

YOUR REFERRAL

PATIENT DETAILS

Gordon Wayne Watts

Preferred Name :

DOB: 05/16/1966

Insurance Provider : HCHCP

Address: 2046 PLEASANT ACRE DR,
PLANT CITY, FL 33566-7511

Group Number :

Contact: 863-688-9880

Subscriber No : 0000008465

Who Are You Seeing



Kenneth E Rogers
Chiropractic
,
7728 Palm River Road, Tampa,
FL33619

: 813-630-3600

[See Driving Directions](#)

When Are You Being Seen

Referral Details

Start Date
08/29/2023
End Date
12/30/2023

Authorization ID:232411656
11 Visits

Referral From
Brett Frazier, M.D.
Family Practice | ID Number:591741303 |
NPI:1891925061

PLANT CITY FAMILY CARE
Address: 801 E. Baker Street,
340B00129100SCPlant City, FL, 33563-3652
Contact: 813-349-7600

REASON FOR REFERRAL

In House Chiropractor, Dr. Rogers

DIAGNOSIS

M54.50 - Lumbar Pain

NOTES

Hernandez Garcia-MA, Leticia 08/31/2023 08:16:34 AM >Referral Mailed To Patient And Faxed To Specialist/Facility. Take Insurance Card, Photo ID And This Referral With You To Your Appointment. Please Call To Schedule Your Appointment.

↔ YOUR PAST REFERRALS

☐	Date	Details	Start Date	Valid Until
☐	09/11/2023	Addys Garcia Delgado referred you to MARK HOLMES for Please evaluate patient for full mouth extractions , large decays , fracture teeth non restorable , patient choose extraction teeth 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,18,20,21,22,23,24,25 you Appointment Date: Patient will call to make appointment.	09/11/2023	10/11/2023
☐	09/01/2023	Nathaly Antigua Suarez referred you to DIAGNOSTIC IMAGING CENTER SOUTH FLORIDA BAPTIST HOSPITAL for PET/CT scan with FDG injection Appointment scheduled on 10/2/2023 at 12:00pm.	09/11/2023	12/31/2023
☐	09/01/2023	Nathaly Antigua Suarez referred you to DIAGNOSTIC IMAGING CENTER SOUTH FLORIDA BAPTIST HOSPITAL for DEXA scan	09/01/2023	09/01/2024
☐	08/28/2023	Brett Frazier referred you to Kenneth Rogers for in house chiropractor, Dr. Rogers	08/29/2023	12/30/2023
☐	07/13/2023	Anna Simeoni referred you to MARK HOLMES for Please evaluate #17 for extraction. Patient: Dr. Holmes Office will contact you when the referral is approved by HCHCP.	07/13/2023	01/09/2024
☐	06/21/2023	Samer Darwich referred you to (PLANT CITY) AFRIDI,SALIM K. for follow up prostate cancer	06/21/2023	10/30/2023
☐	06/19/2023	Anna Simeoni referred you to MARK HOLMES for Please evaluate #29 for extraction. Patient: Dr. Holmes Office will contact you when the referral is approved by HCHCP.	06/19/2023	12/16/2023
☐	05/09/2023	Robin Burns-Thigpen referred you to (PLANT CITY) AFRIDI,SALIM K. for please followup thanks.	05/10/2023	08/31/2023
☐	12/06/2022	Addys Garcia Delgado referred you to MARK HOLMES for Appointment Date: Patient will call to make appointment. Please evaluate extraction teeth 19,30 large occlusal wearing patient prefer extraction . Thank you	12/06/2022	06/04/2023
☐	10/07/2022	Robin Burns-Thigpen referred you to MARK TABOR for please eval and tx thanks. seen by TGH	10/07/2022	01/31/2023
↻ ⏮ Page 1 of 2 ⏭ ⏸ View 1 - 10 of 15				

↔ YOUR PAST REFERRALS

☐	Date	Details	Start Date	Valid Until
☐	12/20/2021	Robin Burns-Thigpen referred you to (PLANT CITY) AFRIDI,SALIM K. for please followup thanks.	12/20/2021	06/17/2022
☐	06/11/2021	Robin Burns-Thigpen referred you to (PLANT CITY) AFRIDI,SALIM K. for please eval and tx. thanks.	06/11/2021	12/07/2021
☐	06/09/2021	Robin Burns-Thigpen referred you to TEOFIL B. KULYK for please eval and tx. thanks.	06/09/2021	10/31/2021
☐	06/09/2021	Robin Burns-Thigpen referred you to YAWER (PLANT CITY) NENSEY for screening colonoscopy	06/09/2021	10/31/2021
☐	01/14/2020	Robin Burns-Thigpen referred you to HAROON ILYAS for please eval and tx. thanks.	01/14/2020	05/31/2020



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YOUR LAB / DIAGNOSTIC REPORTS

Please note: The list below may contain the test results that are yet to be reviewed by your provider.

Result Date	Order Date	Name	Reason	Result	Notes
<u>10/03/2023</u>	10/02/2023	PET CT IMAGING SKULL BASE TO THIGH	✓		✓
<u>09/28/2023</u>	09/08/2023	DEXA HIP AND SPINE	✓	+osteoporos	
<u>08/29/2023</u>	08/28/2023	L/S Spine, AP & Lat. (IN-HOUSE)	✓		Camejo, Janet 08/28/2023 09:31:38 AM > X-Ray Done
06/21/2023	06/21/2023	B-12 (1000 mcg/mL) IM - Give now x1		Administered	Rolon-MA, Arodi 06/21/2023 09:27:44 AM > done
05/10/2023	05/09/2023	CBC with diff			
05/10/2023	05/09/2023	Prostatic Specific Antigen, Total (PSA)			
05/10/2023	05/09/2023	TSH, 3RD GENERATION W/REFLEX TO FT4			
05/10/2023	05/09/2023	Complete Metabolic Panel (14) (CMP)			
05/10/2023	05/09/2023	Prostatic Specific Antigen (FREE AND TOTAL)			
09/13/2021	09/09/2021	CBC With Differential/Platelet			

YOUR LAB / DIAGNOSTIC REPORTS

Please note: The list below may contain the test results that are yet to be reviewed by your provider.

Result Date	Order Date	Name	Reason	Result	Notes
09/13/2021	09/09/2021	Magnesium, Serum			
09/13/2021	09/09/2021	Complete Metabolic Panel (14) (CMP)			
09/13/2021	09/09/2021	Vitamin D, 1,25 Dihydroxy (CALCITROL)			
06/10/2021	06/09/2021	CBC With Differential/Platelet	Received -Quest Diagnostics		
06/10/2021	06/09/2021	Prostatic Specific Antigen, Total (PSA)	Received -Quest Diagnostics		Burns-Thigpen,Robin 06/11/2021 11:49:56 AM > refer to URology
06/10/2021	06/09/2021	Urinalysis, Complete includes microscopic, w/rflx Culture (3020)	Received -Quest Diagnostics		
06/10/2021	06/09/2021	TSH, 3RD GENERATION W/REFLEX TO FT4	Received -Quest Diagnostics		
06/10/2021	06/09/2021	LIPID PANEL, Reflex DIRECT LDL	Received -Quest Diagnostics		
06/10/2021	06/09/2021	Complete Metabolic Panel (14) (CMP)	Received -Quest Diagnostics		
01/16/2020	01/16/2020	Retinal Scan (IN-HOUSE)			

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203



Home



Welcome Gordon wayne



Cambie a Español



Practice Details ▾



Sign Out



YOUR LAB / DIAGNOSTIC REPORTS

Please note: The list below may contain the test results that are yet to be reviewed by your provider.

Result Date	Order Date	Name	Reason	Result	Notes
01/14/2020	01/14/2020	EKG, Electrocardiogram (IN-HOUSE)			Sapp,Ariel 01/14/2020 02:45:28 PM > EKG DONE
12/11/2019	12/10/2019	Complete Metabolic Panel (14) (CMP)	Received -Quest Diagnostics		
12/11/2019	12/10/2019	CBC With Differential/Platelet	Received -Quest Diagnostics		
12/11/2019	12/10/2019	TSH, 3RD GENERATION W/REFLEX TO FT4	Received -Quest Diagnostics		
12/11/2019	12/10/2019	LIPID PANEL, Reflex DIRECT LDL	Received -Quest Diagnostics		

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Watts, Gordon Wayne, M, 05/16/1966

863-688-9880

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
813-349-7600

FINAL RESULT

Accession ID: TM143068A		Lab Ref ID: 5Q1A7888077	
Order Date: 05/09/2023		Received: 05/10/2023 05:30:10	Specimen Received: 05/09/2023 21:38:00
Collection Date: 05/09/2023 10:18:00		Report: 05/10/2023 05:16:00	
Requesting Physician: Burns-Thigpen, Robin		Ordering Physician: Burns-Thigpen, Robin	

CBC with diff

	NAME	VALUE	REFERENCE RANGE	LAB
F	WHITE BLOOD CELL COUNT	4.9	3.8-10.8 (Thousand/uL)	TP
F	RED BLOOD CELL COUNT	4.79	4.20-5.80 (Million/uL)	TP
F	HEMOGLOBIN	15.4	13.2-17.1 (g/dL)	TP
F	HEMATOCRIT	43.9	38.5-50.0 (%)	TP
F	MCV	91.6	80.0-100.0 (fL)	TP
F	MCH	32.2	27.0-33.0 (pg)	TP
F	MCHC	35.1	32.0-36.0 (g/dL)	TP
F	RDW	11.9	11.0-15.0 (%)	TP
F	PLATELET COUNT	283	140-400 (Thousand/uL)	TP
F	MPV	10.8	7.5-12.5 (fL)	TP
F	ABSOLUTE NEUTROPHILS	2626	1500-7800 (cells/uL)	TP
F	ABSOLUTE LYMPHOCYTES	1323	850-3900 (cells/uL)	TP
F	ABSOLUTE MONOCYTES	466	200-950 (cells/uL)	TP
F	ABSOLUTE EOSINOPHILS	417	15-500 (cells/uL)	TP
F	ABSOLUTE BASOPHILS	69	0-200 (cells/uL)	TP
F	NEUTROPHILS	53.6	(%)	TP
F	LYMPHOCYTES	27.0	(%)	TP
F	MONOCYTES	9.5	(%)	TP
F	EOSINOPHILS	8.5	(%)	TP
F	BASOPHILS	1.4	(%)	TP

Received Date: 202305092138
0
0 0 0
PERFORMING LAB: TP, Quest Diagnostics-Tampa 4225 E Fowler Ave, Tampa

FL

33617-2026 Weston H Rothrock MD

Result:

Accession ID:

TM143068A

Notes:

Export

Print

Windowing

Annotations

Zoom

Original

Negative

Orientation

Series

Images

Comparative Mode

Groups

Prev Series

Next Series

File

Ref Lines

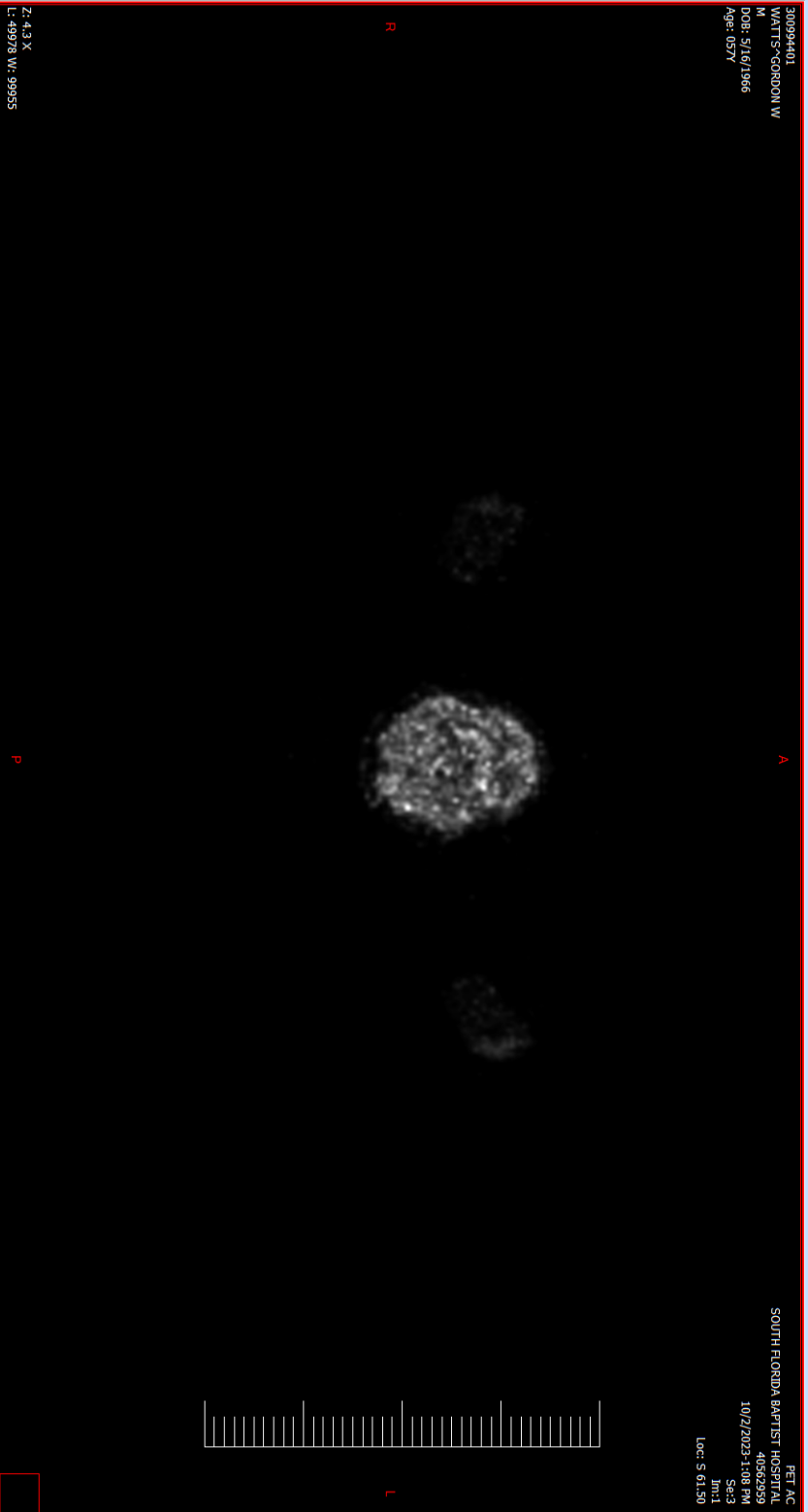
Magnifier

Image Info

MPR Mode

Current Series

WATTS~GORDON W - PET CT IMAGING SK...	
Report	
3 PET AC	
PT	242
4 CT 4.0 B238	
CT	242
5 PET NAC	
PT	242
8 PET Dose Report	
PT	2
502 Patient Protocol	
CT	1
603 Fused Tra	
CT	241
604 Fused Sag	
CT	111
605 Fused Cor	
CT	76
606 CINE MIP	
PT	32



Export

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Windowing

Annotations

Zoom

Original

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Orientation

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Images

Comparative Mode

Groups

Prev Series

Next Series

Line

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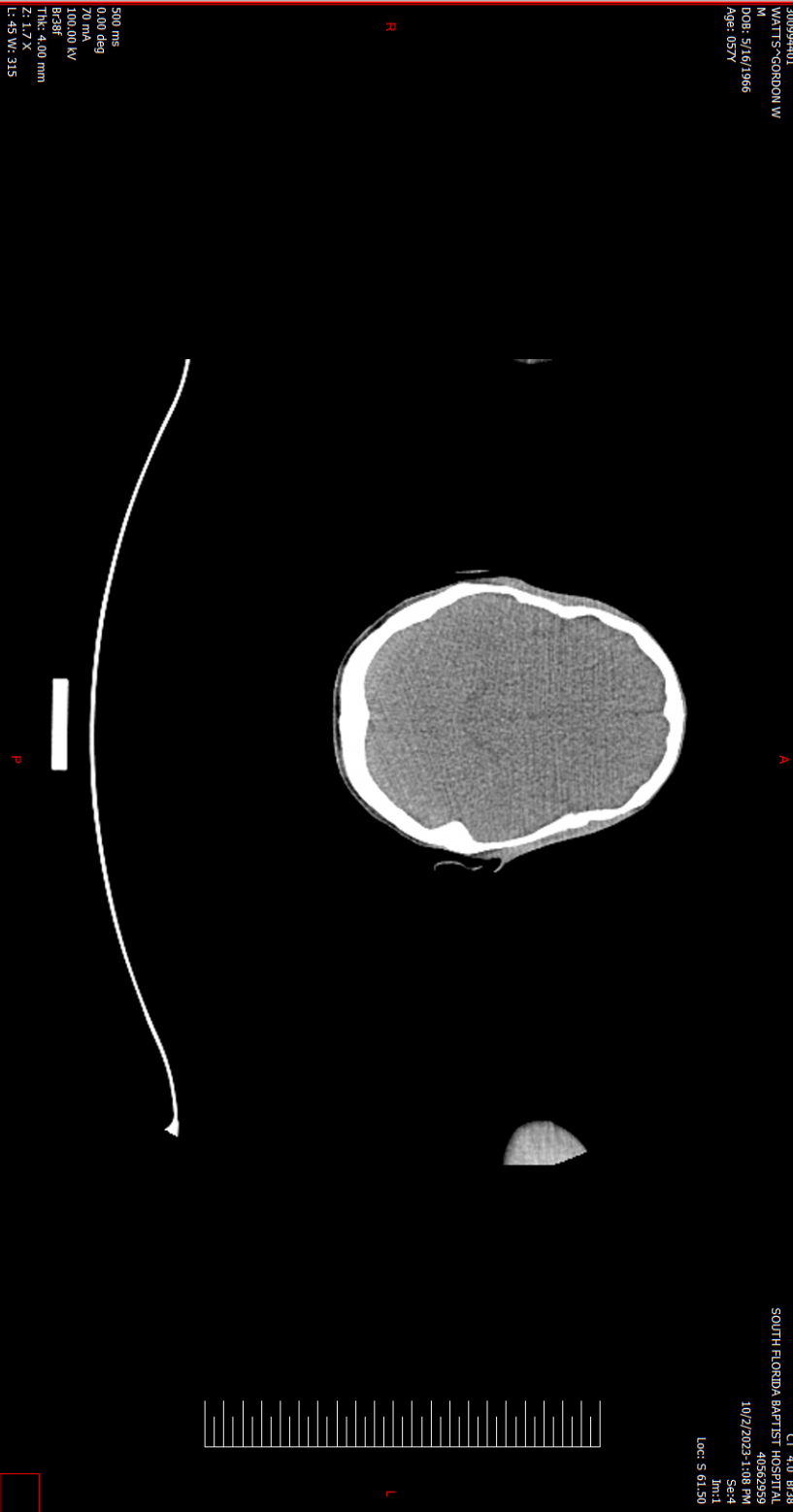
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MPR Mode

Current Series

WATTS~GORDON W - PET CT IMAGING SK...

Report	
3 PET AC	
PT	242
4 CT 4.0 Bx38	
CT	242
5 PET MLC	
PT	242
8 PET Dose Report	
PT	2
502 Patient Protocol	
CT	1
603 Fused Tra	
CT	241
604 Fused Sag	
CT	111
605 Fused Cor	
CT	76
606 CINE MIP	
PT	32



300994401
WATTS~GORDON W
DOB: 5/16/1966
Age: 057Y

MPR Mode
Current Series

R

A

PET MAC
SOUTH FLORIDA BAPTIST HOSPITAL
40562959
10/2/2023 1:08 PM
Se: S
MW: 1
Loc: S 61.30

L

Export

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Orientation

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Images

Comparative Mode

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Prev Series

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Current Series

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Image Info

MPR Mode

WATTS-GORDON W - PET CT IMAGING SK...

Report

3 PET AC	PT
242	
4 CT 4.0 B38	CT
242	
5 PET NAC	PT
242	
8 PET Dose Report	PT
2	
502 Patient Protocol	CT
1	
603 Fused Tra	CT
241	
604 Fused Sag	CT
111	
605 Fused Cor	CT
76	
606 CINE MIP	PT
32	

300994401
WATTS-GORDON W
DOB: 5/16/1966
Age: 037Y

PET Dose Report

Radiopharmaceutical	Fluorodeoxyglucose
Radioisotope	F-18
Radiounitdose Half Life(s)	6580.2
Inj. Start Date(DD-MM-YYYY)	02-10-2023
Inj. Start Time(HH:MM:SS)	12:15:17
Inj. Stop Date(DD-MM-YYYY)	02-10-2023
Inj. Stop Time(HH:MM:SS)	12:15:17
Study Name	PETSKULLBASE_MIDTHIGH (Adult)

Parameter	SI units	English units
Injected Dose	428.48 MBq	11.58 mCi
Weight	64.43 Kg	120.00 lbs
Height	1.73 m	5.67 ft
Blood Glucose	6.67 mmol/L	120.00 mg/dL
Effective Dose	8.14 mSv	814.07 mrem

PET Dose Report
Baptist Hospital
40562599
10/2/2023 IVA
Im:2402
Loc: IVA

Windows taskbar icons

10:41 AM
10/3/2023

Export

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Next Series

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MPR Mode

Current Series

WATTS-GORDON W - PET CT IMAGING SK...

Report	
3 PET AC	PT
242	
4 CT 4.0 B38	CT
242	
5 PET NAC	PT
242	
8 PET Dose Report	PT
2	
502 Patient Protocol	CT
1	
603 Fused Tra	CT
241	
604 Fused Sag	CT
111	
605 Fused Cor	CT
76	
606 CINE MIP	PT
32	

300994401

WATTS-GORDON W

M

DOB: 5/16/1966

Age: 037Y

02-Oct-2023 12:53

Ward: XXDEF

Physician:

Operator:

Total mAs 2977 Total DLP 229 mGycm

Scan KV mAs / ref. CTDIvol* DLP TI cSL

mGy mGycm s mm

Patient Position H-SP 1 100 36 mAs 0.05 L 4.8 5.9 0.6

Topogram 2 100 53 / 128 2.29 L 224.0 0.5 1.2

PET

N/A ms

N/A deg

N/A mAs

N/A kV

N/A

Ttk: N/A mm

Z: 1.7 X

L: 200 W: 50

* L = 32cm, S = 16cm

File

Print

Export

Ref Lines

Image Info

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Annotations

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Series

Images

Comparative Mode

Groups

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Next Series

Current Series

Report	
3 PET AC	PT
242	
4 CT 4.0 B38	CT
242	
5 PET NAC	PT
242	
8 PET Dose Report	PT
2	
502 Patient Protocol	CT
1	
603 Fused Tra	CT
241	
604 Fused Sag	CT
111	
605 Fused Cor	CT
76	
606 CINE MIP	PT
32	

300944401
WATTS-GORDON W
M
DOB: 5/16/1966
Age: 037Y

300944401
Fused Tra
SOUTH FLORIDA BAPTIST HOSPITAL
40562559
10/2/2023 1:08 PM
Seq:003
Im:1
Loc: N/A

N/A ms
N/A deg
N/A ma
N/A kv
N/A
Ttk: N/A mm
Z: 1.7 X
L: 128 W: 256

Windows

File Explorer

Google Chrome

Microsoft Edge

Taskbar

10:42 AM

10/3/2023

Report	
	3 PET/AC PT 242
	4 CT 40 Bx38 CT 242
	5 PET/AC PT 242
	8 PET/AC PT 242
	8 PET/AC PT 242
	8 PET/AC PT 242
	8 PET/AC PT 242
	8 PET/AC PT 242

300994401
WATTS~GORDON W
M
DOB: 5/16/1966
Age: 057Y

Fused Sag
SOUTH FLORIDA BAPTIST HOSPITAL

40562959
23-1:08 PM
Se:604
Im:1
Loc: N/A

N/A ms
N/A deg
N/A mA
N/A kV
N/A
Thk: N/A mm
Z: 1.7 X
L: 128 W: 256



Export Print Pan Windowing Annotations AJ Zoom Original Negative Orientation Series Images Comparative Mode Groups Prev Series Next Series

Cine Ref Lines Magnifier Image Info MPR Mode Current Series

WATTS-GORDON W - PET CT IMAGING SK...

Report	
3 PET AC	PT
242	
4 CT 4.0 Bp38	CT
242	
5 PET NAC	PT
242	
8 PET Dose Report	PT
2	
502 Patient Protocol	CT
1	
603 Fused Tra	CT
241	
604 Fused Sag	CT
111	
605 Fused Cor	CT
76	
606 Cine MIP	PT
32	



Z: 1.8 X
L: 14494 W: 26987

CINE MIP
SOUTH FLORIDA BAPTIST HOSPITAL
40562559
10/2/2023 1:08 PM
564806
Int 2
Loc: A 101-16





Watts, Gordon Wayne, M, 05/16/1966

PLANT CITY FAMILY CARE

863-688-9880

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
813-349-7600

Accession ID: 40419308	Lab Ref ID:
Order Date: 09/08/2023	
Collection Date: 09:43:00	
Requesting Physician:Antigua Suarez, Nathaly	Ordering Physician: Antigua Suarez, Nathaly

DEXA HIP AND SPINE

NAME

VALUE

See Below For Report
Patient: WATTS, GORDON W DOB: 05/16/1966 Gender: M
CPP: 300994401
MRN: 3000128350
Account: 106011652033
Patient Status:
Admit Date: 09/08/2023
Location: BayCare Outpatient Imaging

Bloomingtondale
Room and Bed:
Requesting: Nathaly Antigua Suarez
Attending: Nathaly Antigua Suarez
Primary Care Provider: Robin Tiffany Burns-Thigpen
ACC: 40419308 Test Name: DEXA HIP AND

SPINE
Completed: 09/08/2023 09:43
DEXA HIP AND SPINE

INDICATION: Other specified disorders of bone density and structure, unspecified site.

COMPARISON: None.

VENDOR: Hologic.

FINDINGS:
Lumbar spine levels L1-L4:
Current study: Bone mineral density (BMD): 0.798 gm/cm2, T-score: -2.7.

Left femoral neck:
Current study: Bone mineral density (BMD): 0.571 gm/cm2, T-score: -2.6.

Total left hip:
Current study: Bone mineral density (BMD): 0.692 gm/cm2, T-score: -2.3.

IMPRESSION: Osteoporosis.

The United States Preventive Services Task Force (USPSTF) recommends using FRAX to calculate risk with subsequent testing of the following groups:

- All women 65 and older
- Women 50-64 with 10 year risk of fracture of 9.3% or more.

FRAX Do not calculate if: Hip scan is not performed, T score standards for spine total, hip total, femoral neck at or above -1.0, or if any T score is at or below -2.5.

In the United States, the National Osteoporosis Foundation Guidelines recommend treatment of postmenopausal women and men 50 years of age or older with the following:

- A fragility fracture of the hip or vertebra
- T-score of less than -2.5 at the femoral neck or spine (Osteoporosis)
- T-score -1.0 to -2.4 at the femoral neck or spine AND a 10 year probability of:
 - Hip fracture greater than or equal to 3%OR
 - Major fracture greater than or equal to 20% as calculated from the US-adapted FRAX WHO Fracture Risk Assessment Tool algorithm.

WHO T-score classification:

normal: > or = -1.0

osteopenia: < -1.0 to > -2.5

osteoporosis: < or = -2.5

NOTES:

1. Changes in BMD of less than 3% are in range of error and may not be significant.
2. Always use DEXA testing in conjunction with clinical findings and patient history to determine optimal patient management.
3. T-score standards are based on reference values for white females, age 20-29 based on the NHANES III database and may be less accurate for other groups of patients.
4. DEXA values may be less accurate in patients with degenerative changes, scoliosis, compression deformities etc.

Electronically signed by Christopher Lazo on 9/12/2023 12:32 PM

Thank you for this referral.

Interpreted By: Christopher Ryan Lazo, RADIOLOGIST

Transcribed By: IA 09/12/2023

Electronically Signed By: Christopher Ryan Lazo, RADIOLOGIST 09/12/2023 12:35:00 pm

BayCare Outpatient Imaging Bloomingdale 2470 Bloomingdale Ave Valrico, FL 33596 (813)586-8500

Result: +osteoporosis Accession ID: 40419308

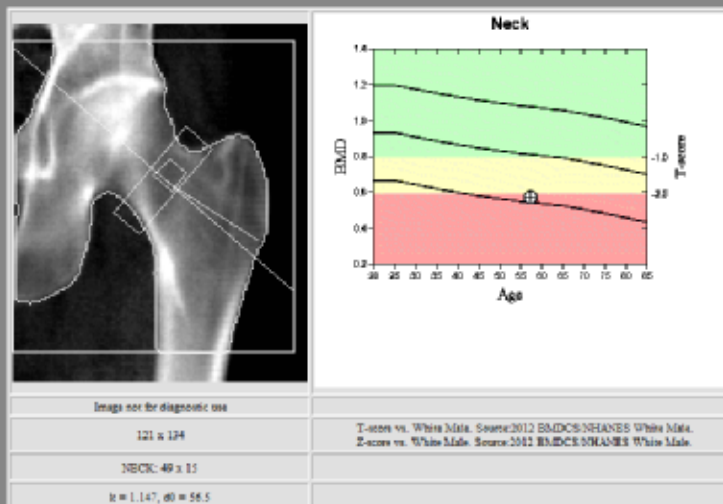
Notes:

Baycare Outpatient Imaging Bloomingdale

2470 Bloomingdale Ave
Valrico, FL 33596

Patient Information:

Name:	WATTS, GORDON W
Patient ID:	300994401
Identifier 2:	
Postal Code:	
Sex:	Male
Ethnicity:	White
Height:	68.0 in
Weight:	120.0 lb
DOB:	05/16/1966
Age:	57
Menopause Age:	
Referring Physician:	Suarez, Nathaly Antigua



Scan Information:

Scan Date:	September 08, 2023 - A09082305
Scan Type:	x Left Hip
Analysis Date:	09/08/2023 08:49
Analysis Protocol:	Hip
Report Date:	09/08/2023 08:49
Institution:	Baycare Outpatient Imaging Bloomingdale
Operator:	
Model:	Horizon W (S/N301988M)
Comment:	
Software version:	13.6.1.2

Results Summary:

Region	Area[cm²]	BMC[g]	BMD[g/cm³]	T-score	PR (Peak Reference)	Z-score	AM (Age Matched)
Neck	5.79	3.31	0.571	-2.6	61	-1.7	71
Total	40.56	28.06	0.692	-2.3	67	-1.8	71

Total BMD CV 1.0%, ACF = 1.025, BCF = 1.001, TH = 3.863

WHO Classification: Osteoporosis

10-year Fracture Risk

FRAX not reported because:
Some T-score for Spine Total or Hip Total or Femoral Neck at or below -2.5
Prior hip or vertebral fracture

Comment:

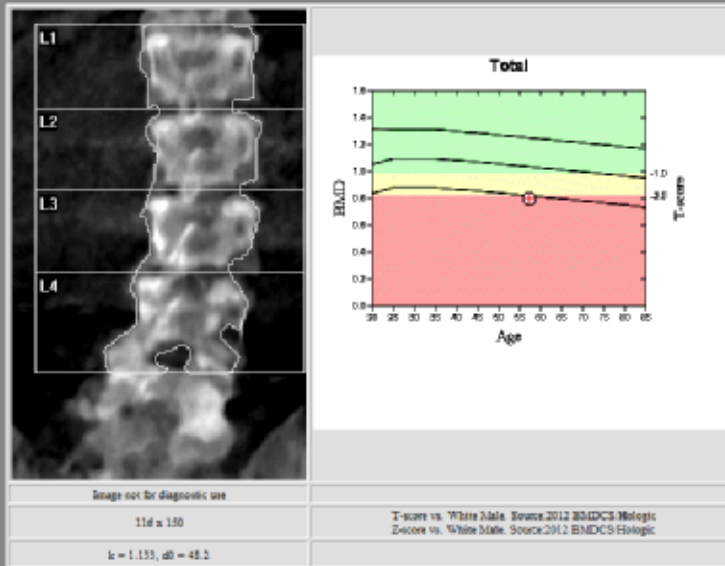
HOLOGIC®

Baycare Outpatient Imaging Bloomingdale

2470 Bloomingdale Ave
Valrico, FL 33596

Patient Information:

Name:	WATTS, GORDON W
Patient ID:	300994401
Identifier 2:	
Postal Code:	
Sex:	Male
Ethnicity:	White
Height:	68.0 in
Weight:	120.0 lb
DOB:	05/16/1966
Age:	57
Menopause Age:	
Referring Physician:	Suarez, Nathaly Antigua



Scan Information:

Scan Date:	September 08, 2023 - A09082304
Scan Type:	x Lumbar Spine
Analysis Date:	09/08/2023 08:47
Analysis Protocol:	Spine
Report Date:	09/08/2023 08:49
Institution:	Baycare Outpatient Imaging Bloomingdale
Operator:	
Model:	Horizon W (S/N301988M)
Comment:	
Software version:	13.6.1.2

Results Summary:

Region	Area[cm ²]	BMC[g]	BMD[g/cm ²]	T-score	PR (Peak Reference)	Z-score	AM (Age Matched)
L1	16.65	13.77	0.827	-2.2	77	-1.7	81
L2	15.33	11.85	0.773	-2.9	71	-2.4	75
L3	15.57	12.40	0.796	-2.8	72	-2.2	76
L4	20.10	15.95	0.794	-2.7	73	-2.1	77
Total	67.66	53.98	0.798	-2.7	73	-2.1	77

Total BMD CV 1.0%, ACF = 1.025, BCF = 1.001, TH = 6.463

Fracture Risk: High; WHO Classification: Osteoporosis

Comment:

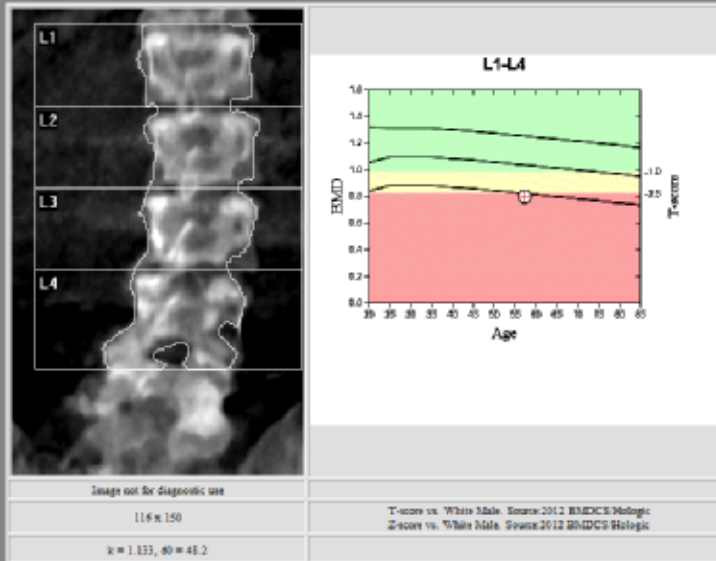
HOLOGIC®

Baycare Outpatient Imaging Bloomingdale

2470 Bloomingdale Ave
Valrico, FL 33596

Patient Information:

Name:	WATTS, GORDON W
Patient ID:	300994401
Identifier 2:	
Postal Code:	
Sex:	Male
Ethnicity:	White
Height:	68.0 in
Weight:	120.0 lb
DOB:	05/16/1966
Age:	57
Menopause Age:	
Referring Physician:	Suarez, Nathaly Antigua



Scan Information:

Scan Date:	September 08, 2023 - A09082304
Scan Type:	x Lumbar Spine
Analysis Date:	09/08/2023 08:47
Analysis Protocol:	Spine
Report Date:	09/08/2023 08:49
Institution:	Baycare Outpatient Imaging Bloomingdale
Operator:	
Model:	Horizon W (S/N301988M)
Comment:	
Software version:	13.6.1.2

Results Summary:

Region	Area[cm ²]	BMC[g]	BMD[g/cm ³]	T-score	PR (Peak Reference)	Z-score	AM (Age Matched)
L1	16.65	13.77	0.827	-2.2	77	-1.7	81
L2	15.33	11.85	0.773	-2.9	71	-2.4	75
L3	15.57	12.40	0.796	-2.8	72	-2.2	76
L4	20.10	15.95	0.794	-2.7	73	-2.1	77
L1-L2	31.99	25.62	0.801	-2.3	76	-1.8	81
L1,L3	32.23	26.17	0.812	-2.2	77	-1.7	81
L1,L4	36.75	29.72	0.809	-2.5	75	-2.0	79
L2-L3	30.90	24.26	0.785	-2.8	71	-2.3	76
L2,L4	35.43	27.81	0.785	-3.1	70	-2.5	74
L3-L4	35.67	28.35	0.795	-3.0	71	-2.4	75
L1-L3	47.56	38.02	0.800	-2.5	75	-1.9	79
L1-L2,L4	52.08	41.57	0.798	-2.6	73	-2.1	78
L1,L3-L4	52.32	42.12	0.805	-2.6	74	-2.0	78
L2-L4	51.00	40.21	0.788	-3.0	71	-2.4	75
L1-L4	67.66	53.98	0.798	-2.7	73	-2.1	77

Total BMD CV 1.0%, ACF = 1.025, BCF = 1.001, TH = 6.463

Fracture Risk: High, WHO Classification: Osteoporosis

HOLOGIC®

Baycare Outpatient Imaging Bloomingdale
2470 Bloomingdale Ave, Valrico, FL 33596

PATIENT HISTORY QUESTIONNAIRE

Name:	WATTS, GORDON W	Today's Date:	09/08/2023
Patient ID:	300994401	Sex:	☐ F ☒ M
Current Height: (in)	68.0	Date of Birth :	05/16/1966
Weight: (lb)	120.0	Referring Physician:	Suarez, Nathaly Antigua
Menopause Age:		Ethnicity:	White

1. Have you had a previous hip or vertebral fracture? ☒ Yes ☐ No
2. Have you had any fractures during your adult life which did not result from significant trauma (e.g., auto accident)? ☒ Yes ☐ No
3. Did either of your parents ever have a hip fracture? ☐ Yes ☒ No
4. Do you smoke? ☐ Yes ☒ No
5. Have you ever taken Glucocorticoids? ☐ Yes ☒ No
6. Do you have rheumatoid arthritis? ☐ Yes ☒ No
7. Do you have secondary osteoporosis? ☐ Yes ☒ No
8. Do you drink 3 or more alcoholic drinks per day? ☐ Yes ☒ No
9. Are you being treated for osteoporosis? ☐ Yes ☒ No

10. Have you ever taken any of the following medications:

- | | |
|---|--|
| ☐ Actonel (i.e. risedronate) | ☐ Boniva (i.e. ibandronate) |
| ☐ Evista (i.e. raloxifene) | ☐ Forteo (i.e. parathyroid hormone) |
| ☐ Fosamax (i.e. alendronate) | ☐ HRT (i.e. estrogen/hormone therapy) |
| ☐ Miacalcin (i.e. calcitonin) | ☐ Protelos (i.e. strontium ranelate) |
| ☐ Reclast (i.e. zoledronate) | ☐ Prolia (i.e. denosumab) |
| ☒ Vitamin D | ☒ Calcium |
| ☐ Other - Please specify: <input type="text"/> | |

11. Do you have any of the following medical conditions:

- | | |
|---|--|
| ☐ Anorexia or Bulimia | ☐ Any Seizure Disorders |
| ☐ Asthma or Emphysema | ☒ Cancer |
| ☐ End stage renal disease | ☐ Inflammatory bowel diseases |
| ☐ Hyperparathyroidism | ☐ Hysterectomy |
| ☐ Other - Please specify: <input type="text"/> | |

12. What was your maximum height (inches)?
13. Do you perform weight bearing exercise regularly? ☐ Yes ☒ No
14. Do you regularly consume dairy products? ☐ Yes ☒ No
15. Do you drink caffeinated beverages? ☒ Yes ☐ No

If female:

16. At what age did your period start?
17. Are you premenopausal? ☐ Yes ☒ No
18. How many full term pregnancies have you had?
19. Have you ever missed your period for more than 6 months in a row (not including pregnancy or menopause)? ☐ Yes ☐ No

Address:
801 E. Baker Street 340B00129100SC,Plant City, FL 33563-3652

Tel:
813-349-7600

Fax:
888-815-3533

RESULT

Patient
Gordon Wayne Watts

DOB
05/16/1966

Address
2046 PLEASANT ACRE DR, ,
PLANT CITY, FL 33566-7511

Phone
863-688-9880

Ordered Date
08/28/2023

Test Name
L/S Spine, AP & Lat. (IN-HOUSE)

Assessments
Lumbar pain

Name	Value	Reference Range
L/S Spine, AP and Lateral		

Result

Notes
Camejo, Janet 08/28/2023 09:31:38 AM > X-Ray Done

Received Date
08/29/2023

WATTS, GORDON WAYNE
5/16/1966
577279
M

EXL: 1470.74
C: 80.00 kV
100 msec
40 mAs
GT: IL: U
VP: AP
PS: 0.13 0.13 mm
L-Spine AP
L: Spine



WATTS, GORDON WAYNE
5/16/1966
577279
M

EXI: 687.80
C:
90.00 kV
200 msec
80 mAs

GT:
IL: U
VP: LAT
PS: 0.13 0.13 mm
L-Spine LAT
L-Spine



Address:
801 E. Baker Street 340B00129100SC,Plant City, FL 33563-3652

Tel:
813-349-7600

Fax:
888-815-3533

RESULT

Patient Gordon Wayne Watts	Ordered Date 06/21/2023
DOB 05/16/1966	Test Name B-12 (1000 mcg/mL) IM - Give now x1
Address 2046 PLEASANT ACRE DR, , PLANT CITY, FL 33566-7511	Assessments Chronic fatigue
Phone 863-688-9880	

Name	Value	Reference Range
------	-------	-----------------

Result
Administered

Notes
Rolon-MA, Arodi 06/21/2023 09:27:44 AM > done

Received Date
06/21/2023



Watts, Gordon Wayne, M, 05/16/1966

863-688-9880

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
813-349-7600

FINAL RESULT

Accession ID: TM143068A		Lab Ref ID: 5Q1A7888077	
Order Date: 05/09/2023		Received: 05/10/2023 05:30:10	Specimen Received: 05/09/2023 21:38:00
Collection Date: 05/09/2023 10:18:00		Report: 05/10/2023 05:16:00	
Requesting Physician: Burns-Thigpen, Robin		Ordering Physician: Burns-Thigpen, Robin	

CBC with diff

	NAME	VALUE	REFERENCE RANGE	LAB
F	WHITE BLOOD CELL COUNT	4.9	3.8-10.8 (Thousand/uL)	TP
F	RED BLOOD CELL COUNT	4.79	4.20-5.80 (Million/uL)	TP
F	HEMOGLOBIN	15.4	13.2-17.1 (g/dL)	TP
F	HEMATOCRIT	43.9	38.5-50.0 (%)	TP
F	MCV	91.6	80.0-100.0 (fL)	TP
F	MCH	32.2	27.0-33.0 (pg)	TP
F	MCHC	35.1	32.0-36.0 (g/dL)	TP
F	RDW	11.9	11.0-15.0 (%)	TP
F	PLATELET COUNT	283	140-400 (Thousand/uL)	TP
F	MPV	10.8	7.5-12.5 (fL)	TP
F	ABSOLUTE NEUTROPHILS	2626	1500-7800 (cells/uL)	TP
F	ABSOLUTE LYMPHOCYTES	1323	850-3900 (cells/uL)	TP
F	ABSOLUTE MONOCYTES	466	200-950 (cells/uL)	TP
F	ABSOLUTE EOSINOPHILS	417	15-500 (cells/uL)	TP
F	ABSOLUTE BASOPHILS	69	0-200 (cells/uL)	TP
F	NEUTROPHILS	53.6	(%)	TP
F	LYMPHOCYTES	27.0	(%)	TP
F	MONOCYTES	9.5	(%)	TP
F	EOSINOPHILS	8.5	(%)	TP
F	BASOPHILS	1.4	(%)	TP

Received Date: 202305092138
0
0 0 0
PERFORMING LAB: TP, Quest Diagnostics-Tampa 4225 E Fowler Ave, Tampa

FL

33617-2026 Weston H Rothrock MD

Result:

Accession ID:

TM143068A

Notes:



Watts, Gordon Wayne, M, 05/16/1966

☐ 863-688-9880

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652

☐ 813-349-7600

FINAL RESULT

Accession ID: **TM143068A**

Lab Ref ID: **5Q1A7888077**

Order Date: **05/09/2023**

Received: **05/10/2023 05:30:11**

Specimen Received: **05/09/2023 21:38:00**

Collection Date: **05/09/2023 10:18:00**

Report: **05/10/2023 05:16:00**

Requesting Physician: **Burns-Thigpen, Robin**

Ordering Physician: **Burns-Thigpen, Robin**

Prostatic Specific Antigen, Total (PSA)

NAME	VALUE	REFERENCE RANGE	LAB
F PSA, TOTAL	5.98 H	< OR = 4.00 (ng/mL)	TP
- The total PSA value from this assay system is - standardized against the WHO standard. The test - result will be approximately 20% lower when compared - to the equimolar-standardized total PSA (Beckman - Coulter). Comparison of serial PSA results should be - interpreted with this fact in mind. - - This test was performed using the Siemens - chemiluminescent method. Values obtained from - different assay methods cannot be used - interchangeably. PSA levels, regardless of - value, should not be interpreted as absolute - evidence of the presence or absence of disease.			

Received Date: 202305092138

0

0 0 0

PERFORMING LAB: TP, Quest Diagnostics-Tampa

4225 E Fowler Ave, Tampa

FL

33617-2026 Weston H Rothrock MD

Result:

Accession ID:

TM143068A

Notes:



Watts, Gordon Wayne, M, 05/16/1966

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NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
☐ 813-349-7600

FINAL RESULT

Accession ID: TM143068A		Lab Ref ID: 5Q1A7888077	
Order Date: 05/09/2023	Received: 05/10/2023 05:30:10	Specimen Received: 05/09/2023 21:38:00	
Collection Date: 05/09/2023 10:18:00	Report: 05/10/2023 05:16:00		
Requesting Physician: Burns-Thigpen, Robin		Ordering Physician: Burns-Thigpen, Robin	

TSH, 3RD GENERATION W/REFLEX TO FT4

NAME	VALUE	REFERENCE RANGE	LAB
F TSH W/REFLEX TO FT4	1.12	0.40-4.50 (mIU/L)	TP
Received Date: 202305092138			
0			
0 0 0			
PERFORMING LAB: TP, Quest Diagnostics-Tampa 4225 E Fowler Ave, Tampa FL 33617-2026 Weston H Rothrock MD			

Result:	Accession ID:	TM143068A
Notes:		



Watts, Gordon Wayne, M, 05/16/1966

863-688-9880

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652

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FINAL RESULT

Accession ID: **TM143068A**

Lab Ref ID: **5Q1A7888077**

Order Date: **05/09/2023**

Received: **05/10/2023 05:30:09**

Specimen Received: **05/09/2023 21:38:00**

Collection Date: **05/09/2023 10:18:00**

Report: **05/10/2023 05:16:00**

Requesting Physician: **Burns-Thigpen, Robin**

Ordering Physician: **Burns-Thigpen, Robin**

Complete Metabolic Panel (14) (CMP)

	NAME	VALUE	REFERENCE RANGE	LAB
F	GLUCOSE	91 - - Fasting reference interval -	65-99 (mg/dL)	TP
F	UREA NITROGEN (BUN)	5 L	7-25 (mg/dL)	TP
F	CREATININE	0.87	0.70-1.30 (mg/dL)	TP
F	EGFR	101 - The eGFR is based on the CKD-EPI 2021 equation. To calculate - the new eGFR from a previous Creatinine or Cystatin C - result, go to https://www.kidney.org/professionals/ kdoqi/gfr%5Fcalculator	> OR = 60 (mL/min/1.73m2)	TP
F	BUN/CREATININE RATIO	6	6-22 ((calc))	TP
F	SODIUM	141	135-146 (mmol/L)	TP
F	POTASSIUM	4.3	3.5-5.3 (mmol/L)	TP
F	CHLORIDE	104	98-110 (mmol/L)	TP
F	CARBON DIOXIDE	27	20-32 (mmol/L)	TP
F	CALCIUM	9.9	8.6-10.3 (mg/dL)	TP
F	PROTEIN, TOTAL	7.4	6.1-8.1 (g/dL)	TP
F	ALBUMIN	4.6	3.6-5.1 (g/dL)	TP
F	GLOBULIN	2.8	1.9-3.7 (g/dL (calc))	TP
F	ALBUMIN/GLOBULIN RATIO	1.6	1.0-2.5 ((calc))	TP
F	BILIRUBIN, TOTAL	0.4	0.2-1.2 (mg/dL)	TP
F	ALKALINE PHOSPHATASE	145 H	35-144 (U/L)	TP

NAME		VALUE	REFERENCE RANGE	LAB
F	AST	17	10-35 (U/L)	TP
F	ALT	10	9-46 (U/L)	TP

Received Date: 202305092138

0
0 0 0
PERFORMING LAB: TP, Quest Diagnostics-Tampa 4225 E Fowler Ave, Tampa FL 33617-2026 Weston H Rothrock MD

Result:	Accession ID:	TM143068A
Notes:		



Watts, Gordon Wayne, M, 05/16/1966

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NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
813-349-7600

FINAL RESULT

Accession ID: TM143069A		Lab Ref ID: 5Q2F7888077	
Order Date: 05/09/2023		Received: 05/10/2023 11:30:05	Specimen Received: 05/09/2023 21:39:00
Collection Date: 05/09/2023 10:18:00		Report: 05/10/2023 11:26:00	
Requesting Physician: Burns-Thigpen, Robin		Ordering Physician: Burns-Thigpen, Robin	

Prostatic Specific Antigen (FREE AND TOTAL)

NAME	VALUE	REFERENCE RANGE	LAB
F PSA, TOTAL	6.5 H	< OR = 4.0 (ng/mL)	TP
F PSA, FREE	0.7	(ng/mL)	TP
F PSA, % FREE	11 L	>25 (% (calc))	TP
- - PSA(ng/mL) Free PSA(%) Estimated(x) Probability - of Cancer(as%) - 0-2.5 (*) Approx. 1 - 2.6-4.0(1) 0- 27(2) 24(3) - 4.1-10(4) 0- 10 56 - 11- 15 28 - 16- 20 20 - 21- 25 16 - >or =26 8 - >10(+) N/A >50 - - References:(1)Catalona et al.:Urology 60: 469- 474 (2002) - (2)Catalona et al.:J.Urol 168: 922-			

925 (2002)

- Free PSA(%) Sensitivity(%) Specificity(%)
- < or = 25 85 19
- < or = 30 93 9
- (3)Catalona et al.:JAMA 277: 1452-1455 (1997)
- (4)Catalona et al.:JAMA 279: 1542-1547 (1998)
-
- (x)These estimates vary with age, ethnicity, family history and DRE results.
- (*)The diagnostic usefulness of % Free PSA has not been established in patients with total PSA below 2.6 ng/mL
- (+)In men with PSA above 10 ng/mL, prostate cancer risk is determined by total PSA alone.
-
- The Total PSA value from this assay system is
- standardized against the equimolar PSA standard.
- The test result will be approximately 20% higher
- when compared to the WHO-standardized Total PSA
- (Siemens assay).
- Comparison of serial PSA results
- should be interpreted with this fact in mind.
-
- PSA was performed using the Beckman Coulter
- Immunoassay method.
- Values obtained from different

NAME	VALUE	REFERENCE RANGE	LAB
	- assay methods cannot be used interchangeably. PSA - levels, regardless of value, should not be interpreted - as absolute evidence of the presence or absence of - disease. -		
Received Date: 202305092139			
0			
PERFORMING LAB: TP, Quest Diagnostics-Tampa 4225 E Fowler Ave, Tampa FL 33617-2026 Weston H Rothrock MD			

Result:Accession ID:TM143069A

Notes:



Watts, Gordon Wayne, M, 05/16/1966

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NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
☐ 813-349-7600

FINAL RESULT

Accession ID: TM434602D	Lab Ref ID: 1A6535694
Order Date: 09/09/2021	Received: 09/13/2021 11:47:05
Collection Date: 09/09/2021 08:39:00	Report: 09/13/2021 11:43:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

CBC With Differential/Platelet

NAME	VALUE	REFERENCE RANGE	LAB
F WHITE BLOOD CELL COUNT	5.4	3.8-10.8 (Thousand/uL)	TP
F RED BLOOD CELL COUNT	4.71	4.20-5.80 (Million/uL)	TP
F HEMOGLOBIN	15.1	13.2-17.1 (g/dL)	TP
F HEMATOCRIT	44.5	38.5-50.0 (%)	TP
F MCV	94.5	80.0-100.0 (fL)	TP
F MCH	32.1	27.0-33.0 (pg)	TP
F MCHC	33.9	32.0-36.0 (g/dL)	TP
F RDW	12.0	11.0-15.0 (%)	TP
F PLATELET COUNT	248	140-400 (Thousand/uL)	TP
F MPV	11.0	7.5-12.5 (fL)	TP
F ABSOLUTE NEUTROPHILS	2403	1500-7800 (cells/uL)	TP
F ABSOLUTE LYMPHOCYTES	1577	850-3900 (cells/uL)	TP
F ABSOLUTE MONOCYTES	502	200-950 (cells/uL)	TP
F ABSOLUTE EOSINOPHILS	837 H	15-500 (cells/uL)	TP
F ABSOLUTE BASOPHILS	81	0-200 (cells/uL)	TP
F NEUTROPHILS	44.5	(%)	TP
F LYMPHOCYTES	29.2	(%)	TP
F MONOCYTES	9.3	(%)	TP
F EOSINOPHILS	15.5	(%)	TP
F BASOPHILS	1.5	(%)	TP

Received Date: 202109092240
PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin

Result:	Accession ID:	TM434602D
Notes:		



Watts, Gordon Wayne, M, 05/16/1966

☐ 863-688-9880

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
☐ 813-349-7600

FINAL RESULT

Accession ID: TM434602D	Lab Ref ID: 1A6535694
Order Date: 09/09/2021	Received: 09/13/2021 11:47:05
Collection Date: 09/09/2021 08:39:00	Report: 09/13/2021 11:43:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

Magnesium, Serum

NAME	VALUE	REFERENCE RANGE	LAB
F MAGNESIUM	2.3	1.5-2.5 (mg/dL)	TP
Received Date: 202109092240			
PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin			

Result:	Accession ID:	TM434602D
Notes:		



Watts, Gordon Wayne, M, 05/16/1966

863-688-9880

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
813-349-7600

FINAL RESULT

Accession ID: TM434602D	Lab Ref ID: 1A6535694
Order Date: 09/09/2021	Received: 09/13/2021 11:47:04
Collection Date: 09/09/2021 08:39:00	Report: 09/13/2021 11:43:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

Complete Metabolic Panel (14) (CMP)

NAME	VALUE	REFERENCE RANGE	LAB
F GLUCOSE	112 H	65-99 (mg/dL)	TP
	- - Fasting reference interval - - For someone without known diabetes, a glucose value - between 100 and 125 mg/dL is consistent with - prediabetes and should be confirmed with a - follow-up test. -		
F UREA NITROGEN (BUN)	7	7-25 (mg/dL)	TP
F CREATININE	1.04	0.70-1.33 (mg/dL)	TP
	- For patients >49 years of age, the reference limit - for Creatinine is approximately 13% higher for people - identified as African-American. -		
F eGFR NON-AFR. AMERICAN	80	> OR = 60 (mL/min/1.73m2)	TP
F eGFR AFRICAN AMERICAN	93	> OR = 60 (mL/min/1.73m2)	TP
F BUN/CREATININE RATIO	NOT APPLICABLE	6-22 ((calc))	TP
F SODIUM	141	135-146 (mmol/L)	TP
F POTASSIUM	4.2	3.5-5.3 (mmol/L)	TP
F CHLORIDE	104	98-110 (mmol/L)	TP
F CARBON DIOXIDE	31	20-32 (mmol/L)	TP

	NAME	VALUE	REFERENCE RANGE	LAB
F	CALCIUM	9.8	8.6-10.3 (mg/dL)	TP
F	PROTEIN, TOTAL	7.0	6.1-8.1 (g/dL)	TP
F	ALBUMIN	4.5	3.6-5.1 (g/dL)	TP
F	GLOBULIN	2.5	1.9-3.7 (g/dL (calc))	TP
F	ALBUMIN/GLOBULIN RATIO	1.8	1.0-2.5 ((calc))	TP
F	BILIRUBIN, TOTAL	0.6	0.2-1.2 (mg/dL)	TP
F	ALKALINE PHOSPHATASE	76	35-144 (U/L)	TP
F	AST	26	10-35 (U/L)	TP
F	ALT	26	9-46 (U/L)	TP

Received Date: 202109092240

PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin

Result:

Accession ID:

TM434602D

Notes:



Watts, Gordon Wayne, M, 05/16/1966

☐ 863-688-9880

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
☐ 813-349-7600

FINAL RESULT

Accession ID: TM434602D	Lab Ref ID: 1A6535694
Order Date: 09/09/2021	Received: 09/13/2021 11:47:04
Collection Date: 09/09/2021 08:39:00	Report: 09/13/2021 11:43:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

Vitamin D, 1,25 Dihydroxy (CALCITROL)

NAME	VALUE	REFERENCE RANGE	LAB
F VITAMIN D, 1,25 (OH)2, TOTAL	53	18-72 (pg/mL)	AMD
F VITAMIN D3, 1,25 (OH)2	53	(pg/mL)	AMD
F VITAMIN D2, 1,25 (OH)2	<8	(pg/mL)	AMD
- Vitamin D3, 1,25(OH)2 indicates both endogenous - production and supplementation. Vitamin D2, 1,25(OH)2 - is an indicator of exogenous sources, such as diet or - supplementation. Interpretation and therapy are based - on measurement of Vitamin D,1,25(OH)2, Total. - - - This test was developed and its analytical - performance characteristics have been determined - by Quest Diagnostics Nichols Institute, Chantilly, VA. - It has not been cleared or approved by the FDA. This - assay has been validated pursuant to the CLIA			

NAME	VALUE	REFERENCE RANGE	LAB
	- regulations and is used for clinical purposes.		
	-		

Received Date: 202109092240

PERFORMING LAB: AMD, Quest Diagnostics/Nichols Chantilly-Chantilly VA, 14225 Newbrook Dr, Chantilly, VA, 20151-2228 Patrick W Mason M.D.,PhD

Result:	Accession ID:	TM434602D
Notes:		



Watts, Gordon Wayne, M, 05/16/1966

☐ 863-688-9880

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
☐ 813-349-7600

FINAL RESULT

Accession ID: TM722658Y	Lab Ref ID: 1A6361670
Order Date: 06/09/2021	Received: 06/10/2021 03:12:00
Collection Date: 06/09/2021 11:10:00	Report: 06/10/2021 03:09:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

CBC With Differential/Platelet

	NAME	VALUE	REFERENCE RANGE	LAB
F	WHITE BLOOD CELL COUNT	5.2	3.8-10.8 (Thousand/uL)	TP
F	RED BLOOD CELL COUNT	4.95	4.20-5.80 (Million/uL)	TP
F	HEMOGLOBIN	15.8	13.2-17.1 (g/dL)	TP
F	HEMATOCRIT	46.3	38.5-50.0 (%)	TP
F	MCV	93.5	80.0-100.0 (fL)	TP
F	MCH	31.9	27.0-33.0 (pg)	TP
F	MCHC	34.1	32.0-36.0 (g/dL)	TP
F	RDW	11.9	11.0-15.0 (%)	TP
F	PLATELET COUNT	297	140-400 (Thousand/uL)	TP
F	MPV	10.4	7.5-12.5 (fL)	TP
F	ABSOLUTE NEUTROPHILS	3193	1500-7800 (cells/uL)	TP
F	ABSOLUTE LYMPHOCYTES	1284	850-3900 (cells/uL)	TP
F	ABSOLUTE MONOCYTES	406	200-950 (cells/uL)	TP
F	ABSOLUTE EOSINOPHILS	244	15-500 (cells/uL)	TP
F	ABSOLUTE BASOPHILS	73	0-200 (cells/uL)	TP
F	NEUTROPHILS	61.4	(%)	TP
F	LYMPHOCYTES	24.7	(%)	TP
F	MONOCYTES	7.8	(%)	TP
F	EOSINOPHILS	4.7	(%)	TP
F	BASOPHILS	1.4	(%)	TP

Received Date: 202106092147
PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin

Result:	Accession ID:	TM722658Y
Notes:		



Watts, Gordon Wayne, M, 05/16/1966

☐ 863-688-9880

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
☐ 813-349-7600

FINAL RESULT

Accession ID: TM722658Y	Lab Ref ID: 1A6361670
Order Date: 06/09/2021	Received: 06/10/2021 03:12:01
Collection Date: 06/09/2021 11:10:00	Report: 06/10/2021 03:09:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

Prostatic Specific Antigen, Total (PSA)

NAME	VALUE	REFERENCE RANGE	LAB
F PSA, TOTAL	6.2 H	< OR = 4.0 (ng/mL)	TP
- The total PSA value from this assay system is - standardized against the WHO standard. The test - result will be approximately 20% lower when compared - to the equimolar-standardized total PSA (Beckman - Coulter). Comparison of serial PSA results should be - interpreted with this fact in mind. - - This test was performed using the Siemens - chemiluminescent method. Values obtained from - different assay methods cannot be used - interchangeably. PSA levels, regardless of - value, should not be interpreted as absolute - evidence of the presence or absence of disease.			

Received Date: 202106092147
PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin

Result:

Accession ID:

TM722658Y

Notes:

Burns-Thigpen,Robin 06/11/2021

11:49:56 AM > refer to URology



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NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
813-349-7600

FINAL RESULT

Accession ID: TM722658Y	Lab Ref ID: 1A6361670
Order Date: 06/09/2021	Received: 06/10/2021 03:12:00
Collection Date: 06/09/2021 11:10:00	Report: 06/10/2021 03:09:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

Urinalysis, Complete includes microscopic, w/rflx Culture (3020)

NAME	VALUE	REFERENCE RANGE	LAB
F COLOR	YELLOW	YELLOW	TP
F APPEARANCE	CLEAR	CLEAR	TP
F SPECIFIC GRAVITY	1.005	1.001-1.035	TP
F PH	7.5	5.0-8.0	TP
F GLUCOSE	NEGATIVE	NEGATIVE	TP
F BILIRUBIN	NEGATIVE	NEGATIVE	TP
F KETONES	NEGATIVE	NEGATIVE	TP
F OCCULT BLOOD	NEGATIVE	NEGATIVE	TP
F PROTEIN	NEGATIVE	NEGATIVE	TP
F NITRITE	NEGATIVE	NEGATIVE	TP
F LEUKOCYTE ESTERASE	NEGATIVE	NEGATIVE	TP
F WBC	NONE SEEN	< OR = 5 (/HPF)	TP
F RBC	NONE SEEN	< OR = 2 (/HPF)	TP
F SQUAMOUS EPITHELIAL CELLS	NONE SEEN	< OR = 5 (/HPF)	TP
F BACTERIA	NONE SEEN	NONE SEEN (/HPF)	TP
F HYALINE CAST	NONE SEEN	NONE SEEN (/LPF)	TP
F REFLEXIVE URINE CULTURE	- NO CULTURE INDICATED		TP

Received Date: 202106092147
PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin

Result:	Accession ID:	TM722658Y
Notes:		



Watts, Gordon Wayne, M, 05/16/1966

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801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
☐ 813-349-7600

FINAL RESULT

Accession ID: TM722658Y	Lab Ref ID: 1A6361670
Order Date: 06/09/2021	Received: 06/10/2021 03:12:00
Collection Date: 06/09/2021 11:10:00	Report: 06/10/2021 03:09:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

TSH, 3RD GENERATION W/REFLEX TO FT4

NAME	VALUE	REFERENCE RANGE	LAB
F TSH W/REFLEX TO FT4	2.46	0.40-4.50 (mIU/L)	TP
Received Date: 202106092147			
PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin			

Result:	Accession ID:	TM722658Y
Notes:		



Watts, Gordon Wayne, M, 05/16/1966

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801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652

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FINAL RESULT

Accession ID: **TM722658Y**

Lab Ref ID: **1A6361670**

Order Date: **06/09/2021**

Received: **06/10/2021 03:12:00**

Collection Date: **06/09/2021 11:10:00**

Report: **06/10/2021 03:09:00**

Requesting Physician: **Burns-Thigpen, Robin**

Ordering Physician: **Burns-Thigpen, Robin**

LIPID PANEL, Reflex DIRECT LDL

	NAME	VALUE	REFERENCE RANGE	LAB
F	CHOLESTEROL, TOTAL	153	<200 (mg/dL)	TP
F	HDL CHOLESTEROL	48	> OR = 40 (mg/dL)	TP
F	TRIGLYCERIDES	102	<150 (mg/dL)	TP
F	LDL-CHOLESTEROL	85	(mg/dL (calc))	TP
		- Reference range: <100 - - Desirable range <100 mg/dL for primary prevention; - <70 mg/dL for patients with CHD or diabetic patients - with > or = 2 CHD risk factors. - - LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. - Martin SS et al. JAMA. 2013;310(19): 2061-2068 - (http://education.QuestDiagnostics.com/faq/FAQ164)		
F	CHOL/HDL-C RATIO	3.2	<5.0 ((calc))	TP
F	NON HDL CHOLESTEROL	105	<130 (mg/dL (calc))	TP
		- For patients with diabetes plus 1 major ASCVD risk		

NAME	VALUE	REFERENCE RANGE	LAB
	- factor, treating to a non-HDL-C goal of <100 mg/dL - (LDL-C of <70 mg/dL) is considered a therapeutic - option.		
Received Date: 202106092147			
PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin			

Result:	Accession ID:	TM722658Y
Notes:		



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801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
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FINAL RESULT

Accession ID: TM722658Y	Lab Ref ID: 1A6361670
Order Date: 06/09/2021	Received: 06/10/2021 03:12:00
Collection Date: 06/09/2021 11:10:00	Report: 06/10/2021 03:09:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

Complete Metabolic Panel (14) (CMP)

NAME	VALUE	REFERENCE RANGE	LAB
F GLUCOSE	80	65-99 (mg/dL)	TP
	-		
	- Fasting		
	reference interval		
	-		
F UREA NITROGEN (BUN)	4 L	7-25 (mg/dL)	TP
F CREATININE	1.02	0.70-1.33 (mg/dL)	TP
	- For patients >49 years		
	of age, the reference		
	limit		
	- for Creatinine is		
	approximately 13% higher		
	for people		
	- identified as African-		
	American.		
	-		
F eGFR NON-AFR. AMERICAN	82	> OR = 60 (mL/min/1.73m2)	TP
F eGFR AFRICAN AMERICAN	95	> OR = 60 (mL/min/1.73m2)	TP
F BUN/CREATININE RATIO	4 L	6-22 ((calc))	TP
F SODIUM	139	135-146 (mmol/L)	TP
F POTASSIUM	4.2	3.5-5.3 (mmol/L)	TP
F CHLORIDE	102	98-110 (mmol/L)	TP
F CARBON DIOXIDE	28	20-32 (mmol/L)	TP
F CALCIUM	9.6	8.6-10.3 (mg/dL)	TP
F PROTEIN, TOTAL	6.9	6.1-8.1 (g/dL)	TP
F ALBUMIN	4.5	3.6-5.1 (g/dL)	TP
F GLOBULIN	2.4	1.9-3.7 (g/dL (calc))	TP
F ALBUMIN/GLOBULIN RATIO	1.9	1.0-2.5 ((calc))	TP
F BILIRUBIN, TOTAL	0.4	0.2-1.2 (mg/dL)	TP

NAME		VALUE	REFERENCE RANGE	LAB
F	ALKALINE PHOSPHATASE	71	35-144 (U/L)	TP
F	AST	25	10-35 (U/L)	TP
F	ALT	14	9-46 (U/L)	TP

Received Date: 202106092147

PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin

Result:

Accession ID:

TM722658Y

Notes:

Address:
801 E. Baker Street 340B00129100SC,Plant City, FL 33563-3652

Tel:
813-349-7600

Fax:
888-815-3533

RESULT

Patient
Gordon Watts

DOB
05/16/1966

Address
2046 PLEASANT ACRE DR, ,
PLANT CITY, FL 33566-7511

Phone
863-687-6141

Ordered Date
01/16/2020

Test Name
Retinal Scan (IN-HOUSE)

Assessments
Age-related nuclear cataract of eye

Name	Value	Reference Range
------	-------	-----------------

Result

Notes

Received Date
01/16/2020

Address:
801 E. Baker Street 340B00129100SC,Plant City, FL 33563-3652

Tel:
813-349-7600

Fax:
888-815-3533

RESULT

Patient Gordon Watts	Ordered Date 01/14/2020
DOB 05/16/1966	Test Name EKG, Electrocardiogram (IN-HOUSE)
Address 2046 PLEASANT ACRE DR, , PLANT CITY, FL 33566-7511	Assessments History of cardiac arrhythmia
Phone 863-687-6141	

Name	Value	Reference Range
------	-------	-----------------

Result

Notes
Sapp,Ariel 01/14/2020 02:45:28 PM > EKG DONE

Received Date
01/14/2020



Watts, Gordon W, M, 05/16/1966

☐ 863-687-6141

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652

☐ 813-349-7600

FINAL RESULT

Accession ID: **TM963031Y**

Lab Ref ID: **1A5359749**

Order Date: **12/10/2019**

Received: **12/11/2019 11:46:05**

Collection Date: **12/10/2019 11:11:00**

Report: **12/11/2019 11:44:00**

Requesting Physician: **Burns-Thigpen, Robin**

Ordering Physician: **Burns-Thigpen, Robin**

Complete Metabolic Panel (14) (CMP)

	NAME	VALUE	REFERENCE RANGE	LAB
F	GLUCOSE	82	65-99 (mg/dL)	TP
		-		
		- Fasting		
		reference interval		
		-		
F	UREA NITROGEN (BUN)	13	7-25 (mg/dL)	TP
F	CREATININE	1.12	0.70-1.33 (mg/dL)	TP
		- For patients >49 years		
		of age, the reference		
		limit		
		- for Creatinine is		
		approximately 13% higher		
		for people		
		- identified as African-		
		American.		
		-		
F	eGFR NON-AFR. AMERICAN	75	> OR = 60 (mL/min/1.73m2)	TP
F	eGFR AFRICAN AMERICAN	86	> OR = 60 (mL/min/1.73m2)	TP
F	BUN/CREATININE RATIO	NOT APPLICABLE	6-22 ((calc))	TP
F	SODIUM	140	135-146 (mmol/L)	TP
F	POTASSIUM	4.5	3.5-5.3 (mmol/L)	TP
F	CHLORIDE	103	98-110 (mmol/L)	TP
F	CARBON DIOXIDE	27	20-32 (mmol/L)	TP
F	CALCIUM	9.5	8.6-10.3 (mg/dL)	TP
F	PROTEIN, TOTAL	6.6	6.1-8.1 (g/dL)	TP
F	ALBUMIN	4.1	3.6-5.1 (g/dL)	TP
F	GLOBULIN	2.5	1.9-3.7 (g/dL (calc))	TP
F	ALBUMIN/GLOBULIN RATIO	1.6	1.0-2.5 ((calc))	TP
F	BILIRUBIN, TOTAL	0.7	0.2-1.2 (mg/dL)	TP

NAME		VALUE	REFERENCE RANGE	LAB
F	ALKALINE PHOSPHATASE	64	40-115 (U/L)	TP
F	AST	20	10-35 (U/L)	TP
F	ALT	16	9-46 (U/L)	TP

Received Date: 201912110607

PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin

Result:	Accession ID:	TM963031Y
Notes:		



Watts, Gordon W, M, 05/16/1966

☐ 863-687-6141

NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
☐ 813-349-7600

FINAL RESULT

Accession ID: TM963031Y	Lab Ref ID: 1A5359749
Order Date: 12/10/2019	Received: 12/11/2019 11:46:05
Collection Date: 12/10/2019 11:11:00	Report: 12/11/2019 11:44:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

CBC With Differential/Platelet

NAME	VALUE	REFERENCE RANGE	LAB
F WHITE BLOOD CELL COUNT	4.9	3.8-10.8 (Thousand/uL)	TP
F RED BLOOD CELL COUNT	4.63	4.20-5.80 (Million/uL)	TP
F HEMOGLOBIN	14.8	13.2-17.1 (g/dL)	TP
F HEMATOCRIT	44.9	38.5-50.0 (%)	TP
F MCV	97.0	80.0-100.0 (fL)	TP
F MCH	32.0	27.0-33.0 (pg)	TP
F MCHC	33.0	32.0-36.0 (g/dL)	TP
F RDW	12.5	11.0-15.0 (%)	TP
F PLATELET COUNT	239	140-400 (Thousand/uL)	TP
F MPV	10.5	7.5-12.5 (fL)	TP
F ABSOLUTE NEUTROPHILS	2813	1500-7800 (cells/uL)	TP
F ABSOLUTE LYMPHOCYTES	1308	850-3900 (cells/uL)	TP
F ABSOLUTE MONOCYTES	461	200-950 (cells/uL)	TP
F ABSOLUTE EOSINOPHILS	260	15-500 (cells/uL)	TP
F ABSOLUTE BASOPHILS	59	0-200 (cells/uL)	TP
F NEUTROPHILS	57.4	(%)	TP
F LYMPHOCYTES	26.7	(%)	TP
F MONOCYTES	9.4	(%)	TP
F EOSINOPHILS	5.3	(%)	TP
F BASOPHILS	1.2	(%)	TP

Received Date: 201912110607
PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin

Result:	Accession ID:	TM963031Y
Notes:		



Watts, Gordon W, M, 05/16/1966

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NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652
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FINAL RESULT

Accession ID: TM963031Y	Lab Ref ID: 1A5359749
Order Date: 12/10/2019	Received: 12/11/2019 11:46:05
Collection Date: 12/10/2019 11:11:00	Report: 12/11/2019 11:44:00
Requesting Physician: Burns-Thigpen, Robin	Ordering Physician: Burns-Thigpen, Robin

TSH, 3RD GENERATION W/REFLEX TO FT4

NAME	VALUE	REFERENCE RANGE	LAB
F TSH W/REFLEX TO FT4	1.25	0.40-4.50 (mIU/L)	TP
Received Date: 201912110607			
PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin			

Result:	Accession ID:	TM963031Y
Notes:		



Watts, Gordon W, M, 05/16/1966

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NEW PLANT CITY FAMILY CARE

801 E. Baker Street 340B00129100SC, Plant City, FL 33563-3652

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FINAL RESULT

Accession ID: **TM963031Y**

Lab Ref ID: **1A5359749**

Order Date: **12/10/2019**

Received: **12/11/2019 11:46:04**

Collection Date: **12/10/2019 11:11:00**

Report: **12/11/2019 11:44:00**

Requesting Physician: **Burns-Thigpen, Robin**

Ordering Physician: **Burns-Thigpen, Robin**

LIPID PANEL, Reflex DIRECT LDL

	NAME	VALUE	REFERENCE RANGE	LAB
F	CHOLESTEROL, TOTAL	172	<200 (mg/dL)	TP
F	HDL CHOLESTEROL	51	>40 (mg/dL)	TP
F	TRIGLYCERIDES	114	<150 (mg/dL)	TP
F	LDL-CHOLESTEROL	100 H - Reference range: <100 - - Desirable range <100 mg/dL for primary prevention; - <70 mg/dL for patients with CHD or diabetic patients - with > or = 2 CHD risk factors. - - LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C. - Martin SS et al. JAMA. 2013;310(19): 2061-2068 - (http://education.QuestDiagnostics.com/faq/FAQ164)	(mg/dL (calc))	TP
F	CHOL/HDLRATIO	3.4	<5.0 ((calc))	TP
F	NON HDL CHOLESTEROL	121 - For patients with diabetes plus 1 major ASCVD risk	<130 (mg/dL (calc))	TP

NAME	VALUE	REFERENCE RANGE	LAB
	- factor, treating to a non-HDL-C goal of <100 mg/dL - (LDL-C of <70 mg/dL) is considered a therapeutic - option.		
Received Date: 201912110607			
PERFORMING LAB: TP, Quest Diagnostics-Tampa, 4225 E Fowler Ave, Tampa, FL, 33617-2026 Glen L Hortin			

Result:	Accession ID:	TM963031Y
Notes:		