

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 | Sex: M | Race: WHITE | Reg #: 76318-054 |
| Date of Birth: 01/20/1953 | Provider: [REDACTED] | | Facility: NYM |
| Encounter Date: 07/09/2019 12:35 | | | 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
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

Cleared For Food Services: Yes

Health Problems Newly Identified During This Encounter:

Health Problem

Constipation, unspecified - Current -

New Medication Orders:

| <u>Rx#</u> | <u>Medication</u> | <u>Order Date</u> | <u>Prescriber Order</u> |
|------------|-----------------------|-------------------|--|
| | Bisacodyl E.C. Tablet | 07/09/2019 12:35 | 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

C-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: _____ RN

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

End Date: 08/10/2019

Reg #: 76318-054

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] RN | | | | | |
| 07/28/2019 | 06:57 | 82 | | | [REDACTED] |
| Orig Entered: 07/28/2019 06:58 EST [REDACTED] RN | | | | | |
| 07/24/2019 | 13:12 | 83 | Via Machine | Regular | [REDACTED] LP |
| Orig Entered: 07/24/2019 13:14 EST [REDACTED] | | | | | |
| 07/23/2019 | 06:30 | 92 | Via Machine | Regular | [REDACTED] LP |
| Orig Entered: 07/23/2019 08:33 EST [REDACTED] | | | | | |
| 07/09/2019 | 12:49 | 82 | Via Machine | Regular | [REDACTED] LP |
| 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] RN |
| Orig Entered: 07/28/2019 20:29 EST [REDACTED] RN | | | |
| 07/28/2019 | 06:57 NYM | 14 | [REDACTED] RN |
| Orig Entered: 07/28/2019 06:58 EST [REDACTED] RN | | | |
| 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] RN | | | | | | |
| 07/28/2019 | 06:57 NYM | 138/80 | | | | [REDACTED] |
| Orig Entered: 07/28/2019 06:58 EST [REDACTED] RN | | | | | | |
| 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] R | | | | | |
| 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 | |
|-----------------|-----------|----------|----------|------------|
| 07/30/2019 | 09:30 NYM | 98 | Room Air | [REDACTED] |
| Orig [REDACTED] | | | | |
| 07/28/2019 | | | | [REDACTED] |
| Orig [REDACTED] | | | | |
| 07/28/2019 | | | | [REDACTED] |
| [REDACTED] | | | | |

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] | [REDACTED] | Orig Entered: 07/09/2019 12:47 EST | [REDACTED] | [REDACTED] |

Total: 1

76318-054 EPSTEIN, JEFFREY

Medication Administration Record

AUGUST 2019

| Medication Orders | PRN | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----|------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| <p>Ord. Date: 07/31/18 10:00 Exp. Date: 08/07/18 06:59</p> <p>Beaudouin, Robert MD Inject regular insulin subcutaneously per sliding scale: each morning for 7 days ***pili*** Insulin Reg (10 ML) 100 UNITS/ML b.i</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Providers: YJ = Joaquin, Y.

Documentation Codes: ORD = Order | NI = Dose Not Indicated

Registration #: 76318-054 Pl. Name: EPSTEIN, JEFFREY DOB: 01/20/53

Report information is current as of the date and time of printing: 08/10/2019 11:02 EST

**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> |
|--|-------------------|------------------|----------------------|----------------------|---|
| C-Pap 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] M
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] |

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

Topics

Date Initiated Format Handout/Topic Outcome Provider

Orig Entered: 07/12/2019 13:33 EST

Total: 10



SDNY_00000956

EFTA_00000165

EFTA00134700

**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 | | | ██████████ RN |
| 08/02/2019 | 06:30 NYM | 97 | Non-Fasting | |
| | Orig Entered: 08/02/2019 08:16 EST | | | ██████████ |
| 08/01/2019 | 06:30 NYM | 103 | Non-Fasting | |
| | Orig Entered: 08/01/2019 09:00 EST | | | ██████████ |
| 07/31/2019 | 06:15 NYM | 108 | Non-Fasting | |
| | Orig Entered: 07/31/2019 08:36 EST | | | ██████████ |

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] Psychologist | 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

Generated 07/12/2019 14:20 by [REDACTED]

Bureau of Prisons - NYM

Page 1 of 3
SDNY_00000959

EFTA_00000168

EFTA00134703

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: [REDACTED] 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:

Generated 07/12/2019 14:20 by [REDACTED]

Bureau of Prisons - NYM

Page 2 of 3
SDNY_00000960

EFTA_00000169

EFTA00134704

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], Robert | Verbalizes Understanding |

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by [REDACTED], Robert MD 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: [REDACTED] 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

See 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], Robert MD
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 E.C. 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 | Sex: | M Race: WHITE | Reg #: | 76318-054 |
| Date of Birth: | 01/20/1953 | Provider: | [REDACTED] | Facility: | NYM |
| Note Date: | 07/07/2019 00:17 | | | 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-C-CBC w/diff | | | |
| Lab Tests-L-Lipid Profile | | | |
| Lab Tests-C-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
Date of Birth: 01/20/1953
Encounter Date: 07/09/2019 12:35

Sex: M Race: WHITE
Provider: ██████████

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

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 Reg #: 76318-054
Date of Birth: 01/20/1953 Sex: M Race: WHITE Facility: NYM
Encounter Date: 07/09/2019 12:35 Provider: J [REDACTED] 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: Joaquin, Y. MLP

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

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

| <u>Date</u> | <u>Time</u> | <u>Inches</u> | <u>Cm</u> | <u>Provider</u> |
|-------------|-------------|---------------|-----------|-----------------|
|-------------|-------------|---------------|-----------|-----------------|

Weight:

| <u>Date</u> | <u>Time</u> | <u>Lbs</u> | <u>Kg</u> | <u>Waist Circum.</u> | <u>Provider</u> |
|-------------|-------------|------------|-----------|----------------------|-----------------|
| 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:

| <u>Date</u> | <u>Ed Yrs</u> | <u>Occupation</u> | <u>Learns Best By</u> | <u>Primary Language</u> | <u>Barriers to Education</u> |
|-------------|---------------|-------------------|-----------------------|-------------------------|------------------------------|
| 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:

| <u>Reason</u> | <u>Location</u> | <u>When</u> |
|--------------------|----------------------|-------------|
| 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 [REDACTED] 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 | [REDACTED] | | | | | |
| Measles/Mumps/Rubella Series | | History Unknown | | | | | |
| | Orig Entered: 07/09/2019 12:51 EST | [REDACTED] | | | | | |
| Smallpox Series | | History Unknown | | | | | |
| | Orig Entered: 07/09/2019 12:51 EST | [REDACTED] | | | | | |
| Tetanus | | History Unknown | | | | | |
| | Orig Entered: 07/09/2019 12:51 EST | [REDACTED] | | | | | |
| Varicella Series | | History Unknown | | | | | |
| | Orig Entered: 07/09/2019 12:51 EST | [REDACTED] | | | | | |
| 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 Exp. Date: _____
 other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

| Equipment | Start Date | End Date | Return Date |
|---|------------|----------|-------------|
| C-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 E.C. 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/C: 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: ██████████

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: ██████████

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] | Dental Asst | 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] Dental Asst on 07/19/2019 13:49.



U.S. Medical Center for Federal Prisons
 1900 W. Sunshine Street
 Springfield, MO 65807
 417-874-1621

*** 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 |

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

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** 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], MD

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



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| | | |
|------------------------------|--------------------------------|-----------------------------------|
| 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 |
| 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.

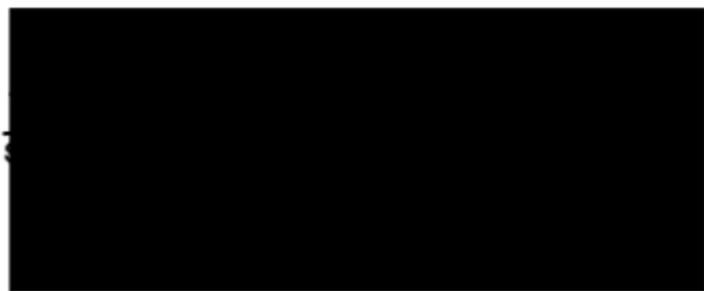
Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

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] 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: | | |
| | | 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: _____ | | Dentist Signature: [Redacted] DDS | |
| Register Number: 76318-054 | | Date: 7-26-19. | |
| Institution: MCC NEW YORK | | Signature Block/Stamp: [Redacted] DDS. | |

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] RN

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

Nursing - Follow up encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED] RN

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] RN |

Respirations:

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

Blood Pressure:

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

SaO2:

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

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

Generated 07/28/2019 20:30 by [REDACTED] RN

Bureau of Prisons - NYM

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

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

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

Follow-up in 12-24 Hours

Patient Education Topics:

Date Initiated Format
07/28/2019 Counseling

Handout/Topic
Plan of Care

Provider
[REDACTED]

Outcome
Verbalizes
Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by [REDACTED] RN 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] RN

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] RN

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

Nursing - Triage Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED] RN

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] RN |

Respirations:

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

Blood Pressure:

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

SaO2:

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

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: [REDACTED], 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] RN

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 [REDACTED]. 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
Columbo, Joseph

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] RN

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] | | RN 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] RN

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

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] | Verbalizes Understanding |
| 07/24/2019 | Counseling | Preventive Health | [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: [REDACTED] 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:

Rx# **Medication**
 Omega 3 (Vascepa) 1 GM Capsule

Order Date
07/14/2019 17:36

Prescriber Order
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

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], Robert | 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

7-10-2019

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):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

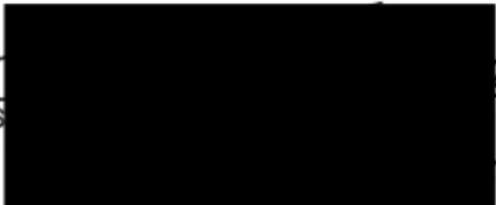
Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

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.


 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 Prosthesis at Intake: | | Comments: | |
| Yes <input type="radio"/> No <input checked="" type="radio"/> | | mod to advanced gingival recession observed. Lower anterior crowding observed. | |
| Intra-oral Photos Taken: | | Radiographs Taken: (Document findings on A&O encounter) | |
| Yes <input type="radio"/> No <input checked="" type="radio"/> | | Yes <input type="radio"/> No <input checked="" type="radio"/> | |
| 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: _____ BWs: _____ Panorex: _____ | | (Approval valid 18 months from examination date) | |
| Patient Name: Epstein, Jeffrey E | | Dentist Signature: C Ancrum DDS | |
| Register Number: 76318-054 | Institution: MCC NEW YORK | Date: 7-26-19. | Signature Block/Stamp: C. Ancrum DDS. Chief Dental Officer MCC New York |

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Replaces BP-A0618 of JUN 10

SDNY_00001018

EFTA_00000227

EFTA00134762

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: | |
| 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's: _____ BWs: _____ Panorex: _____ |
| Yes | <input checked="" type="radio"/> No | Prophylaxis authorized: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Approval valid 18 months from examination date) |
| Patient Name: | | Dentist: | |
| Epstein, Jeffrey E | | [Redacted] DDS | |
| Register Number: | Institution: | Date: | Signature Block/Stamp: |
| 76318-054 | MCC NEW YORK | 7-26-19. | [Redacted] DDS. |

Chief Dental Officer
MCC New York

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Prescribed by P6400

Replaces BP-A0618 of JUN 10

SDNY_00001019

EFTA_00000228

EFTA00134763

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] 7-24-2019
Counseled by Date


Patient's Signature Date

NYM-NEW YORK MCC

[Redacted] 7/24/19
11754



U.S. Medical Center for Federal Prisons
 1900 W. Sunshine Street
 Springfield, MO 65807
 417-874-1621

*** 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 |
| 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] 7-24-2019
Counseled by Date


Patient's Signature Date

[Redacted] 7/24/19
Signature of Witness Date

NYM--NEW YORK MCC

[Redacted] 7/24/19

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> <p>Gold Gold</p> | D: 0 | Classification: | | |
| | M: 1 | CL I | | |
| | F: 14 | Pain Scale: | | |
| 10 | | | | |

| | | | |
|---|--------------------------|---|--------------------------------|
| Dental Prostheses at Intake: | | Comments: | |
| Yes | <input 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 type="radio"/> No | Yes | <input 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 data) | |
| BWs: _____ | | | |
| Panorex: _____ | | | |
| Patient Name: | | Dentist Signature: | |
| Epstein, Jeffrey E | | [Redacted] DDS | |
| Register Number: | Institution: | Date: | Signature Block/Stamp: |
| 76318-054 | MCC NEW YORK | 7-26-19. | [Redacted] DS. |

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.


Counseled by _____ Date 7-24-2019


Patient's Signature _____ Date _____


7/24/19
JEFFREY EPSTEIN

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] X-RAY 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: | | | | |
| D: <u>0</u> M: <u>1</u> F: <u>14</u> | | Classification: CL I | | |
| | | Pain Scale: 10. | | |

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

Reg #: 76318-054
Facility: NYM
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
Date of Birth: 01/20/1953
Encounter Date: 08/10/2019 07:25

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

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] RN 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 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. 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 | | | Beaudouin, [REDACTED] MD |
| 07/30/2019 | 09:40 | 88 | Via Machine | | [REDACTED], Robert MD |
| 07/30/2019 | 09:30 | 87 | Via Machine | | Beaudouin, [REDACTED] MD |

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 |
|-----|------------|------------|------------------|
|-----|------------|------------|------------------|

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 | Beaudouin, [REDACTED] | Verbalizes Understanding |
| 07/30/2019 | Counseling | Plan of Care | [REDACTED], [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 NOCTURIA 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 | | | Beaudouin, Robert MD |
| 07/30/2019 | 09:40 | 88 | Via Machine | | Beaudouin, [REDACTED] MD |
| 07/30/2019 | 09:30 | 87 | Via Machine | | Beaudouin, Robert MD |

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], Robert MD |
| 07/30/2019 | 09:40 NYM | 125/60 | Right Arm | Standing | | [REDACTED] |
| 07/30/2019 | 09:30 NYM | 108/86 | Left Arm | Sitting | | [REDACTED], Robert MD |

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 |
|-----|------------|------------|------------------|
|-----|------------|------------|------------------|

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 |

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.