

# F A X S H E E T

Date: 05/20/2024 03:02:13 AM  
 To: HOSSAIN,AKM  
 Subject: Referrals  
 Fax Number: 813-321-1877  
 To Company:  
 From Name: Hernandez Garcia-MA,Leticia  
 From Company: PLANT CITY FAMILY CARE  
 From Facility: PLANT CITY FAMILY CARE  
 Support Contact: 813-349-7600  
 Number of Pages(s): 22

2 top  
 12.57  
 10.99  
 1.70

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C: 24.07  
 A: 24.07  
 Hold 2848  
 Per PH 611  
 BAL.: 70.83  
 48.85 from  
 48.85 BAL  
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 38.87  
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(Wednesday Special)  
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 - 6.97 + tax  
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6.99 from  
 9.48 911  
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 14.56 + tax  
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 1.99  
 10.99 + tax  
 1.59 from  
 20.00  
 6.05

Every day Special  
 3.58  
 3.58 Free  
 10.99 + tax  
 1.59 from  
 419 + tax  
 1.70

02/14/2024

07/14/2022

Flowsheet Print Request

Patient: WATTS, GORDON W  
MRN: 3000128350

Date Range: 01/01/2020 16:27 EST - 06/22/2024 16:27 EDT

Printed by: Spero, Elsa J  
Printed on: 05/22/2024 16:33 EDT

LABORATORY	02/14/2024 10:42 EST	09/27/2022 0:39 EDT	09/12/2022 20:32 EDT	09/12/2022 17:43 EDT	04/14/2022 14:53 EDT	12/13/2021 10:54 EST	10/01/2021 14:31 EDT
<b>Hematology</b>							
WBC	(C) 7.2			6.8	(B) (A)		
RBC	4.47			4.56			
HGB	14.4			14.6			
HCT	(C) 41.8			42.6	(B) (A)		
MCV	93.6			93.5			
MCH	32.3 (H)			32.1 (H)			
MCHC	34.5			34.3			
RDW	14.1			13.8			
PLT	287			244			
MPV	7.7			8.5			
Segs	75.3 (H)			76.7 (H)			
Lymphs	10.6 (L)			12.3 (L)			
Mono	6.4			4.7			
Eos	7.2 (H)			6.1 (H)			
Baso	0.5			0.2			
Neutrophil, Abs	5.4			5.2			
Lymph, Abs	0.8			0.8			
Monocyte, Abs	0.5			0.3			
Eosinophil, Abs	0.5 (H)			0.4			
<b>General Chem</b>							
Sodium	137			136			
Potassium	3.5			3.2 (L)			
Chloride	100			102			
Carbon Dioxide	30			27			
Glucose	117 (H)			126 (H)			
BUN	4 (L)			6			
Creatinine	0.740			0.860			
BUN/Creat	5 (L)			7			
Calcium	9.3			10.1			
Protein, Tot				7.6			
Albumin				4.5			
Globulin				3.1			
Alb/Glob				1.5			
Bili, Total				0.7 *			
Alk Phos				77			
ALT				9			
AST				17			
Anion Gap	7			7			
eGFR (nonAfrAm)	See Note *			See Note *			
eGFR (AfrAm)	See Note *			See Note *			
eGFR (Cr)	>60 *			>60 *			
eCrCl (Drug Dosing)				73 *			
AKI Suspected				N/A *			
<b>Special Chem</b>							
PSA	(C) 7.116 * (H)			(B) 7.160 * (H)	(A) 6.510 * (H)		
PSA Free	1.022 *			0.900 *			

(B)

04/14/2022

7.160 (H)  
0.900 (Free)

(C)

02/14/2024

7.116 (H)  
1.022 (Free)

(A)

012/13/2021  
6.510 (H)

$$\frac{1.022}{7.116} = 0.14362 \approx 14\% *$$

$$\frac{1.022}{7.116} = 14.362\%$$

Page 1

$$\frac{0.900}{7.160} = 0.125698324 \approx 12.569\%$$

$$139\% *$$

$$139\%$$

Flowsheet Print Request

Patient: WATTS, GORDON W  
MRN: 3000128350

Date Range: 01/01/2020 16:27 EST - 06/22/2024 16:27 EDT

Printed by: Spero, Elisa J  
Printed on: 05/22/2024 16:33 EDT

LABORATORY	02/14/2024 09:27/2022	09/12/2022	09/12/2022	04/14/2022	12/13/2021	10/01/2021
	10:42 EST	0:39 EDT	20:32 EDT	17:43 EDT	14:53 EDT	10:54 EST 14:31 EDT
<input type="checkbox"/> % Free PSA	14 *					13 *
<b>Micro Rapid Testing</b>						
COVID 19 RESULT RT-PCR						Negative *
COVID 19 RESULT Rapid Molecular						Negative *
ICU						NO *
First Test						YES *
Employed in Healthcare						NO *
Symptomatic as Defined by CDC						NO *
Hospitalized						NO *
Resides in Congregate Care Setting						NO *
Pregnant						NO *

# Progress Note



## WATTS, Gordon W

58 Y old Male, DOB: 05/16/1966  
 Account Number: 577279  
 2046 PLEASANT ACRE DR, PLANT CITY, FL-33566-7511  
 Home: 863-688-9880  
 Guarantor: Watts, Gordon W Insurance: HCHCP Payer  
 ID: 59141  
 PCP: Robin Burns-Thigpen  
 Appointment Facility: PLANT CITY FAMILY CARE

05/20/2024

Progress Note: Nathaly Antigua Suarez, PA-C

Check In: 10:26 AM EST Check Out: 11:14 AM EST

### Current Medications

#### Taking

- Diclofenac Sodium 1 % Gel 2 g as needed Externally Four times a day
- Calcium + D 500-1000-40 MG-UNT-MCG Tablet Chewable as directed Orally twice daily
- Vitamin D (Ergocalciferol) 50 MCG (2000 UT) Capsule 1 capsule Orally Once a day
- Alendronate Sodium 70 MG Tablet 1 tablet 30 minutes before the first food, beverage or medicine of the day with plain water Orally once per week , stop date 05/08/2024

#### Not-Taking/PRN

- Methocarbamol 750 MG Tablet 1 tablet Orally three times per day
- Medication List reviewed and reconciled with the patient

### Past Medical History

PUD- due to anemia SFBH in 2017.  
 Left cataract surgery, managed by oph.  
 elevated PSA, refer to Urology.  
 DEXA +osteoporosis 9/2023.  
 PET scan 10/2023 , 2 (2 mm right lower and middle lobe nodules), no mets findings. faxed to Urology.  
 Gastric peptic ulcer.

### Surgical History

2010, left cataract surgery  
 Left wrist surgery 2002

### Family History

Father: deceased  
 Mother: alive  
 Paternal Grand Father: deceased  
 Paternal Grand Mother: deceased, diagnosed with Cancer  
 Maternal Grand Father: deceased  
 Maternal Grand Mother: deceased  
 L.Razura MA 1/9/2024.

### Social History

#### General:

Alcohol (AUDIT-C) Screen Smart Form Did you have a drink containing alcohol in the past year? **Yes**, How often did you have six or more drinks on one occasion in the past year? **Never (0 points)**, How many drinks did you have on a typical day when you were drinking in the past year? **1 or 2 (0 points)**, How often did you have a drink containing alcohol in the past year? **Less than monthly (1 point)**, Points

1, Interpretation **Negative**. Alcohol Screen (AUDIT) Smart Form Total Score:

0, Interpretation: **Alcohol Education**. DAST-

### Reason for Appointment

1. Pt presents today to f/u on labs. Pt has questions about having a DEXA scan. G.Oquendo,MA

### History of Present Illness

#### Interim History:

Pt presents to clinic for f/u care.  
 Hx of prostate CA, refusing treatment per urology.  
 Hx of osteoporosis, DEXA done 9/23.  
 PET/CT 10/23 hypermetabolic prostate, two 2mm RLL and RML nodule. No signs of mets  
 Here to review recent labs.  
 all unremarkable. HE is taking bisphosphonate + ca + D.  
 Needs refills of diclofenac and methocarbamol.  
 He accepts an undated oncology appt.

Denies : Tests/Studies:. Denies : Consultations:. Denies : Hospitalizations:. Denies : Emergency Department visits: A. Rolon RMA. Denies : ER Follow Up Interview. Denies : Specialized Care. Denies : ER F/U.

Oquendo, Griselle 05/20/2024 10:29:37 AM >.

### Vital Signs

Temp: **97.0 F**, HR: **73 /min**, RR: **18 /min**, BP: **110/70 mm Hg**, Wt: **123.5 lbs**, Ht: **69 inches**, BMI: **18.24 Index**  
 G.Oquendo,MA.

### Examination

#### General Examination:

General Appearance: Alert and oriented times 3, no acute distress, well nourished, well hydrated.

Speech is disorganized and at times scattered, -.

HEENT PERRLA, EOMI, clear conjunctiva, nose clear.

Neck, Thyroid : supple, no thyromegaly, no lymphadenopathy.

Heart: Regular rate and rhythm, no murmurs.

Lungs: clear to auscultation bilaterally, no wheezes/rhonchi/rales.

Extremities: no clubbing, cyanosis, or edema.

Peripheral pulses: radial pulses intact.

### Assessments

1. Lumbar pain - M54.50 (Primary)
2. Body mass index (BMI) 19 or less, adult - Z68.1
3. Compression fracture of lumbar vertebra, unspecified lumbar vertebral level, sequela - S32.000S
4. Prostate cancer - C61

### Treatment

1. Lumbar pain

10 (2021 Edition) 1. Have you used drugs other than those required for medical reasons? **No**, 2. Do you abuse more than one drug at a time? **No**, 3. Are you always able to stop using drugs when you want to? **Yes**, 4. Have you had "blackouts" or "flashbacks" as a result of drug use? **No**, 5. Do you ever feel bad or guilty about your drug use? **No**, 6. Does your spouse (or parents) ever complain about your involvement with drugs? **No**, 7. Have you neglected your family because of your use of drugs? **No**, 8. Have you engaged in illegal activities in order to obtain drugs? **No**, 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? **No**, 10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding etc.)? **No**, Results: **0**, Interpretation of Score: **No problems reported**. Sexual Hx Smart Form Had sex in the past 12 months(vaginal,oral or anal) **No**, Have you ever had an STD? **No**. Sexual Orientation Sexual Orientation **Straight (not lesbian or gay)**. Gender Identity Gender Identity **Male**. Tobacco Use Smart Form Are you a: **never smoker**. Tobacco use other than smoking Other Tobacco Use **No**. Level of education: college. Barriers to learning: no. Literacy/Language: English only. Religion: Christian. Marital Status: single. Pets: yes, 1 , cat(s) indoor. Occupation: unemployed. Occup. exposure: no. Do you feel safe at home?: yes, Denies: Verbal abuse, Physical abuse, and Emotional abuse. Feels safe at home. Home smoke detector use: yes. Weapons in home: no. Exercise: yes, walking. Caffeine: coffee , tea, soda, Energy drinks. Travel outside US: no. L.Razura MA 1/9/2024.

**1. Lumbar pain**  
Continue Methocarbamol Tablet, 750 MG, 1 tablet, Orally, three times per day, 10 days, 30  
Continue Diclofenac Sodium Gel, 1 %, 2 g as needed, Externally, Four times a day, 30 days, 100 g, Refills 5

**2. Prostate cancer**  
Notes: Following up with Dr Afridi.

Referral To:AKM HOSSAIN Hematology-Oncology  
Reason:Heme/Oncology, please evaluate and treat  
**Follow Up**  
f/u 3 months, heme/onc referral, request last urology notes

*N. Antigua pa-c*

**Electronically signed by Nathaly Antigua Suarez , PA-C on 05/20/2024 at 03:01 PM EDT**  
**Sign off status: Pending**

**Allergies**

N.K.D.A.

**Hospitalization/Major Diagnostic**

**Procedure**

DX 9/2022

**PLANT CITY FAMILY CARE**  
801 E. Baker Street  
340B00129100SC  
Plant City, FL 33563-3652  
Tel: 813-349-7600  
Fax: 888-815-3533

**Progress Note: Nathaly Antigua Suarez, PA-C 05/20/2024**

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)