

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.

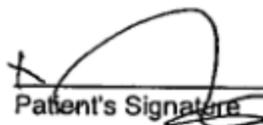
I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my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

[Redacted]

7-24-2019

Counseled by

Date


Patient's Signature

Date

NYM-NEW YORK MCC

[Redacted]

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 MD 7-24-2019
Counseled by Date


Patient's Signature Date



NYM--NEW YORK MCC

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

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

Chief Dental Officer
MCC New York

BP-A0618

A&O DENTAL EXAMINATION

JUN 16

(Initial Clinical Dental Findings)

U.S. DEPARTMENT OF JUSTICE

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:	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		None: _____ Non-urgent: <input checked="" type="checkbox"/> Urgent: Referred to Sick Call: <input type="checkbox"/>	
Radiographs authorized:		Prophylaxis authorized: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PAs: _____		(Approval valid 18 months from examination date)	
BW's: _____		Patient Name: Epstein, Jeffrey E	
Panorex: _____		Dentist Signature: _____	
Register Number: 76318-054		Date: 7-26-19.	
Institution: MCC NEW YORK		Signature Block/Stamp: _____ DDS.	

Chief Dental Officer
MCC New York

MEDICAL TREATMENT REFUSAL

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019
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 MD 7-24-2019
Counseled by Date


Patient's Signature Date



NYM--NEW YORK MCC



U.S. Medical Center for Federal Prisons

Springfield, MO 65807

*** 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] MD	Reported 07/10/2019 14:46
Sex M		LIS ID 188191004

HIV

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

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

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Sex:	M	Reg #:	76318-054
Date of Birth:	01/20/1953	Provider:	Lab Result Receive	Race:	WHITE
Encounter Date:	07/10/2019 16:58			Facility:	NYM

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

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019

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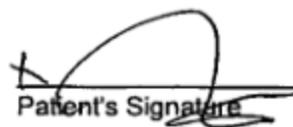
EYE DOCTOR EVALUATION.

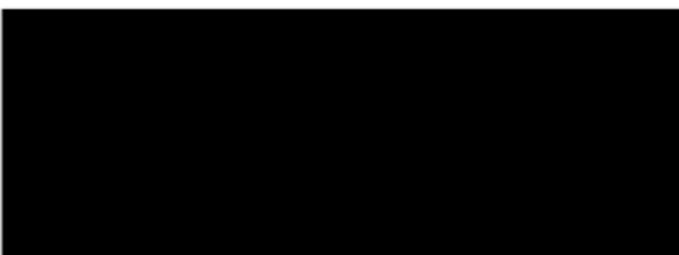
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Patient's Signature Date



NYM--NEW YORK MCC

A&O DENTAL EXAMINATION

JUN 16

(Initial Clinical Dental Findings)

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

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

Dental Prostheses at intake:		Comments:	
Yes	<input checked="" type="radio"/> No	mod to advanced gingival recession observed. Lower anterior crowding observed	
Type:			
Age:			
Condition:			
Intra-oral Photos Taken:		Radiographs Taken: (Document findings on A&O encounter)	
Yes	<input checked="" type="radio"/> No	Yes	<input checked="" type="radio"/> No
Instructed how to obtain urgent and non-urgent dental care: Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>			
Treatment Priorities:	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: _____			
Panorex: _____			
Patient Name: Epstein, Jeffrey E		Dentist Signature: [Redacted] DDS	
Register Number: 76318-054	Institution: MCC NEW YORK	Date: 7-26-19.	Signature Block/Stamp: [Redacted] DDS.

Chief Dental Officer
MCC New York

MEDICAL TREATMENT REFUSAL

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019

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MD 7-24-2019

Counseled by

Date


Patient's Signature

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 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"/>
PA's: _____		PAs: _____	(Approval valid 18 months from examination date)
BWs: _____		Panorex: _____	
Patient Name:	Epstein, Jeffrey E		Dentist Signature:
Register Number:	Institution:	Date:	Signature Block/Stamp:
76318-054	MCC NEW YORK	7-26-19.	<input checked="" type="checkbox"/> DDS.

Chief Dental Officer
MCC New York

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD	Sex: M	Race: WHITE	Reg #: 76318-054
Date of Birth: 01/20/1953	Provider: [REDACTED]	RN	Facility: NYM
Encounter Date: 08/10/2019 07:25			Unit: Z04

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

SUBJECTIVE:

Emergency Note Provider: [REDACTED] RN

Team Members:

<u>Provider</u>	<u>Role</u>
[REDACTED] RN	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 Reg #: 76318-054
Date of Birth: 01/20/1953 Sex: M Race: WHITE Facility: NYM
Encounter Date: 08/10/2019 07:25 Provider: [REDACTED] RN 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] RN on 08/10/2019 08:10

Requested to be cosigned by [REDACTED] MD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD	Sex: M Race: WHITE	Reg #: 76318-054
Date of Birth: 01/20/1953	Provider: [REDACTED] MD	Facility: NYM
Encounter Date: 07/30/2019 15:58		Unit: Z01

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

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED] MD

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] MD

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] MD on 07/30/2019 16:12

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: EPSTEIN, JEFFREY EDWARD	Sex: M	Race: WHITE	Reg #: 76318-054
Date of Birth: 01/20/1953	Provider: [REDACTED]	MD	Facility: NYM
Encounter Date: 07/30/2019 11:12			Unit: Z01

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

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED] MD

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:

<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] MD
07/30/2019	09:40	88	Via Machine		[REDACTED] MD
07/30/2019	09:30	87	Via Machine		[REDACTED] MD

Respirations:

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

Blood Pressure:

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

SaO2:

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

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
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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] MD

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] MD

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

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ASSESSMENT:

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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>
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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] MD

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	07/30/2019 11:12	10 CC Orally - Two Times a Day PRN x 90 day(s)
	Indication: Constipation, unspecified		
	INsulin REG - Human	07/30/2019 11:12	SLIDING SCALE Subcutaneously - Two Times a Day x 7 day(s) Pill Line Only
	Indication: Prediabetes		

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)	07/30/2019 11:12	Take the tablet by mouth as directed x 6 day(s)
	Indication: Neuralgia and neuritis, unspecified		

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	One Time		08/29/2019	Routine

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

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] MD 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] MD

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

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

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED] MD

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] MD
07/30/2019	09:40	88	Via Machine		[REDACTED] MD
07/30/2019	09:30	87	Via Machine		[REDACTED] MD

Respirations:

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

Blood Pressure:

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

SaO2:

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

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
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Unit: Z01

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

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] MD

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	07/30/2019 11:12	10 CC Orally - Two Times a Day PRN x 90 day(s)
	Indication: Constipation, unspecified		
	INsulin REG - Human	07/30/2019 11:12	SLIDING SCALE Subcutaneously - Two Times a Day x 7 day(s) Pill Line Only
	Indication: Prediabetes		

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)	07/30/2019 11:12	Take the tablet by mouth as directed x 6 day(s)
	Indication: Neuralgia and neuritis, unspecified		

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	One Time		08/29/2019	Routine

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

Disposition:

Follow-up at Sick Call as Needed

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