

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Thorax:

Contour Normal: Yes
Increased AP Diameter: No
Asymmetrical Expansion: No
Lungs Clear: Yes
Wheezes: No
Crackles: No
Rhonchi: No
Rales: No
Accessory Muscle Use: No

Comments:

Spine:

Deformity: No
Full ROM: Yes
Tenderness: No
Comments:

Cardiovascular:

RRR: Yes
Normal S1/S2: Yes
Murmurs: No
Carotid Bruits: No
JVD: No
Arteries: Right Left
 Radial:
 Femoral:
 Dorsalis Pedis:
 Post. Tibialis:

Comments:

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Abdomen:

Normal Contour: Yes
Scaphoid: No
Obese: No
Gravid: No
Hernias: No
Bruits: No
Masses: No
Scars: No
Tenderness: No
Organomegaly: No
Active Bowel Sounds: Yes
Comments:

Extremities:

Nails Clubbing: No
Nails Cyanosis: No
Lower Extremity Edema - Right: None
Lower Extremity Edema - Left: None
Atrophy: No
Amputations: No
Other Deformities: No
Varicosities: No
Calf Tenderness: No
Pulse Deficit: No

Strength:	<u>Right</u>	<u>Left</u>
Arm:		
Leg:		
Full ROM:	<u>Right</u>	<u>Left</u>
Arm:	Yes	Yes
Leg:	Yes	Yes

Comments:

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Reflexes:

Right Left

Biceps:

Patellar:

Brachioradialis:

Achilles:

Sensation:

Vibratory: Yes

Light Touch: Yes

Pin Prick: Yes

Comments:

GU:

Chaperoned By:

Rectum: Not Done

Comments: Refused.

Male Genitalia: Not Done

Comments: Refused.

Skin:

Normal: Yes

Rash: No

Redness: No

Abnormal Pigmentation: No

Abnormal Lesions/Growths: No

Comments:

Lymphatics:

Adenopathy: No

Comments:

Potential Items For Follow-up:

Item

Travel Outside US

Other Infectious Disease History

Rectum Not Done

Male Genitalia Not Done

PPD Administration Not Performed

Comments:

Patient has a history of constipation.

Inmate Name: EPSTEIN, JEFFREY EDWARD
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Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Cleared For Food Services: Yes

Health Problems Newly Identified During This Encounter:

Health Problem

Constipation, unspecified - Current -

New Medication Orders:

Rx#	Medication
	Bisacodyl [REDACTED] Tablet

Order Date
07/09/2019 12:35

Prescriber Order
5 mg Orally at bedtime PRN x 10 day(s)

Indication: Constipation, unspecified

Disposition:

Follow-up at Sick Call as Needed

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No Cosign Required: Yes

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/09/2019 13:03

Requested to be cosigned by [REDACTED].

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M
Provider: [REDACTED]

Reg #: 76318-054
Race: WHITE
Facility: NYM

Cosigned by [REDACTED] on 07/11/2019 22:41.

**Bureau of Prisons
Health Services
Inmate Local Hospital**

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: _____ Transfer Date: 08/10/2019

Health Problems

<u>Health Problem</u>	<u>Status</u>
Hyperlipidemia, unspecified HYPERTRIGLYCERIDEMIA	Current
Sleep apnea	Current
Essential (primary) hypertension BY HX.	Current
Constipation, unspecified	Current
Low back pain	Current
Neuralgia and neuritis, unspecified	Current
No Diagnosis	Current
Prediabetes	Current
Injury, unspecified R/O self inflicted injuries.	Current
Body mass index (BMI) 27.0-27.9, adult	Current

**Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.
Bolded drugs required for transport.**

- Docusate Sodium 100 MG Cap Exp: 08/11/2019 SIG: Take one capsule (100 MG) by mouth twice daily for 30 days
- Docusate Sodium 100 MG Cap Exp: 01/22/2020 SIG: Take one capsule (100 MG) twice daily by mouth with plenty of water
- Milk of Magnesia Susp (OTC) (473ML) 400MG/5ML Exp: 10/28/2019 SIG: shake well take 10ml by mouth twice daily AS NEEDED
- Omega 3 (Vascepa) 1 GM Capsule Exp: 01/13/2020 SIG: Take two capsules (2 GM) twice daily by mouth with food

OTCs: Listing of all known OTCs this inmate is currently taking.
None

Pending Appointments

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
07/24/2019	00:00	Clinical Encounter	Optometrist
01/07/2020	00:00	Chronic Care Visit	Mid-Level Provider
07/01/2020	00:00	Chronic Care Visit	Physician 01
07/09/2020	00:00	PPD Administration	Nurse

Pending Non-Medication Orders:

<u>Order</u>	<u>Order Date</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>
EKG	07/06/2019	One Time		66 y/o male
Fecal Occult Blood	07/06/2019	One Time		3 different stools

TB Clearance: Yes

Last PPD Date: 07/09/2019
 Last Chest X-Ray Date: _____
 TB Treatment: _____
 TB Follow-up Recommended: No

Induration: 0mm
 Results: _____
 Sx free for 30 days: Yes

Sickle Cell:

Sickle Cell Trait/Disease: No

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Limitations/Restrictions/Diets:

Cell: lower bunk — 10/09/2019

Cleared for Food Service: Yes

Other diet restrictions: FISH ALLERGIES. — 07/30/2020

Comments:

Allergies

No Known Allergies

Devices / Equipment

Pap

Travel:

Direct Travel: No

Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: NEW YORK MCC

Phone Number: 6468366300

Address 1: 150 PARK ROW

Address 2: _____

City/State/Zip: NEW YORK, New York 10007

Name/Title of Person Completing Form: _____

Date: 08/10/2019

Inmate Name: EPSTEIN, JEFFREY EDWARD

Reg #: 76318-054

DOB: 01/20/1953

Sex: M

**Bureau of Prisons
Health Services
Vitals All**

Begin Date: 07/07/2019
Reg #: 76318-054

End Date: 08/10/2019
Inmate Name: EPSTEIN, JEFFREY EDWARD

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/24/2019	13:12 NYM	97.8	36.6	Oral	[REDACTED]
Orig Entered: 07/24/2019 13:14 EST [REDACTED]					
07/23/2019	06:30 NYM	97.5	36.4	Oral	[REDACTED]
Orig Entered: 07/23/2019 08:33 EST [REDACTED]					
07/09/2019	12:49 NYM	97.3	36.3	Oral	[REDACTED]
Orig Entered: 07/09/2019 12:51 EST [REDACTED]					

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/30/2019	13:02	94			[REDACTED]
Orig Entered: 07/30/2019 13:04 EST [REDACTED]					
07/30/2019	09:40	88	Via Machine		[REDACTED]
Orig Entered: 07/30/2019 13:04 EST [REDACTED]					
07/30/2019	09:30	87	Via Machine		[REDACTED]
Orig Entered: 07/30/2019 12:59 EST [REDACTED]					
07/28/2019	20:28	81			[REDACTED]
Orig Entered: 07/28/2019 20:29 EST [REDACTED]					
07/28/2019	06:57	82			[REDACTED]
Orig Entered: 07/28/2019 06:58 EST [REDACTED]					
07/24/2019	13:12	83	Via Machine	Regular	[REDACTED]
Orig Entered: 07/24/2019 13:14 EST [REDACTED]					
07/23/2019	06:30	92	Via Machine	Regular	[REDACTED]
Orig Entered: 07/23/2019 08:33 EST [REDACTED]					
07/09/2019	12:49	82	Via Machine	Regular	[REDACTED]
Orig Entered: 07/09/2019 12:51 EST [REDACTED]					

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/30/2019	09:30 NYM	12	[REDACTED]
Orig Entered: 07/30/2019 12:59 EST [REDACTED]			
07/28/2019	20:28 NYM	14	[REDACTED]
Orig Entered: 07/28/2019 20:29 EST [REDACTED]			
07/28/2019	06:57 NYM	14	[REDACTED]
Orig Entered: 07/28/2019 06:58 EST [REDACTED]			
07/23/2019	06:30 NYM	16	[REDACTED]
Orig Entered: 07/23/2019 08:33 EST [REDACTED]			
07/09/2019	12:49 NYM	16	[REDACTED]
Orig Entered: 07/09/2019 12:51 EST [REDACTED]			

Begin Date: 07/07/2019

End Date: 08/10/2019

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/30/2019	13:02 NYM	114/84	Left Arm	Standing		[REDACTED]
	Orig Entered: 07/30/2019 13:04 EST [REDACTED]					
07/30/2019	09:40 NYM	125/60	Right Arm	Standing		[REDACTED]
	Orig Entered: 07/30/2019 13:04 EST [REDACTED]					
07/30/2019	09:30 NYM	108/86	Left Arm	Sitting		[REDACTED]
	Orig Entered: 07/30/2019 12:59 EST [REDACTED]					
07/28/2019	20:28 NYM	157/91				[REDACTED]
	Orig Entered: 07/28/2019 20:29 EST [REDACTED]					
07/28/2019	06:57 NYM	138/80				[REDACTED]
	Orig Entered: 07/28/2019 06:58 EST [REDACTED]					
07/24/2019	13:12 NYM	132/89	Right Arm	Sitting	Adult-regular	[REDACTED]
	Orig Entered: 07/24/2019 13:14 EST [REDACTED]					
07/23/2019	06:30 NYM	140/85	Right Arm	Sitting	Adult-regular	[REDACTED]
	Orig Entered: 07/23/2019 08:33 EST [REDACTED]					
07/09/2019	12:49 NYM	117/66	Right Arm	Sitting	Adult-regular	[REDACTED]
	Orig Entered: 07/09/2019 12:51 EST [REDACTED]					

Blood Glucose:

Date	Time	Value (mg/dl)	Type	Regular Insulin	Provider
08/04/2019	08:30	156	Non-Fasting		[REDACTED]
	Orig Entered: 08/04/2019 09:08 EST [REDACTED]				
08/02/2019	06:30	97	Non-Fasting		[REDACTED]
	Orig Entered: 08/02/2019 08:16 EST [REDACTED]				
08/01/2019	06:30	103	Non-Fasting		[REDACTED]
	Orig Entered: 08/01/2019 09:00 EST [REDACTED]				
07/31/2019	06:15	108	Non-Fasting		[REDACTED]
	Orig Entered: 07/31/2019 08:36 EST [REDACTED]				

SaO2:

Date	Time	Value(%)	Air	Provider
07/30/2019	09:30 NYM	98	Room Air	[REDACTED]
	Orig Entered: 07/30/2019 12:59 EST [REDACTED]			
07/28/2019	20:28 NYM	98		[REDACTED]
	Orig Entered: 07/28/2019 20:29 EST [REDACTED]			
07/28/2019	06:57 NYM	98		[REDACTED]
	Orig Entered: 07/28/2019 06:58 EST [REDACTED]			
07/24/2019	13:12 NYM	96	Room Air	[REDACTED]
	Orig Entered: 07/24/2019 13:14 EST [REDACTED]			
07/23/2019	06:30 NYM	96	Room Air	[REDACTED]
	Orig Entered: 07/23/2019 08:33 EST [REDACTED]			
07/09/2019	12:49 NYM	97	Room Air	[REDACTED]
	Orig Entered: 07/09/2019 12:51 EST [REDACTED]			

Height:

Generated 08/10/2019 11:02 by [REDACTED]

Bureau of Prisons - NYM

Begin Date: 07/07/2019

End Date: 08/10/2019

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
07/09/2019	12:49 NYM	70.0	177.8	[REDACTED]
Orig Entered: 07/09/2019 12:51 EST				[REDACTED]

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
07/30/2019	09:30 NYM	194.2	88.1	[REDACTED]	[REDACTED]
Orig Entered: 07/30/2019 12:59 EST				[REDACTED]	[REDACTED]
07/09/2019	12:49 NYM	194.4	88.2	[REDACTED]	[REDACTED]
Orig Entered: 07/09/2019 12:51 EST				[REDACTED]	[REDACTED]

**Bureau of Prisons
Health Services
PPDs**

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

<u>Admin:</u>	<u>Location</u>	<u>Provider</u>	<u>Reading:</u>	<u>Induration</u>	<u>Provider</u>
07/06/2019 21:39	Right Forearm	[REDACTED]	07/09/2019 12:47	0 mm	[REDACTED]
Orig Entered: 07/06/2019 21:43 EST [REDACTED]			Orig Entered: 07/09/2019 12:47 EST [REDACTED]		

Total: 1

**Bureau of Prisons
Health Services
Devices and Equipment**

Start Date: 07/07/2019

Stop Date: 08/10/2019

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

<u>Device/Equipment</u>	<u>Start Date</u>	<u>Stop Date</u>	<u>Date Returned</u>	<u>Obtained From</u>	<u>Comments</u>
CPAP 07/30/2019 14:05 EST [REDACTED]	07/30/2019			Personal	PHILIPS RESPIRONICS SYSTEM ONE CPAP MACHINE. SERIAL #: P11312813B1ED.

Total: 1

Bureau of Prisons
Health Services
Pain Management

Begin Date: 07/07/2019

End Date: 08/10/2019

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

<u>Date</u>	<u>Intervention</u>	<u>Pain Quality</u>	<u>Location</u>	<u>Pre</u>	<u>Post</u>	<u>Provider</u>
07/12/2019 13:25	MEDROL DOSE PACK	Shooting	Back-Middle	5		

Orig Entered: 07/12/2019 13:28 EST [REDACTED]

Bureau of Prisons
Health Services
Modified Diet Request

Types of Diets:

- Clear Liquid
- Low Fat
- Mechanical Soft
- Low Cholesterol
- Low Triglyceride
- Renal
- Full Liquid
- Sodium Controlled
- Snack
- Diabetic
- Calorie Controlled
- Other: FISH ALLERGIES.

- Exp Date:
- Exp Date: 07/30/2020

Comments:

[REDACTED]

Health Service Staff

EPSTEIN, JEFFREY EDWARD

Inmate Name

76318-054

Reg#

07/30/2019

Date

**Bureau of Prisons
Health Services
Allergies**

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

<u>Allergy</u>	<u>Date Noted</u>	<u>Reaction</u>
No Known Allergies	07/06/2019	

Orig Entered: 07/06/2019 21:40 EST [REDACTED]

Total: 1

**Bureau of Prisons
Health Services
Patient Education Assessments & Topics**

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

Assessments

<u>Assessment</u>	<u>Learns Best By</u>	<u>Primary Language</u>	<u>Years of Education</u>	<u>Barriers To Education</u>	<u>Provider</u>
07/09/2019	Speaking/Listening	English	12	None	[REDACTED]
Orig Entered: 07/09/2019 12:52 EST [REDACTED]					

Total: 1

Topics

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Outcome</u>	<u>Provider</u>
07/30/2019	Counseling	Access to Care	Verbalizes Understanding	[REDACTED]
Orig Entered: 07/30/2019 13:33 EST [REDACTED]				
07/30/2019	Counseling	Plan of Care	Verbalizes Understanding	[REDACTED]
Orig Entered: 07/30/2019 13:34 EST [REDACTED]				
07/28/2019	Counseling	Plan of Care	Verbalizes Understanding	[REDACTED]
Orig Entered: 07/28/2019 07:22 EST [REDACTED]				
07/28/2019	Counseling	Plan of Care	Verbalizes Understanding	[REDACTED]
Orig Entered: 07/28/2019 20:30 EST [REDACTED]				
07/24/2019	Counseling	Access to Care	Verbalizes Understanding	[REDACTED]
Orig Entered: 07/24/2019 13:23 EST [REDACTED]				
07/24/2019	Counseling	Preventive Health	Verbalizes Understanding	[REDACTED]
Orig Entered: 07/24/2019 13:23 EST [REDACTED]				
07/23/2019	Counseling	Access to Care	Verbalizes Understanding	[REDACTED]
Orig Entered: 07/23/2019 09:04 EST [REDACTED]				
07/23/2019	Counseling	Plan of Care	Verbalizes Understanding	[REDACTED]
Orig Entered: 07/23/2019 09:04 EST [REDACTED]				
07/14/2019	Counseling	Diagnosis	Verbalizes Understanding	[REDACTED]
Orig Entered: 07/14/2019 18:11 EST [REDACTED]				
07/12/2019	Counseling	Diagnosis	Verbalizes Understanding	[REDACTED]

Topics

Date Initiated

Format

Handout/Topic

Outcome

Provider

Orig Entered: 07/12/2019 13:33 EST [REDACTED], [REDACTED]

Total: 10

**Bureau of Prisons
Health Services
Blood Glucose**

Begin Date: 07/07/2019

End Date: 08/10/2019

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

(Reference Range: Random or Fasting 70 - 100, 2 hour post-prandial 70 - 140)

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Type</u>	<u>Comments</u>
08/04/2019	08:30 NYM	156	Non-Fasting	
Orig Entered: 08/04/2019 09:08 EST [REDACTED]				
08/02/2019	06:30 NYM	97	Non-Fasting	
Orig Entered: 08/02/2019 08:16 EST [REDACTED]				
08/01/2019	06:30 NYM	103	Non-Fasting	
Orig Entered: 08/01/2019 09:00 EST [REDACTED]				
07/31/2019	06:15 NYM	108	Non-Fasting	
Orig Entered: 07/31/2019 08:36 EST [REDACTED]				

Total: 4

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current						
Hyperlipidemia, unspecified 07/12/2019 13:48 EST [REDACTED] HYPERTRIGLYCERIDEMIA		ICD-10	E785	07/12/2019	Current	
Sleep apnea 07/12/2019 13:56 EST [REDACTED]		ICD-10	G4730	07/12/2019	Current	
Essential (primary) hypertension 07/30/2019 13:13 EST [REDACTED] BY HX.		ICD-10	I10	07/30/2019	Current	
Constipation, unspecified 07/09/2019 12:58 EST [REDACTED]		ICD-10	K5900	07/09/2019	Current	
Low back pain 07/12/2019 13:30 EST [REDACTED]		ICD-10	M545	07/12/2019	Current	
Neuralgia and neuritis, unspecified 07/12/2019 13:30 EST [REDACTED]		ICD-10	M792	07/12/2019	Current	
No Diagnosis 07/09/2019 10:28 EST [REDACTED]	I	DSM-IV	No Dx	07/09/2019	Current	
Prediabetes 07/30/2019 13:26 EST [REDACTED]		ICD-10	R7303	07/30/2019	Current	
Injury, unspecified 07/23/2019 09:04 EST [REDACTED] R/O self inflicted injuries.		ICD-10	T1490	07/23/2019	Current	
Body mass index (BMI) 27.0-27.9, adult 07/30/2019 13:14 EST [REDACTED]		ICD-10	Z6827	07/30/2019	Current	

Total: 10

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/12/2019 13:10

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z05

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: ENDO/LIPID

Subjective: 66 YR OLD WHITE MALE WITH HX OF HYPERTRIGLYCERIDEMIA X 5 YEARS ON VASCEPA FOR 1 YEAR. STATES TRIGL WAS 800 , NOW 431. STATES HE COULD NOT TOLERATE OTHER ANTI-TRIGLYCERIDE MEDS DUE TO THEIR GI SIDE EFFECTS. HX OF OBSTRUCTIVE SLEEP APNEA X 5 YEARS FOR WHICH HE USED A CPAP MACHINE. STATES HE HAD HIS CPAP MACHINE WITH HIM WHEN HE ARRESTED. STATES THE FBI LOKELY HAS L4 - L5 SEVERE STENOSIS CASUING NUMBNESS AND SHOOTING PAIN IN THE LOWER EXTREMITIES. SURGICAL HX: NONE MENTAL HEALTH HX: NONE

Pain: Yes

Pain Assessment

Date: 07/12/2019 13:25
Location: Back-Middle
Quality of Pain: Shooting
Pain Scale: 5
Intervention: MEDROL DOSE PACK
Trauma Date/Year:
Injury:
Mechanism:
Onset: 5+ Years
Duration: 5+ Years
Exacerbating Factors: NO EXERCISE
Relieving Factors: MEDROL DOSE PACK
Reason Not Done:
Comments:

Seen for clinic(s): Endocrine/Lipid, Pulmonary/Respiratory, Orthopedic/Rheumatology
Added to clinic(s): Endocrine/Lipid, Pulmonary/Respiratory, Orthopedic/Rheumatology

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Inmate Name: EPSTEIN, JEFFREY EDWARD
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Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z05

Exam:

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits

Musculoskeletal

Tibia / Fibula

No: Edema

Back

Yes: Tenderness

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

ASSESSMENT:

Constipation, unspecified, K5900 - Current
Hyperlipidemia, unspecified, E785 - Current
Low back pain, M545 - Current
Neuralgia and neuritis, unspecified, M792 - Current
Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Magnesium Hydroxide Susp	07/12/2019 13:10	30 CC Orally - Two Times a Day PRN x 2 day(s)
	Indication: Constipation, unspecified		
	MethylPREDNISolone Tab 4 MG (Dose Pack 21 tab)	07/12/2019 13:10	AS DIRECTED Orally - daily x 6 day(s)
	Indication: Neuralgia and neuritis, unspecified		

Disposition:

Inmate Name: EPSTEIN, JEFFREY EDWARD

Date of Birth: 01/20/1953

Encounter Date: 07/12/2019 13:10

Sex: M Race: WHITE

Provider: [REDACTED]

Reg #: 76318-054

Facility: NYM

Unit: Z05

Follow-up at Sick Call as Needed

Other:

WILL CONTINUE NOTES TO ADDRESS THE NFDR AND FOLLOW-UP.

Patient Education Topics:

Date Initiated Format
07/12/2019 Counseling

Handout/Topic
Diagnosis

Provider
[REDACTED]

Outcome
Verbalizes
Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/12/2019 14:20

See Amendment

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/12/2019 13:10

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z05

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: ENDO/LIPID

Subjective: 66 YR OLD WHITE MALE WITH HX OF HYPERTRIGLYCERIDEMIA X 5 YEARS ON VASCEPA FOR 1 YEAR. STATES TRIGL WAS 800 , NOW 434. STATES HE COULD NOT TOLERATE OTHER ANTI-TRIGLYCERIDE MEDS DUE TO THEIR GI SIDE EFFECTS. HX OF OBSTRUCTIVE SLEEP APNEA X 5 YEARS FOR WHICH HE USED A CPAP MACHINE. STATES HE HAD HIS CPAP MACHINE WITH HIM WHEN HE ARRESTED. STATES THE FBI LOCKELY HAS L4 - L5 SEVERE STENOSIS CASUING NUMBNESS AND SHOOTING PAIN IN THE LOWER EXTREMITIES. SURGICAL HX: NONE MENTAL HEALTH HX: NONE

Pain: Yes

Pain Assessment

Date: 07/12/2019 13:25
Location: Back-Middle
Quality of Pain: Shooting
Pain Scale: 5
Intervention: MEDROL DOSE PACK
Trauma Date/Year:
Injury:
Mechanism:
Onset: 5+ Years
Duration: 5+ Years
Exacerbating Factors: NO EXERCISE
Relieving Factors: MEDROL DOSE PACK
Reason Not Done:
Comments:

Seen for clinic(s): Endocrine/Lipid, Pulmonary/Respiratory, Orthopedic/Rheumatology
Added to clinic(s): Endocrine/Lipid, Pulmonary/Respiratory, Orthopedic/Rheumatology

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/12/2019 13:10

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z05

Exam:

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits

Musculoskeletal

Tibia / Fibula

No: Edema

Back

Yes: Tenderness

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

ASSESSMENT:

Constipation, unspecified, K5900 - Current
Hyperlipidemia, unspecified, E785 - Current
Low back pain, M545 - Current
Neuralgia and neuritis, unspecified, M792 - Current
Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Magnesium Hydroxide Susp	07/12/2019 13:10	30 CC Orally - Two Times a Day PRN x 2 day(s)
	MethylPREDNISolone Tab 4 MG (Dose Pack 21 tab)	07/12/2019 13:10	AS DIRECTED Orally - daily x 6 day(s)
	Indication: Constipation, unspecified		
	Indication: Neuralgia and neuritis, unspecified		

Disposition:

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/12/2019 13:10

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z05

Follow-up at Sick Call as Needed

Other:

WILL CONTINUE NOTES TO ADDRESS THE NFDR AND FOLLOW-UP.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/12/2019	Counseling	Diagnosis	[REDACTED]	Verbalizes Understanding

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/12/2019 14:20

Case Amendment

**Bureau of Prisons
Health Services
See Amendment**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/14/2019 17:36

Sex: M

Reg #: 76318-054
Race: WHITE
Facility: NYM

Amendment made to this note by [REDACTED] on 07/14/2019 18:11.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M
Note Date:	07/12/2019 09:06	Race:	WHITE
		Facility:	NYM
		Unit:	Z05

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: [REDACTED]

PATIENT REQUESTED TO HAVE A COLACE RX , INSTEAD OF TEH BISACODYL FOR CONSTIPATION.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Docusate Sodium Capsule	07/12/2019 09:06	TAKE ONE 100 MG CAP Orally - Two Times a Day x 30 day(s)

Indication: Constipation, unspecified

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
121757-NYM	Bisacodyl [REDACTED] 5 MG TAB	07/12/2019 09:06	Take one tablet (5 MG) by mouth at bedtime AS NEEDED for 10 days

Discontinue Type: *When Pharmacy Processes*

Discontinue Reason: *discontinue*

Indication:

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/12/2019 09:10

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M Race: WHITE
Note Date:	07/07/2019 00:17	Facility:	NYM
		Unit:	E06

Cosign Note - Intake Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: [REDACTED]
 MED CL:1
 NO CCC APPT.

Discontinued Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-H-Hemoglobin A1C	One Time	08/05/2019 00:00	Routine
Lab Tests-[REDACTED]-CBC w/diff			
Lab Tests-L-Lipid Profile			
Lab Tests-[REDACTED]-Comprehensive Metabolic Profile (CMP)			
Lab Tests-U-Urinalysis w/Reflex to Microscopic			

Additional Information:

66 y/o male, elevated BP

Labs requested to be reviewed by: [REDACTED]

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Chronic Care Clinics-Diabetic-CBC w/diff	One Time	07/25/2019 00:00	Routine
Chronic Care Clinics-Diabetic-Lipid Profile			
Chronic Care Clinics-Diabetic-Hemoglobin A1C			
Lab Tests-H-HIV 1/2			
Lab Tests-R-RPR			
Chronic Care Clinics-Diabetic-Comprehensive Metabolic Profile (CMP)			

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Chest-2 Views	One Time		07/25/2019	Routine

Specific reason(s) for request (Complaints and findings):

66 YR OLD MALE WITH NO PMHX , REFERRED FOR ROUTINE CXR.

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/07/2019 00:30

**Bureau of Prisons
Health Services
History & Physical**

Inmate Name: EPSTEIN, JEFFREY EDWARD	Sex: M	Race: WHITE	Reg #: 76318-054
Date of Birth: 01/20/1953	Provider: [REDACTED]	Facility: NYM	Unit: H01
Encounter Date: 07/09/2019 12:35			

Seizures: Denied
Diabetes: Denied
Cardiovascular: Denied
CVA: Denied
Hypertension: Denied
Respiratory: Denied
Sickle Cell Anemia: Denied
Carcinoma/Lymphoma: Denied
Allergies: Denied

Tuberculosis:

Hx of Previous Disease: No

Blood-tinged Sputum: No

Night Sweats: No

Weight Loss: No

Fever: No

Cough: No

Comments:

Infectious Disease Risk Factors:

IV Drug Use: No

IV Drug Use Needles:

Sexual Partner IV Drug Use: No

Sexual Partner IV Drug Use Needles:

Female Sexual Partners (Last 5 Yrs): 10+

Male Sexual Partners (Last 5 Yrs): 0

Condom Use: Sometimes

Sexual Contact With HIV+ Individual: No

Blood Product Transfusion: No

Travel Outside US: Yes

Tattoos: No

Comments: Born in US

High school diploma

Banker

Traveled to Paris x 3 weeks up until arrest

No tattoos

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

HIV History:

When Tested: 2019
Test Result: Negative
When Diagnosed AIDS:
Last CD4:
Comments:

Hepatitis: Denied

Other Infectious Diseases:

Syphilis: No
Syphilis Last Treatment: N/A
Genital Warts: No
Chlamydia: Yes
Gonorrhea: No
Herpes: No
Chicken Pox: Yes
Other: No

Comments: Chlamydia in 2015, treated
Chicken pox in childhood

Abuse History: Denied

Physical: No
Emotional: No
Sexual: No
Comments: Denies

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Mental Health:

Level of Consciousness: Alert and Oriented

Psychomotor Activity: Normal

General Appearance: Normal

Behavior: Cooperative

Mood: Appropriate to Content

Thought Process: Goal Directed

Thought Content: Normal

Hx of Mental Health Treatment: None

Hx of Head Injury: None

Current Mental Health Treatment: No

Current Mental Health Complaint: No

Hx of Loss of Consciousness: No

Hx of Hearing Voices: No

Past History of Suicide Attempt: No

Current Suicide Ideation: No

Suicide Prevention Initiated: No

Comments:

Substance Use History: Denied

Current Painful Condition: Denied

Other Health Issues:

Current Medical Conditions:

Other Current Treatments:

Pregnant: N/A

Dental Condition: Denied

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: J [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Observations:

Draining Skin Lesions: No
Signs of Lice: No
Signs of Scabies: No
Signs of Recent Trauma: No
Recent Tattoos: No
Needle Marks: No
Signs of Rash: No
Open Sores: No
Wounds: No
Body Deformities: No
Tremors: No
Sweating: No
Comments:

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Immunizations:

Hepatitis A and B (TwinRx) Series Administration: History Unknown, Not Administered

Documented Date: 07/09/2019 12:51 EST

Immunization Date:

Provider: [REDACTED]

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Measles/Mumps/Rubella Series Administration: History Unknown, Not Administered

Documented Date: 07/09/2019 12:51 EST

Immunization Date:

Provider: [REDACTED]

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Smallpox Series Administration: History Unknown, Not Administered

Documented Date: 07/09/2019 12:51 EST

Immunization Date:

Provider: [REDACTED]

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Tetanus Administration: History Unknown, Not Administered

Documented Date: 07/09/2019 12:51 EST

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Immunization Date:

Provider: [REDACTED]

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Varicella Series Administration: History Unknown, Not Administered

Documented Date: 07/09/2019 12:51 EST

Immunization Date:

Provider: [REDACTED]

Location:

Drug Mfg:

Lot Number:

Dosage:

Route:

Exp Dt:

Comments:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/09/2019	12:49 NYM	97.3	36.3	Oral	[REDACTED]

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/09/2019	12:49	82	Via Machine	Regular	[REDACTED]

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/09/2019	12:49 NYM	16	[REDACTED]

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/09/2019	12:49 NYM	117/66	Right Arm	Sitting	Adult-regular	[REDACTED]

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/09/2019	12:49 NYM	97	Room Air	[REDACTED]

Height:

<u>Date</u>	<u>Time</u>	<u>Inches</u>	<u>Cm</u>	<u>Provider</u>
07/09/2019	12:49 NYM	70.0	177.8	[REDACTED]

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054
 Date of Birth: 01/20/1953 Sex: M Race: WHITE Facility: NYM
 Encounter Date: 07/09/2019 12:35 Provider: [REDACTED] Unit: H01

Date	Time	Inches	Cm	Provider
Weight:				
Date	Time	Lbs	Kg	Waist Circum.
07/09/2019	12:49 NYM	194.4	88.2	[REDACTED]

Prosthetic Devices/Equipment: Denied
 Tobacco Usage: Denied

General Social History:

Foreign Travel:
 Born in USA: Yes
 Country of Birth: USA

Patient Education Assessments:

Date	Ed Yrs	Occupation	Learns Best By	Primary Language	Barriers to Education
07/09/2019	12	Banker	Speaking/Listening	English	None

Family History - Father:

Age at Death: 74
 Cause of Death: Diabetes complications
 Significant Illnesses:
 Diabetes
 Heart Disease

Comments:

Family History - Mother:

Age at Death: 81
 Cause of Death: Kidney Failure
 Significant Illnesses:
 Heart Disease

Comments:

Family History - Sibling:

Number of Siblings: 1
 Significant Illnesses:

Comments:

Past Hospitalization:

Reason	Location	When
Acute Appendicitis	Mount Sinai Hospital	1990
Complications: None		
Comments:		

Head:

Normal: Yes
 Comments:

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Eyes:

EOMI: Yes
Icterus: No
Conjunctival Inflammation: No
Pupils PERRLA: Yes
Pupil Size Rt:
Pupil Size Lt:
Pupils Comments:
Fundi Vessels Nicking: No
Fundi Vessels Discs Flat: Yes
Fundi Vessels Discs Sharp Margins: Yes
Fundi Vessels Grounds Abnormal: No
Eyes Comments:

Vision Screen 07/09/2019 12:52

Blindness:	With Corrective					
Distance Vision: OD: 100 OS: 70 OU:	OD:	OS	OU:	OD:	OS	OU:
Near Vision: OD: OS: OU:	OD:	OS:	OU:	OD:	OS:	OU:

Ishihara Color Test:

Tonometry: L: R:

Comments: Needs evaluation with optometrist.

Ears:

Right Ear: Canal patent

Left Ear: Canal patent

Ears Comments:

Nose:

Nares Patent: Yes

Septum Midline: Yes

Septum Intact: Yes

Drainage/Discharge: No

Polyps: No

Nose Comments:

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Mouth

Lesions: No
Oral/Buccal Mucosa: Yes
Gums Normal: Yes
Tonsils Present: Yes
 Tonsils Normal: Yes
Pharynx: Normal Color
Teeth Poor Dentition: No
Teeth Count: Mostly Present
Dentures: No
Mouth Comments:

Cranial Nerves:

Intact II-XII: Yes
Cranial Nerves Comments:

Neck:

Full ROM: Yes
Masses/Nodes: No
Trachea: Midline
Thyroid: Normal Size
Comments:

Breasts:

Normal: Yes
Masses: No
Tenderness: No
Scars: No
Dimpling: No
Nipple Discharge: No
Nipple Retraction: No
Instructions for Self Breast Exam Given: No
Comments:

**Bureau of Prisons
Health Services
Vision Screens**

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

Vision Screen on 07/09/2019 12:52

Blindness:

Distance Vision: OD: 20/100 OS: 20/70 OU:

Near Vision: OD: OS: OU:

With Corrective

Distance Vision: OD: OS: OU:

Near Vision: OD: OS: OU:

Present Glasses - Distance

Refraction - Distance

Sphere	Cylinder	Axis	Add	Sphere	Cylinder	Axis	Add
--------	----------	------	-----	--------	----------	------	-----

R: R:

L: L:

Color Test:

Tonometry: R: L:

Comments: Needs evaluation with optometrist.

Orig Entered: 07/09/2019 12:54 EST [REDACTED]

**Bureau of Prisons
Health Services
Immunizations**

Begin Date: 07/07/2019

End Date: 08/10/2019

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

<u>Immunization</u>	<u>Immunization Date</u>	<u>Administered</u>	<u>Location</u>	<u>Dosage</u>	<u>Drug Mfg.</u>	<u>Lot #</u>	<u>Exp Date</u>
Hepatitis A and B (TwinRx)		History Unknown					
	Orig Entered: 07/09/2019 12:51 EST	██████████					
Measles/Mumps/Rubella Series		History Unknown					
	Orig Entered: 07/09/2019 12:51 EST	██████████					
Smallpox Series		History Unknown					
	Orig Entered: 07/09/2019 12:51 EST	██████████					
Tetanus		History Unknown					
	Orig Entered: 07/09/2019 12:51 EST	██████████					
Varicella Series		History Unknown					
	Orig Entered: 07/09/2019 12:51 EST	██████████					
Total: 5							

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

Housing Status

confined to the living quarters except meals pill line treatments Exp. Date: _____
 on complete bed rest: bathroom privileges only Exp. Date: _____
 cell: cell on first floor single cell lower bunk airborne infection isolation Exp. Date: 10/09/2019
 other: _____ Exp. Date: _____

Physical Limitation/Restriction

all sports Exp. Date: _____
 weightlifting: upper body lower body Exp. Date: _____
 cardiovascular exercise: running jogging walking softball Exp. Date: _____
 football basketball handball stationary equipment
 other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
<input checked="" type="checkbox"/> -Pap PHILIPS RESPIRONICS SYSTEM ONE CPAP MACHINE. SERIAL #: P11312813B1ED.	07/30/2019		

Work Restriction/ Limitation:

Cleared for Food Service: Yes
 No Restrictions

Comments: N/A

Health Services Staff _____ Date 07/30/2019
 Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054 Quarters: Z04

ALL EXPIRATION DATES ARE AT 24:00

Bureau of Prisons
Health Services
Medical Duty Status

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

Housing Status

confined to the living quarters except meals pill line treatments Exp. Date: _____
 on complete bed rest: bathroom privileges only Exp. Date: _____
 cell: cell on first floor single cell lower bunk airborne infection isolation Exp. Date: 10/09/2019
 other: _____ Exp. Date: _____

Physical Limitation/Restriction

all sports Exp. Date: _____
 weightlifting: upper body lower body Exp. Date: _____
 cardiovascular exercise: running jogging walking softball Exp. Date: _____
 football basketball handball stationary equipment Exp. Date: _____
 other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Work Restriction/Limitation

Cleared for Food Service: Yes
 No Restrictions

Comments: N/A

Health Services Staff _____ Date 07/09/2019

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054 Quarters: Z04

ALL EXPIRATION DATES ARE AT 24:00

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: NYM-NEW YORK MCC	Begin Date: 07/07/2019	End Date: 08/10/2019
Inmate: EPSTEIN, JEFFREY EDWARD	Reg #: 76318-054	Quarter: Z04-206LAD

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Bisacodyl 5 MG TAB

Take one tablet (5 MG) by mouth at bedtime AS NEEDED for 10 days

Rx#: 121757-NYM Doctor: [REDACTED]
Start: 07/09/19 Exp: 07/19/19 D/C: 07/12/19 Pharmacy Dispensings: 10 TAB in 32 days

Docusate Sodium 100 MG Cap

Take one capsule (100 MG) by mouth twice daily for 30 days

Rx#: 121823-NYM Doctor: [REDACTED]
Start: 07/12/19 Exp: 08/11/19 Pharmacy Dispensings: 60 CAP in 29 days

Docusate Sodium 100 MG Cap

Take one capsule (100 MG) twice daily by mouth with plenty of water

Rx#: 122084-NYM Doctor: [REDACTED]
Start: 07/26/19 Exp: 01/22/20 Pharmacy Dispensings: 30 CAP in 15 days

Milk of Magnesia Susp (OTC) (473ML) 400MG/5ML

shake well take 2 tablespoonful twice daily by mouth

Rx#: 121835-NYM Doctor: [REDACTED]
Start: 07/12/19 Exp: 07/14/19 Pharmacy Dispensings: 473 ML in 29 days

Milk of Magnesia Susp (OTC) (473ML) 400MG/5ML

shake well take 10ml by mouth twice daily AS NEEDED

Rx#: 122150-NYM Doctor: [REDACTED]
Start: 07/30/19 Exp: 10/28/19 Pharmacy Dispensings: 473 ML in 11 days

methylPREDNISolone 4 MG Tab (21 count Pack)

Take the tablet by mouth as directed

Rx#: 121836-NYM Doctor: [REDACTED]
Start: 07/12/19 Exp: 07/18/19 Pharmacy Dispensings: 21 tab in 29 days

methylPREDNISolone 4 MG Tab (21 count Pack)

Take the tablet by mouth as directed

Rx#: 122149-NYM Doctor: [REDACTED]
Start: 07/30/19 Exp: 08/05/19 Pharmacy Dispensings: 21 tab in 11 days

Complex: NYM--NEW YORK MCC
Inmate: EPSTEIN, JEFFREY EDWARD

Begin Date: 07/07/2019
Reg #: 76318-054

End Date: 08/10/2019
Quarter: Z04-206LAD

Active Prescriptions

Omega 3 (Vascepa) 1 GM Capsule

Take two capsules (2 GM) twice daily by mouth with food

Rx#: 121885-NYM Doctor: [REDACTED]

Start: 07/17/19 Exp: 01/13/20

Pharmacy Dispensings: 180 Cap in 24 days

Insulin Reg (10 ML) 100 UNITS/ML Inj

Inject regular insulin subcutaneously per sliding scale: twice daily ***pill line*** for 7 days ***pill line***

Rx#: 122148-NYM Doctor: [REDACTED]

Start: 07/30/19 Exp: 08/06/19 D: 07/31/19

Pharmacy Dispensings: 0 ML in 11 days

Insulin Reg (10 ML) 100 UNITS/ML Inj

Inject regular insulin subcutaneously per sliding scale: each morning for 7 days ***pill line*** ***pill line***

Rx#: 122160-NYM Doctor: [REDACTED]

Start: 07/31/19 Exp: 08/07/19

Pharmacy Dispensings: 0 ML in 10 days

**Bureau of Prisons
Health Services
Dental Health History Screen**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/26/2019 07:54

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

ASSESSMENTS:

Health Problems as of Dental Health History Encounter date: 07/26/2019 07:54

Health Problems

<u>Health Problem</u>	<u>Status</u>
Hyperlipidemia, unspecified HYPERTRIGLYCERIDEMIA	Current
Sleep apnea	Current
Constipation, unspecified	Current
Low back pain	Current
Neuralgia and neuritis, unspecified	Current
No Diagnosis	Current
Injury, unspecified R/O self inflicted injuries.	Current

Medical History as of Dental Health History Encounter date: 07/26/2019 07:54

Medical History:

Allergies: Denied
Seizures: Denied
Diabetes: Denied
Cardiovascular: Denied
CVA: Denied
Hypertension: Denied
Respiratory: Denied
Sickle Cell Anemia: Denied
Carcinoma/Lymphoma: Denied

HIV History:

When Tested: 2019
Test Result: Negative
When Diagnosed AIDS:
Last CD4:
Comments:

Hepatitis: Denied

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/26/2019 07:54

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Other Infectious Diseases:

Syphilis: No
Syphilis Last Treatment: N/A
Genital Warts: No
Chlamydia: Yes
Gonorrhea: No
Herpes: No
Chicken Pox: Yes
Other: No

Comments: Chlamydia in 2015, treated
Chicken pox in childhood

Other Health Issues:

Other Medical Conditions And Treatment: sleep apnea

Current Medical Conditions:

Other Current Treatments:

Pregnant: N/A

Dental Observations as of Dental Health History Encounter date: 07/26/2019 07:54

History:

Alcohol: No
Methamphetamine: No
Tobacco products: No
Other drugs: No
Sensitive teeth: No
Bleeding gums: Yes
Food impaction: Yes
Pain around ear: No
Toothache: No
Wear partial dentures: No
Unusual sounds while eating: No
Snoring: Yes
Blisters on lips or mouth: No
Clenching or grinding: Yes
Swelling or lumps in mouth/throat: No
Burning tongue: No
Bad breath: No
Decayed teeth: No
Loose teeth: No
Wear dentures: No
None: No

Comments:

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/26/2019 07:54

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Cardiac Condition Requiring Prophylaxis: No
Prosthetic joint(s): No
Radiation history of head or neck: No
Excessive bleeding: No
Bisphosphonates: No
Comments:

Medications as of Dental Health History Encounter date: 07/26/2019 07:54

Medications:

Docusate Sodium 100 MG Cap Exp: 08/11/2019 SIG: Take one capsule (100 MG) by mouth twice daily for 30 days
Omega 3 (Vascepa) 1 GM Capsule Exp: 01/13/2020 SIG: Take two capsules (2 GM) twice daily by mouth with food

OTCs: Listing of all known OTCs this inmate is currently taking.

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/26/2019 07:59

Bureau of Prisons
Health Services
Dental A&O Exam

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/26/2019 07:47

Sex: M
Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Reviewed Health Status: Yes

Occlusion: Class I

Oral Hygiene: Fair

CPITN:

3	2	3
3	2	3

Hard and soft tissue examination performed and documented on BP618 form: Yes

Head & Neck/Soft Tissue within normal limits? No

Comments: moderate to advanced upper posterior gingival recession

Decayed: Missing: Filled:

0 1 14

Comments: Lower anterior crowding

Approved for hygiene appointment and radiographs: Yes

Instructed inmate how to obtain routine and emergency dental care. Oral hygiene instructions given: Yes

Dental A&O Screening Exam findings entered on EPSTEIN, JEFFREY EDWARD by [REDACTED] on 07/26/2019 07:47.

**Bureau of Prisons
Health Services
Dental Soap/Admin Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD	Sex: M	Race: WHITE	Reg #: 76318-054
Date of Birth: 01/20/1953	Provider: [REDACTED]		Facility: NYM
Encounter Date: 07/18/2019 13:48			Unit: Z05

Screening encounter at Dental Clinic.

Reason Not Done: Unavailable

Comments: Patient has had several call outs for his Dental A & O screening but has not been escorted to the dental clinic.

Cosign Required: No

Completed by [REDACTED] on 07/19/2019 13:49.



U.S. Medical Center for Federal Prisons

*** Sensitive But Unclassified ***

Name	EPSTEIN, JEFFREY	Facility	MCC New York	Collected	07/09/2019 13:34
Reg #	76318-054	Order Unit	E06-547U	Received	07/10/2019 10:44
DOB	01/20/1953	Provider	[REDACTED]	Reported	07/10/2019 14:46
Sex	M			LIS ID	188191004

CHEMISTRY

Sodium		137	137-148	mmol/L
Potassium		4.7	3.5-5.0	mmol/L
Chloride		99	99-114	mmol/L
CO2		27	22-30	mmol/L
BUN		17	7-22	mg/dL
Creatinine		1.05	0.66-1.25	mg/dL
eGFR (IDMS)		>60		
GFR units measured as mL/min/1.73 m ² . If African American multiply by 1.210. A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.				
Calcium		9.8	8.5-10.9	mg/dL
Glucose		102	70-110	mg/dL
AST	H	57	11-55	U/L
ALT		62	11-66	U/L
Alkaline Phosphatase		64	41-133	U/L
Bilirubin, Total		1.1	0.2-1.3	mg/dL
Total Protein		7.3	6.0-8.2	g/dL
Albumin		4.4	3.6-5.1	g/dL
Globulin		2.9	2.0-3.7	g/dL
Alb/Glob Ratio		1.50	1.00-2.30	
Anion Gap		10.2	9.0-19.0	
BUN/Creat Ratio		16.1	5.0-30.0	
Cholesterol	H	216	<200	mg/dL
Triglycerides	H	413	10-150	mg/dL
Calculation of LDL is not appropriate for samples with a triglyceride greater than 400 mg/dL. Therefore the LDL is not calculated.				
HDL Cholesterol	L	31	40-60	mg/dL
Chol/HDL Ratio	H	6.9	0.0-4.0	

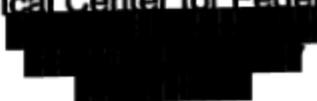
HEMATOLOGY

WBC		7.6	4.3-11.1	K/uL
NRBC%		0.0		%
RBC		5.42	4.46-5.78	M/uL
Hemoglobin		15.6	13.6-17.6	g/dL
Hematocrit		47.8	40.2-51.4	%
MCV		88.2	82.5-96.5	fL
MCH		28.8	27.1-34.9	pg
MCHC	L	32.6	33.0-37.0	g/dL
RDW-CV		12.8	12.0-14.0	%
Platelet		338	130-374	K/uL

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical



U.S. Medical Center for Federal Prisons



*** Sensitive But Unclassified ***

Name EPSTEIN, JEFFREY
Reg # 76318-054
DOB 01/20/1953
Sex M

Facility MCC New York
Order Unit E06-547U
Provider [REDACTED]

Collected 07/09/2019 13:34
Received 07/10/2019 10:44
Reported 07/10/2019 14:46
LIS ID 188191004

HEMATOLOGY

MPV	10.4	6.9-10.5	fL
Neutrophils %	58.7		%
Therapeutic decision making should be based on absolute values, rather than percentages			
Lymphocytes %	25.0		%
Monocytes %	11.1		%
Eosinophils %	4.1		%
Basophils %	0.8		%
Immature Granulocytes %	0.3	0.0-5.0	%
Neutrophils #	4.4	1.9-6.7	K/uL
Lymphocytes #	1.9	1.3-3.7	K/uL
Monocytes #	0.8	0.3-1.1	K/uL
Eosinophils #	0.3	0.0-0.5	K/uL
Basophils #	0.1	0.0-0.1	K/uL
Immature Granulocytes #	0.02	0.00-0.50	10 ³ /uL

HEMOGLOBIN A1C

Hemoglobin A1C	H	6.3	<5.7	%
5.7 - 6.4 Increased Risk > 6.4 Diabetes				

SEROLOGY

RPR Non-Reactive Non-Reactive
Results may be affected in patients with severely advanced immunosuppression.

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical



U.S. Medical Center for Federal Prisons



*** Sensitive But Unclassified ***

Name EPSTEIN, JEFFREY	Facility MCC New York	Collected 07/09/2019 13:34
Reg # 76318-054	Order Unit E06-547U	Received 07/10/2019 10:44
DOB 01/20/1953	Provider [REDACTED]	Reported 07/10/2019 14:46
Sex M		LIS ID 188191004

HIV		
HIV 1/2	Negative	Negative
Screening test - See confirmatory testing for Reactive results		

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/10/2019 16:58

Sex: M
Provider: Lab Result Receive

Reg #: 76318-054
Race: WHITE
Facility: NYM

Cosigned by [REDACTED] on 07/14/2019 18:12.

MEDICAL TREATMENT REFUSAL

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPHTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[Redacted]
[Redacted] 7-24-2019
Counseled by Date

[Signature]
Patient's Signature Date

[Redacted]
[Signature]
Signature of Witness Date

NYM--NEW YORK MCC

BP-A0618

JUN 16

U.S. DEPARTMENT OF JUSTICE

A&O DENTAL EXAMINATION

(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS

	Occlusion:			
	Oral Hygiene:	Good	Fair	Poor
	CPITN:	3	2	3
		3	2	3
Head & Neck / Soft Tissue:				
D: <u>0</u>		Classification:		
M: <u>1</u>		CL I		
F: <u>14</u>		Pain Scale:		
		1/10		

Dental Prostheses at Intake:		Comments:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		mod to moderate advanced gingival recession observed. Lower anterior crowding observed	
Type: _____		Radiographs Taken: (Document findings on A&O encounter)	
Age: _____		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Condition: _____		Instructed how to obtain urgent and non-urgent dental care: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	
Intra-oral Photos Taken:		Treatment Priorities:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		None: _____ Non-urgent: non-urgent Urgent: Referred to Sick Call: _____	
Radiographs authorized:		Prophylaxis authorized: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PAs: _____		(Approval valid 18 months from examination date)	
BWs: _____		Patient Name: Epstein, Jeffrey E	
Panorex: _____		Dental Signature: _____	
Registrar Number: 76318-054		Date: 7-26-19.	
Institution: MCC NEW YORK		Signature Block/Stamp: _____	

Chief Dental Officer
MCC New York

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/28/2019 20:25

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Nursing - Follow up encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: Neuropathy - Tingling/Numbness of Extremity(ies)

Subjective: Inmate seen for F/U after returning from attorney conference offers no new complaints or worsening S/S stats " My R hand still has pins and needles sometimes" No change in appearance from previous exam.

Pain: No

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/28/2019	20:28	81			[REDACTED]

Respirations:

Date	Time	Rate Per Minute	Provider
07/28/2019	20:28 NYM	14	[REDACTED]

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/28/2019	20:28 NYM	157/91				[REDACTED]

SaO2:

Date	Time	Value(%)	Air	Provider
07/28/2019	20:28 NYM	98		[REDACTED]

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Nutrition

Yes: Within Normal Limits

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Disposition:

To be Evaluated by Provider

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/28/2019 20:25

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Follow-up in 12-24 Hours

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/28/2019	Counseling	Plan of Care	[REDACTED], [REDACTED]	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/28/2019 20:30

Requested to be cosigned by [REDACTED].

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/28/2019 20:25

Sex: M
Provider: [REDACTED]

Reg #: 76318-054
Race: WHITE
Facility: NYM

Cosigned by [REDACTED] on 07/28/2019 20:50.

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/28/2019 06:51

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Nursing - Triage Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: Neuropathy - Tingling/Numbness of Extremity(ies)

Subjective: " I woke up and I had no control over my Right arm for a few minutes it was just doing what it wanted to do"

Pain: No

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/28/2019	06:57	82			[REDACTED]

Respirations:

Date	Time	Rate Per Minute	Provider
07/28/2019	06:57 NYM	14	[REDACTED]

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/28/2019	06:57 NYM	138/80				[REDACTED]

SaO2:

Date	Time	Value(%)	Air	Provider
07/28/2019	06:57 NYM	98		[REDACTED]

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

No: Facial Asymmetry, Battle's Sign, Raccoon Eyes, Deformity

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Face

General

Yes: Symmetric

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/28/2019 06:51

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Exam:

No: Ecchymosis, Numbness, Swelling, Periorbital Edema

Neck

General

Yes: Abrasion(s)

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Respiratory Distress, Tachypnea, Hyperventilation

Cardiovascular

Observation

Yes: Normal Rate

Musculoskeletal

Shoulder

Yes: Full Range of Motion R, Symmetric R

No: Swelling R, Inflammation R

Humerus

Yes: Within Normal Limits R

Elbow

Yes: Normal Exam R, Full Range of Motion R, Non-Tender on Palpation R

Radius / Ulna

Yes: Normal Exam R, Full Range of Motion R

Wrist/Hand/Fingers

Yes: Full Range of Motion R, Non-Tender on Palpation R, Swelling R

No: Inflammation R, Ecchymosis R, Erythema R, Tenderness R, Laceration(s) R, Abrasion(s) R, Contusion(s) R

ROS Comments

Received inmate AAOX3 in no acute distress, speaking in full sentences ambulating independently C/O Right arm numbness after waking up from "sleeping on my side" that has since subsided. Inmate interviewed in psych obs through the slot. V/S noted WNL, RR even and unlabored, no neurological deficits noted, no facial droop slurred speech or dysphagia, Inmate with Full ROM to all extremities with 4/4 strength bilaterally, slight swelling noted to right phalanges when compared to left, no edema, erythema or ecchymosis noted. Denies any pain numbness or tingling at this time. Denies any Chest pain, Headache, Dizziness, SOB or Blurred vision. Eyes PERRLA. MD on Call notified, Re-evaluate this evening or sooner if S/S persist.

ASSESSMENT:

Alteration in comfort

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Notify Medical Duty Officer

Patient Education Topics:

Date Initiated Format
07/28/2019 Counseling

Handout/Topic
Plan of Care

Provider
[REDACTED]

Outcome
Verbalizes
Understanding

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/28/2019 06:51

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
Copay Required: No		Cosign Required: Yes		
Telephone/Verbal Order: No				
Completed by [REDACTED]		on 07/28/2019 07:22		
Requested to be cosigned by [REDACTED]				
Cosign documentation will be displayed on the following page.				

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/28/2019 06:51

Sex: M
Provider: [REDACTED]

Reg #: 76318-054
Race: WHITE
Facility: NYM

Cosigned by [REDACTED] on 07/28/2019 20:51.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054				
Date of Birth:	01/20/1953	Sex:	M	Race:	WHITE	Facility:	NYM
Note Date:	07/26/2019 08:57	Provider:	[REDACTED]	Unit:	H01		

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: [REDACTED]
THE MLP NOTIFIED THE OP LT OF THE INMATE STATEMENT REGARDING WHAT HAPPENED TO HIM
2 NIGHTS AGO.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Docusate Sodium Capsule	07/26/2019 08:57	TAKE ONE 100 MG CAP Orally - Two Times a Day x 180 day(s)

Indication: Constipation, unspecified

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/26/2019 08:58

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M
Note Date:	07/24/2019 16:10	Provider:	[REDACTED]
		Race:	WHITE
		Facility:	NYM
		Unit:	H01

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: [REDACTED]

THE MLP NOTIFIED THE OP LT OF THE INMATE STATEMENT REGARDING WHAT HAPPENED TO HIM
2 NIGHTS AGO.

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/24/2019 16:12

See Amendment

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Sex:	M	Race:	WHITE	Reg #:	76318-054
Date of Birth:	01/20/1953	Provider:	[REDACTED]	Facility:	NYM	Unit:	H01
Note Date:	07/24/2019 16:10						

Cosign Note - Clinical Encounter Cosign encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: [REDACTED]
THE MLP NOTIFIED THE OP LT OF THE INMATE STATEMENT REGARDING WHAT HAPPENED TO HIM
2 NIGHTS AGO.

Copay Required: No Cosign Required: No
Telephone/Verbal Order: No
Completed by [REDACTED] on 07/24/2019 16:12

See Amendment

**Bureau of Prisons
Health Services
See Amendment**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/26/2019 08:57

Sex: M

Reg #: 76318-054
Race: WHITE
Facility: NYM

Amendment made to this note by [REDACTED] on 07/26/2019 08:58.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M
Note Date:	07/24/2019 15:10	Race:	WHITE
		Facility:	NYM
		Unit:	H01
		Provider:	[REDACTED]

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: [REDACTED]

PATIENT WAS OFFERED TO HAVE AN OPTOMETRIST EVALUATION. HE REFUSED. REFUSAL FORM SIGNED.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/24/2019 15:17

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/24/2019 13:08

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Mid Level Provider - Follow up Visit encounter performed at Receiving & Discharge.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: Other Problem

Subjective: I still do not want to talk about. But, between you and me. I think my room mate had to do with what happened to me. Do not ask me. I am not going to say anything.

Pain: No

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/24/2019	13:12 NYM	97.8	36.6	Oral	[REDACTED]

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/24/2019	13:12	83	Via Machine	Regular	[REDACTED]

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/24/2019	13:12 NYM	132/89	Right Arm	Sitting	Adult-regular	[REDACTED]

SaO2:

Date	Time	Value(%)	Air	Provider
07/24/2019	13:12 NYM	96	Room Air	[REDACTED]

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Appears in Pain

Exam Comments

Follow up evaluation done for inmate Epstein. He does not look in any pain or distress. He still has the erythema around his neck. Central part of this erythema has some abrasion. Patient does not complaint of any respiratory problem or distress. He still does not want to explain how the skin injury on his neck happed. he insinuates that injuries on his neck have to do with his room mate. But does not want to talk about it.

ASSESSMENT:

Injury, unspecified, T1490 - Current

PLAN:

Disposition:

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/24/2019 13:08

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/24/2019	Counseling	Access to Care	[REDACTED], [REDACTED]	Verbalizes Understanding
07/24/2019	Counseling	Preventive Health	[REDACTED], [REDACTED]	Verbalizes Understanding

Copay Required: No Cosign Required: Yes

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/24/2019 13:24

Requested to be cosigned by [REDACTED].

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/24/2019 13:08

Sex: M
Provider: [REDACTED]

Reg #: 76318-054
Race: WHITE
Facility: NYM

Cosigned with New Encounter Note by [REDACTED] on 07/24/2019 16:10.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/23/2019 06:20

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:

INJURY 1 Provider: [REDACTED]
Date of Injury: 07/23/2019 01:27 Date Reported for Treatment: 07/23/2019 08:25
Work Related: No Work Assignment: UNASSG
Pain Location:
Pain Scale: 0
Pain Qualities:
Where Did Injury Happen (Be specific as to location):
 Special Housing Unit Z05-Cell 124 L
Cause of Injury (Inmate's Statement of how injury occurred):
 "I do not know. Just went to drink a little water and wake up snoring".
Symptoms (as reported by inmate):
 None

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
07/23/2019	06:30 NYM	97.5	36.4	Oral	[REDACTED]

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/23/2019	06:30	92	Via Machine	Regular	[REDACTED]

Respirations:

Date	Time	Rate Per Minute	Provider
07/23/2019	06:30 NYM	16	[REDACTED]

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/23/2019	06:30 NYM	140/85	Right Arm	Sitting	Adult-regular	[REDACTED]

SaO2:

Date	Time	Value(%)	Air	Provider
07/23/2019	06:30 NYM	96	Room Air	[REDACTED]

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Lethargic, Dyspneic, Appears in Pain, Pallor, Cyanotic, Diaphoretic, Disheveled,

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/23/2019 06:20

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: H01

Exam:

Acutely ill

Pulmonary

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally
No: Crackles, Rhonchi, Wheezing

Exam Comments

Inmate for injury report as requested by Operational Lt.
He is ambulatory, oriented x 3. In not apparent distress, smiling during this clinical encounter. Alleges, that he does not know what happened. Can not explain the marks on his neck. Responded: "I don't know".
He does not want to talk of the events leading to the marks on his neck.
He does not look in any distress or pain.
Has an circular line of erythema at the base of the neck. Reaching 2/3 of the neck circumference, 2 inches wide, sparing the back of the neck. Has one section of this erythema in the front with marks of friction.
No inflammation, no deformities, no hematomas, no lacerations, no tenderness. Patient moving his neck without any restriction. Denies having any pain or discomfort. Denies any respiratory problem.
Has another small erythema on left knee about 2cm in diameter(mild).
As per information from custody staff inmate Epstein was found in his cell with a rope around his neck and sitting on the floor.
Inmate is currently placed on suicide watch.

ASSESSMENT:

Injury, unspecified, T1490 - Current - R/O self inflicted injuries.

PLAN:

Disposition:

Follow-up at Sick Call as Needed
Placed on Suicide Watch
Follow-up in 2-4 Hours

Other:

For follow up with psychology service.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/23/2019	Counseling	Access to Care	[REDACTED]	Verbalizes Understanding
07/23/2019	Counseling	Plan of Care	[REDACTED]	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/23/2019 09:05

Requested to be cosigned by [REDACTED]

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/23/2019 06:20

Sex: M
Provider: [REDACTED]

Reg #: 76318-054
Race: WHITE
Facility: NYM

Cosigned by [REDACTED] on 07/23/2019 15:44.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/14/2019 17:36

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z05

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: ENDO/LIPID

Subjective: 66 YR OLD WHITE MALE WITH HX OF
HYPERTRIGLYCERIDEMIA X 5 YEARS ON VASCEPA FOR 1 YEAR. STATES TRIGL WAS
800 , NOW 431. STATES HE COULD NOT TOLERATE OTHER ANTI-TRIGLYCERIDE
MEDS DUE TO THEIR GI SIDE EFFECTS.
HX OF OBSTRUCTIVE SLEEP APNEA X 5 YEARS FOR WHICH HE USED A CPAP
MACHINE. STATES HE HAD HIS CPAP MACHINE WITH HIM WHEN HE ARRESTED.
STATES THE FBI LOKELY HAS
L4 - L5 SEVERE STENOSIS CASUING NUMBNESS AND SHOOTING PAIN IN THE
LOWER EXTREMITIES.
SURGICAL HX: NONE
MENTAL HEALTH HX: NONE

Pain: Yes

Pain Assessment

Date: 07/12/2019 13:25
Location: Back-Middle
Quality of Pain: Shooting
Pain Scale: 5
Intervention: MEDROL DOSE PACK
Trauma Date/Year:
Injury:
Mechanism:
Onset: 5+ Years
Duration: 5+ Years
Exacerbating Factors: NO EXERCISE
Relieving Factors: MEDROL DOSE PACK
Reason Not Done:
Comments:

Seen for clinic(s): Orthopedic/Rheumatology, Pulmonary/Respiratory, Endocrine/Lipid
Added to clinic(s): Orthopedic/Rheumatology, Pulmonary/Respiratory, Endocrine/Lipid

OBJECTIVE:

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic,
Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/14/2019 17:36

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z05

Exam:

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits

Musculoskeletal

Tibia / Fibula

No: Edema

Back

Yes: Tenderness

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

ASSESSMENT:

Constipation, unspecified, K5900 - Current
Hyperlipidemia, unspecified, E785 - Current
Low back pain, M545 - Current
Neuralgia and neuritis, unspecified, M792 - Current
Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Omega 3 (Vascepa) 1 GM Capsule	07/14/2019 17:36	TAKE 2 CAPS Orally - Two Times a Day x 180 day(s) - TAKE WITH FOOD.

Indication: Hyperlipidemia, unspecified

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-H-Hemoglobin A1C	One Time	10/10/2019 00:00	Routine
Lab Tests-L-Lipid Profile			

Additional Information:

Generated 07/14/2019 18:11 by [REDACTED]

Bureau of Prisons - NYM

Page 2 of 3

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/14/2019 17:36

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z05

FASTING.
Lab Tests-H-Hep B surface Ab One Time 08/08/2019 00:00 Routine
Lab Tests-H-Hep B surface Ag
Lab Tests-H-Hep C Ab
Lab Tests-H-Hepatic Profile

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Clinical Encounter 66 YR OLD MALE FOR ROUTINE SCREENING.	07/24/2019 00:00	Optometrist
Chronic Care Visit 6 MONTH F/U.	01/07/2020 00:00	Mid-Level Provider
Chronic Care Visit	07/01/2020 00:00	Physician 01

Other:

PENDING EKG AND FOBT. CXR WAS REFUSED.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/14/2019	Counseling	Diagnosis	[REDACTED]	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/14/2019 18:11

MEDICAL TREATMENT REFUSAL

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019

Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPHTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[Redacted]

Counseled by

7-24-2019

Date

[Signature]
Patient's Signature

Date

[Redacted]

Signature of Witness

07/24/19
Date

NYM-NEW YORK MCC

[Redacted]

MEDICAL TREATMENT REFUSAL

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-10-2019

Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

66 YR OLD MALE WITH NO PMHX, REFERRED FOR ROUTINE CXR.

The following treatment(s) was/were recommended:

CHEST X-RAY

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

WORSENING THE CONDITION IF THERE IS ANY FINDINGS

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[Redacted] 7-10-2019
Counseled by Date

[Signature] _____
Patient's Signature Date

[Redacted] 7-10-19
Signature of Witness Date

NYM-NEW YORK MCC

MEDICAL TREATMENT REFUSAL

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

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[Redacted]
[Redacted] 7-24-2019
Counseled by Date

[Signature]
Patient's Signature Date

[Redacted]
[Signature]
Signature of Witness Date

NYM--NEW YORK MCC

BP-A0618

JUN 16

U.S. DEPARTMENT OF JUSTICE

A&O DENTAL EXAMINATION

(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS

	Occlusion:			
	Oral Hygiene:	Good	Fair	Poor
	CPITN:	3	2	3
		3	2	3
Head & Neck / Soft Tissue:				
D: <u>0</u>		Classification:		
M: <u>1</u>		CL I		
F: <u>14</u>		Pain Scale:		
		/10		

Dental Prostheses at Intake:		Comments:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		mod to advanced gingival recession observed. Lower anterior crowding observed	
Type: _____		Radiographs Taken: (Document findings on A&O encounter)	
Age: _____		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Condition: _____		Instructed how to obtain urgent and non-urgent dental care: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	
Intra-oral Photos Taken:		Treatment Priorities: None: <input type="checkbox"/> Non-urgent: <input checked="" type="checkbox"/> Urgent: Referred to Sick Call: <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Prophylaxis authorized: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Radiographs authorized:		(Approval valid 18 months from examination date)	
PAs: _____		Patient Name: Epstein, Jeffrey E	
BWs: _____		Dentist Signature: _____	
Panorex: _____		Date: 7-26-19	
Patient Name:		Signature Block/Stamp: _____	
Register Number: 76318-054		Chief Dental Officer MCC New York	
Institution: MCC NEW YORK			

BP-A0618

JUN 16

U.S. DEPARTMENT OF JUSTICE

A&O DENTAL EXAMINATION (Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS

	Occlusion:			
	Oral Hygiene:	Good	Fair <input checked="" type="checkbox"/>	Poor
	CPITN:	3	2	3
		3	2	3
Head & Neck / Soft Tissue:				
D: <u>0</u>		Classification: <u>CL I</u>		
M: <u>1</u>		Pain Scale: <u>/10</u>		
F: <u>14</u>				

Dental Prostheses at intake:		Comments:	
Yes	<input checked="" type="radio"/> No	mod to advanced gingival recession observed. Lower anterior crowding observed	
Type:		Radiographs Taken: (Document findings on A&O encounter)	
Age:		Yes	<input checked="" type="radio"/> No
Condition:		Instructed how to obtain urgent and non-urgent dental care: Yes: <input checked="" type="checkbox"/> No:	
Intra-oral Photos Taken:		Treatment Priorities:	None: <input type="checkbox"/> Non-urgent: <input checked="" type="checkbox"/> Urgent: Referred to Sick Call: <input type="checkbox"/>
Yes	<input checked="" type="radio"/> No	Radiographs authorized:	PA: _____ Prophylaxis authorized: Yes <input checked="" type="checkbox"/> No (Approval valid 18 months from examination date)
Yes	<input checked="" type="radio"/> No	BWs: _____	
Yes	<input checked="" type="radio"/> No	Panorex: _____	
Patient Name: <u>Epstein, Jeffrey E</u>		Dentist Signature: _____	
Register Number: <u>76318-054</u>	Institution: <u>MCC NEW YORK</u>	Date: <u>7-26-19.</u>	Signature Block/Stamp: _____

Chief Dental Officer
MCC New York

MEDICAL TREATMENT REFUSAL

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPHTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[Redacted]
[Redacted] 7-24-2019
Counseled by Date

[Signature]
Patient's Signature Date

[Redacted] 07/24/19
Signature of Witness Date
[Redacted]

NYM-NEW YORK MCC



U.S. Medical Center for Federal Prisons

[REDACTED]

*** Sensitive But Unclassified ***

Name EPSTEIN, JEFFREY
Reg # 76318-054
DOB 01/20/1953
Sex M

Facility MCC New York
Order Unit E06-547U
Provider [REDACTED]

Collected 07/09/2019 13:34
Received 07/10/2019 10:44
Reported 07/10/2019 14:46
LIS ID 188191004

HIV

HIV 1/2

Negative

Negative

Screening test - See confirmatory testing for Reactive results

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI =Abnormal Critical

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/10/2019 16:58

Sex: M
Provider: Lab Result Receive

Reg #: 76318-054
Race: WHITE
Facility: NYM

Cosigned by [REDACTED] on 07/14/2019 18:12.

MEDICAL TREATMENT REFUSAL

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPHTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[Redacted]
[Redacted]
Counseled by [Redacted] Date 7-24-2019

[Signature]
Patient's Signature Date

[Redacted]
Signature of Witness Date 07/24/19
[Redacted]

NYM--NEW YORK MCC

BP-A0618

JUN 16

U.S. DEPARTMENT OF JUSTICE

A&O DENTAL EXAMINATION

(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS

	Occlusion:			
	Oral Hygiene:	Good	Fair	Poor
	CPITN:	3	2	3
		3	2	3
Head & Neck / Soft Tissue:				
<p>RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p> <p>32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 LEFT</p>	D: <u>0</u>		Classification: CL I	
	M: <u>1</u>			Pain Scale: 10
	F: <u>14</u>			

Dental Prostheses at Intake:		Comments:	
Yes	<input type="radio"/> No	mod to advanced gingival recession observed. Lower anterior crowding observed	
Type:		Radiographs Taken: (Document findings on A&O encounter)	
Age:		Yes	<input type="radio"/> No
Condition:		Instructed how to obtain urgent and non-urgent dental care: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	
Intra-oral Photos Taken:		Treatment Priorities:	
Yes	<input type="radio"/> No	None:	Non-urgent: non-urgent
Radiographs authorized:		Urgent: Referred to Sick Call:	
PAs: _____		Prophylaxis authorized: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
BWs: _____		(Approval valid 18 months from examination data)	
Panorex: _____		Patient Name: Epstein, Jeffrey E	
Dentist Signature: _____		Date: 7-26-19.	
Register Number: 76318-054	Institution: MCC NEW YORK	Signature Block/Stamp: _____	

Chief Dental Officer
MCC New York

MEDICAL TREATMENT REFUSAL

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPHTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[Redacted]
[Redacted] 7-24-2019
Counseled by Date

[Signature]
Patient's Signature Date

[Redacted] 07/24/19
Signature of Witness Date
[Redacted]

NYM-NEW YORK MCC

MEDICAL TREATMENT REFUSAL

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-10-2019
Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

66 YR OLD MALE WITH NO PMHX, REFERRED FOR ROUTINE CXR.

The following treatment(s) was/were recommended:

CHEST X-RAY

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

WORSENING THE CONDITION IF THERE IS ANY FINDINGS

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

[Redacted] 7-10-2019
Counseled by Date

[Signature] _____
Patient's Signature Date

[Redacted] 7-10-19
Signature of Witness Date

NYM-NEW YORK MCC

BP-A0618

JUN 16

U.S. DEPARTMENT OF JUSTICE

A&O DENTAL EXAMINATION
(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS

																	Occlusion:			
																	Oral Hygiene:	Good	Fair	Poor
																	CPITN:	3	2	3
																		3	2	3
Head & Neck / Soft Tissue:			Classification: CL I																	
D: <u>0</u>	Pain Scale: 10.																			
M: <u>1</u>																				
F: <u>14</u>																				

Dental Prostheses at Intake:		Comments:	
Yes	<input checked="" type="radio"/> No	mod to advanced gingival recession observed. Lower anterior crowding observed.	
Type:		Radiographs Taken: (Document findings on A&O encounter)	
Age:		Yes	<input checked="" type="radio"/> No
Condition:		Instructed how to obtain urgent and non-urgent dental care: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	
Intra-oral Photos Taken:		Treatment Priorities:	None: <input type="checkbox"/> Non-urgent: <input checked="" type="checkbox"/> Urgent: Referred to Sick Call: <input type="checkbox"/>
Yes	<input checked="" type="radio"/> No	Radiographs authorized:	Prophylaxis authorized: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Approval valid 18 months from examination date)
PA's: _____		Patient Name:	Dentist Signature: _____
BWs: _____		Register Number:	Date:
Panorex: _____		76318-054	7-26-19.
		Institution:	Signature Block/Stamp:
		MCC NEW YORK	Chief Dental Officer MCC New York

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 08/10/2019 07:25

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z04

Emergency Code - Resuscitation Event encounter performed at Special Housing Unit.

SUBJECTIVE:

Emergency Note Provider: [REDACTED]

Team Members:

<u>Provider</u>	<u>Role</u>
[REDACTED]	Team/Code Leader

Code Events:

<u>Type</u>	<u>Value</u>	<u>Date</u>
CPR	Compressions	08/10/2019 06:35
EKG/Monitor	Lifepak	08/10/2019 06:39
	No shock advised	
CPR	Compressions	08/10/2019 06:40
Oxygen	15 L	08/10/2019 06:47
IV Access	Peripheral IV	08/10/2019 06:48
	18 g Left AC	
Airway	Endotracheal Tube	08/10/2019 07:08
	ET Tube 7.5 24CM to L Lip line Placed by Paramedics	
Medications	Epinephrine 1mg IV	08/10/2019 07:10
	Epinephrine 3 doses and Sodium bicarb 2 doses administered by paramedics	
CPR	Compressions	08/10/2019 07:11
Medications	Sodium Bicarbonate 1 mEa/kg IV	08/10/2019 07:11
IV Fluids	Normal Saline 0.9% 1000 ml	08/10/2019 07:12
Medications	Epinephrine 1mg IV	08/10/2019 07:13
CPR	Compressions	08/10/2019 07:14
Medications	Sodium Bicarbonate 1 mEa/kg IV	08/10/2019 07:14
Medications	Epinephrine 1mg IV	08/10/2019 07:16
CPR	Compressions	08/10/2019 07:17

Comments:

Responded to a body alarm at 0635 for medical emergency on 9S, Upon arrival Inmate was received on the floor of his cell unresponsive with CPR in progress by correctional officers, Inmate was Cold, with circumferential Bruising around the neck and posterior mottling, Pupils Fixed and dilated, No Palpable pulses, Call place for EMS, CPR Continued, AED Placed No shock advised, CPR Continued, inmate transported to HSU treatment room with CPR in progress, 18g hep lock to L AC, O2 15 Lt VIA BVM, Pulse Check NO SHOCK advised. EMS and Paramedics arrived 0656, Placed on cardiac monitor asystole Resumed CPR, Inmate was intubated by Medics, 3 Rounds of Epinephrine administered, Pulse Check asystole, Inmate was transported to Local ER with CPR in progress.

OBJECTIVE:

Exam:

General
Appearance
Yes: Unconscious

Inmate Name: EPSTEIN, JEFFREY EDWARD

Date of Birth: 01/20/1953

Encounter Date: 08/10/2019 07:25

Sex: M Race: WHITE

Provider: [REDACTED]

Reg #: 76318-054

Facility: NYM

Unit: Z04

Exam:

ASSESSMENT:

Cardiac Arrest

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Emergency Room	08/10/2019	08/10/2019	Emergent	No	

Subtype:

AMBULANCE

Reason for Request:

Cardiac arrest with CPR in progress

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by [REDACTED] on 08/10/2019 08:10

Requested to be cosigned by [REDACTED].

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 15:58

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z01

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: Other Problem

Subjective: PATIENT WAS REFERRED BY THE WARDEN FOR EVALUATION. PATIENT REPORTS HE HAS BEEN WITHOUT HIS MEDS FOR ABOUT 1 WEEK. HE ALSO REPORTS NUMBNESS IN HIS RIGHT ARM FOR A FEW MINUTES 3 DAYS AGO. STATES THE NUMBNESS WENT AWAY ON ITS OWN, BUT WAS VERY CONCERNING. HE DENIES RIGHT SIDED WEAKNESS, DIPLOPIA, FACIAL DROOP, DIFFICULTY SPEAKING OR SWALLOWING. HE REPORTS NOCTURIA OF ABOUT 5 TIMES,. HE DENIES DYSURIA. HE REPORTS H OF KIDNEY STONES, HX OF HTN FOR WHICH HE WAS TAKING TOPROL. HE AHS A HX OF SLEEP APNEA AND STATED HE HAS NOT SLEPT FOR 3 WEEKS ISNCE HE HASB EEN HERE SINCE HE DIE NOT HAVE ACCESS T HI CPAP MACHINE. I INFORME DHIM THAT WE RECEIVED HIS CPAP MACHINE AND IT WILL BE GIVEN TO HIM TONIGHT.. HE REPORT OTHER NON-MEDICAL ISSUES. STATES HE FEELS OTHERWISE FINE.

Pain: Not Applicable

Seen for clinic(s): Pulmonary/Respiratory, Orthopedic/Rheumatology, Endocrine/Lipid

OBJECTIVE:

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Musculoskeletal

Tibia / Fibula

No: Edema

Neurologic

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 15:58

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z01

Exam:

Cranial Nerves (CN)
Yes: Within Normal Limits
Motor System-General
Yes: Normal Exam
Motor System-Strength
Yes: Normal Muscular Strength

ASSESSMENT:

Body mass index (BMI) 27.0-27.9, adult, Z6827 - Current
Constipation, unspecified, K5900 - Current
Essential (primary) hypertension, I10 - Current - BY HX.
Hyperlipidemia, unspecified, E785 - Current
Low back pain, M545 - Current
Neuralgia and neuritis, unspecified, M792 - Current
Prediabetes, R7303 - Current
Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	INsulin REG - Human	07/30/2019 15:58	SLIDING SCALE Subcutaneously each morning x 7 day(s) Pill Line Only

Indication: Prediabetes

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
122148-NYM	Insulin Reg (10 ML) 100 UNITS/ML Inj	07/30/2019 15:58	Inject regular insulin subcutaneously per sliding scale: twice daily ***pill line*** for 7 days

Discontinue Type: When Pharmacy Processes

Discontinue Reason: new order written

Indication:

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/30/2019 16:12

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z01

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: Other Problem

Subjective: PATIENT WAS REFERRED BY THE WARDEN FOR EVALUATION. PATIENT REPORTS HE HAS BEEN WITHOUT HIS MEDS FOR ABOUT 1 WEEK. HE ALSO REPORTS NUMBNESS IN HIS RIGHT ARM FOR A FEW MINUTES 3 DAYS AGO. STATES THE NUMBNESS WENT AWAY ON ITS OWN, BUT WAS VERY CONCERNING. HE DENIES RIGHT SIDED WEAKNESS, DIPLOPIA, FACIAL DROOP, DIFFICULTY SPEAKING OR SWALLOWING. HE REPORTS NOCTURIA OF ABOUT 5 TIMES., HE DENIES DYSURIA. HE REPORTS H OF KIDNEY STONES, HX OF HTN FOR WHICH HE WAS TAKING TOPROL. HE AHS A HX OF SLEEP APNEA AND STATED HE HAS NOT SLEPT FOR 3 WEEKS ISNCE HE HASB EEN HERE SINCE HE DIE NOT HAVE ACCESS T HI CPAP MACHINE. I INFORME DHIM THAT WE RECEIVED HIS CPAP MACHINE AND IT WILL BE GIVEN TO HIM TONIGHT.. HE REPORT OTHER NON-MEDICAL ISSUES. STATES HE FEELS OTHERWISE FINE.

Pain: Not Applicable

Seen for clinic(s): Endocrine/Lipid, Orthopedic/Rheumatology, Pulmonary/Respiratory

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/30/2019	13:02	94			[REDACTED]
07/30/2019	09:40	88	Via Machine		[REDACTED]
07/30/2019	09:30	87	Via Machine		[REDACTED]

Respirations:

Date	Time	Rate Per Minute	Provider
07/30/2019	09:30 NYM	12	[REDACTED]

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/30/2019	13:02 NYM	114/84	Left Arm	Standing		[REDACTED]
07/30/2019	09:40 NYM	125/60	Right Arm	Standing		[REDACTED]
07/30/2019	09:30 NYM	108/86	Left Arm	Sitting		[REDACTED]

SaO2:

Date	Time	Value(%)	Air	Provider
07/30/2019	09:30 NYM	98	Room Air	[REDACTED]

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z01

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/30/2019	09:30 NYM	194.2	88.1		[REDACTED]

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Musculoskeletal

Tibia / Fibula

No: Edema

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

Motor System-Strength

Yes: Normal Muscular Strength

ASSESSMENT:

- Body mass index (BMI) 27.0-27.9, adult, Z6827 - Current
- Constipation, unspecified, K5900 - Current
- Essential (primary) hypertension, I10 - Current - BY HX.
- Hyperlipidemia, unspecified, E785 - Current
- Low back pain, M545 - Current
- Neuralgia and neuritis, unspecified, M792 - Current
- Prediabetes, R7303 - Current
- Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
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Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z01

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Magnesium Hydroxide Susp conc 800 MG/5ML Indication: Constipation, unspecified	07/30/2019 11:12	10 CC Orally - Two Times a Day PRN x 90 day(s)
	INsulin REG - Human Indication: Prediabetes	07/30/2019 11:12	SLIDING SCALE Subcutaneously - Two Times a Day x 7 day(s) Pill Line Only

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
121836-NYM	methylPREDNISolone 4 MG Tab (21 count Pack) Indication: Neuralgia and neuritis, unspecified	07/30/2019 11:12	Take the tablet by mouth as directed x 6 day(s)

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	08/01/2019 00:00	Routine
Lab Tests-P-PSA, Total			
Lab Tests-U-Uric Acid			
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)			
Lab Tests-U-Urinalysis w/Reflex to Microscopic			

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Spine / Cervical-General Specific reason(s) for request (Complaints and findings): 66 YR OLD MALE WITH COMPLAINT OF RIGHT ARM NUMBNESS FOR 2-3 MINUTES 3 DAYS AGO. PLEASE PERFORM C SPINE SERIES	One Time		08/29/2019	Routine

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/30/2019	Counseling	Access to Care	[REDACTED]	Verbalizes Understanding
07/30/2019	Counseling	Plan of Care	[REDACTED]	Verbalizes Understanding

Copy Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/30/2019 14:05

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z01

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: Other Problem

Subjective: PATIENT WAS REFERRED BY THE WARDEN FOR EVALUATION. PATIENT REPORTS HE HAS BEEN WITHOUT HIS MEDS FOR ABOUT 1 WEEK. HE ALSO REPORTS NUMBNESS IN HIS RIGHT ARM FOR A FEW MINUTES 3 DAYS AGO. STATES THE NUMBNESS WENT AWAY ON ITS OWN, BUT WAS VERY CONCERNING. HE DENIES RIGHT SIDED WEAKNESS, DIPLOPIA, FACIAL DROOP, DIFFICULTY SPEAKING OR SWALLOWING. HE REPORTS NO HEMATURIA OF ABOUT 5 TIMES.. HE DENIES DYSURIA. HE REPORTS HX OF KIDNEY STONES, HX OF HTN FOR WHICH HE WAS TAKING TOPROL. HE HAS A HX OF SLEEP APNEA AND STATED HE HAS NOT SLEPT FOR 3 WEEKS SINCE HE HAS BEEN HERE SINCE HE DID NOT HAVE ACCESS TO HIS CPAP MACHINE. I INFORMED HIM THAT WE RECEIVED HIS CPAP MACHINE AND IT WILL BE GIVEN TO HIM TONIGHT.. HE REPORTS OTHER NON-MEDICAL ISSUES. STATES HE FEELS OTHERWISE FINE.

Pain: Not Applicable

Seen for clinic(s): Endocrine/Lipid, Orthopedic/Rheumatology, Pulmonary/Respiratory

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
07/30/2019	13:02	94			[REDACTED]
07/30/2019	09:40	88	Via Machine		[REDACTED]
07/30/2019	09:30	87	Via Machine		[REDACTED]

Respirations:

Date	Time	Rate Per Minute	Provider
07/30/2019	09:30 NYM	12	[REDACTED]

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
07/30/2019	13:02 NYM	114/84	Left Arm	Standing		[REDACTED]
07/30/2019	09:40 NYM	125/60	Right Arm	Standing		[REDACTED]
07/30/2019	09:30 NYM	108/86	Left Arm	Sitting		[REDACTED]

SaO2:

Date	Time	Value(%)	Air	Provider
07/30/2019	09:30 NYM	98	Room Air	[REDACTED]

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z01

Date	Time	Lbs	Kg	Waist Circum.	Provider
07/30/2019	09:30 NYM	194.2	88.1		[REDACTED]

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Pallor, Cyanotic, Diaphoretic, Disheveled, Unkempt, Acutely Ill

Nutrition

No: Appears Obese

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Musculoskeletal

Tibia / Fibula

No: Edema

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

Motor System-Strength

Yes: Normal Muscular Strength

ASSESSMENT:

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Constipation, unspecified, K5900 - Current
Essential (primary) hypertension, I10 - Current - BY HX.
Hyperlipidemia, unspecified, E785 - Current
Low back pain, M545 - Current
Neuralgia and neuritis, unspecified, M792 - Current
Prediabetes, R7303 - Current
Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
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Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 11:12

Sex: M Race: WHITE
Provider: [REDACTED]

Reg #: 76318-054
Facility: NYM
Unit: Z01

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
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Lab Tests-P-PSA, Total			
Lab Tests-U-Uric Acid			
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)			
Lab Tests-U-Urinalysis w/Reflex to Microscopic			

New Radiology Request Orders:

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Spine / Cervical-General Specific reason(s) for request (Complaints and findings): 66 YR OLD MALE WITH COMPLAINT OF RIGHT ARM NUMBNESS FOR 2-3 MINUTES 3 DAYS AGO. PLEASE PERFORM C SPINE SERIES	One Time		08/29/2019	Routine

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/30/2019	Counseling	Access to Care	[REDACTED]	Verbalizes Understanding
07/30/2019	Counseling	Plan of Care	[REDACTED]	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED] on 07/30/2019 14:05

**Bureau of Prisons
Health Services
See Amendment**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/30/2019 15:58

Sex: M

Reg #: 76318-054
Race: WHITE
Facility: NYM

Amendment made to this note by [REDACTED] on 07/30/2019 16:12.