

FRAUDSNIFFR

Medical Records Cover Page

Client:	Sedgwick
Requester:	David Kinsella
Claim #:	Bell
Case #:	117254OT-01
Patient's Name:	Joan Bell
Date of Birth:	9/10/1948

Our office was contacted and requested to secure records for the above-referenced patient from the following facility:

Dr./Facility:	Dr. Brian McGillick
Dr./Facility:	
Address:	
City/State/Zip:	
Telephone:	
Request Date:	February 14, 2025
Date Cleared:	February 19, 2025

Special Instructions:

Obtain medical records based on canvass result.

2/19/25, 9:20 AM

Bell, Joan Aster (MRN E37370) DOB: 09/10/1948 Encounter Date: 11/25/2024

MRN: E37370

Bell, Joan Aster

Converted Clinic Encounter
11/25/2024
CONVERSION CAROLINAEAST
PHYSICIANS UROLOGY NB

Provider: Brian E McGillick, MD (Urology)
Primary diagnosis: Frequency of micturition
Reason for Visit: Referred by Brian E McGillick, MD

Progress Notes

Brian E McGillick, MD (Physician) • Urology

Chief Complaint/Reason For Visit

Pt here to establish care and discuss issues with incontinence.

History of Present Illness

76-year-old female presenting as new patient visit for urinary incontinence. Patient describes extreme urgency and often inability to make it to the restroom in time. This happens on a daily basis. It is extremely bothersome to her and she was trialed on Gemtesa for 3 months by her primary care doctor but she did not notice any improvement. She does have a history of prior hysterectomy with cystocele repair and has some mild stress incontinence but she states that this is not her main issue. Denies any gross hematuria or recurrent UTIs.

Assessment:

- #Mixed urinary incontinence
- Urge much greater than stress
- No improvement on Gemtesa
- History of hysterectomy/cystocele repair over 20 years ago
- No gross hematuria or UTIs

Plan:

- Given that the patient has primarily urge symptoms and she failed Gemtesa, we will trial her on an anticholinergic namely Vesicare. Patient to follow-up in 6 weeks for symptom check.

Allergies

1. ACE Inhibitors
2. Crestor TABS
3. Codeine Derivatives

Current Meds

1. Aspirin Adult Low Strength 81 MG Oral Tablet Delayed Release; TAKE ONE TABLET BY MOUTH EVERY N GHT AT BEDTIME
2. Atenolol 100 MG Oral Tablet; TAKE 1 TABLET BY MOUTH DAILY AS DIRECTED
3. CeleBREX 200 MG Oral Capsule
4. Desonide 0.05 % External Cream
5. Fluconazole 100 MG Oral Tablet
6. Fluticasone Propionate 50 MCG/ACT Nasal Suspension
7. Folic Acid 1 MG Oral Tablet
8. GaviLAX 17 GM/SCOOP Oral Powder; TAKE 1 CAPFUL (17 GRAMS) IN 8 OUNCES OF WATER BY MOUTH DAILY. Increase as needed to keep bowels moving
9. Gemtesa 75 MG Oral Tablet

2/19/25, 9:20 AM

Bell, Joan Aster (MRN E37370) DOB: 09/10/1948 Encounter Date: 11/25/2024

10. HumaLOG KwikPen 100 UNIT/ML Subcutaneous Solution Pen-injector; INJECT 20 UNITS SUBCUTANEOUSLY 15-20 MINUTES PRIOR TO EACH MEAL (BREAKFAST, LUNCH, & DINNER). MDD 60 UNITS
11. Lidocaine 3.5 % PTCH
12. Lumigan 0.01 % Ophthalmic Solution
13. Metaxalone 800 MG Oral Tablet
14. Methotrexate TA3S
15. Neurontin 300 MG Oral Capsule; TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY
16. NovoLOG 100 UNIT/ML Injection Solution
17. Ozempic (1 MG/DOSE) SOPN
18. Pantoprazole Sodium 40 MG Oral Tablet Delayed Release
19. Repatha SureClick SOAJ

Active Problems

1. Allergic urticaria (708.0) (L50.0)
2. Bilateral impacted cerumen (380.4) (H61.23)
3. Breast cancer, stage 1, left (174.9) (C50.912)
4. Chronic left shoulder pain (719.41,338.29) (M25.512,G89.29)
5. Colon, diverticulosis (562.10) (K57.30)
6. Complete tear of left rotator cuff, unspecified whether traumatic (727.61) (M75.122)
7. Current use of insulin (V58.67) (Z79.4)
8. Dermatitis (692.9) (L30.9)
9. Diverticulitis Of Colon (562.11)
10. Ductal carcinoma in situ of right breast (233.0) (D05.11)
11. Ear itching (698.9) (L29.9)
12. Encounter for monitoring adjuvant hormonal therapy (V58.83,V58.69) (Z51.81,Z79.899)
13. Encounter for other orthopedic aftercare (V54.89) (Z47.89)
14. Generalized osteoarthritis of unspecified site (715.00) (M15.9)
15. History of fusion of lumbar spine (V45.4) (Z98.1)
16. Hyperlipidemia (272.4) (E78.5)
17. Hypertension (401.9) (I10)
18. Impacted cerumen of left ear (380.4) (H61.22)
19. Internal derangement of left shoulder (719.81) (M24.812)
20. Low back pain (724.2) (M54.50)
21. Normal routine physical examination (V70.9) (Z00.00)
22. Pain of left hip (719.45) (M25.552)
23. Preop examination (V72.84) (Z01.818)
24. Presence of left artificial hip joint (V43.64) (Z96.642)
25. Primary osteoarthritis of right knee (715.16) (M17.11)
26. S/P arthroscopy of left shoulder (V45.89) (Z98.890)
27. Shoulder injury, left, initial encounter (959.2) (S49.92XA)
28. Shoulder injury, left, sequela (908.9) (S49.92XS)
29. Shoulder pain (719.41) (M25.519)
30. Type 2 diabetes mellitus (250.00) (E11.9)
31. Type 2 diabetes mellitus, uncontrolled (250.02)
32. Urinary incontinence (788.30) (R32)
33. Weakness of left lower extremity (729.89) (R29.898)

Past Medical History

1. History of Abdominal pain, RUQ (right upper quadrant) (789.01) (R10.11)
2. Accelerated essential hypertension (401.0) (I10)
3. H/O gastroesophageal reflux (GERD) (V12.79) (Z87.19)
4. History of diverticulitis of colon (V12.79) (Z87.19)
5. History of essential hypertension (V12.59) (Z86.79)
6. History of hyperlipidemia (V12.29) (Z86.39)
7. History of lump of right breast (V13.89) (Z87.898)
8. History of malignant neoplasm of breast (V10.3) (Z85.3)
9. History of stroke (V12.54) (Z86.73)

2/19/25, 9:20 AM

Bell, Joan Aster (MRN E37370) DOB: 09/10/1948 Encounter Date: 11/26/2024

Surgical History

1. History of Left Breast Partial Mastectomy
2. History of Tonsillectomy
3. History of Total Hip Replacement

Family History**Mother**

1. Denied: Family history of bladder cancer
2. Denied: Family history of kidney cancer
3. Family history of High cholesterol

Father

4. Denied: Family history of bladder cancer
5. Denied: Family history of kidney cancer

Sister

6. Family history of osteoporosis (V17.81) (Z82.62)

Brother

7. Family history of diabetes mellitus (V18.0) (Z83.3)

Maternal Grandmother

8. Family history of diabetes mellitus (V18.0) (Z83.3)

Family History

9. Family history of Crohn's Disease

Social History

- Exercises occasionally (V49.89) (Z78.9)
- Former smoker (V16.82) (Z87.891)
- Denied: History of illicit drug use
- Marital History - Currently Married
- Rarely consumes alcohol (V49.89) (Z78.9)

Review of Systems**Systemic:** no fever, no chills and no recent weight change.**Eye:** no transient total vision loss.**Otolaryngeal:** no hearing loss.**Cardiovascular:** no chest tightness or heavy pressure, no irregular heart rhythm and no palpitations.**Respiratory:** no shortness of breath, no cough and no wheezing.**Gastrointestinal:** no dysphagia, no heartburn and no melena.**Genitourinary:** frequent urination, temporarily with sudden movement and preceded by a sudden urge, but no hematuria, no burning sensation during urination and no inguinal swelling.**Musculoskeletal:** no joint pain.**Integumentary:** no rash.**Neurological:** no headache and no dizziness.**Psychiatric:** no depression.**Physical Exam****General Appearance:** well nourished, no acute distress.**Neck:** supple, no thyromegaly, mass or nodules.**Lungs:** normal rhythm and depth, clear to auscultation.**Cardiovascular:** normal rate and rhythm, no murmurs, or gallops.**Back:** no costovertebral angle tenderness.

2/19/25, 9:20 AM

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Abdomen: soft, nontender, no hepatomegaly, no splenomegaly, no hernia.**Psychiatric:** alert, oriented to person, place, time**Bladder:** normal.**Assessment**

1. Urinary incontinence (788.30) (R32)

Orders

1. Start: Solifenacin Succinate 10 MG Oral Tablet; Take 1 tablet by mouth daily

Patient Care Team

Care Team Member	Role	Specialty	Office Number
Atlantic Internal Medicine	Primary Care Provider		(252) 634-9090
Morgan, Richard MD			(252) 633-2081
Healy, Ann MD			(252) 633-1599

Carbon Copy Recipients

Corley Shanna,K - RefProv1-Encounter
Atlantic Internal Med, - Default PCP

Signatures

Electronically signed by : Brian McGillick, MD; Nov 26 2024 7:23AM Eastern Standard Time (Author)

Orders Placed

None

Medication Changes

As of 12/5/2024 5:21 PM

None

Medication List at End of Visit

As of 12/5/2024 5:21 PM

None

Visit Diagnoses

Frequency of micturition R35.0

2/19/28, 9:20 AM

Bell, Joan Aster (MRN E37370) DOB: 09/10/1948 Encounter Date: 11/25/2024

Urgency of urination R39.15

Urge incontinence N39.41

2/19/25, 9:21 AM

Bell, Joan Aster (MRN 024047) DOB: 09/10/1948 Encounter Date: 01/13/2025

Bell, Joan Aster

MRN: 024047

Office Visit 1/13/2025
New Bern UROLOGY

Provider: Brian E McGillick, MD (Urology)
Primary diagnosis: Mixed incontinence
Reason for Visit: Follow up for incontinence

Progress Notes

Brian E McGillick, MD (Physician) • Urology

CarolinaEast Urology- New Bern Clinic Note

HPI:

76-year-old female presenting for follow-up for mixed urinary incontinence. Previously failed Gemtesa. Trialed on Vesicare last visit. Patient states that the Vesicare did delay her urgency significantly however she is having extremely bothersome dry mouth. Additionally, although the urgency is better she still only has about 1 minute to get to the bathroom when she has the urgency to urinate and would be much happier if we can get her symptoms under more improved control.

Clinic visit 11/25/2024

76-year-old female presenting as new patient visit for urinary incontinence. Patient describes extreme urgency and often inability to make it to the restroom in time. This happens on a daily basis. It is extremely bothersome to her and she was trialed on Gemtesa for 3 months by her primary care doctor but she did not notice any improvement. She does have a history of prior hysterectomy with cystocele repair and has some mild stress incontinence but she states that this is not her main issue. Denies any gross hematuria or recurrent UTIs.

Assessment:

#Mixed urinary incontinence

- Urge much greater than stress

- No improvement on Gemtesa

-Mild improvement on Vesicare however patient with very bothersome side effects and had to stop taking medications.

- History of hysterectomy/cystocele repair over 20 years ago

- No gross hematuria or UTIs

-Patient does have a spinal stimulator currently on her left side.

Plan:

-Given that the patient has failed 2 medications, offered her third line therapies to include Botox or InterStim. After explaining both treatments to the patient, she is elected to undergo a PNE. Will schedule the patient for next available PNE.

Objective

Physical Exam

Constitutional:

Appearance: Normal appearance.

HENT:

Head: Normocephalic.

2/19/25, 9:21 AM

Bell, Joan Aster (MRN 024047) DOB: 09/10/1948 Encounter Date: 01/13/2025

Eyes:

Extraocular Movements: Extraocular movements intact.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness.

Hernia: No hernia is present.

Musculoskeletal:

General: Normal range of motion.

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: She is alert.

Psychiatric:

Mood and Affect: Mood normal.

Labs**Creatinine**

Date/Time	Value	Ref Range	Status
06/07/2024 02:23 PM	0.66	0.55 - 1.02 mg/dL	Final
05/02/2022 04:59 PM	0.75	0.55 - 1.02 mg/dL	Final

No results found for: "PSA"

Imaging

No results found for this or any previous visit from the past 365 days.

Instructions

AVS - Outpatient (Printed 1/13/2025)

Communications

No questionnaires available.

2/19/25, 9:21 AM

Bell, Joan Astar (MRN 024047) DOB: 09/10/1948 Encounter Date: 01/13/2025

Orders Placed

Follow Up In Urology

Medication Changes

As of 1/13/2025 1:55 PM

None

Medication List at End of Visit

As of 1/13/2025 1:55 PM

	Refills	Start Date	End Date
aspirin (Vazalore) 81 MG capsule 81 mg. Patient-reported medication	—	6/6/2024	—
atenolol (Tenormin) 100 MG tablet Take 100 mg by mouth as needed at bedtime. - Oral Patient-reported medication	—	—	—
bimatoprost (Lumigan) 0.01 % ophthalmic solution Patient-reported medication	—	—	—
celecoxib (CeleBREX) 200 MG capsule take 1 capsule by mouth twice daily as needed Patient-reported medication	—	—	—
citalopram (CelexXA) 40 MG tablet Take 40 mg by mouth at bedtime. - Oral Patient-reported medication	—	—	—
clobetasol (Temovate) 0.05 % external solution APPLY to SCALP ONCE EVERY NIGHT AS NEEDED Patient-reported medication	—	11/7/2024	—
dapagliflozin (Farxiga) 10 MG Take 1 tablet by mouth every morning. - Oral Patient-reported medication	—	—	—
desonide (DesOwen) 0.05 % cream Patient-reported medication	—	11/22/2024	—
Jardiance 25 MG Take 1 tablet by mouth in the morning. - Oral Patient-reported medication	—	1/30/2024	—
Repatha SureClick 140 MG/ML injection Inject 140 mg under the skin every 14 days. - Subcutaneous Patient-reported medication	—	11/20/2024	11/20/2025
Ferrous Sulfate (IRON PO) Take 1 tablet by mouth every morning. - Oral Patient-reported medication	—	—	—
fluticasone (Flonase) 50 MCG/ACT nasal spray use 1 - 2 sprays IN each nostril ONCE daily Patient-reported medication	—	1/8/2024	—
folic acid (Folvite) 1 MG tablet TAKE ONE TABLET BY MOUTH every day except Sunday Patient-reported medication	—	—	—
furosemide (Lasix) 20 MG tablet	—	9/20/2024	—

2/19/25, 9:21 AM

Bell, Joan Aster (MRN 024047) DOB: 09/10/1948 Encounter Date: 01/13/2025

Refills

Start Date

End Date

TAKE TWO TABLETS BY MOUTH EVERY MORNING FOR 3 DAYS then TAKE ONE TABLET BY MOUTH EVERY MORNING FOR 3 DAYS for swelling

Patient-reported medication

gabapentin (Neurontin) 300 MG capsule

Take 300 mg by mouth in the morning and 300 mg at noon and 300 mg before bedtime. - Oral

Patient-reported medication

hydroxychloroquine (Plaquenil) 200 MG tablet

Take 1 tablet by mouth at bedtime. - Oral

Patient-reported medication

NovoLOG 100 UNIT/ML injection

Use in his insulin pump, MDD=100 units

Patient-reported medication

Insulin Lispro**HumaLOG 100 UNIT/ML injection**

Use in his insulin pump, MDD=100 units

Patient-reported medication

insulin lispro (unbranded) 100 UNIT/ML injection pen

Inject 1-4 times per day as directed.

Patient-reported medication

leflunomide (Arava) 10 MG tablet

Take 10 mg by mouth every morning. - Oral

Patient-reported medication

lidocaine (Lidoderm) 5 % patch

8/21/2024

APPLY ONE PATCH externally EVERY 12 HOURS AS NEEDED over painful area (remove after 12 hours. 12 HOUR ON, 12 HOUR off. ok to use 2 patches IN 24 hours) FOR 30 DAYS

Patient-reported medication

Losartan Potassium**losartan (Cozaar) 25 MG tablet**

7/16/2024

Take 25 mg by mouth at bedtime. - Oral

Patient-reported medication

losartan (Cozaar) 50 MG tablet

1/30/2024

Take 50 mg by mouth at bedtime. - Oral

Patient-reported medication

metaxalone (Skelaxin) 800 MG tablet

TAKE 1/2-1 TABLET BY MOUTH THREE TIMES DAILY FOR 30 DAYS

Patient-reported medication

methotrexate 2.5 MG tablet

Take 8 tablets BY MOUTH SUNDAY

Patient-reported medication

Nyamyc 100000 UNIT/GM powder

APPLY SPARINGLY TO THE AFFECTED AREA(S) TWICE DAILY

Patient-reported medication

nitrofurantoin, macrocrystal-monohydrate, (Macrobid)

7/17/2024

100 MG capsule

Take 1 capsule by mouth in the morning and 1 capsule before bedtime. - Oral

Patient-reported medication

oxyCODONE (Roxicodone) 5 MG immediate release

6/17/2024

tablet

TAKE 1 Tablet BY MOUTH EVERY 4-6 HOURS AS NEEDED for post-op PAIN (ok to take with 7.5mg dose)

Patient-reported medication

pantoprazole (Protonix) 40 MG EC tablet

Take 40 mg by mouth in the morning and 40 mg before bedtime. - Oral

2/19/25, 9:21 AM

Bell, Joan Aster (MRN 024047) DOB: 09/10/1948 Encounter Date: 01/13/2025

Refills

Start Date

End Date

Patient-reported medication

polyethylene glycol, PEG, 3350 (GaviLAX) 17

—

2/28/2024

—

GM/SCOOP powder

TAKE 1 CAPFUL (17 GRAMS) IN 8 OUNCES OF WATER BY MOUTH DAILY. Increase as needed to keep bowels moving

Patient-reported medication

Probiotic Product (Align) 4 MG capsule

—

6/6/2024

—

4 mg.

Patient-reported medication

Ozempic, 1 MG/DOSE, 4 MG/3ML solution pen-injector

—

6/6/2024

—

Inject ONE mg SUBCUTANEOUSLY ONCE weekly

Patient-reported medication

solifenacina (VESIcare) 10 MG tablet

—

Take 10 mg by mouth in the morning. - Oral

Patient-reported medication

trazODone (Desyrel) 50 MG tablet

—

Take 50 mg by mouth at bedtime. - Oral

Patient-reported medication

Visit Diagnoses

Primary: Mixed incontinence N39.46



Carolina East Physicians, Inc. 1000 New Bern Avenue, Greenville, NC 27858 • 252-672-0052 • Fax 252-672-0053

Urology	Main (252) 633-2712
Pediatrics	Main (252) 633-1919
Reproductive Health Center	Main (252) 633-6777
Internal Medicine	Main (252) 633-1010
Ear, Nose, and Throat	Main (252) 633-2713
Orthopedic Surgery and Rehab	Main (252) 633-3024
Cardiac, Thoracic, Vascular Surgery	Main (252) 672-3470

PATIENT Joan A. Bell
BIRTHDATE 09/10/1948
AGE 76 **GENDER** F
OMRN 26629
DATE OF SERVICE 11/15/2018
PROVIDER Hoyt Doak MD

PROGRESS NOTE

Chief Complaint/Reason For Visit

Patient presents to the office for one month follow up with PVR.

History of Present Illness

The patient is a 70-year-old female who follows up for urinary incontinence and lower urinary tract symptoms. Please see my October 15th note. She has already failed Myrbetriq. We wrote her for a trial of Toviaz and a trial of oxybutynin. She ended up being admitted to the hospital with colitis and never had time to take the Toviaz. She did take the oxybutynin ER 15 mg daily and had a dramatic improvement in her urgency and urge incontinence. She is very satisfied with her current urinary symptoms. Her urine culture was negative. Her postvoid residual today is a little bit elevated at 150 mL.

ASSESSMENT

1. Urinary urgency.
2. Urinary incontinence.
3. Incomplete bladder emptying.

PLAN

1. Continue with the oxybutynin 15 mg daily.
2. If the patient notes hesitancy or stranguria, she will discontinue the medication and call us.
3. We will recheck a postvoid residual at her followup in a year.
4. I will see her back in one year for a prescription refill and a postvoid residual.

Hoyt B. Doak, IV, MD



The logo for Carolina East Physicians features a stylized graphic of three horizontal, wavy lines of increasing height from left to right, resembling a rising sun or a stack of books. To the right of the graphic, the word "CAROLINA EAST" is written in a bold, serif font. Below "CAROLINA EAST", the word "PHYSICIANS" is written in a smaller, all-caps, sans-serif font.

LOCATION: 1000 Canal Street, Louisville, Kentucky 40202, USA. Phone: +1 502 567 8000. Fax: +1 502 567 8001.

Urology	Main (522) 634-3712
Pediatrics	Main (522) 634-1918
Heart Center	Main (522) 634-0777
Internal Medicine	Main (522) 634-1010
Ear, Nose, and Throat	Main (522) 634-2510
Physical Medicine and Rehabilitation	Main (522) 634-3024
Thoracic/Vascular Surgery	Main (522) 634-6730

PATIENT Joan A. Bell
BIRTHDATE 09/10/1948
DATE OF SERVICE 11/15/2018

PROGRESS NOTE

cc: Kelsey Barr, MD
Bonnie J. Goodwin, MD

Allergies

1. ACE Inhibitors
2. Crestor TABS
3. Codeine Derivatives

Current Meds

1. Atenolol 100 MG Oral Tablet; TAKE 1 TABLET BY MOUTH DAILY AS DIRECTED
2. BD Pen Needle Short U/F 31G X 8 MM; USE DAILY AS DIRECTED
3. CeleBREX 200 MG Oral Capsule; TAKE 1 CAPSULE DAILY
4. Citalopram Hydrobromide 40 MG Oral Tablet; TAKE 1 TABLET DAILY
5. Humalog KwikPen 100 UNIT/ML Subcutaneous Solution Pen-injector; INJECT 20 UNITS SUBCUTANEOUSLY 15-20 MINUTES PRIOR TO EACH MEAL (BREAKFAST, LUNCH, & DINNER). MDD 60 UNITS
6. Hydrocodone-Acetaminophen 5-325 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY
7. Jardiance 25 MG Oral Tablet; TAKE 1 TABLET DAILY. PLEASE STAY WELL HYDRATED WHILE TAKING THIS MEDICATION. TRY TO DRINK PLENTY OF WATER, AT LEAST 64 OUNCES DAILY
8. Letrozole 2.5 MG Oral Tablet; Take 1 tablet by mouth daily
9. Livalo 2 MG Oral Tablet; Take 1 tablet by mouth at bedtime
10. Losartan Potassium 50 MG Oral Tablet; TAKE 1 TABLET DAILY
11. Neurontin 300 MG Oral Capsule; TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY
12. Nystatin 100000 UNIT/GM External Cream; APPLY A THIN LAYER TO AFFECTED AREA(S) AND RUB IN WELL TWICE DAILY
13. Oxybutynin Chloride ER 15 MG Oral Tablet Extended Release 24 Hour; 1 TAB DAILY
14. Plavix 75 MG Oral Tablet; Take 1 tablet by mouth once daily
15. Skelaxin TABS; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED
16. Tresiba FlexTouch 200 UNIT/ML Subcutaneous Solution Pen-injector; Inject 80 units daily

Active Problems

1. Urinary incontinence (788.30) (R32)
2. Allergic urticaria (708.0) (L50.0)
3. Breast cancer, stage 1, left (174.9) (C50.912)
4. Colon, diverticulosis (562.10) (K57.30)
5. Current use of insulin (V58.67) (Z79.4)
6. Dermatitis (692.9) (L30.9)
7. Diverticulitis Of Colon (562.11)
8. Ductal carcinoma in situ of right breast (233.0) (D05.11)
9. Encounter for monitoring adjuvant hormonal therapy (V58.83,V58.69) (Z51.81,Z79.899)
10. Generalized osteoarthritis of unspecified site (715.00) (M15.9)



Locations in Cape Carteret, New Hanover, Brunswick, New Bern, Jacksonville, and Wilmington, North Carolina

Urology	Main (252) 633-2812
Pediatrics	Main (252) 633-1019
Health Center	Main (252) 633-6777
Internal Medicine	Main (252) 633-1010
Ear, Nose, and Throat	Main (252) 626-2313
Physical Medicine and Rehab	Main (252) 633-6924
Cardiac, Thoracic, Vascular Surgery	Main (252) 633-6730

PATIENT Joan A. Bell
BIRTHDATE 09/10/1948
DATE OF SERVICE 11/15/2018

PROGRESS NOTE

11. Hyperlipidemia (272.4) (E78.5)
12. Hypertension (401.9) (I10)
13. Normal routine physical examination (V70.0) (Z00.00)
14. Type 2 diabetes mellitus (250.00) (E11.9)
15. Type 2 diabetes mellitus, uncontrolled (250.02) (E11.65)

Past Medical History

1. History of Abdominal pain, RUQ (right upper quadrant) (789.01) (R10.11)
2. Accelerated essential hypertension (401.0) (I10)
3. History of diverticulitis of colon (V12.79) (Z87.19)
4. History of essential hypertension (V12.59) (Z86.79)
5. History of lump of right breast (V13.89) (Z87.898)

Surgical History

1. History of Left Breast Partial Mastectomy
2. History of Total Hip Replacement

Family History

Mother

1. Denied: Family history of bladder cancer
2. Denied: Family history of kidney cancer
3. Family history of High cholesterol

Father

4. Denied: Family history of bladder cancer
5. Denied: Family history of kidney cancer

Sister

6. Family history of osteoporosis (V17.81) (Z82.62)

Brother

7. Family history of diabetes mellitus (V18.0) (Z83.3)

Maternal Grandmother

8. Family history of diabetes mellitus (V18.0) (Z83.3)

Family History

9. Family history of Crohn's Disease

Social History

- Exercises occasionally (V49.89) (Z78.9)
- Former smoker (V15.82) (Z87.891)
- Denied: History of illicit drug use
- Marital History - Currently Married
- Rarely consumes alcohol (V49.89) (Z78.9)

Results/Data

Results



CAROLINA EAST
PHYSICIANS

Locations in: Caswell, Cleveland, Morehead City, New Bern, Rockingham, and Wanchese, North Carolina

Urology	Main (252) 633-2712
Pediatrics	Main (252) 633-1919
Team Center	Main (252) 633-6777
Internal Medicine	Main (252) 633-1010
Ear, Nose, and Throat	Main (252) 635-4813
Physical Medicine and Rehab	Main (252) 633-4021
Cardiac, Thoracic, Vascular Surgery	Main (252) 633-6730

PATIENT Joan A. Bell
BIRTHDATE 09/10/1948
DATE OF SERVICE 11/15/2018

PROGRESS NOTE

15Nov2018 03:25PM

Voiding Conversion
 PVR: 154 ml

Urology Labs

15Oct2018

Urine Glucose	<u>>=1000 mg/dL</u> <u>mg/dL</u>
Urobilinogen	0.2 E.U./dL Eu/dl
PH	5.5
Specific Gravity	1.010
Blood	Negative
Leukocytes	Negative
Nitrites	Negative

Orders

- Start: Oxybutynin Chloride ER 15 MG Oral Tablet Extended Release 24 Hour; 1 TAB DAILY

Signatures

Electronically signed by : Hoyt Doak, MD; Nov 23 2018 3:16PM EST

(Author)



Urology	St. Louis (232) 653-2712
Pediatrics	Mem (232) 833-1814
Hospital Center	St. Louis (232) 653-6771
Internal Medicine	St. Louis (232) 653-1010
Card., Bone, and Thoro	Mem (232) 934-2517
Physical Medicine and Rehab	Mem (232) 653-8024
Cardiac, Thoracic, Vascular Surgery	St. Louis (232) 653-9710

PATIENT Joan A. Bell
BIRTHDATE 09/10/1948
AGE 76 **GENDER** F
OMRN 26629
DATE OF SERVICE 10/15/2018
PROVIDER Hoyt Doak MD

PROGRESS NOTE

Chief Complaint/Reason For Visit

Patient is a new patient who is here for urinary incontinence.

History of Present Illness

The patient is a 70-year-old female referred for urinary incontinence by Dr. Anne Healy. She says that her incontinence has bothered her since the birth of her son about 40 years ago, but over the last year or so it has gotten significantly worse. She wears pads, and goes through 5 to 6 pads a day. She said they are completely soaked when she changes them. She said she leaks when she coughs, sneezes, bends over, stands up. She said she also has urgency, and cannot make it to the bathroom in time. No urinary tract infections for the last 6 months. No gross hematuria. She had 2 vaginal deliveries several decades ago, and had a bladder suspension in the 1990s. She finds her incontinence extremely bothersome. She only thing that helps control it at all is just avoiding fluid intake. She has tried Myrbetriq, but did not think that it helped at all.

ASSESSMENT: Mixed urinary incontinence.

PLAN

1. Discontinue Myrbetriq.
2. Trial of Toviaz 8 mg daily for 2 weeks. Common side effects were discussed.
3. Trial of oxybutynin ER 15 mg daily for 2 weeks.
4. Urine culture.
5. We will check a post-void residual at the patient's followup.

6. I had a long discussion with the patient about the nature of her problem. I was not able to demonstrate stress incontinence on her exam today. I explained that stress incontinence is a



Locations in Cape Carteret, New Bern, Morehead City, New Bern, Pollockville, and Wilmington North Carolina

Urology	Main (252) 633-2712
Pediatrics	Main (252) 633-1919
Heart Center	Main (252) 633-4777
Internal Medicine	Main (252) 633-1010
Ear, Nose, and Throat	Main (252) 633-2512
Physical Medicine and Rehab	Main (252) 633-8021
Cardiac, Thoracic, Vascular Surgery	Main (252) 633-6730

PATIENT Joan A. Bell
BIRTHDATE 09/10/1948
DATE OF SERVICE 10/15/2018

PROGRESS NOTE

major portion of her problem and this may require surgery to adequately address. I offered to go ahead and refer her to Dr. Stewart, but she is reluctant to consider surgery at this point. Therefore, I will see her back with a post-void residual in a month or so after she has finished her medication trials. We can discuss the options of surgery versus physical therapy for her stress incontinence at that point.

Allergies

1. ACE Inhibitors
2. Crestor TABS
3. Codeine Derivatives

Current Meds

1. Atenolol 100 MG Oral Tablet; TAKE 1 TABLET BY MOUTH DAILY AS DIRECTED
2. BD Pen Needle Short U/F 31G X 8 MM; USE DAILY AS DIRECTED
3. CeleBREX 200 MG Oral Capsule; TAKE 1 CAPSULE DAILY
4. Citalopram Hydrobromide 40 MG Oral Tablet; TAKE 1 TABLET DAILY
5. HumaLOG KwikPen 100 UNIT/ML Subcutaneous Solution Pen-injector; INJECT 20 UNITS SUBCUTANEOUSLY 15-20 MINUTES PRIOR TO EACH MEAL (BREAKFAST, LUNCH, & DINNER). MDD 60 UNITS
6. Hydrocodone-Acetaminophen 5-325 MG Oral Tablet; TAKE 1 TABLET 3 TIMES DAILY
7. Jardiance 25 MG Oral Tablet; TAKE 1 TABLET DAILY. PLEASE STAY WELL HYDRATED WHILE TAKING THIS MEDICATION. TRY TO DRINK PLENTY OF WATER, AT LEAST 64 OUNCES DAILY
8. Letrozole 2.5 MG Oral Tablet; Take 1 tablet by mouth daily
9. Livalo 2 MG Oral Tablet; Take 1 tablet by mouth at bedtime
10. Losartan Potassium 50 MG Oral Tablet; TAKE 1 TABLET DAILY
11. Neurontin 300 MG Oral Capsule; TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY
12. Nystatin 100000 UNIT/GM External Cream; APPLY A THIN LAYER TO AFFECTED AREA(S) AND RUB IN WELL TWICE DAILY
13. Plavix 75 MG Oral Tablet; Take 1 tablet by mouth once daily
14. Skelaxin TABS; TAKE 1 TABLET 3 TIMES DAILY AS NEEDED
15. Tresiba FlexTouch 200 UNIT/ML Subcutaneous Solution Pen-injector; Inject 80 units daily

Active Problems

1. Urinary incontinence (788.30) (R32)
2. Allergic urticaria (708.0) (L50.0)
3. Breast cancer, stage 1, left (174.9) (C50.912)
4. Colon, diverticulosis (562.10) (K57.30)
5. Current use of insulin (V58.67) (Z79.4)
6. Dermatitis (692.9) (L30.9)
7. Diverticulitis Of Colon (562.11)
8. Ductal carcinoma in situ of right breast (233.0) (D05.11)
9. Encounter for monitoring adjuvant hormonal therapy (V58.83,V58.69) (Z51.81,Z79.899)



Urology	Main (252) 633-2112
Pediatrics	Main (252) 633-1919
Heart Center	Main (252) 633-4777
Internal Medicine	Main (252) 633-1010
Ear, Nose, and Throat	Main (252) 633-2313
Physical Medicine and Rehab	Main (252) 633-8024
Cardiac, Thoracic, Vascular Surgery	Main (252) 633-4730

PATIENT Joan A. Bell
BIRTHDATE 09/10/1948
DATE OF SERVICE 10/15/2018

PROGRESS NOTE

10. Generalized osteoarthritis of unspecified site (715.00) (M15.9)
11. Hyperlipidemia (272.4) (E78.5)
12. Hypertension (401.9) (I10)
13. Normal routine physical examination (V70.0) (Z00.00)
14. Type 2 diabetes mellitus (250.00) (E11.9)
15. Type 2 diabetes mellitus, uncontrolled (250.02) (E11.65)

Past Medical History

1. History of Abdominal pain, RUQ (right upper quadrant) (789.01) (R10.11)
2. Accelerated essential hypertension (401.0) (I10)
3. History of diverticulitis of colon (V12.79) (Z87.19)
4. History of essential hypertension (V12.59) (Z86.79)
5. History of lump of right breast (V13.89) (Z87.898)

Surgical History

1. History of Left Breast Partial Mastectomy
2. History of Total Hip Replacement

Family History

Mother

1. Denied: Family history of bladder cancer
2. Denied: Family history of kidney cancer
3. Family history of High cholesterol

Father

4. Denied: Family history of bladder cancer
5. Denied: Family history of kidney cancer

Sister

6. Family history of osteoporosis (V17.81) (Z82.62)

Brother

7. Family history of diabetes mellitus (V18.0) (Z83.3)

Maternal Grandmother

8. Family history of diabetes mellitus (V18.0) (Z83.3)

Family History

9. Family history of Crohn's Disease

Social History

- Exercises occasionally (V49.89) (Z78.9)
- Former smoker (V15.82) (Z87.891)
- Denied: History of illicit drug use
- Marital History - Currently Married
- Rarely consumes alcohol (V49.89) (Z78.9)

Review of Systems



CAROLINA EAST
PHYSICIANS
Locations in Cape Carteret, Havelock, Morehead City, New Bern, Pollockville and Winterville, North Carolina

Urology	Main (252) 633-2712
Radiology	Main (252) 633-1919
Heart Center	Main (252) 633-6777
Internal Medicine	Main (252) 633-1010
Ear, Nose, and Throat	Main (252) 633-2712
Physical Medicine and Rehab	Main (252) 633-5024
Cardiac, Thoracic, Vascular Surgery	Main (252) 633-6730

PATIENT Joan A. Bell
BIRTHDATE 09/10/1948
DATE OF SERVICE 10/15/2018

PROGRESS NOTE

Systemic: no fever, no chills and no recent weight change.
Eye: vision problem.
Otolaryngeal: no hearing loss.
Cardiovascular: no chest tightness or heavy pressure, no irregular heart rhythm and no palpitations.
Respiratory: no shortness of breath, no cough and no wheezing.
Gastrointestinal: no dysphagia, no heartburn and no melena.
Musculoskeletal: no joint pain.
Integumentary: no rash.
Neurological: no headache and no dizziness.
Psychiatric: no depression.

Results/Data

Urinalysis	15Oct2018 03:19PM	Doak, Hoyt	
Test Name	Result	Flag	Reference
Urine Color	Yellow		Yellow
Urine Clarity	Clear		Clear
Urine Specific Gravity	1.010		1.010 - 1.030
Urine pH	5.5		5.0-8.0
Urine Protein	Negative mg/dL		Negative
Urine Urobilinogen	0.2 E.U./dL Eu/dl		0.2
Urine Glucose	>=1000 mg/dL mg/dL	A	Negative
Urine Ketones	Trace mg/dL	A	Negative
Urine Bilirubin	Negative		Negative
Urine Blood	Negative		Negative
Urine Nitrites	Negative		Negative
Urine Leukocytes	Negative		Negative

Urology Labs

15Oct2018		
Urine Glucose	<u>>=1000 mg/dL</u> mg/dL	
Urobilinogen	0.2 E.U./dL Eu/dl	
PH	5.5	
Specific Gravity	1.010	
Blood	Negative	
Leukocytes	Negative	

063933
RW

Carolina East Medical Center
2000 Neuse Blvd New Bern, NC 28560
(252) 633-8058 Fax:(252) 634-6605

Pathology Report

Patient: **BELL, JOAN ASTER** Accession #: **SU-10-08111**

MR#:	024047	Age:	61	Account #:	64037773
Date of Birth:	9/10/1948	Race:	W	Date of Procedure:	8/12/2010
Sex:	F	Room:	2542	Date Received:	8/13/2010
Location:	2SG			Patient Type:	I
Physician(s):	HARRY H. BALLARD, M.D. PATRICK J. WALSH, M.D. ANNE V. HEALY, M.D.			Office Chart #/Misc:	

SPECIMEN(S) SUBMITTED:
A. RECTO-SIGMOID COLON AND APPENDIX

CLINICAL HISTORY: None given

PREOP DX: Colonic stricture

POSTOP DX: Same as previous

GROSS DESCRIPTION:

Received in formalin and identified "rectosigmoid colon and appendix," are two separate segments of colon and detached appendix. The larger segment of colon measures 13.6 cm in length. The serosal surface is hyperemic and displays scattered areas of adhesions. One end of the colon is tapered and blunted with areas of hemorrhage in fat necrosis. This end may represent a structure site. The opposite end of the colon is closed with surgical staples. The lumen of the colon contains dark yellow-brown soft and solid fecal content. There are a few diverticula. These diverticula are located in the mid region of the colon. An equivocal area of perforation is identified. The mesenteric fat is otherwise unremarkable.

The second segment of colon measures approximately 1.5 cm in length. One surface of the colon (exophytic) is indurated with areas of hemorrhage, adhesions, and fat necrosis. A surgical staple line extends along this edge of the specimen. The opposite surface of the specimen is concave, irregular, and indurated. There are numerous surgical staples surrounding the area of depression. The cut surfaces demonstrate extensive areas of hemorrhage. No fistula tract or mass lesions are identified.

The segment of appendix measures 5.7 cm in length and averages 0.8 cm in diameter. The external surface of the appendix demonstrates multifocal areas of hemorrhage. The wall of the appendix is smooth and shiny. The lumen of the appendix is unremarkable. Representative sections are submitted in ten cassettes labeled A1-A10.

Cassette key: Colon – A1-A3: Narrow end of colon with areas of hemorrhage and fat necrosis; A4-A5: diverticula; A6: stapled margin of resection; Smaller of colon – A7-A9: representative sections; A10: appendix.

BJM/dig

P#: BELL, JOAN ASTER

MR#: 024047

Acc #: SU-10-08111

DIAGNOSIS:

RECTOSIGMOID COLON AND APPENDIX, RESECTION:
DIVERTICULAR DISEASE OF COLON WITH PERFORATION, ACUTE AND CHRONIC INFLAMMATION,
MINUTE FOCUS OF PERICOLONIC ABSCESS FORMATION, FIBROVASCULAR ADHESION
FORMATION AND FAT NECROSIS
MUCOSAL MARGINS OF RESECTION HISTOLOGICALLY Viable
NO EVIDENCE OF MALIGNANCY
APPENDIX, NO HISTOPATHOLOGIC DIAGNOSIS

Keith W. Bennett M.D.
Pathologist
Electronically signed 08/16/2010

From: CRAVEN REGIONAL MEDI Page: 6/7 Date: 8/13/2010 10:52:17 AM

Telex/Fax/400

CRAVEN REGIONAL MEDI 13-Aug-10 10:47 Ref:0849432 2/3

C O P Y

063933
PJWCAROLINA EAST HEALTH SYSTEM
New Bern, North CarolinaDICTATED: 08/12/2010
TRANSCRIBED: 08/13/2010MR: 02-40-47
ACCT: 64037773
PT TYPE: I-I
ROOM&BED: 2SG -2542OPERATIVE/
PROCEDURE NOTENAME: BELL, JOAN
DATE OF BIRTH: 09/10/1948
PROVIDER: G.MARK DOYLE, M.D.
TIME D/T: 1304/1043

DATE PERFORMED: 08/12/2010

PREOPERATIVE DIAGNOSIS: Patient is status post colectomy for chronic diverticulitis and is preparing to undergo an abdominal procedure and Dr. Ballard has requested a left ureteral stent.

OPERATIONS:

1. Cystoscopy.
2. Placement of left stent.

SURGEON: George Doyle, MD

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

DRAINS: Open-end left ureteral stent connected to Foley catheter.

FINDINGS: Normal cystoscopy.

DESCRIPTION OF PROCEDURE: After adequate general anesthesia was obtained, the patient was put in the dorsal lithotomy position, prepped and draped in usual sterile fashion.

A 22-French scope was inserted with a blunt obturator. Examination of the bladder showed no sessile or papillary lesions. Clear efflux from both UOs noted. At this point, a 0.030 wire was passed up blindly and then an open-end stent passed over the wire. It was secured to an indwelling Foley catheter. She tolerated the procedure well. No complications.

From: CRAVEN REGIONAL MLDI Page: 7/7 Date: 8/13/2010 10:52:17 AM

Telex/Fax/400

CRAVEN REGIONAL MEDI 13-Aug-10 10:47 Ref:0849432 3/3

C O P Y

CAROLINAEAST HEALTH SYSTEM
New Bern, North Carolina

PROCEDURE NOTE

PAGE: 02

NAME: BELL, JOAN
PROVIDER: G.MARK DOYLE, M.D.Signed _____
G. MARK DOYLE, M.D.

PROCEDURE NOTE

\: MM /: 322

ID: 1487536

JOB: 03726

cc: BALLARD, HARRY M.D. (127)
DOYLE, G.MARK M.D. (322)

>

S&S END

From: CRAVEN REGIONAL MEDI Page: 2/3 Date: 8/11/2010 11:37:56 AM

Telox/Fax/400

CRAVEN REGIONAL MEDI 11-Aug-10 11:38 Ref:0848843 2/3

063933
RW

C O P Y

CAROLINAEAST HEALTH SYSTEM
New Bern, North CarolinaDICTATED: 08/11/2010
TRANSCRIBED: 08/11/2010MR: 02-40-47
ACCT: 64037773
PT TYPE: I-I
ROOM&BED: 2SG -2542

CONSULTATION

NAME: BELL, JOAN
DATE OF BIRTH: 09/10/1948
PROVIDER: PATRICK J WALSH, M.D.
TIME D/T: 1924/1115

DATE OF CONSULTATION: 08/10/2010

ATTENDING PHYSICIAN: HARRY BALLARD, M.D.

REASON FOR CONSULTATION: Placement of perioperative ureteral stents.

BRIEF HISTORY: A 61-year-old female, who originally underwent partial colectomy for chronic diverticulitis 06/17/2010 by Dr. Harry Ballard. She continued to have problems with diverticulitis for over a month and was readmitted 07/15/2010 and discharged 07/19/2010. Subsequently, she was admitted yesterday for abdominal pain and is felt to have an anastomotic stricture with possible contained leak or diverticulum near the anastomosis. She is scheduled for a colectomy tomorrow and due to her anatomy and chronicity of this problem, it was felt best to place bilateral ureteral stents.

PAST MEDICAL HISTORY: Positive for
1. Diabetes, type II.
2. Diverticulosis.
3. Hypertension.
4. Hyperlipidemia.
5. Osteoarthritis.MEDICATIONS:
1. Benicar.
2. Atenolol.
3. Simvastatin.
4. Celebrex.
5. Celexa.
6. Metformin.

ALLERGIES: CODEINE AND ADHESIVES.

PAST SURGICAL HISTORY: As above, partial colectomy 06/17/2010, hysterectomy, left hip replacement.

LABS: Pending, however, 07/17/2010 hematocrit was 35.2, creatinine

From: CRAVEN REGIONAL MEDI Page: 3/2 Date: 8/11/2010 11:37:55 AM

Telex/Fax/400

CRAVEN REGIONAL MEDI 11-Aug-10 11:33 Ref:0848843 3/3

C O P Y

CAROLINAEAST HEALTH SYSTEM
New Bern, North Carolina

CONSULTATION

PAGE: 02

NAME: BELL, JOAN
PROVIDER: PATRICK J WALSH, M.D.

was 0.75.

PHYSICAL EXAMINATION: No apparent distress. No flank pain or CVA tenderness. Abdomen diffusely tender. Extremities full range of motion times 4. Breast and pelvic examination deferred.

IMPRESSION: Diverticulosis, recurrent, status post colectomy.

PLAN: Perioperative placement bilateral temporary ureteral stents for partial colectomy by Dr. Harry Ballard. We will discuss with the OR as far as timing and Dr. Ballard. Risks, benefits, and possible complications, including bleeding, infection, ureteral or renal injury were discussed with the patient, who expressed understanding and desires to proceed.

Signed PATRICK J WALSH, M.D.

CONSULTATION

\: DCB /: 830

ID: 6JOBNO

JOB: 2586

cc: BALLARD, HARRY M.D. (127)
WALSH, PATRICK J M.D. (830)

>

6&6 END