

Patient Information	Specimen Information	Client Information
<b>KHAN, MUSHTAQ A</b>  <b>DOB: 08/15/1944    AGE: 74</b> Gender: M            Fasting: Y Phone: 281.750.9557 Patient ID: 08151944 Health ID: 8573016258779087	Specimen: HL242156K Requisition: 0000002  Collected: 11/23/2018 / 08:11 CST Received: 11/24/2018 / 17:09 CST Reported: 11/25/2018 / 08:00 CST	Client #: 10074019    IRV00FAX KHAN, MUSHTAQ A KHAN DERMATOLOGIST 1410 N HORSESHOE DR SUGAR LAND, TX 77478-3417

**COMMENTS:**            FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
MICROALBUMIN, RANDOM URINE (W/CREATININE)				
CREATININE, RANDOM URINE	188		20-320 mg/dL	RGA
MICROALBUMIN, RANDOM URINE (W/CREATININE)				RGA
MICROALBUMIN	3.2		mg/dL	
	Reference Range			
	Not established			
MICROALBUMIN/CREATININE RATIO, RANDOM URINE	17		<30 mcg/mg creat	

The ADA defines abnormalities in albumin excretion as follows:

Category	Result (mcg/mg creatinine)
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Normal	<30
Microalbuminuria	30-299
Clinical albuminuria	> OR = 300

The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

<b>LIPID PANEL, STANDARD</b>				
CHOLESTEROL, TOTAL	117		<200 mg/dL	RGA
HDL CHOLESTEROL	45		>40 mg/dL	RGA
TRIGLYCERIDES	119		<150 mg/dL	RGA
LDL-CHOLESTEROL	51		mg/dL (calc)	RGA
Reference range:	<100			

Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068  
(<http://education.QuestDiagnostics.com/faq/FAQ164>)

CHOL/HDLRATIO	2.6		<5.0 (calc)	RGA
NON HDL CHOLESTEROL	72		<130 mg/dL (calc)	RGA

For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.

<b>COMPREHENSIVE METABOLIC PANEL</b>				
<b>GLUCOSE</b>		<b>102 H</b>	65-99 mg/dL	RGA

Fasting reference interval

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Test Name	In Range	Out Of Range	Reference Range	Lab
For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.				
UREA NITROGEN (BUN)	18		7-25 mg/dL	
CREATININE	0.99		0.70-1.18 mg/dL	
For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.				
eGFR NON-AFR. AMERICAN	75		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	87		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	141		135-146 mmol/L	
POTASSIUM	4.4		3.5-5.3 mmol/L	
CHLORIDE	104		98-110 mmol/L	
CARBON DIOXIDE	27		20-32 mmol/L	
CALCIUM	9.7		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.5		6.1-8.1 g/dL	
ALBUMIN	4.7		3.6-5.1 g/dL	
GLOBULIN	2.8		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	
<b>BILIRUBIN, TOTAL</b>		<b>1.3 H</b>	0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	83		40-115 U/L	
AST	15		10-35 U/L	
ALT	16		9-46 U/L	
HEMOGLOBIN A1c WITH eAG				RGA
HEMOGLOBIN A1c	5.2		<5.7 % of total Hgb	
For the purpose of screening for the presence of diabetes:				
<5.7%	Consistent with the absence of diabetes			
5.7-6.4%	Consistent with increased risk for diabetes (prediabetes)			
> or =6.5%	Consistent with diabetes			
This assay result is consistent with a decreased risk of diabetes.				
Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.				
According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).				
eAG (mg/dL)	103		(calc)	
eAG (mmol/L)	5.7		(calc)	
MAGNESIUM	2.1		1.5-2.5 mg/dL	RGA
PROTEIN, TOTAL W/CREAT, RANDOM URINE				RGA
CREATININE, RANDOM URINE	188		20-320 mg/dL	
PROTEIN/CREATININE RATIO	85		22-128 mg/g creat	

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Test Name	In Range	Out Of Range	Reference Range	Lab
PROTEIN, TOTAL, RANDOM UR	16		5-25 mg/dL	
TSH W/REFLEX TO FT4	1.12		0.40-4.50 mIU/L	RGA
T4 (THYROXINE), TOTAL	10.2		4.9-10.5 mcg/dL	RGA
CBC (INCLUDES DIFF/PLT)				RGA
WHITE BLOOD CELL COUNT	7.1		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.16		4.20-5.80 Million/uL	
HEMOGLOBIN	15.4		13.2-17.1 g/dL	
HEMATOCRIT	46.1		38.5-50.0 %	
MCV	89.3		80.0-100.0 fL	
MCH	29.8		27.0-33.0 pg	
MCHC	33.4		32.0-36.0 g/dL	
RDW	11.8		11.0-15.0 %	
PLATELET COUNT	250		140-400 Thousand/uL	
<b>MPV</b>		<b>12.7 H</b>	7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	3465		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2457		850-3900 cells/uL	
ABSOLUTE MONOCYTES	625		200-950 cells/uL	
<b>ABSOLUTE EOSINOPHILS</b>		<b>511 H</b>	15-500 cells/uL	
ABSOLUTE BASOPHILS	43		0-200 cells/uL	
NEUTROPHILS	48.8		%	
LYMPHOCYTES	34.6		%	
MONOCYTES	8.8		%	
EOSINOPHILS	7.2		%	
BASOPHILS	0.6		%	
URINALYSIS, COMPLETE				RGA
W/REFLEX TO CULTURE				
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.022		1.001-1.035	
PH	6.0		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
<b>KETONES</b>		<b>TRACE</b>	NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	NONE SEEN		< OR = 5 /HPF	
RBC	0-2		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	
REFLEXIVE URINE CULTURE	NO CULTURE INDICATED			RGA
PSA, TOTAL	0.6		< OR = 4.0 ng/mL	RGA

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute

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Test Name	In Range	Out Of Range	Reference Range	Lab
evidence of the presence or absence of disease.				

**PERFORMING SITE:**

RGA QUEST DIAGNOSTICS HOUSTON, 5850 ROGERDALE ROAD, HOUSTON, TX 77072-1602 Laboratory Director: JULIA KENNY, M.D., CLIA: 45D0660150

**LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:**

<b>GLUCOSE</b>	<b>102 H</b>	65-99 mg/dL	RGA
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Fasting reference interval

For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.

<b>BILIRUBIN, TOTAL</b>	<b>1.3 H</b>	0.2-1.2 mg/dL	RGA
<b>MPV</b>	<b>12.7 H</b>	7.5-12.5 fL	RGA
<b>ABSOLUTE EOSINOPHILS</b>	<b>511 H</b>	15-500 cells/uL	RGA
<b>KETONES</b>	<b>TRACE</b>	NEGATIVE	RGA

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<b>KHAN, MUSHTAQ A</b>  <b>DOB: 08/15/1944 AGE: 73</b> Gender: M Fasting: Y Phone: 281.750.9557 Patient ID: 08151944 Health ID: 8573016258779087	Specimen: HL866018C Requisition: 0000001  Collected: 12/26/2017 / 10:39 CST Received: 12/26/2017 / 22:35 CST Reported: 12/27/2017 / 13:47 CST	Client #: 10074019 IRV00FAX KHAN, MUSHTAQ A KHAN DERMATOLOGIST 1410 N HORSESHOE DR SUGAR LAND, TX 77478-3417

**COMMENTS:** FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
MICROALBUMIN, RANDOM URINE (W/CREATININE)				
CREATININE, RANDOM URINE	252		20-370 mg/dL	RGA
MICROALBUMIN, RANDOM URINE (W/CREATININE)	8.2		mg/dL	RGA
MICROALBUMIN			Reference Range Not established	

**MICROALBUMIN/CREATININE RATIO, RANDOM URINE**

**33 H**

<30 mcg/mg creat

The ADA defines abnormalities in albumin excretion as follows:

Category Result (mcg/mg creatinine)

Normal <30  
 Microalbuminuria 30-299  
 Clinical albuminuria > OR = 300

The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

**LIPID PANEL**

CHOLESTEROL, TOTAL	141		<200 mg/dL	RGA
HDL CHOLESTEROL	46		>40 mg/dL	RGA
TRIGLYCERIDES	108		<150 mg/dL	RGA
LDL-CHOLESTEROL	76		mg/dL (calc)	RGA

Reference range: <100

Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.

LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.

Martin SS et al. JAMA. 2013;310(19): 2061-2068  
 (<http://education.questdiagnostics.com/faq/FAQ164>)

CHOL/HDLRATIO	3.1		<5.0 (calc)	RGA
NON HDL CHOLESTEROL	95		<130 mg/dL (calc)	RGA

For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.

**COMPREHENSIVE METABOLIC PANEL**

<b>GLUCOSE</b>		<b>102 H</b>	65-99 mg/dL	RGA
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Fasting reference interval

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Test Name	In Range	Out Of Range	Reference Range	Lab
For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.				
UREA NITROGEN (BUN)	17		7-25 mg/dL	
CREATININE	0.95		0.70-1.18 mg/dL	
For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.				
eGFR NON-AFR. AMERICAN	79		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	92		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	141		135-146 mmol/L	
POTASSIUM	4.6		3.5-5.3 mmol/L	
CHLORIDE	104		98-110 mmol/L	
CARBON DIOXIDE	27		20-31 mmol/L	
CALCIUM	9.4		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.5		6.1-8.1 g/dL	
ALBUMIN	4.4		3.6-5.1 g/dL	
GLOBULIN	3.1		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.4		1.0-2.5 (calc)	
<b>BILIRUBIN, TOTAL</b>		<b>1.5 H</b>	0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	113		40-115 U/L	
AST	16		10-35 U/L	
ALT	15		9-46 U/L	
HEMOGLOBIN A1c	5.2		<5.7 % of total Hgb	RGA
For the purpose of screening for the presence of diabetes:				
<5.7%            Consistent with the absence of diabetes				
5.7-6.4%       Consistent with increased risk for diabetes (prediabetes)				
> or =6.5%    Consistent with diabetes				
This assay result is consistent with a decreased risk of diabetes.				
Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes in children.				
According to American Diabetes Association (ADA) guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes(ADA).				
MAGNESIUM	2.3		1.5-2.5 mg/dL	RGA
TSH	1.47		0.40-4.50 mIU/L	RGA
T4, FREE	1.4		0.8-1.8 ng/dL	RGA
CBC (INCLUDES DIFF/PLT)				RGA
WHITE BLOOD CELL COUNT	9.7		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.60		4.20-5.80 Million/uL	
HEMOGLOBIN	16.3		13.2-17.1 g/dL	
HEMATOCRIT	49.2		38.5-50.0 %	

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Test Name	In Range	Out Of Range	Reference Range	Lab
MCV	87.9		80.0-100.0 fL	
MCH	29.1		27.0-33.0 pg	
MCHC	33.1		32.0-36.0 g/dL	
RDW	11.8		11.0-15.0 %	
PLATELET COUNT	281		140-400 Thousand/uL	
MPV	11.9		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	5878		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2425		850-3900 cells/uL	
ABSOLUTE MONOCYTES	883		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	466		15-500 cells/uL	
ABSOLUTE BASOPHILS	49		0-200 cells/uL	
NEUTROPHILS	60.6		%	
LYMPHOCYTES	25.0		%	
MONOCYTES	9.1		%	
EOSINOPHILS	4.8		%	
BASOPHILS	0.5		%	
URINALYSIS, COMPLETE				RG
W/REFLEX TO CULTURE				
COLOR	YELLOW		YELLOW	
<b>APPEARANCE</b>		<b>CLOUDY</b>	CLEAR	
SPECIFIC GRAVITY	1.025		1.001-1.035	
PH	6.0		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES	NEGATIVE		NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
<b>PROTEIN</b>		<b>1+</b>	NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	
WBC	NONE SEEN		< OR = 5 /HPF	
RBC	0-2		< OR = 2 /HPF	
SQUAMOUS EPITHELIAL CELLS	NONE SEEN		< OR = 5 /HPF	
BACTERIA	NONE SEEN		NONE SEEN /HPF	
HYALINE CAST	NONE SEEN		NONE SEEN /LPF	
REFLEXIVE URINE CULTURE	NO CULTURE INDICATED			RG
PSA, TOTAL	0.5		< OR = 4.0 ng/mL	RG

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

**PERFORMING SITE:**

RG QUEST DIAGNOSTICS HOUSTON, 5850 ROGERDALE ROAD, HOUSTON, TX 77072-1602 Laboratory Director: JULIA KENNY, M.D., CLIA: 45D0660150

**LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:**

<b>MICROALBUMIN/CREATININE RATIO, RANDOM URINE</b>	<b>33 H</b>	<30 mcg/mg creat	RG
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Category	Result (mcg/mg creatinine)
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Clinical albuminuria	> OR = 300

The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

<b>GLUCOSE</b>	<b>102 H</b>	65-99 mg/dL	RGA
		Fasting reference interval	

For someone without known diabetes, a glucose value between 100 and 125 mg/dL is consistent with prediabetes and should be confirmed with a follow-up test.

<b>BILIRUBIN, TOTAL APPEARANCE PROTEIN</b>	<b>1.5 H CLOUDY 1+</b>	0.2-1.2 mg/dL CLEAR NEGATIVE	RGA RGA RGA
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**Mushtaq A Khan MD Updated Nov 23 2018**

<b>Name:</b> Mushtaq A. Khan, M.D. <b>Birth Date:</b> Aug 15, 1944	<b>Address:</b> 1410 North Horseshoe Drive, Sugar Land, TX 77478-3417
<b>Home</b> 281-302-5756 <b>Cell</b> 281-750-9557 <b>Wife</b> 281-684-6989	<b>Humana Gold Choice (PFFS) ID:</b> H45623442 <b>Plan</b> (80840) 9140461101
<b>Gmail</b> derm.khan@gmail.com <b>Fax</b> 281-990-6356	<b>Emergency Contact:</b> Hassan 713-826-7476 or Amer 713-419-4930

**Medical History:** Atopy, IgE-High Eos, Hypertension, Hyperlipidemia, Idiopathic Recurrent Angioedema, Atrial Fibrillation  
 2018 Atrial Fibrillation Dr. Brent McGregor  
 2015 PVC Dr. Tariq Saleem 2010-2012 Dr. Surmitis  
 2002 Ocular Myasthenia, Cataracts (Dr. Lee CCF) Diplopia corrected with Prism (Dr. Weinstock)  
 2006 Bilateral Vitreous Detachment (Dr. Fammartino) 2012 FU (Dr. Congeni) 2014 Retinal Exam Dr. Pachydaki 2015 Dr. Kaufman  
 2011 Episcleritis (Dr. Sharma, Houston) 2011 Cataract Surg+IOL + 2012 Yag Laser Capsulotomy (Dr. Congeni)  
 2012 Sleep Apnea Rx: May try CPAP if excessive daytime drowsiness or other problems. (Dr. Pracht, Newark OH)  
 2012 Feb 12 Atrial Fibrillation resolved with Cardizem & Flecainide. One documented episode. (Licking Memorial Hosp, Newark OH)  
 2012 Cardiac Arrhythmia: Random episodes of Racing and Pounding Heart Beat still a problem. PACs & PVCs (Dr. Tariq Saleem)  
 2012 Spontaneous Idiopathic Recurrent Angioedema Throat (Epipen) and Sticky Mucus Throat (Mucinex) Immunization Records

**Immunization Records**

<b>Tetanus DPT</b> IbnSina Oct 12 2017 L Arm ModSwelling	<b>Hepatitis B</b> Years ago and again on July 8 2004 <b>Hepatitis A</b> 02-16-2015 Rt & 08-29-15 Rt (2 doses)
<b>Zostavax</b> 2006 <b>Shingrix</b> 1st 07/20/18 Lt + 2 <sup>nd</sup> 10/22/18 Lt	<b>PNEUMOVAX PPV-23</b> 10/03/14 at age 70 Rt <b>Pneumococcal PREVNAR-PVC13</b> Lt 08/29/15
<b>FLUZONE</b> HighDose >65 Thimerasol Free Lt 10/11/18	<b>H1N1 Vaccine</b> (Thimerasol Free) 2011 L Deltoid <b>Typhoid Vaccine</b> 02-16-2015 L Deltoid valid for 2 year
<b>MENINGITIS VACCINE</b> for Umrah travel Feb 2013	<b>Booster Shots Due:</b> (No need for Pneumovax after getting PPV-23 at age 65) <b>Tetanus</b> valid till 2027

**Drug Allergies and other Reactions**

**Penicillin** Generalized Pruritic Eruption  
**PPD & Vaccines with Preservatives** Thimerasol or other ingredients Localized Itching and Swelling  
**Verapamil, Amlodipine, HCTZ, Potassium** Discontinued due poor control of BP, AFib and Tachycardia  
**Idiopathic and food related** Acute recurrent Laryngeal Angioedema & Urticaria Contraindication to ACE Inhibitors use?  
**Triple Antibiotic Creams, Steristrips/Adhesive Tapes, Metals.** Contact Dermatitis to Nickel Neosporin Bacitracin Polymyxin B etc  
**Chemicals Inhalants (Perfumes Powders Sprays) Fumes & Animals etc.** Asthma, Headache, Rhinitis Conjunctivitis  
**Food Allergies** Watermelon Spices etc Generalized Pruritus **Acute Laryngeal Angioedema Idiopathic:** Spontaneous Random Off & On

**Physical Exam & Lab Tests**

**HEART:** 2015 Holter + Nuclear Stress Test + ECHO Tariq Saleem **2010-2012** Echo, Nuclear Stress **Dr. Surmitis** **2015** Tariq Saleem **2017:** Afib Echo Dr. McGregor  
**Labs:** 11/23/2018 T4 10.2 (4.9-10.5) TSH 1.12 0.4-4.5 Glucose 102 (70-100) HgbA1C 5.2 Mg: 2.1 (1.5-2.5) on 500mg/d LFTs Bilirubin 1.5 (H>1.2) Electrolytes: ok  
**COLONOSCOPY:** 11/21/2012 Manzoor Qadir Grade 1 Hemorrhoids Rx Use Konsyl Psyllium Fiber  
**PROSTATE:** PSA (0.0-4.0 ng/ml) 2009 **0.47** 2010 **0.49** 2011 **0.75** 2012 **0.4** 2013 **0.51** 2014 **0.62** 2015 **0.63** 2016 **0.50** 2017 **0.50** 2018 **0.60**  
**CHEST XRAY** (Hipaa-PPD) 2008 2010 2012 2013  
**EYE EXAMS:** **Sharma** 01/12/2011 Episcleritis, **Congeni** 2011 Cataract Removal 2012 Post-Cataract Capsulotomy 2013  
**Vitreo-Retinal Specialist:** Pachydaki 04/29/14 Kaufman 08/26/15 ok 2015 Eye: Kaufman Ageing Retina Stable No Rx. **Dr. Sharma:** 2017 ok 2018 ok

**Rx Medications: Mail Order Humana Pharmacy: 1-855-297-7113 Local Pharmacy: GoodRx**

Date	Name of Medication & Dosage	Schedule	90 day supply with 3 Refills	Comments
Years	Simvastatin (Zocor) 20mg	2 daily	180 x 3	High Cholesterol
2014	Bisoprolol fumarate (Zebeta) 5mg	3 daily	270 x 3	PAC & PVC
2012	Diltiazem ER (CD) Cardizem 180mg	3 daily	270 x 3	BP
2012	Losartan (Cozaar) 50mg	2 daily	180 x 3	BP
2018	Eliquis (Apixaban) 5mg	2 daily	180 x 3	Atrial Fibrillation
2018	Metformin Extended Release 500mg	4 daily	360 x 3	Metabolic Syndrome
Years	Multivitamins + Magnesium Silver	1 daily	Mg 500 mg	Nocturnal Restless Legs
Years	Vit B Complex Super	1 daily		Tingling/Vibratory sensation Feet
Years	Mucinex 1200mg	1-2 daily		Thick sticky mucus difficult to clear
Years	Epipen	As needed	1	For Acute Angioedema of throat
Years	Albuterol Inhaler (Proair HFA)	As needed	4 x 3	Inhalants induced Bronchospasm
Years	Triamcinolone Acetonide Cream 0.1%	4 times a day	360 Gm x 3	Recurrent Atopic Eczema - Pruritus

**CURRENT PROBLEMS & REASONS FOR THE VISIT**

Scheduled Follow Up. No Problems. Prescription Refills 90 day Supply with 3 refills. Annual Flu Shot (High Dose Thimerasol Free)

**Mushtaq Ahmad Khan, M.D.**

Mailing Address  
1410 North Horseshoe Drive  
Sugar Land, TX 77478-3417

Tel: 281-750-9557  
Fax: 281-990-6356  
derm.khan@gmail.com

NPI: 1245232933  
Texas MD License: P2702  
Ohio MD License: 35-037786

**LABORATORY TEST ORDER**

**Patient Name:** Mushtaq A. Khan

**Date of Birth:** 08/15/1944

**Insurance:** Humana ID# H45623442

**Diagnoses:**

Hypertension (401.9)  
Hyperlipidemia (272.4)  
Palpitations (785.1)  
Hyperglycemia (790.6 or 790.29)  
PSA Screen (V76.44)  
High Risk Meds (V58.69)  
Diabetes Type 11 (250.0)

**Tests Ordered:**

CBC with differential and Platelet Count  
Comprehensive Metabolic Panel (Glucose, Electrolytes, Liver and Kidney panels)  
T4 (Thyroid Panel)  
TSH with reflex to FT4  
Lipid Panel (Cholesterol, Triglycerides, LDL, VLDL, HDL etc)  
Hgb A1C with eAG  
PSA (Prostate Specific Antigen)  
Serum Magnesium Level  
Urinalysis, Complete with reflex to Culture  
Urine Microalbumin  
Urine Creatinine  
Urine Microalbumin/Creatinine Ratio

Please update Office Mailing Address  
Fax results to: 1-281-990-6356  
Cell Phone Contact: 1-281-750-9557

**Please Fax in the results to: 1-281-990-6356. Thanks.**



Signed electronically

Dated: 11/20/2018