

Panel List md

Generated on 10/2/2017 7:40:27 AM

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|--|------------|------------|-----------------|------------|-----|----|------------|------------|------------|------------|
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 5 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <p>DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Nerve/Neurological Disorder</p> <p>Procedure: Consult - Post In-Patient hospitalization Follow-Up Specialty: Neurology Priority: 4 Status: L Jur: 123</p> <p>Complaint/Diagnosis: [REDACTED] yo. Admitted to JDH from Cybulski [REDACTED] 17 for severe headache and left sided weakness. MRI normal. Neurology consultant diagnosed Hypnic Headache, recommended treatment with evening caffeine and Nortriptyline. Neurology requests follow up in 4-6 weeks.;</p> | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 2 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <p>DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Hernia</p> <p>Procedure: Procedure - Other Specialty: General Surgery Priority: 4 Status: U Jur: 123</p> <p>Complaint/Diagnosis: [REDACTED] yo. Had GSW to abdomen in 1999. Had laparotomy with partial gastrectomy and bowel resection. Normal bowel function. For ~3 months he has noticed a "knot" on abdominal wall associated with pain. Exam shows ~1.5 x 1.5 cm non-reducible para-umbilical hernia, tender on palpation. Surgical evaluation done at UConn on [REDACTED] 17. Recommendation is for surgical repair of umbilical hernia.;</p> | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 2 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <p>DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Sleep Apnea</p> <p>Procedure: Device - CPAP/BIPAP Purchase Specialty: Vendor Priority: 3 Status: U Jur: 123</p> <p>Complaint/Diagnosis: [REDACTED] yo. H/O Sleep Apnea. Sleep study done at [REDACTED] 2014. Results: Mild Obstructive Sleep Apnea Syndrome. Treated with APAP 5-15 cm. Patient states the machine was returned to [REDACTED] because he couldn't tolerate the mask and he was going to be issued a machine with a nasal device instead of the full mask, so he no longer is in possession of the machine. Records are in his chart.;</p> | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 3 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| <p>DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Renal - Chronic Renal Failure</p> <p>Procedure: Imaging Test - Ultrasound - Renal Specialty: Radiology/Diagnostic Imaging Priority: 3 Status: U Jur: 123</p> <p>Complaint/Diagnosis: [REDACTED] yo. History of HTN, DM, HLD, CHF. Routine labs showed Creatinine of 1.6. Subsequent 24 hour urine study showed Creatinine Clearance of 28. Nephrology Consultation done [REDACTED] 7: Dr Ashraf requests US of Kidneys and Telemedicine consult in 3-4 weeks.;</p> | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 3 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: [REDACTED] Diagnosis: Renal - Chronic Renal Failure
 Procedure: Consult-Telemedicine Specialty: Nephrology Priority: 4 Status: U Jur: 123
 Complaint/Diagnosis: [REDACTED] yo. History of HTN, DM, HLD, CHF. Routine labs showed Creatinine of 1.6. Subsequent 24 hour urine study showed Creatinine Clearance of 28. Nephrology Consultation done [REDACTED] 17: Dr Ashraf requests US of Kidneys and Telemedicine consult in 3-4 weeks;

BRIDGEPORT CC [REDACTED] Elderkin, James [REDACTED] 2 1 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: [REDACTED] Diagnosis: Sleep Apnea
 Procedure: Sleep Study Specialty: Pulmonary Medicine Priority: 4 Status: U Jur: 123
 Complaint/Diagnosis: [REDACTED] yo. History of Sleep Apnea. Sleep study done at [REDACTED] in 2007. We have been unable to obtain a copy of the study. States he has a CPAP machine but it is in a storage facility and he can't access it.

CESHIRE CI [REDACTED] Ruiz, Ricardo [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Dyspnea/Shortness of Breath
 Procedure: Imaging Test - CT Scan - Chest Specialty: Interventional Radiology Priority: 3 Status: G Jur: 125
 Complaint/Diagnosis: [REDACTED] yohm with history of Hepatitis C; history of a benign fibroadenoma of the left breast by biopsy who has been experiencing progressive DOE. He denies chest pain, PND, orthopnea and pedal edema. Chest x-ray on [REDACTED] 17 revealed a Right moderate pleural effusion with atelectasis. Possible secondary to Hepatitis C. PE with decreased breath sounds in the right base with decreased fremitus. CXR today shows increase in the effusion size. Requesting a Chest CT scan with possible thoracentesis/biopsy by IR.;

CESHIRE CI [REDACTED] Ruiz, Ricardo [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: [REDACTED] Diagnosis: Cardiac - Coronary Artery Disease
 Procedure: Consult - Return Visit Specialty: Cardiology Priority: 3 Status: G Jur: 125
 Complaint/Diagnosis: [REDACTED] yohm with history of CAD (s/p angioplasty in 1999), T2DM, HTN, hypercholesterolemia and CKD who has been experiencing increasing weakness with unsteady gait. He reports intermittent sharp stabbing chest pain in the left precordium which is nonradiating and lasts a few seconds. VS were significant for some mild orthostatsis Pul is CTA, Cor is irregular S1S2, Ext is with trace edema (nonpitting) I have decreased his Lisinopril dose. I am requesting an expedited Cardiology evaluation. ECG nsr @ 98 with frequent PVC's;

CESHIRE CI [REDACTED] Ruiz, Ricardo [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: GI Bleed
 Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 4 Status: G Jur: 125

Complaint/Diagnosis: [redacted] yowm with a history of chronic cervical and lumbar back pain who has been experiencing generalized abdominal pain. +Constipation by history and KUB x-rays despite aggressive cleanouts. He has normal labs including Thyroid and CBC. He had a set of stool hemoccults which were positive x 3 with normal H/H. DRE was without palp internal hemorrhoids or masses. Requesting a GI consult for colonoscopy;

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| CHESHIRE CI | [redacted] | Ruiz, Ricardo | [redacted] | 3 | 2 | [redacted] |
| DOB [redacted] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Renal - Chronic Renal Failure | | | |
| Procedure: Consult-Telemedicine | Specialty: Nephrology | Priority: 5 | Status: G | Jur: 125 | | |
| Complaint/Diagnosis: [redacted] yobm with CKD who is followed by Nephrology. He had a Telemedicine conference on [redacted] 7. No change in medications. They recommended 3 month Telemedicine conference.; | | | | | | |

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| CHESHIRE CI | [redacted] | Ruiz, Ricardo | [redacted] | 3 | 2 | [redacted] |
| DOB [redacted] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Snoring | | | |
| Procedure: Pulse Oximeter Study | Specialty: Internal Medicine | Priority: 4 | Status: G | Jur: 125 | | |
| Complaint/Diagnosis: [redacted] yobm with CKD (nephrosclerosis secondary to HTN) who complains of snoring and daytime fatigue. He states that his cellmate had reported periods of agonal breathing. Requesting a pulse-ox study.; | | | | | | |

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| CHESHIRE CI | [redacted] | Ruiz, Ricardo | [redacted] | 2 | 2 | [redacted] |
| DOB [redacted] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Musculoskeletal Issue - Arm | | | |
| Procedure: Consult - R/O Surgical Case | Specialty: Orthopedics | Priority: 3 | Status: G | Jur: 125 | | |
| Complaint/Diagnosis: Patient injured his right upper arm playing basketball on [redacted] 17. He has developed ecchymosis, progressive swelling and pain. He states the pain has been increasing and extending into his Rt axilla. He appears to have a defect of his proximal bicep. Right biceps circumference is 15.75 inches and the left is 13.5 inches. He was sent to the JDH-ED on [redacted] 17 for concern of a DVT. Right humerus x-rays and venous Doppler studies were negative for fracture and DVT respectively. He is noted to have a Right proximal biceps tendon rupture. Expedited Ortho evaluation had been recommended.; <i>may do for sure -> ? they dont repair these right? Popeye 5x?</i> | | | | | | |

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| CHESHIRE CI | [redacted] | Ruiz, Ricardo | [redacted] | 2 | 3 | [redacted] |
| DOB [redacted] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Musculoskeletal Issue - Shoulder | | | |
| Procedure: Imaging Test - MRI - Shoulder | Specialty: Habeas Case | Priority: 4 | Status: G | Jur: 125 | | |
| Complaint/Diagnosis: [redacted] yowm who is s/p a left sub-acromial decompression of his left shoulder with loose body removal and an open sub-pectoral tendonsis on [redacted] 17. Post-operatively he was doing well until he had a PTSD flashback where he grabbed his bed post and wrenched his shoulder. Telemedicine conference with Dr. Mazzocca was completed on [redacted] 7. An MRI with a follow-up appointment was recommended. Request for MRI.; | | | | | | |

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| CHESHIRE CI | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 2 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Musculoskeletal Issue - Shoulder | | |
| Procedure: | Consult - R/O Surgical Case | Specialty: Habeas Case | Priority: X (5) | Status: G | Jur: 125 | |
| Complaint/Diagnosis: | <p>[REDACTED] yowm who is s/p a left sub-acromial decompression of his left shoulder with loose body removal and an open sub-pectoral tendonesis on [REDACTED] 17. Post-operatively he was doing well until he had a PTSD flashback where he grabbed his bed post and wrenched his shoulder. Telemedicine conference with Dr. Mazzocca was completed on [REDACTED] 17. An MRI with a follow-up appointment was recommended. Request for Ortho evaluation after MRI.;</p> | | | | | |

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| CHESHIRE CI | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Pain - abdominal | | |
| Procedure: | Procedure - Colposcopy | Specialty: Gastroenterology | Priority: 4 | Status: G | Jur: 125 | |
| Complaint/Diagnosis: | <p>Patient has a history of pancreatitis and abdominal pain. Pancreatitis resolved after metformin was discontinued. Patient also complained of a rectal discharge. GI attempted a screening colonoscopy on [REDACTED] 16. Unfortunately his prep was inadequate. They have recommended repeat colonoscopy. He was prepped and refused the appointment secondary to fear of having to relocate to another facility/unit. He is now willing to have the procedure.;</p> <p><i>He has to go to infirmary for prep so... he will be here</i></p> | | | | | |

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| CHESHIRE CI | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cardiac - Arrhythmia | | |
| Procedure: | Procedure - Other | Specialty: Cardiology | Priority: 4 | Status: G | Jur: 125 | |
| Complaint/Diagnosis: | <p>[REDACTED] yom with a history of a bicuspid aortic valve, s/p AVR, pectus excavatum and SVT who had an episode of SVT on [REDACTED] 17. He received Adenosine x 2 with return of rhythm to normal sinus. He reports that this is the second time he had SVT. I stated him on Lopressor. Patient was evaluated by JDH Cardiology on [REDACTED] 17. An EPS consult and ablation procedure had been recommended. Patient seen by Dr. Pickett on [REDACTED] 17. He recommends ablation. Request for ablation by EPS.;</p> | | | | | |

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| CHESHIRE CI | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Hernia | | |
| Procedure: | Consult - R/O Surgical Case | Specialty: General Surgery | Priority: 4 | Status: G | Jur: 125 | |
| Complaint/Diagnosis: | <p>[REDACTED] yohm with a difficult to reduce Right indirect inguinal hernia. He state the hernia had developed in 2011 and had progressively increased in size. He intermittently experiences pain and constipation. The hernia is approximately the size of a lemon. Request for a General Surgery evaluation.;</p> | | | | | |

5yrs in comm. & tx

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| CHESHIRE CI | | | Arnista, Thomas | | 2 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Glaucoma | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Ophthalmology | | Priority: 5 | | Status: G | | Jur: 125 | | |
| Complaint/Diagnosis: Previously seen by Dr. Durrani for glaucoma, OS>>OD. Last seen [redacted] 17. On max meds (4 meds), IOP well controlled (9,9, 905 am) Requesting f/up visit with Dr. Durrani, including ONH studies and visual fields. I would suggest approx. 6 months. Thanks.; | | | | | | | | | | |

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| CHESHIRE CI | | | Arnista, Thomas | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Retinopathy- Diabetic | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Ophthalmology - Retinal | | Priority: 5 | | Status: X | | Jur: 6DE | | |
| Complaint/Diagnosis: Pt S/P clinically significant diabetic macular edema, with tx (Avastin injections), OD x 3 (last [redacted], OS x 1 [redacted]. Seen by Dr. Simmons (retina) [redacted] 17. + NPDR. no CSME noted. Approx. 8 month followup suggested. Please schedule as suggested. Thanks.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CHESHIRE CI | | | Arnista, Thomas | | 2 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Glaucoma | | | | | |
| Procedure: Consult - On-Site Ophthalmology Clinic | | Specialty: Ophthalmology | | Priority: 5 | | Status: G | | Jur: 125 | | |
| Complaint/Diagnosis: Pt seen for routine exam. S/P recent [redacted] diagnosis, tx begun. Best corrected vision of 20/25 OD, OS. Exam shows increased C/D ratio, OU, with ? mild superior rim thinning, OS. IOP [redacted] AM. Please schedule for institutional eyecare testing for baseline visual fields, optic nerve imaging, etc. for this glaucoma suspect. I would suggest within 3 months. Thanks.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CORR/RAD CC | | | Figura, Ilona | | 3 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Discopathy | | | | | |
| Procedure: Procedure - ESI | | Specialty: Interventional Radiology | | Priority: 4 | | Status: G | | Jur: 140 | | |
| Complaint/Diagnosis: [redacted] year old male with MRI-documented L3-L5 spinal stenosis due to severe disc bulging , severe bilateral LE neuropathic pain and weakness which responded very well to ESI in [redacted] 2016 (did not even need walker) He has had adverse reaction to Elavil and no relief of Sx with maximal dose gabapentin or po prednisone taper He has fallen due associated to LE weakness and has to walk with a walker Just seen by ortho who recommends another ESI since it helped him and he wants to avoid surgery This request is for ESI; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CORR/RAD CC | | | Figura, Ilona | | 2 | 1 | | | | |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Arthritis
 Procedure: Consult - Return Visit Specialty: Orthopedics Priority: X Status: G Jur: 140
 Complaint/Diagnosis: [REDACTED] yr old male with severe right tricompartment OA with loose bodies AS per Dr Mazzocca request **alignment standing xrays**, done at JDH 17 It shows severe valgus , severe OA bilaterally This request is for follow up visit with Dr Mazzocca;

CORR/RAD CC [REDACTED] Figura, Ilona [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Colitis; IBD
 Procedure: Consult - Return Visit Specialty: Gastroenterology Priority: X(4) Status: IBD Jur: 140
 Complaint/Diagnosis: [REDACTED] year old male with Chrons, recent colonoscopy shows stricture and active colitis at this site MRI enterography on [REDACTED] 17 showed active colitis at terminal ileum and stricture at cecum despite mesalamine and multiple prednisone tapers (did not tolerate 6MP Dr Houmar (GI) requests GI follow up to decide if he will start a biologic;

CORR/RAD CC [REDACTED] Figura, Ilona [REDACTED] 3 3 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Polyp(s)
 Procedure: Procedure - Colonoscopy Specialty: Gastroenterology Priority: 5 Status: U Jur: 140
 Complaint/Diagnosis: [REDACTED] y/o male with h/o bloody stools. was seen by gi recently . Colonoscopy on [REDACTED] 17 showed solitary polyp GI requests colonoscopy in 3 months (2days no solids);
 ? why

CORR/RAD CC [REDACTED] Figura, Ilona [REDACTED] 4 3 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Sleep Apnea
 Procedure: Device - CPAP/BIPAP Supplies Specialty: Vendor Priority: 4 Status: G Jur: 140
 Complaint/Diagnosis: Inmate requesting new hose for CPAP machine, current hose very worn and needs replacing. Item #SBT-CPAPOS;

CORR/RAD CC [REDACTED] Figura, Ilona [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: ENT Disorder
 Procedure: Imaging Test - CT Scan - Head Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 140
 Complaint/Diagnosis: [REDACTED] y/o B male with right facial nerve palsey due to GSW to head with multiple retained fragments presenting with 3 months of hemoptysis He denies facial pain or purulent nasal discharge His lung exam is normal HEENT only shows decreased sinus transillumination His CXR is normal Sinus XRshows multiple bullet fragments in maxillary sinus (1 large fragment is imbedded in upper nasal bone protruding into sinus) Interpreting radiologist highly recommends CT This request is for CT head with contrast or ENT consult (up to URC);

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| CORR/RAD CC | | Figura, Ilona | | 4 | 2 | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Musculoskeletal Disorder | | |
| Procedure: | Consult - Post Op | Specialty: Therapy - Physical | Priority: 3 | Status: G | Jur: 140 | |
| Complaint/Diagnosis: | yr old lumbar decompression and fusion L4- L5 surgery done Still has residual LLE numbness, and pain and tightness along his large scar which restricts his flexion, turning and bending at the waist and subsequently interferes with sleeping and ADL, despite exercises I gave him There is significant muscle spasm and restricted motion on exam This request is for physical therapy consult; | | | | | |

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| CORR/RAD CC | | Figura, Ilona | | 3 | 3 | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Colitis; IBD | | |
| Procedure: | Imaging Test - CT Scan - Other | Specialty: Radiology/Diagnostic Imaging | Priority: 4 | Status: U | Jur: 140 | |
| Complaint/Diagnosis: | y/o male with Hx severe CHron's since 2014 when had exploratory lap , partial resection and colostomy, additional surgical procedure 2015, colostomy reversed, adverse rxn's to MP6 and ASA derivatives, seen by GI (outpatient at JDHin Biologics felt indicated at the time but he did ot follow up I saw him yesterday , he is in severe pain (but only 1bm/day, brown guiac and mucous negative stool) Just saw GI who suspects small bowel involvement They recommend CT enterography (to rule out obstruction from inflammation vs adhesions) causing pain , surgical followup of post op fluid collection in hernia mesh This request is for CT enterography; | | | | | |

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| CORR/RAD CC | | Figura, Ilona | | 3 | 3 | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Colitis; IBD | | |
| Procedure: | Consult - Return Visit | Specialty: General Surgery | Priority: 4 | Status: U | Jur: 140 | |
| Complaint/Diagnosis: | 9/29/2017 8:45:39 AM (Figura,Ilona) y/o male with Hx severe CHron's since 2014 when had exploratory lap , partial resection and colostomy, additional surgical procedure 2015, colostomy reversed, adverse rxn's to MP6 and ASA derivatives, seen by GI (outpatient at JDHin Biologics felt indicated at the time but he did ot follow up I saw him yesterday , he is in severe pain (but only 1bm/day, brown guiac and mucous negative stool) Just saw GI who suspects small bowel involvement They recommend CT enterography (to rule out obstruction from inflammation vs adhesions) causing pain , surgical followup of post op fluid collection in hernia mesh This request is for surgical follow up; | | | | | |

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| CORR/RAD CC | | Figura, Ilona | | 2 | 1 | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Colitis; IBD | | |
| Procedure: | Procedure - Colonoscopy | Specialty: Gastroenterology | Priority: 4 | Status: U | Jur: 140 | |
| Complaint/Diagnosis: | just seen in UCONN ER fro 1 week frank mucousy, bloody stools + colitis on abd CT (infectious vs IBD) GI saw him and requested we schedule a colonoscopy This request is fo rcolonoscopy; | | | | | |

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| CORR/RAD CC | [REDACTED] | Figura, Ilona | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Syncope | | |
| Procedure: | Consult - Initial Visit | Specialty: Cardiology | <i>Bl? Lay? SUB? BIP?</i> | Priority: 4 | Status: G | Jur: 140 |
| Complaint/Diagnosis: | [REDACTED] y/o AA male wh's [REDACTED] has a pacemaker, with impressive diffuse STE and LVH on EKG just after witnessed syncopal episodes and chest pain He has no murmur on exam Urine tox by custody is normal Thyroid panel is normal Neuro exam is normal Orthostatics cannot be obtained because he gets very dizzy Lyme Ab pending (He was seen in [REDACTED] ER after the syncopal episodes ECHO and troponin were normal This request is for cardiology consult (perhaps they can do tilt test); <i>2 people stand him!</i> | | | | | |

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| CORR/RAD CC | [REDACTED] | Figura, Ilona | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Angina Pectoris | | |
| Procedure: | Consult - Initial Visit | Specialty: Cardiology | | Priority: 3 | Status: G | Jur: 140 |
| Complaint/Diagnosis: | [REDACTED] year old former smoker, on diabetic, CVA (no residual), normotensive 10 years ago having nocturnal chest pressure which awakens him It is associated with SOB (no exertional component, but quite sedentary) EKG shows non specific st changes This request is for EST or cardiology consult; <i>which? YES for cardiologist</i> | | | | | |

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| CORR/RAD CC | [REDACTED] | Figura, Ilona | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Neuropathy | | |
| Procedure: | Consult - Initial Visit | Specialty: Orthopedics-Spine | | Priority: 4 | Status: G | Jur: 140 |
| Complaint/Diagnosis: | [REDACTED] yr old with longstanding back pain. Fell [REDACTED] 2015 and developed ^pain L side and weakness of R leg. MRI shows: Facet arthropathy and diffuse disc bulge produce severe bilateral neural foraminal stenosis at L5-S1. Disc material and thickening of ligamentum flavum about the exiting L5 nerve roots bilaterally. He has had ESI's with some relief of radicular pain, This request is for ortho/spine surgery; | | | | | |

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| ENFIELD CI | [REDACTED] | Freston, Cary | [REDACTED] | 2 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Fracture - upper extremity | | |
| Procedure: | Consult - Initial Visit | Specialty: Orthopedics | <i>not enough when who casted</i> | Priority: 3 | Status: G | Jur: 112 |
| Complaint/Diagnosis: | Request initial consult Orthopedics regarding fracture right distal Ulna. On-site Ulna gutter splint applied, <u>3 week post cast xrays ordered.</u> ; | | | | | |

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| ENFIELD CI | [REDACTED] | Freston, Cary | [REDACTED] | 2 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Radiculopathy | | |
| Procedure: | Procedure - ESI | Specialty: Interventional Radiology | <i>seen by ortho spine</i> | Priority: 3 | Status: G | Jur: 112 |
| Complaint/Diagnosis: | Request ESI #1 to left I5-si. Radiculopathy pain, with EMG correlated MRI, foot drop left. Neurosurgical consultation recommendation.; | | | | | |

Confusing. NSU needs to see on is this then rec. ? foot drop! want heel post cast

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| GARNER CI | | | Valletta, Gerald | | 2 | 4 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: GERD | | | | | |
| Procedure: | Procedure - EGD without Dilatation | Specialty: Gastroenterology | Priority: | 3 | Status: U | Jur: | 136 | | | |
| Complaint/Diagnosis: | <p>Seen by GI [redacted] 17- requesting EGD within 2 weeks. BA swallow [redacted] 17: Significant motor disorder of esophagus with a dilated esophagus which may represents a variant of achalasia. "A to and fro" movement of barium up and down the esophagus associated with the stasis and distal esophageal spasm. Free gastroesophageal reflux. Moderate sized hiatal hernia [redacted] y/o schizophrenic male with approx. 15 year h/o GERD sx and regurgitation of ?digested food. Denies food getting "stuck" but C/O multiple, (?) daily episodes of hematemesis and hematochezia (all unwitnessed). Was H pylori + in past (now negative) and treated. Has been on Protonix & Tums without relief. No actual changes in BM or weight loss;</p> | | | | | | | | | |

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| GARNER CI | | | Valletta, Gerald | | 2 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Rash | | | | | |
| Procedure: | Consult - Return Visit | Specialty: Dermatology | Priority: | 5 | Status: G | Jur: | 136 | | | |
| Complaint/Diagnosis: | <p>IM seen by dermatology on [redacted] 17 because of new exacerbation resistant to treatment - they want a follow-up in 6 months [redacted] y/o male with a chronic skin condition since at least 2008. Multiple sick call visits. Failed treatment on multiple courses of various antibiotics. EXAM: multiple bright red pustules on face back, buttock, chest, extremities SKIN BIOPSY PERFORMED: 2012 acneiform / steroid rosacea vs pseudolymphoma;</p> | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| GARNER CI | | | Valletta, Gerald | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Discopathy | | | | | |
| Procedure: | Procedure - ESI | Specialty: Interventional Radiology | Priority: | 4 | Status: G | Jur: | 136 | | | |
| Complaint/Diagnosis: | <p>last ESI [redacted] 16....- requests additional [redacted] y/o male hit by a car as child; progressively worsening right sciatica - progressively worsening pain and difficulty ambulating MRI L-S spine ([redacted] 12): Diffuse disc bulge and facet arthropathy produce moderate bilateral neural foraminal stenosis at L4-L5. Exam- neg Assessment: DDD L-S spine with R sciatica. Plan: LS-spine ESI;</p> | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| GARNER CI | | | Valletta, Gerald | | 3 | 4 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Discopathy | | | | | |
| Procedure: | Imaging Test - MRI - L/S spine | Specialty: Radiology/Diagnostic Imaging | Priority: | X | Status: G | Jur: | 136 | | | |

? ortho? priority?

Complaint/Diagnosis: [redacted] y/o male who had MVA in 2006 and has had progressively worsening chronic neck and back pain and weakness and decreased sensations in UE and LE. Had MRI at [redacted] in [redacted] 07 which demonstrated C3-4 & 4-5 disc protrusions and Disc bulging L3 - S1 disc spaces. Exam: decreased sensation LUE & LLE > right and 4/5 strength in all 4 extremities. Significant midline back tenderness upon light palpation.;

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| GARNER CI | [redacted] | Valletta, Gerald | [redacted] | 2 | 2 | [redacted] |
| DOB [redacted] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Musculoskeletal Issue - Wrist | | | |
| Procedure: Procedure - Other | Specialty: Interventional Radiology | Priority: 3 | Status: G | Jur: 136 | | |
| Complaint/Diagnosis: | Right wrist steroid injection #2 Seen by Dr Mazzocca via telemed [redacted] 17 - had R wrist steroid shot by interventional radiology IM still c/o chronic wrist pain and decreased ROM CT wrist - healed comminuted intra-articular fracture L distal radius w/ secondary osteoarthritis due to residual articular incongruence. Neutral tilt and negative ulnar variance noted; | | | | | |

*Why #2 if #1
w/eff + fx*

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| GARNER CI | [redacted] | Valletta, Gerald | [redacted] | 4 | 3 | [redacted] |
| DOB [redacted] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Discopathy | | | |
| Procedure: Consult - Initial Visit | Specialty: Neurosurgery | Priority: 3 | Status: G | Jur: 136 | | |
| Complaint/Diagnosis: | [redacted] y/o male with PMH HTN/ dyslipidemia / CKD who c/o progressively worsening weakness and loss of sensation of bilat LE's and some loss of bladder control. Had accident in remote past PE: limited ROM of spine and hip, tender to palpation in lumbosacral area (midline and paralumbar), DTR 3/5 knee, muscular strength decreased 3/5. MRI LS spine [redacted] 6: 1. Multifactorial changes at L4-5 cause mild to moderate canal stenosis. Additional severe left foraminal narrowing. Potential for impingement of the bilateral L5 nerve roots within the lateral recesses and the left L4 nerve root within the neural foramen. 2. Multifactorial changes including facet arthropathy leads to severe neural foraminal bilaterally at L5-S1. 3. Additional areas of mild canal stenosis at L2-L3 and L3-L4. Request Neurosurgery consult.; | | | | | |

*MRI 6:1
ESI?*

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| GARNER CI | [redacted] | Valletta, Gerald | [redacted] | 4 | 3 | [redacted] |
| DOB [redacted] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Renal - Chronic Renal Failure | | | |
| Procedure: Consult - Initial Visit | Specialty: Nephrology | Priority: 3 | Status: G | Jur: 136 | | |
| Complaint/Diagnosis: | [redacted] y/o male with PMH HTN/ dyslipidemia / CKD who has progressively worsening renal function. Now GFR 37.49 / creat 1.8 / ESR 27. NO proteinuria. Other labs WNL. BP adequately controlled on Norvasc & HCTZ. Switching HCTZ to Metoprolol; | | | | | |

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| GARNER CI | [redacted] | Valletta, Gerald | [redacted] | 3 | 4 | [redacted] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Fracture - foot/ankle
Procedure: Imaging Test - CT Scan - Lower Extremity **Specialty:** Radiology/Diagnostic Imaging **Priority:** 2 **Status:** G **Jur:** 136
Complaint/Diagnosis: [REDACTED] y/o male who was playing basketball in the evening of [REDACTED] when another player stepped on his right foot and he twisted his ankle. Seen in MDSC the next day because it became progressively more edematous. On exam, it is hot and he has limited ROM with mod-severe pain and cannot bear weight.
 X-ray of ankle: Age-indeterminate fracture, likely of the lateral process of the talus. Recommend CT without contrast further evaluation.
 Placed in splint and given crutches / NSAIDS;

136
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 Y? Priority
 may be
 admit

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| HARTFORD CC | [REDACTED] | Elderkin, James | [REDACTED] | 3 | 3 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Fracture - hand/wrist
Procedure: Consult - Post Op **Specialty:** Orthopedics **Priority:** 4 **Status:** U **Jur:** 121
Complaint/Diagnosis: [REDACTED] y/o male who had ORIF left wrist at UConn on [REDACTED]-17. First post op follow up done on [REDACTED]-17. Cast placed. Ortho would like follow up in ~ 4 weeks with repeat x-rays (x-ray on [REDACTED]-17 showed possible separation of lunate facet with carpal shift);

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| HARTFORD CC | [REDACTED] | Elderkin, James | [REDACTED] | 3 | 1 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Musculoskeletal Disorder
Procedure: Consult - Post In-Patient hospitalization Follow-Up **Specialty:** Neurosurgery **Priority:** 3 **Status:** X **Jur:** 451
Complaint/Diagnosis: [REDACTED] yo. S/P Cervical Fusion C5-7 on [REDACTED] 17 at Hartford Hospital by Dr. Brendan Killory. This a repeat procedure, the first was done in 2014. Developed loosening of hardware. Dr. Killory would like to see him for follow up in 2 weeks.;

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| HARTFORD CC | [REDACTED] | Laplante, Sharron | [REDACTED] | 2 | 2 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Fracture - hand/wrist
Procedure: Consult - Initial Visit **Specialty:** Orthopedics **Priority:** 3 **Status:** G **Jur:** 121
Complaint/Diagnosis: [REDACTED] y/o male fell in kitchen (is a kitchen worker) on the [REDACTED] of [REDACTED] he fell and landed on his left side hurting his left wrist. on p/e his left wrist is swollen with ecchymosis on the ventral aspect. there is tenderness with decreased ROM. on film - acute extra - articular fx. of the distal radius and ulnar styloid.. might he see ortho ? thank you, dr. L;

XR?
 YES

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| HARTFORD CC | | | Laplante, Sharron | | 3 | 1 | | | | |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: *local* Diagnosis: Mass
 Procedure: Consult - Initial Visit Specialty: Urology Priority: 3 Status: X Jur: 121
 Complaint/Diagnosis: [REDACTED] y/o male with recent dx of kidney mass suspicious for renal cell carcinoma. he was being w/u for tx of hep C when this was discovered. also found was a right common iliac DVT. a IVC filter was placed and the I/M is on lovenox. he was scheduled to see a nephrologist on the outside. the date will be provided separately. might he be seen soon ? thank you, dr. L old records have been received.;

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| HARTFORD CC | | | Bozzi, George | | 1 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Dental Caries/Issuè
 Procedure: Procedure - Dental Extractions Specialty: Oral Surgery Priority: 3 Status: *Benoit* Jur: 121
 Complaint/Diagnosis: ***sent to Dr. Benoit [REDACTED] 7 *****, Please extract # 17, which causes pain. Deep occlusal caries extending to the pulp, NR, distal root curvature. PA, which has been scanned, reflects inadequate access for general practitioner.;

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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: *CT scheduled 10/17* Diagnosis: Fracture - hand/wrist *10/18*
 Procedure: Surgical Procedure - Other Specialty: Orthopedics Priority: 3 Status: L *OR scanned* Jur: 111 *Already scanned for CT*
 Complaint/Diagnosis: Seen by ortho [REDACTED] 17- recommended CT of wrist & then ORIF after they review results. [REDACTED] yo. Fracture right navicular in [REDACTED] 2017. States initial treatment was immobilization but did not heal and he was seen recently at [REDACTED] and CT scan was ordered but was incarcerated [REDACTED] 17. Current film at BCC shows "old un-united fracture just distal to the mid waist of the navicular.;" *Was CT done? Emailed?*

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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 2 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Lesion
 Procedure: Consult - Return Visit Specialty: Dermatology Priority: 5 Status: G Jur: 137
 Complaint/Diagnosis: [REDACTED] yo with suspicious non healing lesion on tip of nose. Biopsy performed not very conclusive but changes seen can be seen adjacent to an epidermoid cyst. Dermatology wishes to monitor inmate and have a return to clinic in 4-5 months.;

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| MCDGL/WLKR CI | | | Jerome, Jennifer | | 3 | 1 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Musculoskeletal Issue - Hip
 Procedure: Consult - Initial Visit Specialty: Orthopedics Priority: 4 Status: G Jur: 137
(5)

Complaint/Diagnosis: [REDACTED] y/o with hx of LEFT hip septic arthritis/osteomyelitis, S/P girdlestone procedure in 2013. He was seen by Dr. Mazzocca on [REDACTED] /17. Dr. Mazzocco would like I/M to F/U on MSS with the arthroplasty team after CT scan.;

MCDGL/WLKR CI [REDACTED] Jerome, Jennifer [REDACTED] 3 1 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Musculoskeletal Issue - Hip

Procedure: Imaging Test - CT Scan - Other **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] y/o with hx of LEFT hip septic arthritis/osteomyelitis, S/P girdlestone procedure in 2013. He was seen by Dr. Mazzocca on [REDACTED] 17 - he recommends that I/M have CT scan of pelvis and left femur with 3D rendering.;

MCDGL/WLKR CI [REDACTED] Jerome, Jennifer [REDACTED] 4 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Pulmonary

Procedure: Imaging Test - CT Scan - Chest **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] y/o with hx of squamous cell carcinoma of left upper lobe on maintenance therapy with nivolumab. Seen by pulmonary on [REDACTED] 17. I/M reports dyspnea on exertion, chest pain and fatigue. He is recommending CT scan of the chest with contrast to R/O PE or worsening disease of his malignancy.;

MCDGL/WLKR CI [REDACTED] Jerome, Jennifer [REDACTED] 4 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Pulmonary

Procedure: Pulmonary Function Tests **Specialty:** Pulmonary Medicine **Priority:** 3 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] y/o with hx of squamous cell carcinoma of left upper lobe on maintenance therapy with nivolumab. Seen by pulmonary on [REDACTED] 17. I/M reports dyspnea on exertion, chest pain and fatigue. He is recommending PFT done to monitor his DLCO since it has been 3 years since I/Ms last to see if it contributing to his dyspnea.;

MCDGL/WLKR CI [REDACTED] Jerome, Jennifer [REDACTED] 4 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Pulmonary

Procedure: Consult - Return Visit **Specialty:** Pulmonary Medicine **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] y/o with hx of squamous cell carcinoma of left upper lobe on maintenance therapy with nivolumab. Seen by pulmonary on [REDACTED] 17. Dr. Ibrahim has recommended that I/M have CT scan of chest to R/O PE and to have PFT. He would like to see I/M back in office after tests are completed.;

MCDGL/WLKR CI [REDACTED] Jerome, Jennifer [REDACTED] 4 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Musculoskeletal Disorder

Procedure: Consult - Initial Visit **Specialty:** Orthopedics-Spine **Priority:** 3 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] y/o male with report of back pain. He reports that he was in a motorcycle accident in 1996 and injured his back. He had a MRI done on [redacted] 17 which indicated - L1-L2: Mild ligamentous hypertrophy. No significant spinal canal or neuroforaminal stenosis. L2-L3: Diffuse disc bulge and facet arthropathy. No significant spinal canal or neuroforaminal stenosis. L3-L4, L4-L5: Diffuse disc bulge and facet arthropathy. Moderate spinal canal and moderate bilateral neuroforaminal stenosis. L5-S1: Diffuse disc bulge and facet arthropathy. Moderate spinal canal and severe bilateral neuroforaminal stenosis. ~~Unable to perform a physical exam secondary to I/M reporting that he is unable to stand.~~ Upper strength is 4/5.;

CT Had [redacted] 17

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| MCDGL/WLKR CI | [redacted] | Mccrystal, Kevin | [redacted] | 3 | 2 | [redacted] |
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DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Colon

Procedure: Imaging Test - CT Scan - Chest **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] yo with colon cancer. Found to have lung nodules on CT during work up [redacted] 2017. Hematology requests follow up noncontrast CT scan of chest in October or November.;

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| MCDGL/WLKR CI | [redacted] | Mccrystal, Kevin | [redacted] | 3 | 2 | [redacted] |
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DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Colon

Procedure: Consult - Return Visit **Specialty:** General Surgery **Priority:** 5 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] yo with colon cancer. S/P colectomy [redacted] 2017. General surgery requests post op follow up appointment in 3 months.;

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| MCDGL/WLKR CI | [redacted] | Mccrystal, Kevin | [redacted] | 3 | 2 | [redacted] |
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DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Colon

Procedure: Procedure - Colonoscopy **Specialty:** Gastroenterology **Priority:** 5 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] yo underwent colectomy for adenocarcinoma [redacted] 2017. Surgical team requests colonoscopy in one year.;

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| MCDGL/WLKR CI | [redacted] | Smyth, James | [redacted] | 3 | 3 | [redacted] |
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DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Ophthalmologic Disorder

Procedure: Consult - Return Visit **Specialty:** Ophthalmology **Priority:** 4 **Status:** L **Jur:** 137

Complaint/Diagnosis: Patient seen by Dr. Falcone [redacted] 7. Proptosis OU, elevated IOPs, OS Optic Nerve Palor. MRI of brain/orbits ordered with and without contrast. Dr. Falcone requesting to see patient back in 6 weeks with results of MRI.;

4 if ⊖ ?

ans. glaucoma

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| MCDGL/WLKR CI | | | Smyth, James | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | | Diagnosis: Ophthalmologic Disorder | | | | |
| Procedure: | Imaging Test - MRI - Brain | | Specialty: Radiology/Diagnostic Imaging | Priority: 3 | Status: L | Jur: 137 | | | | |
| Complaint/Diagnosis: Patient seen by Dr. Madina Falcone 17. Proptosis OU, elevated IOPs, Optic Nerve Palor OS. Requesting MRI of brain/orbits with and without contrast. EOS date is /2018.; | | | | | | | | | | |

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| MCDGL/WLKR CI | | | Pillai, Omprakash | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | | Diagnosis: Anemia | | | | |
| Procedure: | Consult - Return Visit | | Specialty: Hematology | Priority: 4 | Status: G | Jur: 137 | | | | |
| Complaint/Diagnosis: Years old with Hx of hypo proliferative normocytic normochromic anemia, folate deficiency and seen by hematology. Further work up and follow up recommended in 4-5 weeks. Most recent Hg 9.8 on Other medical issues: recent Lumbar discectomy/fusion complicated by wound infection, Para spinal fluid collection requiring drainage and long course of antibiotic, CKD stage 1, treatment naïve hepatitis C/cirrhosis, HTN, Hyperlipidemia, T2DM off medications, neuropathy, R foot drop, right partial nephrectomy for oncocytoma.; | | | | | | | | | | |

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| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | | Diagnosis: Hematologic Disorder | | | | |
| Procedure: | Consult - Case Review | | Specialty: Infectious Diseases | Priority: 4 | Status: G | Jur: 137 | | | | |
| Complaint/Diagnosis: YRS (GT 1, FIBROSCAN FS6.3kPa-Fo to 1) CD4 1368/VL.0.020 /17 IDS Q 3 MONS. (last seen 17.) ARVS- GENVOYA; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | | Diagnosis: Keloid | | | | |
| Procedure: | Consult - Return Visit | | Specialty: Dermatology | Priority: 5 | Status: G | Jur: 137 | | | | |
| Complaint/Diagnosis: yo with extensive keloid scar burden on chest and neck. Evaluated by radiation oncology 17. MD reports no role for XRT. MD suggests return to dermatology.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Cuevas, Frankie | | 1 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | | Diagnosis: Cyst - Other | | | | |

Procedure: Consult - R/O Surgical Case **Specialty:** Oral pathology **Priority:** 5 **Status:** G **Jur:** 137

Complaint/Diagnosis: ***sent to Dr. Benoit [REDACTED] 17 *****, Pt seen [REDACTED] 2008 and had #8 extracted by onsite oral surgeon, Pt seen 20 times over the next 9 years for swelling from #9 and #8 area and given ABX on several occasions. Pt seen [REDACTED] 2017 and had purulent exudate draining from #8 and #9 area. ABX Rx on [REDACTED] 2017. Pt seen [REDACTED] 2017 and purulent exudate was still draining from #8 and #9 area. Pt's [REDACTED] 2017 show little osseous healing from extraction #8 and #9 from back in 2008. #7 and #10 were vitality tested with EPT and both were vital. No color change for #7 and #10. Possible chronic suppurative osteomyelitis. Pt may need sequestrectomy and the debridement of the involved area due to long time interval from original surgery and recent recurrent infection. Pt seen by OMFS on [REDACTED] 2017 and they indicated no acute infection.;

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| MCDGL/WLKR CI | [REDACTED] | Pillai, Omprakash | [REDACTED] | 4 | 3 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Cancer - Other

Procedure: Consult - Return Visit **Specialty:** Hematology/Oncology **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] years old with recently diagnosed infiltrating anaplastic adeno Ca, S/p chemo radiation and awaiting Esophagostomy. Patient is followed by Dr. Perry, Oncology and recommends follow up 1 month after surgery.;

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| MCDGL/WLKR CI | [REDACTED] | Mccrystal, Kevin | [REDACTED] | 3 | 2 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Nerve/Neurological Disorder

Procedure: Surgical Procedure - Other **Specialty:** Neurosurgery **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] yo paraplegia after GSW with painful lower extremity spasticity. Neurosurgery finds inmate is a good candidate for intrathecal baclofen pump.;

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| MCDGL/WLKR CI | [REDACTED] | Mccrystal, Kevin | [REDACTED] | 4 | 3 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Musculoskeletal Issue - Foot

Procedure: Consult - Return Visit **Specialty:** Pain Management **Priority:** 5 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] yo CRPS left foot. Seen by Dr. Kost [REDACTED] 17. MD recommends return to clinic in 6 weeks.;

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| MCDGL/WLKR CI | | | Jerome, Jennifer | | 3 | 2 | | | | |

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Asthma
Procedure: Consult - Return Visit **Specialty:** Pulmonary Medicine **Priority:** 3 **Status:** G **Jur:** 137
Complaint/Diagnosis: [REDACTED] y/o with severe asthma, last seen by pulmonary on [REDACTED] 16. Pulmonary indicated on the consult to return in 3 - 6 months with PFTs and lab work. He had a the PFT done on [REDACTED] 16 which indicated FEV1 is severely reduced, FVC is mildly reduced and FEV1/FVC ratio is reduced. Current prescribed medication at DOC do not reflect what was noted on consult sheet from pulmonary. In 2016 pulmonary ordered Combivent to be used PRN with Albuterol PRN for exacerbations however Combivent is ordered at facility for 1 puff QID and Albuterol 2 puffs QID as needed. He is also on Spiriva 1 puff QD, Symbicort 160/4.5 inhale 2 puffs BID and Singular 10mg QD. I had seen I/M on [REDACTED] 17 asthma is not well controlled. He is using rescue inhaler 8-10 times a day and approx. 3 times at NOC. Expiratory wheeze are auscultated through out all lung fields. Provider feels that I/M needs to f/u with pulmonary for asthma/medication management.

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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 4 | 2 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Pituitary Disorder
Procedure: Consult - Return Visit with Visual Fields **Specialty:** ENT **Priority:** 4 **Status:** G **Jur:** 137
Complaint/Diagnosis: [REDACTED] yo s/p pituitary macroadenoma resection [REDACTED] 17. Neurosurgery requests follow up visit with ENT, ophthalmology, and endocrine as well as a follow up MRI in 6 weeks.;

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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 4 | 2 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Pituitary Disorder
Procedure: Consult - Return Visit **Specialty:** Ophthalmology **Priority:** 4 **Status:** G **Jur:** 137
Complaint/Diagnosis: [REDACTED] yo s/p resection of pituitary macroadenoma on [REDACTED] 17. Seen in follow up by neurosurgery on [REDACTED] 17. Neurosurgery requests follow up with ophthalmology.;

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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 4 | 2 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Pituitary Disorder
Procedure: Imaging Test - MRI - Brain **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** G **Jur:** 137
Complaint/Diagnosis: [REDACTED] yo s/p resection of pituitary macroadenoma on [REDACTED] 17. Seen in follow up by neurosurgery on [REDACTED] 17. Neurosurgery requests MRI in 6 weeks.;

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| MCDGL/WLKR CI | | | Pillai, Omprakash | | 3 | 2 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** GI Bleed

Procedure: Consult - Return Visit **Specialty:** Gastroenterology **Priority:** 3 **Status:** X **Jur:** 4S2 *YES*
Complaint/Diagnosis: [REDACTED] Year old with Hx of decompensated cirrhosis secondary to treatment naïve Hep C/ETOH abuse and with Hx of hepatic encephalopathy, esophageal varices, portal HTN, anemia, thrombocytopenia and coagulopathy. GI saw patient in the past and his last EGD was in [REDACTED] 2016. Patient continues to have subacute GI blood loss with H/H dropping to 6.9/22.3 but remains hemodynamically stable. His stool is heme positive. Requests GI follow up; *? rescope ?*

MCDGL/WLKR CI [REDACTED] Pillai, Omprakash [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Cirrhosis
Procedure: Imaging Test - Ultrasound - Abdominal **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** X **Jur:** 4S2
Complaint/Diagnosis: [REDACTED] Year old with Hx of decompensated cirrhosis secondary to treatment naïve Hep C/ETOH abuse and with Hx of hepatic encephalopathy, esophageal varices, portal HTN, anemia, thrombocytopenia and coagulopathy. Requests routine liver US for HCC screening;

MCDGL/WLKR CI [REDACTED] Smyth, James [REDACTED] 4 1 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Ophthalmologic Disorder
Procedure: Consult - Return Visit **Specialty:** Ophthalmology *Why?* **Priority:** 5 **Status:** G **Jur:** 137
Complaint/Diagnosis: Inmate with orbital fracture OS 2013. Posterior Staphyloma OD. 20/800 best corrected vision OD 20/20- OS. Seen by Dr. Ehlers [REDACTED] 2017. Requesting 1 year f/u;

MCDGL/WLKR CI [REDACTED] Jerome, Jennifer [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Foot/Toe Ailment
Procedure: Device - Orthotic - New **Specialty:** Orthotics/Prosthetics **Priority:** 3 **Status:** G **Jur:** 137 *KO*
Complaint/Diagnosis: [REDACTED] No seen my podiatry on [REDACTED] 17 for multiple ailments. Podiatry recommends toe separator for symptomatic hammertoe deformity of his left 2nd toe.;

MCDGL/WLKR CI [REDACTED] Mccrystal, Kevin [REDACTED] 4 1 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Other
Procedure: Consult - Return Visit **Specialty:** Hematology/Oncology **Priority:** 3 **Status:** G **Jur:** 137
Complaint/Diagnosis: [REDACTED] yo h/o multiple myeloma. Seen by Dr. Perry [REDACTED] 17. MD requests return to clinic 2-3 weeks after consultation with Dr. Parker at Yale.;

MCDGL/WLKR CI [REDACTED] Pillai, Omprakash [REDACTED] 4 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hepatitis C

Procedure: Imaging Test - Ultrasound - Abdominal **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] years old with Hx of treatment naïve hepatitis C, GT 1a and cirrhosis by Hx Risk – IDU in the past.
 Patient has Hx of clinical hepatitis in the past.
 PE reveals B/L gynecomastia and palmar erythema.
 HCV VL- 4, 332000, AST/ALT-52/56, Platelet-65000, INR 1.2, AFP-5, Albumin – 4.2
 HIV neg, Hep A immune and Hep B being vaccinated
 APRI Score -2.0, FIB-4 – 6.20
 Requests Liver US;

MCDGL/WLKR CI [redacted] Naqvi, Syed [redacted] 3 2 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cardiac - Valve Disease **Jur:** 114 *yes*

Procedure: Imaging Test - Echocardiogram **Specialty:** Cardiology *why now a TTE?* **Priority:** 3 **Status:** G **Jur:** 114

Complaint/Diagnosis: [redacted] y/o aortic valve replacement for endocarditis was recently seen in cardiology clinic and had a CLEAN TEE but now needs a TTE in one month to establish a baseline and confirm resolution of all vegetations.;

MCDGL/WLKR CI [redacted] Jerome, Jennifer [redacted] 3 3 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Musculoskeletal Issue / Knee

Procedure: Consult - Return Visit **Specialty:** Orthopedics **Priority:** 3 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] y/o with psoriatic arthritis seen by Dr. Mazzacco on [redacted] 17. Recommends that I/M be seen on MS5 to meet with arthroplasty team to discuss RIGHT TKA.;

MCDGL/WLKR CI [redacted] Pillai, Omprakash [redacted] 3 1 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Sickle Cell Trait/Disease

Procedure: Imaging Test - Echocardiogram **Specialty:** Cardiology **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] years old with Hx of SS disease, vaso-occlusive/painful crisis seen by Cardiology and recommends TTE.;

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| MCDGL/WLKR CI | | | Jerome, Jennifer | | 2 | 3 | | | | |

DOB: [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Other
Procedure: Consult - Initial Visit **Specialty:** Dermatology **Priority:** 4 **Status:** G **Jur:** 114
Complaint/Diagnosis: [REDACTED] y/o diagnosed with pseudofolliculitis barbae in 2015 by Dr. Wright. He has been on multiple treatments repeatedly benzoyl peroxide 10% gel, metrogel, doxycycline. He reports that he has tried commissary items such as oatmeal soap and cocoa butter with out effect. I/M is letting is face hair grow out. The sides of his upper lip and chin are moderately red and inflamed. He reports that he skin is dry and flaky at times. I/M is requesting to see dermatology.;

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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 3 | 1 | | | | |
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DOB: [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Fracture - lower extremity
Procedure: Consult - Return Visit **Specialty:** Orthopedics **Priority:** 4 **Status:** U **Jur:** 137
Complaint/Diagnosis: [REDACTED] y/o s/p GSW with left tibia shaft fracture. Incomplete bony bridging formation. Seen by ortho [REDACTED] 17. Ortho recommends return to clinic in 3 weeks.;

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| MCDGL/WLKR CI | | | Jerome, Jennifer | | 4 | 1 | | | | |
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DOB: [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Pulmonary Disorder
Procedure: Consult - Initial Visit **Specialty:** Pulmonary Medicine **Priority:** 4 **Status:** X **Jur:** [REDACTED]
Complaint/Diagnosis: [REDACTED] y/o with continued right sided chest pain, and SOB secondary to pneumonia and pleural effusion from [REDACTED] or 2017. He has had multiple x-rays, [REDACTED] which indicated there is some residual airspace disease/atelectasis in the right middle lobe. Recommend additional follow-up in 4-6 weeks; [REDACTED] which indicated continued contraction of right middle lobe scarring with associated volume loss. No nodular component to suggest underlying malignancy. Finding is likely sequela of infectious or inflammatory process; [REDACTED] which indicated Persistent density/contraction of the right middle lobe, compatible with changes from prior consolidation. Correlate with history for possibility of postobstructive pneumonia process and [REDACTED] which indicated No significant interval change when compared to patient's previous study performed approximately 6 weeks earlier. Chronic changes right middle lobe as detailed above. No acute process. Currently lungs are clear to auscultation. SpO2 100% on RA. However I/M continues with discomfort to RA middle lobe during inspiration, he describes it as a stabbing sensation.;

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| MCDGL/WLKR CI | | | Jerome, Jennifer | | 4 | 1 | | | | |
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DOB: [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Musculoskeletal Disorder
Procedure: Consult - Initial Visit **Specialty:** Orthopedics-Spine **Priority:** 3 **Status:** X **Jur:** 6NV
Complaint/Diagnosis:

y/o with severe back pain. He had x-ray of cervical spine done 2017 which indicated degenerative retrolisthesis and degenerative change at C3-C4 and C5-C6 produces mild bony central canal and moderate to severe bilateral neural foraminal narrowing. He also had a MRI done in 2016 - L1-2: Diffuse disc bulge and mild facet arthropathy produce mild spinal canal and moderate bilateral neural foraminal stenosis.
 L2-3: Diffuse disc bulge and facet arthropathy produce mild spinal canal and mild bilateral neural foraminal stenosis. L3-4: Diffuse disc bulge and facet arthropathy produce mild spinal canal and mild bilateral neural foraminal stenosis. L4-5: Diffuse disc bulge and facet arthropathy produce mild spinal canal stenosis with mild right and moderate left neural foraminal stenosis. L5-S1: Diffuse disc bulge, superimposed central to right central disc extrusion and mild facet arthropathy produce moderate right-sided spinal canal and moderate bilateral neural foraminal stenosis. Disc material abuts the traversing right S1 nerve root. He is currently on Tylenol # 3 two tabs BID and Lyrica 100mg BID. Pain level is between 8 and 10. When he lays down and sits he experiences throbbing, burning pain. He exhibits left lower extremity weakness, Left patellar reflex is 1+, right is 2+. He has decreased ROM - he can bend his shoulders forward. He denies bowel and bladder incontinence.;

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| MCDGL/WLKR CI | | Pillai, Omprakash | | 4 | 3 | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Transplant - kidney | | |
| Procedure: | Consult - Return Visit | Specialty: Nephrology | Priority: 4 | Status: U | Jur: 137 | |
| Complaint/Diagnosis: | years old with renal allograft on 2016, IRDM, HTN and on prophylactic immunosuppression with tacrolimus. Patient is followed by Yale transplant program nephrology on a regular basis and recommends follow up in 1 month; | | | | | |

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| MCDGL/WLKR CI | | Pillai, Omprakash | | 4 | 3 | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Hernia | | |
| Procedure: | Consult - Initial Visit | Specialty: General Surgery | Priority: 4 | Status: U | Jur: 137 | |
| Complaint/Diagnosis: | years old with renal transplant and RLQ abdominal wall incisional hernia. Patient is regularly followed by Yale Transplant nephrology and recommended referral to Dr. Andrew Duffy for hernia evaluation. Patient is now complaining of pain over hernia. He doesn't have N/V or Constipation. <i>O/e: Huge hernia, hard to reduce spanning whole RLQ.;</i> | | | | | |

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| MCDGL/WLKR CI | | Naqvi, Syed | | 3 | 2 | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cirrhosis | | |
| Procedure: | Imaging Test - Ultrasound - Abdominal | Specialty: Radiology/Diagnostic Imaging | Priority: 5 | Status: G | Jur: 114 | |
| Complaint/Diagnosis: | y/o with cirrhosis, esophageal varices factor v leiden deficiency needs a surveillance imaging US or MRI of liver to R/O hepatocellular carcinoma.; | | | | | |

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| MCDGL/WLKR CI | | | Naqvi, Syed | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | | | Diagnosis: Cirrhosis | | | |
| Procedure: Consult - Initial Visit | | Specialty: Hematology/Oncology | | | | Priority: 4 | Status: G | Jur: 114 | | |
| Complaint/Diagnosis: yo with cirrhosis esophageal varices with EGD and banding has factor v leiden deficiency complicated by portal vein thrombosis needs hematology consult for anticoagulation as recommended by GI.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Pillai, Omprakash | | 5 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | | | Diagnosis: Fracture - Other | | | |
| Procedure: Consult - Return Visit | | Specialty: Orthopedics | | | | Priority: 4 | Status: U | Jur: 137 | | |
| Complaint/Diagnosis: Seen by JDH Ortho and recommends follow up in 1 month. yo years old victim of motor vehicle collision and admitted to from until 17. Multiple fractures and extensive surgical interventions (S/p ORIF L Femur, R humerus, R radius/ulna, L radius/ulna), Left patellar, L2-4 transverse process and Right 2nd rib fractures.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 5 | 4 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | | | Diagnosis: Hemophilia | | | |
| Procedure: Consult - Return Visit | | Specialty: Hematology | | | | Priority: 3 | Status: U | Jur: 137 | | |
| Complaint/Diagnosis: yo hemophiliac with a bleeding scalp laceration. Seen in ER on 17. Hematology recommends lab work and return to clinic in 2 weeks.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| NEW HAVEN CC | | | Koslawy, Maria | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | | | Diagnosis: Cardiac- Other | | | |
| Procedure: Consult - Initial Visit | | Specialty: Cardiology | | | | Priority: 4 | Status: L | Jur: 122 | | |
| Complaint/Diagnosis: admitted to on 2017-2017. Hospital problems upon admission acute left sided weakness, left arm weakness, transient cerebral ischemia (unspecified type), neck pain, acute bilateral low back pain with sciatica & orthostatic hypotension. Recommendations post hospital stay follow up with cardiology to evaluate and manage cardiac disease. - what dz? | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| NEW HAVEN CC | | | Koslawy, Maria | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | | | Diagnosis: Cancer - Breast | | | |
| Procedure: Consult - Return Visit | | Specialty: Hematology/Oncology | | | | Priority: 5 | Status: U | Jur: 122 | | |

Complaint/Diagnosis: ■■■ YO BM Diagnosed with breast cancer in ■■■ 2015. Had right mastectomy ■■■ 2016. Dx: Infiltrating Ductal Carcinoma, Sentinel Node positive (1 of 18 nodes). Followed by Dr. Lajos Pusztai, Oncologist at Yale. Tamoxifen started ■■■ 2016. Last seen on ■■■ 2017 records pending. Request 6 month follow up ■■■ 2017 with Dr. Pusztai at Yale.;

NEW HAVEN CC ■■■ ■■■ ■■■ Bozzi, George ■■■ 1 1 ■■■

DOB: ■■■ **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Dental Caries/Issue
Procedure: Procedure - Dental Extractions **Specialty:** Oral Surgery **Priority:** 3 **Status:** U **Jur:** 122
Complaint/Diagnosis: ***sent to Dr. Benoit ■■■ 17 *****, Please extract # 17, which is diagonally impacted. Pain caused by deep MO caries extending to the pulp, NR. PA has been scanned. *Benoit*

NEW HAVEN CC ■■■ ■■■ ■■■ Koslawy, Maria ■■■ 3 1 ■■■

DOB: ■■■ **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Renal - Chronic Renal Failure
Procedure: Consult-Telemedicine **Specialty:** Nephrology **Priority:** 4 **Status:** U **Jur:** 122 *yes*
Complaint/Diagnosis: ■■■ YO WM H/O DMT2 w/ Neuropathy, CHF, HTN, HLD, OSA. Seen ■■■ 7 in Nephrology Clinic and he was admitted overnight for volume over-load & worsening AKI. PMH: Fe def anemia R/T CKD. Aldactone & Lisinopril on hold and Lasix increased to 80 mg QD after IV Lasix in hospital with good effect. He was given one dose of IV Iron & IV Procrit. He then had f/u with nephrology ■■■ Cr gradually improving w/ recommendations for Goal HgBA1c < 7.0 (5.3 7/2017). Goal BP < 130/80. Repeat Chem 7 in 1 month if same or better (Cr 1.3 ■■■ he is to resume Lisinopril 10 mg QD. Compression stockings. 2 GM Sodium & Low Cholesterol Diet. BP checks since returned from Nephrology 154/76, 150/81. Please consider Nephrology F/U via Telemed in 2 months.;

NORTHERN CI ■■■ ■■■ ■■■ Wright, Carson ■■■ 1 3 ■■■

DOB: ■■■ **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Fracture - Other
Procedure: Imaging Test - CT Scan - # Areas **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** G **Jur:** 141 *SOT OPTO?*
Complaint/Diagnosis: Pt ■■■ yo male presents with trauma to L eye. On xray, there remains some added density involving the region of the floor of the L orbit and one cannot exclude the possibility of an old fx. Radiologist recd CT of facial bones. Pt is c/o L eye pain.;

OSBORN CI ■■■ ■■■ ■■■ Freston, Cary ■■■ 2 2 ■■■

DOB: ■■■ **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Arthritis
Procedure: Surgical Procedure - Other **Specialty:** Orthopedics **Priority:** 3 **Status:** G **Jur:** 115
Complaint/Diagnosis: Request surgical procedure right shoulder, following the upcoming telemedicine meeting, having completed the 3D CT right shoulder, and prior MRI. Severe right shoulder degenerative changes and impingement.;

OSBORN CI ■■■ ■■■ ■■■ Freston, Cary ■■■ 4 1 ■■■

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cancer - Prostatic
Procedure: Consult - Initial Visit Specialty: Radiation Oncology Priority: 3 Status: G Jur: 115
Complaint/Diagnosis: Request Radiation Oncology initial consultation regarding RadTx to start following Urology procedure. Prostate adenocarcinoma TRUS BX 10/10, Gleason 6/7, staging imaging without metastatic findings. Tumor Board review completed, and chemoradiation recommended.;

OSBORN CI [REDACTED] Smyth, James [REDACTED] 4 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cataract
Procedure: Consult - Post Op Specialty: Ophthalmology Priority: 4 Status: G Jur: 115
Complaint/Diagnosis: Post-Op cataract - multiple visits needed.;

OSBORN CI [REDACTED] Smyth, James [REDACTED] 3 4 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Retina - Other
Procedure: Consult - Return Visit Specialty: Ophthalmology - Retinal Priority: 5 Status: G Jur: 115
Complaint/Diagnosis: Hx Ocular trauma OD iritis, macular edema, IOL subluxated. Inmate seen [REDACTED] 17 by Dr. Gaudio. Macular Atrophy. Requesting 6 month f/u.;

OSBORN CI [REDACTED] Wright, Johnny [REDACTED] 5 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Prostate Disease
Procedure: Consult - Post In-Patient hospitalization Follow-Up Specialty: Urology Priority: 4 Status: G Jur: 115
Complaint/Diagnosis: [REDACTED] yohm with recent JDH admission [REDACTED] (discharged [REDACTED] 17) found to have prostatic abscesses (MRSA) and epididymo-orchitis placed on long-term antibiotic and recommended urology follow up.;

long admit

OSBORN CI [REDACTED] Wright, Johnny [REDACTED] 5 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Mass
Procedure: Imaging Test - CT Scan - Chest Specialty: Radiology/Diagnostic Imaging Priority: 5 Status: G Jur: 115
Complaint/Diagnosis: [REDACTED] yohm with recent JDH admission [REDACTED] (discharged [REDACTED] 17) who subsequently developed dypnea and hypoxia desating to the 80s requiring venti-mask later found to have several small solid pulmonary nodules which were indeterminate. rec to f/u with repeat CT of chest in 1 year.;

OSBORN CI [REDACTED] Breton, Joseph [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Pain - abdominal

Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 3 Status: G Jur: 115

Complaint/Diagnosis: [redacted] year old male with a positive ROS. The worst symptom is epigastric pain since at least [redacted] 7. He was successfully treated for hpylori (stool Ag negative) but unfortunately the epigastric pain remains. no alleviating factors but increased with eating and especially water. no reflux.
PE: no icterus, no jaundice no organomegaly but positive epigastric tenderness without guarding.
LABS: [redacted] - iron 35 and ferritin 41
[redacted] 7- iron 41 and ferritin 13
Guaiac negative
a/p: [redacted] year old male with chronic epigastric pain and low iron and ferritin- this is a request for a first time visit with GI;

OSBORN CI [redacted] Breton, Joseph [redacted] 3 3 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Pain - chronic back
Procedure: Imaging Test - MRI - C-spine Specialty: Radiology/Diagnostic Imaging Priority: ~~3~~ Status: G Jur: 115
Complaint/Diagnosis: [redacted] year old male seen by ortho for pain after MRI showed:
L5- s1 moderate canal and moderate bilateral neural foraminal stenosis secondary to disc bulge.
ortho requests : MRI of cervical spine for which this is written ;
FOR WHAT? SXS results sent to ortho? consult?

OSBORN CI [redacted] Breton, Joseph [redacted] 3 3 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Pain - chronic back
Procedure: Imaging Test - MRI - Other Specialty: Radiology/Diagnostic Imaging Priority: ~~3~~ Status: G Jur: 115
Complaint/Diagnosis: [redacted] year old male seen by ortho for pain after MRI showed:
L5- s1 moderate canal and moderate bilateral neural foraminal stenosis secondary to disc bulge.
ortho requests : MRI of THORACIC spine for which this is written ;
Why? is it RE usual hood of the usual

OSBORN CI [redacted] Breton, Joseph [redacted] 3 3 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Pain - chronic back
Procedure: EMG/Nerve Conduction Specialty: Neurology Priority: ~~3~~ Status: G Jur: 115
Complaint/Diagnosis: [redacted] year old male seen by ortho for pain after MRI showed:
L5- s1 moderate canal and moderate bilateral neural foraminal stenosis secondary to disc bulge.
ortho requests : EMG of the right lower extremity for which this is written;

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| OSBORN CI | | | Breton, Joseph | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Pain - chronic back | | | | | |
| Procedure: EMG/Nerve Conduction | | Specialty: Orthopedics | | Priority: 4 | Status: G | Jur: 115 | YES | | | |
| Complaint/Diagnosis: [redacted] year old male seen by ortho for pain after MRI showed: L5- s1 moderate canal and moderate bilateral neural foraminal stenosis secondary to disc bulge. ortho requests : a follow up after imaging and EMG studies are done.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | | | Pillai, Omprakash | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Cirrhosis | | | | | |
| Procedure: Imaging Test - Ultrasound - Abdominal | | Specialty: Radiology/Diagnostic Imaging | | Priority: 4 | Status: G | Jur: 115 | | | | |
| Complaint/Diagnosis: [redacted] years old with [redacted] GT 1 co-infection and compensated cirrhosis - (FibroScan revealing cirrhosis (25.7 kPa) . Patient is currently on Harvoni. Requests routine liver US.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | | | Jerome, Jennifer | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Pain - pelvic | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Pain Management | | Priority: 4 | Status: G | Jur: 115 | | | | |
| Complaint/Diagnosis: [redacted] y/o with hx of right orchiectomy on [redacted] 16. He is currently reporting Right sided pelvic pain especially with ejaculation. He also reports a warm sensation stating "it is a warm sensation, it feels like when they give you the dye from the CAT scan, it all the time". He was last seen by Dr. Deborah Fang on [redacted] 17 - she recommending that I/M see pain management and urology. He has seen urology on [redacted] 17 and the indicated that the surgery went well, examination is negative, however they recommend that his pain be treated and managed as well. No F/U is indicated with urology however was is scheduled for [redacted] 17. I/M is requesting to see pain management to help with right pelvic discomfort.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | | | Breton, Joseph | | 2 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hemorrhoids | | | | | |
| Procedure: Consult - Return Visit | | Specialty: General Surgery | | Priority: 4 | Status: G | Jur: 115 | | | | |
| Complaint/Diagnosis: [redacted] yobm - [redacted] 17 GenSX resected piece of granulation tissue from anal fissure and an internal hemorrhoid was band ligated. [redacted] 17 -Seen by general surgery who had a list of recommendation (all ordered) and wants a follow up in 4 weeks.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | | | Freston, Cary | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Lupus | | | | | |

Procedure: Consult - Return Visit **Specialty:** Rheumatology **Priority:** 3 **Status:** G **Jur:** 115
Complaint/Diagnosis: Request f/u Rheumatology (previously refused twice - now will go) regarding SLU with multiple system involvement, on prednisone, Cellcept, plagenil. Requires consult for Cellcept ordering and management.;
GET WARDEN / DA ON BOARD
I WISH NO TO HAD
wasted TWO TRIPS

OSBORN CI [redacted] Freston, Cary [redacted] 1 3 [redacted]
DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Traumatic Brain Injury **Jur:** 115
Procedure: Consult - Initial Visit **Specialty:** Neurology **Priority:** 4 **Status:** G **Jur:** 115
Complaint/Diagnosis: Request initial Neurology consultation regarding abnormal white matter changes on brain MRI. Radiology recommendation to r/o dx process. Remote TBI and frontal lobe syndrome, MRI required for DMHAS psychiatric evaluation. Vasulitis and infectious process labs pending. Exam remains without fixed neuro deficits.; *yes*

OSBORN CI [redacted] Breton, Joseph [redacted] 4 1 [redacted]
DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hematologic Disorder **Jur:** 115
Procedure: Consult - Return Visit **Specialty:** Hematology **Priority:** 5 **Status:** G **Jur:** 115
Complaint/Diagnosis: hx of factor VII deficiency and heme requests a follow up in 6 months.;

OSBORN CI [redacted] Breton, Joseph [redacted] 2 2 [redacted]
DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Nodule **Jur:** 115
Procedure: Imaging Test - Ultrasound - Other **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** G **Jur:** 115
Complaint/Diagnosis: [redacted] year old male with CC: new onset of heat intolerance, sweating during his yoga and stretching (new). Over thyroid area- a feeling of fullness, "very mild" pressure in throat with swallowing without pain, dysphagia. No gerd symptoms, No sinus symptoms, No chest pain, DOE , SOB or B symptoms.
 PE: VSS 2-3 mm nodule rll of thyroid, non. no lymphadenopathy, no organomegaly.
 no edema
 cbc/ cmp, ana, tsh: 6.81, t4- 4.5, t3 and uptake normal.
 A/P; 54 with feeling of fullness over thyroid area with small nodule, history mildly consistent with hyperthyroid but essentially normal labs. I am requesting a thyroid U/S to eval nodule. thanks.;

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | | | Breton, Joseph | | 4 | 3 | | | | |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Renal - Chronic Renal Failure

Procedure: Consult - Initial Visit Specialty: Nephrology Priority: 3 Status: G Jur: 115 *yes*

Complaint/Diagnosis: [REDACTED] year old male with DM, Hepatitis and thrombocytosis. He also has recurrent hyperkalemia treated with Kayexalate a multiple times prior to Osborn along with concomitant worsening renal function. In [REDACTED] 2016- 24 hour urine revealed CrCl of 43. serum creatnine 1.8 in [REDACTED] 2017, [REDACTED] 2.1, [REDACTED] 2.3 he continues with hyperkalemia (not on ACEI, ARB, PSD). work up available here has been exhausted for causes of hyperkalemia. while he may have pseudohyperkalmeia secondary to thrombocytosis, I am requesting: An initial Nephrology consult for worsening renal function and persistent hyperkalemia.; *? yes but NOT PZ...*

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| OSBORN CI | | | Katz, Stephanie | | 2 | 1 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Dental Caries/Issue

Procedure: Procedure - Dental Extractions Specialty: Oral Surgery Priority: 4 Status: G Jur: 115 *Benoit*

Complaint/Diagnosis: ***sent to Dr. Benoit [REDACTED] 17 *****; [REDACTED] yo BM, Asthma, Meds: Albuterol, NKDA. #32 partially erupted, mesial/horizontal angulation, deep caries, pericoronitis. Hx R md fx with internal fixation-hardware present. #32 non-restorable, no room for eruption. Requesting extraction #32.;

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| OSBORN CI | | | Breton, Joseph | | 3 | 4 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Mass

Procedure: Surgical Procedure - Other Specialty: ENT Priority: 3 Status: G Jur: 115

Complaint/Diagnosis: Seen by ENT for a lobulated mass extending into the sphenoid sinus. ENT requests surgical removal of mass after the CAT scan.;

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| OSBORN CI | | | Freston, Cary | | 3 | 1 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hearing Impairment

Procedure: Consult - Return Visit Specialty: Audiology Priority: 4 Status: G Jur: 115

Complaint/Diagnosis: Request return audiology following the upcoming ENT [REDACTED] 17) "hearing aides clearance." Hearing aides recommended.;

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| OSBORN CI | | | Ivanaviciene, Jurate | | 3 | 5 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Hematologic Disorder

Procedure: Consult - Case Review Specialty: Infectious Diseases Priority: 4 Status: U Jur: 115

Complaint/Diagnosis: [redacted] year old [redacted] since 2009 confirmed in community [redacted] 7 Viral load <20, CD4-673/35%. Antivirals- Odefsey 1 tablet po qd. Requesting medication/treatment review.;

ROBINSON CI [redacted] Wright, Carson [redacted] 2 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Arthritis

Procedure: Consult - Return Visit **Specialty:** Rheumatology **Priority:** 5 **Status:** G **Jur:** 116

Complaint/Diagnosis: [redacted] 17 initial visit Rheumatology. Speckled pattern ANA, dry eyes, dry mouth joint pain. No reynaud. Possible Sjogrens Syndrome RECC: Labs, NSAIDS, follow up 6 months; *Form... on needs?*

ROBINSON CI [redacted] Wright, Carson [redacted] 3 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Glaucoma

Procedure: Consult - Return Visit **Specialty:** Ophthalmology **Priority:** 4 **Status:** X **Jur:** 4S1

Complaint/Diagnosis: [redacted] 17 r/v Ophthalmology, Seremet, Local Provider. Severe glaucoma OU, continue present eye medications return in 6 weeks;

ROBINSON CI [redacted] Wright, Carson [redacted] 2 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Musculoskeletal Issue - Knee

Procedure: Consult - Post Emergency Room Follow-Up **Specialty:** Orthopedics **Priority:** 3 **Status:** G **Jur:** 116 *? why*

Complaint/Diagnosis: [redacted] 17 JDH ER, Rec injury, while playing basket ball heard a crack in his L knee, lost his balance and fell. C/o ^ pain and inability to bear weight. Has history of MVA which he claims he is still recovering from nerve damage in his L knee. Per ED W-10, No acute fracture or dislocation, + effusion. Knee immobilizer provider, NWB LLE, crutches, ice, elevate and follow up with ortho;

ROBINSON CI [redacted] Wright, Carson [redacted] 1 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cyst - Other

Procedure: Surgical Procedure - Other **Specialty:** ENT **Priority:** 4 **Status:** G **Jur:** 116

Complaint/Diagnosis: Seen by ENT [redacted] 17 for Left brachial cleft cyst. ENT Recommends surgical excision in OR, pre-ops by DOC PCP, call ENT is mass swells or becomes infected prior to surgery;

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hemorrhoids

Procedure: Surgical Procedure - Exam Under Anesthesia **Specialty:** General Surgery **Priority:** 4 **Status:** G **Jur:** 142

Complaint/Diagnosis: [REDACTED] 7 r/v General Surgery. Intermittant bleeding with BM, + straining, + pain. No external hemorrhoids, + internal hemorrhoids, confirmed on colonoscopy. RECC: To OR for EUA with Dr Girard;

WILLARD-CYBULSKI CI [REDACTED] Clements, Michael [REDACTED] 3 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Musculoskeletal Issue - Shoulder

Procedure: Consult - Initial Visit **Specialty:** Orthopedics **Priority:** 4 **Status:** L **Jur:** 142

Complaint/Diagnosis: [REDACTED] vo c/ 4 months of persistent L shoulder pain, v ROM, unremarkable Xray. No response to HEP, IA steroid; analgesics. O/E: Has pain on resisted external rotation and abduction. ROM ~ 75 % of nl. Clinically, he appears to have a torn RC. The indication for arthroscopic surgery is persistent pain, v ability to do ADL's. ~~Please schedule for ~ 1 month if possible.~~ Thank you.;

WILLARD-CYBULSKI CI [REDACTED] Clements, Michael [REDACTED] 3 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Musculoskeletal Issue - Hip

Procedure: Consult - Return Visit **Specialty:** Orthopedics **Priority:** 4 **Status:** G **Jur:** 142

Complaint/Diagnosis: Pt. had IA steroids in R hip x 2; the first time helped, but not the 2nd. Has Xray documentation of severe R hip dx. No help from multiple analgesics, controlled and otherwise. Pt. cannot ambulate without a walker. His weight cannot be controlled; therefore, he has HTN and DM. I really think Ortho needs to see the pt. again (telemedicine would be fine) to opine on surgical correction. ~~Please arrange for ~ 1 month if possible.~~ Thank you.;

*MOVE TO MED FAC
1001CC @ COMMISSARY
YES IT CAN*

WILLARD-CYBULSKI CI [REDACTED] Smyth, James [REDACTED] 2 1 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Glaucoma

Procedure: Consult - On-Site Ophthalmology Clinic **Specialty:** Ophthalmology **Priority:** 4 **Status:** G **Jur:** 142

Complaint/Diagnosis: Newly diagnosed glaucoma. C/D .75 OD, .55 OS. Requesting On-Site Ophthalmology for baseline testing.;

WILLARD-CYBULSKI CI [REDACTED] Clements, Michael [REDACTED] 3 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Fistula

Procedure: Surgical Procedure - Exam Under Anesthesia **Specialty:** General Surgery **Priority:** 4 **Status:** G **Jur:** 142

Complaint/Diagnosis: [REDACTED] 17 Post op visit, General Surgery. Hx of anal fistula and fistulotomy in L lateral region [REDACTED] 17, presents with recurrent symptoms. On exam no active sign of infection. RECC: To OR, EUA, fistulotomy vs other;

WILLARD-CYBULSKI CI [REDACTED] Clements, Michael [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Retinopathy- Diabetic

Procedure: Consult - Return Visit **Specialty:** Ophthalmology - Retinal **Priority:** 5 **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] 17 initial visit Ophthalmology, Simmons. Eval of diabetic retinopathy. C/o spider web like images OS on and off x1yr. S/p multiple injections OD (New England Retina) RECC: eye drops per consult, return in 6 months;

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 1 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cardiac - Myocardial Infarction
Procedure: Consult - Return Visit **Specialty:** Cardiology **Priority:** 5 **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] 17 r/v Cardiology. Stress/Echo showed v EF (45-50%) Excellent exercise tolerance, no ischemia RECC: Continue current meds, follow up 1yr with labs;
FOR? *SIP - AUNT 17 APR* *YES*

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 2 2 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Musculoskeletal Issue - Hand
Procedure: Imaging Test - CT Scan - Other **Specialty:** Radiology/Diagnostic Imaging **Priority:** [redacted] **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] yo c/ chronic painful dominant R wrist & metacarpals; has possible subluxation of bases of 3rd and 4th metacarpals on Xray. Radiology recommends a CT scan, which I believe is clinically indicated in anticipation of possible Ortho referral for splinting, casting, or surgery. Please schedule within 1 month if possible. Thank you.;
been here a year

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 1 1 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Musculoskeletal Issue - Hand
Procedure: Consult - Initial Visit **Specialty:** Orthopedics **Priority:** 5 **Status:** G **Jur:** 142
Complaint/Diagnosis: I submitted a request which the computer "ate"; therefore I resubmit. [redacted] yo c/ spontaneous "sausage" L pinky x 2 months. Pt. works as a [redacted] and cannot flex and extend the digit. This will significantly affect his ability to do his job. Xray merely confirms soft-tissue swelling. CBC, Sed rate, lytes, liver enzymes, RF all normal. Pt failed course of A/Bx, which were prescribed at Dr. Farinella's rec. In fact, pt. has pain and swelling proximally now into the R 5th metacarpal. I would appreciate hand surgery seeing the pt. within 1 month if possible. Thank you.;
YES

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 1 2 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hernia
Procedure: Consult - Initial Visit **Specialty:** General Surgery **Priority:** 4 **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] yo s/p LIH prior to incarceration, presents c/ enlarging RIH since [redacted] 2016, not responsive to truss, analgesics. It has enlarged to the size of a Clementine orange and is now incarcerated. Pt. has 3 years on sentence c/ an incarcerated hernia, and is therefore interested in surgical repair. Please arrange consultation for ~ 1 month if possible. Thank you.;

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 1 2 [redacted]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Mass
 Procedure: Consult - Initial Visit Specialty: General Surgery Priority: 4 Status: G Jur: 142
 Complaint/Diagnosis: [REDACTED] yo c/ very painful nodule of L prepatellar region ~ 2.5 cm in size. I performed FNA which demonstrates anucleate squamous cells, c/w sebaceous cyst. It is in a technically challenging area, and I think the skills of a surgeon would be preferable, given the relative paucity of SQ tissue over a highly-mobile joint. The bottom line: the lesion should be removed 2o to the discomfort the pt. is experiencing. Please schedule for ~ 1 month if possible. Thank you.;

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| WILLARD-CYBULSKI CI | [REDACTED] | Clements, Michael | [REDACTED] | 3 | 1 | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Keratitis
 Procedure: Consult - Return Visit Specialty: Ophthalmology Priority: 4 Status: G Jur: 142
 Complaint/Diagnosis: [REDACTED] 7 r/v Ophthalmology, Durrani. s/p PK OU with partially exposed suture. Continue eye drops per consult, return in 2 months;

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| YORK CI | [REDACTED] | Nelsen, Elizabeth | [REDACTED] | 3 | 3 | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cancer - Head & Neck
 Procedure: Procedure - Other Specialty: ENT Priority: 4 Status: G Jur: 139
 Complaint/Diagnosis: [REDACTED] yo BF with Familial adenomatous polyposis found to have thyroid nodule of 1.4 cm with biopsy concerning for papillary thyroid cancer was evaluated by Dr. Parham (ENT) on [REDACTED] 17 who is now recommending full thyroidectomy 2/t genetic predisposition and current biopsy findings. I agree with recommendation.;

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| YORK CI | [REDACTED] | Hood, Tara | [REDACTED] | 3 | 3 | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Glaucoma
 Procedure: Imaging Test - MRI - Brain Specialty: Radiology/Diagnostic Imaging Priority: 3 Status: G Jur: 139
 Complaint/Diagnosis: [REDACTED] y.o. AAF w/ PMH of glaucoma, HTN, DM, HLPD, seen by Ophthalmology and recommended MRI w/o contrast of brain, labs and f/u in 1 month. I concur. Please schedule.;

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| YORK CI | [REDACTED] | Hood, Tara | [REDACTED] | 3 | 3 | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Glaucoma
 Procedure: Consult - Return Visit with Visual Fields Specialty: Ophthalmology Priority: 3 Status: G Jur: 139
 Complaint/Diagnosis: [REDACTED] y.o. AAF w/ PMH of glaucoma, DM, HTN, HLPD, seen by ophthalmology [REDACTED] 17 and recommended MRI of the brain, labs, meds and f/u in 1 month. please schedule.;

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| YORK CI | | | Nelsen, Elizabeth | | 4 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Hypertension | | | | | |
| Procedure: | Consult - Initial Visit | Specialty: | Nephrology | Priority: | 4 | Status: | U | Jur: | 139 | |
| Complaint/Diagnosis: | y.o. HF with Diabetes and Uncontrolled HTN, currently improved on 4 medications had Kidney US suspicious for severe stenosis on Left side, AM aldosterone of 21.5 despite aldactone therapy. Requesting Nephrology Consult for further management recommendations.; | | | | | | | | | |

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| YORK CI | | Hood, Tara | | 3 | 3 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Cardiac - Coronary Artery Disease | | | | | |
| Procedure: | Consult - Return Visit | Specialty: | Cardiology | Priority: | 5 | Status: | L | Jur: | 139 | |
| Complaint/Diagnosis: | y.o. WF w/ severe CAD s/p 8 stents and 2 CABG. Was sent out to L&M 17 for CP. Still with recurrent CP. On her usual meds + nitro. Seen by her personal cardiologist 17 and recommended 3 month f/u with him. Given hx, is it possible to have pt evaluated by her Primary Cardiology Thanks; | | | | | | | | | |

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| YORK CI | | Hood, Tara | | 2 | 3 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Issue - Foot | | | | | |
| Procedure: | Consult - Return Visit | Specialty: | Orthopedics | Priority: | 5 | Status: | G | Jur: | 139 | |
| Complaint/Diagnosis: | y.o. HF w/ PMH of chronic right Achille's tendon tear. Was in a CAM boot, had MRI, Podiatry and ortho f/u. Was out of CAM boot and felt a pop again at right achille's. Normal Thompson squeeze test. Has been back in the CAM boot x 2 months still with sx and palpable nodule at anterior Achille's. Please reschedule with Ortho for re-eval. Thanks.; | | | | | | | | | |

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| YORK CI | | Hood, Tara | | 2 | 3 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Nerve/Neurological Disorder | | | | | |
| Procedure: | Consult - Initial Visit | Specialty: | Cardiology | Priority: | 4 | Status: | G | Jur: | 139 | |
| Complaint/Diagnosis: | y.o. WF who had a acute cerebral infarct, seen by Neuro and recommended a cardiology consultation to rule out cardiac source of embolization, patient will also need a MR Venogram to r/o cerebral venous sinus thrombosis as a possible cause for cortical infarction that was shown on nher August brain MRI, in addition patient will also need a hypercoagulable w/u to make this vascular consultation worth its while; | | | | | | | | | |

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| YORK CI | | Hood, Tara | | 2 | 3 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Nerve/Neurological Disorder | | | | | |
| Procedure: | Imaging Test - Scan - Other | Specialty: | Radiology/Diagnostic Imaging | Priority: | 3 | Status: | G | Jur: | 139 | |
| | | | | | | | | | | |

Complaint/Diagnosis: [redacted] y.o. WF who had a cortical cerebral infarct during incarceration, seen by Neuro in [redacted] 17 and recommended MR venogram to r/o cerebral venous sinus thrombosis. I concur, please schedule.;

YORK CI [redacted] Nelsen, Elizabeth [redacted] 3 3 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Hearing Impairment
Procedure: Audiogram **Specialty:** Audiology **Priority:** 5 **Status:** 3mo **Jur:** 139
Complaint/Diagnosis: [redacted] yo WF with hearing loss worsening over last 2-3 months. +hx multiple ear infections as child with mild hearing loss, +Fam Hx of hearing loss in 40-50s. PE: +loss of conversational hearing - must increase volume to be heard, neg cerumen, Rinne Test lateralizes to Right side and Weber Test positive on Left side for bone >air conduction. Requesting Audiogram for further evaluation.;

YORK CI [redacted] Hood, Tara [redacted] 4 3 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Pancreatic Disease
Procedure: Consult - Initial Visit **Specialty:** Gastroenterology **Priority:** 5 **Status:** U **Jur:** 139
Complaint/Diagnosis: [redacted] y.o. WF w/ PMH of chronic pancreatitis, biliary stenosis, alpha 1 antitrypsin deficiency, GERD, Gastritis, diverticulitis, Ulcerative Colitis, c/o of epigastric pain. C/o of nausea, diaphoresis, epigastric pain, constipation, GERD sx. Was having MRCP's q 6 months PTA (GI records in chart) . ABD: +BS TTP epigastric/LUQ, no masses, noted. Please schedule with GI for followup and management of chronic pancreatitis.;

YORK CI [redacted] Nelsen, Elizabeth [redacted] 3 3 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Burn
Procedure: Imaging Test - Ultrasound - Chest/Breast **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** G **Jur:** 139
Complaint/Diagnosis: [redacted] yo female with severe chest/torso burns as child, had chest expanders placed and saw plastic surgery [redacted] 17 for concern of leak. Plastic surgery recommends US of chest expanders to eval current status. I agree with recommendation.;

YORK CI [redacted] Hood, Tara [redacted] 2 3 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Musculoskeletal Disorder
Procedure: Consult - Initial Visit **Specialty:** Rheumatology **Priority:** 5 **Status:** G **Jur:** 139
Complaint/Diagnosis: [redacted] y.o. HF w/ PMHx of vitamin D deficiency, depression has elevated ESR 43/CRP 12, +ANA 1:80, +EBV (old infection) with polymyalgia and polyarthralgias. On Neurontin for pain control with little improvement of sx. Please schedule for rheum consult for further eval and management.;

YORK CI [redacted] Hood, Tara [redacted] 3 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** GI Bleed

get records

Procedure: Consult - Initial Visit **Specialty:** Gastroenterology **Priority:** 4 **Status:** G **Jur:** 139

Complaint/Diagnosis: [redacted] yo WF w/ PMH of Crohn's disease only on benty, presents w/ a 3 wk hx of feeling bloated, mucus d/c from rectum and noting a flesh-like protrusion. No change to bowel habits/appetite.
 O: wt 138lbs, vss, NAD
 ABD: soft, +BS x 4 quads, no guarding no rebounding, + rectal performed +heme, no masses noted.
 Community release signed for records pending. Please schedule for GI consult.;

YORK CI [redacted] Hood, Tara [redacted] 3 2 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Cancer - Lymphoma

Procedure: Imaging Test - CT Scan - # Areas **Specialty:** Radiology/Diagnostic Imaging [redacted] 3 **Status:** U **Jur:** 139

Complaint/Diagnosis: [redacted] y.o. WF w/ PMH of NHL s/p chemo in remission seen by [redacted] Heme/onc and recommended CT chest/abd/pelvis next available. Can this be done at [redacted] since pt will be continuing care there. Thanks;

YORK CI [redacted] Hood, Tara [redacted] 3 2 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Cancer - Lymphoma

Procedure: Consult - Return Visit **Specialty:** Hematology/Oncology [redacted] **Priority:** 5 **Status:** U **Jur:** 139

Complaint/Diagnosis: [redacted] y.o. WF PM PMH of NHL s/p chemo, now in remission, seen by [redacted] on [redacted] 17 and recommended imaging studies and f/u in 6 months. I concur, please schedule.;

YORK CI [redacted] Hood, Tara [redacted] 3 2 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Cancer - Lymphoma

Procedure: Imaging Test - Mammogram **Specialty:** Radiology/Diagnostic Imaging [redacted] **Priority:** 5 **Status:** U **Jur:** 139

Complaint/Diagnosis: [redacted] y.o. WF w/ PMH of NHL in remission seen by bilateral breast masses, seen by her oncologist at [redacted] on [redacted] 17. Recommend Mammogram since overdue. Please schedule at [redacted] since she is continuing care there. Thanks.;

YORK CI [redacted] Machinski, Tricia [redacted] 2 3 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Breast Mass/Nodule/Cyst

Procedure: Consult - R/O Surgical Case **Specialty:** General Surgery [redacted] **Priority:** 5 **Status:** L **Jur:** 139

Complaint/Diagnosis: [redacted] y/o with left breast/nipple mass, had mammo and MRI, need breast surgical consult [redacted] 17 to r/o need for excision. thank you.;

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| YORK CI | | | Machinski, Tricia | | 2 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Breast Mass/Nodule/Cyst. | | | | | |
| Procedure: | Imaging Test - MRI - Other | Specialty: | Radiology/Diagnostic Imaging | Priority: | 5 | Status: | L | Jur: | 139 | |
| Complaint/Diagnosis: | Mammo 17- recommend MRI bilat breast in 6 mo; y/o, left nipple mass, was evaluated w/ Mammo and left br MRI, rec now Repeat MRI and surgical consult 2017 for continued monitoring. thank you; | | | | | | | | | |
| YORK CI | | | Hood, Tara | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Aneurysm | | | | | |
| Procedure: | Imaging Test - Angiography | Specialty: | Cardiology | Priority: | 3 | Status: | U | Jur: | 139 | |
| Complaint/Diagnosis: | y.o WF with fusiform ascending aortic aneurysm diagnosed 2016 at 46 mm on CTA. Seen by Cardiology on 17 and recommended a have a baseline CT angiogram to document the size and dimensions of her aorta. I concur, please schedule.; | | | | | | | | | |
| YORK CI | | | Hood, Tara | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Aneurysm | | | | | |
| Procedure: | Consult - Return Visit | Specialty: | Cardiology | Priority: | 5 | Status: | U | Jur: | 139 | |
| Complaint/Diagnosis: | y.o. WF w/ PMH of aortic aneurysm, seen by cardiology on 17 and recommended a have a baseline CT angiogram to document the size and dimensions of her aorta and a return visit in 3 months. I concur, please schedule.; | | | | | | | | | |
| YORK CI | | | Hood, Tara | | 2 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Colitis; IBD | | | | | |
| Procedure: | Consult - Initial Visit | Specialty: | Gastroenterology | Priority: | 5 | Status: | U | Jur: | 139 | |
| Complaint/Diagnosis: | y.o. w/ PMH of Crohn's x 3 years was on Remicade and Lialda w/o improvement. Current weight 97lbs. c/o of RLQ abdominal pain. Community records in chart. Please schedule with GI for f/u care.; | | | | | | | | | |

Panel List podiatry

Generated on 10/2/2017 7:42:44 AM

move HM! @MHA cases @BKLYN

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| BROOKLYN CI | [REDACTED] | [REDACTED] | L'heureux, Cynthia | [REDACTED] | 2 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Musculoskeletal Issue - Foot
 Procedure: Device - Orthotic - New Specialty: Podiatry Priority: 3 Status: G Jur: 128
 Complaint/Diagnosis: [REDACTED] yr old who had calcaneal fx to left foot 2012
 He was casted for over 1 month and was supposed purchase a special boot but never did Comes to medical complaining of foot pain
 requesting podiatry consult No visual deformity. Previously denied; previously denied please see other UR; left heel cup and heel lift 2012
 calcaneal fracture - protrudes;

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| CORR/RAD CC | [REDACTED] | [REDACTED] | Figura, Ilona | [REDACTED] | 3 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Foot/Toe Ailment
 Procedure: Consult - Initial Visit Specialty: Podiatry *WAS POD PART OF [REDACTED]* Priority: 4 Status: G Jur: 140
 Complaint/Diagnosis: [REDACTED] yr old with longstanding back pain. Feb 2015 and developed pain L side and weakness of R leg. MRI shows: Facet arthropathy and
 diffuse disc bulge produce severe bilateral neural foraminal stenosis at L5-S1. Disc material and thickening of ligamentum flavum about the
 exiting L5 nerve roots bilaterally. He also has bilateral foot deformities exacerbating stress on his back This request is for podiatry eval for
 special shoes or orthotics + Habeas in progress; *FOR WHAT do not want to go down road of shoes for back pain = everyone will*

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| HARTFORD CC | [REDACTED] | [REDACTED] | Laplante, Sharron | [REDACTED] | 2 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Musculoskeletal Issue - Foot
 Procedure: Consult - Initial Visit Specialty: Podiatry Priority: 4 Status: U Jur: 121
 Complaint/Diagnosis: @ [REDACTED] y/o male c/o right first toe nail ingrown for 3 days. on p/e edges of nail fold/curve in on both sides. is tender to touch. might he see the
 podiatrist? thank you, dr. L;

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| WILLARD-CYBULSKI CI | [REDACTED] | [REDACTED] | Clements, Michael | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Foot/Toe Ailment
 Procedure: Consult - Initial Visit Specialty: Podiatry *no criteria* Priority: 4 Status: G Jur: 142
 Complaint/Diagnosis: [REDACTED] yo c/ diabetic neuropathy and decreased sensation in feet. Is at high risk for diabetic foot ulcers. Please approve a 1 - time Podiatry visit
 within 1 month for proper foot care. Thank you.;

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| WILLARD-CYBULSKI CI | [REDACTED] | [REDACTED] | Clements, Michael | [REDACTED] | 2 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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| DOE [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Foot/Toe Ailment |
| Procedure: Consult - Initial Visit | Specialty: Podiatry | Priority: 4 | Status: L |
| Complaint/Diagnosis: [REDACTED] yo c/ all 10 toes amputated d/t frostbite. Needs Podiatric evaluation for appropriate Orthotic footwear. Please see as soon as feasible. Thank you.; | | | Jur: 142 |

what did he come in wearing + uses in community? use THOSE!

Panel List podiatry

Generated on 10/6/2017 3:20:50 PM

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 2 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Foot/Toe Ailment | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Podiatry | | Priority: 4 | | Status: U | | Jur: 123 | | |
| Complaint/Diagnosis: Recurrent infection from ingrown nail Right Great Toe. Had same in [REDACTED] 2017. Being re-treated with antibiotics.; | | | | | | | | | | |
| MCDGL/WLKR CI | [REDACTED] | [REDACTED] | Naqvi, Syed | [REDACTED] | 4 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Musculoskeletal Issue - Foot | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Podiatry | | Priority: 4 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: patient has right foot and heel pain with tenderness in posterior part of foot/ ankle. he was given an injection into heel in [REDACTED] 2016 which helped him for few months but is experiencing increased pain. he has been seen in [REDACTED] and needs a podiatry evaluation.; | | | | | | | | | | |
| WILLARD-CYBULSKI CI | [REDACTED] | [REDACTED] | Clements, Michael | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Foot/Toe Ailment | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Podiatry | | Priority: 4 | | Status: L | | Jur: 142 | | |
| Complaint/Diagnosis: [REDACTED] yo IRDM, s/p b/l fibroma removal, c/ very painful recurrence. Dr. Martin Pressman, DPM, removed these lesions in YNH and Milford. Please have Dr. Berkowitz opine on what can be done for these painful lesions. Please arrange for apt. in 1 month if possible. Thank you.; | | | | | | | | | | |
| WILLARD-CYBULSKI CI | [REDACTED] | [REDACTED] | Clements, Michael | [REDACTED] | 2 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Foot/Toe Ailment | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Podiatry | | Priority: 4 | | Status: G | | Jur: 142 | | |
| Complaint/Diagnosis: [REDACTED] yo c/ severe plantar fasciitis, not helped by analgesics, steroid injection, heel cups. Xray unremarkable. Labs v Vit D level. As I have been unsuccessful in alleviating the pt's severe pain, I ask for Podiatric consultation within a month if possible. Thank you.; | | | | | | | | | | |

Panel List md

Generated on 10/6/2017 3:20:19 PM

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 5 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] Status: Ready for Adjudication | | Voted to Parole: [REDACTED] | | Diagnosis: Trauma | | | | | | |
| Procedure: Consult - Post Op | | Specialty: Orthopedics | | Priority: 3 | | Status: U | | Jur: 123 | | |
| Complaint/Diagnosis: [REDACTED] yo. Multiple GSW on [REDACTED] 17, prior to incarceration. Hospitalized at [REDACTED] 7 until [REDACTED] 17. Discharge Diagnosis: Hemorrhagic Shock due to GSW, Liver Laceration, Rt Pneumothorax, Lt Femur Fracture with ORIF. Dr. Cimino, Orthopedist, requests follow up in 2 weeks.; | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Arnista, Thomas | [REDACTED] | 2 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] Status: Ready for Adjudication | | Voted to Parole: [REDACTED] | | Diagnosis: Vision Issue/Change | | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Ophthalmology | | Priority: 4 | | Status: U | | Jur: 123 | | |
| Complaint/Diagnosis: Pt S/P longstanding retinal detachment (4 years) OS, recent IOL, OS ([REDACTED]/17, [REDACTED]). Seen for FU at [REDACTED] 17. Steroid taper started. One month FU suggested. Please schedule. Plan is still to have retina Dr. re-evaluate for possible RD repair (routine). I will discuss this issue with the panel via email to determine the most appropriate provider for possible repair of the chronic retinal detachment, and then submit a separate URC. Thanks.; | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 5 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] Status: Ready for Adjudication | | Voted to Parole: [REDACTED] | | Diagnosis: Bowel Obstruction | | | | | | |
| Procedure: Procedure - EGD without Dilatation | | Specialty: Gastroenterology | | Priority: 2-3 | | Status: U | | Jur: 123 | | |
| Complaint/Diagnosis: [REDACTED] yo. Hospitalized at JDH [REDACTED] 17 until [REDACTED] 17 for vomiting, failure to thrive. Work up revealed duodenal stricture with gastric outlet obstruction with marked gastric dilation and gastritis on CT scan. Patient refused EGD or any further work up and signed out of JDH AMA. [REDACTED] has changed his mind and will now agree to the EGD. Since GI saw him during inpatient hospitalization and planned the EGD can it be rescheduled without outpatient GI consultation?; | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 5 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] Status: Ready for Adjudication | | Voted to Parole: [REDACTED] | | Diagnosis: Bowel Obstruction | | | | | | |
| Procedure: Consult - Post In-Patient hospitalization Follow-Up | | Specialty: Gastroenterology | | Priority: 3 | | Status: U | | Jur: 123 | | |
| Complaint/Diagnosis: [REDACTED] yo. Hospitalized at JDH [REDACTED] 17 until [REDACTED] 17 for vomiting, failure to thrive. Work up revealed duodenal stricture with gastric outlet obstruction with marked gastric dilation and gastritis on CT scan. Patient refused EGD or any further work up and signed out of JDH AMA. Discharge Instructions request GI follow up in 2 weeks.; | | | | | | | | | | |

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| BRIDGEPORT CC | [REDACTED] | Elderkin, James | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: ENT Disorder | | |
| Procedure: | Consult - Post Emergency Room Follow-Up | Specialty: ENT | Priority: 3 | Status: U | Jur: 123 | Y |
| Complaint/Diagnosis: | [REDACTED] yo. Right Peri-tonsillar abscess drained emergently at UConn Health JDH ED on [REDACTED] 17. ENT requests follow up in ~ 10 days. Of note, this is the third right PTA he has had in the past 2 years.; | | | | | |

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| CESHIRE CI | [REDACTED] | Pillai, Omprakash | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cirrhosis | | |
| Procedure: | Consult - Return Visit | Specialty: Gastroenterology | Priority: 4 | Status: G | Jur: 125 | Y |
| Complaint/Diagnosis: | [REDACTED] years old with Hx of Treatment naïve hepatitis C GT 1 a, Decompensated cirrhosis (CTP Class C, MELD-14), portal HTN and massive hydrothorax admitted to JDH from [REDACTED] until [REDACTED] 17; S/p therapeutic and diagnostic thoracentesis with improvement I symptoms. Exam shows no jaundice, scattered angiomas over trunk, palmar erythema, B/L gynecomastia, decreased AE to R lower lung field, minimal ascites, splenomegaly and trace edema HCV VL- 9100, H/H – 11.4/32.0; Platelet -67000, Albumin – 1.9, INR 1.3, AST/ALT -100/40, AFP – 13, Anti Mito ab – 23.6, Na -135 CT – cirrhosis, Portal HTN, splenomegaly. GI saw patient in past and requests follow up for variceal screening; | | | | | |

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| CESHIRE CI | [REDACTED] | Ivanaviciene, Jurate | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Hepatitis C | | |
| Procedure: | Therapy - Hepatitis C | Specialty: Infectious Diseases | Priority: 5 | Status: G | Jur: 125 | Y |
| Complaint/Diagnosis: | [REDACTED] yr old white/male with Hep C. Fibro scan done on [REDACTED] 17. Stage 4 fibrosis. Has been chosen by Hep CURB Panel for pending treatment. Submitted for 340b review.; | | | | | |

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| CESHIRE CI | [REDACTED] | Lichtenstein, Bruce | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Dental Caries/Issue | | |
| Procedure: | Procedure - Dental Extractions | Specialty: Oral Surgery | Priority: 3 | Status: G | Jur: 125 | Y |
| Complaint/Diagnosis: | Pt is a [REDACTED] you BM who presents with badly decayed #1 and 15 yr absence from dental care. Attempted removal of grossly carious #1 but unsuccessful due to pt compliance/lack of adequate anesthesia for pt to tolerate procedure. Please extract root #1..... | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CHESHIRE CI | | | Lichtenstein, Bruce | | 1 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Dental Caries/Issue | | | | | |
| Procedure: | Consult - Initial Visit | Specialty: Oral Surgery | Priority: 3 | Status: G | Jur: 125 | | | | | |
| Complaint/Diagnosis: | Pt is a yo BM who presents with impacted #31,32...#32 has a dentigerous cyst around the superior aspect of the tooth. Pt was seen on 16 by UCONN OS (Dr. Farshidi) for removal of #17 with same dentigerous cyst involvement so current PANO should be on file. Request exo #32 and advice on whether to leave and hope for eruption #31 or exo also; | | | | | | | | | |

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| CHESHIRE CI | | | Ruiz, Ricardo | | 1 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Disorder | | | | | |
| Procedure: | Device - Shoe(s) | Specialty: Vendor | Priority: 4 | Status: G | Jur: 125 | | | | | |
| Complaint/Diagnosis: | Patient has a significant leg length discrepancy with his Rt leg longer than his left. We have tried heel lifts without success. The lefts makes him lean forward and is causing Left back and knee pain. Requesting a orthotic shoe.; | | | | | | | | | |

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| CHESHIRE CI | | | Ruiz, Ricardo | | 2 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Fracture - Other | | | | | |
| Procedure: | Consult - R/O Surgical Case | Specialty: ENT | Priority: 4 | Status: G | Jur: 125 | | | | | |
| Complaint/Diagnosis: | yowm who sustained a nondisplaced nasal fracture with marked nasal septum deviation to the left on 17. He reports difficulty breathing through his left nostril and headaches. On exam there is nasal septum deviation to the left. There is minimal to no air movement through the left nostril. Requesting ENT evaluation.; | | | | | | | | | |

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| CHESHIRE CI | | | Ruiz, Ricardo | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Lipoma | | | | | |
| Procedure: | Consult - R/O Surgical Case | Specialty: General Surgery | Priority: 4 | Status: G | Jur: 125 | | | | | |
| Complaint/Diagnosis: | yowm with multiple subcutaneous lesion (some of which the patient reports as painful) who was evaluated by dermatology on 17. It was felt that the lesions were lipomas. The dermatologist has recommended a General Surgery for resection of the more painful lesions.; | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CESHIRE CI | | | Ruiz, Ricardo | | 2 | 2 | | | | |

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Sleep Apnea
Procedure: Device - CPAP/BIPAP Supplies **Specialty:** Vendor **Priority:** 3 **Status:** G **Jur:** 125
Complaint/Diagnosis: CPAP Hours= 9787 New Large-mask TMS-284091; Universal tubing- SBT-CPAPOS; blue/white filter- RMD 33917;

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| CESHIRE CI | | | Ruiz, Ricardo | | 3 | 3 | | | | |
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DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cardiac - Chest Pain
Procedure: Consult - Return Visit **Specialty:** Cardiology **Priority:** 3 **Status:** G **Jur:** 125
Complaint/Diagnosis: Patient has history of HTN, T2DM hyperlipidemia who has had multiple PCI's and 6 vessel CABG. He has on going chest pain and is scheduled to have a cardiac cath on [redacted] 17. Request for Cardiology f/u after cardiac cath.;

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| CORR/RAD CC | | | Figura, Ilona | | 4 | 2 | | | | |
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DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Colitis; IBD
Procedure: Consult - Post In-Patient hospitalization Follow-Up **Specialty:** General Surgery **Priority:** 3 **Status:** G **Jur:** 140
Complaint/Diagnosis: [redacted] y/o male with recent 8 day JDH hospitalization for severe pan colitis due to ulcerative colitis Seen by GI while in the hospital GI requests 2-3 week follow up;

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| CORR/RAD CC | | | Figura, Ilona | | 3 | 3 | | | | |
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DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Polyp(s)
Procedure: Procedure - Colonoscopy **Specialty:** Gastroenterology **Priority:** 5 **Status:** G **Jur:** 140
Complaint/Diagnosis: [redacted] y/o male with h/o bloody stools. was seen by gi recently . Colonoscopy on [redacted] 17 showed solitary polyp GI requests colonoscopy in 3 months (2days no solids);

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| CORR/RAD CC | | | Figura, Ilona | | 2 | 2 | | | | |
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DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Fracture - lower extremity
Procedure: Consult - Return Visit **Specialty:** Orthopedics **Priority:** 3 **Status:** G **Jur:** 140
Complaint/Diagnosis: [redacted] y/o s/p ORIF left patella [redacted] 17. Seen in follow up [redacted] 17 and [redacted] 17 He has persistant pain , swelling, limited ROM despite NSAIDS, exercises I am requesting ortho return visit to reevaluate his post op status and reason for slow recovery;

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| CORR/RAD CC | [REDACTED] | Figura, Ilona | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Musculoskeletal Issue - Wrist | | |
| Procedure: | Consult - Initial Visit | Specialty: Orthopedics | <i>Send to OCI or MCI</i> | Priority: 4 | Status: U | Jur: 140 |
| Complaint/Diagnosis: | [REDACTED] /o male with recurrent , painful radial styloid tenosynovitis R wrist despite NSAID, ACE XR normal Exam shows swelling, restricted motion Community records from Dr Sajjad (ortho, New London) documents good response to Kenalog injection first dorsal injection This is beyond my scope of practice I am requesting ortho consult to evaluate for such an injection; | | | | | |

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| CORR/RAD CC | [REDACTED] | Figura, Ilona | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Colitis; IBD | | |
| Procedure: | Consult - Return Visit | Specialty: Gastroenterology | | Priority: 3 4 | Status: IMO | Jur: 140 |
| Complaint/Diagnosis: | [REDACTED] year old with long standing Hx of UC, [REDACTED] stable) S/p total colectomy/abd-perineal resection He was last seen by GI in [REDACTED] 2015 They were strongly considering a biologic He has since been on mesalamine and stable until the past 4 months He has had monthly flares consisting of abdominal cramping, pain, very loose , bloody in colostomy despite my adding 6MP His exams have shown tenderness, blood in the colostomy. These have resolved with steroid tapers Requesting return visit with GI to begin evaluation for biologic; | | | | | <i>YES so he can see nurse</i> |

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| CORR/RAD CC | [REDACTED] | Figura, Ilona | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Musculoskeletal Issue - Knee | | |
| Procedure: | Consult - Initial Visit | Specialty: Orthopedics | | Priority: 3 4 | Status: S | Jur: 140 |
| Complaint/Diagnosis: | [REDACTED] /o AA male with long hx of recurrent knee effusions and injuries prior to incarceration with persistent pain and effusion L knee despite rx by myself including IA kenalog, NSAID, exercises , negative uric acid, neg XR I am requesting ortho eval foro possibl emeniscal tear; | | | | | <i>MCI 155</i> |

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| CORR/RAD CC | [REDACTED] | Figura, Ilona | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Retinopathy- Diabetic | | |
| Procedure: | Consult - Return Visit | Specialty: Ophthalmology - Retinal | | Priority: 5 | Status: G | Jur: 140 |
| Complaint/Diagnosis: | [REDACTED] yr old with insulin dependent diabetes with significant retinopathy issues and multiple laser surgeries Last laser surgery was [REDACTED] 2017 Seen JDH on [REDACTED] 17 Had laser surgery to left eye [REDACTED] 17 Ophtho requests 3 month follow up; | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CORR/RAD CC | | | Figura, Ilona | | 4 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Fracture - mandibular/maxillary | | | | | |
| Procedure: Consult - Post Emergency Room Follow-Up | | Specialty: Oral/Maxillo/Facial | | Priority: 2 | | Status: G | | Jur: 140 | | |
| Complaint/Diagnosis: [REDACTED] y/o AA male with left maxillary fracture Arch bar for reduction placed in JDH ER [REDACTED] 7 DR Sood (OMFS attending) requests 1 week followup; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CORR/RAD CC | | | Figura, Ilona | | 2 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Abscess | | | | | |
| Procedure: Imaging Test - MRI - Other | | Specialty: Radiology/Diagnostic Imaging | | Priority: 4 | | Status: G | | Jur: 140 | | |
| Complaint/Diagnosis: [REDACTED] y/o AA male s/p GSW -induced left tibial shaft Fx 2016 Since [REDACTED] 17 he has had recurrent purulent drainage from a mid tibial abscess (it abated for a month after 2 weeks of Bactrim and I&D by myself) In [REDACTED] 2017, he developed a new abscess distal to the first through which purulence is expressed by pressing between the first abscess and this area It abated with another course of Bactrim, but has grown to point of needing I&D today , by myself XR of the tibia does not show osteo CBC normal CULTure showed no growth I feel he has a sub q sinus tract of infection between the 2 abscesses and needs MRI to guide more definitive Rx This request is for MRI (or ortho consult as URC sees fit); | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CORR/RAD CC | | | Figura, Ilona | | 2 | 1 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Fracture - mandibular/maxillary | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Oral/Maxillo/Facial | | Priority: 4 | | Status: L | | Jur: 140 | | |
| Complaint/Diagnosis: [REDACTED] y/o male with metal plate in right maxilla affixing Fx sustained in 2005 He continues to complain of severe, neuropathic like pain along the right maxilla interfering with talking and eating despite my prescription of NSAID, prednisone, gabapentin XR only shows healed Fx with stable fixation I am requesting oral surgery consult for possible steroid injection to affected nerve; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CORR/RAD CC | | | Figura, Ilona | | 2 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Nerve/Neurological Disorder | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Neurology | | Priority: 4 | | Status: U | | Jur: 140 | | |
| Complaint/Diagnosis: [REDACTED] year old male , well controlled HTN, with 4 months of vascular headaches increasing in frequency and intensity despite good bp control, normal PO intake, Elavil prophylaxis I am requesting neuro consult; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CORR/RAD CC | | | Figura, Ilona | | 3 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Obstruction - urinary tract | | | | | |

Procedure: Procedure - Other **Specialty:** Urology **Priority:** 3 **Status:** G **Jur:** 140
Complaint/Diagnosis: [redacted] y/o male with 1 week of foreskin swelling, making it impossible to retract, despite topical and oral antibiotic. Seen by urology [redacted] 17 Dr Albertson felt he has phimosis requiring circumcision; *imo*

CORR/RAD CC [redacted] Figura, Ilona [redacted] 3 3 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Glaucoma
Procedure: Consult - Return Visit **Specialty:** Ophthalmology **Priority:** 4 **Status:** G **Jur:** 140
Complaint/Diagnosis: [redacted] yr old male with hx of glaucoma, cataracts and scleroderma. Recently seen at JDH by Dr Durrani [redacted] 17 DR Durani requests 2 month follow up;

CORR/RAD CC [redacted] Medwick, Ronald [redacted] 2 3 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Ophthalmologic Disorder
Procedure: Consult - Initial Visit **Specialty:** Ophthalmology **Priority:** 3 **Status:** U **Jur:** 140
Complaint/Diagnosis: [redacted] yo white male with distorted vision in os for last 6 months. positive amsler in os, va 20/150 sc.od corrected to 20/20, os showed little improvement. oscope od wnl/os shows a maculopathy, round red and about 1dd in size./patient in need of FA and OCT evaluation. Submitted on behalf of Dr. Medwick;

ENFIELD CI [redacted] Freston, Cary [redacted] 2 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Nodule
Procedure: Imaging Test - CT Scan - Chest **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** G **Jur:** 1/2
Complaint/Diagnosis: Request CT chest interval repeat regarding RUL nodule. AFB negative. ID recommendation to 3 month CT comparison. Constitutional symptoms absent.;

ENFIELD CI [redacted] Freston, Cary [redacted] 1 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Cardiac - Arrhythmia
Procedure: Holter Monitor **Specialty:** Cardiology **Priority:** 3 **Status:** L **Jur:** 112
Complaint/Diagnosis: Request Holter monitor. [redacted] yo male with 4 episodes of "heart racing" with following dizziness and feeling of uneasiness. No panic disorder known. Clinically unable to elicit abnormality on detailed cardiovascular exam, including squat heart tones and valsalva. EKG non-specific inferior distribution STW changes, but initial ERNSC EKG, p-wave morphology variation seen, thus possible nidus for abnormal conduction. Comprehensive labs pending.;

GARNER CI [redacted] Valletta, Gerald [redacted] 3 3 [redacted]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Renal - Chronic Renal Failure
Procedure: Consult - Return Visit **Specialty:** Nephrology **Priority:** 2 **Status:** G **Jur:** 136
Complaint/Diagnosis: H/o IgA nephropathy - had renal biopsy mid-[REDACTED] Nephrology wanted a post-procedure follow-up;

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| GARNER CI | [REDACTED] | Valletta, Gerald | [REDACTED] | 3 | 3 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Musculoskeletal Issue - Arm
Procedure: Consult - Initial Visit **Specialty:** Orthopedics **Priority:** 3 **Status:** G **Jur:** 136
Complaint/Diagnosis: IM still c/o severe right arm pain.
 Had MRI right shoulder [REDACTED] weeks ago - no acute shoulder pathology
 [REDACTED] /o male with history of right shoulder reconstructive surgery. IM slipped on water on floor of cell and injured right arm breaking his fall. His exam is consistent with proximal head bicep tendon tear and is complaining of significant pain & edema (he does have a moderate - sized tender mass & ecchymosis in bicep region). X-rays wrist WNL & shoulder- no acute changes compared to [REDACTED] 16
 Given sling, analgesia & NSAIDS
 should be reassessed for re-injury of right shoulder (ROM difficult to gage since chronically impaired);

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| GARNER CI | [REDACTED] | Valletta, Gerald | [REDACTED] | 2 | 2 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Ophthalmologic Disorder
Procedure: Consult - Return Visit **Specialty:** Ophthalmology **Priority:** 5 **Status:** G **Jur:** 136
Complaint/Diagnosis: Seen by Dr E Simmons on [REDACTED] 17- wants follow-up in 12 months.
 IM complains of episodes of blurry vision. It started aprox 3 years ago has gotten progressively worse. C-T scan was normal. Inmate seen [REDACTED] 16 by Dr. Simmons- Lattice Degeneration; *not sign Opt finding OPTU*

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| GARNER CI | [REDACTED] | Valletta, Gerald | [REDACTED] | 2 | 3 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** ENT Disorder
Procedure: Consult - Initial Visit **Specialty:** ENT **Priority:** 3 **Status:** G **Jur:** 136
Complaint/Diagnosis: [REDACTED] /o male with PMH seizure disorder and asthma who claims to have chronic pain and muffled hearing in right ear. Denies ever inserting foreign object but did admit to getting into several fights and sustaining trauma to his right side. He claims to have had pain, congestion, muffled hearing and watery discharge from right ear for at least 1 year. We saw him about a month ago and he appeared to have a slight cerumen impaction and inflammation in canal. He was treated with a short course of prednisolone drops, which he discontinued because "it was making more fluid come out." He denied HA, dizziness, Resp, CV, GI or GU sx.
 Exam: small amount of dried cerumen in canal. Canal not edematous/erythematous. No discharge. No TM visualized - absent
 A: chronic TM perforation
 P: request ENT;

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| GARNER CI | [REDACTED] | Valletta, Gerald | [REDACTED] | 3 | 5 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hemophilia
Procedure: Consult - Return Visit **Specialty:** Hematology/Oncology **Priority:** 3 **Status:** G **Jur:** Y 136
Complaint/Diagnosis: seen by hematology for hemophilia A on [REDACTED] 17
 request 2 month follow-up
 request for dental surgery as inpatient with hematology inpatient consult to be submitted by dental.;

HARTFORD CC [REDACTED] Laplante, Sharron [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Hernia
Procedure: Consult - Return Visit **Specialty:** General Surgery **Priority:** 3 **Status:** U **Jur:** 121
Complaint/Diagnosis: @ [REDACTED] year old male had surgery on an inguinal hernia recently at UConn. the surgeons would like to see him back in 2 weeks. thank you, dr. L;

HARTFORD CC [REDACTED] Laplante, Sharron [REDACTED] 4 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Cardiac - Congestive Heart Failure
Procedure: Imaging Test - Echocardiogram **Specialty:** Cardiology **Priority:** 3 **Status:** U **Jur:** 121
Complaint/Diagnosis: @ [REDACTED] y/o male with h/o CKD, electrolyte abnormalities, LE edema, HTN. just came back from short stay at UConn for increased weight gain, and increased edema. noted on exam to have CHF also. cardiology would like an echocardiogram and be followed up in the CHF clinic. thank you, dr. L;

HARTFORD CC [REDACTED] Bozzi, George [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Dental Caries/Issue
Procedure: Procedure - Dental Extractions **Specialty:** Oral Surgery **Priority:** 3 **Status:** G **Jur:** 121
Complaint/Diagnosis: Please extract #1 and #16. Both are grossly decayed and non-restorable, with no buccal walls, and access is inadequate. PAs have been scanned.;

MCDGL/WLKR CI [REDACTED] Pillai, Omprakash [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Mass
Procedure: Imaging Test - Ultrasound - Other **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** G **Jur:** 137
Complaint/Diagnosis: [REDACTED] years old with a 4 x 3 cm size, non-tender, firm lump that can't be reduced over L inguino-scrotal junction. Its unsure whether this is hernia, enlarged LN or lipoma like tumors.
 Requests US for clarification;

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| MCDGL/WLKR CI | | | Pillai, Omprakash | | 3 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Adrenal Disorder | | | | | |
| Procedure: Consult - Return Visit | Specialty: Endocrinology | | Priority: 4 | | Status: G | | Jur: 137 | | | |
| Complaint/Diagnosis: [REDACTED] years old with Hx of refractory HTN and aldosteronoma, Post L laparoscopic adrenalectomy on [REDACTED]-17. Endocrine/HTN service consulted for post op HTN management. BP stable now. Recommends follow up with Dr. Tendler.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 2 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Cardiac - Chest Pain | | | | | |
| Procedure: Consult - Initial Visit | Specialty: Cardiology | | Priority: 4 | | Status: G | | Jur: 137 | | | |
| Complaint/Diagnosis: [REDACTED] o HTN, Dyslipidemia, s/p thyroidectomy complains of frequent chest pain especially at rest. Feels like a "vice" sometimes associated with palpitations and SOB. Denies diaphoresis. Evaluated at JDH [REDACTED] 2017. No arrhythmias found during visit. Ruled out for MI. Thyroid medication adjusted. Patient continues with same complaints for approximately 6 months. BP 120/82 today 100bpm. lungs clear. normal cardiac exam. 1+ edema bilaterally. TFTs wnl. Request cardiology consult, possibly ETT if warranted.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Pillai, Omprakash | | 3 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Sleep Apnea | | | | | |
| Procedure: Device - CPAP/BIPAP Supplies | Specialty: Vendor | | Priority: 3 | | Status: G | | Jur: 137 | | | |
| Complaint/Diagnosis: Inmate requesting TMS-285091 XL face mask, SBT-CPAPOS tubing, RMD 33917 filter hours on machine are 8381; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Naqvi, Syed | | 4 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Cardiac - Coronary Artery Disease | | | | | |
| Procedure: Procedure - Cardiac Catheterization | Specialty: Cardiology | | Priority: 4 | | Status: U | | Jur: 137 | | | |
| Complaint/Diagnosis: [REDACTED] yo with asymptomatic ascending aortic aneurysm which has recently been found to have increased in size (from 4.6 to 5.0 cm) needs coronary catheterization to establish coronary artery status before consideration of aneurysmal surgery as per cardiothoracic surgery. | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Pillai, Omprakash | | 4 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Fracture - lower extremity | | | | | |
| Procedure: Consult - Return Visit | Specialty: Orthopedics | | Priority: 4 | | Status: G | | Jur: 137 | | | |

Complaint/Diagnosis: [redacted] yo with tib/fib fracture and S/p ORIF on [redacted] 16. Followed by orthopedics, seen on [redacted] 17 and recommended CT of R Tib/fib to evaluate nonunion/malunion. CT reveals healed proximal Fib, mid shaft tib Fx and fractured 2nd proximal screw. He has ongoing pain and deformity at the fracture site. Please schedule Orthopedic follow up as originally recommended by Ortho.;

MCDGL/WLKR CI [redacted] Pillai, Omprakash [redacted] 4 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Diabetes

Procedure: Consult - Initial Visit **Specialty:** Endocrinology **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] yo with Hx of complicated IDDM - Hx of DKA with hospital admissions, symptomatic hypoglycemia, diabetic retinopathy/post pan retinal photocoagulation OU and diabetic neuropathy. His HgA1 C since 2015 had been in the range of 9.1 to 11.0. Most recent 10.1 in [redacted]. He is currently on Insulin detemir 45 U q am and Lispro SS. Requests Endocrinology consult for optimal management of diabetes.;

MCDGL/WLKR CI [redacted] Mccrystal, Kevin [redacted] 3 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Pain - chronic back

Procedure: Procedure - ESI **Specialty:** Interventional Radiology **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] yo with chronic low back pain. Previously on Neurontin and Tylenol #3. I/M request ESI for low back pain. No foot drop. Normal reflexes. No bowel or bladder changes.;

MCDGL/WLKR CI [redacted] Mccrystal, Kevin [redacted] 3 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cerebral Vascular Accident

Procedure: Consult - Return Visit **Specialty:** Cardiology **Priority:** 5 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] yo with left MCA CVA. Found to have PFO - closed by cardiology. Cardiology is following with ECHO and bubble study. Last seen [redacted] 17. Cardiology recommends return to clinic in 6 months.;

MCDGL/WLKR CI [redacted] Pillai, Omprakash [redacted] 3 1 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Nerve/Neurological Disorder

Procedure: Consult - Return Visit **Specialty:** Neurology **Priority:** 5 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] years old with Hx of MS on weekly Avonex. Seen by Neurology and concern that patient may have relapse (new R foot drop) and requests MRI of brain, cervical and Thoracic spine W/Wo contrast and then follow up.;

MCDGL/WLKR CI [redacted] Pillai, Omprakash [redacted] 3 1 [redacted]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Nerve/Neurological Disorder
Procedure: Imaging Test - MRI - Other Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: [REDACTED] years old with Hx of MS on weekly Avonex. Seen by Neurology and concern that patient may have relapse (new R foot drop) and requests MRI of brain, cervical and Thoracic spine W/Wo contrast;

MCDGL/WLKR CI [REDACTED] Pillai, Omprakash [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Aneurysm
Procedure: Procedure - Other Specialty: Vascular Surgery Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: Seen by vascular surgery and recommends scheduling for Endo Vascular Aneurysm Repair (EVAR) with Dr. Hasson
[REDACTED] Years old with infrarenal fusiform Aortic aneurysm 6.2 x 5.6 cm (rapidly increasing size) and a 2.5 cm size R common iliac artery;

MCDGL/WLKR CI [REDACTED] Pillai, Omprakash [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Musculoskeletal Issue - Hand
Procedure: Consult - Initial Visit Specialty: Orthopedics Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: [REDACTED] year old with injury to R ringer finger while playing basketball causing subluxation/dislocation of middle phalanx at PIP joint, S/p reduction at JDH ER, buddy splinted ring and middle finger. Post reduction films shows good alignment and FROM of PIP joint. ER recommends follow up with Hand Surgeon.;

MCDGL/WLKR CI [REDACTED] Mccrystal, Kevin [REDACTED] 4 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Pulmonary Disorder
Procedure: Consult - Return Visit Specialty: Pulmonary Medicine Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: [REDACTED] yo with COPD awaiting hip replacement surgery. Orthopedics requests clearance from pulmonary prior to OR. H/O abnormal radiographic findings- likely chronic inflammatory changes consistent with large and small airway disease on chronic azithromycin therapy.;

MCDGL/WLKR CI [REDACTED] Mccrystal, Kevin [REDACTED] 3 1 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Nerve/Neurological Disorder
Procedure: Imaging Test - MRI - Brain Specialty: Radiology/Diagnostic Imaging Priority: 5 Status: G Jur: 137
Complaint/Diagnosis: [REDACTED] yo with MS. Seen by neurology [REDACTED] 17. Neurology requests MRI of brain, cervical, and thoracic spine [REDACTED] 2018.;

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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 3 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Nerve/Neurological Disorder | | | | |
| Procedure: Consult - Return Visit | | Specialty: Neurology | | Priority: 5 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: yo with MS. Receiving Ocrevus. Followed by UCONN neurology. Last seen 17. Neurology requests return to clinic in 3 months.; | | | | | | | | | | |
| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Issue - Foot | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Orthopedics | | Priority: 4 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: yo with 6 month history of right foot pain after basketball injury. Pain is 8/10 always worse with weight bearing. Xrays wnl. Mortice intact. Antalgic gait. Pain to palpation over posterior ankle. "Tearing" pain. No ligament laxity on exam. I/M believes something is seriously wrong. Request ortho consult/MRI for evaluation.; | | | | | | | | | | |
| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 3 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Issue - Foot | | | | |
| Procedure: Consult - Return Visit | | Specialty: Orthopedics | | Priority: 3 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: S/P cyst excision and repair of non-union 5th metatarsal R 17. Ortho requests return for follow up in DOC clinic.; | | | | | | | | | | |
| MCDGL/WLKR CI | | | Naqvi, Syed | | 1 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Issue - Knee | | | | |
| Procedure: Consult - On-site Ortho Clinic | | Specialty: Orthopedics | | Priority: 4 | | Status: G 3MO | | Jur: 174 | | |
| Complaint/Diagnosis: yo with right knee pain and intermittent locking with instability of joint. O/E joint is mildly swollen and tender with reduced range. x ray shows loose bodies in joint cavity, will benefit from orthopedic eval.; | | | | | | | | | | |
| MCDGL/WLKR CI | | | Pillai, Omprakash | | 5 | 4 | | | | |
| DOB | | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Fracture - Other | | | | |
| Procedure: Consult - Return Visit | | Specialty: Orthopedics | | Priority: 4 | | Status: U | | Jur: 137 | | |
| Complaint/Diagnosis: admission 17 until 17 years old attempting suicide and concurring multiple LE, UE and lumbar spine fracture. Seen by JDH orthopedics and recommends follow up in 6 weeks; | | | | | | | | | | |

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| NEW HAVEN CC | [REDACTED] | Koslawy, Maria | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Cancer - Metastatic | [REDACTED] | |
| Procedure: | Consult - Initial Visit | Specialty: Pulmonary Medicine | Priority: 4 | Status: U | Jur: 122 | [REDACTED] |
| Complaint/Diagnosis: | YO malnourished BM with H/O LTBI treated in 1992. H/O granulomatous lung dz. CXR this admission with irregular opacity right apex. 4 month H/O lower lip lesion + light cigarette smoker + crack cocaine. Reports his PCP told him it was a wart and referred him to Derm for removal. Denies night sweats. No PSH. Records pending. Labs & all prior xrays enclosed. PE: T98.1 P 79 BP 116/71 Lungs: CTA HRT: RRR Please consider Pulmonary F/U in this frail pt. w/ RUL irregular density. | | | | | |

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| NEW HAVEN CC | [REDACTED] | Koslawy, Maria | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Lesion | [REDACTED] | |
| Procedure: | Consult - Initial Visit | Specialty: Dermatology | Priority: 4 | Status: U | Jur: 122 | [REDACTED] |
| Complaint/Diagnosis: | YO malnourished BM with irregular opacity right apex & 4 month H/O lower lip lesion + light cigarette smoker + crack cocaine. Reports his PCP told him it was a wart and referred him to Derm for removal. No PSH. Records pending. Labs enclosed. PE: T98.1 P 79 BP 116/71 Lungs: CTA HRT: RRR raised pea sized raised hypopigmented lesion to mid lower lip. Please consider Dermatology F/U for possible biopsy of lower lip lesion. | | | | | |

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| NEW HAVEN CC | [REDACTED] | Koslawy, Maria | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Hematuria | [REDACTED] | |
| Procedure: | Consult - Initial Visit | Specialty: Urology | Priority: 4 | Status: U | Jur: 122 | [REDACTED] |
| Complaint/Diagnosis: | YO BM S/P Open Left Nephrectomy 2013 with Neurogenic Bladder, sciatic nerve pain secondary to multiple GSW's in 2013. Dx: Solitary Rt. Kidney, CRD Stage 3 CKD stage 2. + Hematuria. Pt. seen by Nephrology 14 who recommends Urology consult for persistent hematuria. Lab enclosed. Current Rx: Lactulose, Elavil. PE: T98 P83 BP129/88 ABD: +BS soft, non-tender, surgical scars. Please consider Urology F/U. | | | | | |

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| NORTHERN CI | [REDACTED] | Wright, Carson | [REDACTED] | 4 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Hemoptysis | [REDACTED] | |
| Procedure: | Consult - Return Visit | Specialty: Pulmonary Medicine | Priority: 3 | Status: G | Jur: 141 | [REDACTED] |
| Complaint/Diagnosis: | 17 JDH for Bronchoscopy, RLL endobronchial lesion biopsy. Hemorrhage occurred, stopped with epinephrine and carterize. RECC: CT Angio of Chest to eval for lesions/AVM, follow up with Dr Ibrahim in 2 weeks; | | | | | |

hx retesting??

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| NORTHERN CI | | | Wright, Carson | | 4 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hemoptysis | | | | |
| Procedure: Imaging Test - CT Scan - Other | | Specialty: Radiation Oncology | | Priority: 3 | | Status: G | | Jur: 141 | | |
| Complaint/Diagnosis: 17 JDH for Bronchoscopy, RLL endobronchial lesion biopsy. Hemorrhage occurred, stopped with epinephrine and carterize. RECC: CT Angio of Chest to eval for lesions/AVM follow up with Dr Ibrahim in 2 weeks; | | | | | | | | | | |

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| NORTHERN CI | | | Wright, Carson | | 3 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Glaucoma | | | | |
| Procedure: Consult - Return Visit | | Specialty: Ophthalmology | | Priority: 5 | | Status: U | | Jur: 141 | | |
| Complaint/Diagnosis: 17 r/v Ophthalmology, Ehlers. Glaucoma suspect. History DM w/out BDR, myopia. Suspicious cupping but testing WNL. RECC: Return 1yr for OCT and FVB; | | | | | | | | | | |

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| OSBORN CI | | | Wright, Johnny | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Mass | | | | |
| Procedure: Imaging Test - MRI - Other | | Specialty: Radiology/Diagnostic Imaging | | Priority: 3 | | Status: G | | Jur: 115 | | |
| Complaint/Diagnosis: Inmate anticipated parole at the time of UConn visit refused thinking he would be release. He was not approved and will not be release until 2018. request reinstatement of visit for MRI as recommended. UCONN Urology consult 16 for R renal mass (2.6cm), recommends either re-image in 6 mos. or partial nephrectomy with Dr. Gjertson. Surgery optional now, but mandatory if mass grows >3.0cm.; | | | | | | | | | | |

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| OSBORN CI | | | Wright, Johnny | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Hernia | | | | |
| Procedure: Consult - Return Visit | | Specialty: General Surgery | | Priority: 3 | | Status: G | | Jur: 115 | | |
| Complaint/Diagnosis: yobm with h/o sarcoidosis, neurogenic bladder -self caths secondary (GSW), LIH repair 97 with chronic c/o persistent L inguinal pain radiating to testicles was never f/u despite c/o of pain post op. 2004 c/o pain radiates to L testicle "like electric shock" genx requested not approved recommend conservative txmt. 2007 L testicle pain that started almost immediately post-op & hasn't resolved w time. Req GenSX f/u - not approved. 16, 16, 17 office visit c/o L inguinal pain worst it's ever been in the the last 4-5 mos; night emission with blood on 2 occasions. Pinching/clicking effect- sensation in groin. O/E normal appearing anatomy. Fibrous ligament like structure tender to palpation proximal to left testicle were neurovas descends to scrotum. Urology visit recc nerve block or neurology consult. 17 nerve block performed with absolutely no relief. Request return visit for further intervention.; | | | | | | | | | | |

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| OSBORN CI | | | Wright, Johnny | | 4 | 1 | | | | |
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| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Seizure Disorder | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Procedure: | Consult - Post In-Patient hospitalization Follow-Up | Specialty: Neurology | Priority: 4 | Status: G | Jur: 115 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Complaint/Diagnosis: | [REDACTED] yowm with h/o sz, cerebrovas accident, cad, status post percutaneous coronary intervention bph with seizure like activity (eye fluttering and unresponsive approx. 5 mins later opened eyes slowly seemingly bewildered went in "rage combative postictal lasting thur 4mg Ativan and transport to EMS) EEG at discharge was normal Neuro has asked one month follow up.; | | | | | | | | |

YES
 on
 11/17/15
 3/15

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| OSBORN CI | [REDACTED] | Oeser, Linda | [REDACTED] | 3 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cancer - Skin | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Procedure: | Consult - Return Visit | Specialty: General Surgery | Exam | Priority: 3 | Status: G | Jur: 115 | [REDACTED] | [REDACTED] | [REDACTED] |
| Complaint/Diagnosis: | [REDACTED] yo with prior diagnosis of squamous cell CA with excision in [REDACTED] 2015 @ Farmington surgical center. Pt reports recurrence at excision site with two episodes of ulceration over previous 6 mo to mid upper cervical thoracic area. Pt also reports new ulceration/crusting lesion to R shoulder with friable edges and symmetrical borders. Formally request return visit to general surgery to evaluate same. Linda Oeser APRN-BC; | | | | | | | | |

YES

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| OSBORN CI | [REDACTED] | Wright, Johnny | [REDACTED] | 5 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Vascular Disease - Peripheral | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Procedure: | Consult - Return Visit | Specialty: Vascular Surgery | Priority: 3 | Status: G | Jur: 115 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Complaint/Diagnosis: | Patient seen and results of UR visit with vascular discussed. He is requesting a second opinion return visit to H.Hosp vascular surgeons. He is not interested in nerve block for his painful lower right leg as the the severe pain is due to a vascular cause not nerve well documented. [REDACTED] year old male - vasculopath secondary to DM, HTN, Morbid Obesity with documented and fully worked up PVD. He already has a stent in Right leg. UConn Vascular surgery consulted [REDACTED] 17 and finds no indication for amputation. Has recc PVR/ABI of right lower extr. PVR/ABI clearly demo vascular compromise. VascSx at H. Hosp suggested BKA therefore patient has requested return visit to H. Hospital.; | | | | | | | | |

NO

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | | | Breton, Joseph | | 3 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Cardiac - Chest Pain | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Cardiology | | Priority: 3 | | Status: G | | Jur: 115 | | YES |
| Complaint/Diagnosis: [REDACTED] morbidly obese male with pmhx of high cholesterol presents with a new onset of DOE for 2 weeks. Pt notes walking to med line or up one ramp, marked DOE which persists for 3- 5 minutes with rest. first time episode, sudden onset not associated with other symptoms and did not have symptoms in past despite BMI of 46. PE: no significant findings- no s4 , no s3 lungs clear, no cyanosis no edema. EKG (at rest) - unremarkable. Labs- normal lytes and CMP. A/p: [REDACTED] year old male- angina equivelant- risk factors include age, cholesterol, obesity, NSAIDs. Requesting a cardiac consult.; | | | | | | | | | | |

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| OSBORN CI | | | Katz, Stephanie | | 3 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Dental Caries/Issue | | | | | |
| Procedure: Consult - Post Op | | Specialty: Oral Surgery | | Priority: 3 | | Status: G | | Jur: 115 | | |
| Complaint/Diagnosis: I/M was seen [REDACTED] 17 by OMFS for biopsy of tongue. I/M was seen at facility [REDACTED] 17 to discuss bx results, with signs of normal healing, and [REDACTED] 17 for suture removal which I/M refused. I/M is adamant area is not healing although no signs of imbedded healing or infection are present. Requesting follow up for suture removal.; | | | | | | | | | | |

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| OSBORN CI | | | Pillai, Omprakash | | 4 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hepatitis C | | | | | |
| Procedure: Imaging Test - Scan - Other | | Specialty: Infectious Diseases | | Priority: 4 | | Status: G | | Jur: 115 | | |
| Complaint/Diagnosis: [REDACTED] years old with Hx of treatment naïve hepatitis C GT 1a, VL- 1, 443,000. Risk factor – nasal; cocaine use No Hx of overt liver disease. Hx of seizure like spells? Psuedoseizures on tegretol, phenobarbital, keppra and Neurontin PE shows no evidence of liver disease Data: AST/ALT-53/88, Platelet-165000, INR 1.1, Albumin 4.5 HIV negative, Hep B immune, Hep A IgG pending APRI Score - .8, FIB 4 – 1.64 Please schedule for a FibroScan; | | | | | | | | | | |

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| OSBORN CI | | | Wright, Johnny | | 3 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hernia | | | | | |
| Procedure: Consult - Return Visit | | Specialty: General Surgery | | Priority: 3 | | Status: G | | Jur: 115 | | |

Complaint/Diagnosis: [redacted] yowm with sensation of something "jabbing" me in my gut". His initial complaint dates back in [redacted] of 2015 with multiple sick call and MDSC appointments. The patient has had a previous incarcerated umbilical hernia repair with a PROCEED mesh in [redacted] 2013; neg EGD and Colonoscopy in 2014. He consulted with GenSx [redacted] of 2015 which documented an obese pt with midline diastasis and recommended f/u after appropriate imaging. CT of abdomen 2015 showed mild nodular soft tissue which were surgically removed the early part of the year. O/E the abdomen is taut and protuberant but nontender; Inmate has Requested return visit to GenSx for mesh removal.;

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| OSBORN CI | [redacted] | Breton, Joseph | [redacted] | 5 | 3 | [redacted] |
| DOB | [redacted] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Osteomyelitis | |
| Procedure: Consult - Initial Visit | Specialty: Orthopedics | Priority: 3 | Status: G | Jur: 115 | | |
| <p>Complaint/Diagnosis: This is my first day seeing this patient. [redacted] year old male with a ~6 cm by 3.8 cm stage 4 wound for 6 years during his incarceration. Treatment includes chronic Keflex, NS cleanse then Santyl in the wound bed followed by an entire piece of Silver Alginate 4 ¼ x 4 ¼ packed into wound then multiple 2x2 and 4 x4 with a gauze cover BID. I/m also applies Clobetasol cream to the entire lower leg around the wound. I do not have time to get exact dates from the older charts but he claims he has been doing this "for years." He is on chart "P." While he has an upcoming [redacted] in 10 days for pain management – the underlying issue is non healing wound. I am requesting a URC for wound clinic (not an pull down option) so I am questioning Orthopedics for chronic osteomyelitis.;</p> | | | | | | |

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| OSBORN CI | [redacted] | Wright, Johnny | [redacted] | 3 | 2 | [redacted] |
| DOB | [redacted] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hearing Impairment | |
| Procedure: Consult - Initial Visit | Specialty: Audiology | Priority: 4 | Status: <i>G</i> | Jur: 115 | | |
| <p>Complaint/Diagnosis: [redacted] yowm with chronic ear infections associated decrease ability to hear recently with drainage and unusual black and white spots akin to either fungal growth or larvae. The ear has been soaked and flush on multiple visits; treated with several oral and topical abxs. request ENT consultation for further management. ENT Visit [redacted] rec baseline hearing testing.;</p> | | | | | | |

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| OSBORN CI | [redacted] | Breton, Joseph | [redacted] | 5 | 2 | [redacted] |
| DOB | [redacted] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Discopathy | |
| Procedure: Consult - Post Op | Specialty: Orthopedics-Spine | Priority: <i>3</i> | Status: <i>G</i> | Jur: 115 | | |
| <p>Complaint/Diagnosis: [redacted] y/o male with MRI documented bilateral L5S1 disc extrusion and protrusion who underwent surgical repair [redacted] 2017. I am requesting a post op visit.;</p> | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | | | Whelan, Carol | | 2 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Sleep Apnea | | | | | |
| Procedure: Sleep Study | | Specialty: Pulmonary Medicine | Priority: 3 | | Status: G | Jur: 115 | | | | |
| Complaint/Diagnosis: Request on site oximetry- inmate reports severe sleep apnea, have no records, pulm req was turned down for lack of evidence, request on site oximetry; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | | | Pillai, Omprakash | | 3 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hepatitis C | | | | | |
| Procedure: Imaging Test - Scan - Other | | Specialty: Infectious Diseases | Priority: 4 | | Status: G | Jur: 115 | | | | |
| Complaint/Diagnosis: years old with Hx of treatment naïve hepatitis C, GT 1 a or b, HCV VL – 603,000. Risk factor: IDU Patient is clinically asymptomatic and has no Hx of overt liver disease. Data: HIV negative, Hep A & B immune, AST/ALT-100/171, Platelet – 209000, INR – 1.1, Albumin-4.2 ANA + 1:640, Anti-smooth muscle ab neg, anti-mitochondrial ab neg APRI Score – 1.20, FIB 4 – 1.57 Please schedule for a FibroScan; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | | | Freston, Cary | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Cancer - Lymphoma | | | | | |
| Procedure: Consult - R/O Surgical Case | | Specialty: General Surgery | Priority: 3 | | Status: G | Jur: 115 | | | | |
| Complaint/Diagnosis: Request General Surgical consultation to obtain operative fresh tissue biopsy of soft tissue masses required for pathology diagnosis. Multiple SQ nodules. Initial right suprascapular region excisional biopsy indicated atypical B-cell infiltrate suggestive of B-cell lymphoma vs. reactive hyperplasia. Fresh tissue sample required for Flow Cytometry.; | | | | | | | | | | |

? Request Bx + Heme -
 which? Bx good, merge for heme?

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | | | Freston, Cary | | 3 | 3 | | | | |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cancer - Lymphoma
 Procedure: Consult - Initial Visit Specialty: Hematology/Oncology Priority: 3 Status: G Jur: 115
 Complaint/Diagnosis: Request initial Oncology consultation regarding abnormal biopsy indicating atypical B-cell infiltrate with CD20+ suggestive of possible B-cell lymphoma vs. reactive hyperplasia.
 [REDACTED] year old male [REDACTED] with soft tissue mass excisional biopsy from right scapula region. No constitutional symptoms in ROS. Separate URC submitted for surgical Bx for fresh tissue to facilitate further Flow Cytometry and diagnosis;

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| OSBORN CI | | | Freston, Cary | | 4 | 3 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Nodule
 Procedure: Imaging Test - MRI - Knee Specialty: Radiology/Diagnostic Imaging Priority: 3 Status: G Jur: 115
 Complaint/Diagnosis: Request MRI left knee, as recommended by UCHC Radiology, regarding left knee likely osteochondroma with spiculated pattern, possible vascular - raising the possibility of a metabolically active tumor. Knee pain, 3-view with sunrise view indicates tri-compartment OA;

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| OSBORN CI | | | Freston, Cary | | 5 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cancer - Lymphoma
 Procedure: Consult - Initial Visit Specialty: Radiation Oncology Priority: 3 Status: G Jur: 115
 Complaint/Diagnosis: Request initial consultation with Radiation -Oncology. Pt. seen by RadOnc while inpatient at JDH. Recommended f/u 1 month. SCLC followed by Oncology.;

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| OSBORN CI | | | Breton, Joseph | | 2 | 3 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Polyp(s)
 Procedure: Consult - Return Visit Specialty: Gastroenterology Priority: 4 Status: G Jur: 115
 Complaint/Diagnosis: [REDACTED] year old male with a history of colon polyp at age [REDACTED] which was biopsied. [REDACTED] 2 report from [REDACTED] hospital requested a follow up in 5 years for a colonoscopy.;

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| OSBORN CI | | | Freston, Cary | | 3 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Pain - abdominal
 Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 3 Status: G Jur: 115

Complaint/Diagnosis: Request re-schedule of █ 17 consultation previously refused - █ *True? +* *YES*
Request initial GI consult regarding non-specific right abdomen pain. █ yo male, s/p serial colonic polypectomies has approximately 2 - 3 year history of vague right abdomen pain. ROS is negative except CP, for which he will see Cardiology. Non-colic, not able to identify instigating factors. No red flag symptoms or constitutional B findings. GERD is moderately well controlled on PPI. Mild high inguinal bulge/hernia is separate location and not tender, but is found on exam. US, CT, labs available for review.;

OSBORN CI █ Freston, Cary █ 2 █ 1 █
DOB █ **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hemorrhoids
Procedure: Surgical Procedure - Exam Under Anesthesia **Specialty:** General Surgery **Priority:** 3 **Status:** G **Jur:** 115
Complaint/Diagnosis: Request General Surgery exam under anesthesia - rectal pain. Fissuring, hemorrhoids, pain and rectal bleeding. EUA recommended by GS consultation.;

OSBORN CI █ Wright, Johnny █ 3 █ 3 █
DOB █ **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Radiculopathy
Procedure: Imaging Test - MRI - L/S spine **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** G **Jur:** 115
Complaint/Diagnosis: █ yohm with low back pain worst in the last year with associated numbness of the legs and plantar feet. H/o multiple documented spine injection 2011 and MRI demo Multifactorial degenerative change at L4-L5 produces mild spinal canal stenosis with moderate bilateral foraminal narrowing. Disc material abuts and compresses exiting L4 nerve roots bilaterally. O/E no visible atrophy but sensory decreased b/l plantar surface of feet. rec updated MRI and consultation with ortho spine for further management.;

4-4-2015 YES
YES but what priority?
4?
1mo-6w

OSBORN CI █ Whelan, Carol █ 5 █ 3 █
DOB █ **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Mental Status Changes
Procedure: Procedure - Other **Specialty:** Neurology *IR* **Priority:** 3 **Status:** G **Jur:** 115
Complaint/Diagnosis: rapidly progressing dementia in █ yo, neuro now suspects prion disease, they are requesting repeat lp with full prion panel (see their notes) and MRI (see separate req) repeat w/ contrast. IM is having rapid progression of dementia;

OSBORN CI █ Whelan, Carol █ 5 █ 3 █
DOB █ **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Mental Status Changes
Procedure: Imaging Test - MRI - Brain **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** G **Jur:** 115
Complaint/Diagnosis: █ yo with rapidly progressing dementia neuro now suspects prion disease, they are requesting repeat MRI and LP (see other req for LP) and the MRI is with contrast- see their notes.;

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| OSBORN CI | [REDACTED] | Wright, Johnny | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Mass | | |
| Procedure: | Imaging Test - Ultrasound - Other | Specialty: Radiology/Diagnostic Imaging | Priority: 3 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | <p>[REDACTED] yom with right scrotal pain and h/o calcified growth and scrotal cyst last imaged one year ago now with increasing size and sensitivity. O/E calcified/rock hard structure on right testes that IS exquisitely tender ot palpation. adjoining soft cyst like structure that once measured 2mm now noticeably larger. Further exam hampered by pain. request repeat ultrasound of scrotum contents before referral to urology.;</p> | | | | | |

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| OSBORN CI | [REDACTED] | Wright, Johnny | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Musculoskeletal Issue - Knee | | |
| Procedure: | Consult - Initial Visit | Specialty: Orthopedics | Priority: 3 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | <p>[REDACTED] yom with c/o pain, clicking and occasional locking of his L knee 4 years prior trauma sports related. Pain is worse on weight bearing and ambulating. On Exam Lt knee ROM is good some tenderness along lateral joint line, stable joint on varus/valgus stress and testing. X-ray show trace effusion. Request MRI of left knee to assess meniscus damage. Requests On-Site Ortho consult.;</p> | | | | | |

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| ROBINSON CI | [REDACTED] | Wright, Carson | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Sleep Apnea | | |
| Procedure: | Device - CPAP/BIPAP Purchase | Specialty: Pulmonary Medicine | Priority: 4 | Status: G | Jur: 116 | |
| Complaint/Diagnosis: | <p>[REDACTED] 17 Sleep Study at JDH. Severe Obstructive Sleep Apnea Syndrome. Recommend CPAP at minimum pressure setting put at 12 cmH2O. Has FFM Lg and hose from sleep study;</p> | | | | | |

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| ROBINSON CI | [REDACTED] | Wright, Carson | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Retinopathy- Diabetic | | |
| Procedure: | Consult - Return Visit | Specialty: Ophthalmology - Retinal | Priority: 5 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | <p>[REDACTED] 17 r/v Ophthalmology, Simmons. DM, NPDR, ^ Myopia, glaucoma. RECC: Eye drops per consult, refer optometry to eval for new glasses, return in 6 months of OCT;</p> | | | | | |

*onsite
OPH
dx glaucoma*

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD | |
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| ROBINSON CI | | | Wright, Carson | | 3 | 2 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Glaucoma | | | | | | |
| Procedure: | Consult - Return Visit | | Specialty: | Ophthalmology | | Priority: | 4 | Status: | G | Jur: | 116 |
| Complaint/Diagnosis: R/V Ophthalmology, Ehlers 17. D/C drops 2 months ago, c/o 3 minutes of burning with latanaprost. SLE: Blepharitis, MGD, early cataract. RECC: Eye drops per consult, return 1 month; | | | | | | | | | | | |

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| ROBINSON CI | | | Oeser, Linda | | 2 | 2 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Issue - Hip | | | | | | |
| Procedure: | Consult - Initial Visit | | Specialty: | Orthopedics | | Priority: | 4 | Status: | G | Jur: | 116 |
| Complaint/Diagnosis: yo male with complaints R hip pain x 6mo with stiffness and occasional locking or catching sensation. Xray dated 17 "suggestive of CAM impingement R>L". PE: Reduced ROM with external and internal rotation, no joint swelling, no crepitus, strength 4/5. Minor improvement with HEP exercises and NSAIDS. Formally requesting orthopedic evaluation to evaluate candidacy for intra-articular injection and PT. Please advise and thank you in advance. Linda Oeser FNP-BC; | | | | | | | | | | | |

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| ROBINSON CI | | | Wright, Carson | | 2 | 2 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hematuria | | | | | | |
| Procedure: | Imaging Test - MRI - Other | | Specialty: | Radiology/Diagnostic Imaging | | Priority: | 5 | Status: | G | Jur: | 116 |
| Complaint/Diagnosis: 17 JDH MRI, Abd w/wo contrast for hematuria. Large L kidney upper pole minimally complex cyst with thin enhancing internal septations, compatible with Bosniak classification 2f. Recommend a follow up CT of MRI in 6 months. Please schedule for MRI; | | | | | | | | | | | |

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| ROBINSON CI | | | Wright, Carson | | 3 | 2 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Cardiac - Arrhythmia | | | | | | |
| Procedure: | Consult - Return Visit | | Specialty: | Cardiology | | Priority: | 4 | Status: | G | Jur: | 116 |
| Complaint/Diagnosis: 17 Cardiology. Ablation of WPW performed, RECC Continue daily ASA, return 6-8 weeks; | | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| ROBINSON CI | | | Wright, Carson | | 3 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Discopathy | | | | | |
| Procedure: Procedure - ESI | | Specialty: Interventional Radiology | | Priority: 4 | | Status: G | | Jur: 116 | | |
| Complaint/Diagnosis: [REDACTED] 17 Seen by Ortho-spine. MRI shows multi-level degenerative spondylosis with central and foraminal stenosis most significantly seen at C3-C4, C5-C6 and C6-C7. Recommending trial ESI left of C6-C7, may repeat x2 if helpful. Surgery not recommended until all conservative measures are exhausted; | | | | | | | | | | |

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| UCONN HOSP | | | Pillai, Omprakash | | 3 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Obstruction - bowel | | | | | |
| Procedure: Consult - Post Op | | Specialty: General Surgery | | Priority: 3 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: JDH admission [REDACTED] 17 until [REDACTED] 2017: Sigmoid volvulus, S/p Sigmoid colon resection. Post Op course stable and tolerating Po food and fluids. Surgery recommends Post Op follow up in 2 weeks; | | | | | | | | | | |

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| UCONN HOSP | | | Mccrystal, Kevin | | 4 | 1 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Renal - End Stage Renal Disease | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Vascular Surgery | | Priority: 3 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: 40 ESRD HD3X week. Was sent out emergently [REDACTED] and [REDACTED] for AVF malfunction. Underwent thrombectomy, stenting, and TPA. During last admission had permacath placement for dialysis access while AVF heals. Discharge instructions include follow up with vascular surgery Dr. Shue in 2 weeks.; <i>FOR... 7-may need new fistula</i> | | | | | | | | | | |

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| WILLARD-CYBULSKI CI | | | Clements, Michael | | 3 | 1 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Ophthalmologic Disorder | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Ophthalmology | | Priority: 4 | | Status: G | | Jur: 142 | | |
| Complaint/Diagnosis: [REDACTED] 17 r/v Ophthalmology, Simmons. Type 1 DM, moderate NPDR OU, ME OD d/p eylea x4, RECC: Diamox qam x 1 month, return 6 weeks ? eylea; | | | | | | | | | | |

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| WILLARD-CYBULSKI CI | | | Clements, Michael | | 2 | 1 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Musculoskeletal Issue - Hip | | | | | |
| Procedure: Procedure - Radiologic-Guided | | Specialty: Interventional Radiology | | Priority: 4 | | Status: G | | Jur: 142 | | |

Complaint/Diagnosis: yo c/ Xray-confirmed severe L hip DJD. Failed analgesics, Elavil, Neurontin. Very painful, poor mobility. Needs an eventual hip replacement. Has had IA steroids before prior to incarceration, which have helped. Please schedule for within 1 month if possible. Thank you.;

PE

YES

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 3 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** GI Bleed
Procedure: Procedure - Colonoscopy **Specialty:** Gastroenterology **Priority:** 4 **Status:** L **Jur:** 142
Complaint/Diagnosis: [redacted] 17 initial visit Gastroenterology. Heme + 3/3 stools. Feels well, no n/v, wt loss, black stools. No family hx colon cancer or polyps. RECC: Colonoscopy;

YES

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 2 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Cardiac - Congestive Heart Failure
Procedure: Consult - Initial Visit **Specialty:** Cardiology **Priority:** 4 **Status:** L **Jur:** 142
Complaint/Diagnosis: yo c/ PPM, EF 18 - 27 %. Followed at YNHH by Dr. Tariq Ahmad. On B-Blocker, statin, Eliquis, Entresto. Overdue for his cardiology apt. Clinically stable, but needs Cardiology f/u within 1 month if possible, and at YNHH if possible. Thanks.;

Male

~~142~~

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 1 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Sarcoidosis
Procedure: Consult - Return Visit **Specialty:** Neurology **Priority:** 5 **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] 17 r/v Neurology. Sarcoidosis for follow up of presumed neurosarcoidosis, L Bell's Palsy [redacted] 2014 and L optic neuritis treated with steroids without improvement of vision. Recent worsening L hemifacial spasm, neck pain. Prednisone and baclofen started. RECC: Meds and labs per consult, ENT for botox treatment, MRI of Brain and cervical w/wo contrast, needs pulmonary, return in 3 months;

~~142~~

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 1 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Sarcoidosis
Procedure: Imaging Test - MRI - Other **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] 17 r/v Neurology. Sarcoidosis for follow up of presumed neurosarcoidosis, L Bell's Palsy [redacted] 2014 and L optic neuritis treated with steroids without improvement of vision. Recent worsening L hemifacial spasm, neck pain. Prednisone and baclofen started RECC: Meds and labs per consult, ENT for botox treatment, MRI of Brain and cervical w/wo contrast, needs pulmonary, return in 3 months;

~~142~~

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 1 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Sarcoidosis

Procedure: Consult - Initial Visit **Specialty:** ENT **Priority:** 4 **Status:** G **Jur:** 142 142
Complaint/Diagnosis: [redacted] /17 r/v Neurology. Sarcoidosis for follow up of presumed neurosarcoidosis, L Bell's Palsy [redacted] 2014 and L optic neuritis treated with steroids without improvement of vision. Recent worsening L hemifacial spasm, neck pain. Prednisone and baclofen started. RECC: Meds and labs per consult, ENT for botox treatment, MRI of Brain and cervical w/wo contrast, needs pulmonary, return in 3 months;

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 1 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Sarcoidosis
Procedure: Consult - Initial Visit **Specialty:** Pulmonary Medicine **Priority:** 4 **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] /17 r/v Neurology. Sarcoidosis for follow up of presumed neurosarcoidosis, L Bell's Palsy [redacted] 2014 and L optic neuritis treated with steroids without improvement of vision. Recent worsening L hemifacial spasm, neck pain. Prednisone and baclofen started. RECC: Meds and labs per consult, ENT for botox treatment, MRI of Brain and cervical w/wo contrast, needs pulmonary, return in 3 months;

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 2 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Musculoskeletal Issue - Arm
Procedure: Consult - Initial Visit **Specialty:** Orthopedics *Really... a Sam??* **Priority:** 4 **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] yo R-handed, s/p b/l biceps tendon repair. Dr. Mazzocca repaired the left biceps tendon in 2012. Dr. Fabian at Bridgeport Hospital repaired the R biceps tendon in 2016. The R tendon repair has failed as of a couple of months later, resulting in pain, weakness. Pt's EOS is [redacted] 2018, and he would very much benefit from repair if possible. Thank you.;

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 2 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hearing Impairment
Procedure: Consult - Initial Visit **Specialty:** Audiology *Weber? Rinne? Neurom?* **Priority:** 4 **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] yo c/ 1 month of sudden hearing loss R ear. O/E: No middle ear fluid; no infection. The ddx of sudden hearing loss s/ evidence of serous otitis includes auditory neuroma; therefore, please approve audiology if possible within a month. Thank you.;

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 2 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Genitourinary Disorder
Procedure: Consult - Return Visit **Specialty:** Urology **Priority:** 4 **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] yo c/ chronic testicular pain, not responsive to multitude of A/Bx, analgesics, both KOP and DOT (Neurontin, TCA's, past trial of Tyl # 3). Has exquisite tenderness of testes. Normal labs, incl. GC, Chlamydia. The pt. is in significant discomfort and has exhausted all our options. Is there a surgical option to alleviate the patient's discomfort? Please schedule if possible within 1 month.;

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 2 [redacted]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Mass
 Procedure: Imaging Test - MRI - Other Specialty: Radiology/Diagnostic Imaging Priority: 5 Status: G Jur: 142
 Complaint/Diagnosis: [REDACTED] 17 JDH, MRI of Abdomen w/w/o contrast, Hep C, ^ AFP. Right posterior and left lateral lobe demonstrate transient hepatic intensity difference and less likely hepatocellular carcinoma. Anterior segment of right lobe of liver with confluent hepatic fibrosis. Nonspecific 1.6 cm focus at dome of liver. RECC: MRI of the ABD w/w/o IV contrast with dynamic phase imaging in 3 months with gadolinium with the addition of Eovist;

WILLARD-CYBULSKI CI [REDACTED] Clements, Michael [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: GI Bleed
 Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 4 Status: X Jur: 493
 Complaint/Diagnosis: [REDACTED] /o c/ anemia for unexplained reason and 3/3 Heme + stools. PEx: completely unremarkable. Please approve GI consult in anticipation of colonoscopy. PPlease approve within 1 month if possible. Thank you.;

WILLARD-CYBULSKI CI [REDACTED] Clements, Michael [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Ophthalmologic Disorder
 Procedure: Surgical Procedure - Other Specialty: Ophthalmology Priority: 4 Status: G Jur: 142
 Complaint/Diagnosis: [REDACTED] 17 r/v Ophthalmology, Ehlers. S/p PK OS [REDACTED] 15, was discharged from DOC but back for 15 months and no apt. Reports painful episode that resolved about [REDACTED] month ago. Suture OS, unable to remove at microscope due to constant movement, RECC: Schedule for removal in OR;

WILLARD-CYBULSKI CI [REDACTED] Clements, Michael [REDACTED] 2 3 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Keloid
 Procedure: Surgical Procedure - Other Specialty: Plastic Surgery Priority: 4 Status: G Jur: 142
 Complaint/Diagnosis: [REDACTED] 17 r/v Plastic Surgery, Dr Chen. Reevaluation of keloid. S/p I&D on [REDACTED] 17, now healed and keloid is still present and serosang drainage. Denies other symptoms or new complaints. RECC: To OR for excision of the occipital keloid with closure with skin graft. Pre-ops to be done by DOC;

WILLARD-CYBULSKI CI [REDACTED] Clements, Michael [REDACTED] 3 1 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Cancer - Lymphoma
 Procedure: Surgical Procedure - Other Specialty: General Surgery Priority: 4 Status: G Jur: 142
 Complaint/Diagnosis: [REDACTED] 17 r/v General Surgery. Completed of his Hodgkin lymphoma treatment per Hem-Onc and Dr Perry stated no recurrence of lymphoma. Presents for removal of left subclavian port. RECC: Schedule removal in OR with Dr Liang;

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| WILLARD-CYBULSKI CI | [REDACTED] | Clements, Michael | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: ENT Disorder | | |
| Procedure: Consult - Initial Visit | Specialty: Audiology | Priority: 4 | Status: <i>G 3MO</i> | Jur: 142 | | |
| Complaint/Diagnosis: [REDACTED] yo c/ chronic b/I TM perforations and sig. hearing impairment, making it difficult for pt. to follow instructions, etc. Pt. was scheduled for audiology in 2016; the UR record says he refused. The pt. adamantly denies ever refusing a trip. In any case, the pt. has a long EOS and is emphatic about wanting his hearing fixed. Please schedule ~ 1 month if possible. Thank you.; | | | | | | |

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| WILLARD-CYBULSKI CI | [REDACTED] | Clements, Michael | [REDACTED] | 2 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Hearing Impairment | | |
| Procedure: Audiogram | Specialty: Audiology | Priority: 4 | Status: <i>Dorm</i> | Jur: 123 | | |
| Complaint/Diagnosis: [REDACTED] yo c/ classic story of [REDACTED] causing b/I HFHL. Can't hear announcements in <u>Dorm</u> ; impairing ability for pt. to adhere to prison regimen. O/E: No wax, infection. Please consider approving hearing test within a month if possible. Thank you.; | | | | | | |

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| WILLARD-CYBULSKI CI | [REDACTED] | Clements, Michael | [REDACTED] | 2 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Musculoskeletal Issue - Knee | | |
| Procedure: Consult-Telemedicine | Specialty: Orthopedics | Priority: 4 | Status: G | Jur: 142 | | |
| Complaint/Diagnosis: [REDACTED] 17 initial visit Orthopedics. 6 months R knee pain. Pain started while playing basketball, cannot remember exact mechanism of injury. Persistent effusion since with pain localized to anterior medial joint. + clicking and occasional locking RECC: WBAT, MRI of R knee, follow up Telemedicine after MRI; | | | | | | |

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| WILLARD-CYBULSKI CI | [REDACTED] | Clements, Michael | [REDACTED] | 2 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Musculoskeletal Issue - Knee | | |
| Procedure: Imaging Test - MRI - Knee | Specialty: Radiology/Diagnostic Imaging | Priority: 4 | Status: <i>3MO</i> | Jur: 142 | | |
| Complaint/Diagnosis: [REDACTED] 17 initial visit Orthopedics. 6 months R knee pain. Pain started while playing basketball, cannot remember exact mechanism of injury. Persistent effusion since with pain localized to anterior medial joint. + clicking and occasional locking. RECC: WBAT, MRI of R knee, follow up Telemedicine after MRI; | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| YORK CI | | | Fischer, Janet | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Breast Mass/Nodule/Cyst | | | | | |
| Procedure: | Imaging Test - Ultrasound - Chest/Breast | | Specialty: Radiology/Diagnostic Imaging | Priority: 5 | Status: L | Jur: 139 | | | | |
| Complaint/Diagnosis: yo female had screening mammo 17 and small well-circumscribed nodule is seen at 2 o'clock Lt breast breast- periareolar. Us is recommended please schedule.; | | | | | | | | | | |

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| YORK CI | | | Fischer, Janet | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Breast Mass/Nodule/Cyst | | | | | |
| Procedure: | Imaging Test - Ultrasound - Chest/Breast | | Specialty: Radiology/Diagnostic Imaging | Priority: 5 | Status: L | Jur: 139 | | | | |
| Complaint/Diagnosis: Mobilex will not be doing additional views at this time.; yo female had routine mammo 17 and asymmetric density is seen in RT breast 12 o'clock position Spot compression recommended and will be done by mobile. Rt breast US recommended. Please schedule; | | | | | | | | | | |

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| YORK CI | | | Fischer, Janet | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Breast Mass/Nodule/Cyst | | | | | |
| Procedure: | Imaging Test - Mammogram | | Specialty: Radiology/Diagnostic Imaging | Priority: 5 | Status: L | Jur: 139 | | | | |
| Complaint/Diagnosis: Routine mammo done 17 and asymmetric density identified 12 o'clock position Spot compression recommended. Please schedule. Mobilex will not be doing additional views at this time.; | | | | | | | | | | |

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| YORK CI | | | Hood, Tara | | 4 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Musculoskeletal Issue - Knee | | | | | |
| Procedure: | Consult - Initial Visit | | Specialty: Orthopedics | Priority: 5 | Status: 3-4 mo | Jur: 139 | | | | |
| Complaint/Diagnosis: yo. obese WF w/PMH of chronic left knee pain, states inability to straighten left knee at times, pain, and crepitus. MRI from 2015 in records. Noted to have large joint effusion, chronically torn ACL, bucket handle tear of the medial meniscus with a large flipped fragment into the intercondylar notch, loose bodies; full thickness chondral defect measuring 20x11mm along the weightbearing surface of the medial femoral condyle. Pt seen by Dr. Nelsen also for recurrent knee issues. WT 320lbs, able to ambulate >100 feet w/o difficulty, +anterior draw test, +valgus laxity. Please schedule with ortho for consult.; | | | | | | | | | | |

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| YORK CI | | | Fischer, Janet | | 2 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Breast Mass/Nodule/Cyst | | | | | |

Procedure: Imaging Test - Mammogram **Specialty:** Radiology/Diagnostic Imaging **Priority:** 5 **Status:** G **Jur:** 139
Complaint/Diagnosis: [redacted] yo female had screening mammo [redacted] 17 and retroareolar asymmetric density is identified. Sop compression recommended. Please schedule. US also recommended and URC submitted;

YORK CI [redacted] Fischer, Janet [redacted] 2 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Breast Mass/Nodule/Cyst
Procedure: Imaging Test - Ultrasound - Chest/Breast **Specialty:** Radiology/Diagnostic Imaging **Priority:** 5 **Status:** G **Jur:** 139
Complaint/Diagnosis: [redacted] yo female had routine mammo [redacted] 17. Lt breast retroareolar asymmetric density. US recommended. Please schedule;

YORK CI [redacted] Machinski, Tricia [redacted] 3 2 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Breast Mass/Nodule/Cyst
Procedure: Imaging Test - Ultrasound - Other **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** L **Jur:** 139
Complaint/Diagnosis: [redacted] yo G0, h/o new onset left breast mass, painful, about 4 cm lateral to nipple, smooth, mobile, ? cyst, requesting left breast u/s, if aspiration needed this can be done at facility level. thank you;
don't you try to asp first?

YORK CI [redacted] Hood, Tara [redacted] 2 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Keloid
Procedure: Consult - R/O Surgical Case **Specialty:** General Surgery **Priority:** 5 **Status:** U **Jur:** 139
Complaint/Diagnosis: [redacted] yo. AAF w/ PMH of schizoaffective d/o presents with a keloid noted to left perineal area, firm and intermittently draining approximately 2 cm indurated area. Pt seen in conjunction with Dr. Machinski who is recommending general surgical consult for excision of lesion. I concur given pt hx, location, and recurrent manipulation of keloid.;

YORK CI [redacted] Nelsen, Elizabeth [redacted] 3 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Cholecystitis/Cholelithiasis
Procedure: Consult - Initial Visit **Specialty:** General Surgery **Priority:** 3 **Status:** U **Jur:** 139
Complaint/Diagnosis: [redacted] yo Female had US [redacted] 17 showing large burden of gallstones with +Murphys Sign on US. Radiologist called facility to inform us. LFTs have been WNL and there is no sign of current infection/edema, however due to symptoms of recurrent pain, recommend Surgical C/S as removal will likely be necessary.;

YORK CI [redacted] Nelsen, Elizabeth [redacted] 2 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Pain - headache

Procedure: Consult - Return Visit with Visual Fields **Specialty:** Neuro-Ophthalmology **Priority:** 5 **Status:** G **Jur:** 139
Complaint/Diagnosis: yo HF Dx with Complex Migraines and TMJ on 17 by Dr. Waitzmann 2/t sx of intermittent vision loss and Lft sided headache. Requesting F/U visit with Goldman visual fields in 4 months s/p starting migraine meds with bite plate;

YD

YORK CI [redacted] Nelsen, Elizabeth [redacted] 3 3 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Psychiatric Disorder

Procedure: Imaging Test - CT Scan - Head **Specialty:** Radiology/Diagnostic Imaging **Priority:** 5 **Status:** G **Jur:** 139

ψ? YES

Complaint/Diagnosis: yo female with hx conversion disorder presenting as severe aphasia and arachnoid cyst is now developing some tremoring and her speech is worsening again. Her neuro exam remains WNL. There was a recommendation to get a 1 year imaging follow-up to assure cyst was stable in size and now pt. has new symptoms, this seems pertinent to pursue.;

YORK CI [redacted] Tessler, Sara [redacted] 5 3 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Dental Caries/Issue

Procedure: Consult - Initial Visit **Specialty:** Oral/Maxillo/Facial **Priority:** 5 **Status:** U **Jur:** 139

Complaint/Diagnosis: Inmate treated 17 at [redacted] for alleged assault-direct blow to the face.

Benoit

CT Maxillofacial w/o contrast performed.

Impression: Acute minimally comminuted fracture involving LEFT aspect of anterior maxillary spine with cortical break extending to the LEFT incisor tooth. Probable mild loosening of the LEFT central incisor tooth. Associated LEFT retro maxillary soft tissue swelling.

Submitting URC to request follow up evaluation with Oral Surgery. Thank you.;

Panel List md

Generated on 10/11/2017 8:55:20 AM

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|---|--------------------------------|-----------------------------|---------------------|--------------------------------|------------------------------|-----------|------------|------------|------------|------------|
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 5 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | <i>wait till Egd done</i> | | Voted to Parole: | Diagnosis: Bowel Obstruction | <i>no</i> | | | | |
| Procedure: Consult - Post In-Patient hospitalization Follow-Up | Specialty: Gastroenterology | Priority: 3 | Status: U | Jur: 123 | | | | | | |
| Complaint/Diagnosis: [REDACTED] yo. Hospitalized at JDH [REDACTED] 17 until [REDACTED] 17 for vomiting, failure to thrive. Work up revealed duodenal stricture with gastric outlet obstruction with marked gastric dilation and gastritis on CT scan. Patient refused EGD or any further work up and signed out of JDH AMA. Discharge Instructions request GI follow up in 2 weeks.; | | | | | | | | | | |
| CESHIRE CI | [REDACTED] | [REDACTED] | Lichtenstein, Bruce | [REDACTED] | 3 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Dental Caries/Issue | | | | | | |
| Procedure: Procedure - Dental Extractions | Specialty: Oral Surgery | Priority: 3 | Status: G | Jur: 123 | <i>Benoit</i> | | | | | |
| Complaint/Diagnosis: **sent to Dr. Benoit [REDACTED] ****, Pt is a [REDACTED] yo BM who presents with badly decayed #1 and 15 yr absence from dental care. Attempted removal of grossly carious #1 but unsuccessful due to pt compliance/lack of adequate anesthesia for pt to tolerate procedure. Please extract root #1....; | | | | | | | | | | |
| CESHIRE CI | [REDACTED] | [REDACTED] | Lichtenstein, Bruce | [REDACTED] | 1 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Dental Caries/Issue | | | | | | |
| Procedure: Consult - Initial Visit | Specialty: Oral Surgery | Priority: 3 | Status: G | Jur: 123 | <i>Benoit</i> | | | | | |
| Complaint/Diagnosis: ***sent to Dr. Benoit [REDACTED] ****: Pt is a [REDACTED] yo BM who presents with impacted #31,32...#32 has a dentigerous cyst around the superior aspect of the tooth. Pt was seen on [REDACTED] 16 by UCONN OS(Dr. Farshidi) for removal of #17 with same dentigerous cyst involvement so current PANO should be on file. Request exo #32 and advice on whether to leave and hope for eruption #31 or exo also.; | | | | | | | | | | |
| CESHIRE CI | [REDACTED] | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 2 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Fracture - Other | <i>YES</i> | | | | | |
| Procedure: Consult - R/O Surgical Case | Specialty: ENT | Priority: 4 | Status: G | Jur: 125 | | | | | | |
| Complaint/Diagnosis: [REDACTED] yowm who sustained a nondisplaced nasal fracture with marked nasal septum deviation to the left on [REDACTED] 17. He reports difficulty breathing through his left nostril and headaches. On exam there is nasal septum deviation to the left. There is minimal to no air movement through the left nostril. Requesting ENT evaluation.; | | | | | | | | | | |
| CORR/RAD CC | [REDACTED] | [REDACTED] | Figura, Ilona | [REDACTED] | 2 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: TRIAL of splinting Diagnosis: Musculoskeletal Issue - Wrist no

Procedure: Consult - Initial Visit Specialty: Orthopedics Priority: 4 Status: U Jur: 140

Complaint/Diagnosis: [REDACTED] y/o male with recurrent, painful radial styloid tenosynovitis R wrist despite NSAID, ACE XR normal Exam shows swelling, restricted motion Community records from Dr Sajjad (ortho, New London) documents good response to Kenalog injection first dorsal injection This is beyond my scope of practice I am requesting ortho consult to evaluate for such an injection;

CORR/RAD CC [REDACTED] Figura, Ilona [REDACTED] 3 1 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: REQUEST PE Diagnosis: Musculoskeletal Issue - Knee no

Procedure: Consult - Initial Visit Specialty: Orthopedics Priority: 4 Status: X Jur: 140

Complaint/Diagnosis: MRI FIRST [REDACTED] y/o AA male with long hx of recurrent knee effusions and injuries prior to incarceration with persistent pain and effusion L knee despite rx by myself including IA kenalog, NSAID, exercises, negative uric acid, neg XR I am requesting ortho eval for possible meniscal tear;

CORR/RAD CC [REDACTED] Figura, Ilona [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: ID eval onsite Diagnosis: Abscess no

Procedure: Imaging Test - MRI - Other Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 140

Complaint/Diagnosis: [REDACTED] y/o AA male s/p GSW-induced left tibial shaft Fx 2016 Since [REDACTED] 17 he has had recurrent purulent drainage from a mid tibial abscess (it abated for a month after 2 weeks of Bactrim and I&D by myself) In [REDACTED] 2017, he developed a new abscess distal to the first through which purulence is expressed by pressing between the first abscess and this area It abated with another course of Bactrim, but has grown to point of needing I&D today, by myself XR of the tibia does not show osteo CBC normal Culture showed no growth I feel he has a sub q sinus tract of infection between the 2 abscesses and needs MRI to guide more definitive Rx This request is for MRI (or ortho consult as URC sees fit);

CORR/RAD CC [REDACTED] Figura, Ilona [REDACTED] 2 1 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Fracture - mandibular/maxillary Benoit

Procedure: Consult - Initial Visit Specialty: Oral/Maxillofacial Priority: 4 Status: L Jur: 140

Complaint/Diagnosis: **sent to Dr. Benoit [REDACTED] y/o male with metal plate in right maxilla affixing Fx sustained in 2005 He continues to complain of severe, neuropathic-like pain along the right maxilla interfering with talking and eating despite my prescription of NSAID, prednisone, gabapentin XR only shows healed Fx with stable fixation I am requesting oral surgery consult for possible steroid injection to affected nerve;

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CORR/RAD CC | | | Figura, Ilona | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: <input checked="" type="checkbox"/> DEIAVII | | Diagnosis: Nerve/Neurological Disorder | | | | | |
| Procedure: Consult - Initial Visit | Specialty: Neurology | Priority: 4 | Status: U | Jur: 140 | | | | | | |
| Complaint/Diagnosis: [redacted] year old male, well controlled HTN, with 4 months of vascular headaches increasing in frequency and intensity despite good bp control, normal PO intake, Elavil prophylaxis I am requesting neuro consult; | | | | | | | | | | |
| ENFIELD CI | | | Freston, Cary | | 1 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: <input type="checkbox"/> MORE INTO | | Diagnosis: Cardiac - Arrhythmia | | | | | |
| Procedure: Holter Monitor | Specialty: Cardiology | Priority: 3 | Status: L | Jur: 112 | | | | | | |
| Complaint/Diagnosis: Request Holter monitor. [redacted] yo male with 4 episodes of "heart racing" with following dizziness and feeling of uneasiness. No panic disorder known. Clinically unable to elicit abnormality on detailed cardiovascular exam, including squat heart tones and valsalva. EKG non-specific inferior distribution STW changes, but initial ERNSC EKG, p-wave morphology variation seen, thus possible nidus for abnormal conduction. Comprehensive labs pending.; | | | | | | | | | | |
| GARNER CI | | | Valletta, Gerald | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Musculoskeletal Issue - Arm | | | | | |
| Procedure: Consult - Initial Visit | Specialty: Orthopedics | Priority: 3 | Status: G | Jur: 136 | | | | | | |
| Complaint/Diagnosis: IM still c/o severe right arm pain. Had MRI right shoulder 2 weeks ago - no acute shoulder pathology ← RIO BY MRI. [redacted] yo male with history of right shoulder reconstructive surgery. IM slipped on water on floor of cell and injured right arm breaking his fall. His exam is consistent with proximal head bicep tendon tear and is complaining of significant pain & edema (he does have a moderate - sized tender mass & ecchymosis in bicep region). X-rays wrist WNL & shoulder- no acute changes compared to [redacted] 16 Given sling, analgesia & NSAIDS should be reassessed for re-injury of right shoulder (ROM difficult to gage since chronically impaired); | | | | | | | | | | |
| GARNER CI | | | Valletta, Gerald | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: <input checked="" type="checkbox"/> FOLLOW ON SITE | | Diagnosis: Ophthalmologic Disorder | | | | | |
| Procedure: Consult - Return Visit | Specialty: Ophthalmology | Priority: 5 | Status: G | Jur: 136 | | | | | | |
| Complaint/Diagnosis: Seen by Dr E Simmons on [redacted] 17- wants follow-up in 12 months. IM complains of episodes of blurry vision. It started aprox 3 years ago has gotten progressively worse. C-T scan was normal. Inmate seen [redacted] 16 by Dr. Simmons- Lattice Degeneration; | | | | | | | | | | |
| GARNER CI | | | Valletta, Gerald | | 2 | 3 | | | | |

[REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: *SEND TO DR. NAQVI @ MACD* Diagnosis: ENT Disorder
 Procedure: Consult - Initial Visit Specialty: ENT Priority: 3 Status: G Jur: 136
 Complaint/Diagnosis: [REDACTED] y/o male with PMH seizure disorder and asthma who claims to have chronic pain and muffled hearing in right ear. Denies ever inserting foreign object but did admit to getting into several fights and sustaining trauma to his right side. He claims to have had pain, congestion, muffled hearing and watery discharge from right ear for at least 1 year. We saw him about a month ago and he appeared to have a slight cerumen impaction and inflammation in canal. He was treated with a short course of prednisolone drops, which he discontinued because "it was making more fluid come out." He denied HA, dizziness, Resp, CV, GI or GU sx.
 Exam: small amount of dried cerumen in canal. Canal not edematous/erythematous. No discharge. No TM visualized - absent
 A: chronic TM perforation
 P: request ENT;

HARTFORD CC [REDACTED] Laplante, Sharron [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: *onsite mang -* Diagnosis: Hernia *no*
 Procedure: Consult - Return Visit Specialty: General Surgery Priority: 3 Status: U Jur: 123
 Complaint/Diagnosis: @ [REDACTED] year old male had surgery on an inguinal hernia recently at UConn. the surgeons would like to see him back in 2 weeks. thank you, dr. L;

HARTFORD CC [REDACTED] Bozzi, George [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Dental Caries/Issue
 Procedure: Procedure - Dental Extractions Specialty: Oral Surgery Priority: 3 Status: G *Benat*
 Complaint/Diagnosis: **sent to Dr. Benoit [REDACTED]**; Please extract #1 and #16. Both are grossly decayed and non-restorable, with no buccal walls, and access is inadequate. PAs have been scanned.;

MCDGL/WLKR CI [REDACTED] Pillai, Omprakash [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Mass *YES*
 Procedure: Imaging Test - Ultrasound - Other Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 137
 Complaint/Diagnosis: [REDACTED] years old with a 4 x 3 cm size, non-tender, firm lump that can't be reduced over L inguino-scrotal junction. Its unsure whether this is hernia, enlarged LN or lipoma like tumors.
 Requests US for clarification;

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | [REDACTED] | [REDACTED] | Pillai, Omprakash | [REDACTED] | 4 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Fracture - lower extremity **YES**

Procedure: Consult - Return Visit Specialty: Orthopedics Priority: 4 Status: G Jur: 137

Complaint/Diagnosis: [REDACTED] yo with tib/fib fracture and S/p ORIF on [REDACTED] 16. Followed by orthopedics, seen on [REDACTED] 17 and recommended CT of R Tib/fib to evaluate nonunion/malunion. CT reveals healed proximal Fib, mid shaft tib Fx and fractured 2nd proximal screw. He has ongoing pain and deformity at the fracture site. Please schedule Orthopedic follow up as originally recommended by Ortho.;

| | | | | | | | | | | |
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| MCDGL/WLKR CI | [REDACTED] | [REDACTED] | Pillai, Omprakash | [REDACTED] | 4 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Diabetes **YES**

Procedure: Consult - Initial Visit Specialty: Endocrinology Priority: 4 Status: G Jur: 137

Complaint/Diagnosis: [REDACTED] yo with Hx of complicated IDDM - Hx of DKA with hospital admissions, symptomatic hypoglycemia, diabetic retinopathy/post pan retinal photocoagulation: OU and diabetic neuropathy. His HgA1 C since 2015 had been in the range of 9.1 to 11.0. Most recent 10.1 in [REDACTED]. He is currently on Insulin detemir 45 U q am and Lispro SS. Requests Endocrinology consult for optimal management of diabetes.;

| | | | | | | | | | | |
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| MCDGL/WLKR CI | [REDACTED] | [REDACTED] | Mccrystal, Kevin | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|---------------|------------|------------|------------------|------------|---|---|------------|------------|------------|------------|

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Pain - chronic back **YES**

Procedure: Procedure - ESI Specialty: Interventional Radiology Priority: 4 Status: G Jur: 137

Complaint/Diagnosis: [REDACTED] yo with chronic low back pain. Previously on Neurontin and Tylenol #3. I/M request ESI for low back pain. No foot drop. Normal reflexes. No bowel or bladder changes.;

| | | | | | | | | | | |
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| MCDGL/WLKR CI | [REDACTED] | [REDACTED] | Pillai, Omprakash | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|---------------|------------|------------|-------------------|------------|---|---|------------|------------|------------|------------|

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: **Follow up onsite** Diagnosis: Musculoskeletal Issue - Hand **NO**

Procedure: Consult - Initial Visit Specialty: Orthopedics Priority: 4 Status: G Jur: 137

Complaint/Diagnosis: [REDACTED] year old with injury to R ringer finger while playing basketball causing subluxation/dislocation of middle phalanx at PIP joint, S/p reduction at JDH ER, buddy splinted ring and middle finger. Post reduction films shows good alignment and FROM of PIP joint. ER recommends follow up with Hand Surgeon.;

| | | | | | | | | | | |
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| MCDGL/WLKR CI | [REDACTED] | [REDACTED] | Mccrystal, Kevin | [REDACTED] | 2 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|---------------|------------|------------|------------------|------------|---|---|------------|------------|------------|------------|

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Musculoskeletal Issue - Foot **YES**

Procedure: Consult / Initial Visit *Δ MRI* **Specialty:** Orthopedics *Δ Rad* **Priority:** 4 **Status:** G **Jur:** 137
Complaint/Diagnosis: YO with 6 month history of right foot pain after basketball injury. Pain is 8/10 always worse with weight bearing. Xrays wnl. Mortice intact. Antalgic gait. Pain to palpation over posterior ankle. "Tearing" pain. No ligament laxity on exam. I/M believes something is seriously wrong. Request ortho consult/MRI for evaluation.;

NEW HAVEN CC [redacted] Koslawy, Maria [redacted] 2 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** *MORE info* **Diagnosis:** Lesion *WVS*
Procedure: Consult - Initial Visit **Specialty:** Dermatology **Priority:** 4 **Status:** U **Jur:** 122
Complaint/Diagnosis: YO malnourished BM with irregular opacity right apex & 4 month H/O lower lip lesion + light cigarette smoker + crack cocaine. Reports his PCP told him it was a wart and referred him to Derm for removal. No PSH. Records pending. Labs enclosed. PE: T98.1 P 79 BP 116/71 Lungs: CTA HRT: RRR raised pea sized raised hypopigmented lesion to mid lower lip. Please consider Dermatology F/U for possible biopsy of lower lip lesion.;

NEW HAVEN CC [redacted] Koslawy, Maria [redacted] 2 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** *YES* **Diagnosis:** Cancer - Metastatic
Procedure: Consult / Initial Visit *Δ CT chest* **Specialty:** Pulmonary Medicine *Δ Rad* **Priority:** 1 *Δ 3* **Status:** U **Jur:** 122
Complaint/Diagnosis: YO malnourished BM with H/O LTBI treated in 1992, H/O granulomatous lung dz CXR this admission with irregular opacity right apex. 4 month H/O lower lip lesion + light cigarette smoker + crack cocaine. Reports his PCP told him it was a wart and referred him to Derm for removal. Denies night sweats. No PSH. Records pending. Labs & all prior xrays enclosed. PE: T98.1 P 79 BP 116/71 Lungs: CTA HRT: RRR Please consider Pulmonary F/U in this frail pt. w/ RUL irregular density.;

OSBORN CI [redacted] Wright, Johnny [redacted] 3 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** *YES* **Diagnosis:** Hernia
Procedure: Consult - Return Visit *Δ BIOCK* **Specialty:** General Surgery *Δ IR* **Priority:** 3 **Status:** G **Jur:** 115
Complaint/Diagnosis: YO yobm with h/o sarcoidosis, neurogenic bladder - self cath secondary (GSW), LIH repair [redacted] /97 with chronic c/o persistent L inguinal pain radiating to testicles was never f/u despite c/o of pain post op. [redacted] 2004 c/o pain radiates to L testicle "like electric shock" genx requested not approved recommend conservative txmt. [redacted] 2007 L testicle pain that started almost immediately post-op & hasn't resolved w time. Req GenSX f/u - not approved. [redacted] 16, [redacted] 16 [redacted] 17 office visit c/o L inguinal pain worst it's ever been in the the last 4-5 mos; night emission with blood on 2 occasions. Pinching/clicking effect- sensation in groin. O/E normal appearing anatomy. Fibrous ligament like structure tender to palpation proximal to left testicle were neurovas descends to scrotum. Urology visit [redacted] rec nerve block or neurology consult. [redacted] /17 nerve block performed with absolutely no relief. Request return visit for further intervention.;

OSBORN CI [redacted] Wright, Johnny [redacted] 5 3 [redacted]

no

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Vascular Disease - Peripheral

Procedure: Consult - Return Visit Specialty: Vascular Surgery Priority: 3 Status: G Jur: 115

Complaint/Diagnosis: Patient seen and results of UR visit with vascular discussed. He is requesting a second opinion return visit to H.Hosp vascular surgeons. He is not interested in nerve block for his painful lower right leg as the the severe pain is due to a vascular cause not nerve well documented.
[REDACTED] year old male - vasculopath secondary to DM, HTN, Morbid Obesity with documented and fully worked up PVD. He already has a stent in Right leg. UConn Vascular surgery consulted [REDACTED]/17 and finds no indication for amputation. Has recc PVR/ABI of right lower extr. PVR/ABI clearly demo vascular compromise. VascSx at H. Hosp suggested BKA therefore patient has requested return visit to H. Hospital.;

OSBORN CI [REDACTED] Katz, Stephanie [REDACTED] 3 3 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Dental Caries/Issue

Procedure: Consult - Post Op Specialty: Oral Surgery Priority: 3 Status: G Jur: 115

Complaint/Diagnosis: **sent to Dr. Benoit [REDACTED]****; I/M was seen [REDACTED] 17 by OMFS for biopsy of tongue. I/M was seen at facility [REDACTED] 17 to discuss bx results, with signs of normal healing, and [REDACTED] 17 for suture removal which I/M refused. I/M is adamant area is not healing although no signs of impeded healing or infection are present. Requesting follow up for suture removal.;

OSBORN CI [REDACTED] Wright, Johnny [REDACTED] 3 3 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hernia

Procedure: Consult - Return Visit Specialty: General Surgery Priority: 3 Status: G Jur: 115

Complaint/Diagnosis: [REDACTED] yowm with sensation of something "jabbing" me in my gut". His initial complaint dates back in [REDACTED] of 2015 with multiple sick call and MDSC appointments. The patient has had a previous incarcerated umbilical hernia repair with a PROCEED mesh in [REDACTED] 2013; neg EGD and Colonoscopy in 2014. He consulted with GenSx [REDACTED] of 2015 which documented an obese pt with midline diastasis and recommended f/u after appropriate imaging. CT of abdomen 2015 showed mild nodular soft tissue which were surgically removed the early part of the year. O/E the abdomen is taut and protuberant but nontender; Inmate has Requested return visit to GenSx for mesh removal.;

OSBORN CI [REDACTED] Breton, Joseph [REDACTED] 5 3 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Osteomyelitis

Procedure: Consult - Initial Visit Specialty: Orthopedics Priority: 3 Status: G Jur: 115

Complaint/Diagnosis: This is my first day seeing this patient.
[REDACTED] year old male with a ~6 cm by 3.8 cm stage 4 wound for 6 years during his incarceration. Treatment includes chronic Keflex, NS cleanse then Santyl in the wound bed followed by an entire piece of Silver Alginate 4 ¼ x 4 ¼ packed into wound then multiple 2x2 and 4 x4 with a gauze cover BID. I/m also applies Clobetasol cream to the entire lower leg around the wound. I do not have time to get exact dates from the older charts but he claims he has been doing this "for years." He is on chart "P."
While he has an upcoming [REDACTED] in 10 days for pain management - the underlying issue is non healing wound.
I am requesting a URC for wound clinic (not an pull down option) so I am questioning Orthopedics for chronic osteomyelitis.;

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| OSBORN CI | | | Wright, Johnny | | 3 | 2 | | | | |

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hearing Impairment **pend**
Procedure: Consult - Initial Visit **Specialty:** Audiology **Priority:** 4 **Status:** G **Jur:** 115
Complaint/Diagnosis: [REDACTED] yowm with chronic ear infections associated decrease ability to hear recently with drainage and unusual black and white spots akin to either fungal growth or larvae. The ear has been soaked and flush on multiple visits; treated with several oral and topical abxs. request ENT consultation for further management. ENT Visit [REDACTED] recc baseline hearing testing.;

wait for dictated note

| | | | | | | | | | | |
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| OSBORN CI | | | Breton, Joseph | | 5 | 2 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Discopathy **yes**
Procedure: Consult - Post Op **Specialty:** Orthopedics-Spine **Priority:** 3 **Status:** G **Jur:** 115
Complaint/Diagnosis: [REDACTED] y/o male with MRI documented bilateral L5S1 disc extrusion and protrusion who underwent surgical repair [REDACTED] 2017. I am requesting a post op visit.;

| | | | | | | | | | | |
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| OSBORN CI | | | Whelan, Carol | | 2 | 3 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Sleep Apnea **no**
Procedure: Sleep Study **Specialty:** Pulmonary Medicine **Priority:** 3 **Status:** G **Jur:** 115
Complaint/Diagnosis: Request on site oximetry- inmate reports severe sleep apnea, have no records, pulm req was turned down for lack of evidence, request on site oximetry;

MORE info

| | | | | | | | | | | |
|-----------|--|--|----------------|--|---|---|--|--|--|--|
| OSBORN CI | | | Breton, Joseph | | 2 | 3 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Polyp(s) **no**
Procedure: Consult - Return Visit **Specialty:** Gastroenterology **Priority:** 4 **Status:** G **Jur:** 115
Complaint/Diagnosis: [REDACTED] year old male with a history of colon polyp at age [REDACTED] which was biopsied [REDACTED] 12 report from [REDACTED] hospital requested a follow up in 5 years for a colonoscopy.;

RECORDS

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|----------------------|---|--------------------------------|--|-----------|--|---------|-----------|------------|------|-----|
| WILLARD-CYBULSKI CI | | | Clements, Michael | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Musculoskeletal Issue - Arm | | | | | |
| | | | <input type="checkbox"/> Functional assessment | | | | | | | |
| Procedure: | Consult - Initial Visit | Specialty: | Orthopedics | Priority: | 4 | Status: | G | Jur: | 142 | |
| Complaint/Diagnosis: | <p>yo R-handed, s/p b/l biceps tendon repair. Dr. Mazzocca repaired the left biceps tendon in 2012. Dr. Fabian at Bridgeport Hospital repaired the R biceps tendon in 2016. The R tendon repair has failed as of a couple of months later, resulting in pain, weakness. Pt's EOS is [redacted], and he would very much benefit from repair if possible. Thank you.;</p> | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|----------------------|---|--------------------------------|-----------------------------|-----------|-------------------------------|---------|-----------|------------|------|-----|
| WILLARD-CYBULSKI CI | | | Clements, Michael | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hearing Impairment | | | | | |
| | | | Send to Dr. Naqvi @ MACO - | | | | | | | |
| Procedure: | Consult - Initial Visit | Specialty: | Audiology | Priority: | 4 | Status: | G | Jur: | 142 | |
| Complaint/Diagnosis: | <p>yo c/ 1 month of sudden hearing loss R ear. O/E: No middle ear fluid; no infection. The ddx of sudden hearing loss s/ evidence of serous otitis includes auditory neuroma; therefore, please approve audiology if possible within a month. Thank you.;</p> | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|----------------------|---|--------------------------------|-----------------------------|-----------|-----------------------------------|---------|-----------|------------|------|-----|
| WILLARD-CYBULSKI CI | | | Clements, Michael | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Genitourinary Disorder | | | | | |
| | | | DWS / SPAD | | | | | | | |
| Procedure: | Consult - Return Visit | Specialty: | Urology | Priority: | 4 | Status: | G | Jur: | 142 | |
| Complaint/Diagnosis: | <p>yo c/ chronic testicular pain, not responsive to multitude of A/Bx, analgesics, both KOP and DOT (Neurontin, TCA's, past trial of Tyl # 3). Has exquisite tenderness of testes. Normal labs, incl. GC, Chlamydia. The pt. is in significant discomfort and has exhausted all our options. Is there a surgical option to alleviate the patient's discomfort? Please schedule if possible within 1 month.;</p> | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| WILLARD-CYBULSKI CI | | | Clements, Michael | | 2 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Hearing Impairment | | | | | |
| | | | YES | | | | | | | |
| Procedure: | Audiogram | Specialty: | Audiology | Priority: | 4 | Status: | L | Jur: | 123 | |
| Complaint/Diagnosis: | <p>yo c/ classic story of [redacted] causing b/l HFHL. Can't hear announcements in Dorm; impairing ability for pt. to adhere to prison regimen. O/E: No wax, infection. Please consider approving hearing test within a month if possible. Thank you.;</p> | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| WILLARD-CYBULSKI CI | | | Clements, Michael | | 2 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Issue - Knee | | | | | |
| | | | WAIT FOR MRI RESULTS | | | | | | | |
| Procedure: | Consult-Telemedicine | Specialty: | Orthopedics | Priority: | 4 | Status: | G | Jur: | 142 | |
| Complaint/Diagnosis: | | | | | | | | | | |

17 initial visit Orthopedics. 6 months R knee pain. Pain started while playing basketball, cannot remember exact mechanism of injury. Persistent effusion since with pain localized to anterior medial joint. + clicking and occasional locking RECC: WBAT, MRI of R knee, follow up Telemedicine after MRI;

Panel List podiatry

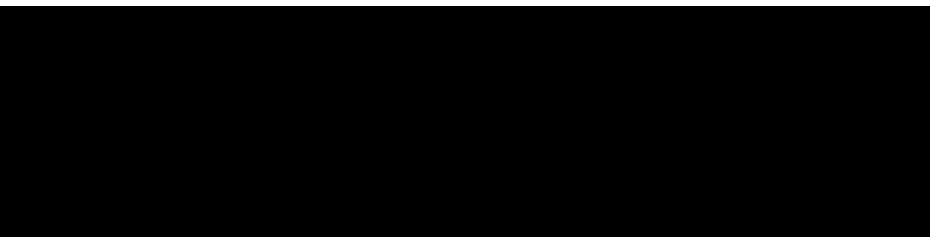
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| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| WILLARD-CYBULSKI CI | [REDACTED] | [REDACTED] | Clements, Michael | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Foot/Toe Ailment **YES**
 Procedure: Consult - Initial Visit Specialty: Podiatry Priority: 4 Status: L Jur: 142
 Complaint/Diagnosis: [REDACTED] yo IRDM, s/p b/l fibroma removal, c/ very painful recurrence. Dr. Martin Pressman, DPM, removed these lesions in [REDACTED] and [REDACTED]. Please have Dr. Berkowitz opine on what can be done for these painful lesions. Please arrange for apt. in 1 month if possible. Thank you.;

| | | | | | | | | | | |
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| WILLARD-CYBULSKI CI | [REDACTED] | [REDACTED] | Clements, Michael | [REDACTED] | 2 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|---------------------|------------|------------|-------------------|------------|---|---|------------|------------|------------|------------|

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Foot/Toe Ailment **no**
 Procedure: Consult - Initial Visit Specialty: Podiatry **heel cups** Priority: 4 Status: G Jur: 142
 Complaint/Diagnosis: [REDACTED] yo c/ severe plantar fasciitis, not helped by analgesics, steroid injection, heel cups. Xray unremarkable. Labs v Vit D level. As I have been unsuccessful in alleviating the pt's severe pain, I ask for Podiatric consultation within a month if possible. Thank you.;



bx P2 YES

NEURO P2 NO

ΔCRD initial P4 YES

P LOOP man

Endo P2 no

U LABS
U WORK-UP



CT scan P2 (2wks) YES



Panel List md

Generated on 10/16/2017 10:55:31 AM

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Blumberg, Vicki | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Arthritis | | | | | |
| Procedure: Consult - Initial Visit | Specialty: Rheumatology | | Priority: 3 | | Status: Lmo | | Jur: 123 | | | |
| Complaint/Diagnosis: The patient is a [REDACTED] year old male with a history of Rheumatoid arthritis who is presently on Enbrel 50 mg sc once weekly. His rheumatologist is [REDACTED] | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 3 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Genitourinary Disorder | | | | | |
| Procedure: Consult - Post Emergency Room Follow-Up | Specialty: Urology | | Priority: 3 | | Status: U | | Jur: 123 | | | |
| Complaint/Diagnosis: [REDACTED] yo. Had Priapism treated at [REDACTED] 17 to [REDACTED] 17. Etiology thought to be Trazodone. Dr. Lawrence Muldoon would like to see him for follow up in ~ 2 weeks. Date/Time in notes.; | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 5 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Fracture - foot/ankle | | | | | |
| Procedure: Consult - Return Visit | Specialty: Orthopedics | | Priority: 4 | | Status: U | | Jur: 123 | | | |
| Complaint/Diagnosis: [REDACTED] yo. Sustained fracture of right ankle [REDACTED] 17. Had ORIF done at Bridgeport Hospital on [REDACTED] 7 by Dr. Cullen Griffith. First post-op visit [REDACTED] -17. Sutures removed, re-splinted. Second post-op visit [REDACTED] 17. Placed in CAM boot, to continue non-weight bearing. Dr. Griffith requests follow up in ~ 6 weeks.; | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 5 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Adrenal Disorder | | | | | |
| Procedure: Consult - Post In-Patient hospitalization Follow-Up | Specialty: Endocrinology | | Priority: 3 | | Status: G | | Jur: 123 | | | |
| Complaint/Diagnosis: [REDACTED] yo with [REDACTED] since age [REDACTED]. Had seizure on [REDACTED] 7 secondary to hyponatremia (Na 117) and was hospitalized at JDH [REDACTED] 17 until [REDACTED] 17. Dr. Carl Malchoff, Endocrinology, requests follow up in ~ 2 weeks.; | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 3 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: [REDACTED] Diagnosis: Cancer - Other
 Procedure: Imaging Test - CT Scan - Chest Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: U Jur: 123
 Complaint/Diagnosis: [REDACTED] yo. Diagnosed at age [REDACTED] with Papillary Thyroid Carcinoma, metastatic. Complicated course as follows: Diagnosed in 2008 at age [REDACTED] Initial treatment was at [REDACTED] and included total thyroidectomy and resection of bulky nodal disease in the neck. Pathology revealed: widespread papillary thyroid carcinoma with focal extension beyond the thyroid capsule and 27 out of 27 nodes positive. He then underwent RAI treatment. Post RAI scan showed residual tumor and metastatic adenopathy as well as activity in both lung fields. In 2010 he was treated at [REDACTED] and had neck exploration and resection of multiple nodes in neck and superior mediastinum. Pathology showed papillary carcinoma. His care was then transferred to [REDACTED] Chest CT in [REDACTED] 2012 showed "innumerable small lung nodules." In [REDACTED] 2012 he underwent left modified radical neck dissection and resection of mediastinal nodes, with 3 of 15 nodes positive. He then had repeat RAI treatment in [REDACTED] 2012. Neck Ultrasound in [REDACTED] 2013 and again in [REDACTED] 2014 showed adenopathy but biopsies were negative. In [REDACTED] 2016 Chest CT showed lung nodules were stable and neck mapping ultrasound showed no specific nodes. He missed multiple appointments in [REDACTED] 2017 but was seen in [REDACTED] 2017 and the plan was to repeat Chest CT and Neck Mapping Ultrasound in [REDACTED] 2017, so he is now due for these studies.

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| BRIDGEPORT CC | [REDACTED] | Elderkin, James | [REDACTED] | 3 | 1 | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: [REDACTED] Diagnosis: Cancer - Other
 Procedure: Imaging Test - Ultrasound - Other Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: U Jur: 123
 Complaint/Diagnosis: [REDACTED] yo. Diagnosed at age [REDACTED] with Papillary Thyroid Carcinoma, metastatic. Complicated course as follows: Diagnosed in 2008 at age [REDACTED] Initial treatment was at [REDACTED] and included total thyroidectomy and resection of bulky nodal disease in the neck. Pathology revealed: widespread papillary thyroid carcinoma with focal extension beyond the thyroid capsule and 27 out of 27 nodes positive. He then underwent RAI treatment. Post RAI scan showed residual tumor and metastatic adenopathy as well as activity in both lung fields. In 2010 he was treated at [REDACTED] and had neck exploration and resection of multiple nodes in neck and superior mediastinum. Pathology showed papillary carcinoma. His care was then transferred to [REDACTED] Chest CT in [REDACTED] 2012 showed "innumerable small lung nodules." In [REDACTED] 2012 he underwent left modified radical neck dissection and resection of mediastinal nodes, with 3 of 15 nodes positive. He then had repeat RAI treatment in [REDACTED] 2012. Neck Ultrasound in [REDACTED] 2013 and again in [REDACTED] 2014 showed adenopathy but biopsies were negative. In [REDACTED] 2016 Chest CT showed lung nodules were stable and neck mapping ultrasound showed no specific nodes. He missed multiple appointments in [REDACTED] 2017 but was seen in [REDACTED] 2017 and the plan was to repeat Chest CT and Neck Mapping Ultrasound in [REDACTED] 2017, so he is now due for these studies.

| | | | | | | |
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| CHESHIRE CI | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 3 | 2 | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: [REDACTED] Diagnosis: Cancer - Colon
 Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 4 Status: G Jur: 125
 Complaint/Diagnosis: [REDACTED] yobm with a family history of colon cancer. [REDACTED] Patient is asymptomatic but requests screening.

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| CHESHIRE CI | | | Ruiz, Ricardo | | 3 | 3 | | | | |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Sleep Apnea
 Procedure: Pulse Oximeter Study Specialty: Internal Medicine *Vendor* Priority: 4 Status: U Jur: 125
 Complaint/Diagnosis: [REDACTED] yo morbidly obese male who reports a history of sleep apnea with CPAP use in the community. He states that he does not have access to his machine. I attempted to get a hold of his community sleep study results. However, he does not recall where it was performed. TFT's other labs were wnl. I am requesting an oximetry study.; *get DME supplier records?*

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| CHESHIRE CI | | | Ruiz, Ricardo | | 1 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Sleep Apnea
 Procedure: Device - CPAP/BIPAP Purchase Specialty: Vendor Priority: 4 Status: *from last week?* Jur: 125
 Complaint/Diagnosis: [REDACTED] ohm with a history of sleep apnea who is s/p uvulectomy procedure who complains of persistent snoring and daytime somnolence. He did not improve after his surgery. His work-up was done at UConn Health (Dr. McNally). Hi sleep study revealed only mild OSA with an AHI of 12.8 and de-Sats to 92%. He was given a CPAP with improvement in his sleep. His snoring also improved. I am requesting a CPAP machine purchase.;

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| CHESHIRE CI | | | Ruiz, Ricardo | | 1 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Sleep Apnea
 Procedure: APAP Study Specialty: Internal Medicine *How long ago?* Priority: 4 Status: G Jur: 125
 Complaint/Diagnosis: [REDACTED] ohm with a history of sleep apnea who is s/p uvulectomy procedure who complains of persistent snoring and daytime somnolence. He did not improve after his surgery. His work-up was done at UConn Health (Dr. McNally). Hi sleep study revealed only mild OSA with an AHI of 12.8 and de-Sats to 92%. He was given a CPAP with improvement in his sleep. His snoring also improved. I am requesting an APAP study to determine settings for a CPAP machine.;

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| CHESHIRE CI | | | Ruiz, Ricardo | | 3 | 3 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Ophthalmologic Disorder *YOS*
 Procedure: Consult - Return Visit Specialty: Ophthalmology - Retinal *Yale* Priority: 5 Status: G Jur: 125
 Complaint/Diagnosis: Pt S/P amelanotic retinal lesion, OD, followed by Dr. Materin (Yale, ocular oncology) annually. Vision corrects to 20/25 OD OS. Exam shows a 2DD by 3DD nonpigmented lesion (? mildly elevated) infero-temporal to optic nerve, OD, similar to last D of C drawing [REDACTED] 15. Please schedule for retina to evaluate this unusual lesion. Old records have been requested from Yale to be forwarded to Dr. Simmons when received. Patient was re-evaluated by Dr. Simmons on [REDACTED] 17. She has recommended f/u in 6-8 months.; *keep him at fall*

| | | | | | | | | | | |
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| CORR/RAD CC | | | Pillai, Omprakash | | 4 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication

Voted to Parole: dd-MM-yyyy Diagnosis: Hepatitis C

Procedure: Consult - Case Review

Specialty: Infectious Diseases

Priority: 5

Status: G

Jur: 140

Complaint/Diagnosis: [REDACTED] y/o male approved for HCV treatment - Harvoni x 12 weeks.

? when

Hx of Treatment naive Hep C GT 1 a or b, Well compensated CTP Class A; HCV VL on [REDACTED] 17= 862,000. His previous FS is 0-1 (6.3kPa) in [REDACTED] 2015.

Hx of Crohns well controlled and followed by GI; Hx of Extensive CAD/Cardiac arrests/PCI/Stents; Hx of poorly controlled DM; Hx of oral lichen planus treated with prednisone.

His oral lichen planus is erosive, extensive and often needs systemic steroids for control. Patient is followed by Dermatology and UConn Dental and recommended treatment of Hep C since this may be contributory to lichen planus.

Exam shows no evidence of decompensation.

Liver US-Mildly heterogeneous liver and no masses.

Requesting medication/treatment review.;

CORR/RAD CC

Figura, Ilona

4

2

DOB [REDACTED] Status: Ready for Adjudication

Voted to Parole: dd-MM-yyyy

Diagnosis: Cardiac - Arrhythmia

Procedure: Imaging Test - Echocardiogram

Specialty: Cardiology

Priority: 4

Status: G

Jur: 140

Complaint/Diagnosis: [REDACTED] y/o male with no cardiac Hx, s/p acute gallstone panceratitis/lap chole [REDACTED] 17, sent to ER by me 1 week later for new post op A fib MI ruled out Developed lagre thigh hematoma on A/C and just spontaneously converted to sinus, just seen by cardiology who recommends cont A/C, ECHO ,30 day event monitor and 3 month follow up This request is for ECHO;

CORR/RAD CC

Figura, Ilona

4

2

DOB [REDACTED] Status: Ready for Adjudication

Voted to Parole: dd-MM-yyyy

Diagnosis: Cardiac - Arrhythmia

Procedure: Imaging Test - Echocardiogram

Specialty: Cardiology

Priority: 4

Status: G

Jur: 140

Complaint/Diagnosis: [REDACTED] y/o male with no cardiac Hx, s/p acute gallstone panceratitis/lap chole [REDACTED] 17, sent to ER by me 1 week later for new post op A fib MI ruled out Developed lagre thigh hematoma on A/C and just spontaneously converted to sinus, just seen by cardiology who recommends cont A/C, ECHO ,30 day event monitor and 3 month follow up This request is for event monitor;

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| CORR/RAD CC | | | Figura, Ilona | | 4 | 2 | | | | |

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cardiac - Arrhythmia
Procedure: Consult - Return Visit **Specialty:** Cardiology **Priority:** 4 **Status:** G **Jur:** 140
Complaint/Diagnosis: -----

 [REDACTED] y/o male with no cardiac Hx, s/p acute gallstone pancreatitis/lap chole [REDACTED] 17, sent to ER by me 1 week later for new post op A fib MI ruled out. Developed large thigh hematoma on A/C and just spontaneously converted to sinus, just seen by cardiology who recommends cont A/C, ECHO, 30 day event monitor and 3 month follow up. This request is for cardiology follow up within 3 months;

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| CORR/RAD CC | | L'heureux, Cynthia | | 3 | 2 | | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** *?* **Diagnosis:** Cancer - Skin
Procedure: Consult - Return Visit **Specialty:** Dermatology **Priority:** 4 **Status:** G **Jur:** 140
Complaint/Diagnosis: [REDACTED] yr old male recently diagnosed with basal cell of right lower extremity. Wound not healing and recent C & S revealed pseudomonas. Antibiotics changed. Request f/u derm; *from what - when? IDS?*

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| CORR/RAD CC | | Figura, Ilona | | 3 | 2 | | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Sleep Apnea
Procedure: Device - CPAP/BIPAP Purchase **Specialty:** Vendor **Priority:** 4 **Status:** G **Jur:** 140
Complaint/Diagnosis: Very thin [REDACTED] year old male with Hx sleep apnea -as documented by Sleep study in 2010, has been at Corrigan since [REDACTED] 2016 no machine, when at HWH did not get supplies or see a specialist. Sleep study, approved by URC, done [REDACTED] 17 does show sleep apnea. Despite conservative measures (nasal spray, nasal strips HE IS QUITE THIN) he remains symptomatic from sleep apnea. This request is for a CPAP machine and supplies;

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| ENFIELD CI | | Freston, Cary | | 2 | 2 | | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Sinusitis
Procedure: Imaging Test - CT Scan - Other **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** G **Jur:** 112
Complaint/Diagnosis: Request CT sinuses and frontal cranium. Ongoing and complex right frontal sinus and face dull pain. Recent optometry and dental treatments appear to not alleviate discomfort, as well as course of antibiotics for sinusitis. Right eye hypersensitivity, and low grade headaches. Labs pending ESR, etc;

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| ENFIELD CI | | Freston, Cary | | 2 | 2 | | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Musculoskeletal Issue - Knee
Procedure: Consult - R/O Surgical Case **Specialty:** Orthopedics **Priority:** 3 **Status:** G **Jur:** 112 *YCS*
Complaint/Diagnosis: Request Ortho f/u regarding right ACL and medial meniscus tear, planned repair (CMHC JDH Ortho 17). Now remanded and requests repair. Pain, instability, and wears stabilizing brace.;

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| ENFIELD CI | [REDACTED] | Freston, Cary | [REDACTED] | 1 | 1 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cholecystitis/Cholelithiasis
Procedure: Imaging Test - Ultrasound - Abdominal **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** G **Jur:** 112
Complaint/Diagnosis: Request US abdomen. Previously requested US, but GI consult adjustment URC approval. GI recommends US for likely non-obstructing cholelithiasis/cholecystitis. On-off RUQ pain, weight loss, GI and PCP identified positive Murphy's sign.;

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| GARNER CI | [REDACTED] | Valletta, Gerald | [REDACTED] | 4 | 4 | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Hearing Impairment
Procedure: Consult - Initial Visit **Specialty:** Audiology **Priority:** 4 **Status:** G **Jur:** 136
Complaint/Diagnosis: [REDACTED] y/o male with long history of [REDACTED] and [REDACTED] who has been c/o > 6 months progressively worsening hearing loss in right ear without trauma or tinnitus.
 Exam: wnl
 A: hearing loss
 P: audiology request;

EXAM

| | | | | | | |
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| GARNER CI | [REDACTED] | Valletta, Gerald | [REDACTED] | 2 | 1 | [REDACTED] |
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DOB [REDACTED] **Status:** Submitted DME **Voted to Parole:** **Diagnosis:** Fracture - foot/ankle
Procedure: Equipment Rental - Other **Specialty:** Orthopedics **Priority:** 2 **Status:** G **Jur:** 136
Complaint/Diagnosis: seen by ortho on [REDACTED] issued a LARGE CAM from central office.;

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| HARTFORD CC | [REDACTED] | [REDACTED] | Pillai, Omprakash | [REDACTED] | 3 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: **Diagnosis:** Cirrhosis
Procedure: Consult - Initial Visit **Specialty:** Gastroenterology **Priority:** 4 **Status:** U **Jur:** 121
Complaint/Diagnosis: [REDACTED] Years old with [REDACTED] co-infection and compensated cirrhosis. Patient has Hx of treated hepatitis C GT 1 with Harvoni in 2015 which is either failed or patient got reinfected, HCV VL now 2, 148000. PE shows no evidence of hepatic decompensation. US [REDACTED] 17) - Cirrhosis & splenomegaly Platelet-76,000, AST/ALT-30/25, INR-1.4, Alb-4.1, AFP-9 APRI Score - .99, FIB-4 - 3.95; CTP Class A [REDACTED]s controlled on Descovy, Etravirine and Dolutegravir Requests routine GI consult for variceal surveillance;
3mo

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|-------------|------------|------------|-------------------|------------|---|---|------------|------------|------------|------------|
| HARTFORD CC | [REDACTED] | [REDACTED] | Laplante, Sharron | [REDACTED] | 3 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: **Diagnosis:** Fracture - Other
Procedure: Consult - Return Visit **Specialty:** Neurosurgery **Priority:** 4 **Status:** X **Jur:** 4S1
Complaint/Diagnosis: [REDACTED] yr old male ,s/p C5-C6 fusion on [REDACTED] 17. Inmate saw Dr. Killroy on [REDACTED] 17 for post op . Dr.Killroy would like a follow up in 2 months. might he go ? Thank you Dr. Laplante;
local

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| HARTFORD CC | [REDACTED] | [REDACTED] | Laplante, Sharron | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: **Diagnosis:** Rash
Procedure: Consult - Return Visit **Specialty:** Dermatology **Priority:** 4 **Status:** lmo **Jur:** 121
Complaint/Diagnosis: [REDACTED] y/o male taking humera for guttate psoriasis. see by derm [REDACTED] 17) they wanted to see him back at UConn yesterday. for f/u. might he return to derm ? thank you, dr. L;
F2F

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| HARTFORD CC | [REDACTED] | [REDACTED] | Laplante, Sharron | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: **Diagnosis:** Mass
Procedure: Consult - Return Visit **Specialty:** ENT **Priority:** 3 **Status:** U **Jur:** 121
Complaint/Diagnosis: [REDACTED] y/o male sent to UConn for large right neck mass on [REDACTED] w/u as an inpatient revealed a large ovoid mas in the right sternocleidomastoid muscle treated as infectious myositis. the ENT drs. would like to see him back in 2-3 weeks for F/U. thank you, dr. L;
exam now?

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| HARTFORD CC | [REDACTED] | [REDACTED] | Laplante, Sharron | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: ~~X~~ *ENT* Diagnosis: Nodule *yes*
 Procedure: Procedure - Biopsy - Other Specialty: General Surgery Priority: 3 Status: U Jur: 121
 Complaint/Diagnosis: [REDACTED] y/o male recently went to UConn for treatment of neck mass - infectious myositis. during w/u noted to have a 1.3 cm size nodule in his thyroid. it is suggested that he undergo an ultrasound guided biopsy of this nodule. thank you, dr. L;

MCDGL/WLKR CI [REDACTED] Mccrystal, Kevin [REDACTED] 3 3 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Vision Issue/Change
 Procedure: Consult - Return Visit Specialty: Neuro-Ophthalmology Priority: 5 Status: G Jur: ~~137~~
 Complaint/Diagnosis: [REDACTED] yo with myasthenia gravis followed by neuro-ophthalmology. Seen [REDACTED] 17 request return to clinic in 4 months.;

MCDGL/WLKR CI [REDACTED] Jerome, Jennifer [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Neuropathy
 Procedure: Imaging Test - MRI - C-spine Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 137
 Complaint/Diagnosis: This is a reply to UR request # [REDACTED] pt seen once again after appeal process. [REDACTED] y/o with numbness and tingling from cervical spine to right hand. Neuro exam intact, strength 5/5, reflexes 2+. Spurling positive to right side, radiates to shoulder and down right arm into fingers. Cervical x-ray from [REDACTED] 17 indicated there is straightening of the cervical spine but there is normal alignment of the cervical vertebral bodies. Ventral spurring is seen involving vertebral bodies C5 and C6. There is mild disc space narrowing at C4-C5. Some calcification seen in the nuchal ligament at the level of C5. There is some encroachment of the intervertebral canals bilaterally at C6-C7 related to bony spurring. Provider and I/M URC was submitted in the past, however I/M was not given opportunity for appeal.;

MCDGL/WLKR CI [REDACTED] Jerome, Jennifer [REDACTED] 3 1 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Angina Pectoris *yes*
 Procedure: Stress Test - Routine Specialty: Cardiology *what did they do @ UCONN* Priority: 3 Status: G Jur: 137
 Complaint/Diagnosis: [REDACTED] y/o with intermittent chest pain daily. Provider had I/M do a daily log of activity and chest pain. He has a history of HTN. He came to sick call on [REDACTED] - an EKG was performed then and sent to UCONN with interpretation of T-wave inversion and flattening.;

MCDGL/WLKR CI [REDACTED] Mccrystal, Kevin [REDACTED] 2 1 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cancer - Colon
 Procedure: Imaging Test - CT Scan - # Areas Specialty: Radiology/Diagnostic Imaging Priority: 3 Status: G Jur: 137
 Complaint/Diagnosis: [REDACTED] yo s/p rectal adenocarcinoma resection [REDACTED] 16. Heme/onc requests restaging CT chest, abdomen, pelvis with contrast.;

MCDGL/WLKR CI [REDACTED] Mccrystal, Kevin [REDACTED] 2 1 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Colon.

Procedure: Procedure - Colonoscopy **Specialty:** Gastroenterology **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] y/o rectal adenocarcinoma s/p resection [REDACTED] 6. Completed adjunct chemotherapy. Heme/onc requests 1 year surveillance colonoscopy.;

MCDGL/WLKR CI [REDACTED] Pillai, Omprakash [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Amputee

Procedure: Consult - Initial Visit **Specialty:** Orthotics/Prosthetics **Priority:** 3 **Status:** L **Jur:** 137

Complaint/Diagnosis: Inmate with left BKA, re incarcerated. Foot of prosthetic leg is worn out with tears and holes. Requesting initial visit with Hanger for repair estimate.;
H was fine for him in community this will be costly!

MCDGL/WLKR CI [REDACTED] Jerome, Jennifer [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Nerve/Neurological Disorder

Procedure: Imaging Test - CT Scan - Head **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] y/o seen by provider because of being star of the day. He has a hx of migraines. Has been experiencing an increase in dizziness and lightheadedness. Fell in cell on [REDACTED] receiving IV fluid. Reports pain on Right side of head and numbness on Left front. He has occasional episodes of elevated BP. He does experience nausea/vomiting (No sick contacts). He does not display any signs of dehydration. He has 1 beat of nystagmus to the right bilaterally, neuro's are otherwise unremarkable. He is concerned because his [REDACTED]

7 yep? CT of MRI

MCDGL/WLKR CI [REDACTED] Mccrystal, Kevin [REDACTED] 4 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Lupus

Procedure: Consult - Return Visit **Specialty:** Rheumatology **Priority:** 5 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] y/o with lupus. Last seen by rheumatology [REDACTED] 7. Rheumatology requests medication changes, lab work, and return to clinic in [REDACTED] months.

Should be good for 3 months

6 months

MCDGL/WLKR CI [REDACTED] Ivanaviciene, Jurate [REDACTED] 3 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hematologic Disorder

Procedure: Consult - Case Review **Specialty:** Infectious Diseases **Priority:** 5 **Status:** G **Jur:** 137

Complaint/Diagnosis: [REDACTED] year old, [REDACTED] CD4 900, VL 0.03 [REDACTED] 17. IDS Q3 MONTHS F/U, last seen [REDACTED] 17. ARV-GENVOYA;

in MSS?

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| MCDGL/WLKR CI | [REDACTED] | Jerome, Jennifer | [REDACTED] | 1 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Rash | | |
| Procedure: | Consult - Initial Visit | Specialty: Dermatology | Priority: 4 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | <p>[REDACTED] y/o with multiple lesions on back and thighs. Area was biopsied on [REDACTED] 17 and diagnosis in superficial perivascular infiltrate and dermal mucin - histopathologic changes are not diagnostic. He reports that lesions stated in 2014 on Left ankle and have progressed. He has been prescribed Vistaril, Doxycycline, Prednisone, Benadryl, and Triamcinolone cream (current chart orders are from 2016) without effect. Lesions are circular, most notably on back and left thigh, center is pink. No s/sx of infection noted. No history of auto-immune disease in family per pt. He reports changing soap and lotion without effect.;</p> | | | | | |

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| MCDGL/WLKR CI | [REDACTED] | Pillai, Omprakash | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Musculoskeletal Issue - Knee | | |
| Procedure: | Consult - Initial Visit | Specialty: Orthopedics | Priority: 4 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | <p>[REDACTED]-year-old with Hx of MVA and chronic R knee instability followed by JDH Orthopedics in the past. He has multiple ligament injury, anterior cruciate ligament insufficiency Posterior lateral corner insufficiency and medial meniscus tear. Patient was last seen by Ortho in 2015 and plan was for reconstructive surgery that never happened since his release to HWH. Patient has complaint of on-going pain and instability of joint. Exam shows + Lachman and laxity on Varus/valgus stress. Requests follow up with Orthopedics.;</p> <p><i>IT was not a priority for him in community</i></p> | | | | | |

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| MCDGL/WLKR CI | [REDACTED] | Jerome, Jennifer | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Amputee | | |
| Procedure: | Consult - Return Visit | Specialty: Orthotics/Prosthetics | Priority: 4 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | <p>Seen by Hanger [REDACTED] 17. Left sided prosthesis needed lateral pad due to weight loss and migration deep into socket. F/U requested in [REDACTED] to check fit and measure limb.;</p> | | | | | |

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| MCDGL/WLKR CI | [REDACTED] | Jerome, Jennifer | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Musculoskeletal Issue - Knee | | |
| Procedure: | Consult - On-site Ortho Clinic | Specialty: Orthopedics | Priority: 4 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | <p>[REDACTED] y/o reports twisting his left knee playing basket in [REDACTED]. Provider initially saw pt in [REDACTED] for injury he was prescribed a knee brace and Motrin. X-ray reveals medial predominant tricompartmental knee osteoarthritis with small interarticular loose and body joint effusion. Left knee continues to be swollen and tender to palpation. He is able to bend Left knee approx. 74 degrees. He has 2+ reflexes however when struck on left he verbalized pain. Positive anterior draw test on left, negative on right.;</p> | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 1 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Fracture - foot/ankle | | | | | |
| Procedure: Consult - Post Op | | Specialty: Orthopedics | | Priority: 3 | | Status: G | | Jur: 37 | | |
| Complaint/Diagnosis: y/o s/p left ankle ORIF and ligament repair 17. Ortho requests post op follow up in 2 weeks.; | | | | | | | | | | |

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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 4 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Pituitary Disorder | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Endocrinology | | Priority: 5 | | Status: G | | Jur: 13 | | |
| Complaint/Diagnosis: y/o with pituitary adenoma and vision changes. Resection 17. Seen by endocrine 17. Endocrine recommends cortisol stimulation test and return to clinic in 4 months.; | | | | | | | | | | |

was this done - not needed

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| MCDGL/WLKR CI | | | Pillai, Omprakash | | 1 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hepatitis C | | | | | |
| Procedure: Imaging Test - Scan - Other | | Specialty: Infectious Diseases | | Priority: 4 | | Status: G | | Jur: 114 | | |
| Complaint/Diagnosis: y/o years old with Hx of nasal cocaine use and recently diagnosed hepatitis C infection, HCV VL-251000, GI 1a. Patient does not have Hx of clinical liver disease. PE non-contributory HIV negative, Hep A & B being vaccinated; AST/ALT-31/63, Platelet-216000, INR-1.0 APRI Score - .36, FIB-4 - .71 Please schedule for a FibroScan; | | | | | | | | | | |

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| MCDGL/WLKR CI | | | Jerome, Jennifer | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Other | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Gastroenterology | | Priority: 3 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: y/o male with unknown family history 17 Saw provider on 17 with vague abdominal complaints and BM irregularities. BMS are since regular however he continues to have abdominal cramps. Hemocult's x 3 provided to pt and ALL are POSITIVE. Provider is recommending a GI consult for colonoscopy.; | | | | | | | | | | |

labs?

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| MCDGL/WLKR CI | | | Jerome, Jennifer | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Sleep Apnea | | | | | |

Procedure: Sleep Study **Specialty:** Pulmonary Medicine **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] y/o, diabetic and hypertensive. Weight is 321 lbs as of [redacted] 17. Neck circumference is 18.5 inches (short neck). He reports that for at least the past 2 years he has decreased energy, naps when he can and when he wakes up he is tired. Cellie informs him that he snores loud, stops breathing and gasps for air. Lab work done recently (Including thyroid, Vit B12) which were normal. Abnormal values were A1C - insulin adjusted and Vit D - supplement added.;

MCDGL/WLKR CI [redacted] Pillai, Omprakash [redacted] 2 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hepatitis C

Procedure: Imaging Test - Scan - Other **Specialty:** Infectious Diseases **Priority:** 4 **Status:** G **Jur:** 114

Complaint/Diagnosis: [redacted] years old with Hx of IDU and Treatment naïve hepatitis C infection, HCV VL-360000, GT pending
Patient does not have Hx of clinical liver disease.
PE non-contributory
HIV negative, Hep B being vaccinated; Hep A IgG pend, AST/ALT-34/55, Platelet-238000, INR-1.0, Alb-4.5
APRI Score - .35, FIB-4 - .85
Please schedule for a FibroScan;

MCDGL/WLKR CI [redacted] Mccrystal, Kevin [redacted] 1 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Weight Loss

Procedure: Imaging Test - CT Scan - # Areas **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] yo with significant weight loss and abdominal pain. Evaluated by gastroenterology. GI recommends CT of chest, abdomen, and pelvis as well as EGD and colonoscopy.;

MCDGL/WLKR CI [redacted] Mccrystal, Kevin [redacted] 1 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Weight Loss

Procedure: Procedure - Colonoscopy **Specialty:** Gastroenterology **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] yo with significant weight loss and abdominal pain. Evaluated by gastroenterology. GI recommends CT of chest, abdomen, and pelvis as well as EGD and colonoscopy.;

MCDGL/WLKR CI [redacted] Mccrystal, Kevin [redacted] 1 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Weight Loss

Procedure: Procedure - EGD without Dilatation **Specialty:** Gastroenterology **Priority:** 4 **Status:** G **Jur:** 137

Complaint/Diagnosis: [redacted] yo with significant weight loss and abdominal pain. Evaluated by gastroenterology. GI recommends CT of chest, abdomen, and pelvis as well as EGD and colonoscopy.;

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| MCDGL/WLKR CI | [REDACTED] | Mccrystal, Kevin | [REDACTED] | 4 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Pain - chronic back | |
| Procedure: | Procedure - ESI | Specialty: Interventional Radiology | <i>? met with</i> | Priority: 5 | Status: G | Jur: 137 |
| Complaint/Diagnosis: | y/o with chronic low back pain. Denies history of injury. States pain is 9/10 always. Pain is worse with standing for long periods. Able to perform ADL's. (Xray wnl). Exam wnl. States motrin and Tylenol do not work. Back exercises provided. I/M requests ESI for low back pain.; | | | | | |

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| MCDGL/WLKR CI | [REDACTED] | Jerome, Jennifer | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Retinopathy- Diabetic | |
| Procedure: | Consult - Return Visit | Specialty: Ophthalmology - Retinal | <i>? yall</i> | Priority: 5 | Status: G | Jur: 114 |
| Complaint/Diagnosis: | y/o with [REDACTED] years. Diagnosed with Quiescent proliferative diabetic retinopathy. Seen by Dr. Simmons [REDACTED] 2017 with request for 6 month f/u. <i>why was</i> | | | | | |

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| MCDGL/WLKR CI | [REDACTED] | Jerome, Jennifer | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Diabetes | |
| Procedure: | Device - Shoe(s) | Specialty: Orthotics/Prosthetics | <i>firm soled shoes</i> | Priority: 3 | Status: G | Jur: 137 |
| Complaint/Diagnosis: | y/o with [REDACTED] since the age of [REDACTED]. Significant neuropathy on bilateral lower extremities. He is unable to feel sharp or dull on bilateral toes. He is able to mildly feel dull on medial and lateral foot. He can feel sharp on heels. Bilateral pedal pulses are 2+. Shoe sizes is 13.; | | | | | |

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| MCDGL/WLKR CI | [REDACTED] | Cuevas, Frankie | [REDACTED] | 1 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Dental Caries/Issue | |
| Procedure: | Surgical Procedure - Other | Specialty: Oral Surgery | | Priority: 4 | Status: G | Jur: 137 |
| Complaint/Diagnosis: | <p>***sent to Dr. Benoit [REDACTED]***; Pt seen [REDACTED] 2017. Pt now wants #17 extracted. #17 mesially impacted into #18 causing deep caries #18. Recc OS EXT #18 and #32. See below for previous URC note</p> <p>[REDACTED] 2016 [REDACTED] AM (Quijano, Kelly)</p> <p>***sent to Dr. Benoit [REDACTED]****</p> <p>[REDACTED] 2016 [REDACTED] PM (O'shea, Peter)</p> <p>constant pain associated with impacted and carious teeth. #17 is the priority. I/M has a sentence spanning more than a decade and if you have time to consider the impacted (PE)_#32 that would be greatly appreciated.;</p> | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|------------------|------------|------------|------------------|------------|-----|----|------------|------------|------------|------------|
| MCDGL/WLKR CI | [REDACTED] | [REDACTED] | Jerome, Jennifer | [REDACTED] | 3 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hearing Impairment
Procedure: Device - Hearing Aide Repair **Specialty:** Audiology **Priority:** X4 **Status:** G **Jur:** y 137
Complaint/Diagnosis: Inmate states hearing aide is not working, even after changing batteries.;

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| MCDGL/WLKR CI | [REDACTED] | Naqvi, Syed | [REDACTED] | 2 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Musculoskeletal Issue - Hip
Procedure: Consult - Initial Visit **Specialty:** Orthopedics **Priority:** X5 **Status:** G **Jur:** 114
Complaint/Diagnosis: [REDACTED] yo with moderate to severe left hip pain with limitations of movements and difficulty in walking. x ray hip shows severe DJD with tear in cartilage, warrants ortho appt.;

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| NEW HAVEN CC | [REDACTED] | Ivanaviciene, Jurate | [REDACTED] | 1 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** [REDACTED] **Diagnosis:** Hematologic Disorder
Procedure: Consult - Case Review **Specialty:** Infectious Diseases **Priority:** 4 **Status:** U **Jur:** y 122
Complaint/Diagnosis: A [REDACTED] year's old [REDACTED] on bond of [REDACTED] and court dates: [REDACTED]
 CD4 and VL - - Pending
 Medication: Atripla 1 tab qd
 Requesting medication/ treatment review.;

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| NEW HAVEN CC | [REDACTED] | Ivanaviciene, Jurate | [REDACTED] | 3 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|--------------|------------|----------------------|------------|---|---|------------|------------|------------|------------|------------|

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** [REDACTED] **Diagnosis:** Hematologic Disorder
Procedure: Consult - Case Review **Specialty:** Infectious Diseases **Priority:** 4 **Status:** U **Jur:** y 122
Complaint/Diagnosis: [REDACTED] year old, [REDACTED] with bond of [REDACTED] and court date [REDACTED]
 CD4 and VL - 838, and <20 respectively - [REDACTED] 17
 Medication: Triumeq 1 tab qd
 Requesting medication/ Treatment review;

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|--------------|------------|----------------|------------|---|---|------------|------------|------------|------------|------------|
| NEW HAVEN CC | [REDACTED] | Koslawy, Maria | [REDACTED] | 2 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
|--------------|------------|----------------|------------|---|---|------------|------------|------------|------------|------------|

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** [REDACTED] **Diagnosis:** Nerve/Neurological Disorder
Procedure: Procedure - Other **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** U **Jur:** 122
2 Is this for embolus?

Complaint/Diagnosis: ■ YO BP S/P multiple GSW's ■ 17 with C4-5 Fxs & Rt. scapula Fx. Yale ■ through ■ Incarcerated ■ sent to UCONN/ED for "Numbness to body on ■ Non-Focal exam at that time with recommendation for F/U in Spine Service. Pain scale 9:10 despite Elavil & Motrin. C/O Tingling bilat hands. PMH: S/P GSW's 2010 Current Rx: Elavil 25 mg Qhs, Neurotin & Naprosyn. PE: VSS, afebrile Cervical spine FROM, Equal HG & strength. Seen by Spine Service as ■ who states physical exam does not correlate with neuro complaints. They request bilat UE EMG/NCS to asses for nerve impingement.;

NEW HAVEN CC ■ Ivanaviciene, Jurate ■ 3 2 ■

DOB ■ **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Hematologic Disorder

Procedure: Consult - Case Review **Specialty:** Infectious Diseases **Priority:** 4 **Status:** U **Jur:** 122

Complaint/Diagnosis: ■ year old ■ CD4 and VL - 791 and <20 - ■ 17.
Medication: Atripla 1 tab qd
Requesting medication/ treatment review;

wait for now

NEW HAVEN CC ■ Ivanaviciene, Jurate ■ 3 3 ■

DOB ■ **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Hematologic Disorder

Procedure: Consult - Case Review **Specialty:** Infectious Diseases **Priority:** 4 **Status:** U **Jur:** 122

Complaint/Diagnosis: A ■ year's old ■ Bond ■ Court date ■ CD4 and VL - 720 and < 20 respectively.
Medication: Genvoya 1 tab qd.
Requesting medication/treatment review.;

wait for now

NEW HAVEN CC ■ Ivanaviciene, Jurate ■ 3 2 ■

DOB ■ **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Hematologic Disorder

Procedure: Consult - Case Review **Specialty:** Infectious Diseases **Priority:** 4 **Status:** U **Jur:** 122

Complaint/Diagnosis: ■ year old, ■ with ■ bond and court dates- ■
CD4 and VL - 1202 and 40 respectively
Medication: - Triumeq 1 tab qd
Requesting medication/ case review;

NOV 27

NORTHERN CI ■ Smyth, James ■ 1 3 ■

DOB ■ **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Retina - Detachment

Procedure: Consult - Initial Visit **Specialty:** Ophthalmology - Retinal **Priority:** 3 **Status:** ■ **Jur:** 141

Complaint/Diagnosis: Inmate assaulted ■ Trauma to OS.
Seen ■ 17 by Optometry. No issues at that time. Now complaining of Decreased VA OD and floaters. Requesting Ophthalmology to rule out retinal detachment.;

yes Community

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|----------------------|---|--------------------------------|-----------------------------|---------------------|----------|------------|
| OSBORN CI | [REDACTED] | Smyth, James | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Glaucoma | | |
| Procedure: | Consult - On-Site Ophthalmology Clinic | Specialty: Ophthalmology | Priority: 5 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | Newly diagnosed glaucoma patient. C/D .75 OU. Requesting On-Site Ophthalmology for Baseline testing.; | | | | | |

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| OSBORN CI | [REDACTED] | Smyth, James | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Glaucoma | | |
| Procedure: | Consult - On-Site Ophthalmology Clinic | Specialty: Ophthalmology | Priority: 5 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | Requesting On-Site Ophthalmology to follow progression of glaucoma. No testing in 2 years.; | | | | | |

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|----------------------|--|--------------------------------|------------------|----------------------|----------|------------|
| OSBORN CI | [REDACTED] | Wright, Johnny | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Arthritis | | |
| Procedure: | Consult - Return Visit | Specialty: Rheumatology | Priority: 5 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | yowm pt with over 15 yrs seroneg RA. Patient of Dr. Laks. Request 4 month f/u Rheumatology for RA. Rheum recommended Ayava treatment and a host of labs to present to Dr. Laks on next visit.; | | | | | |

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| OSBORN CI | [REDACTED] | Wright, Johnny | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Hearing Impairment | | |
| Procedure: | Consult - Initial Visit | Specialty: Audiology | Priority: 4 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | yowm with chronic ear infections associated decrease ability to hear recently with drainage and unusual black and white spots akin to either fungal growth or larvae. The ear has been soaked and flush on multiple visits; treated with several oral and topical abxs. request ENT consultation for further management. ENT Visit [REDACTED] recc baseline hearing testing.; | | | | | |

NO? from last week
waiting for dictated 2017

| | | | | | | |
|----------------------|---|--------------------------------|------------------|----------------------------------|----------|------------|
| OSBORN CI | [REDACTED] | Wright, Johnny | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Fracture - foot/ankle | | |
| Procedure: | Consult - Post Emergency Room Follow-Up | Specialty: Orthopedics | Priority: 3 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | yohm playing handball, heard right ankle crack with pain. upon assessment noted with swelling and tenderness to outer aspect of ankle and lower fibula. x ray preformed at facility. md dr j wright reviewed films. noted with fracture. further assessment in er/ortho demo weber B fracture non-displaced recc non-op management. short leg splint non we bear at all time. f/u with ortho clinic 2 weeks.; | | | | | |

there was communication last week = no

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|--|---------------------------------------|-------------------------|--|-----------------|---|------------|
| OSBORN CI | [REDACTED] | Freston, Cary | [REDACTED] | 5 | 2 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Fracture - lower extremity | | | |
| Procedure: Consult - Return Visit | Specialty: Orthopedics | Priority: 3 | Status: X | Jur: 481 | | |
| Complaint/Diagnosis: Request return visit Orthopedics in 6 weeks for management decision of weight bearing and brace removal regarding left Tibia plateau fx healing. Also, s/p I&D left thigh with ongoing woundvac management.; | | | | | | |

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|---|---------------------------------------|------------------------------------|--------------------------------------|-----------------|---|------------|
| OSBORN CI | [REDACTED] | Freston, Cary | [REDACTED] | 5 | 2 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cancer - Pulmonary | | | |
| Procedure: Consult - Return Visit | Specialty: Pulmonary Medicine | Priority: 3 | Status: G | Jur: 115 | | |
| Complaint/Diagnosis: Request f/u 2 - 3 weeks [REDACTED] 17) for planned bronchoscopy and stent removal. SCLC s/p PTHX and bronch deployed stent. Undergoing chemotherapy.; | | | | | | |

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| OSBORN CI | [REDACTED] | Wright, Johnny | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Thyroid Disorder | | | |
| Procedure: Consult - Return Visit | Specialty: Endocrinology | Priority: 4 | Status: G | Jur: 115 | | |
| Complaint/Diagnosis: [REDACTED] yo with long h/o thyroid disease with fluctuations between hyper and hypothyroidism, in [REDACTED] 2016 he was hyperthyroid which changed to hypothyroidism in late last year but is thyrotoxic now with exophthalmos. [REDACTED] 17 Endo visit recc U/S of thyroid and follow up in 4 mos.; | | | | | | |

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| OSBORN CI | [REDACTED] | Wright, Johnny | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Thyroid Disorder | | | |
| Procedure: Imaging Test - Ultrasound - Other | Specialty: Radiology/Diagnostic Imaging | Priority: 3 | Status: G | Jur: 115 | | |
| Complaint/Diagnosis: [REDACTED] yo with long h/o thyroid disease with fluctuations between hyper and hypothyroidism, in [REDACTED] 2016 he was hyperthyroid which changed to hypothyroidism in late last year but is thyrotoxic now with exophthalmos. [REDACTED] 17 Endo visit recc U/S of thyroid and repeat TFTs.; | | | | | | |

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|---|---------------------------------------|------------------------------------|--------------------------|-----------------|---|------------|
| OSBORN CI | [REDACTED] | Breton, Joseph | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Anemia | | | |
| Procedure: Consult - Initial Visit | Specialty: Gastroenterology | Priority: 3 | Status: G | Jur: 115 | | |
| Complaint/Diagnosis: | | | | | | |

[redacted] year old male seen for pruritis and dysphagia. review of old labs shows intermittent anemia-
 2016 H/h 10/34
 H/h = 11/34 then [redacted] 2017 H/h =13/42 and follow up 12/36.
 Ferritin 23 (2016) to 16 ([redacted] 17 with iron 92) and now Ferritin is 10. B12, folate normal 2016.
 guaiac negative times 3.
 [redacted] year old male- intermittent anemia and low ferritin - never had GI work up.;

YES

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| OSBORN CI | [redacted] | Wright, Johnny | [redacted] | 2 | 4 | [redacted] |
| DOB | [redacted] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: ENT Disorder | | |
| Procedure: | Consult - Return Visit | Specialty: ENT | Priority: 3 | Status: <i>4/05</i> | Jur: 115 | |
| Complaint/Diagnosis: | [redacted] y/o male with PMH of asthma, allergic rhinitis and nasal polypectomy in 2014 c/o progressively worsening nasal congestion, copious mucus production and cough since [redacted]. Exam: significant nasal polyps bilaterally, obstructing both nostril. review of ct scan and needs follow up to discuss surgery.; | | | | | |

yes

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|----------------------|--|--------------------------------|------------------|-------------------------------|----------|------------|
| OSBORN CI | [redacted] | Wright, Johnny | [redacted] | 3 | 3 | [redacted] |
| DOB | [redacted] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Hearing Impairment | | |
| Procedure: | Consult - Initial Visit | Specialty: ENT | Priority: 3 | Status: <i>1/NO</i> | Jur: 115 | |
| Complaint/Diagnosis: | [redacted] yowm with h/o fluid build up behind ear drums and subsequent ear tube placement about a year ago with resolution of hearing loss. He now reports progressing loss of hearing to the left ear. He denies headache or dizziness. O/E b/l ear tubes observed unsure if the tubes are clogged by visual appearance and familiarity of ear tubes in an adult patient. Request ENT consult for further assessment.; | | | | | |

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| OSBORN CI | [redacted] | Wright, Johnny | [redacted] | 5 | 1 | [redacted] |
| DOB | [redacted] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Cancer - Bone | | |
| Procedure: | Imaging Test - PET Scan | Specialty: Nuclear Medicine | Priority: 3 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | [redacted] yohm with 8 week history of enlarging mass, pain at the right lateral distal femur region. MRI concerning for malignancy. IR Biopsy path confirm high grade sarcoma. Week 29 MAP chemotherapy (final cycle). rec PET CT.; | | | | | |

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| OSBORN CI | [redacted] | Freston, Cary | [redacted] | 5 | 3 | [redacted] |
| DOB | [redacted] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cardiac - Murmur | | |
| Procedure: | Imaging Test - Echocardiogram | Specialty: Cardiology | Priority: <i>3</i> | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | Request cardiac ECHO regarding diffuse SOB and wheezing and NEW murmur. Symptoms not appearing to be fully bronchospasm, and not CHF. No fevers or constitutional symptoms, but cardiac wheezing is suspected. CXR non-revealing. CAD, on Plavix and ASA. Blood Cx collected and other labs [redacted] 17. Must r/o valvular DZ or SBE.; | | | | | |

YES

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| OSBORN CI | [REDACTED] | Wright, Johnny | [REDACTED] | 5 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: GI Bleed | | |
| Procedure: | Consult - Post In-Patient hospitalization Follow-Up | Specialty: Gastroenterology | Priority: 3 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | [REDACTED] yobm seen and admitted JDH for bright red blood per rectum and syncope. He was seen by GI and follow up as an outpatient likely for upper and/or lower endoscopy.; | | | | | |

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| ROBINSON CI | [REDACTED] | Naqvi, Syed | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Musculoskeletal Issue - Shoulder | | |
| Procedure: | Consult - Initial Visit | Specialty: Orthopedics | Priority: 4 | Status: G | Jur: 116 | |
| Complaint/Diagnosis: | [REDACTED] yo with severe pain in right shoulder with limitation of movements and interference in daily activities of living. O/E significant reduction in movements especially in abduction, needs to r/o rotator cuff injury.; | | | | | |
| | <i>need PE</i> | | | | | |
| | <i>left of push off > 90° ROM (Apprehension?)</i> | | | | | |
| | <i>Open card</i> | | | | | |

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| ROBINSON CI | [REDACTED] | Mcdonald, Craig | [REDACTED] | 1 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Dental Caries/Issue | | |
| Procedure: | Procedure - Dental Extractions | Specialty: Oral Surgery | Priority: 3 | Status: G | Jur: 116 | |
| Complaint/Diagnosis: | [REDACTED] y.o. WM w/c/o pain from broken teeth UR quad; teeth # 4, 5, 6, 11 are non-restorable / roots, large maxillary buccal exposures are present from max molars to lateral incisors, (I've never seen this!) Surgical extractions required for these teeth (# 4,5,6,11) cannot be done at this facility (digital copy of xrays to be sent--hard to visualize the tori) C. McDonald, DDS; | | | | | |
| | <i>Bond</i> | | | | | |

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| ROBINSON CI | [REDACTED] | Wright, Carson | [REDACTED] | 2 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cancer - Skin | | |
| Procedure: | Consult - Initial Visit | Specialty: ENT | Priority: 3 | Status: G | Jur: 116 | |
| Complaint/Diagnosis: | [REDACTED] 17 Surgery/Oncology. Right node melanoma excision and sentinel lymph node biopsy (x2). Tissue excised and lymph node sent to pathology. No complications. Follow up Dr Stevenson 1-2 weeks, needs apt with Dr Hegde, and needs apt with ENT; | | | | | |

NO Yale

16

2/15

Dr Hegde

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|---------------------|---------|------|-------------------|-----|-----|----|-----------|------------|------|-----|
| WILLARD-CYBULSKI CI | | | Pillai, Omprakash | | 2 | 3 | | | | |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Hepatitis C

Procedure: Imaging Test - Scan - Other Specialty: Infectious Diseases Priority: 4 Status: G Jur: 142

Complaint/Diagnosis: [REDACTED] years old with [REDACTED] co-infection. Hepatitis C, Treatment naïve GT 1, HCV VL-22100 Risk-IDU ARV's - Descovy and Dolutegravir No Hx of overt liver disease and PE without evidence of advanced liver disease. AST/ALT-39/37, Platelet-165000; INR-1.1, Albumin-4.1; APRI score - .59, FIB 4 - 2.21 HIV VL<20, CD4-166 Hep A immune, Hep B non-immune. Please schedule for a FibroScan;

Handwritten notes: (5) Why are we even doing them now?

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| WILLARD-CYBULSKI CI | | Clements, Michael | | 3 | 3 | | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Glaucoma

Procedure: Consult - Return Visit Specialty: Ophthalmology Priority: 4 Status: L Jur: 142

Complaint/Diagnosis: [REDACTED] 17 initial visit Ophthalmology, Ehlers. Glaucoma, advanced damage OU C/D OD. Borderline OCT,, outside NL RECC: Eye drops per consult, return 1 month for visual fields;

Handwritten notes: why - see OPTO > 1 mo maybe 3m?

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| WILLARD-CYBULSKI CI | | Pillai, Omprakash | | 3 | 3 | | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hepatitis C

Procedure: Imaging Test - Ultrasound - Abdominal Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 142

Complaint/Diagnosis: [REDACTED] years old with [REDACTED] treatment naïve Hep C GT 1a. and FS of 3/4 (11.1 kPa) by FibroScan. AFP-14. Patient is approved for Hep C treatment. His [REDACTED] is well controlled on Descovy & dolutegravir. Requests routine liver US.;

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| WILLARD-CYBULSKI CI | | Clements, Michael | | 2 | 2 | | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hernia

Procedure: Consult - Initial Visit Specialty: General Surgery Priority: 4 Status: G Jur: 142

Complaint/Diagnosis: [REDACTED] yo c/ recurrent, large (grapefruit-sized), non-reducible R inguinal hernia. Had a remote mesh repair, which obviously failed. No help c/ truss. Please approve GS consult within a month. Thank you.;

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| WILLARD-CYBULSKI CI | | Deflorio, Dara | | 2 | 2 | | | | | |
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| DOB | [REDACTED] | Status: | Ready for Adjudication | Voted to Parole: | dd-MM-yyyy | Diagnosis: | Lesion | Benoit 142 | |
| Procedure: | Procedure - Other | Specialty: | Oral pathology | Priority: | 3 | Status: | G | | |
| Complaint/Diagnosis: | Pt presents with white lesion midline hard palate, raised area. Please evaluate; | | | | | | | | |

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| WILLARD-CYBULSKI CI | [REDACTED] | Clements, Michael | [REDACTED] | 2 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | | |
| DOB | [REDACTED] | Status: | Ready for Adjudication | Voted to Parole: | | Diagnosis: | Polyp(s) | X 142 | | | |
| Procedure: | Procedure - Colonoscopy | Specialty: | Gastroenterology | Priority: | 5 | Status: | G | | | Jur: | |
| Complaint/Diagnosis: | [REDACTED] 17 Gastroenterology. Colonoscopy, multiple polyps removed by cold snared polypectomy. Gastro recommends repeat colonoscopy in 1 year with a extended prep; | | | | | | | | | | |

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| WILLARD-CYBULSKI CI | [REDACTED] | Clements, Michael | [REDACTED] | 3 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | | |
| DOB | [REDACTED] | Status: | Ready for Adjudication | Voted to Parole: | dd-MM-yyyy | Diagnosis: | Musculoskeletal Issue - Shoulder | X 142 <i>2-3MO</i> | | | |
| Procedure: | Consult - Initial Visit | Specialty: | Orthopedics | Priority: | 5 | Status: | G | | | Jur: | |
| Complaint/Diagnosis: | [REDACTED] yo c/ chronic R shoulder pain, denies known injury per se. No help c/ meds, ROME, limited help c/ IA steroids. MRI shows marked tearing of RC, add'l pathology. Pt. has sig. pain, v ROM. We would like surgical consultation please, within 1 month if possible. Thank you.; <i>LWHO IS "WEI"</i> | | | | | | | | | | |

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| WILLARD-CYBULSKI CI | [REDACTED] | Clements, Michael | [REDACTED] | 1 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | | |
| DOB | [REDACTED] | Status: | Ready for Adjudication | Voted to Parole: | dd-MM-yyyy | Diagnosis: | Glaucoma | X 142 | | | |
| Procedure: | Consult - Return Visit | Specialty: | Ophthalmology | Priority: | 5 | Status: | G | | | Jur: | |
| Complaint/Diagnosis: | [REDACTED] 17 r/v Ophthalmology, Ehlers. Advance COAG. Oct Prob. stable, outside NL, borderline. .8 cupping must never run out of eye drops RECC: Return 4 months for repeat OCT; | | | | | | | | | | |

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| WILLARD-CYBULSKI CI | [REDACTED] | Clements, Michael | [REDACTED] | 2 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | | |
| DOB | [REDACTED] | Status: | Ready for Adjudication | Voted to Parole: | dd-MM-yyyy | Diagnosis: | Abscess | X 142 | | | |
| Procedure: | Consult - Initial Visit | Specialty: | General Surgery | Priority: | 4 | Status: | G | | | Jur: | |
| Complaint/Diagnosis: | [REDACTED] yo c/ recurrent, very painful perianal abscess, has not responded adequately to multiple courses of Amoxil, Bactrim. Despite treatment, it has gotten bigger. O/E: R 3-4 cm perianal abscess. Needs surgical drainage. Please schedule consult within 1 month, if possible. Thank you.; | | | | | | | | | | |

WILLARD-CYBULSKI CI [redacted] Clements, Michael [redacted] 3 3 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Arthritis
Procedure: Consult - Return Visit Specialty: Rheumatology *FLF* Priority: 5 Status: G Jur: 142
Complaint/Diagnosis: [redacted] 17 r/v Rheumatology. S. Spondylitis. Has had some form of colitis, A abd pain, bloody stools over [redacted] months ago, just after he started simponi, that resolved in a week, doing well since. RECC: Continue Simponi return in 4 months with labs;

YORK CI [redacted] Nelsen, Elizabeth [redacted] 4 3 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Pain - chronic back
Procedure: Procedure - Other Specialty: Pain Management *local* Priority: 4 Status: U Jur: 139
Complaint/Diagnosis: [redacted] yo female with lumbar post laminectomy syndrome and morphine pump in place who last had refill [redacted] 2017 per records with Dr. Upadhyayula is due for refill end [redacted] Pt. could either return to her current pain clinic or receive medication at UCONN with ~~IR?~~

YORK CI [redacted] Hood, Tara [redacted] 3 3 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: GERD
Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 5 Status: G Jur: 139
Complaint/Diagnosis: [redacted] y.o. HF w/ PMH of metastatic thyroid cancer s/p thyroidectomy, NIDDM, HTN, anemia, w/ c/o of GERD sx and hemorrhoids. H.PYlori test negative, on dual PPI/H2 blocker w/o relief. Exam benign. guiacs pending. Please schedule for GI consult given hx.;

YORK CI [redacted] Hood, Tara [redacted] 4 2 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Goiter
Procedure: Imaging Test - Ultrasound - Other Specialty: Radiology/Diagnostic Imaging Priority: *4* Status: *IG* Jur: 139
Complaint/Diagnosis: [redacted] y.o. AAF w/ PMH of recurrent emboli, CAD, sepsis, had a ctscan of neck and revealed a multinodular goiter and seen by Endo yesterday [redacted] 17 and recommended f/u thyroid ultrasound. *imo*

YORK CI [redacted] Hood, Tara [redacted] 1 3 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cardiac - Arrhythmia
Procedure: Holter Monitor Specialty: Cardiology Priority: 4 Status: G Jur: 139
Complaint/Diagnosis:

? Initialist
or
mnik?

y.o. AAF w/PMHx of vitamin D deficiency, who presents with c/o of palpations and fluttering of her heart several times during the day, lasting approximately 1 hour/episode. No associated symptoms during episodes. Cut down on coffee intake (2-3 cups/day to 1 cup/day) slight improvement in frequency.
 COR: S1S2 RRR no M/C/G
 Lungs: CTA
 TSH:1.21, Chem 7 normal EKG: NSR, no acute STTW abnormalities.
 Please schedule for holter monitor vs. event;

| | | | | | | |
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| YORK CI | | Hood, Tara | | 2 | 3 | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Nodule | |
| Procedure: | Consult - Initial Visit | Specialty: Hematology/Oncology | Priority: 4 | Status: G | Jur: 139 | |
| Complaint/Diagnosis: | y.o. AAF w/ PMH of asthma and Raynaud's. Presents since with 1 cervical lymph node swelling, approx. 1cm, mobile, rubbery, TTP, and since developing has had intermittent fevers and admission to the inpt infirmary setting. Now with a second lymph node swelling approx. 1 cm noted to left posterior chain also. +fatigue, +intermittent fevers, traveling joint pain. further labs pending. Please schedule for Heme/onc consult vs. bx.; | | | | | |

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|----------------------|---|---|------------------|-----------|-------------------|--|
| YORK CI | | Nelsen, Elizabeth | | 3 | 3 | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Nodule | |
| Procedure: | Imaging Test - CT Scan - # Areas | Specialty: Radiology/Diagnostic Imaging | Priority: 3 | Status: L | Jur: 139 | |
| Complaint/Diagnosis: | yo female with pancytopenia and CT Abd yesterday confirming splenomegaly with concerning gastric LAD concerning for lymphoma. Pt. has Heme/Onc apt set up and via email agree to further imaging as recommended by Radiology which is a CT neck and chest.; | | | | | |

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| YORK CI | | Hood, Tara | | 3 | 3 | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Goiter | |
| Procedure: | Imaging Test - Ultrasound - Other | Specialty: Radiology/Diagnostic Imaging | Priority: 4 | Status: L | Jur: 139 | |
| Complaint/Diagnosis: | y.o. WF w/PMH of psoriasis and Hashimoto's hypothyroidism, presents with a goiter and c/o of hair loss. On exam, patient with large goiter, mobile, +bruit, neg thrill. TSH 7.74, T4 .85, microsomal AB 1428 and thyrolobulin 4.5. Please schedule for thyroid u/s.; | | | | | |

Panel List md

Generated on 10/17/2017 11:32:40 AM

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| BRIDGEPORT CC | | | Elderkin, James | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: <input type="checkbox"/> <i>manage onsite</i> | | Diagnosis: Genitourinary Disorder | | <i>no</i> | | | |
| Procedure: | Consult - Post Emergency Room Follow-Up | | Specialty: Urology | Priority: 3 | Status: U | Jur: 123 | | | | |
| Complaint/Diagnosis: yo. Had Priapism treated at 17 to 17. Etiology thought to be Trazodone. Dr. Lawrence Muldoon would like to see him for follow up in ~ 2 weeks. Date/Time in notes.; | | | | | | | | | | |

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| BRIDGEPORT CC | | | Elderkin, James | | 5 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: <input type="checkbox"/> <i>Sched</i> | | Diagnosis: Adrenal Disorder | | <i>117 in clinic no</i> | | | |
| Procedure: | Consult - Post In-Patient hospitalization Follow-Up | | Specialty: Endocrinology | Priority: 3 | Status: G | Jur: 123 | | | | |
| Complaint/Diagnosis: yo with since age Had seizure on 17 secondary to hyponatremia (Na 117) and was hospitalized at JDH 17 until 17. Dr. Carl Malchoff, Endocrinology, requests follow up in ~ 2 weeks.; | | | | | | | | | | |

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| CHESHIRE CI | | | Ruiz, Ricardo | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Sleep Apnea | | <i>yes</i> | | | |
| Procedure: | Pulse Oximeter Study | | Specialty: Vendor | Priority: 4 | Status: U | Jur: 125 | | | | |
| Complaint/Diagnosis: yo morbidly obese male who reports a history of sleep apnea with CPAP use in the community. He states that he does not have access to his machine. I attempted to get a hold of his community sleep study results. However, he does not recall where it was performed. TFT's other labs were wnl. I am requesting an oximetry study.; | | | | | | | | | | |

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| CHESHIRE CI | | | Ruiz, Ricardo | | 1 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dc-MM-yyyy | | Diagnosis: Sleep Apnea | | <i>*pend</i> | | | |
| Procedure: | APAP Study | | Specialty: Vendor | Priority: 4 | Status: G | Jur: 125 | | | | |
| Complaint/Diagnosis: yohm with a history of sleep apnea who is s/p uvulectomy procedure who complains of persistent snoring and daytime somnolence. He did not improve after his surgery. His work-up was done at UConn Health (Dr. McNally). Hi sleep study revealed only mild OSA with an AHI of 12.8 and de-Sats to 92%. He was given a CPAP with improvement in his sleep. His snoring also improved. I am requesting an APAP study to determine settings for a CPAP machine.; | | | | | | | | | | |

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| CHESHIRE CI | | | Ruiz, Ricardo | | 1 | 2 | | | | |
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**pend*

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Sleep Apnea
 Procedure: Device - CPAP/BIPAP Purchase Specialty: Vendor Priority: 4 Status: G Jur: 125
 Complaint/Diagnosis: [REDACTED] yohm with a history of sleep apnea who is s/p uvulectomy procedure who complains of persistent snoring and daytime somnolence. He did not improve after his surgery. His work-up was done at UConn Health (Dr. McNally). Hi sleep study revealed only mild OSA with an AHI of 12.8 and de-Sats to 92%. He was given a CPAP with improvement in his sleep. His snoring also improved. I am requesting a CPAP machine purchase.;

CORR/RAD CC [REDACTED] Pillai, Omprakash [REDACTED] 4 2 [REDACTED]
 DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hepatitis C
 Procedure: Consult - Case Review Specialty: Infectious Diseases Priority: 5 Status: G Jur: 140
 Complaint/Diagnosis: [REDACTED] y/o male approved for HCV treatment- Harvoni x 12 weeks. Hx of Treatment naive Hep C GT 1 a or b, Well compensated CTP Class A; HCV VL on [REDACTED] 17= 862,000. His previous FS is 0-1 (6.3kPa) in [REDACTED] 2015. Hx of Crohns well controlled and followed by GI; Hx of Extensive CAD/ Cardiac arrests/PCI/Stents; Hx of poorly controlled DM; Hx of oral lichen planus treated with prednisone. His oral lichen planus is erosive, extensive and often needs systemic steroids for control. Patient is followed by Dermatology and UConn Dental and recommended treatment of Hep C since this may be contributory to lichen planus. Exam shows no evidence of decompensation. Liver US-Mildly heterogeneous liver and no masses. Requesting medication/treatment review.;

ID

CORR/RAD CC [REDACTED] L'heureux, Cynthia [REDACTED] 3 2 [REDACTED]
 DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: [REDACTED] Diagnosis: Cancer - Skin no
 Procedure: Consult - Return Visit Specialty: Dermatology Priority: 4 Status: G Jur: 140
 Complaint/Diagnosis: [REDACTED] yr old male recently diagnosed with basal cell of right lower extremity Wound not healing and recent C & S revealed pseudomonas Antibiotics changed Request f/u derm;

U need to know size

U did ID set?

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CORR/RAD CC | | | Figura, Ilona | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Sleep Apnea | | | | | |
| | | | mild obstructive sleep apnea <u>no</u> | | | | | | | |
| Procedure: | Device - CPAP/BIPAP Purchase | Specialty: | Vendor | Priority: | 4 | Status: | G | Jur: | 140 | |
| Complaint/Diagnosis: | Very thin ■ year old male with Hx sleep apnea -as documented by Sleep study in 2010, has been at Corrigan since ■ 2016 no machine, when at HWH did not get supplies or see a specialist Sleep study ,approved by URC, done ■ /17 does show sleep apnea Despite conservative measures (nasal spray, nasal strips HE IS QUITE THIN) he remains symptomatic from sleep apnea This request is for a CPAP machine and supplies; | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| ENFIELD CI | | | Freston, Cary | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Sinusitis | | | | | |
| | | | □ more info □ sinus xray <u>no</u> | | | | | | | |
| Procedure: | Imaging Test - CT Scan – Other | Specialty: | Radiology/Diagnostic Imaging | Priority: | 4 | Status: | G | Jur: | 112 | |
| Complaint/Diagnosis: | Request CT sinuses and frontal cranium. Ongoing and complex right frontal sinus and face dull pain. Recent optometry and dental treatments appear to not alleviate discomfort, as well as course of antibiotics for sinusitis. Right eye hypersensitivity, and low grade headaches. Labs pending ESR, etc.; | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| GARNER CI | | | Valletta, Gerald | | 4 | 4 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Hearing Impairment | | | | | |
| | | | | | no | | | | | |
| Procedure: | Consult - Initial Visit | Specialty: | Audiology | Priority: | 4 | Status: | G | Jur: | 136 | |
| Complaint/Diagnosis: | y/o male with long history of Type 2 DM, CAD and HTN who has been c/o > 6 months progressively worsening hearing loss in right ear without trauma or tinnitus. Exam: wnl A: hearing loss P: audiology request; | | | | | | | | | |
| | | | □ was exam done? | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Jerome, Jennifer | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Neuropathy | | | | | |
| Procedure: | Imaging Test - MRI - C-spine | Specialty: Radiology/Diagnostic Imaging | Priority: 4 | Status: G | Jur: 137 | | | | | |
| Complaint/Diagnosis: | <p>This is a reply to UR request # [redacted] pt seen once again after appeal process. [redacted] y/o with numbness and tingling from cervical spine to right hand. Neuro exam intact, strength 5/5, reflexes 2+. Spurling positive to right side, radiates to shoulder and down right arm into fingers. Cervical x-ray from [redacted] 217 indicated there is straightening of the cervical spine but there is normal alignment of the cervical vertebral bodies. Ventral spurring is seen involving vertebral bodies C5 and C6. There is mild disc space narrowing at C4-C5. Some calcification seen in the nuchal ligament at the level of C5. There is some encroachment of the intervertebral canals bilaterally at C6-C7 related to bony spurring. Provider and I/M URC was submitted in the past, however I/M was not given opportunity for appeal.;</p> | | | | | | | | | |

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| MCDGL/WLKR CI | | Pillai, Omprakash | | 2 | 2 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Amputee | | | | | |
| Procedure: | Consult - Initial Visit | Specialty: Orthotics/Prosthetics | Priority: 3 | Status: L | Jur: 137 | | | | | |
| Complaint/Diagnosis: | <p>Inmate with left BKA, re incarcerated. Foot of prosthetic leg is worn out with tears and holes. Requesting initial visit with Hanger for repair estimate.;</p> <p style="text-align: right;">* cost estimate -</p> | | | | | | | | | |

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| MCDGL/WLKR CI | | Jerome, Jennifer | | 2 | 2 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Nerve/Neurological Disorder | | | | | |
| Procedure: | Imaging Test - CT Scan - Head | Specialty: Radiology/Diagnostic Imaging | Priority: 4 | Status: G | Jur: 137 | | | | | |
| Complaint/Diagnosis: | <p>[redacted] y/o seen by provider because of being star of the day. He has a hx of migraines. Has been experiencing an increase in dizziness and lightheadedness. Fell in cell on [redacted] receiving IV fluid. Reports pain on Right side of head and numbness on Left front. He has occasional episodes of elevated BP. He does experience nausea/vomiting (No sick contacts). He does not display any signs of dehydration. He has 1 beat of nystagmus to the right bilaterally, neuro's are otherwise unremarkable. He is concerned because his maternal aunt suffered a brain aneurysm.;</p> <p style="text-align: right;">Orthostatic vs DEK 4 LYM 2 Dchem 10</p> | | | | | | | | | |

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| MCDGL/WLKR CI | | Mccrystal, Kevin | | 4 | 2 | | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Lupus | | | | | |
| Procedure: | Consult - Return Visit | Specialty: Rheumatology | Priority: 5 | Status: G | Jur: 137 | | | | | |
| Complaint/Diagnosis: | <p>[redacted] yo with [redacted] Last seen by rheumatology [redacted] 17. Rheumatology requests medication changes, lab work, and return to clinic in 3 months.;</p> | | | | | | | | | |

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| MCDGL/WLKR CI | | Jerome, Jennifer | | 1 | 2 | | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Rash
Procedure: Consult - Initial Visit **Specialty:** Dermatology **Priority:** 4 **Status:** G **Jur:** 137
Complaint/Diagnosis: [REDACTED] y/o with multiple lesions on back and thighs. Area was biopsied on [REDACTED]/17 and diagnosis in superficial perivascular infiltrate and dermal mucin - histopathologic changes are not diagnostic. He reports that lesions stated in 2014 on Left ankle and have progressed. He has been prescribed Vistaril, Doxycycline, Prednisone, Benadryl, and Triamcinolone cream (current chart orders are from 2016) without effect. Lesions are circular, most notably on back and left thigh, center is pink. No s/sx of infection noted. No history of auto-immune disease in family per pt. He reports changing soap and lotion without effect.;

MCDGL/WLKR CI [REDACTED] Pillai, Omprakash [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Musculoskeletal Issue - Knee
Procedure: Consult - Initial Visit **Specialty:** Orthopedics **Priority:** 4 **Status:** G **Jur:** 137 **YES**
Complaint/Diagnosis: [REDACTED]-year-old with Hx of MVA and chronic R knee instability followed by JDH Orthopedics in the past. He has multiple ligament injury, anterior cruciate ligament insufficiency Posterior lateral corner insufficiency and medial meniscus tear. Patient was last seen by Ortho in 2015 and plan was for reconstructive surgery that never happened since his release to HWH. Patient has complaint of on-going pain and instability of joint. Exam shows + Lachman and laxity on Varus/valgus stress. Requests follow up with Orthopedics.;

MCDGL/WLKR CI [REDACTED] Jerome, Jennifer [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Sleep Apnea **YES**
Procedure: Sleep Study **Specialty:** Pulmonary Medicine **Priority:** 4 **Status:** G **Jur:** 137
Complaint/Diagnosis: [REDACTED] y/o, diabetic and hypertensive. Weight is 321 as of [REDACTED] 17. Neck circumference is 18.5 inches (short neck). He reports that for at least the past 2 years he has decreased energy, naps when he can and when he wakes up he is tired. Cellie informs him that he snores loud, stops breathing and gasps for air. Lab work done recently (Including thyroid, Vit B12) which were normal. Abnormal values were A1C - insulin adjusted and Vit D - supplement added.;

MCDGL/WLKR CI [REDACTED] Mccrystal, Kevin [REDACTED] 4 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Pain - chronic back **NO**
Procedure: Procedure - ESI **Specialty:** Interventional Radiology **Priority:** 5 **Status:** G **Jur:** 137
Complaint/Diagnosis: [REDACTED] y/o with chronic low back pain. Denies history of injury. States pain is 9/10 always. Pain is worse with standing for long periods. Able to perform ADL's. Xray wnl. Exam wnl. States motrin and Tylenol do not work. Back exercises provided. I/M requests ESI for low back pain.;

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Jerome, Jennifer | | 3 | 3 | | | | |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Diabetes **no**

Procedure: Device - Shoe(s) Specialty: Orthotics/Prosthetics Priority: 3 Status: G Jur: 137

Complaint/Diagnosis: [REDACTED] y/o with [REDACTED] since the age of [REDACTED] Significant neuropathy on bilateral lower extremities. He is unable to feel sharp or dull on bilateral toes. He is able to mildly feel dull on medial and lateral foot. He can feel sharp on heels. Bilateral pedal pulses are 2+. Shoe sizes is 13.; **Medically indicated**

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| MCDGL/WLKR CI | | | Cuevas, Frankie | | 1 | 3 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Dental Caries/Issue

Procedure: Surgical Procedure - Other Specialty: Oral Surgery Priority: 4 Status: G Jur: 10

Complaint/Diagnosis: **Benoit**
 sent to Dr. Benoit [REDACTED]*; Pt seen [REDACTED] 2017. Pt now wants #17 extracted. #17 mesially impacted into #18 causing deep caries #18. Recc C3 EXT #18 and #32. See below for previous UF.C note
 [REDACTED] 2016 [REDACTED] AM
 (Quijano, Kelly)
 sent to Dr. Benoit [REDACTED]*
 [REDACTED] 2016 [REDACTED] PM
 (O'shea, Peter)
 constant pain associated with impacted and carious teeth. #17 is the priority. I/M has a sentence spanning more than a decade and if you have time to consider the impacted (PE) #32 that would be greatly appreciated.;

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| MCDGL/WLKR CI | | | Naqvi, Syed | | 2 | 3 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Musculoskeletal Issue - Hip **yes**

Procedure: Consult - Initial Visit **INJECTION** Specialty: Orthopedics **DIR** Priority: 4 Status: G Jur: 114 **yes**

Complaint/Diagnosis: [REDACTED] yo with moderate to severe left hip pain with limitations of movements and difficulty in walking. x ray hip shows severe DJD with tear in cartilage, warrants ortho appt.;

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| OSBORN CI | | | Wright, Johnny | | 3 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hearing Impairment **no**

Procedure: Consult - Initial Visit Specialty: Audiology Priority: 4 Status: G Jur: 115

Complaint/Diagnosis:

yoym with chronic ear infections associated decrease ability to hear recently with drainage and unusual black and white spots akin to either fungal growth or larvae. The ear has been soaked and flush on multiple visits; treated with several oral and topical abxs. request ENT consultation for further management. ENT Visit recc baseline hearing testing.;

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| OSBORN CI | [REDACTED] | Wright, Johnny | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: <input type="checkbox"/> Repeat XRAY <input type="checkbox"/> On site | | Diagnosis: Fracture - foot/ankle | no |
| Procedure: | Consult - Post Emergency Room Follow-Up | Specialty: Orthopedics | Priority: 3 | Status: G | Jur: 115 | |
| Complaint/Diagnosis: | yoym playing handball, heard right ankle crack with pain. upon assessment noted with swelling and tenderness to outer aspect of ankle and lower fibula. x ray preformed at facility. md dr j wright reviewed films. noted with fracture. further assessment in er/ortho demo weber B fracture non-displaced recc non-op management. short leg splint non we bear at all time. f/u with ortho clinic 2 weeks.; | | | | | |

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| ROBINSON CI | [REDACTED] | Naqvi, Syed | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: <input type="checkbox"/> more info <input type="checkbox"/> PE | | Diagnosis: Musculoskeletal Issue - Shoulder | no |
| Procedure: | Consult - Initial Visit | Specialty: Orthopedics | Priority: 4 | Status: G | Jur: 116 | |
| Complaint/Diagnosis: | yo with severe pain in right shoulder with limitation of movements and interference in daily activities of living. O/E significant reduction in movements especially in abduction, needs to r/o rotator cuff injury.; | | | | | |

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| ROBINSON CI | [REDACTED] | Mcdonald, Craig | [REDACTED] | 1 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Dental Caries/Issue | |
| Procedure: | Procedure - Dental Extractions | Specialty: Oral Surgery | Priority: 3 | Status: G | Jur: 116 | |
| Complaint/Diagnosis: | SENT TO DR. BENOIT [REDACTED] 17*****, y.o. WM w/c/o pain from broken teeth UR quad; teeth # 4, 5, 6, 11 are non-restorable / roots; **large maxillary buccal exostoses are present from max molars to lateral incisors, (I've never seen this!) Surgical extractions required for these teeth (# 4, 5, 6, 11) - cannot be done at this facility. (digital copy of xrays to be sent--hard to visualize the tori) C. McDonald, DDS; | | | | | genet |

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| WILLARD-CYBULSKI CI | [REDACTED] | Deflorio, Dara | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Lesion | |
| Procedure: | Procedure - Other | Specialty: Oral pathology | Priority: 3 | Status: G | Jur: 142 | |
| Complaint/Diagnosis: | SENT TO DR. BENOIT [REDACTED] 17*****, Pt presents with white lesion midline hard palate, raised area. Please evaluate; | | | | | benoit |

| | | | | | | |
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| YORK CI | [REDACTED] | Hood, Tara | [REDACTED] | 3 | 3 | [REDACTED] |
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yes

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: GERD
 Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 5 Status: G Jur: 139
 Complaint/Diagnosis: [REDACTED] y.o. HF w/ PMH of metastatic thyroid cancer s/p thyroidectomy, NIDDM, HTN, anemia, w/ c/o of GERD sx and hemorrhoids. H.Pylori test negative, on dual PPI/H2 blocker w/o relief. Exam benign. guiacs pending. Please schedule for GI consult given hx.;

YORK CI [REDACTED] Hood, Tara [REDACTED] 1 3 [REDACTED]

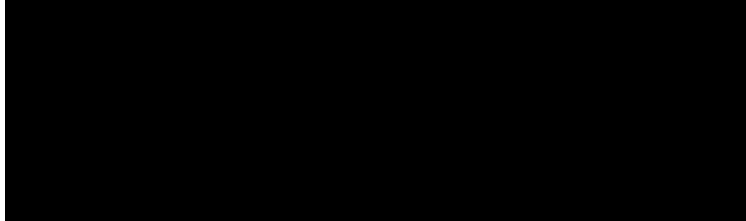
DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cardiac - Arrhythmia no
 Procedure: Holter Monitor Specialty: Cardiology Priority: 4 Status: G Jur: 139
 Complaint/Diagnosis: [REDACTED] y.o. AAF w/PMHx of vitamin D deficiency, who presents with c/o of palpitations and fluttering of her heart several times during the day, lasting approximately 1 hour/episode. No associated symptoms during episodes. Cut down on coffee intake (2-3 cups/day to 1 cup/day) slight improvement in frequency.
 COR: S1S2 RRR no M/C/G
 Lungs: CTA
 TSH:1.21, Chem 7 normal EKG: NSR, no acute STTW abnormalities.
 Please schedule for holter monitor vs. event;
monitor on site

YORK CI [REDACTED] Hood, Tara [REDACTED] 2 3 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Nodule no
 Procedure: Consult - Initial Visit Specialty: Hematology/Oncology Priority: 4 Status: G Jur: 139
 Complaint/Diagnosis: [REDACTED] y.o. AAF w/ PMH of asthma and Raynaud's. Presents since [REDACTED] with 1 cervical lymph node swelling, approx. 1cm, mobile, rubbery, TTP, and since developing has had intermittent fevers and admission to the inpt infirmary setting. Now with a second lymph node swelling approx. 1 cm noted to left posterior chain also. +fatigue, +intermittent fevers, traveling joint pain. further labs pending. Please schedule for Heme/onc consult vs. bx.;

YORK CI [REDACTED] Hood, Tara [REDACTED] 3 3 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Goiter no
 Procedure: Imaging Test - Ultrasound - Other Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: L Jur: 139
 Complaint/Diagnosis: [REDACTED] y.o. WF w/PMH of psoriasis and Hashimoto's hypothyroidism, presents with a goiter and c/o of hair loss. On exam, patient with large goiter, mobile, +bruit, neg thrill. TSH 7.74, T4 .85, microsomal AB 1428 and thyrolobulin 4.5. Please schedule for thyroid u/s.;



egd P2 (P3) Y
colon P2 (P3) Y
OMFS P2 Y

Panel List podiatry

Generated on 10/23/2017 10:23:36 AM

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MANSON YI | | | Valletta, Gerald | | 4 | 2 | | | | |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Foot/Toe Ailment | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Podiatry | | Priority: 3 | | Status: G | | Jur: 171 | | |
| Complaint/Diagnosis: [REDACTED] y/o male with recurrent big toe ingrown nails bilaterally. I have done 4 procedures altogether, including trimming the nails back and removing altogether but the problem has recurred.; | | | | | | | | | | |
| ROBINSON CI | | | Wright, Carson | | 3 | 2 | | | | |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Foot/Toe Ailment | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Podiatry | | Priority: 4 | | Status: G | | Jur: 116 | | |
| Complaint/Diagnosis: Pt [REDACTED] y.o male presents with Hx of heel spur for approx. 4 months .Pt was treated with MOTRIN TYLENOL ,AND STERIOD INJECTION.Pt needs to be seen by podiatry.Pt refused tyenol 3; | | | | | | | | | | |
| ROBINSON CI | | | Wright, Carson | | 3 | 2 | | | | |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Foot/Toe Ailment | | | | |
| Procedure: Device - Orthotic - New | | Specialty: Podiatry | | Priority: 3 | | Status: G | | Jur: 116 | | |
| Complaint/Diagnosis: Seen by podiatry in [REDACTED] heel cups were recommended.; <i>NOPE MORE INFO!!</i> | | | | | | | | | | |
| WILLARD-CYBULSKI CI | | | Clements, Michael | | 3 | 1 | | | | |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Foot/Toe Ailment | | | | |
| Procedure: Consult - Return Visit | | Specialty: Podiatry | | Priority: 3 | | Status: G | | Jur: 142 | | |
| Complaint/Diagnosis: Since Dr. Berkowitz saw the pt in [REDACTED] despite Orthopedic shoes, the ulcer is enlarging. I started pt. on A/Bx empirically. I also ordered a cane to alleviate pressure on the ulcer. I believe he requires f/u as soon as possible for this enlarging (4 + cm) diabetic foot ulcer. Please approve for as soon as possible. Thank you.; | | | | | | | | | | |

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| WILLARD-CYBULSKI CI | | | Clements, Michael | | 3 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Foot/Toe Ailment | | | | | |
| Procedure: Consult - Initial Visit | Specialty: Podiatry | | Priority: 4 | | Status: 2-3M | | Jur: 142 | | | |
| Complaint/Diagnosis: NIDDM, c/ painful DPN, some help c/ Neurontin, has painful calcaneal spurs and foreign body (has Xrays), not helped c/ the usual conservative medical measures. Please approve Podiatric consultation to address possible surgical approach to the pt's very painful condition, within 1 month if possible. Thank you. | | | | | | | | | | |

Panel List md

Generated on 10/23/2017 10:24:11 AM

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| BRIDGEPORT CC | | | Elderkin, James | | 5 | 2 | | | | |

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Dislocation
Procedure: Consult - Post Op **Specialty:** Orthopedics **Priority:** 3 **Status:** G **Jur:** 123
Complaint/Diagnosis: [REDACTED] yo. Sustained left knee anterior dislocation on [REDACTED] 17 at Cheshire CI. Hospitalized at JDH. On [REDACTED] 17 he was taken to the OR and had knee-spanning external fixator placed. This will remain in place 3-6 mos. Ortho requests follow up in ~2 weeks.;

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| BRIDGEPORT CC | | | Bozzi, George | | 1 | 1 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Dental Caries/Issue
Procedure: Procedure - Dental Extractions **Specialty:** Oral Surgery **Priority:** 3 **Status:** U **Jur:** 123
Complaint/Diagnosis: Request exo #13 and exo #16, which are a source of pain. #13: roots only, NR, exo was attempted in dental clinic, roots unable to be moved. #16: grossly decayed and NR. PA #13, which also shows #16, has been scanned. Dr. Benoit: please read [REDACTED] 17 e-mail about this case.;

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| BRIDGEPORT CC | | | Arnista, Thomas | | 2 | 3 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Retina - Detachment
Procedure: Consult - Return Visit **Specialty:** Ophthalmology - Retinal **Priority:** 5 **Status:** U **Jur:** 123
Complaint/Diagnosis: Pt S/P longstanding retinal detachment (4 years) OS, recent IOL, OS [REDACTED] 17, Robbins Eye Center). Seen for FU at Robbins Eye Center [REDACTED] 17. Steroid taper started. One month FU scheduled. Plan to have retina doctor see pt. to determine plan for possible retinal surgery. Issue discussed with Dr. Farinella. Pt. to be scheduled with Dr. Weisz for evaluation, since he has prior history with pt. If that is not possible then pt. to be seen by our standard surgical retina group. I suggest approx. 2 months. Thanks.;

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| BRIDGEPORT CC | | | Elderkin, James | | 5 | 2 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Fracture - Other
Procedure: Imaging Test - CT Scan - Head **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** U **Jur:** 123
Complaint/Diagnosis: [REDACTED] yo. Incarcerated at BCC on [REDACTED] On [REDACTED] 17 he had a witnessed grand mal seizure, thought secondary to Benzo withdrawal. Admitted at [REDACTED] CT Scan showed linear, non-displaced right occipital skull fracture extending into the occipital condyle ... "therefore follow up imaging recommended". Patient has no neurologic deficits. He has been placed in cervical collar. Request follow up CT in 4-6 weeks.;

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| BRIDGEPORT CC | [REDACTED] | Elderkin, James | [REDACTED] | 2 | 2 | [REDACTED] | | | | |
| DOB | [REDACTED] | Status: | Ready for Adjudication | Voted to Parole: | | Diagnosis: | Abscess | | | |
| Procedure: | Surgical Procedure - Tonsillectomy | | Specialty: | ENT | Priority: | 5 | Status: | U | Jur: | 123 |
| Complaint/Diagnosis: | [REDACTED] yo. Recurrent Right Peri-tonsillar abscess x 3 since 2015. Had 3rd episode [REDACTED] 2017 while incarcerated at BCC which required I & D at UConn JDH ED. Follow up ENT consultation on [REDACTED] 17 recommends tonsillectomy due to recurrent abscesses.; | | | | | | | | | |

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| BRIDGEPORT CC | [REDACTED] | Elderkin, James | [REDACTED] | 3 | 3 | [REDACTED] | | | | |
| DOB | [REDACTED] | Status: | Ready for Adjudication | Voted to Parole: | | Diagnosis: | Osteomyelitis | | | |
| Procedure: | Consult - Post Op | | Specialty: | Orthopedics | Priority: | 3 | Status: | U | Jur: | 123 |
| Complaint/Diagnosis: | [REDACTED] yo. Had MRSA Osteomyelitis of distal phalanx of left thumb with amputation done at JDH on [REDACTED] 17. Ortho requests follow up in ~ 2 weeks for suture removal and re-evaluation.; | | | | | | | | | |

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| BRIDGEPORT CC | [REDACTED] | Elderkin, James | [REDACTED] | 5 | 3 | [REDACTED] | | | | |
| DOB | [REDACTED] | Status: | Ready for Adjudication | Voted to Parole: | | Diagnosis: | Fracture - lower extremity | | | |
| Procedure: | Consult - Post Emergency Room Follow-Up | | Specialty: | Orthopedics | Priority: | 3 | Status: | U | Jur: | 123 |
| Complaint/Diagnosis: | [REDACTED] yo. Fell from top bunk at HCC on [REDACTED] 17. Evaluated at UConn JDH ED: Left Tibial Plateau Fracture with Lipohearthrosis. Splinted, NWB. Ortho requests f/u in ~ 2weeks.; | | | | | | | | | |

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| CHESHIRE CI | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 3 | 2 | [REDACTED] | | | | |
| DOB | [REDACTED] | Status: | Ready for Adjudication | Voted to Parole: | dd-MM-yyyy | Diagnosis: | Cancer - Other | | | |
| Procedure: | Consult - Return Visit | | Specialty: | Hematology/Oncology | Priority: | 3 | Status: | G | Jur: | 125 |
| Complaint/Diagnosis: | [REDACTED] yobm with history of Hep C+, cirrhosis and esophageal varices. He was dx'd with primary liver cancer in [REDACTED] 2017. He had refused an Oncology consult in the past. He is now willing to go. Request for an Oncology consult.; | | | | | | | | | |

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| CHESHIRE CI | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 3 | 2 | [REDACTED] | | | | |
| DOB | [REDACTED] | Status: | Ready for Adjudication | Voted to Parole: | dd-MM-yyyy | Diagnosis: | Cancer - Hepatoma | | | |
| Procedure: | Imaging Test - MRI - Other | | Specialty: | Radiology/Diagnostic Imaging | Priority: | 4 | Status: | G | Jur: | 125 |
| Complaint/Diagnosis: | [REDACTED] yobm with history of Hep C+, cirrhosis and esophageal varices. He was dx'd with liver cancer in [REDACTED] 2017. He was seen by Dr. Einstein on [REDACTED] 17 who has recommended an abdominal MRI w/wo contrast for the end of [REDACTED] 2017.; | | | | | | | | | |

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| CHESHIRE CI | [REDACTED] | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Cancer - Other | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Gastroenterology | | Priority: 5 | | Status: G | | Jur: 125 | | |
| Complaint/Diagnosis: [REDACTED] jobm with history of Hep C+, cirrhosis and esophageal varices. He was dx'd with liver cancer in [REDACTED] 2017. He was seen by Dr. Einstein on [REDACTED] 17 who has recommended an abdominal MRI w/wo contrast for the end of [REDACTED] 2017. Dr. Einstein has requested f/u in 3 months.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CHESHIRE CI | [REDACTED] | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 3 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Glaucoma | | | | | |
| Procedure: Consult - Return Visit with Visual Fields | | Specialty: Ophthalmology | | Priority: 5 | | Status: G | | Jur: 125 | | |
| Complaint/Diagnosis: [REDACTED] year old with pigmentary dispersion syndrome/ glaucoma. Seen by UConn ophthalmology q 6 months, last visit [REDACTED] 15. IOP 10 OD, OS today with treatment. Uses brimonidine bid, OU, but ? compliance with bid dosing. Patient was evaluated by Dr. Ehlers on [REDACTED] 17. He has recommended a return visit with visual fields in 6 months.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CHESHIRE CI | [REDACTED] | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 3 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Cardiac - Cardiomyopathy | | | | | |
| Procedure: Imaging Test - Echocardiogram | | Specialty: Cardiology | | Priority: 3 | | Status: G | | Jur: 125 | | |
| Complaint/Diagnosis: [REDACTED] jobm with a history of a cardiomyopathy with history of pilonidal cysts. He has seen Dr. Girard who has recommended an exam under anesthesia and possible fistulotomy. He has been referred to Cardiology for a Pre-Op clearance. The have recommended an Echo and possible same day return visit for clearance. Request for Echo.; | | | | | | | | | | |

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| CHESHIRE CI | [REDACTED] | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 3 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Cardiac - Cardiomyopathy | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Cardiology | | Priority: 3 | | Status: G | | Jur: 125 | | |
| Complaint/Diagnosis: [REDACTED] jobm with a history of a cardiomyopathy with history of pilonidal cysts. He has seen Dr. Girard who has recommended an exam under anesthesia and possible fistulotomy. He has been referred to Cardiology for a Pre-Op clearance. The have recommended an Echo and possible same day return visit for clearance. Request for return visit for Pre-Op clearance.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| CHESHIRE CI | [REDACTED] | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 2 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Calculi | | | | | |

Procedure: Consult - Return Visit **Specialty:** Urology **Priority:** 3 **Status:** G **Jur:** 125
Complaint/Diagnosis: [redacted] yobm with right painful scrotal pain/discomfort. He was recently sent to JDH ED for Rt flank pain. CT scan revealed a 5.5mm stone obstructing the proximal right ureter. He was evaluated by Urology on [redacted]-17. He underwent right ureteroscopy and laser lithotripsy with stent placement on [redacted]-17. Patient is to return for stent removal in 1-2 weeks. Request for return visit to Urology.;

CHESHIRE CI [redacted] Ruiz, Ricardo [redacted] 2 1 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Hydrocele
Procedure: Consult - R/O Surgical Case **Specialty:** Urology **Priority:** 4 **Status:** G **Jur:** 125
Complaint/Diagnosis: [redacted] yobm with right painful scrotal pain/discomfort. Right scrotal contents is ~ softball sized. He was evaluated by Urology on [redacted]-17. They have recommended a scrotal ultrasound. If confirmed as such, patient requests hydrocelectomy. Patient had scrotal ultrasound on [redacted]-17. He was noted to have a large mildly complex right hydrocele and a smaller left hydrocele. No intra-testicular masses seen. Request follow-up with Urology for possible hydrocelectomies.;

why can't they address this? put it?

CHESHIRE CI [redacted] Ruiz, Ricardo [redacted] 3 3 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Sleep Apnea
Procedure: Device - CPAP/BIPAP Purchase **Specialty:** Vendor **Priority:** 3 **Status:** G **Jur:** 125
Complaint/Diagnosis: [redacted] yowm who had a sleep study on [redacted]-17 at JDH Sleep Disorder Center. He was noted to have an AHI of 11.6 events/hour. His RFI specific index was 7.9 events/hr and his NREM was 12.1 events/hr. He had control of his OSA using bilevel positive airway pressure at a setting of 21/16 cm H2O. Requesting a BIPAP purchase.;

CHESHIRE CI [redacted] Ruiz, Ricardo [redacted] 2 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Syncope
Procedure: Event Monitor **Specialty:** Cardiology **Priority:** 4 **Status:** G **Jur:** 125
Complaint/Diagnosis: [redacted] yobm with history of syncope x 2 over a 1 month period. He was sent to the JDH ED each time. Normal echo. Syncope occurs each time while exercising. He was seen by Cardiology in the ED and they have recommended an EPS consultation. He has been advised that he not exercise. Patient has been seen by Cardiology on [redacted]-17. They have recommended a 30 day event monitor, cardiac MRI and a regular EST. Request for cardiac event monitor.;

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| CHESHIRE CI | | | Ruiz, Ricardo | | 2 | 2 | | | | |

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Syncope
Procedure: Consult - Return Visit **Specialty:** Cardiology **Priority:** 5 **Status:** G **Jur:** 125
Complaint/Diagnosis: [REDACTED] yobm with history of syncope x 2 over a 1 month period. He was sent to the JDH ED each time. Normal echo. Syncope occurs each time while exercising. He was seen by Cardiology in the ED and they have recommended an EPS consultation. He has been advised that he not exercise. Patient has been seen by Cardiology on [REDACTED] 17. They have recommended a 30 day event monitor, cardiac MRI and a regular EST. Request for return visit after testing (6-8 weeks from last visit);
message sent over for this

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| CORR/RAD CC | | | Pillai, Omprakash | | 3 | 3 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Hematologic Disorder
Procedure: Consult - Case Review **Specialty:** Infectious Diseases **Priority:** 4 **Status:** U **Jur:** 140
Complaint/Diagnosis: [REDACTED] yo male newly diagnosed [REDACTED] 17 in DOC, [REDACTED] 17 CD4= 235 (15.0%), HIV VL= 31,400. Started on Genvoya 1 QD [REDACTED] 17. Requesting medication/ treatment review.;

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| CORR/RAD CC | | | Figura, Ilona | | 4 | 3 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Renal - Chronic Renal Failure
Procedure: Consult - Post In-Patient hospitalization Follow-Up **Specialty:** Nephrology **Priority:** 3 **Status:** U **Jur:** 140
Complaint/Diagnosis: [REDACTED] y/o male with HX diabetic nephropathy (baselin creatinine = 2.4) ,solitary kidney, IDDM,HTN admitted to JDH [REDACTED] 17 for anasarca, acute kidney injury (creatinine went to 3.1) Diuresed 30 lbs on IV Lasix seen by nephrology This request is for nephrology follow up in 2 weeks;

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| CORR/RAD CC | | | Figura, Ilona | | 4 | 2 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Fracture - mandibular/maxillary
Procedure: Consult - Return Visit **Specialty:** Oral Surgery **Priority:** 3 **Status:** G **Jur:** 140
Complaint/Diagnosis: [REDACTED] y/o AA male sustained maxillary fx playing basketball on [REDACTED] 17 Fx was reduced on [REDACTED] by oral surgery who inserted maxillary arch He was seen [REDACTED] 17 for follow up They request 4 week followup for arch bar removal;

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| CORR/RAD CC | | | L'heureux, Cynthia | | 1 | 1 | | | | |
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DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Genitourinary Disorder

Procedure: Imaging Test - Ultrasound - Renal **Specialty:** Interventional Radiology **Priority:** 3 **Status:** G **Jur:** 140
Complaint/Diagnosis: [redacted] yr old male with hx of left flank pain and intermittent Left abd pain since [redacted] Has had persistent hematuria for months Urine culture in [redacted] revealed enter faecaelis treated with 3 rounds antibiotics Repeating urine culture in am but request US ? stones;

CORR/RAD CC [redacted] Figura, Ilona [redacted] 2 1 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Musculoskeletal Issue - Knee
Procedure: Consult - Initial Visit **Specialty:** Orthopedics *PG ADL* **Priority:** 4 **Status:** U **Jur:** 140
Complaint/Diagnosis: [redacted] year AA male with MRI documented full thickness radial tear at the junction, body and posterior horn of the lateral meniscus as well as undersurface tear in the anterior horn of the lateral meniscus He has had persistent pain, swelling and instability despite my giving him 3 kenalog injections over the past 9 months This request is for ortho consult to evaluate for arthroscopic meniscal repair; *new + when see mtf*

CORR/RAD CC [redacted] Fisher, Richard [redacted] 3 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Impaction
Procedure: Surgical Procedure - Other **Specialty:** Oral Surgery **Priority:** 5 **Status:** U **Jur:** [redacted] *Benet*
Complaint/Diagnosis: I/M has symptomatic impaction #17- fully impacted, mostly bony close proximity to #18 Please consider exodontia #17;

CORR/RAD CC [redacted] Figura, Ilona [redacted] 4 2 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Cancer - Metastatic
Procedure: Consult - Return Visit **Specialty:** Hematology/Oncology **Priority:** 3 **Status:** U **Jur:** 140
Complaint/Diagnosis: [redacted] y/o male with lung CA metastatic to regional lymphnode and contralateral lung receiving chemo prior to incarceration from Dr Cretella (Day Kimball) He is due for chemo on [redacted] 17 This request is for chemo Rx with Dr cretella;

CUSCOM TO NH [redacted] Quijano, Kelly [redacted] 2 3 [redacted]

DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Anemia
Procedure: Therapy - Other **Specialty:** Hematology **Priority:** 3 **Status:** G **Jur:** 35A *yes*
Complaint/Diagnosis: [redacted] inmate. *Records in Folder*
[redacted] requests iron infusion x 3 for ongoing GI bleed / iron loss. has never responded to oral iron. 27 pages of medical record in panel folder for review;

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| GARNER CI | | | Valletta, Gerald | | 2 | 1 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Rash | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Dermatology | | Priority: 4 | | Status: G | | Jur: 136 | | |
| Complaint/Diagnosis: [REDACTED] y/o male with [REDACTED] who has had this diffuse rash for many years which started on his face and now has spread progressively to his entire body. He had a skin biopsy in 1992 in the early stages of his rash which demonstrated acne vulgaris with post-inflammatory changes.; | | | | | | | | | | |

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| GARNER CI | | | Valletta, Gerald | | 3 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Ophthalmologic Disorder | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Ophthalmology | | Priority: 3 | | Status: G | | Jur: 136 | | |
| Complaint/Diagnosis: seen [REDACTED] 17 - Dr. Ehlers requests return to clinic in 1 month. Advanced Glaucoma followed by UCONN ophthalmology.; | | | | | | | | | | |

Handwritten notes: why not stop on site? why not? 4 imo

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| GARNER CI | | | Valletta, Gerald | | 3 | 4 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Traumatic Brain Injury | | | | | |
| Procedure: Imaging Test - MRI - Brain | | Specialty: Radiology/Diagnostic Imaging | | Priority: 3 | | Status: G | | Jur: 136 | | |
| Complaint/Diagnosis: [REDACTED] y/o male with type 2 DM / asthma/ HTN / dyslipidemia who had a "[REDACTED]" on [REDACTED] 17 after having a witnessed fall down stairs, hitting his head at OCI. Since then, he has been c/o multiple symptoms, including daily frontal / occipital headaches, neck pain, left sciatica, difficulty with memory and expressive aphasia. He also has been noted by mental health to have repetitive lip smacking and unusual motor movements of LUE. Exam: unremarkable except for occasional lip smacking & unusual, abrupt movements of LUE X-ray C-spine [REDACTED] 2017: Minimal flattening of the anterior superior aspect of C5 likely related to remote trauma Dr Carhart performed Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) and Test of Memory Malingering (TOMM) which looked most closely to Huntington's, as opposed to Alzheimer's, TBI, etc. He denies FHx of HD & knows nothing about his side of the family. The testing also demonstrated issues in cognitive functioning.; | | | | | | | | | | |

Handwritten notes: ERSE? 4 med? yes

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| GARNER CI | | | Valletta, Gerald | | 3 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Discopathy | | | | | |
| Procedure: Procedure - ESI | | Specialty: Interventional Radiology | | Priority: 3 | | Status: G | | Jur: 136 | | |
| Complaint/Diagnosis: | | | | | | | | | | |

█ y/o male with 6 yr h/o LBP with right sciatica.

Not responsive to NSAIDs, had AEs to Neurontin and Elavil. Compliant with ROM exercises. Not obese. Not well controlled with Depakote and Dolobid.

Exam: normal

X-ray: mild DDD T11-12; T12-L1 & L1-2

A:DDD LS spine with right sciatica

P: ESI;

? mel?
dunno

GARNER CI

Valletta, Gerald

1

3

DOB █ Status: Ready for Adjudication

Voted to Parole: dd-MM-yyyy

Diagnosis: Cancer - Skin

Procedure: Consult - Return Visit

Specialty: Dermatology

Priority: 4

Status: G

Jur: 136

Complaint/Diagnosis: Seen by dermatology █ 17 & had a punch biopsy of right posterior shoulder

Diagnosis: Junctional melanocytic nevus with architectural disorder. Dermatology requested return visit in 6 weeks.

█ y/o male who had a suspicious skin lesion that I discovered during a routine chronic disease clinic. I performed a punch biopsy of a small section of the approximately 1.5 cm, round, irregular, pink, raised lesion. Biopsy POSITIVE for basal cell carcinoma with positive lateral margins. Underwent surgical excision on █ 2017.;

MCDGL/WLKR CI

Pillai, Omprakash

4

4

DOB █ Status: Ready for Adjudication

Voted to Parole:

Diagnosis: Cerebral Vascular Accident

Procedure: Consult - Post In-Patient hospitalization
Follow-Up Specialty: Neurology

Priority: 4

Status: U

Jur: 137

Complaint/Diagnosis: JDH Admission █ 17 until █ 17

█ years old with Hx of Schizoaffective Do, ETOH use disorder admitted to JDH with self-induced moderate hypothermia complicated by bradycardia noted to have subacute parietal occipital ischemic CVA without neurologic deficits. Patient was started on Plavix and Lipitor with recommendation for Neurology follow up.;

what will they do

MCDGL/WLKR CI

Mccrystal, Kevin

3

1

DOB █ Status: Ready for Adjudication

Voted to Parole: dd-MM-yyyy

Diagnosis: Fracture - hand/wrist

Procedure: Consult - Case Review

Specialty: Orthopedics

Priority: 3

Status: G

Jur: 137

Complaint/Diagnosis: █ yo with osteomyelitis and chronic non-healing wound posterior left thigh receiving chronic doxycycline and cipro.

Fell from bunk, laceration and fracture to right 3rd digit. Wound cleaned and sutured. Bulky dressing to digit. Right hand dominant. Normal sensation and ROM prior to dressing.

Questions - any further treatment for distal phalanx fracture? Are current antibiotics appropriate for open fracture? Any further ortho follow up required.;

call them!

MCDGL/WLKR CI

Pillai, Omprakash

4

2

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cancer - Other
Procedure: Consult - Return Visit Specialty: Urology Priority: 5 Status: G Jur: 137
Complaint/Diagnosis: [REDACTED] years old S/p right laparoscopic radical nephrectomy, pathology consistent with Grade 2 Clear cell ca. Stable Post op course. Seen by Urology and recommends CT of chest Wo contrast and ABD/Pelvis W/Wo contrast, then follow up with Urology;

MCDGL/WLKR CI [REDACTED] Pillai, Omprakash [REDACTED] 4 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cancer - Other
Procedure: Imaging Test - CT Scan - # Areas Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: [REDACTED] years old S/p right laparoscopic radical nephrectomy, pathology consistent with Grade 2 Clear cell ca. Stable Post op course. Seen by Urology and recommends CT of chest Wo contrast and ABD/Pelvis W/Wo contrast, then follow up with Urology;

MCDGL/WLKR CI [REDACTED] Naqvi, Syed [REDACTED] 4 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cirrhosis
Procedure: Procedure - EGD without Dilatation Specialty: Gastroenterology Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: [REDACTED] yo with cirrhosis, cholelithiasis, hepatitis C completed harvoni treatment recently had undergone EGD last year and recommended to have repeat EGD without dilatation in one year followed by GI eval.;

MCDGL/WLKR CI [REDACTED] Mccrystal, Kevin [REDACTED] 3 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Musculoskeletal Issue - Shoulder
Procedure: Imaging Test - MRI - Shoulder Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: [REDACTED] yo with chronic, progressive right shoulder pain, decreased ROM and instability. Full range of motion, but I/M complains of pain. + apprehension test. Xray reveals likely osteochondroma and loose bodies. Radiology recommends further imaging with MRI.;

MCDGL/WLKR CI [REDACTED] Pillai, Omprakash [REDACTED] 2 2 [REDACTED]

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Musculoskeletal Issue - Hand
Procedure: Consult - R/O Surgical Case Specialty: Orthopedics Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: [REDACTED] years old with chronic R fifth finger PIP dislocation, deformity followed by Ortho, seen in [REDACTED] Recommended aggressive ROME including stretching. Patient see no benefit from the therapy. Requests Orthopedic follow up for possible surgical intervention if indicated;

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|---|--|---------------------------------------|------------------------------------|-----|---|-----------------|-----------|------------|------|-----|
| MCDGL/WLKR CI | | | Pillai, Omprakash | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Nerve/Neurological Disorder | | | | | |
| Procedure: Procedure - ESI | Specialty: Interventional Radiology | | Priority: 4 | | Status: G | Jur: 137 | | | | |
| Complaint/Diagnosis: [redacted] year old with Hx of L-S DDD/DJD and radiculopathy. His pain responds to periodic ESI. Most recent in [redacted] 2017 and now the sxs are already retuning. Requests radiology guided ESI.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|--|-------------------------------|---------------------------------------|------------------------------------|-----|--|-----------------|-----------|------------|------|-----|
| MCDGL/WLKR CI | | | Pillai, Omprakash | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Issue - Hand | | | | | |
| Procedure: Consult - Return Visit | Specialty: Orthopedics | | Priority: 4 | | Status: G | Jur: 137 | | | | |
| Complaint/Diagnosis: [redacted] years old with L hand injury in [redacted] and now with L 1st CMC joint arthritis. Patient was seen by Hand surgeon in [redacted] and had IA steroid injection and placed in thumb Spica splint for comfort with advise for frequent ROM. Patient is still complaining of pain and dysfunction of L thumb and hand. I st CMC joint and MCP joints are deformed and tender, almost ankylosed, hand muscles are atrophic and other MCP joints have decreased ROM. Requests follow up with Hand Surgeon for further management.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|---|------------------------------------|---------------------------------------|------------------------------------|-----|-------------------------|-----------------|-----------|------------|------|-----|
| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Other | | | | | |
| Procedure: Procedure - Colonoscopy | Specialty: Gastroenterology | | Priority: 4 | | Status: G | Jur: 137 | | | | |
| Complaint/Diagnosis: [redacted] yo with progressive dysphagia and BRBPR. Seen by gastroenterology [redacted] 17. GI recommends EGD and colonoscopy.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|---|------------------------------------|---------------------------------------|------------------------------------|-----|-----------------------------|-----------------|-----------|------------|------|-----|
| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Dysphagia | | | | | |
| Procedure: Procedure - EGD without Dilatation | Specialty: Gastroenterology | | Priority: 4 | | Status: G | Jur: 137 | | | | |
| Complaint/Diagnosis: [redacted] yo with progressive dysphagia and BRBPR. Seen by gastroenterology [redacted] 17. GI recommends EGD and colonoscopy.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|---|------------------------------|---------------------------------------|------------------------------------|-----|--|-----------------|-----------|------------|------|-----|
| MCDGL/WLKR CI | | | Pillai, Omprakash | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hematologic Disorder | | | | | |
| Procedure: Consult - Post In-Patient hospitalization Follow-Up | Specialty: Hematology | | Priority: 3 | | Status: G | Jur: 137 | | | | |
| Complaint/Diagnosis: | | | | | | | | | | |

█ years old post JDH admission: Hypercoagulable state. Multifocal subacute embolic stroke, multiple arterial and venous thromboembolism, S/p R brachial & innominate artery thrombectomy currently on anticoagulation. Patient is minimally unsteady on ambulation, otherwise neurologic status intact. Patient was followed by Hematology while at JDH and recommends follow op.;

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|----------------------|--|--------------------------------|-----------------------------|-----------|----------|-----------------------------------|
| MCDGL/WLKR CI | █ | Pillai, Omprakash | █ | 2 | 2 | █ |
| DOB | █ | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | █ | █ | Diagnosis: Vascular Disease - DVT |
| Procedure: | Consult - Post Op | Specialty: Vascular Surgery | Priority: 3 | Status: G | Jur: 137 | █ |
| Complaint/Diagnosis: | █ years old post JDH admission: Hypercoagulable state. Multifocal subacute embolic stroke, multiple arterial and venous thromboembolism, S/p R brachial & innominate artery thrombectomy currently on anticoagulation. Patient is minimally unsteady on ambulation, otherwise neurologic status intact. Requests follow up with Vascular surgery.; | | | | | |

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|----------------------|--|--------------------------------|-----------------------------|-----------|----------|---------------------------------|
| MCDGL/WLKR CI | █ | Pillai, Omprakash | █ | 2 | 2 | █ |
| DOB | █ | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | █ | █ | Diagnosis: Hematologic Disorder |
| Procedure: | Consult - Post In-Patient hospitalization Follow-Up | Specialty: Rheumatology | Priority: 3 | Status: G | Jur: 137 | yes |
| Complaint/Diagnosis: | █ years old post JDH admission: Hypercoagulable state. Multifocal subacute embolic stroke, multiple arterial and venous thromboembolism, S/p R brachial & innominate artery thrombectomy currently on anticoagulation. Patient is minimally unsteady on ambulation, otherwise neurologic status intact. Patient was followed by Rheumatology while at JDH and recommends follow op.; | | | | | |

For what question #137 is not

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|----------------------|--|--------------------------------|-----------------------------|-----------|----------|---------------------------------|
| MCDGL/WLKR CI | █ | Pillai, Omprakash | █ | 3 | 3 | █ |
| DOB | █ | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | █ | █ | Diagnosis: Cancer - Head & Neck |
| Procedure: | Consult - Return Visit | Specialty: ENT | Priority: 4 | Status: G | Jur: 137 | █ |
| Complaint/Diagnosis: | █ years old with Head and Neck Ca (Stage 3 Tonsillar Ca, S/p Tonsillectomy) and followed at Smilow Cancer Ctr. just completed Chemo/Radiation treatment. Recommends follow up with Dr. Spiro, ENT; | | | | | |

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|----------------------|---|--------------------------------|------------------|-----------|----------|--|
| MCDGL/WLKR CI | █ | Pillai, Omprakash | █ | 3 | 2 | █ |
| DOB | █ | Status: Ready for Adjudication | Voted to Parole: | █ | █ | Diagnosis: Cardiac - Coronary Artery Disease |
| Procedure: | Consult - Return Visit | Specialty: Cardiology | Priority: 5 | Status: G | Jur: 137 | █ |
| Complaint/Diagnosis: | █ years old with Hx of CAD, S/p stents to LAD in █ 2016 and stable cardiac status. Patient is followed by UCONN cardiology and recommends follow up in 6 months.; | | | | | |

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|---|---------------------------------------|------------------------------------|---|-----------------|---|------------|
| MCDGL/WLKR CI | [REDACTED] | Pillai, Omprakash | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Vascular Disease - Peripheral | | | |
| Procedure: Imaging Test - Ultrasound - Other | Specialty: Cardiology | Priority: 4 | Status: G | Jur: 137 | | |
| Complaint/Diagnosis: [REDACTED] years old with Hx of CAD/CABG/PCI, rest angina and abnormal nuclear stress test; S/p angiogram/stent placement on [REDACTED] 17. Hx of LE varicose veins. Seen by Cardiology and venous duplex study reveals Tortuous varicosities of R groin, thigh and calf. Cardiology is recommending repeat venous US to evaluate for cause of the varicosity.; <i>failing venous valves... no?</i> | | | | | | |

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|--|---------------------------------------|-------------------------|---|-----------------|---|------------|
| MCDGL/WLKR CI | [REDACTED] | Lafrance, Barbara | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Ophthalmologic Disorder | | | |
| Procedure: Consult - Return Visit | Specialty: Ophthalmology | Priority: 5 | Status: U | Jur: 114 | | |
| Complaint/Diagnosis: [REDACTED] yr old with low vision due to MVA and ischemia. Requires RGP lenses and frequent evaluation of Glaucoma. Requests 3 mo follow up with contact lenses in.; | | | | | | |

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|---|---------------------------------------|-------------------------|---|-----------------|---|------------|
| MCDGL/WLKR CI | [REDACTED] | Lafrance, Barbara | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Ophthalmologic Disorder | | | |
| Procedure: Consult - Return Visit | Specialty: Neuro-Ophthalmology | Priority: 5 | Status: U | Jur: 114 | | |
| Complaint/Diagnosis: [REDACTED] yr old with high myopia and optic nerve injury ou. Requires follow up with Dr Weitzman in ~1yr (last seen [REDACTED] 2017).; | | | | | | |

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|--|---------------------------------------|-------------------------|---|-----------------|---|------------|
| MCDGL/WLKR CI | [REDACTED] | Smyth, James | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Ophthalmologic Disorder | | | |
| Procedure: Consult - Return Visit | Specialty: Ophthalmology | Priority: 4 | Status: G | Jur: 137 | | |
| Complaint/Diagnosis: Idiopathic Anterior Uveitis. Seen [REDACTED] 2017 by Dr. Durrani. On Remicade Infusions. Requests 6 week follow up. Results from infusion blood draws to be sent with patient to next appt.; | | | | | | |

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|--|---------------------------------------|------------------------------------|-------------------------------------|-----------------|---|------------|
| MCDGL/WLKR CI | [REDACTED] | Naqvi, Syed | [REDACTED] | 4 | 2 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cancer - Leukemia | | | |
| Procedure: Consult - Return Visit | Specialty: Hematology/Oncology | Priority: 5 | Status: G | Jur: 114 | | |
| Complaint/Diagnosis: [REDACTED] yo with CML stable on gleevec saw hem/onc recently needs to be followed up in hem/onc in 3 months.; | | | | | | |

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|---------------|------------|-------------------|------------|---|---|------------|
| MCDGL/WLKR CI | [REDACTED] | Pillai, Omprakash | [REDACTED] | 2 | 2 | [REDACTED] |
|---------------|------------|-------------------|------------|---|---|------------|

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|----------------------|---|--------------------------------|------------------|-----------|-----------------------|
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Adenopathy |
| Procedure: | Procedure - Biopsy - Other | Specialty: General Surgery | Priority: 3 | Status: G | Jur: 137 |
| Complaint/Diagnosis: | Inguino-scrotal US: [REDACTED] 2017 Left inguinal region has 3 abnormal large lymph nodes 1.2 x 0.8 x 1.2; 3 x 2.4 x 2.8 cm; and 4.5 x 3 x 4.4 cm. These are felt to be pathologic enlarged lymph nodes due to their size and lack of normal hila. Metastatic disease to the inguinal region from pathology involving the left leg or penis is suspected. Biopsy would be needed for definitive diagnosis. Requests expedited surgical consult for excisional biopsy. INTERIM HX: [REDACTED] years old with a large around 4 x 4 cm sized lump, rubbery to firm, mobile and minimally tender over the left inguino-scrotal area slowly growing over past few months. Patient is obese and is not sure whether this is a LN or hernia. Patient doesn't have any other lymphadenitis, abdominal/pelvic pathology, source of LE inflammation/infection or constitutional symptoms.; | | | | |

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|----------------------|--|--------------------------------|-----------------------------|-----------|--------------------------------------|------------|
| MCDGL/WLKR CI | [REDACTED] | Mccrystal, Kevin | [REDACTED] | 4 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Vascular Access - Central | |
| Procedure: | Consult - Return Visit | Specialty: General Surgery | Priority: 3 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | [REDACTED] yo had permacath removal under general anesthesia [REDACTED] 17. General surgery requests return to clinic in 2 weeks.; | | | | | |

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|----------------------|---|--------------------------------|-----------------------------|-----------|----------------------------|------------|
| MCDGL/WLKR CI | [REDACTED] | Pillai, Omprakash | [REDACTED] | 4 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hemochromatosis | |
| Procedure: | Consult - Return Visit | Specialty: Hematology/Oncology | Priority: 5 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | [REDACTED] years old with HFE C28Y homozygous hereditary hemochromatosis and on phlebotomy as needed based on ferritin level followed by hematology. Recommends next Hematology visit in 6 months.; | | | | | |

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|----------------------|---|--------------------------------|-----------------------------|-----------|----------------------------|------------|
| MCDGL/WLKR CI | [REDACTED] | Pillai, Omprakash | [REDACTED] | 4 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hemochromatosis | |
| Procedure: | Consult - Return Visit | Specialty: Gastroenterology | Priority: 4 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | [REDACTED] years old with HFE C28Y homozygous hereditary hemochromatosis and on phlebotomy as needed based on ferritin level followed by hematology. Recommends GI follow up to evaluate liver status.; | | | | | |

? ULS?

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 1 | 1 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Pain - headache | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Neurology | | Priority: 5 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: [REDACTED] yo with headache and vision changes. Seen by neurology [REDACTED] 17. Neurology requests MRI of brain with contrast and return to clinic in 3 months.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|---|---------------------------------------|--|------------------------------------|--------------------|-----------------------------------|------------------|-----------|-----------------|------|-----|
| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 1 | 1 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Pain - headache | | | | | |
| Procedure: Imaging Test - MRI - Brain | | Specialty: Radiology/Diagnostic Imaging | | Priority: 5 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: [REDACTED] yo with headache and vision changes. Seen by neurology [REDACTED] 17. Neurology requests MRI of brain with contrast and return to clinic in 3 months.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|---|---------------------------------------|---------------------------------|------------------------------------|--------------------|----------------------------|------------------|-----------|-----------------|------|-----|
| MCDGL/WLKR CI | | | Smyth, James | | 3 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Cataract | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Ophthalmology | | Priority: 4 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: [REDACTED] y.o. white male with cataracts OS>OD. Best corrected VA 20/40 OD, 20/60 OS in dim lighting. VA worsens in brighter lighting secondary to glare from cataracts - OD 20/50, OS 20/80. Requesting Ophthalmology evaluation for cataract extraction OS.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|---|---------------------------------------|------------------------------|------------------------------------|--------------------|--|------------------|-----------|-----------------|------|-----|
| MCDGL/WLKR CI | | | Pillai, Omprakash | | 4 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Cardiac - Arrhythmia | | | | | |
| Procedure: Consult - ICD Clinic | | Specialty: Cardiology | | Priority: 4 | | Status: G | | Jur: 137 | | |
| Complaint/Diagnosis: [REDACTED] yo with Hx of hypertrophic cardiomyopathy, atrial flutter & left CVA. S/P placement of Medtronic single chamber ICD [REDACTED] 17. Will need regular interrogation.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|--|---------------------------------------|---------------------------------|-------------------------|--------------------|----------------------------|------------------|-----------|-----------------|------|-----|
| MCDGL/WLKR CI | | | Smyth, James | | 3 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Glaucoma | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Ophthalmology | | Priority: 4 | | Status: U | | Jur: 137 | | |
| Complaint/Diagnosis: Severe Glaucoma OD. Seen [REDACTED] 2017 by Dr. Ehlers with request for 1 month f/u; | | | | | | | | | | |

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|----------------------|--|--------------------------------|-----------------------------|-------------------|----------|------------|
| MCDGL/WLKR CI | [REDACTED] | Laplante, Sharron | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Iritis | OPTO? | |
| Procedure: | Consult - Return Visit | Specialty: Ophthalmology | Priority: 4 | Status: G | Jur: 114 | |
| Complaint/Diagnosis: | [REDACTED] yo with h/o presumed sarcoid. followed by ophthalmology for uveitis. seen yesterday. they would like to see him back in 6 weeks. thank you dr. L; | | | | | |

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|----------------------|---|--|-----------------------------|-----------------------|----------|------------|
| MCDGL/WLKR CI | [REDACTED] | Naqvi, Syed | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Discopathy | ? YES | |
| Procedure: | Consult - Initial Visit | Specialty: Neurosurgery <i>ortho spine</i> | Priority: 4 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | [REDACTED] yo with severe backache with right leg weakness and diminished knee jerk, MRI showed diffuse degenerative changes will benefit from neurosurgical consult.; <i>Luken</i> | | | | | |

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|----------------------|---|--------------------------------|-----------------------------|-------------------------|----------|------------|
| MCDGL/WLKR CI | [REDACTED] | Naqvi, Syed | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: ENT Disorder | X | |
| Procedure: | Procedure - Other | Specialty: ENT | Priority: 4 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | patient was seen in ENT clinic for left nasal vestibule papilloma, recommended by them to have it excised in OR, please schedule. | | | | | |

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|----------------------|--|--------------------------------|-----------------------------|---|----------|------------|
| MCDGL/WLKR CI | [REDACTED] | Naqvi, Syed | [REDACTED] | 2 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cardiac - Congenital Heart Disease | Imu | |
| Procedure: | Consult - Return Visit | Specialty: Cardiology | Priority: 4 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | [REDACTED] yo with ASD septum secundum defect operated in 2007 has not had any follow up in a while. recently came with palpitations, shortness of breath and chest discomfort. O/E pulse is 80-90 irregular BP 108/64 split 2nd heart sound, minimal JVD. warrants cardiology f/u.; | | | | | |

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|----------------------|---|---|-----------------------------|----------------------|----------|------------|
| MCDGL/WLKR CI | [REDACTED] | Mccrystal, Kevin | [REDACTED] | 1 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Dysphagia | CT first | |
| Procedure: | Imaging Test - CT Scan - Neck | Specialty: Radiology/Diagnostic Imaging | Priority: 4 | Status: G | Jur: 137 | |
| Complaint/Diagnosis: | [REDACTED] yo with two month history of progressive dysphagia. Reports feeling food get stuck. Frequent vomiting of food bolus per inmate report. 3lb- weight loss in 2 months. Soft tissue xray reveals soft tissue prominence C5 and C6 with indentation of trachea. Radiology recommends CT of the neck with IV contrast.; | | | | | |

vs. ENT any go?

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|--|---------------------------------------|------------------------------------|-------------------|--|-----|----|-----------|------------|------|-----|
| MCDGL/WLKR CI | | | Naqvi, Syed | | 2 | 1 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Cardiac - Chest Pain | | | | | | |
| Procedure: Consult - Return Visit | Specialty: Cardiology | Priority: 4 | Status: G | Jur: 137 | | | | | | |
| Complaint/Diagnosis: [REDACTED] yo with chest pain and palpitations has had a transthoracic echo needs to see cardiology for follow up.; | | | | | | | | | | |
| MCDGL/WLKR CI | | | Pillai, Omprakash | | 3 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Issue - Knee | | | | | | |
| Procedure: Consult - On-site Ortho Clinic | Specialty: Orthopedics | Priority: 4 | Status: G | Jur: 137 | | | | | | |
| Complaint/Diagnosis: [REDACTED] years old with Hx of R knee partial lateral meniscectomy in 2012 and unrepaired R ACL insufficiency seen in clinic with C/O on going R knee pain, occasional swelling, numbness around knee and feeling like knee is going to give out. Exam of knee shows no effusion, ROM is preserved, no joint line tenderness, mild laxity is noted on valgus/Varus stress tests, + Lachman and inconclusive McMurray's test. Patient is using sleeve support for joint stability and Tylenol for pain. Requests Orthopedic consult for further evaluation.; | | | | | | | | | | |
| MCDGL/WLKR CI | | | Naqvi, Syed | | 1 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Issue - Knee | | | | | | |
| Procedure: Consult - Initial Visit | Specialty: Orthopedics | Priority: 4 | Status: G | Jur: 114 | | | | | | |
| Complaint/Diagnosis: [REDACTED] yo with recurrent knee pain and inability to move his left knee. O/E left knee movements are limited in range and tender. MRI shows bucket handle tear of medial meniscus and ACL tear. he would benefit from ortho evaluation.; | | | | | | | | | | |
| MCDGL/WLKR CI | | | Cuevas, Frankie | | 5 | 4 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Dental Caries/Issue | | | | | | |
| Procedure: Surgical Procedure - Other | Specialty: Oral/Maxillo/Facial | Priority: 4 | Status: U | Jur: 137 | | | | | | |
| Complaint/Diagnosis: Pt seen [REDACTED] 2017 and Dx with unrestoreable #1, #4, #13, #16, #17, #18. Pt has hemophilia and factor VIII deficiency, possible factor V as well. Pt seen at UCHC Hematology on [REDACTED] 2017. Recc OMFS apt for extractions, will need coordination with Hematology.; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Cuevas, Frankie | | 5 | 4 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Fracture - mandibular/maxillary | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Orthotics/Prosthetics | | | Priority: 5 | Status: U | Jur: 137 | | | |
| Complaint/Diagnosis: Pt suffered GXW to face with MASSIVE facial, oral, and periorbital trauma. Pt will need extensive OMFS follow up in consultation with Oral facial prosthetics. | | | | | | | | | | |

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| MCDGL/WLKR CI | | | Cuevas, Frankie | | 5 | 4 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Fracture - mandibular/maxillary | | | | | |
| Procedure: Consult - Post Op | | Specialty: Oral/Maxillo/Facial | | | Priority: 4 | Status: U | Jur: 137 | | | |
| Complaint/Diagnosis: Pt suffered GXW to face with MASSIVE facial, oral, and periorbital trauma. Pt will need extensive OMFS follow up.; | | | | | | | | | | |

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| NEW HAVEN CC | | | Ivanaviciene, Jurate | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Hematologic Disorder | | | | | |
| Procedure: Consult - Case Review | | Specialty: Infectious Diseases | | | Priority: 4 | Status: U | Jur: 122 | | | |
| Complaint/Diagnosis: years old bond and crt date CD4 and VL - 239 and <0.020 respectively - /17 Medications: Descovy 1 tab qd, Tivicay 50 mg qd, and Bactrim SS qd. Requesting medication/ treatment review.; | | | | | | | | | | |

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| NEW HAVEN CC | | | Arnista, Thomas | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Glaucoma | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Ophthalmology | | | Priority: 3 | Status: U | Jur: 122 | | | |
| Complaint/Diagnosis: Pt S/P trauma 16, OD. Seen at Yale Ophthalmology Glaucoma specialist on 2017. Surgery on 2017 glaucoma drainage implant and secondary IOL placement to right eye. Pt. seen most recently on /17 at YEC. IOP elevated (30), meds adjusted. 2 week followup requested. Please schedule. Thanks.; | | | | | | | | | | |

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| NEW HAVEN CC | | | Koslawy, Maria | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Cardiac - Murmur | | | | | |
| Procedure: Imaging Test - Echocardiogram | | Specialty: Cardiology | | | Priority: 3 | Status: U | Jur: 122 | | | |

Complaint/Diagnosis: ■ YO WM w/ H/O HTN, no CAD, no DM. New murmur. H/O chest pain ■ 2016 with negative cardiac w/u and no mention of heart murmur. EF60-65% with mild hypertrophy - see records
Pt. denies CP & SOB. Current meds Toprol XL 50 mg & Cozaar 25 mg. No PSH. + ETOH abuse Remote H/O IVDA PE: T96.1 P 62 BP 144/90 III/VI holosystolic murmur trace LE edema. Please consider ECHO in this pt. with new murmur.;

NEW HAVEN CC ■ Ivanaviciene, Jurate ■ 3 2 ■

DOB ■ **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Hematologic Disorder
Procedure: Consult - Case Review **Specialty:** Infectious Diseases **Priority:** 4 **Status:** U **Jur:** 122
Complaint/Diagnosis: A ■ year's old ■ bond of ■ and court date ■
CD4 and VL - 892 and < 0.020 respectively - ■ 17.
Medications: Descovy 1 tab qhs, Prezista 800 mg qhs, Tivicay 50 mg qhs, Novir 100 mg qhs.
Requesting medication/ treatment review.;

NEW HAVEN CC ■ Arnista, Thomas ■ 2 3 ■

DOB ■ **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Retina - Other
Procedure: Consult - Initial Visit **Specialty:** Ophthalmology - Retinal **Priority:** 4 **Status:** U **Jur:** 122
Complaint/Diagnosis: Pt S/P "retinal hole", OS. Laser tx suggested by Dr. Neuwirth (Htfd) ■ 17, pt declined. Pt examined today. Best corrected vision of 20/20= OD,OS. Retinal exam shows multiple peripheral retinal holes, OS >>OD (numerous, OS), retinoschisis, OS. After discussion, pt now agrees to treatment. Please schedule with UConn retina to evaluate, treat, within one month. Thanks.;

NORTHERN CI ■ Wright, Carson ■ 4 2 ■

DOB ■ **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hemoptysis
Procedure: Consult - Return Visit **Specialty:** Pulmonary Medicine **Priority:** 4 **Status:** G **Jur:** 141
Complaint/Diagnosis: ■ 17 r/v Pulmonary Medicine. Recurrent hemoptysis, endobronchial biopsy from recent procedure is benign. Has persistent dry cough with wheeze on exam Right lung fields. RECC: Meds/labs per consult, follow up with Dr Ibrahim after testing (CT Angiogram scheduled for ■ 17) biopsy of lesion on arms;

NORTHERN CI ■ Wright, Carson ■ 4 2 ■

DOB ■ **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Lesion
Procedure: Consult - Initial Visit **Specialty:** Dermatology **Priority:** 4 **Status:** G **Jur:** 141
Complaint/Diagnosis: ■ 17 r/v Pulmonary Medicine. Recurrent hemoptysis, endobronchial biopsy from recent procedure is benign. Has persistent dry cough with wheeze on exam Right lung fields. RECC: Meds, vasculitis work up, follow up with Dr Ibrahim after testing (CT Angiogram of Chest scheduled ■ 17) and skin biopsy of lesions on arms;

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| NORTHERN CI | [REDACTED] | Wright, Carson | [REDACTED] | 1 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Fracture - lower extremity | | |
| Procedure: | Consult - Initial Visit | Specialty: Therapy - Physical | Priority: 4 | Status: U | Jur: 141 | |
| Complaint/Diagnosis: | S/p ORIF of R calcaneus fracture on [REDACTED] 17. Last ortho visit [REDACTED] 17, reports doing well, may progress to WBAT, initially in CAM using walker and wean as tolerated. Pt remains in CAM boot and is still using walker, unsteady without it due to ^ weakness to LE, pt could benefit from HEP. Please schedule within 1 month; | | | | | |

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| NORTHERN CI | [REDACTED] | Wright, Carson | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Prostate Disease | | |
| Procedure: | Consult - Initial Visit | Specialty: Urology | Priority: 4 | Status: G | Jur: 141 | |
| Complaint/Diagnosis: | Pt [REDACTED] yo male presents w hx of elevated PSA (9.3 on [REDACTED] 17, repeated on [REDACTED] 17 11.0) along w difficulty urinating and weak stream. RECC Flomax, started approx. 3 weeks ago. Conferred w UCHC urology fellow, RECC pt see urology.; | | | | | |

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| NORTHERN CI | [REDACTED] | Wright, Carson | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Musculoskeletal Issue - Hip | | |
| Procedure: | Consult - Initial Visit | Specialty: Orthopedics | Priority: 4 | Status: G | Jur: 141 | |
| Complaint/Diagnosis: | Pt [REDACTED] yo male presents w hx severe OA B/L hips. Pt was treated @ uchc w steroid injections. At that time, it was RECC that pt f/u w ortho evaluation if failed conservative therapy. Pt has been using Tylenol #3 and Elavil for pain management. Needs to see orthopedics.; | | | | | |

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| NORTHERN CI | [REDACTED] | Wright, Carson | [REDACTED] | 4 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Musculoskeletal Injury | | |
| Procedure: | Consult - Return Visit | Specialty: Orthopedics | Priority: 3 | Status: U | Jur: 141 | |
| Complaint/Diagnosis: | [REDACTED] 17 SFH, Orthopedics, Dr Meter. Follow up, GSW to L femur with femur fracture and SFA injury/repair. FROM knee and hip without discomfort. XRAY L femur with IM rod with good alignment, early callus. RECC: Continue partial WB, return in six weeks with repeat XRAY's; | | | | | |

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| NORTHERN CI | [REDACTED] | Wright, Carson | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Hearing Impairment | | |
| Procedure: | Device - Hearing Aide Repair | Specialty: Audiology | Priority: 4 | Status: U | Jur: 141 | |
| Complaint/Diagnosis: | Bilat hearing aids. Needs tubing replaced, both are clogged with cerumen, staff have been cleaning but appears some is stuck deep in tube and they cannot reach, requesting repair/cleaning; | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| NORTHERN CI | | | Wright, Carson | | 3 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Musculoskeletal Issue - Hand | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Orthopedics | | Priority: 3 | | Status: U | | Jur: 141 | | |
| Complaint/Diagnosis: [REDACTED] 17 Post-Op visit Yale Orthopedics, Dr Swigart. R proximal radius ORIF [REDACTED] 17. Requesting follow up in 3 weeks and visit with Physical Therapy same day; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| NORTHERN CI | | | Wright, Carson | | 3 | 2 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Musculoskeletal Issue - Hand | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Therapy - Physical | | Priority: 3 | | Status: U | | Jur: 141 | | |
| Complaint/Diagnosis: [REDACTED] 17 Post Op visit Yale Orthopedics, Dr Swigart. R proximal radius ORIF [REDACTED] 17. Requesting follow up in 3 weeks and visit same day with Physical Therapy immediately after his apt; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| NORTHERN CI | | | Wright, Carson | | 3 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Cancer - Leukemia | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Hematology/Oncology | | Priority: 5 | | Status: U | | Jur: 141 | | |
| Complaint/Diagnosis: [REDACTED] 17 r/v Hematology/Oncology. H/o chronic phase CML diagnosed in [REDACTED] 17 and placed on imatinib at that time, overall tolerating it well. RECC: Labs per consult, continue imatinib, return 3 months; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| NORTHERN CI | | | Deflorio, Dara | | 3 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: dd-MM-yyyy | | Diagnosis: Dental Caries/Issue | | | | | |
| Procedure: Procedure - Dental Extractions | | Specialty: Oral/Maxillo/Facial | | Priority: 3 | | Status: U | | Jur: 141 | | |
| Complaint/Diagnosis: Pt presents with severe pain #32 x 1 week. #32 partial impaction. Please remove #32; | | | | | | | | | | |

Benoit

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| NORTHERN CI | | | Wright, Carson | | 1 | 3 | | | | |
| DOB [REDACTED] | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Retina - Detachment | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Ophthalmology | | Priority: 4 | | Status: G | | Jur: 141 | | |
| Complaint/Diagnosis: [REDACTED] 17 initial visit YNH Ophthalmology to r/o retinal detachment. Cornea clear OU, vessels well OU, areas white without pressure OU, no tears or retinal detachment OU RECC: Follow up 3-4 weeks; | | | | | | | | | | |

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| OSBORN CI | [REDACTED] | Breton, Joseph | [REDACTED] | 4 | 1 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Arthritis | | | |
| Procedure: Consult - Return Visit | Specialty: Rheumatology | Priority: 5 | Status: G | Jur: 115 | | |
| Complaint/Diagnosis: [REDACTED] male with Psoriatic arthritis. Extensive plaques of psoriasis with dactylitis. he is followed by rheum through URC and just changed his medication regimen and request a 3 months follow up and labs are performed here. labs scheduled for 3 week of [REDACTED]. This is a request for follow up with rheumatology for medication effectiveness.; | | | | | | |

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| OSBORN CI | [REDACTED] | Breton, Joseph | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cancer - Prostatic | | | |
| Procedure: Consult - Return Visit | Specialty: Urology | Priority: 5 | Status: G | Jur: 115 | | |
| Complaint/Diagnosis: This is for a follow up appointment with urology in 3 months as per Urology request. HX: [REDACTED] yr old s/p prostate biopsy on [REDACTED] 17 INFILTRATING PROSTATIC ADENOCARCINOMA gradw 3 + 3 = 6 40 % cancer approx. 1.4 cm length. S/P prostatectomy [REDACTED] 2017. Urology follow up [REDACTED] 17 Gleason 8 pT2c pN0 pMn/; | | | | | | |

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| OSBORN CI | [REDACTED] | Freston, Cary | [REDACTED] | 4 | 3 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Hematuria | | | |
| Procedure: Consult - Return Visit | Specialty: Urology | Priority: 3 | Status: G | Jur: 115 | | |
| Complaint/Diagnosis: Request Urology return visit regarding ongoing, episodic hematuria and renal colic. Refusal appointments are noted. Recent ED eval for same. Urine cytology now available indicated atypical uroepithelium suspicious for Carcinoma.; | | | | | | |

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| OSBORN CI | [REDACTED] | Freston, Cary | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Nodule | | | |
| Procedure: Consult - Initial Visit | Specialty: Pulmonary Medicine | Priority: 3 | Status: G | Jur: 115 | | |
| Complaint/Diagnosis: Request Pulmonary consultation regarding RLL consolidation/mass. Anticipate need for diagnostic bronchoscopy, as recommended by Radiology interpretation of CT. Audible wheezing and dense RLL rales, without SOB. No weight loss, sweats, chills. But frequent non-productive cough. Patient is on doxycycline and a steroid taper without noticeable effect.; | | | | | | |

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| OSBORN CI | | | Wright, Johnny | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: | | | | Diagnosis: Foot/Toe Ailment | | | |
| Procedure: | Consult - Initial Visit | Specialty: Vendor | Priority: 3 | Status: G | Jur: 115 | <i>PHOTOS I requested</i> | | | | |
| Complaint/Diagnosis: | yowm with c/o b/l foot pain. O/E inmate forefoot bunion deformity has busted thru the medial portion of each shoe left worst than right. Each foot has completely collapse medial column. Request hanger consultation for custom fitted shoe gear. | | | | | | | | | |

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| OSBORN CI | | | Wright, Johnny | | 3 | 3 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | | | Diagnosis: Foot/Toe Ailment | | | |
| Procedure: | Device - Shoe(s) | Specialty: Orthotics/Prosthetics | Priority: 3 | Status: G | Jur: 115 | <i>NEED PHOTOS I requested</i> | | | | |
| Complaint/Diagnosis: | yowm with rigid hammertoe deformity on left foot secondary to previous Achilles tendon surgery recommended by podiatry to go into neoprene orthopedic shoe for accommodation of deformities. o/e cavus foot type left with exostoses at dorsal 1st cuneiform. there is also rigid hammertoe second digit with hard callus formation. request hanger visit for accommodation.; | | | | | | | | | |

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| OSBORN CI | | | Breton, Joseph | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | | | Diagnosis: Cancer - Skin | | | |
| Procedure: | Consult - Return Visit | Specialty: Dermatology | Priority: 3 | Status: G | Jur: 115 | <i>X 3 X</i> | | | | |
| Complaint/Diagnosis: | year-old gentleman with an approximately 20-year history of Crohn disease. since he was at risk for skin cancer (due to 6-MP) he was sent to Dermatology who referred to surgeon, He was biopsy positive time 3 for squamous cell carcinoma- margin positive. PE: anxious. #3 biopsy sites- hemostatic lesion without signs of infection. face, extremities, hands and back all have multiple areas of on highly suspicious for squamous cell carcinoma. this is a request for follow up with derm due to large surface area and multiple areas of highly suspicious for SCC and margin positive biopsies.; | | | | | | | | | |

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| OSBORN CI | | | Oeser, Linda | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | | | Diagnosis: Angina Pectoris | | | |
| Procedure: | Stress Test - Routine | Specialty: Radiology/Diagnostic Imaging | Priority: 3 | Status: G | Jur: 115 | <i>? nuc</i> | | | | |
| Complaint/Diagnosis: | yo male with hx of R innominate artery stenosis with stent placement 2014 and hx of TIA, DM, hyperlipidemia, and htn. Reports chest pain x 5 min per day for one week, describes as "sharp pains in left chest" self limiting at rest. Does not exercise, ambulates with cane. Denies associated symptoms of nausea, vomiting, dizziness or diaphoresis. EKG done today and reviewed with Dr Freston NSR 57. Formally request stress testing in pt with known arterial disease. Linda Oeser FNP-BC; <i>(so we put him on a treadmill?)</i> | | | | | | | | | |

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| OSBORN CI | | | Freston, Cary | | 3 | 2 | | | | |
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| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Mass |
| Procedure: | Consult - R/O Surgical Case | Specialty: General Surgery | Priority: 3 | Status: G Jur: 115 |
| Complaint/Diagnosis: | Request General Surgery consultation regarding evaluation for possible excision of right occipital ST mass. 4 - 6 months of presence of mass (unable to identify enlargement over recent months), but now citing tenderness and causing discomfort while laying flat. [REDACTED] patient states the mass is interfering with his sleep due to tenderness. Mass is 6 cm, soft, non-fluctuant, not umbilicated, non-erythematous, slightly tender. Not impeding ROM.; | | | |

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| OSBORN CI | [REDACTED] | Breton, Joseph | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Diabetes | | |
| Procedure: | Consult - Return Visit | Specialty: Endocrinology | Priority: 5 | Status: G Jur: 115 | | |
| Complaint/Diagnosis: | [REDACTED] year old male with long history of brittle DM type 1. He is followed by endocrine at UCHC through URC. Insulin regimen just changed 2017 and endo requests a follow u in 6 months.; <i>FOR?</i> | | | | | |

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| OSBORN CI | [REDACTED] | Freston, Cary | [REDACTED] | 3 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Rash | | |
| Procedure: | Consult-Telemedicine | Specialty: Dermatology | Priority: 5 | Status: G Jur: 115 | | |
| Complaint/Diagnosis: | Request 6 month telemedicine f/u with Dermatology regarding management of Stelara for psoriasis, as recommended by Derm. Plaques improving with new medicine.; | | | | | |

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| OSBORN CI | [REDACTED] | Breton, Joseph | [REDACTED] | 4 | 1 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Hematologic Disorder | | |
| Procedure: | Consult - Return Visit | Specialty: Hematology | Priority: 4 | Status: G Jur: 115 | | |
| Complaint/Diagnosis: | Hematology requesting teledemed in 2 months for follow-up regarding management of JAK2 positive Essential Thrombocythosis with associated myelofibrosis. We are starting hydroxyurea today with close monitoring of renal and liver functions.; | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| OSBORN CI | [REDACTED] | [REDACTED] | Wright, Johnny | [REDACTED] | 2 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hydrocele
 Procedure: Imaging Test - Ultrasound - Scrotal Specialty: Radiology/Diagnostic Imaging Priority: 3 Status: G Jur: 115
 Complaint/Diagnosis: [REDACTED] yobm c/o swollen scrotal sack present for about 2 weeks slight tender to touch. Denies any recent h/o trauma and no prior episodes similar. o/e mildly edematous scrotum no skin changes other than area irritation likely from shaving. request u/s of scrotum to r/o varicocele/spermatocele/hydrocele.;
IDS? ink? Really.

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| OSBORN CI | [REDACTED] | [REDACTED] | Freston, Cary | [REDACTED] | 5 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cancer - Metastatic
 Procedure: Consult - Return Visit Specialty: Hematology/Oncology Priority: 3 Status: G Jur: 115
 Complaint/Diagnosis: Request f/u Oncology 3 weeks (from [REDACTED] 17) and following completion of Cycle2 chemo which begins as inpatient the week of [REDACTED] 17, and prior to Cycle3. SCLC diffuse metastasis presently planning Cycle2 cisplatin/etoposide. Planning bronch removal of bronchial stents, and re-staging CTs are pending.;

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| OSBORN CI | [REDACTED] | [REDACTED] | Freston, Cary | [REDACTED] | 5 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cancer - Metastatic
 Procedure: Imaging Test - CT Scan - # Areas Specialty: Radiology/Diagnostic Imaging Priority: 3 Status: G Jur: 115
 Complaint/Diagnosis: Request restaging CT WITH contrast of Chest, abdomen, and pelvis, per Oncology recommendations. Timing should be following upcoming Cycle2 of chemo, but before Cycle3, and Prior to the Oncology f/u planned prior to Cyle3. SCLC diffusely metastatic.;

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| OSBORN CI | [REDACTED] | [REDACTED] | Freston, Cary | [REDACTED] | 4 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cancer - Lymphoma
 Procedure: Therapy - Chemotherapy Specialty: Hematology/Oncology Priority: 3 Status: G Jur: 115
 Complaint/Diagnosis: Request multiple visit for chemotherapy plan. [REDACTED] yo male Hodgkin's Lymphoma IIIA - nodular sclerosis. ABUD planned. Surgical V port pending, and pre-chemo labs pending.;

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| OSBORN CI | [REDACTED] | [REDACTED] | Wright, Johnny | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Rash
 Procedure: Consult - Initial Visit Specialty: Dermatology Priority: 3 Status: G Jur: 115

Complaint/Diagnosis: [redacted] yowm with bruising and discoloration of the skin of the left lower lateral leg now present for greater than one year and has spread to knee area. No h/o blunt trauma nor circulatory issues. No previous episodes to report. PE: 20cm x 10cm area of skin discoloration bluish hue with pale yellow center that progresses proximal toward knee. Non-tender but obvious changes in texture. No hair growth in the area and somewhat smooth shiny surface. the area is much warmer than the surrounding tissue. Sensation to sharp/dull stimulation is markedly decreased. request dermatology referral.; *? PVD? VSI instead? bx?*

OSBORN CI [redacted] Wright, Johnny [redacted] 3 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Testicular
Procedure: Imaging Test - CT Scan - Abdominal **Specialty:** Radiology/Diagnostic Imaging **Priority:** 5 **Status:** G **Jur:** 116
Complaint/Diagnosis: [redacted] yr old -hx r orchiectomy [redacted] 2016 with radiation therapy by Dr. Fang. Seen by Dr Fang [redacted] 2017 who requested eval by Dr Berard along with urology and pain specialist. [redacted] 17 urology return no evidence of residual disease recc one last CT scan at 2 yr anniver [redacted] 2018.;

OSBORN CI [redacted] Wright, Johnny [redacted] 3 2 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Stricture
Procedure: Procedure - Other **Specialty:** Urology **Priority:** 3 **Status:** G **Jur:** 116
Complaint/Diagnosis: [redacted] 17 underwent retrograde urethrogram with cystoscopy and spt upsizing. surgery showed pendulous and bulbar urethral strictions which are not amenable to endoscopic repair. will need further surgical management. [redacted] return visit identified long/complex urethra strictures will need multiple procedures to correct recc urethroplasty with buccal graft.;

OSBORN CI [redacted] Breton, Joseph [redacted] 4 2 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Sickle Cell Trait/Disease
Procedure: Procedure - Other **Specialty:** Hematology **Priority:** 3 **Status:** X **Jur:** 451
Complaint/Diagnosis: [redacted] years old with longstanding Hx of complicated SC disease- AVN, TIA iron overload. This is a request for follow up with hematology in 3 weeks per their request to continue transfusion exchange.; *duplicate*

OSBORN CI [redacted] Wright, Johnny [redacted] 4 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** [redacted] **Diagnosis:** Cancer - Brain/O
Procedure: Imaging Test - MRI - Brain **Specialty:** Radiology/Diagnostic Imaging **Priority:** 5 **Status:** X **Jur:** 4S1
Complaint/Diagnosis: [redacted] yowm with MRI of the brain which showed a bilobed solid cortical subcortical lesion who went for right craniotomy [redacted] 17. Hem/onc visit [redacted] 17 with recc no role for adjuvant rad rx or chem; to f/u in 6 mos. Brain MRI w/wo constrast at that time.; *Spec for*

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Cancer - Brain/CNS
 Procedure: Consult - Return Visit Specialty: Hematology/Oncology Priority: 5 Status: **X** Jur: 4S1
 Complaint/Diagnosis: [REDACTED] yowm with MRI of the brain which showed a bilobed solid cortical subcortical lesion who went for right craniotomy [REDACTED] 17. Hem onc visit [REDACTED] 17 with recc no role for adjuvant rad rx or chem; to f/u in 6 mos. Brain MRI w/wo constrast at that time.;

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| OSBORN CI | | | Oeser, Linda | | 2 | 3 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Pain - abdominal *yes*
 Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 3 Status: G Jur: 115
 Complaint/Diagnosis: [REDACTED] yr old male with c/o RUQ abd pain x 2 months. Reports associated nausea and vomiting. States food makes it worse and nothing makes it better, reports wt loss 24 lbs in 2 months. Pain 6/10 is constant and squeezing. Seen in ER UCONN [REDACTED] 17 sono abd negative, transient elevation in LFTs now normalized, hepatitis profile negative. Continues to complain of pain, nausea, and vomiting despite Phenergan, zantac, and protonix. PE: No bulges masses or bruits, mildly hypoactive bs x 4quads, tenderness to epigastric area and RUQ with palpation. Formally request GI consult to evaluate chronic complaints, change to low fat diet, repeat labs per ER recommendations. Linda Oeser FNP-BC;

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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Musculoskeletal Issue - Shoulder *yes*
 Procedure: Imaging Test - MRI - Shoulder Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 115
 Complaint/Diagnosis: [REDACTED] Request MRI left shoulder. c/o left shoulder "clicking."
 Remotely s/p left AC repair at JDH/CMHC. patient states that there is still a "gap" and that the AC moves with ROM. Minimal discomfort on rare occasion. XRAY indicates post-surgical straps and 2 cm AC separation. ROM does click, but non tender at time of exam.;

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| OSBORN CI | | | Smyth, James | | 4 | 1 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Retina - Other *yes*
 Procedure: Consult - Return Visit Specialty: Ophthalmology - Retinal Priority: 4 Status: G Jur: 115
 Complaint/Diagnosis: Monocular inmate - longstanding retinal detachment OS. Central retinal vein occlusion OD with macular edema. Intravitreal Eylea injection given OD. Seen [REDACTED] 2017 by Dr. Simmons with request for 1 month f/u.;

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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Cholecystitis/Cholelithiasis

Procedure: Surgical Procedure - Cholecystectomy **Specialty:** General Surgery **Priority:** 3 **Status:** L **Jur:** 115

Complaint/Diagnosis: [redacted] yowm who was seen on [redacted] 17 with abdominal pain. He described RUQ/epigastric pain which was associated with meals. He mention that he was experiencing increased belching and flatus. He had no NV/diarrhea. Abdominal pain was worse at night. T 98.2, vital signs were stable. PE significant for RUQ tenderness without peritoneal signs. Labs WBC 20.3 with left shift, NI SGOT/SGPT, sl increased Alk Phos 115, elevated T Bili to 2.1 and elevated direct Bili to 0.7. KUB c/w increased stool throughout. Normal Amylase and Lipase. [redacted] 17 GSX visit recc gallbladder be removed.

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| OSBORN CI | [redacted] | Breton, Joseph | [redacted] | 4 | 1 | [redacted] |
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DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cardiac - Cardiomyopathy

Procedure: Consult - Return Visit **Specialty:** Cardiology **Priority:** 5 **Status:** G **Jur:** 115

Complaint/Diagnosis: [redacted] year old male with cardiomyopathy EF20%, afib, cabg *4, ICD who is routinely followed by UCHC Cardiologists. Cardio requesting a 3 months follow- up after medication changes.;

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DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Lesion

Procedure: Surgical Procedure - Other **Specialty:** General Surgery **Priority:** 3 **Status:** 1870 **Jur:** 116

Complaint/Diagnosis: [redacted] yo male seen by UCONN surgery on [redacted] 17 for left scalp lesion who recommends surgical excision with pathology. Dr Liang UCONN wants surgery scheduled as noted above. Linda Oeser FNP-BC;

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DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cirrhosis

Procedure: Consult - Initial Visit **Specialty:** Gastroenterology **Priority:** 4 **Status:** G **Jur:** 116

Complaint/Diagnosis: Pt [redacted] y.o male presents with Hx of Hep c and cirrhosis(Dx byfibro scan).Pt was tx for hep c.Pt had U.S of liver on [redacted] 17 which was fatty infiltration or hepatic parenchymal dz.Pt continues to have pain in RUQ (LIVER AREA) NEEDS TO SEE G.I.;

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DOB: [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Glaucoma

Procedure: Consult - Initial Visit **Specialty:** Ophthalmology **Priority:** 4 **Status:** G **Jur:** 116

Complaint/Diagnosis: Pt [redacted] y.o presents with Hx of losing left eye to GSW. Right has glaucoma. Pt is receiving drops which Pt says eyes continue to be blurry for months.Pt does wear corrective lens.needs to see ophthalmology. *OPTO really*

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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Foot Drop
 Procedure: Device - Orthotic - Repair Specialty: Vendor Priority: 3 Status: G Jur: 116
 Complaint/Diagnosis: 2 issues
 Has R AFO that was custom made by ortho hangers and is now too tight, needs it adjusted
 Second issue is in [REDACTED] of this year ortho hanger put a lift on outside of his R shoe that is now coming apart, needs to be fixed.
 Requesting visit to ortho hangers to fix both issues;

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| ROBINSON CI | [REDACTED] | Oeser, Linda | [REDACTED] | 3 | 1 | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Dysphagia
 Procedure: Consult - Return Visit Specialty: Gastroenterology Priority: 3 Status: G *Why* Jur: 116
 Complaint/Diagnosis: [REDACTED] yo AAM seen by UCONN GI for EGD with biopsy of gastric and GE junction. Pathology dated [REDACTED] 17 reports chronic carditis with possible hiatal hernia and diminutive hyperplastic gastric polyp and eosinophilic esophagitis. MD recommends continue PPI and follow up visit in GI Clinic in 1-2 months. Formally request same, thank you. Linda Oeser FNP-BC;

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| ROBINSON CI | [REDACTED] | Wright, Carson | [REDACTED] | 2 | 2 | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hearing Impairment
 Procedure: Consult - Initial Visit Specialty: ENT Priority: 4 Status: G *one if yes* Jur: 116
 Complaint/Diagnosis: referral to ENT within 1 month if possible; [REDACTED] 17 initial visit Audiology. Moderate sloping to severe sensorineural hearing loss bilaterally. Speech recognition good bilaterally. Tympanometry reveals normal middle ear function bilaterally. Communication will be impacted in all listening situations. RECC: Bilateral hearings aids, referral to ENT for otologic symptoms;

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| ROBINSON CI | [REDACTED] | Wright, Carson | [REDACTED] | 2 | 2 | [REDACTED] |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hearing Impairment
 Procedure: Consult - Return Visit Specialty: Audiology Priority: 4 Status: G Jur: 116
 Complaint/Diagnosis: [REDACTED] 17 initial visit Audiology. Moderate sloping to severe sensorineural hearing loss bilaterally. Speech recognition good bilaterally. Tympanometry reveals normal middle ear function bilaterally. Communication will be impacted in all listening situations. RECC: Bilateral hearing aids, referral to ENT for otologic symptoms, return 4 weeks;

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| ROBINSON CI | [REDACTED] | [REDACTED] | Smyth, James | [REDACTED] | 3 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Retina - Other | | | | | | | |
| Procedure: Consult - Initial Visit | Specialty: Ophthalmology | Priority: 4 | Status: G | Jur: 116 | | | | | | |
| Complaint/Diagnosis: Patient c/o blurred vision centrally OD and light sensitivity OD x 1 year. Best corrected VA 20/30 with difficulty OD, 20/20 OS. Macular changes OD. Probable Central Serous Retinopathy that has not resolved. Requesting Ophthalmology evaluation.; | | | | | | | | | | |
| ROBINSON CI | [REDACTED] | [REDACTED] | Wright, Carson | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Mass | | | | | | | |
| Procedure: Imaging Test - MRI - Other | Specialty: Radiology/Diagnostic Imaging | Priority: 5 | Status: G | Jur: 116 | | | | | | |
| Complaint/Diagnosis: [REDACTED] 17 r/v Neurosurgery. H/o macroadenoma of pituitary fossa, s/p radiation and resection x2. MRI of brain and pituitary [REDACTED] /17. Pt reports feeling well overall. No clinical change in vision. MRI with no change in size and signal of the prominent multilobulated residual pituitary macroadenoma RECC: Repeat MRI of brain and pituitary 1 yr; | | | | | | | | | | |
| ROBINSON CI | [REDACTED] | [REDACTED] | Oeser, Linda | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Ophthalmologic Disorder | | | | | | | |
| Procedure: Consult - Initial Visit | Specialty: Ophthalmology | Priority: 3 | Status: G | Jur: 116 | | | | | | |
| Complaint/Diagnosis: IM s/p GSW OD with enucleation, seen by Dr Ehlers on [REDACTED] 17 due to mild injection/inflammation to socket/orbit. Per Dr Ehlers, schedule apt with Dr Falcone for evaluation of prosthesis, orbit, socket. Formally request consult with Dr Falcone. Linda Oeser FNP-BC; | | | | | | | | | | |
| ROBINSON CI | [REDACTED] | [REDACTED] | Smyth, James | [REDACTED] | 3 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Glaucoma | | | | | | | |
| Procedure: Consult - Initial Visit | Specialty: Ophthalmology | Priority: 4 | Status: G | Jur: 116 | | | | | | |
| Complaint/Diagnosis: [REDACTED] y.o. Black Male with no known family history of glaucoma. C/D .8 OU. Unable to obtain IOPs - <u>strong blink reflex</u> . Due to advanced C/D this patient should be evaluated by UConn Ophthalmology; | | | | | | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Musculoskeletal Issue - Shoulder
 Procedure: Consult - Initial Visit Specialty: Orthopedics Priority: (4) Status: G Jur: 116
 Complaint/Diagnosis: Seen by Ortho-spine [REDACTED] 17 for atrophy L forearm and mid scapular muscles, motor weakness forearm abduction. Physical: strength is a 5/5 bilat with the exception of L bicep strength which is 4/5 and gives away against resistance due to pain. + shoulder impingement sign on the L. RECC Consult for Left shoulder pain;

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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Musculoskeletal Issue - Shoulder
 Procedure: Consult - Return Visit Specialty: Therapy - Physical Priority: 4 Status: G Jur: 116
 Complaint/Diagnosis: [REDACTED] 17 initial visit Physical Therapy. R shoulder bursitis since [REDACTED] 17. MRI + for subacromial bursitis. Been doing self exercise with little effect. Presents with abducted r scapula, limited ROM into flex, abd, IR, ER. RECC: Perform HEP daily, follow up 6 weeks;

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| WILLARD-CYBULSKI CI | | | Clements, Michael | | 3 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Musculoskeletal Issue - Arm
 Procedure: Consult - Initial Visit Specialty: Orthopedics Priority: 4 Status: G Jur: 142
 Complaint/Diagnosis: Functional assessment, per URC request. Pt. is R-handed; has pain c/ ADL's: combing hair, lifting tray, etc; cannot easily lift more than 10-15 lbs c/ R hand. This is a significant decline for this pt. Original request follows: Thank you. [REDACTED] yo R-handed, s/p b/l biceps tendon repair. Dr. Mazzocca repaired the left biceps tendon in 2012. Dr. Fabian at [REDACTED] repaired the R biceps tendon in 2016. The R tendon repair has failed as of a couple of months later, resulting in pain, weakness. Pt's EOS is [REDACTED] 2018, and he would very much benefit from repair if possible. Thank you.;

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| WILLARD-CYBULSKI CI | | | Wright, Johnny | | 3 | 1 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hernia
 Procedure: Consult - Post Op Specialty: General Surgery Priority: 3 Status: G Jur: 142
 Complaint/Diagnosis: [REDACTED] yobm with longstanding left inguinal hernia for more than one year with descending colon in the left scrota sac had open repair [REDACTED] 17 with recc to f/u with dr McFadden in 10-14 days.;

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| WILLARD-CYBULSKI CI | | | Smyth, James | | 3 | 1 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Glaucoma

Procedure: Consult - On-Site Ophthalmology Clinic **Specialty:** Ophthalmology **Priority:** 4 **Status:** G **Jur:** 142
Complaint/Diagnosis: Patient with Glaucoma. Requesting On Site Ophthalmology for baseline testing. Last done at UConn 2014. No results in chart.;

WILLARD-CYBULSKI CI [REDACTED] Smyth, James [REDACTED] 2 1 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Glaucoma
Procedure: Consult - Return Visit **Specialty:** Ophthalmology **Priority:** 4 **Status:** G **Jur:** 142
Complaint/Diagnosis: Advanced Glaucoma OU. C/D .8 OU. Last Ophthalmology visit 2014. Stable through 2016. Patient has not been seen in the last year, glaucoma has advanced. Compliance issue due to no reinforcement. IOP's have increased since last visit. Due to the advanced state. Patient should be followed by UConn.;

WILLARD-CYBULSKI CI [REDACTED] Arnista, Thomas [REDACTED] 2 1 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** [REDACTED] **Diagnosis:** Retina - Other
Procedure: Consult - Initial Visit **Specialty:** Ophthalmology - Retinal **Priority:** 4 **Status:** G **Jur:** 142
Complaint/Diagnosis: Pt. S/P Exudative macular degeneration, OU, with intravitreal injections OU for treatment (currently Eylea) every 6 weeks. Last injection [REDACTED] 17 (Dr. Levinson, Milford). Vision 20/40, OD, OS. Pt states condition stable. Release of information done. Please schedule with UConn retina for evaluation and treatment. I suggest approx. 5 weeks. Thanks.;

YORK CI [REDACTED] Hood, Tara [REDACTED] 4 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Goiter
Procedure: Consult - Return Visit **Specialty:** Endocrinology **Priority:** 5 **Status:** G **Jur:** 139
Complaint/Diagnosis: [REDACTED] y.o. AAF w/ PMH of recurrent emboli, CAD, sepsis, had a ctscan of neck and revealed a multinodular goiter. Seen by Endo [REDACTED] /17 and recommended thyroid ultrasound & scan and recommended f/u in 3 months, please schedule.;

YORK CI [REDACTED] Hood, Tara [REDACTED] 4 2 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Goiter
Procedure: Imaging Test - Scan - Other **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** G **Jur:** 139
Complaint/Diagnosis: [REDACTED] y.o. AAF w/ PMH of recurrent emboli, CAD, sepsis, had a ctscan of neck and revealed a multinodular goiter and seen by Endo on [REDACTED] /17 and recommended f/u thyroid scan. Please schedule.;

YORK CI [REDACTED] Fischer, Janet [REDACTED] 2 3 [REDACTED]

DOB [REDACTED] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Breast Mass/Nodule/Cyst

Procedure: Imaging Test - Mammogram **Specialty:** Radiology/Diagnostic Imaging **Priority:** 5 **Status:** G **Jur:** 139 **NO**
Complaint/Diagnosis: [redacted] yo black female requesting mammogram due to [redacted] HX breast cancer in mid [redacted] She had normal mammo in 2015 here. Explained next mammo age [redacted] She insists she wants it noe. Bilateral breast exam is normal.;

YORK CI [redacted] Machinski, Tricia [redacted] 4 2 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Other
Procedure: Imaging Test - Mammogram **Specialty:** Radiology/Diagnostic Imaging **Priority:** 4 **Status:** *4* **Jur:** 139 *yes*
Complaint/Diagnosis: [redacted] y/o, never had mammo - requesting screening mammo. thank you; *Submitted b/c? I think age was 4 when caught*

YORK CI [redacted] Hood, Tara [redacted] 3 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** GERD
Procedure: Consult - Return Visit **Specialty:** Gastroenterology **Priority:** 5 **Status:** G **Jur:** 139
Complaint/Diagnosis: [redacted] y.o. WF s/p Hiatal hernia repair during incarceration also with Hx of Barrett's esophagus has had 2 attempts to d/c Carafate and PPI w/o success leading to hematemesis and abdominal pain. Please reschedule with Dr. Rezaizadeh for followup. Thanks.; *why d/c*

YORK CI [redacted] Hood, Tara [redacted] 3 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Breast
Procedure: Imaging Test - Ultrasound - Chest/Breast **Specialty:** Radiology/Diagnostic Imaging **Priority:** 5 **Status:** G **Jur:** 139
Complaint/Diagnosis: [redacted] y.o. WF w/PMH of B/L radical mastectomy secondary to breast cancer and has states was going for u/s screening secondary to implants. Please schedule.; *Records?*

YORK CI [redacted] Nelsen, Elizabeth [redacted] 4 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Renal - Chronic Renal Failure
Procedure: Consult - Initial Visit **Specialty:** Nephrology **Priority:** 4 **Status:** G **Jur:** 139 *yes*
Complaint/Diagnosis: [redacted] yo female with CKD (Stage 4) baseline Cr of 2.9 and hgb of 10.8 2/t Cocaine Use, uncontrolled HTN and p-anca/levamisole induced vasculitis (per Trinity Health Records). Pt. non-compliant and unsure of meds in community. Requesting Visit with Nephrology to help ensure appropriate treatment. Pt. currently asymptomatic, newer labs pending.;

YORK CI [redacted] Machinski, Tricia [redacted] 3 4 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Fibroid

Procedure: Surgical Procedure - Hysterectomy **Specialty:** Gynecology **Priority:** ~~3~~ (4) **Status:** G **Jur:** 139

Complaint/Diagnosis: [redacted] y/o, [redacted] had full workup and plan for hysterectomy at JDH, has had bleeding with Hg 4 needing transfusion prior to leaving, was seen from [redacted] and plan was to perform hyst, received Lupron to shrink fibroid [redacted] 17, now with inc pain, cramping and continued discharge she has had for months, now suspect degenerating fibroid due to symptoms, fibroid uterus 14x10.8x11.2 cm. Pt also had endometrial biopsy showing rare atypical cells which further adds to indication for hyst. Records received and was scheduled for pre op, D&C, hyst. Pt was seen in [redacted] ER for heavy bleeding, Hg 11. Requesting pt to return to JDH for Hysterectomy. thank you;

YORK CI [redacted] Tessler, Sara [redacted] 3 3 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Dental Caries/Issue

Procedure: Consult - Initial Visit **Specialty:** Dental **Priority:** 5 **Status:** G **Jur:** 139

Complaint/Diagnosis: Educational fee adjustment has been approved. Refer to UCONN Department of Prosthodontics for extraction #2, #3, #4, #12, #14, #15, #19 and fabrication of implant retained maxillary denture/obturator.

YORK CI [redacted] Nelsen, Elizabeth [redacted] 3 3 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cardiac - Arrhythmia

Procedure: Consult - Initial Visit **Specialty:** Cardiology **Priority:** 4 **Status:** G **Jur:** 139

Complaint/Diagnosis: [redacted] y/o female with [redacted] and [redacted] presents over last month with multiple episodes of sternal chest pain beginning at rest. EKG shows biphasic P-waves, and recently a 1 sec pause suspicious for premature supraventricular beat. Exam has RRR, no m/r/gs and no bruits present. An event monitor would also be reasonable if panel feels that way;

YORK CI [redacted] Nelsen, Elizabeth [redacted] 3 3 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cardiac - Coronary Artery Disease

Procedure: Consult - R/O Surgical Case **Specialty:** Cardiothoracic Surgery **Priority:** 4 **Status:** G **Jur:** 139

Complaint/Diagnosis: [redacted] y/o HF with exertional chest pain who underwent cardiac Cath on [redacted] 17 which showed Severe multivessel CAD with 80-90% blockage of Left Main Ostial area. Cardiology is recommending consult to discuss possible CABG due to placement of stenosis sites and severe stenotic burden. I agree with recommendation.;

YORK CI [redacted] Machinski, Tricia [redacted] 3 4 [redacted]

DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** **Diagnosis:** Other

Procedure: Imaging Test - Mammogram **Specialty:** Radiology/Diagnostic Imaging **Priority:** 3 **Status:** U **Jur:** 139

Complaint/Diagnosis: [redacted] y/o, due for screening mammo -unsentenced, desires mammo. thank you;

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|----------------------|--|--------------------------------|------------------|-------------------------|----------|------------|
| YORK CI | [REDACTED] | Hood, Tara | [REDACTED] | 3 | 4 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Colitis; IBD | | |
| Procedure: | Consult - Initial Visit | Specialty: Gastroenterology | Priority: 4 | Status: U | Jur: 139 | |
| Complaint/Diagnosis: | [REDACTED] y.o. WF w/PMHx of colitis, seen at JDH, [REDACTED] and [REDACTED]. Has had persistent intermittent pain, and rectal bleeding. Has missed 3 meals, c/o of umbilical pain and persistent rectal bleeding. Admitted to Inpt Medical for further observation, labs and hydration. Consider GI consult given recurrent colitis.; | | | | | |

? info!

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| YORK CI | [REDACTED] | Hood, Tara | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Nodule | | |
| Procedure: | Imaging Test - Ultrasound - Other | Specialty: Radiology/Diagnostic Imaging | Priority: 5 | Status: G | Jur: 139 | |
| Complaint/Diagnosis: | [REDACTED] y.o. HF w/ PMH of 2.5cm heterogeneous thyroid nodule noted on CT scan PTA YCI. Seen by ENT and they recommended a repeat thyroid ultrasound for 3.4cm nodule. I concur, please schedule.; | | | | | |

X

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| YORK CI | [REDACTED] | Hood, Tara | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | Diagnosis: Cancer - Breast | | |
| Procedure: | Consult - Return Visit | Specialty: Hematology/Oncology | Priority: 5 | Status: L | Jur: 139 | |
| Complaint/Diagnosis: | [REDACTED] y.o. WF w/ dx of breast cancer, unknown type with bilateral mastectomy and treatment with tamoxifen. Seen by local provider [REDACTED] 17; recommended baseline labs, continue with Tamoxifen and f/u in 1-3 months. I concur, please schedule.; | | | | | |

2 is this - expensive? transfer to Perry?

Panel List md

Generated on 10/25/2017 11:43:53 AM

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
|---|------------|--------------------------------|-----------------|------------------|-----|--------------------------------|------------|----------------------|------------|------------|
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Bozzi, George | [REDACTED] | 1 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Dental Caries/Issue | | | | |
| Procedure: Procedure - Dental Extractions | | Specialty: Oral Surgery | | Priority: 3 | | Status: U | | Jur: 11/13 | | |
| Complaint/Diagnosis: Request exo #13 and exo #16 which are a source of pain. #13: roots only, NR, exo was attempted in dental clinic but was unable to be moved. #16: grossly decayed and NR. PA #13, which also shows #16, has been scanned. Dr. Benoit: please read [REDACTED] 17 e-mail about this case.; | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 2 | 2 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Abscess | | | | |
| Procedure: Surgical Procedure - Tonsillectomy | | Specialty: ENT | | Priority: 5 | | Status: U | | Jur: 12/3 <u>Yes</u> | | |
| Complaint/Diagnosis: [REDACTED] yo. Recurrent Right Peri-tonsillar abscess x 3 since 2015. Had 3rd episode [REDACTED] 2017 while incarcerated at BCC which required I & D at UConn JDH ED. Follow up ENT consultation on [REDACTED] 17 recommends tonsillectomy due to recurrent abscesses.; | | | | | | | | | | |
| BRIDGEPORT CC | [REDACTED] | [REDACTED] | Elderkin, James | [REDACTED] | 3 | 3 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Osteomyelitis | | | | |
| Procedure: Consult - Post Op | | Specialty: Orthopedics | | Priority: 3 | | Status: U | | Jur: 12/5 <u>Yes</u> | | |
| Complaint/Diagnosis: Addendum to Request # [REDACTED] Patient also has a right hand injury sustained ~ 1 month ago when he punched another person. X-ray shows: Comminuted intra-articular fracture of the fourth MC head and an age-indeterminate fracture of the second MC head. Exam shows full flexion of all fingers with no scissoring. Please add this to ortho request to be evaluated at post-op visit, [REDACTED] yo. Had MRSA Osteomyelitis of distal phalanx of left thumb with amputation done at JDH on [REDACTED] 17. Ortho requests follow up in ~ 2 weeks for suture removal and re-evaluation.; | | | | | | | | | | |
| CHESHIRE CI | [REDACTED] | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 2 | 1 | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DOB [REDACTED] | | Status: Ready for Adjudication | | Voted to Parole: | | Diagnosis: Hydrocele | | | | |
| Procedure: Consult - R/O Surgical Case | | Specialty: Urology | | Priority: 4 | | Status: G | | Jur: 12/5 <u>Yes</u> | | |
| Complaint/Diagnosis: [REDACTED] yobm with right painful scrotal pain/discomfort. Right scrotal contents is ~ softball sized. He was evaluated by Urology on [REDACTED] 17. They have recommended a scrotal ultrasound. If confirmed as such, patient requests hydrocelectomy. Patient had scrotal ultrasound on [REDACTED] 17. He was noted to have a large mildly complex right hydrocele and a smaller left hydrocele. No intra-testicular masses seen. Request follow-up with Urology for possible hydrocelectomies.; | | | | | | | | | | |

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|--|--------------------------------|-----------------------------|------------------------|----------|---|------------|
| CHESHIRE CI | [REDACTED] | Ruiz, Ricardo | [REDACTED] | 3 | 3 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Sleep Apnea | | | |
| Procedure: Device - CPAP/BIPAP Purchase | Specialty: Vendor | Priority: 3 | Status: G | Jur: 120 | | |
| Complaint/Diagnosis: [REDACTED] yowm who had a sleep study on [REDACTED] 17 at JDH Sleep Disorder Center. He was noted to have an AHI of 11.6 events/hour. His [REDACTED] specific index was 7.9 events/hr and his NREM was 12.1 events/hr. He had control of his OSA using bilevel positive airway pressure at a setting of 21/16 cm H2O. Requesting a BIPAP purchase.; | | | | | | |

KQ

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|---|-------------------------------------|-----------------------------|-----------------------------------|----------|---|------------|
| CORR/RAD CC | [REDACTED] | L'heureux, Cynthia | [REDACTED] | 1 | 1 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Genitourinary Disorder | | | |
| Procedure: Imaging Test - Ultrasound - Renal | Specialty: Interventional Radiology | Priority: 3 | Status: G | Jur: 140 | | |
| Complaint/Diagnosis: [REDACTED] yr old male with hx of left flank pain and intermittent Left abd pain since [REDACTED] Has had persistent hematuria for months Urine culture in [REDACTED] revealed enter faecalis treated with 3 rounds antibiotics Repeating urine culture in am but request US ? stones; | | | | | | |

REPEAT UA KUB Chem 7

no

| | | | | | | |
|---|--------------------------------|-----------------------------|---|----------|---|------------|
| CORR/RAD CC | [REDACTED] | Figura, Ilona | [REDACTED] | 2 | 1 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Musculoskeletal Issue - Knee | | | |
| Procedure: Consult - Initial Visit | Specialty: Orthopedics | Priority: 4 | Status: U | Jur: 140 | | |
| Complaint/Diagnosis: [REDACTED] year AA male with MRI documented full thickness radial tear at the junction , body and posterior horn of the lateral meniscus as well as undersurface tear in the anterior horn of the lateral meniscus He has had persistent pain , swelling and instability despite my giving him 3 kenalog injections over the past [REDACTED] This request is for ortho consult to evaluate for arthroscopic meniscal repair; | | | | | | |

RECORDS FOR MRI

no

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|--|--------------------------------|-----------------------------|----------------------|----------|---|------------|
| CORR/RAD CC | [REDACTED] | Fisher, Richard | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Impaction | | | |
| Procedure: Surgical Procedure - Other | Specialty: Oral Surgery | Priority: 5 | Status: U | Jur: 140 | | |
| Complaint/Diagnosis: [REDACTED] /M has symptomatic impaction #17- fully impacted, mostly bony close proximity to #18 Please consider excantia #17; | | | | | | |

Benoit

| | | | | | | |
|---|--------------------------------|-----------------------------|-----------------|----------|---|------------|
| GARNER CI | [REDACTED] | Valletta, Gerald | [REDACTED] | 2 | 1 | [REDACTED] |
| DOB [REDACTED] | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Rash | | | |
| Procedure: Consult - Initial Visit | Specialty: Dermatology | Priority: 4 | Status: G | Jur: 136 | | |
| Complaint/Diagnosis: [REDACTED] y/o male with [REDACTED] who has had this diffuse rash for many years which started on his face and now has spread progressively to his entire body. He had a skin biopsy in 1992 in the early stages of his rash which demonstrated acne vulgaris with post-inflammatory changes.; | | | | | | |

REPEAT BIOPSY

no

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| GARNER CI | [REDACTED] | Valletta, Gerald | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | dd-MM-yyyy | Diagnosis: Discopathy | YES |
| Procedure: | Procedure - ESI | Specialty: Interventional Radiology | Priority: | 3 | Status: G | Jur: 136 |
| Complaint/Diagnosis: | [REDACTED] y/o male with 6 yr h/o LBP with right sciatica. Not responsive to NSAIDs, had AEs to Neurontin and Elavil. Compliant with ROM exercises. Not obese. Not well controlled with Depakote and Dolobid. Exam: normal X-ray: mild DDD T11-12; T12-L1 & L1-2 A:DDD LS spine with right sciatica P: ESI; | | | | | |

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| HARTFORD CC | [REDACTED] | Laplante, Sharron | [REDACTED] | 3 | 2 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Hernia | YES |
| Procedure: | Consult - Return Visit | Specialty: General Surgery | Priority: | 2 | Status: U | Jur: 121 |
| Complaint/Diagnosis: | @ [REDACTED] y/o male had recent surgery at UConn for a right inguinal hernia. I/m has been c/o shooting pain from his right groin down to his knee cap and down through to his right scrotum for at least a week. on physical exam there is a tubular structure descending into his right scrotum. tender, ? bowel sounds? might he be seen soon by the surgeons? thank you, dr. L; | | | | | SCHED [REDACTED] |

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| MCDGL/WLKR CI | [REDACTED] | Pillai, Omprakash | [REDACTED] | 4 | 4 | [REDACTED] |
| DOB | [REDACTED] | Status: Ready for Adjudication | Voted to Parole: | | Diagnosis: Cerebral Vascular Accident | no |
| Procedure: | Consult - Post In-Patient hospitalization Follow-Up | Specialty: Neurology | Priority: | 4 | Status: U | Jur: 137 |
| Complaint/Diagnosis: | JDH Admission [REDACTED] 17 until [REDACTED] 17 [REDACTED] years old. with Hx of Schizoaffective Do, ETOH use disorder admitted to JDH with self-induced moderate hypothermia complicated by bradycardia noted to have subacute parieto occipital ischemic CVA without neurologic deficits. Patient was started on Plavix and Lipitor with recommendation for Neurology follow up.; | | | | | |

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 3 | 1 | | | | |

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Fracture - hand/wrist **no**
 ~~email or no (facility)~~
 Procedure: Consult - Case Review Specialty: Orthopedics Priority: 3 Status: G Jur: 137
 Complaint/Diagnosis: [REDACTED] yo with osteomyelitis and chronic non-healing wound posterior left thigh receiving chronic doxycycline and cipro. Fell from bunk, laceration and fracture to right 3rd digit. Wound cleaned and sutured. Bulky dressing to digit. Right hand dominant. Normal sensation and ROM prior to dressing. Questions - any further treatment for distal phalanx fracture? Are current antibiotics appropriate for open fracture? Any further ortho follow up required.;
 FOLLOW UP ON SITE

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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 3 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Musculoskeletal Issue - Shoulder **yes**
 Procedure: Imaging Test - MRI - Shoulder Specialty: Radiology/Diagnostic Imaging Priority: 4 Status: G Jur: 137
 Complaint/Diagnosis: [REDACTED] yo with chronic, progressive right shoulder pain, decreased ROM and instability. Full range of motion, but I/M complains of pain. + apprehension test. Xray reveals likely osteochondroma and loose bodies. Radiology recommends further imaging with MRI.;

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| MCDGL/WLKR CI | | | Pillai, Omprakash | | 2 | 2 | | | | |
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DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: Diagnosis: Musculoskeletal Issue - Hand **no**
 FOLLOW UP ON SITE
 Procedure: Consult - R/O Surgical Case Specialty: Orthopedics Priority: 4 Status: G Jur: 137
 Complaint/Diagnosis: [REDACTED] years old with chronic R fifth finger PIP dislocation, deformity followed by Ortho, seen in [REDACTED] Recommended aggressive ROME including stretching. Patient see no benefit from the therapy. Requests Orthopedic follow up for possible surgical intervention if indicated;

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| MCDGL/WLKR CI | | | Pillai, Omprakash | | 3 | 3 | | | | |
|---------------|--|--|-------------------|--|---|---|--|--|--|--|

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Vascular Disease - Peripheral **no**
 TREAT CONSERVATIVELY
 Procedure: Imaging Test - Ultrasound - Other Specialty: Cardiology Priority: 4 Status: G Jur: 137
 Complaint/Diagnosis: [REDACTED] years old with Hx of CAD/CABG/PCI, rest angina and abnormal nuclear stress test; S/p angiogram/stent placement on [REDACTED]-17. Hx of LE varicose veins. Seen by Cardiology and venous duplex study reveals Tortuous varicosities of R groin, thigh and calf. Cardiology is recommending repeat venous US to evaluate for cause of the varicosity.;

| | | | | | | | | | | |
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| MCDGL/WLKR CI | | | Mccrystal, Kevin | | 4 | 2 | | | | |
|---------------|--|--|------------------|--|---|---|--|--|--|--|

DOB [REDACTED] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Vascular Access - Central **no**

Procedure: Consult - Return Visit Specialty: General Surgery Priority: 3 Status: G Jur: 137
Complaint/Diagnosis: [redacted] yo had permacath removal under general anesthesia [redacted] 17. General surgery requests return to clinic in 2 weeks.;

MCDGL/WLKR CI [redacted] Pillai, Omprakash [redacted] 4 2 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hemochromatosis **Yes**
Procedure: Consult - Return Visit Specialty: Gastroenterology Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: [redacted] years old with HFE C28Y homozygous hereditary hemochromatosis and on phlebotomy as needed based on ferritin level followed by hematology. Recommends GI follow up to evaluate liver status.;

MCDGL/WLKR CI [redacted] Laplante, Sharron [redacted] 3 1 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Iritis **no**
~~Procedure: Consult - Return Visit Specialty: Ophthalmology Priority: 4 Status: G Jur: 114~~
Complaint/Diagnosis: [redacted] y/o with h/o pres: med sarcoid. followed by ophthalmology for uveitis. seen yesterday. they would like to see him back in 6 weeks. thank you dr. L; **Yes**
Transition to Yale*

MCDGL/WLKR CI [redacted] Naqvi, Syed [redacted] 2 1 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Cardiac - Chest Pain **no**
Procedure: Consult - Return Visit Specialty: Cardiology Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: [redacted] yo with chest pain and palpitations has had a transthoracic echo needs to see cardiology for follow up.;

MCDGL/WLKR CI [redacted] Cuevas, Frankie [redacted] 5 4 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: Diagnosis: Dental Caries/Issue **Benot**
Procedure: Surgical Procedure - Other Specialty: Oral/Maxillo/Facial Priority: 4 Status: G Jur: 137
Complaint/Diagnosis: [redacted] sent to Dr. Benoit [redacted] *****, Pt seen [redacted] 2017 and Dx with unrestorable #1, #4, #13, #16, #17, #18. Pt has leukopenia and factor VIII deficiency. possible factor V as well. Pt seen at UCHC Hematology on [redacted] 2017. Recc OMFS apt for extractors, will need coordination with Hematology.;

NEW HAVEN CC [redacted] Koslavy, Maria [redacted] 3 3 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: Diagnosis: Cardiac - Murmur **no**
Procedure: Imaging Test - Echocardiogram Specialty: Cardiology Priority: 3 Status: U Jur: 122

□ BLOODWORK / LVITRIS
□ CXR

Complaint/Diagnosis: YO WM w/ H/O HTN, no CAD, no DM. New murmur. H/O chest pain 2016 with negative cardiac w/u and no mention of heart murmur. EF60-65% with mild hypertrophy - see records
Pt. denies CP & SOB. Current meds Toprol XL 50 mg & Cozaar 25 mg. No PSH. + ETOH abuse Remote H/O IVDA PE: T96.1 P 62 BP 144/90 III/VI holosystolic murmur trace LE edema. Please consider ECHO in this pt. with new murmur.;

NORTHERN CI [redacted] Wright, Carson [redacted] 4 2 [redacted]
DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Lesion **no**
Procedure: Consult - Initial Visit Specialty: Dermatology Priority: 4 Status: G Jur: 141
CRP, ESR, CXR, ANA, UA
Complaint/Diagnosis: 17 r/v Pulmonary Medicine. Recurrent hemoptysis, endobronchial biopsy from recent procedure is benign. Has persistent dry cough with wheeze on exam Right lung fields. RECC: Meds, vasculitis work up, follow up with Dr Ibrahim after testing (CT Angiogram of Chest scheduled [redacted]/17) and skin biopsy of lesions on arms; **Full workup -**

NORTHERN CI [redacted] Deflorio, Dara [redacted] 3 3 [redacted]
DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Dental Caries/Issue
Procedure: Procedure - Dental Extractions Specialty: Oral/Maxillo/Facial Priority: 3 Status: G
Complaint/Diagnosis: **sent to Dr. Benoit [redacted], PT presents with severe pain #32 x 1 week. #32 partial impaction. Please remove #32 **Benoit**

OSBORN CI [redacted] Wright, Johnny [redacted] 3 2 [redacted]
DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Foot/Toe Ailment **yes**
Procedure: Consult - Initial Visit Specialty: Vendor Priority: 3 Status: G Jur: 115
DIABETIC NEOPRENE (KELLY TO SEND)
Complaint/Diagnosis: yowm with c/o b/l foot pain. O/E inmate forefoot bunion deformity has busted thru the medial portion of each shoe left worst than right. Each foot has completely collapse medial column. Request hanger consultation for custom fitted shoe gear.;

OSBORN CI [redacted] Wright, Johnny [redacted] 3 3 [redacted]
DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Foot/Toe Ailment **yes**
Procedure: Device - Shoe(s) Specialty: Orthotics/Prosthetics Priority: 3 Status: G Jur: 115
NEOPRENE
Complaint/Diagnosis: yowm with rigid hammertoe deformity on left foot secondary to previous Achilles tendon surgery recommended by podiatry to go into neoprene orthopedic shoe for accommodation of deformities. o/e cavus foot type left with exostoses at dorsal 1st cuneiform. there is also rigid hammertoe second digit with hard callus formation. request hanger visit for accommodation.;

OSBORN CI [redacted] Oeser, Linda [redacted] 3 2 [redacted]
DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Angina Pectoris **yes**

DP4

Procedure: Stress Test - Routine Specialty: Radiology/Diagnostic Imaging Priority: 3 Status: G Jur: 115

Complaint/Diagnosis: [redacted] yo male with hx of R innominate artery stenosis with stent placement [redacted] 2014 and hx of TIA, DM, hyperlipidemia, and htn. Reports chest pain x 5 min per day for one week, describes as "sharp pains in left chest" self limiting at rest. Does not exercise, ambulates with cane. Denies associated symptoms of nausea, vomiting, dizziness or diaphoresis. EKG done today and reviewed with Dr Freston NSR 57. Formally request stress testing in pt with known arterial disease. Linda Oeser FNP-BC;

OSBORN CI [redacted] Freston, Cary [redacted] 3 2 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Mass no

Procedure: Consult - R/O Surgical Case Specialty: General Surgery Priority: 3 Status: G Jur: 115

Complaint/Diagnosis: Request General Surgery consultation regarding evaluation for possible excision of right occipital ST mass. 4 - 6 months of presence of mass (unable to identify enlargement over recent months), but now citing tenderness and causing discomfort while laying flat. [redacted] patient states the mass is interfering with his sleep due to tenderness. Mass is 6 cm, soft, non-fluctuant, not umbilicated, non-erythematous, slightly tender. Not impeding ROM.;

change position

OSBORN CI [redacted] Breton, Joseph [redacted] 2 2 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hematologic Disorder yes

Procedure: Consult - Initial Visit Specialty: Hematology/Oncology Priority: 2 Status: G Jur: 115

Complaint/Diagnosis: [redacted] year old male seen for shoulder pain. PMhx of Hep C- treated as outpatient. 2012 labs - wbc 3.7 in 2012- no differential done 2015- wbc 2.7 no differential [redacted] 2017- wbc 2.0 H/h 12/38, plates 67. [redacted] /17- wbc 2.2 ANC- 1.3 plates 25. retic 1.3. ANA, B12, Folate, AFP, MMA all normal. iron 45, ferritin- 50 and normal TIBC. HIV neg. high EBV and Parvo titers. Hep B core positive.

A/P- [redacted] year old male with Bi and pancytopenia since at least 2015 with decreasing WBC, ANC and Platelets. This is a request for a initial heme consult. start iron.;

DP4

OSBORN CI [redacted] Breton, Joseph [redacted] 4 3 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: dd-MM-yyyy Diagnosis: Hematologic Disorder no

Procedure: Procedure - Labs Drawn Specialty: Special Laboratory Priority: 2 Status: G Jur: 115

Complaint/Diagnosis: Dx thrombocytopenia will require T&S for his preop per recommendation of surgeon may change to T&C (timing altered as appropriate) on recommendation from hematology may schedule day of 2 hours prior to surgery or schedule as separate appt. days prior as special lab on MS5.;

*MH Eval **

OSBORN CI [redacted] Wright, Johnny [redacted] 2 1 [redacted]

no

TYPE

| | | | |
|---|---|-----------------------------|----------------------|
| DOB | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Hydrocele |
| Procedure: Imaging Test - Ultrasound - Scrotal | Specialty: Radiology/Diagnostic Imaging | Priority: 3 | Status: G Jur: 115 |
| Complaint/Diagnosis: yobm c/o swollen scrotal sack present for about 2 weeks slight tender to touch. Denies any recent h/o trauma and no prior episodes similar. o/e mildly edematous scrotum no skin changes other than area irritation likely from shaving. request u/s of scrotum to r/o varicocele/spermatocele/hydrocele.; | | | |

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| OSBORN CI | Wright, Johnny | 3 | 2 |
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|--|--------------------------------|-----------------------------|--------------------|
| DOB | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Rash |
| Procedure: Consult - Initial Visit | Specialty: Dermatology | Priority: 3 | Status: G Jur: 115 |
| Complaint/Diagnosis: yowm with bruising and discoloration of the skin of the left lower lateral leg now present for greater than one year and has spread to knee area. No h/o blunt trauma nor circulatory issues. No previous episodes to report. PE: 20cm x 10cm area of skin discoloration bluish hue with pale yellow center that progresses proximal toward knee. Non-tender but obvious changes in texture. No hair growth in the area and somewhat smooth shiny surface. The area is much warmer than the surrounding tissue. Sensation to sharp/dull stimulation is markedly decreased. request dermatology referral.; | | | |

MORE INFO / SP4
LABS
varicostitis visible?

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| ROBINSON CI | Wright, Carson | 2 | 2 |
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| DOB | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Cirrhosis |
| Procedure: Consult - Initial Visit | Specialty: Gastroenterology | Priority: 4 | Status: G Jur: 116 |
| Complaint/Diagnosis: Pt y.o male presents with Hx of Hep c and cirrhosis(Dx byfibro scan).Pt was tx for hep c.Pt had U.S of liver on 17 which was fatty infiltration or hepatic parenchymal dz.Pt continues to have pain in RUQ (LIVER AREA) NEEDS TO SEE G.I.; | | | |

LABS
MORE INFO

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| ROBINSON CI | Wright, Carson | 2 | 2 |
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| DOB | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | Diagnosis: Glaucoma |
| Procedure: Consult - Initial Visit | Specialty: Ophthalmology | Priority: 4 | Status: G Jur: 116 |
| Complaint/Diagnosis: Pt y.o presents with Hx of losing left eye to GSW.Right has glaucoma .Pt is receiving drops which Pt says eyes continue to be blurry for months.Pt does wear corrective lens.needs to see ophthalmology.; | | | |

OPT ONSITE

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| ROBINSON CI | | | Oeser, Linda | | 3 | 1 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Dysphagia | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Gastroenterology | Priority: 3 | | Status: G | Jur: 116 | | | | |
| Complaint/Diagnosis: yo AAM seen by UCONN GI for EGD with biopsy of gastric and GE junction. Pathology dated 17 reports chronic carditis with possible hiatal hernia and diminutive hyperplastic gastric polyp and eosinophilic esophagitis. MD recommends continue PPI and follow up visit in GI Clinic in 1-2 months. Formally request same, thank you. Linda Oeser FNP-BC; | | | | | | | | | | |

FOLLOW UP on site

no

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| ROBINSON CI | | | Wright, Carson | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hearing Impairment | | | | | |
| Procedure: Consult - Return Visit | | Specialty: Audiology | Priority: 4 | | Status: G | Jur: 116 | | | | |
| Complaint/Diagnosis: 17 initial visit Audiology. Moderate sloping to severe sensorineural hearing loss bilaterally. Speech recognition good bilaterally. Tympanometry reveals normal middle ear function bilaterally. Communication will be impacted in all listening situations. RECC: Bilateral hearing aids, referral to ENT for otologic symptoms, return 4 weeks; | | | | | | | | | | |

I HEARING aids

yes

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| ROBINSON CI | | | Wright, Carson | | 2 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Hearing Impairment | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: ENT | Priority: 4 | | Status: G | Jur: 116 | | | | |
| Complaint/Diagnosis: referral to ENT within 1 month if possible; 17 initial visit Audiology. Moderate sloping to severe sensorineural hearing loss bilaterally. Speech recognition good bilaterally. Tympanometry reveals normal middle ear function bilaterally. Communication will be impacted in all listening situations. RECC: Bilateral hearings aids, referral to ENT for otologic symptoms; | | | | | | | | | | |

yes

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| ROBINSON CI | | | Oeser, Linda | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Ophthalmologic Disorder | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Ophthalmology | Priority: 3 | | Status: G | Jur: 116 | | | | |
| Complaint/Diagnosis: IM s/p GSW OD with enucleation, seen by Dr Ehlers on 17 due to mild injection/inflammation to socket/orbit. Per Dr Ehlers, schedule apt with Dr Falcone for evaluation of prosthesis, orbit, socket. Formally request consult with Dr Falcone. Linda Oeser FNP-BC; | | | | | | | | | | |

~~Medical necessity~~

TO DR. FALCONE

yes

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| ROBINSON CI | | | Wright, Carson | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | Diagnosis: Musculoskeletal Issue - Shoulder | | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Orthopedics | Priority: 4 | | Status: G | Jur: 116 | | | | |

Shoulder injection on site

no

Complaint/Diagnosis: Seen by Ortho-spine [redacted] 17 for atrophy L forearm and mid scapular muscles, motor weakness forearm abduction. Physical: strength is a 5/5 bilat with the exception of L bicep strength which is 4/5 and gives away against resistance due to pain. + shoulder impingement sign on the L. RECC Consult for Left shoulder pain;

WILLARD-CYBULSKI CI [redacted] Wright, Johnny [redacted] 3 1 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Hernia **no**
Procedure: Consult - Post Op **Specialty:** General Surgery **Priority:** 3 **Status:** G **Jur:** 142
Complaint/Diagnosis: [redacted] yobm with longstanding left inguinal hernia for more than one year with descending colon in the left scrota sac had open repair [redacted] /17 with recc to f/u with dr McFadden in 10-14 days.;

YORK CI [redacted] Fischer, Janet [redacted] 2 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Breast Mass/Nodule/Cyst **yes**
Procedure: Imaging Test - Mammogram **Specialty:** Radiology/Diagnostic Imaging **Priority:** 5 **Status:** G **Jur:** 139
Complaint/Diagnosis: [redacted] yo black female requesting mammogram due to mother HX breast cancer [redacted] She had normal mammo in 2015 here. Explained next mammo age [redacted] She insists she wants it now. Bilateral breast exam is normal.; **IMOBILIX**

YORK CI [redacted] Hood, Tara [redacted] 3 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** GERD **no**
Procedure: Consult - Return Visit **Specialty:** Gastroenterology **Priority:** 5 **Status:** G **Jur:** 139
Complaint/Diagnosis: [redacted] y.o. WF s/p Hiatal hernia repair during incarceration also with Hx of Barrett's esophagus has had 2 attempts to d/c Carafate and PPI w/o success leading to hematemesis and abdominal pain. Please reschedule with Dr. Rezaizadeh for followup. Thanks.; **CONTINUE MEDS**

YORK CI [redacted] Hood, Tara [redacted] 3 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cancer - Breast **no**
Procedure: Imaging Test - Ultrasound - Chest/Breast **Specialty:** Radiology/Diagnostic Imaging **Priority:** 5 **Status:** G **Jur:** 139
Complaint/Diagnosis: [redacted] y.o. WF w/PMH of B/L radical mastectomy secondary to breast cancer and has states was going for u/s screening secondary to implants. Please schedule.; **MORE INTO REF TO DR. MACHINSKI**

YORK CI [redacted] Nelsen, Elizabeth [redacted] 3 3 [redacted]
DOB [redacted] **Status:** Ready for Adjudication **Voted to Parole:** dd-MM-yyyy **Diagnosis:** Cardiac - Arrhythmia **yes**
Procedure: Consult - Initial Visit **Specialty:** Cardiology **Priority:** 4 **Status:** G **Jur:** 139

Complaint/Diagnosis: [redacted] yo female with [redacted] and HTN presents over last month with multiple episodes of sternal chest pain beginning at rest. EKG shows biphasic P-waves, and recently a 1 sec pause suspicious for premature supraventricular beat. Exam has RRR, no m/r/gs and no bruits present. An event monitor would also be reasonable if panel feels that way;

YORK CI [redacted] Hood, Tara [redacted] 3 4 [redacted]

DOB [redacted] Status: Ready for Adjudication Voted to Parole: **MORE INFO** Diagnosis: Colitis; IBD **no**

Procedure: Consult - Initial Visit Specialty: Gastroenterology Priority: 4 Status: U Jur: 139

Complaint/Diagnosis: [redacted] y.o. WF w/PMHx of colitis, seen at JDH [redacted] and [redacted] Has had persistent intermittent pain, and rectal bleeding. Has missed 3 meals, c/o of umbilical pain and persistent rectal bleeding. Admitted to Inpt Medical for further observation, labs and hydration. Consider GI consult given recurrent colitis.; **LABS** **RECTAL EXAM**

Panel List podiatry

Generated on 10/25/2017 11:43:34 AM

| Current Facility | Inmate# | Name | UR Requestor | UR# | Med | MH | DOC admit | Court Date | Bond | ERD |
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| ROBINSON CI | | | Wright, Carson | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | | Diagnosis: Foot/Toe Ailment | | | | |
| Procedure: Consult - Initial Visit | | Specialty: Podiatry | Priority: 4 | | Status: G | Jur: 116 | | | | |
| Complaint/Diagnosis: Pt y.o male presents with Hx of heel spur for approx. 4 months .Pt was treated with MOTRIN TYLENOL ,AND STERIOD INJECTION.Pt needs to be seen by podiatry.Pt refused tyenol 3; | | | | | | | | | | |

Send heel cups

Yes

| | | | | | | | | | | |
|---|--|--------------------------------|-----------------------------|--|-----------|-----------------------------|--|--|--|--|
| ROBINSON CI | | | Wright, Carson | | 3 | 2 | | | | |
| DOB | | Status: Ready for Adjudication | Voted to Parole: dd-MM-yyyy | | | Diagnosis: Foot/Toe Ailment | | | | |
| Procedure: Device - Orthotic - New | | Specialty: Podiatry | Priority: 3 | | Status: G | Jur: 116 | | | | |
| Complaint/Diagnosis: Seen by podiatry in heel cups were recommended.; | | | | | | | | | | |

Send heel cups

Yes

[Redacted]

[Redacted]

*OMFS PZ
Send back
to Yait*

Yes