowledge that such healthcare information may include information regarding mental health screenings and/or treatment, including psychotherapy notes; HIV/AIDS, infectious disease, sexually transmitted infection testing, screening, diagnosis, and/or treatment; genetic testing; history of domestic violence, child abuse, and/or family abuse; and, substance/alcohol use and treatment history.

I acknowledge that with this authorization LSU Healthcare Network may disclose any information or records (within the scope of the authorization) that LSU Healthcare Network has received about me from other healthcare Practices or facilities. LSU Healthcare Network may, within its discretion, withhold from disclosure any of the above information as permitted or required by law.

Access to treatment or services may not be denied to me if I decline to sign this Authorization or revoke my Authorization. However, without this Authorization, my Practice will not electronically release my healthcare information to my FollowMyHealth personal health record. I may revoke this Authorization at any time. Such revocation will promptly take effect except to the extent that LSU Healthcare Network already has acted based on this Authorization.

I may revoke this Authorization by removing LSU Healthcare Network as a health care Practice with which I want to be connected on my FollowMyHealth account or providing my request to LSU Healthcare Network. However, I acknowledge that data previously submitted by LSU Healthcare Network as authorized by me prior to my subsequent revocation of this Authorization will remain in my Follow My Health account. I understand that I may delete my FollowMyHealth account any time. This authorization shall end upon the earliest of: a) the termination of the connection between my healthcare Practice and my FollowMyHealth Account; b) upon my written request submitted to support@followmyhealth.com; or c) 12 months from the date of execution of the Authorization.

For Authorized Representatives of Patients younger than 18 years old: This Authorization shall expire upon the earliest of: (1) the date the minor reaches the age of 18; or (2) the date FollowMyHealth receives written revocation from the minor, as an emancipated minor with legal authority to manage his/her own healthcare.

I understand that the information submitted to my FollowMyHealth account is subject to the privacy and security protections of applicable Federal and State laws. I further understand and acknowledge that the manner in which FollowMyHealth protects my personal information is detailed in the FollowMyHealth Privacy Policy and the FollowMyHealth Terms of Use.

I understand that LSU Healthcare Network is not responsible for the security of data stored in the FollowMyHealth database, and that the owners of FollowMyHealth are responsible for ensuring the security of the data stored in FollowMyHealth.

I have the right to receive a copy of this Authorization and may do so by clicking [Print] above.

Signed on 09/10/2018

Please complete the following information:

BODIN, JEFFREY

05/22/1997

If signing on behalf of a Patient, please complete the following:

Relationship to Patient: [Place "x" in the appropriate box below]

Patient

Parent/Guardian/Other Legal Representative

By clicking [I ACCEPT], I acknowledge and agree to the terms of this Authorization.

9/10/2018 Caroline Barton, MD- Clinical Summary Document

**Kenner Campus Suite 701
Kenner, LA**

BODIN, JEFFREYMay 22, 1997
BornMale
Sex2327610
Patient Id528 BEAU CHENE DR
MANDEVILLE, LA 70471
AddressEnglish (preferred)
Language
Other Race
Race
Not Hispanic or Latino
Ethnicity**Visit Summary****Plan of Care***Planned Observations***Planned Goals not documented****Vital Signs**

10-Sep-2018 11:21	BP Systolic	130 mm[Hg]	<i>Comments:</i> Location: LUE; Position: Sitting
	BP Diastolic	82 mm[Hg]	<i>Comments:</i> Location: LUE; Position: Sitting
	Temperature	98.7 f	<i>Comments:</i> Method: Oral
	Heart Rate	90 /min	<i>Comments:</i> Location: L Brachial Artery; Quality: Normal
	O2 SAT	99 %	<i>Comments:</i> Source: RA
	Respiration Rate	18 /min	<i>Comments:</i> Quality: Normal
	Height	67.5 in	
	Weight	112 lb	
	Body Mass Index Calculated	17.28 kg/m ²	
	Body Surface Area Calculated	1.59 m ²	
	Physical Findings	4	<i>Comments:</i> Pain Scale

Medications

24HR Allergy Relief 180 MG Oral Tablet TAKE 1 TABLET DAILY <i>Refills:</i> 0	<i>Start:</i> 10-Sep-2018
Azelastine HCl - 0.1 % Nasal Solution USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY <i>Quantity:</i> 90 <i>Refills:</i> 11	<i>Start:</i> 10-Sep-2018
Fluticasone Propionate 50 MCG/ACT Nasal Suspension USE 2 SPRAYS IN EACH NOSTRIL ONCE DAILY <i>Quantity:</i> 1 <i>Refills:</i> 5	<i>Start:</i> 10-Sep-2018 16 GM Bottle
Amphetamine-Dextroamphet ER 30 MG Oral Capsule Extended Release 24 Hour TAKE 3 CAPSULE DAILY <i>Refills:</i> 0	<i>Start:</i> 10-Sep-2018

Montelukast Sodium 10 MG Oral Tablet

Start : 10-Sep-2018

TAKE 1 TABLET AT BEDTIME.

Quantity: 30 Refills: 11

BuPROPion HCl ER (XL) 300 MG Oral Tablet Extended Release 24 Hour

Start : 10-Sep-2018

TAKE 1 TABLET DAILY.

Refills: 0

Problems

Seasonal allergies

Narcolepsy

Allergies and Adverse Reactions

Latex Gloves (Allergy)

Results

Results not documented

Procedures

Procedures not documented

Immunization

Immunizations not documented

Health Care Providers

Ambulatory Health Care Facilities

Donna Pontiff Unknown
Address

Ambulatory Health Care Facilities

JORGE CRUZ 1501 NEWTIN STREET SUITE C
NEW ORLEANS, LA 70114
Address

Pharmacy

WALGREENS DRUG STORE 05382 4330 HIGHWAY 22
MANDEVILLE, LA 704713317
Address

Document Details

Kenner Campus Suite 701 Donna Pontiff September 10, 2018 12:34 -0500 Published	200 West Esplanade Avenue Suite 701 LSU Healthcare Network Kenner, LA 70065 Address	(504) 412-1705 Work Phone
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1/8/2019 Caroline Barton, MD- Ambulatory Summary Document

**LSU Health Sciences Center
New Orleans, LA**

BODIN, JEFFREY

May 22, 1997 Born	Male Sex	2327610 Patient Id
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528 BEAU CHENE DR MANDEVILLE, LA 70471 Address	English (preferred) Language
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Continuity of Care Document

Problems

Seasonal allergies (477.9) (J30.2)

Narcolepsy (347.00) (G47.419)

Elevated transaminase level (790.4) (R74.0)

Grand mal seizure (780.39) (G40.409)

Allergies and Adverse Reactions

Latex Gloves (Allergy)

Medications

24HR Allergy Relief 180 MG Oral Tablet; TAKE 1 TABLET DAILY Refills: 0	<i>Start:</i> 10-Sep-2018
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Azelastine HCl - 0.1 % Nasal Solution; USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY Quantity: 90 Refills: 11	<i>Start:</i> 10-Sep-2018
--	---------------------------

Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONCE DAILY Quantity: 1 Refills: 5	<i>Start:</i> 10-Sep-2018 16 GM Bottle
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Amphetamine-Dextroamphetamine ER 30 MG Oral Capsule Extended Release 24 Hour; TAKE 3 CAPSULE DAILY Refills: 0	<i>Start:</i> 10-Sep-2018
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Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME. Quantity: 30 Refills: 11	<i>Start:</i> 10-Sep-2018
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BuPROPion HCl ER (XL) 300 MG Oral Tablet Extended Release 24 Hour; TAKE 1 TABLET DAILY. Refills: 0	<i>Start:</i> 10-Sep-2018
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Procedures

Procedures not documented

Immunizations

Immunizations not documented

Social History

No Information

Plan of Treatment**Planned Encounters**

Appointment; BARTON, CAROLINE, M.D.	<i>Start:</i> 2-Dec-2019	Request
	8:30	

Planned Observations

Planned Goals not documented

Results

No Known Results

Results not documented

Vital Signs

2-Jan-2019 9:20

Systolic 110 mm[Hg]
 Diastolic 76 mm[Hg]
 Height 67 in
 Weight 113 lb
 BMI Calculated 17.7 kg/m2
 BSA Calculated 1.59 m2
 Pain Scale 0 *Comments: Pain Scale*
 Temperature 97.6 f
 Respiration 18 /min
 Heart Rate 90 /min
 O2 Saturation 99 %

Encounters

Appointment; BARTON, CAROLINE, M.D. 2-Jan-2019 9:00
Encounter Diagnosis: Problem not documented

Health Care Providers

Ambulatory Health Care Facilities

JORGE CRUZ 1501 NEWTIN STREET SUITE C
 NEW ORLEANS, LA 70114
 Address

Pharmacy

WALGREENS DRUG STORE 05382 4330 HIGHWAY 22
 MANDEVILLE, LA 704713317
 Address

Document Details

LSU Health Sciences Center	LSU Healthcare Network	(504) 412-1999
CAROLINE BARTON M.D.	1340 Poydras St	Work Phone
January 8, 2019 11:05 -0600	New Orleans, LA 70112	
Published	Address	

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1/8/2019 Caroline Barton, MD- Timely Access Document

**LSU Health Sciences Center
 New Orleans, LA**

BODIN, JEFFREY

May 22, 1997	Male	2327610
Born	Sex	Patient Id

528 BEAU CHENE DR	English (preferred)
MANDEVILLE, LA 70471	Language
Address	

Continuity of Care Document

Problems

Seasonal allergies (477.9) (J30.2)

Narcolepsy (347.00) (G47.419)

Elevated transaminase level (790.4) (R74.0)

Grand mal seizure (780.39) (G40.409)

Allergies and Adverse Reactions

Latex Gloves (Allergy)

Medications

24HR Allergy Relief 180 MG Oral Tablet; *Start: 10-Sep-2018*
 TAKE 1 TABLET DAILY
Refills: 0

Azelastine HCl - 0.1 % Nasal Solution; USE *Start: 10-Sep-2018*
 1 SPRAY IN EACH NOSTRIL TWICE DAILY
Quantity: 90
Refills: 11

Fluticasone Propionate 50 MCG/ACT Nasal *Start: 10-Sep-2018*
 Suspension; USE 2 SPRAYS IN EACH 16 GM Bottle
 NOSTRIL ONCE DAILY
Quantity: 1
Refills: 5

Amphetamine-Dextroamphetamine ER 30 MG *Start: 10-Sep-2018*
 Oral Capsule Extended Release 24 Hour;
 TAKE 3 CAPSULE DAILY
Refills: 0

Montelukast Sodium 10 MG Oral Tablet; *Start: 10-Sep-2018*
 TAKE 1 TABLET AT BEDTIME.
Quantity: 30
Refills: 11

BuPROPion HCl ER (XL) 300 MG Oral Tablet *Start: 10-Sep-2018*
 Extended Release 24 Hour; TAKE 1 TABLET
 DAILY.
Refills: 0

Procedures

Procedures not documented

Immunizations

Immunizations not documented

Social History

No Information

Plan of Treatment

Planned Encounters

Appointment; BARTON, CAROLINE, M.D. *Start: 2-Dec-2019* Request
 8:30

Planned Observations

Planned Goals not documented

Results

No Known Results

Results not documented

Vital Signs

2-Jan-2019 9:20

Systolic 110 mm[Hg]
 Diastolic 76 mm[Hg]
 Height 67 in
 Weight 113 lb
 BMI Calculated 17.7 kg/m2
 BSA Calculated 1.59 m2
 Pain Scale 0 *Comments: Pain Scale*
 Temperature 97.6 f
 Respiration 18 /min
 Heart Rate 90 /min
 O2 Saturation 99 %

Encounters

Appointment; BARTON, CAROLINE, M.D. 2-Jan-2019 9:00
Encounter Diagnosis: Problem not documented

Health Care Providers

Ambulatory Health Care Facilities

JORGE CRUZ 1501 NEWTIN STREET SUITE C
 NEW ORLEANS, LA 70114
 Address

Pharmacy

WALGREENS DRUG STORE 05382 4330 HIGHWAY 22
 MANDEVILLE, LA 704713317
 Address

Document Details

LSU Health Sciences Center	LSU Healthcare Network	(504) 412-1999
CAROLINE BARTON M.D.	1340 Poydras St	Work Phone
January 8, 2019 11:05 -0600	New Orleans, LA 70112	
Published	Address	

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4/18/2019 - Request for Access LSU Healthcare Network

FollowMyHealth®

Request for Access

First Name: JEFFREY

Middle initial: T.

Last Name: BODIN

I, BODIN, JEFFREY T. request access to the healthcare information about me, and authorize LSU Healthcare Network to release such information that it has configured to be transmitted to my FollowMyHealth personal health record for my own uses and purposes. I acknowledge that such healthcare information may include the following: x-rays, clinical diagnosis, histories of present illnesses, immunizations, allergies, prescription drug information, laboratory results, diagnostic screening and testing, clinical procedures, medical research, clinical trials, billing, account, and insurance information.

I acknowledge that such healthcare information may include information regarding mental health screenings and/or treatment, including psychotherapy notes, HIV/AIDS, infectious disease, sexually transmitted infection testing, screening, diagnosis, and/or treatment; genetic testing, history of domestic violence, child abuse, and/or family abuse; and, substance/alcohol use and treatment history. I acknowledge that with this Request for Access LSU Healthcare Network may disclose any information or records (within the scope of the Request for Access) that LSU Healthcare Network has received about me from other healthcare Practices or facilities. LSU Healthcare Network may, within its discretion, withhold from disclosure any of the above information as permitted or required by law. Access to treatment or services may not be denied to me if I decline to sign this Request for Access or revoke my Request for Access. However, without this Request for Access, my Practice will not

electronically release my healthcare information to my FollowMyHealth personal health record. I may revoke this Request for Access at any time. Such revocation will promptly take effect except to the extent that LSU Healthcare Network already has acted based on this Request for Access. I may revoke this Request for Access by removing my connection to LSU Healthcare Network from my FollowMyHealth account or providing my request to LSU Healthcare Network. However, I acknowledge that data previously submitted by LSU Healthcare Network as authorized by me prior to my subsequent revocation of this Request for Access will remain in my FollowMyHealth account. I understand that I may delete my FollowMyHealth account any time. This Request for Access shall end upon the earliest of: a) the termination of the connection between my healthcare Practice and my FollowMyHealth Account; or b) upon my written request submitted to support@followmyhealth.com.

For Authorized Representatives of Patients younger than 18 years old: This Request for Access shall expire upon the earliest of: (1) the date the minor reaches the age of 18; or (2) the date FollowMyHealth receives written revocation from the minor, as an emancipated minor with legal authority to manage his/her own healthcare.

I understand that the information submitted to my FollowMyHealth account is subject to the privacy and security protections of applicable Federal and State laws. I further understand and acknowledge that the manner in which FollowMyHealth protects my personal information is detailed in the FollowMyHealth Privacy Policy and the FollowMyHealth Terms of Use. I understand that LSU Healthcare Network is not responsible for the security of data stored in the FollowMyHealth database, and that the owners of FollowMyHealth are responsible for ensuring the security of the data stored in FollowMyHealth.

I have the right to receive a copy of this Request for Access and may do so by clicking [Print] above. Signed on 04/18/2019

Please complete the following information:

BODIN, JEFFREY T.
05/22/1997

If signing on behalf of a Patient, please complete the following:

Relationship to Patient: [Place "x" in the appropriate box below]

Patient

Parent/Guardian/Other Legal Representative

By clicking [I ACCEPT], I acknowledge and agree to the terms of this Request for Access.

11/12/2019 Piotr W Olejniczak, MD- Ambulatory Summary Document

**Campus Multispecialty Clinic 5th Floor
New Orleans, LA**

BODIN, JEFFREY

May 22, 1997	Male	2327610
Born	Sex	Patient Id

528 BEAU CHENE DR	English (preferred)
MANDEVILLE, LA 70471	Language
Address	

Continuity of Care Document

Problems

- Seasonal allergies (477.9) (J30.2)

- Elevated transaminase level (790.4) (R74.0)

- Grand mal seizure (780.39) (G40.409)

- Nonintractable epilepsy without status epilepticus, unspecified epilepsy type (345.90) (G40.909)

- Narcolepsy (347.00) (G47.419)

- Intractable epilepsy without status epilepticus, unspecified epilepsy type (345.91) (G40.919)

Allergies and Adverse Reactions

Latex Gloves (Allergy)

Medications

24HR Allergy Relief 180 MG Oral Tablet; TAKE 1 TABLET DAILY Refills: 0	Start: 10-Sep-2018
Azelastine HCl - 0.1 % Nasal Solution; USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY Quantity: 90 Refills: 11	Start: 10-Sep-2018
Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONCE DAILY Quantity: 1 Refills: 5	Start: 10-Sep-2018 16 GM Bottle
Amphetamine-Dextroamphetamine ER 30 MG Oral Capsule Extended Release 24 Hour; TAKE 3 CAPSULE DAILY Refills: 0	Start: 10-Sep-2018
Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME. Quantity: 30 Refills: 11	Start: 10-Sep-2018
buPROPion HCl ER (XL) 300 MG Oral Tablet Extended Release 24 Hour; TAKE 1 TABLET DAILY. Refills: 0	Start: 10-Sep-2018
Sunosi 75 MG Oral Tablet Refills: 0	

Procedures

Procedures not documented

Immunizations

Immunizations not documented

Social History

No Information

Interventions

Discussion/Summary

- 1. Referral for inpatient Video-EEG monitoring at UMC
- 2. RTC after monitoring

Plan of Treatment

Planned Encounters

Appointment; OLEJNICZAK, PIOTR, M.D.	Start: 20-Apr-2020 11:30	Request
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Planned Observations

Planned Goals not documented

Results

No Known Results

Results not documented

Vital Signs

11-Nov-2019 11:47

Systolic 120 mm[Hg] Comments: Location: RUE; Position: Sitting

Diastolic 79 mm[Hg] *Comments:* Location: RUE; Position: Sitting

Height 67 in

Weight 110 lb

BSA Calculated 1.57
m²BMI Calculated 17.23
kg/m²Heart Rate 89 /min *Comments:* Location: R Brachial Artery;Pain Scale 0 *Comments:* Pain Scale**Encounters**

Appointment; CHARLET, MICHAEL 19-Sep-2019 11:00

Encounter Diagnosis: Problem not documented

Appointment; OLEJNICZAK, PIOTR, M.D. 8-Jul-2019 13:00

Encounter Diagnosis: Problem not documented

Appointment; BARTON, CAROLINE, M.D. 2-Jan-2019 9:00

Encounter Diagnosis: Problem not documented

Appointment; BARTON, CAROLINE, M.D. 10-Sep-2018 10:30

Encounter Diagnosis: Problem not documented

Appointment; OLEJNICZAK, PIOTR, M.D. 11-Nov-2019 11:30

Encounter Diagnosis: Problem not documented**Health Care Providers****Ambulatory Health Care Facilities**PIOTR W OLEJNICZAK M.D. 478 S JOHNSON ST 5th FLOOR
NEW ORLEANS, LA 70112

Address

Ambulatory Health Care FacilitiesJORGE CRUZ 1501 NEWTIN STREET SUITE C
NEW ORLEANS, LA 70114

Address

PharmacyCVS CAREMARK MAIL ORDER 9501 E SHEA BLVD
PHARMACY SCOTTSDALE, AZ 85260

Address

Document Details

Campus Multispecialty Clinic 5th Floor	478 South Johnson St Floor 5	(504) 412-1517
PIOTR W OLEJNICZAK M.D.	LSU Healthcare Network	Work Phone
November 12, 2019 14:35 -0600	New Orleans, LA 70112	
Published	Address	

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4/21/2020 Piotr W Olejniczak, MD- Ambulatory Summary Document

**Campus Multispecialty Clinic 5th Floor
New Orleans, LA****BODIN, JEFFREY**

May 22, 1997

Male

2327610

Born

Sex

Patient Id

528 BEAU CHENE DR
MANDEVILLE, LA 70471English (preferred)
Language

Address

Continuity of Care Document

Problems

Seasonal allergies (477.9) (J30.2)

Elevated transaminase level (790.4) (R74.0)

Grand mal seizure (780.39) (G40.409)

Nonintractable epilepsy without status epilepticus, unspecified epilepsy type (345.90) (G40.909)

Intractable epilepsy without status epilepticus, unspecified epilepsy type (345.91) (G40.919)

Narcolepsy (347.00) (G47.419)

Allergies and Adverse Reactions

Latex Gloves (Allergy)

Medications

24HR Allergy Relief 180 MG Oral Tablet; TAKE 1 TABLET DAILY <i>Refills: 0</i>	<i>Start: 10-Sep-2018</i>
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Azelastine HCl - 0.1 % Nasal Solution; USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY <i>Quantity: 90</i> <i>Refills: 11</i>	<i>Start: 10-Sep-2018</i>
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Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONCE DAILY <i>Quantity: 1</i> <i>Refills: 5</i>	<i>Start: 10-Sep-2018</i> 16 GM Bottle
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Amphetamine-Dextroamphetamine ER 30 MG Oral Capsule Extended Release 24 Hour; TAKE 3 CAPSULE DAILY <i>Refills: 0</i>	<i>Start: 10-Sep-2018</i>
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Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME. <i>Quantity: 30</i> <i>Refills: 11</i>	<i>Start: 10-Sep-2018</i>
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buPROPion HCl ER (XL) 300 MG Oral Tablet Extended Release 24 Hour; TAKE 1 TABLET DAILY. <i>Refills: 0</i>	<i>Start: 10-Sep-2018</i>
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Sunosi 75 MG Oral Tablet <i>Refills: 0</i>	
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Procedures

Procedures not documented

Immunizations

Immunizations not documented

Social History

No Information

Interventions

Discussion/Summary

- 1. The patient needs inpatient Video-EEG monitoring - would perform as soon as Covid-19 pandemic emergency status would allow elective procedures
- 2. RTC after monitoring or if emergency

Plan of Treatment**Planned Observations**

Planned Goals not documented

Results

No Known Results

Results not documented

Vital Signs

No Information

Encounters

Appointment; OLEJNICZAK, PIOTR, M.D. 11-Nov-2019 11:30

Encounter Diagnosis: Problem not documented

Appointment; CHARLET, MICHAEL 19-Sep-2019 11:00

Encounter Diagnosis: Problem not documented

Appointment; OLEJNICZAK, PIOTR, M.D. 8-Jul-2019 13:00

Encounter Diagnosis: Problem not documented

Appointment; BARTON, CAROLINE, M.D. 2-Jan-2019 9:00

Encounter Diagnosis: Problem not documented

Appointment; BARTON, CAROLINE, M.D. 10-Sep-2018 10:30

Encounter Diagnosis: Problem not documented

Appointment; OLEJNICZAK, PIOTR, M.D. 20-Apr-2020 11:30

Encounter Diagnosis: Problem not documented**Health Care Providers****Ambulatory Health Care Facilities**

PIOTR W OLEJNICZAK M.D. 478 S JOHNSON ST 5th FLOOR
NEW ORLEANS, LA 70112
Address

Ambulatory Health Care Facilities

JORGE CRUZ 1501 NEWTIN STREET SUITE C
NEW ORLEANS, LA 70114
Address

Pharmacy

CVS CAREMARK MAIL ORDER 9501 E SHEA BLVD
PHARMACY SCOTTSDALE, AZ 85260
Address

Document Details

Campus Multispecialty Clinic 5th Floor	478 South Johnson St Floor 5	(504) 412-1517
PIOTR W OLEJNICZAK M.D.	LSU Healthcare Network	Work Phone
April 21, 2020 13:35 -0500	New Orleans, LA 70112	
Published	Address	

BODIN, JEFFREY

May 22, 1997
Born

Male
Sex

2327610
Patient Id

528 BEAU CHENE DR
MANDEVILLE, LA 70471
Address

English (preferred)
Language

Continuity of Care Document

Problems

Seasonal allergies (477.9) (J30.2)

Elevated transaminase level (790.4) (R74.0)

Grand mal seizure (780.39) (G40.409)

Nonintractable epilepsy without status epilepticus, unspecified epilepsy type (345.90) (G40.909)

Intractable epilepsy without status epilepticus, unspecified epilepsy type (345.91) (G40.919)

Narcolepsy (347.00) (G47.419)

Allergies and Adverse Reactions

Latex Gloves (Allergy)

Medications

24HR Allergy Relief 180 MG Oral Tablet;
TAKE 1 TABLET DAILY
Refills: 0 *Start: 10-Sep-2018*

Azelastine HCl - 0.1 % Nasal Solution; USE
1 SPRAY IN EACH NOSTRIL TWICE DAILY
Quantity: 90
Refills: 11 *Start: 10-Sep-2018*

Fluticasone Propionate 50 MCG/ACT Nasal
Suspension; USE 2 SPRAYS IN EACH
NOSTRIL ONCE DAILY
Quantity: 1
Refills: 5 *Start: 10-Sep-2018*
16 GM Bottle

Amphetamine-Dextroamphetamine ER 30 MG
Oral Capsule Extended Release 24 Hour;
TAKE 3 CAPSULE DAILY
Refills: 0 *Start: 10-Sep-2018*

Montelukast Sodium 10 MG Oral Tablet;
TAKE 1 TABLET AT BEDTIME.
Quantity: 30
Refills: 11 *Start: 10-Sep-2018*

buPROPion HCl ER (XL) 300 MG Oral Tablet
Extended Release 24 Hour; TAKE 1 TABLET
DAILY.
Refills: 0 *Start: 10-Sep-2018*

Sunosi 75 MG Oral Tablet
Refills: 0

Procedures

Procedures not documented

Immunizations

Immunizations not documented

Social History

No Information

Interventions

Discussion/Summary

- 1. The patient needs inpatient Video-EEG monitoring - would perform as soon as Covid-19 pandemic emergency status would allow elective procedures
- 2. RTC after monitoring or if emergency

Plan of Treatment

Planned Encounters

Appointment; OLEJNICZAK, PIOTR, M.D. *Start:* 28-Sep-2020 Request
12:30

Planned Observations

Planned Goals not documented

Results

No Known Results

Results not documented

Vital Signs

No Information

Encounters

Appointment; OLEJNICZAK, PIOTR, M.D. 11-Nov-2019 11:30
Encounter Diagnosis: Problem not documented

Appointment; CHARLET, MICHAEL 19-Sep-2019 11:00
Encounter Diagnosis: Problem not documented

Appointment; OLEJNICZAK, PIOTR, M.D. 8-Jul-2019 13:00
Encounter Diagnosis: Problem not documented

Appointment; BARTON, CAROLINE, M.D. 2-Jan-2019 9:00
Encounter Diagnosis: Problem not documented

Appointment; BARTON, CAROLINE, M.D. 10-Sep-2018 10:30
Encounter Diagnosis: Problem not documented

Appointment; OLEJNICZAK, PIOTR, M.D. 20-Apr-2020 11:30
Encounter Diagnosis: Problem not documented

Health Care Providers

Ambulatory Health Care Facilities

PIOTR W OLEJNICZAK M.D. 478 S JOHNSON ST 5th FLOOR
NEW ORLEANS, LA 70112
Address

Ambulatory Health Care Facilities

JORGE CRUZ 1501 NEWTIN STREET SUITE C
NEW ORLEANS, LA 70114
Address

Pharmacy

CVS CAREMARK MAIL ORDER 9501 E SHEA BLVD

PHARMACY

SCOTTSDALE, AZ 85260
Address**Document Details**

Campus Multispecialty Clinic 5th Floor	478 South Johnson St Floor 5	(504) 412-1517
PIOTR W OLEJNICZAK M.D.	LSU Healthcare Network	Work Phone
May 7, 2020 12:35 -0500	New Orleans, LA 70112	
Published	Address	

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9/28/2020 - Ambulatory Summary Document

Campus Multispecialty Clinic 5th Floor
New Orleans, LA**BODIN, JEFFREY**

May 22, 1997	Male	2327610
Born	Sex	Patient Id
528 BEAU CHENE DR		English (preferred)
MANDEVILLE, LA 70471		Language
Address		

Continuity of Care Document**Problems**

Seasonal allergies (477.9) (J30.2)

Elevated transaminase level (790.4) (R74.0)

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Allergies and Adverse Reactions

Latex Gloves (Allergy)

Medications

24HR Allergy Relief 180 MG Oral Tablet; TAKE 1 TABLET DAILY Refills: 0	Start: 10-Sep-2018
--	--------------------

Azelastine HCl - 0.1 % Nasal Solution; USE 1 SPRAY IN EACH NOSTRIL TWICE DAILY Quantity: 90 Refills: 11	Start: 10-Sep-2018
--	--------------------

Fluticasone Propionate 50 MCG/ACT Nasal Suspension; USE 2 SPRAYS IN EACH NOSTRIL ONCE DAILY Quantity: 1 Refills: 5	Start: 10-Sep-2018 16 GM Bottle
--	------------------------------------

Amphetamine-Dextroamphetamine ER 30 MG Oral Capsule Extended Release 24 Hour; TAKE 3 CAPSULE DAILY Refills: 0	Start: 10-Sep-2018
--	--------------------

Montelukast Sodium 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME.	Start: 10-Sep-2018
--	--------------------

Quantity: 30
Refills: 11

buPROPion HCl ER (XL) 300 MG Oral Tablet
Extended Release 24 Hour; TAKE 1 TABLET
DAILY.
Refills: 0

Start: 10-Sep-2018

Sunosi 75 MG Oral Tablet
Refills: 0

Procedures

Procedures not documented

Immunizations

Immunizations not documented

Social History

No Information

Interventions

Discussion/Summary

- 1. Educated about medication side effect
- 2. Epworth sleepiness scale applied today (score 24 w/o medication and 0 with medication)
- 3. Would refer for inpatient/observation (off AED meds already) Video-EEG monitoring for frequent persistent auras/focal seizures to establish need for therapy
- 4. Follow up in 3 months

Plan of Treatment

Planned Encounters

Appointment; OLEJNICZAK, PIOTR, M.D. Start: 25-Jan-2021 Request
14:00

Planned Observations

Planned Goals not documented

Results

No Known Results

Results not documented

Vital Signs

28-Sep-2020 10:21

Systolic 111 mm[Hg] Comments: Position: Sitting

Diastolic 78 mm[Hg] Comments: Position: Sitting

Height 67 in

Weight 98.8 lb

BMI Calculated 15.47
kg/m²

BSA Calculated 1.5
m²

Heart Rate 91 /min Comments: Quality: Normal

Pain Scale 0 Comments: Pain Scale

Encounters

Appointment; OLEJNICZAK, PIOTR, M.D. 20-Apr-2020 11:30
Encounter Diagnosis: Problem not
documented

Appointment; OLEJNICZAK, PIOTR, M.D. 11-Nov-2019 11:30
Encounter Diagnosis: Problem not documented

Appointment; CHARLET, MICHAEL 19-Sep-2019 11:00
Encounter Diagnosis: Problem not documented

Appointment; OLEJNICZAK, PIOTR, M.D. 8-Jul-2019 13:00
Encounter Diagnosis: Problem not documented

Appointment; BARTON, CAROLINE, M.D. 2-Jan-2019 9:00
Encounter Diagnosis: Problem not documented

Appointment; OLEJNICZAK, PIOTR, M.D. 28-Sep-2020 12:30
Encounter Diagnosis: Problem not documented

Health Care Providers

Ambulatory Health Care Facilities

PIOTR W OLEJNICZAK M.D. 478 S JOHNSON ST 5th FLOOR
 NEW ORLEANS, LA 70112
 Address

Ambulatory Health Care Facilities

JORGE CRUZ 1501 NEWTIN STREET SUITE C
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Document Details

Campus Multispecialty Clinic 5th Floor	478 South Johnson St Floor 5	(504) 412-1517
Barbara Arties L.P.N.	LSU Healthcare Network	Work Phone
September 28, 2020 14:35 -0500	New Orleans, LA 70112	
Published	Address	

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Scanned Documents

2/2/2015 Ludmilla Lysenko- 2/15/2015 Oschner Sleep Study, Patient-Entered

Ochsner Health System
Sleep Center
Tel: 504 842-4910

Baseline PSG/MSLT REPORT

Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

Patient Name: Bodin, Jeffery	Hospital #: 83000256150
Sex: Male	Study Date: 2/2/2015
D.O.B.: 5/22/1997	Clinic #: 2592229
Age: 17	Referring Physician: Liudmila Lysenko, MD
Height: 67.0 in	Referring Physician #: 2478
Weight: 107.0 lbs	Sleep Specialist: L. Lysenko, MD
B.M.I.: 16.8	Sleep Specialist #: 2478
Hypopnea rule: AASM1A	Scoring Tech: A.Becnel,RPSGT
Total AHI: 10.3	Recording Tech: Leanett Sandifer, RRT
Lowest O2 sat:	

RECOMMENDATION:

- Clinical correlation is suggested.

Liudmila Lysenko, MD

Digitally signed by Liudmila Lysenko, MD
 DN: cn=Liudmila Lysenko, MD, o=Ochsner Health System, email=lysenko@ochsner.com, c=US
 Date: 2015.02.10 13:18:33 -0500

Ochsner Health System
Sleep Center
Tel: 504 842-4910

Baseline PSG/MSLT REPORT

Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

MULTIPLE SLEEP LATENCY TEST:

Sleep Architecture	NAP 1	NAP 2	NAP 3	NAP 4	NAP 5	Mean Values
Analysis Start Time:	7:37:28 AM	9:29:58 AM	11:33:28 AM	1:40:28 PM	N/A	
Analysis End Time:	7:55:58 AM	9:45:58 AM	11:48:58 AM	1:57:28 PM	N/A	
Time in Bed*:	18:30	16:00	15:30	17:00	N/A	16:45
Total Sleep Time*:	14:30	15:00	14:30	14:30	N/A	14:38
Sleep Onset*:	03:30	01:00	00:30	02:00	N/A	01:45
REM Latency*:	03:30	03:00	03:00	03:30	N/A	03:15

* Time formats are in min:sec. Note: report will return default time = 20 min. for Sleep Onset, if no sleep occurs during nap.

Hypnogram

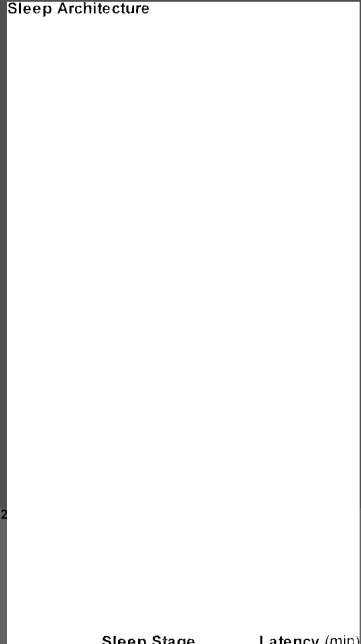
Wake							
N1							
N2							
N3							
REM							
	7:37 AM	8:31 AM	9:26 AM	10:20 AM	11:14 AM	12:08 PM	1:03 PM
							1:57 PM

Ochsner Health System
Sleep Center
Tel: 504 842-4910

Baseline PSG/MSLT REPORT

Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

Sleep Architecture



10:44:13 PM
5:49:32 AM

425.3
7:01:50
401.5
94.4%

0:03:30
101
22
20.3

6
4:10:00
1:09:00

5.4%

20.3% 2
v

49.1% ■ N1
 ■ N2

Sleep Stage Latency (min)

Page 3

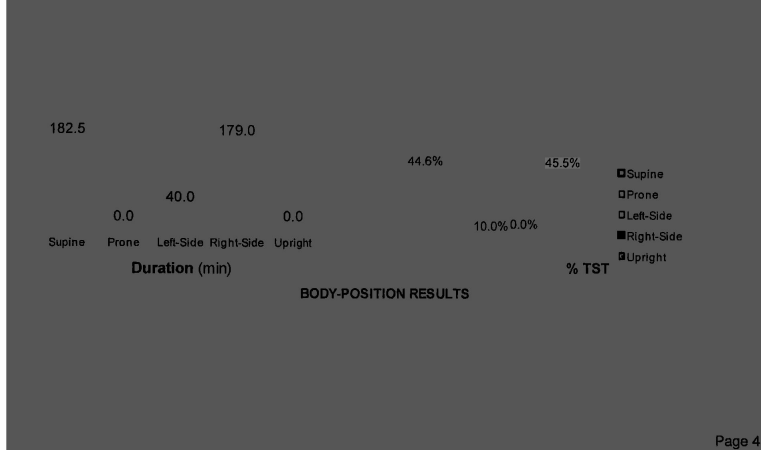
Ochsner Health System
 Sleep Center
 Tel: 504 842-4910

Baseline PSG/MSLT REPORT

Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

RESPIRATORY EVENTS	Cent. Apneas	Obs. Apneas	Mxd. Apneas	Hypopneas	Total Apneas	Apnea+ Hypopnea	RERA	All Resp. Events *
Count	6	0	0	63	6	69	0	69
Index (events / hr.):	0.9	0.0	0.0	9.4	0.9	10.3	0.0	10.3
Mean Duration (sec.)	12.5	N/A	N/A	19.9	12.5	19.2	N/A	19.2
Longest Event (sec.):	14.4	N/A	N/A	44.7	14.4	44.7	N/A	44.7
REM Count:	3	0	0	40	3	43	0	43
Non-REM Count:	3	0	0	23	3	26	0	26
REM Index:	2.1	0.0	0.0	28.2	2.1	30.4	0.0	30.4
Non-REM Index:	0.6	0.0	0.0	4.4	0.6	4.9	0.0	4.9
* Note: Does not contain Cheyne Stokes Breathing, Hypoventilation, or Periodic Breathing.								

Duration (hrs:min:sec):	3:02:30	0:00:00	0:40:00	0:00:00
Obstructive Apneas:	0	N/A	N/A	0
Central Apneas:	1	N/A	N/A	1
Mixed Apneas:	0	N/A	N/A	0
Hypopneas:	17	N/A	N/A	2
RERAs:	0	N/A	N/A	0
Total*:	18	N/A	N/A	3
* Note: Does not contain Cheyne Stokes Breathing, Hypoventilation, or Periodic Breathing.				



Ochsner Health System
Sleep Center
Tel: 504 842-4910

Baseline PSG/MSLT REPORT

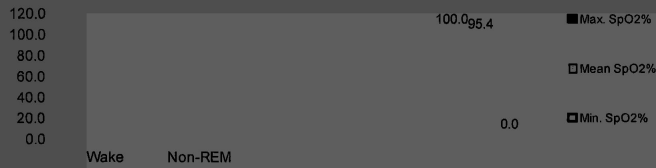
Patient Name: Bodin, Jeffery Clinic #: 2592229 Date of Study: 2/2/2015

AROUSALS	Resp. Count	Resp. Index	Spontaneous Count*	Spontaneous Index*	Total Count	Total Index
----------	-------------	-------------	--------------------	--------------------	-------------	-------------

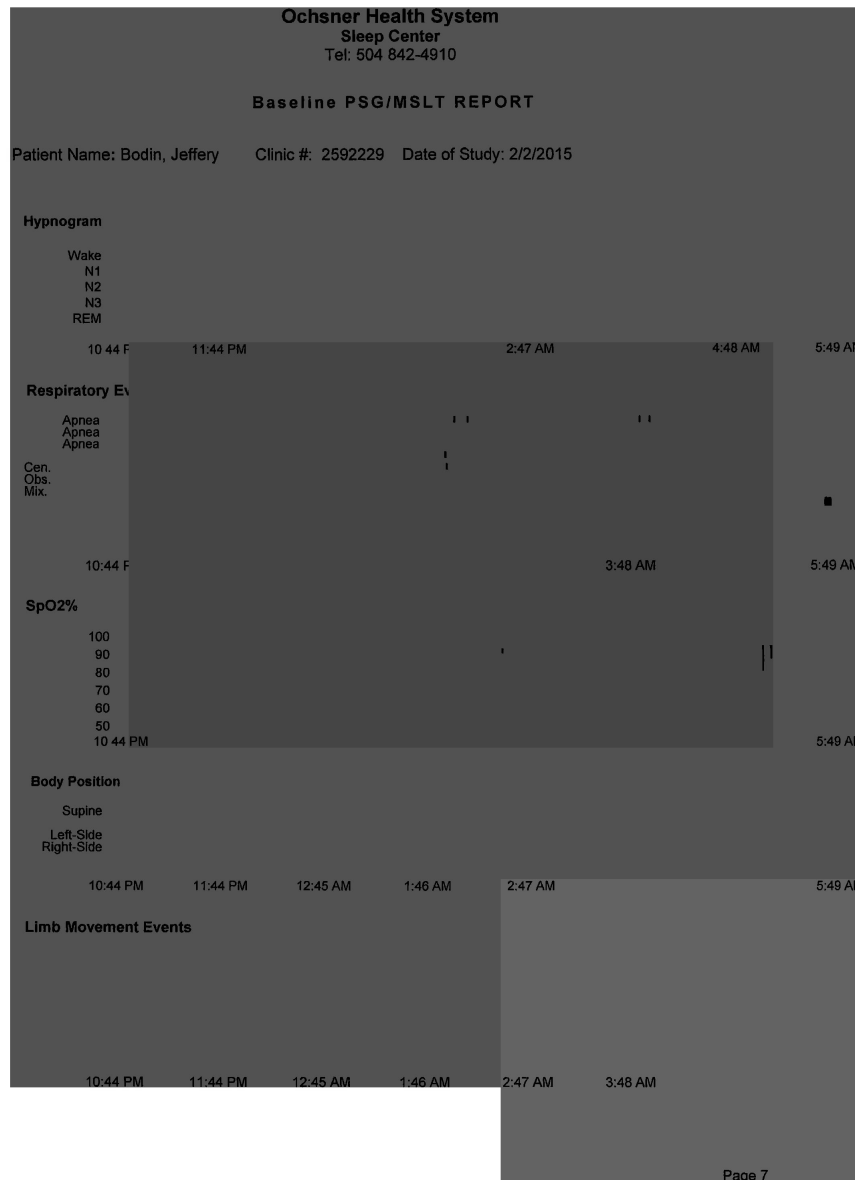
LIMB MOVEMENTS (by sleep stage)	LM w/ Arousals Count	LM w/o Arousals Index	LM w/o Arousals Count	LM w/o Arousals Index	Total LMs Count	Total LMs Index	PLM Series Count	PLM Series Index
------------------------------------	-------------------------	--------------------------	--------------------------	--------------------------	--------------------	--------------------	---------------------	---------------------

OXYGEN DESATURATION EVENTS Count Index

Total Sleep Time:	56	8.4
Wake (after sleep onset):	0	0.0
Non-REM:	30	5.7
REM:	26	18.4



Ochsner Health System								
Sleep Center								
Tel: 504 842-4910								
Baseline PSG/MSLT REPORT								
Patient Name: Bodin, Jeffery			Clinic #: 2592229			Date of Study: 2/2/2015		
OXYGEN SATURATION	Wake	Non-REM	REM	TST	TIB			
HEART RATE RESULTS	Wake	Non-REM	REM	TST	TIB			
CARDIAC EVENTS	Brady.	Asystole	Tachy.	Narrow Complex Tachy.	Wide Complex Tachy.	Atrial Fibrillation	Accel.	Decel.
Count:	0	0	0	0	0	0	0	0
Shortest Event (min:sec):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Longest Event (min:sec):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sum Duration (min:sec):	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00	0:00:00
Absolute Max. Rate (bpm):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Absolute Min. Rate (bpm):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A



8/15/2016 Dave Balanchandran- 8/15/16 MD Anderson Sleep Study, Patient-Entered

Bodin, Jeffrey T (MRN 0744652) DOB: 05/22/1997

Encounter Date: 08/05/2016

Progress Notes

Procedures
MD Anderson Sleep Center
PO Box 301439, Unit 1284
Houston, TX 77030
Phone: 713-792-2352

Multiple Sleep Latency Test Report

I. PATIENT PROFILE

Patient Name: Bodin, Jeffrey
Medical Record Number: 744652
Age: 19 (years)
Sex: Male
Height: 168 cm Weight: 50.0 Kg

BMI: 17.7 kg/m2
Study Date: 8/5/2016
Referring Physician: Dave Balachandran M.D., M.D.
Epworth Sleepiness Score (ESS): 14.0

II. DIAGNOSIS

Hypersomnia
347.00 Narcolepsy, Unspecified

III. PROCEDURE

The patient underwent a MSLT (multiple sleep latency test) according to the guidelines established by the American Academy of Sleep Medicine*. The patient was allowed to nap starting at two hours post awakening from the baseline study and subsequently at 2 hour intervals. During the baseline polysomnogram the sleep efficiency was 77.5%. There was no evidence of clinically significant sleep disordered breathing, nocturnal hypoxemia or movement disorders. The MSLT immediately followed the baseline study.

A total of four naps were performed. The patient slept during four of the four naps. The mean sleep latency (MSLT score) was 5.9 minutes. There were four sleep onset REM periods (SOREM) noted.

The diagnosis of narcolepsy requires 2 SOREMs, and an MSLT score of less than 8 minutes (mean sleep latency). An MSLT score of less than 10 minutes with less than 2 SOREMs can be seen in idiopathic (CNS) hypersomnia, upper airway resistance syndrome, periodic limb movement disorder and sleep apnea.

IV. CONCLUSION

The clinical history is suggestive of hypersomnia, and the MSLT is consistent with narcolepsy.

Printed by Vivian C Esquivel, RN at 9/1/16 4:12 PM

Page 1 of 2

Bodin, Jeffrey T (MRN 0744652) DOB: 05/22/1997

Encounter Date: 08/05/2016

V. RECOMMENDATIONS

Stimulant therapy is recommended for daytime sleepiness.

Possible pharmacologic therapies include fluoxetine, venlafaxine, sodium oxybate, clomipramine, viloxazine, imipramine.

Additionally, HLA testing for DQ antigens (DQB1*0602 and DQA1*0102), which are associated with narcolepsy, and HLA-Cw2, which is associated with familial idiopathic hypersomnia, may provide further information.

Strategically timed naps should be incorporated in the patient's daily schedule.

The patient will be seen for a post-evaluation consultation with sleep clinic to discuss our findings and to explain the available treatment options.

If there are any questions regarding our examination, please feel free to contact our office for further elaboration or interpretation of our findings. Details concerning specific test scores and the results of sleep studies are available upon request.


Sincerely,
Diwakar Balachandran, MD
UT M. D. Anderson Sleep Center

* The International Classification of Sleep Disorders: Diagnostic and Coding Manual.
Diagnostic Classification Steering Committee, Thorpy MJ, Chairman. Rochester, Minnesota:
American Sleep Disorders Association, 2005

Berry RB, Brooks R, Gamaldo CE, Harding SM, Marcus CL and Vaughn BV for the American
Academy of Sleep Medicine. The AASM Manual for the Scoring of Sleep and Associated
Events: Rules, Terminology and Technical Specifications, Version 2.0. www.aasmnet.org,
Darien, Illinois: American Academy of Sleep Medicine, 2012

Littner MR et al. Practice Parameters for Clinical Use of the Multiple Sleep Latency Test and
the Maintenance of Wakefulness Test- AASM Practice Parameters. Sleep 2005; 28(1) 113-
121

Electronically signed by Dave Balachandran, MD at 8/15/2016 1:17 PM

 Procedure visit on 8/5/2016

Printed by Vivian C Esquivel, RN at 9/1/16 4:12 PM

Page 2 of 2

8/23/2016 Dave Balanchandran- XYREM REMS Enrollment Form, Patient-Entered

XYREM® REMS PROGRAM PRESCRIBER ENROLLMENT FORM

XYREM (sodium oxybate) oral solution 0.5 g/mL



Fax completed form to XYREM REMS Program at 1-866-470-1744 (toll free),
OR scan and e-mail to XYREMPrescribers@express-scripts.com,
OR mail to XYREM REMS Program, PO Box 66589, St. Louis, MO 63166-6589.
For further information, please call the XYREM REMS Program at 1-866-997-3688.

Step 1: ALL BOXES BELOW MUST BE CHECKED IN ORDER FOR THE ENROLLMENT PROCESS TO BE COMPLETE AND BEFORE YOU CAN ENROLL PATIENTS AND PRESCRIBE XYREM.

- I understand that XYREM is approved for the treatment of:
 - Cataplexy in narcolepsy
 - Excessive daytime sleepiness (EDS) in narcolepsy
- I have read the Prescribing Information (PI) and the XYREM REMS Program Prescriber Brochure and understand that:
 - XYREM is a Schedule III CNS depressant and can cause obtundation and clinically significant respiratory depression at recommended doses
 - Alcohol and sedative hypnotics are contraindicated in patients who are using XYREM
 - Concurrent use of XYREM with other CNS depressants, including but not limited to opioid analgesics, benzodiazepines, sedating antidepressants or antipsychotics, sedating anti-epileptics, general anesthetics, muscle relaxants, and/or illicit CNS depressants, may increase the risk of respiratory depression, hypotension, profound sedation, syncope, and death
 - Patients who have sleep apnea or compromised respiratory function (e.g., asthma, COPD, etc.) may be at higher risk of developing respiratory depression, loss of consciousness, coma, and death with XYREM use

I agree to:

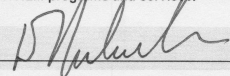
- Enroll each patient in the XYREM REMS Program
- Screen each patient for history of alcohol or substance abuse, sleep-related breathing disorders, compromised respiratory function, depression, suicidality, and concomitant use of sedative hypnotics, other CNS depressants, or other potentially interacting agents
- Counsel each patient prior to initiating therapy on the serious risks and safe use, handling, and storage of XYREM
- Evaluate patients within the first 3 months of starting XYREM. It is recommended that patients be re-evaluated every 3 months thereafter while taking XYREM
- Report all potential serious adverse events, including CNS depression, respiratory depression, loss of consciousness, coma, and death, and any cases of suspected abuse, misuse, or diversion to Jazz Pharmaceuticals

Step 2: TO HELP EXPEDITE THE ENROLLMENT PROCESS, PLEASE PRINT CLEARLY (*denotes required field).

Prescriber Information			
*FIRST NAME: Diwakar	M.I.:	*LAST NAME: Balachandran	*PROF. DESIGNATION MD (MD, DO, PA, NP):
*DEA No.: BB6055099	*STATE LICENSE No.: L5669	*NPI No.: 1571325030	
FACILITY/PRACTICE NAME: UT MD Anderson Cancer Center			
*STREET ADDRESS: 1400 Pressler Unit 403			
*CITY: Houston	*STATE: TX	*ZIP CODE: 77030	
*PHONE: 7137924017	*FAX: 7137453949	E-MAIL: dbalachandran@mdanderson.org	
OFFICE CONTACT: Vickie Murphy, PAC, V. Esquivel, RN		OFFICE CONTACT PHONE: 7137924017	

Step 3: PRESCRIBER SIGNATURE IS REQUIRED BELOW FOR ENROLLMENT IN THE XYREM REMS PROGRAM.

By signing below, I acknowledge the above attestations, and I understand that my personally identifiable information provided above will be shared with Jazz Pharmaceuticals, Inc., its agents, contractors, and affiliates and entered into a prescriber database for the XYREM REMS Program. I agree that I may be contacted in the future by mail, e-mail, fax, and/or telephone concerning XYREM, the XYREM REMS Program, and other XYREM programs and services.

*Prescriber Signature:  *Date: 08/17/2016

Report SERIOUS ADVERSE EVENTS by contacting Jazz Pharmaceuticals at 1-800-520-5568 or jazzsafety@jazzpharma.com.

2095 v1

XYREM® REMS PROGRAM PATIENT ENROLLMENT FORM

XYREM (sodium oxybate) oral solution 0.5 g/mL



Fax completed form to XYREM REMS Program: 1-866-470-1744 (toll free)
OR mail to: XYREM REMS Program, PO Box 66589, St. Louis, MO 63166-6589.
For more information, call the XYREM REMS Program at 1-866-997-3688 (toll free).

Please Print (*denotes required field)

Patient Information			
*FIRST NAME: Jeffrey	M.I.: T	*LAST NAME: Bodin	*PRIMARY PHONE: 9852645277
*DATE OF BIRTH (MM/DD/YYYY): 05/22/1997	*GENDER: M OF	CELL PHONE: 9852645277	
*ADDRESS: 528 BEAU GENE DR		WORK PHONE: N/A	
*CITY: MANDEVILLE	*STATE: LA	*ZIP CODE: 70471	E-MAIL: MLJSCOMP@CHARTER.NET

Insurance Information	
DOES PATIENT HAVE PRESCRIPTION COVERAGE?	<input checked="" type="radio"/> YES (Provide photocopy of both sides of insurance card) <input type="radio"/> NO

POLICY HOLDER'S NAME: MARK BODIN		POLICY HOLDER'S DATE OF BIRTH: 09/12/1962	
INSURANCE COMPANY NAME: Blue Cross Blue Shield of Louisiana		RELATIONSHIP TO PATIENT: FATHER	
INSURANCE PHONE: 800-363-9150	RxD No.: ?	Rx Grp No.: BSLA	BC PLAN 170 BS PLAN 670
RxBIN No.: 003858 PCN-A4	RxPCN No.: ?	Group 77307FF4/0000	

Prescriber Information			
*FIRST NAME: Diwakar	M.I.:	*LAST NAME: Balachandran	*DEA No.: B B 6055099
*STREET ADDRESS: 1400 Pressler Unit 403		*PHONE: 713 792 4017	
*CITY: Houston	*STATE: TX	*ZIP CODE: 77030	*FAX: 713 745 39819
OFFICE CONTACT: VICKIE MURPHY DAC		OFFICE CONTACT PHONE:	*NPI No.: 1571325030
V. ESQUIVEL RN			

PATIENT: FORM MUST BE SIGNED BEFORE ENROLLMENT CAN BE PROCESSED.

By signing below, I acknowledge that:

- My doctor/prescriber has counseled me on the serious risks and safe use of XYREM
- I have asked my doctor/prescriber any questions I have about XYREM

*Patient/Guardian Signature: *Jeffrey Bodin* *Date: *8/23/16*

*Printed Guardian Name (if applicable): *Jeffrey Bodin*

PREScriBER: FORM MUST BE SIGNED BEFORE ENROLLMENT CAN BE PROCESSED.

By signing below, I acknowledge that:

- I have counseled the patient about the serious risks associated with the use of XYREM and the safe use conditions as described in the XYREM REMS Program Patient Quick Start Guide
- I have provided the patient with the XYREM REMS Program Patient Quick Start Guide (optional)

*Prescriber Signature: *D. Balachandran* *Date: *8/17/16*

2097 V1

BlueCross BlueShield of Louisiana **PreferredCare**
An independent licensee of the Blue Cross and Blue Shield Association.
 Blue Cross and Blue Shield of Louisiana incorporated as Louisiana Health Service & Indemnity Company

Member Name MARK BODIN	MCGLINCHEY STAFFORD
Member ID XUP200597860	

Grp/Subgroup 77307FF4/0000	Deductible \$650
RxMbr ID 200597860	Coinsurance: Preferred 90%/10%
RxBIN 003858 PCN-A4	All Other Providers 70%/30%
RxGrp BSLA	
BC PLAN 170 BS PLAN 670	


04BA0314 01/14 

BlueCross BlueShield of Louisiana **www.bcbsla.com**
An independent licensee of the Blue Cross and Blue Shield Association.


Hospitals and Physicians: File claims with your local Blue Cross and/or Blue Shield Plan.	Customer Service 800-363-9150
File Medicare primary claims with Medicare.	Find a Provider 800-810-2583
Blue Cross and Blue Shield of Louisiana provides administrative services only and does not assume any financial risk for claims.	Authorizations 800-523-6435
	Pharmacy Questions 866-781-7533

Blue Cross and Blue Shield of Louisiana
 P.O. Box 98029
 Baton Rouge, LA 70898-9029

Printed: 12/17/2015

 **EXPRESS SCRIPTS** Pharmacy Benefits Administrator

2/24/2016 Sherri Casey- 2/24/2016 Oschner MyVitals Table, Patient-Entered



 EÄÄG: GÄÄ JÄÄ K' q'ÄÄ DÄÄ ZÄÄ WÄÄ ÄÄ, D

My Vitals

dÄÄÄ

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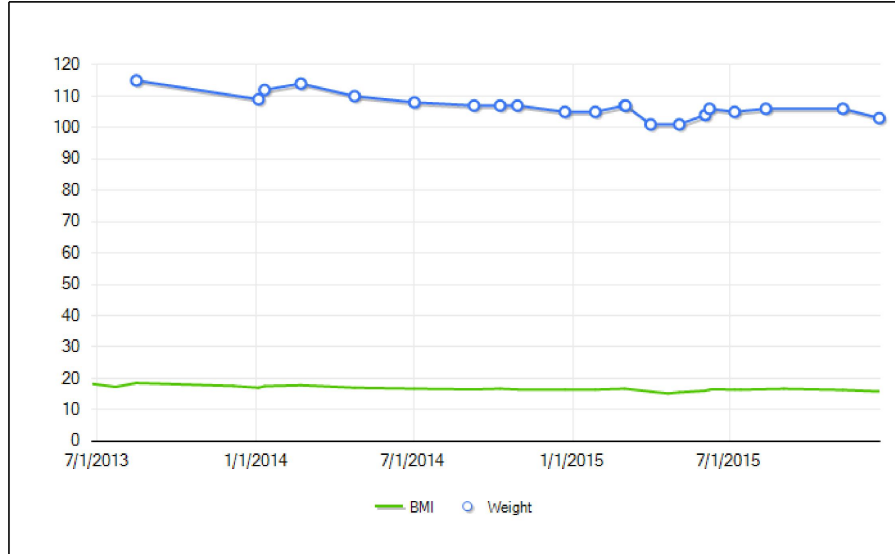
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2/24/2016 Sherri Casey- 2/24/2016 Oschner MyVitals Graph, Patient-Entered

WALKER, AARON KARLIN
EAGLE, JESSICA K' q'ff eej' DZE' tge'hte' WWS'GAS' A'G'D

My Vitals

WALKER, AARON KARLIN
EAGLE, JESSICA K' q'ff eej' DZE' tge'hte' WWS'GAS' A'G'D



WALKER, AARON KARLIN
EAGLE, JESSICA K' q'ff eej' DZE' tge'hte' WWS'GAS' A'G'D
t' G'S

DL'SANIS' EIAW' EDL'GVC' ZED'AS'E' eeee' T'Gof'

11/25/2013 Aaron Karlin- Oschner Sedimentation Rate Results, Patient-Entered

VA [REDACTED] [REDACTED] [REDACTED]
EAG: [REDACTED] [REDACTED] K' [REDACTED] [REDACTED] DZE [REDACTED] [REDACTED] [REDACTED] [REDACTED]

SEDIMENTATION RATE, MANUAL Details

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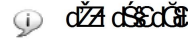
' G [REDACTED] [REDACTED] [REDACTED]
 ŽMEŽ [REDACTED] [REDACTED] [REDACTED] VD
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 KĚGE LJ ÁŽ [REDACTED] <ÁŽ [REDACTED]
 ŽEŽE [REDACTED] [REDACTED] [REDACTED]

DL [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

6/15/2015 Michael Lecce- Oschner 2D ECHO WITH COLOR FLOW DOPPLER, Patient-Entered

Všeobecné zdravotní služby
EAVG: GICL JES K' q'f eeg' DZE tge'hte' WW'SGAS AČI, D

2D ECHO WITH COLOR FLOW DOPPLER Details



EAVG

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9/16/2017 - 9/16/17 JTB Medical Records Full, Patient-Entered

M.D. Anderson Cancer Center
 Jeffreys # 744 652

Dr. Merrick Ross (713) 792-6800
 mross@mdanderson.org (713) 563-9724

Lane Read, P.A. fax: (713) 745-3811 for Dr. Ross *
 (713) 745-6858, fax (713) 792-0722, page operator
 (713) 792-7090

Brian Rivers, P.A.
 (713) 794-5618

Tamara Ford, RN

Agerico Palaypay
 scheduler
 (713) 792-6800

Dr. C. Herzog (713) 745-0157
 Child/Adolescent Center fax #(713) 745-5400 *

Dr. Moore - psych. evaluation (713) 792-2454
 Bernadette Aylor, test prator, etc.
 (page her when finished w/ Ross & Herzog)

(eye apt. every 3 months)

12/15/2020 Solomon Ambe- 2020-12-15 UMC - MRI w wo contrast_MyChart - Appointment Details_2020-11-24, Patient-Entered

11/24/2020

2020-12-15 UMC - MRI wwo contrast, MyChart - Appointment Details_2020-11-24

Name: Jeffrey Ebdin | DOB: 5/22/1977 | MRN: 100258110 | PCP: Callie Anne Linden, MD

Appointment Details

<p>MR Brain wwo Contrast</p> <p>Tuesday December 15, 2020 Arrive by 8:30 AM CST Starts at 9:15 AM CST (45 minutes) Add to Calendar</p> <p>University Medical Center MRI Radiology Department 2000 Canal St New Orleans, LA 70112-3018 504-702-5700</p>	<p>Prepare for Your Visit All questionnaires for this appointment will be available for you to answer on Tuesday, December 08, 2020.</p> <p>Directions for University Medical Center MRI Radiology Department UMC Imaging Services, 1st floor of the Hospital (D&T)</p> <p>Please report to University Medical Center New Orleans. The main patient entrances are on S Galvez Street and Tulane Avenue. Free patient parking is available in our parking garage at 2001 Tulane Avenue. On the day of your appointment, report to the first floor of the Hospital (D&T). Swipe your valid driver's license or state-issued ID card at a kiosk and check in with the Patient Access Registrar. After completing registration, you will be directed to UMC Imaging Services on the third floor of the Hospital (D&T).</p> <p>Visit Instructions An MRI is a very noisy test. You will hear a lot of loud knocking noises throughout the exam. This is normal. You will receive either earplugs or music to help muffle the noise. These exams are very sensitive to motion. You will be expected to lay still for the entirety of the exam in order to get quality images. If you feel like you cannot lay flat and still for up to an hour, please let your doctor know. You may receive a contrast injection as a part of your exam. This contrast is called Gadolinium and does NOT contain Iodine. The contrast is administered in a vein in your arm either by butterfly needle or IV needle by the technologist. It may feel cool going up your arm or you may not feel anything at all. Reactions to this contrast are very rare. If you are claustrophobic, please let your doctor know so a prescription for a sedative can be placed for you. You will need to pick up this prescription from your pharmacy prior to your exam. Take as directed by your doctor. Please bring any pain medication if needed. If you have any metal implants or devices, you are required to bring your implant card. Your exam may be delayed if you do not have the proper documentation. Please call the Radiology department if you have any questions or concerns. Please arrive 15 minutes before your appointment time. Wear comfortable clothing that does not contain any metal snaps or buttons, such as a sports bra. Please remove any bobby pins, removable dental work, necklaces or chains, piercings and other jewelry, and hearing aids prior to your exam. For the safety of you and the technologist, do not bring any electronics, credit cards, keys, or other loose metal into the scan room.</p> <hr/> <p>This appointment cannot be canceled online. To cancel, please call 504-702-5700.</p>
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<https://patientportal.lumchealth.org/MyChart/Visits/VisitDetails?csn=AgSnmVzL8vMqnu0DIL53g%3D%3D>

1/2

11/24/2020

2020-12-15 UMC - MRI wwo contrast, MyChart - Appointment Details_2020-11-24

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2020-12-28 Notes

- Did not attend appointment on 2020-12-15
- Had a grand mal seizure and had to reschedule

See (1/4)

- Attached images / photos taken of the seizure that morning

(1)

Screenshot_20201228-194826~2.png

- Time reference
- Screenshot of a phone call to reschedule MRI
- To
- Oncology // Scheduling (504-702-5700)
- At 7:50 am
- This post-waking up, after going BACK to sleep.
- Was my FIRST completed task. Post-waking.
- In

- Wake -> Seizure -> Bathroom
- Bathroom -> Bed/Sleep
- Bed/Sleep -> Wake -> Call 504-702-5700
- Get Up -> Bathroom -> Photos Ref Below

(2)

IMG_20201215_083858.jpg

- Sent by my mother, direct, to me.
- Ie 985-264-5277 to 985-272-8989
- At 7:53 am
- Photo was taken by my mother.
- At 8:38 am

(3)

PXL_20201215_134226788.PORTRAIT.jpg

- Taken by me
- RSQ2
- Facing phone deadpan expression

<https://patientportal.lomchealth.org/MyChart/Visits/VisitDetails?csr=AgSmMzU&v=QmUODfL53g%3D%3D>

22

See (2/4)

- Attached images / photos taken of the seizure that morning

(4)

PXL_20201215_134240224.PORTRAIT.jpg

- Taken by me
- R SQ2 + Q4
- Head tilted to R
- 60 radians or so
- 2 o'clock
- facing phone deadpan expression

(5)

PXL_20201215_134246444.PORTRAIT.jpg

- Taken by me
- Full 4 quadrants of face
- Staring forwards looking down at phone
- Whead not tilted

(6)

PXL_20201215_134248303.PORTRAIT.jpg

- Taken by me
- L SQ1 is partial
- R SQ2
- L SQ3 is half
- R SQ4 is full
- Head is tilted 30 radians
- 1 o'clock
- Head is facing 50 minutes || 300 radians

2020-12-15 UMC - MRI wwo contrast_MyChart - Appointment Details_2020-11-24

See (3/4)

- Attached images / photos taken of the seizure that morning

(7)

Screenshot_20201215-092142.png

- Time reference
- A text message sent by myself
- To
 - 985-237-8363 father
 - 985-264-5277 mother
 - 985-705-0513 sister
- Sent at
 - 8:41 am
- Screenshot taken at
 - 9:21 am

(8)

Screenshot_20201215-092147.png

- Time Reference
- A text message sent by myself
- To
 - 985-264-5277 mother
- At
 - 8:40 am
- Of
 - Above photo reference "(2)"
 - That was sent/received at 7:53 am

(9)

2020-12-28 screenshot_2020-12-15 days Adderall dosages (1)

- Medication reference
- Of days dosage of Stimulant Therapy
 - Narcolepsy w/o Cataplexy
 - ie 40 mg per dose
 - ie 3 doses per day
 - To show on day woke post going back to sleep.
 - And the time took dosages.
 - ie abnormally late in day.
- After sleeping all day following seizure.

2020-12-15 UMC - MRI wwo contrast_MyChart - Appointment Details_2020-11-24

See (4/4)

- Attached images / photos taken of the seizure that morning

(10)

2020-12-28 screenshot_2020-12-15 days Adderall dosages (2)

- Medication reference
- Of days dosage of Stimulant Therapy
- Narcolepsy w/o Cataplexy
- ie 40 mg per dose
- ie 3 doses per day
- To show on day woke post going back to sleep.
- And the time took dosages.
- ie abnormally late in day.
- After sleeping all day following seizure.

7:48 78%

Dr Brian Christopher Boulmay, ...
Work // University Medical Center • (...)



**Oncology // Sch:
504-702-5700**

- called at 7:50 am
- post waking fr seizure
- to cancel b/c seizure
- at 6:50 am~
- that had post-waking
- 6:40 am~ approx
- getting up bathroom then bak



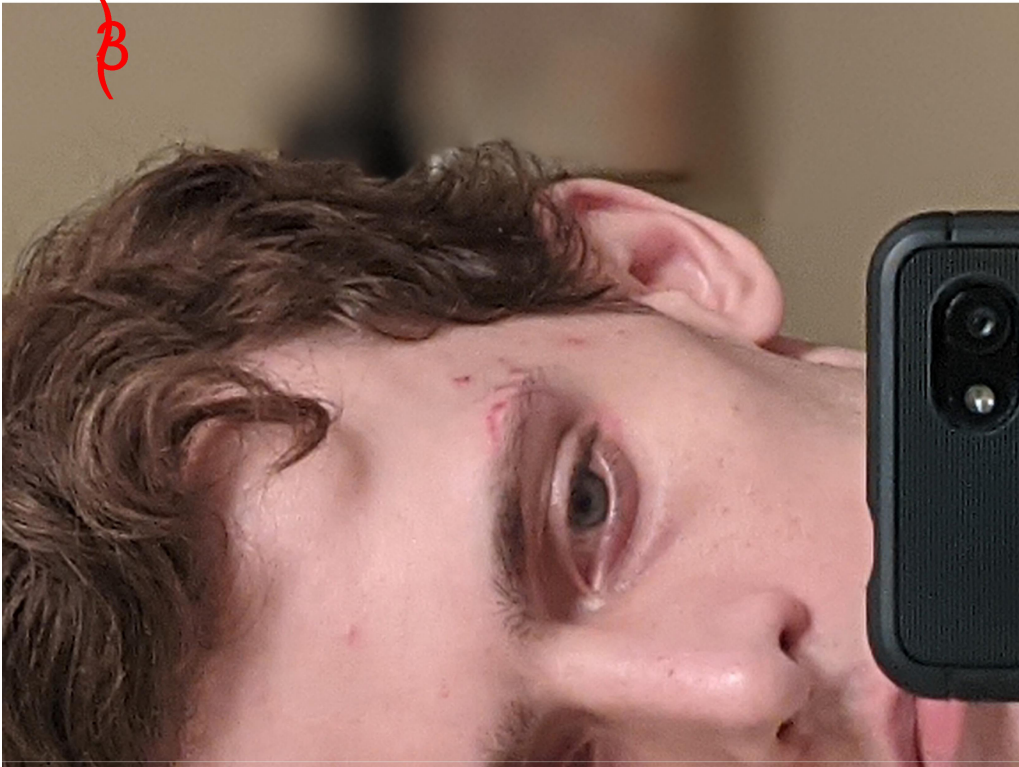
Outgoing call
Dec 15, 7:50 AM

Video call

Call

Message

8m 6s





9:21 Linda, Mark, Stephanie

- out entirely
 - 20x rolls upstairs capacity
 - 10 to 15 rolls capacity downstairs half bath

Note (Toilet Paper),
 - 3 ply
 -- This is the large rolls.
 -- The one with the bears on it.
 -- le large "luxury" style
 - 10 roll capacity upstairs bath
 - 3 to 5 roll capacity downstairs half bath

- Not recommend
 -- is inefficient
 -- much less toilet paper per meter that the 2 ply
 - 3ply has "thickness" in nm. Only slightly > 2ply.
 -- Is scam.

8:41 AM

2020-12-15_0840 Seizure (1)

Please bring me two 500 mg Tylenol. From the bottle and bag. That is in the kitchen cabinet.

40 min • MMS

Text message

9:21 Linda Darlene Re...

Hello

7:53 AM



2020-12-15_0840 Seizure (1)

Please bring me two 500 mg Tylenol. From the bottle and bag. That is in the kitchen cabinet.

41 min • Delivered

Text message

2020-12-15	2020-12-15
6:56 pm took medication (Adderall)	3:57 pm took medicine (Adderall)
- 30 mg	- 30 mg
- 10 mg	- 10 mg
- 40 mg total dosage	- 40 mg total dosage
7:36 pm medication starts working (Adderall)	4:37 pm medicine starts working (Adderall)
- 30 mg	- 30 mg
- 10 mg	- 10 mg
- 40 mg total dosage	- 40 mg total dosage
9:36 pm medication wears off (Adderall)	6:37 pm medicine wears off (Adderall)
- 30 mg	- 30 mg
- 10 mg	- 10 mg
- 40 mg total dosage	- 40 mg total dosage
10:55 pm medication starts working (Adderall)	6:56 pm took medication (Adderall)
- 30 mg	- 30 mg
- 10 mg	- 10 mg
- 40 mg total dosage	- 40 mg total dosage
11:35 pm medication wears off (Adderall)	7:36 pm medication starts working (Adderall)
- 30 mg	- 30 mg
- 10 mg	- 10 mg
- 40 mg total dosage	- 40 mg total dosage
1:35 pm medication starts working (Adderall)	9:36 pm medication wears off (Adderall)
- 30 mg	- 30 mg
- 10 mg	- 10 mg
- 40 mg total dosage	- 40 mg total dosage
Medication Journal	10:55 pm medication starts working (Adderall)
	- 30 mg

12/30/2020 Solomon Ambe- 2020-12-30 UMC - MRI w wo Contrast_Patient Portal - eCheck-In Complete (1)_2020-12-28, Patient-Entered

Note in Archive • Edited Dec 15

12/28/2020

2020-12-30 UMC - MRI wwo Contrast Patient Portal - eCheck-In Complete (1)_2020-12-28

Name: Jeffrey Bodin | DOB: 5/22/1997 | MRN: 1002548110 | PCP: Erica Vrie Tate, MD

eCheck-In Complete

Thanks for using eCheck-In!
 The information you've submitted is now on file.
 Please proceed to front desk to notify them of your arrival as you may need to:
 Verify Travel History
 Verify Emergency Contacts

MR Brain wwo Contrast

<p>Wednesday, December 30, 2020 Arrive by 8:00 AM CST Starts at 8:45 AM CST Add to Calendar</p>	<p>University Medical Center MRI Radiology Department 200 Canal St New Orleans, LA 70112-3018 504-702-5700</p>
--	--

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<https://patientportal.lumchealth.org/MyChart/Visits/VisitDetails?csn=FkmgT6ZvqfNZCETJULPYg%3D%3D&eCheckInConfirm=1>

1/1

12/28/2020

2020-12-30 UMC - MRI wwo Contrast Patient Portal - eCheck-In - Questionnaire (1)_2020-12-28

Name: Jeffrey Bodin | DOB: 5/22/1997 | MRN: 1002548110 | PCP: Erica Vrie Tate, MD

Communicable Disease Screening

For an upcoming appointment with on 12/30/2020

Here are the responses you submitted.

Question	Answer
Do you have any of the following new or worsening symptoms?	None of these
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus/ COVID-19?	No / Unsure
Have you had a COVID-19 viral test in the last 14 days?	No

<https://patientportal.lomchealth.org/MyChart/Questionnaire/MyChartQuestionnaire/PrintQuestionnaire?contextId=FkmgT6ZvqfNZCEtj0LPYfg%3D%3..> 1/1

MR Screening Form

For an upcoming appointment with on 12/30/2020

Here are the responses you submitted.

Question	Answer
Do you have a pacemaker or pacemaker wires, defibrillator, aneurysm clips, stents, implanted pump, neurostimulators, bone stimulators, programmable shunt, or any other electronic or magnetic implant or device in your body?	No
Have you ever experienced any problems related to a previous MR examination or MR procedure?	No
Have you ever had an adverse reaction to an MR contrast agent?	No
Have you ever had an operation or surgery of any kind?	Yes
Do you have an artificial limb, prosthesis, or joint of any kind?	No
Have you ever had an injury to the eye or under your skin involving a metallic object or fragment (eg, metallic shavings, foreign body, etc)?	No
Have you ever been injured by a metallic object or foreign body (eg, BB bullet, shrapnel, etc)?	No
Have you ever been a metal worker?	No
Do you have any body piercings?	No
Do you have any dentures or other dental implants?	No
Do you have any tattoos?	No
Do you have any hearing aids or cochlear implants?	No
Do you have a history of kidney or liver disease?	No
Are you wearing any medication patches (Nicotine, Nitroglycerine, etc)?	No
Are you able to lie flat and still for one hour?	Yes
Are you claustrophobic or uncomfortable in enclosed spaces?	No

<https://patientportal.umchealth.org/MyChart/Questionnaire/MyChartQuestionnaire/PrintQuestionnaire?contextId=FRmgT6ZvqfNZCEtJ0LPYjg%3D%3&...> 1/1

DISCLAIMER: This information is supplied from the patient's medical record via a patient portal. The medical provider is listed as the source. Items with a source of 'Patient-Entered' were added by the patient. This record may not be complete or up to date, and should not be used for providing medical advice. For an official copy of the individual's medical record, the patient (or custodian) must contact their medical provider.

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