

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019

Date

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

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

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

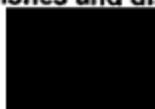
INABILITY TO DIAGNOSE CURRENT OPHTHALMOLOGIC DISEASES.

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

Counseled by

7-24-2019

Date

 Patient's Signature

 Date

S

 NYM-NEW YORK MCC

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-10-2019
Date

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

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

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

The following treatment(s) was/were recommended:

CHEST X-RAY

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

WORSENING THE CONDITION IF THERE IS ANY FINDINGS

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

██████████ X-RAY 7-10-2019
Counseled by _____ Date _____

Patient's Signature _____ Date _____

██████████ 7-10-19
Date

NYM-NEW YORK MCC

BP-S358.060
SEP 05

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

7-24-2019
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[REDACTED]
[REDACTED]
Counseled by

7-24-2019

Date

[REDACTED]
Patient's Signature

[REDACTED]
Date

07/24/19
Date

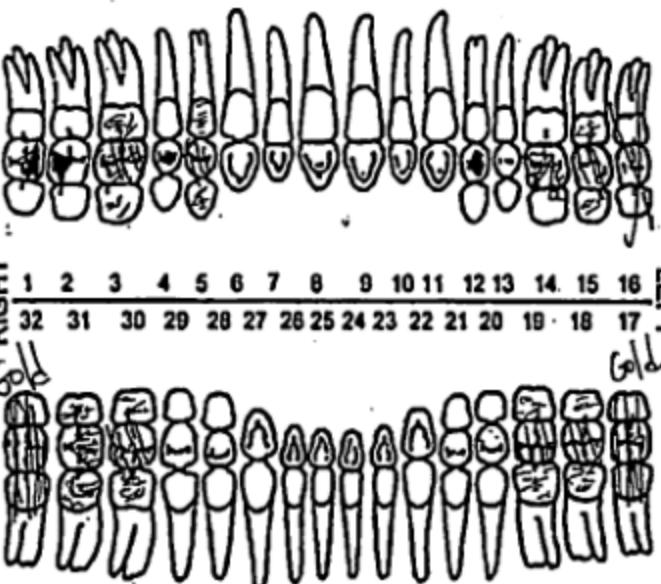
NYM--NEW YORK MCC

EFTA00035182

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

| | | | |
|---|-------------------------------------|---|---|
| Dental Prostheses at Intake: | | Comments: <i>advanced mod to moderate gingival recession observed. Lower anterior crowding observed</i> | |
| Yes | <input checked="" type="radio"/> No | | |
| Type: | | | |
| Age: | | | |
| Condition: | | | |
| Intra-oral Photos Taken: | | Radiographs Taken: (Document findings on A&O encounter) | |
| Yes | | Yes | |
| <input checked="" type="radio"/> No | | <input checked="" type="radio"/> No | |
| Instructed how to obtain urgent and non-urgent dental care: | | Yes: <input checked="" type="checkbox"/> | No: |
| Treatment Priorities: | | Non-urgent: non-urgent | Urgent: Referred to Sick Call: |
| Radiographs authorized: | | Prophylaxis authorized: Yes <input checked="" type="checkbox"/> No | |
| PAs: _____ BWs: _____ Panorex: _____ | | (Approval valid 18 months from examination date) | |
| Patient Name: <i>Epstein, Jeffrey E</i> | | Den: [REDACTED] DDS: [REDACTED] | |
| Register Number: <i>76318-054</i> | Institution: MCC NEW YORK | Date: <i>7-26-19.</i> | Signature Block/Stamp: [REDACTED] DDS. |

Chief Dental Officer
MCC New York

| | | | | |
|---|-----------------|------|------|------|
|  <p>RIGHT</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p> <p>32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17</p> <p>606 Gold</p> | Occlusion: | | | |
| | Oral Hygiene: | Good | Fair | Poor |
| CPITN: | 3 | 2 | 3 | |
| | 3 | 2 | 3 | |
| Head & Neck / Soft Tissue: | | | | |
| <p>D: 0</p> <p>M: 1</p> <p>F: 14</p> | Classification: | | | |
| | CLI | | | |
| | Pain Scale: | | | |
| /10. | | | | |

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

Chief Dental Officer
MCC New York

7-24-2019

Date

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Counseled by

7-24-2019

Date

Patient's Signature

Date

Si

07/24/19

Date

NYM-NEW YORK MCC



U.S. Medical Center for Federal Prisons

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

*** Sensitive But Unclassified ***

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

HIV

| | | |
|---------|----------|----------|
| HIV 1/2 | Negative | Negative |
|---------|----------|----------|

Screening test - See confirmatory testing for Reactive results

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical

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

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

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

7-24-2019

Date

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Counseled by [REDACTED]

7-24-2019

Date

Patient's Signature

Date

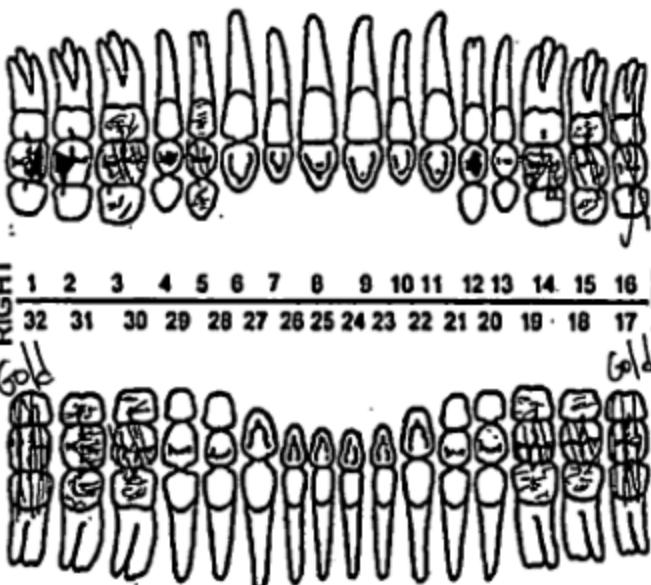
Date

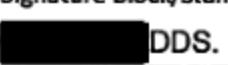
NYM-NEW YORK MCC

A&O DENTAL EXAMINATION

(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS

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

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

Chief Dental Officer
MCC New York

U.S. DEPARTMENT OF JUSTICE

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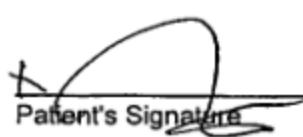
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[REDACTED]

MD 7-24-2019

Counseled by

Date


Patient's Signature

Date

[REDACTED]


Date

NYM-NEW YORK MCC

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

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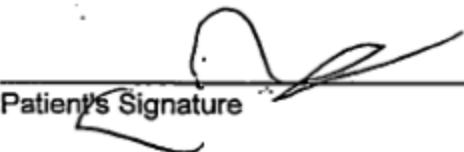
CHEST X-RAY

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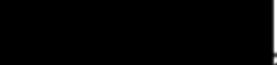
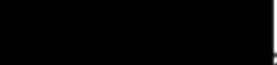
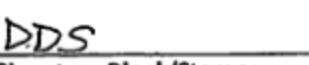
 X-RAY 7-10-2019
C counseled by _____ Date _____

 Patient's Signature _____ Date _____

 7-10-19
Date

NYM-NEW YORK MCC

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

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

Chief Dental Officer
MCC New York

Bureau of Prisons
Health Services
Clinical Encounter

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

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

SUBJECTIVE:

Emergency Note Provider: [REDACTED] RN

Team Members:

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

Code Events:

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

Comments:

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

OBJECTIVE:

Exam:

General

Appearance

Yes: Unconscious

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

Exam:

ASSESSMENT:

Cardiac Arrest

PLAN:

New Consultation Requests:

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

Subtype:

AMBULANCE

Reason for Request:

Cardiac arrest with CPR in progress

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

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

Requested to be cosigned by [REDACTED]

Cosign documentation will be displayed on the following page.

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

Sex: M Race: WHITE
Provider: [REDACTED]

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

Exam:

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

Motor System-Strength

Yes: Normal Muscular Strength

ASSESSMENT:

Body mass index (BMI) 27.0-27.9, adult, Z6827 - Current

Constipation, unspecified, K5900 - Current

Essential (primary) hypertension, I10 - Current - BY HX.

Hyperlipidemia, unspecified, E785 - Current

Low back pain, M545 - Current

Neuralgia and neuritis, unspecified, M792 - Current

Prediabetes, R7303 - Current

Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

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

Indication: Prediabetes

Discontinued Medication Orders:

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

Discontinue Type: When Pharmacy Processes

Discontinue Reason: new order written

Indication:

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

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

Bureau of Prisons
Health Services
Clinical Encounter

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

Sex: M Race: WHITE
Provider: [REDACTED]

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

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

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: Other Problem

Subjective: PATIENT WAS REFERRED BY THE WARDEN FOR EVALUATION.

PATIENT REPORTS HE HAS BEEN WITHOUT HIS MEDS FOR ABOUT 1 WEEK. HE ALSO REPORTS NUMBNESS IN HIS RIGHT ARM FOR A FEW MINUTES 3 DAYS AGO. STATES THE NUMBNESS WENT AWAY ON ITS OWN, BUT WAS VERY CONCERNING. HE DENIES RIGHT SIDED WEAKNESS, DIPLOPIA, FACIAL DROOP, DIFFICULTY SPEAKING OR SWALLOWING.

HE REPORTS NOCTURIA OF ABOUT 5 TIMES.. HE DENIES DYSURIA.

HE REPORTS H OF KIDNEY STONES, HX OF HTN FOR WHICH HE WAS TAKING TOPROL.

HE AHS A HX OF SLEEP APNEA AND STATED HE HAS NOT SLEPT FOR 3 WEEKS ISNCE HE HASB EEN HERE SINCE HE DIE NOT HAVE ACCESS T HI CPAP MACHINE. I INFORME DHIM THAT WE RECEIVED HIS CPAP MACHINE AND IT WILL BE GIVEN TO HIM TONIGHT..

HE REPORT OTHER NON-MEDICAL ISSUES.

STATES HE FEELS OTHERWISE FINE

Pain: Not Applicable

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

OBJECTIVE:

Pulse:

| Date | Time | Rate Per Minute | Location | Rhythm | Provider |
|------------|-------|-----------------|-------------|--------|----------------------|
| 07/30/2019 | 13:02 | 94 | | | Beaudouin, Robert MD |
| 07/30/2019 | 09:40 | 88 | Via Machine | | Beaudouin, Robert MD |
| 07/30/2019 | 09:30 | 87 | Via Machine | | Beaudouin, Robert MD |

Respirations:

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

Blood Pressure:

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

SaO2:

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

Weight:

| Date | Time | Lbs | Kg | Waist Circum. | Provider |
|------|------|-----|----|---------------|----------|
| | | | | | |

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

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

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

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

Nutrition

No: Appears Obese

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

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

No: M/R/G

Musculoskeletal

Tibia / Fibula

No: Edema

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

Motor System-General

Yes: Normal Exam

Motor System-Strength

Yes: Normal Muscular Strength

ASSESSMENT:

Body mass index (BMI) 27.0-27.9, adult, Z6827 - Current

Constipation, unspecified, K5900 - Current

Essential (primary) hypertension, I10 - Current - BY HX.

Hyperlipidemia, unspecified, E785 - Current

Low back pain, M545 - Current

Neuralgia and neuritis, unspecified, M792 - Current

Prediabetes, R7303 - Current

Sleep apnea, G4730 - Current

PLAN:

New Medication Orders:

| <u>Rx#</u> | <u>Medication</u> | <u>Order Date</u> | <u>Prescriber Order</u> |
|------------|-------------------|-------------------|-------------------------|
|------------|-------------------|-------------------|-------------------------|

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

New Medication Orders:

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

Renew Medication Orders:

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

New Laboratory Requests:

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

New Radiology Request Orders:

| <u>Details</u> | <u>Frequency</u> | <u>End Date</u> | <u>Due Date</u> | <u>Priority</u> |
|--|------------------|-----------------|-----------------|-----------------|
| General Radiology-Spine / Cervical-General | One Time | | 08/29/2019 | Routine |

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

66 YR OLD MALE WITH COMPLAINT OF RIGHT ARM NUMBNESS FOR 2-3 MINUTES 3 DAYS AGO.
PLEASE PERFORM C SPINE SERIES

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

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

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

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

**Bureau of Prisons
Health Services
Clinical Encounter**

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

Sex: M Race: WHITE
Provider: [REDACTED]

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

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

SUBJECTIVE:

COMPLAINT 1 Provider: [REDACTED]

Chief Complaint: Other Problem

Subjective: PATIENT WAS REFERRED BY THE WARDEN FOR EVALUATION.

PATIENT REPORTS HE HAS BEEN WITHOUT HIS MEDS FOR ABOUT 1 WEEK. HE ALSO REPORTS NUMBNESS IN HIS RIGHT ARM FOR A FEW MINUTES 3 DAYS AGO. STATES THE NUMBNESS WENT AWAY ON ITS OWN, BUT WAS VERY CONCERNING. HE DENIES RIGHT SIDED WEAKNESS, DIPLOPIA, FACIAL DROOP, DIFFICULTY SPEAKING OR SWALLOWING.

HE REPORTS NOCTURIA OF ABOUT 5 TIMES.. HE DENIES DYSURIA.

HE REPORTS H OF KIDNEY STONES, HX OF HTN FOR WHICH HE WAS TAKING TOPROL.

HE AHS A HX OF SLEEP APNEA AND STATED HE HAS NOT SLEPT FOR 3 WEEKS ISNCE HE HASB EEN HERE SINCE HE DIE NOT HAVE ACCESS T HI CPAP MACHINE. I INFORME DHIM THAT WE RECEIVED HIS CPAP MACHINE AND IT WILL BE GIVEN TO HIM TONIGHT..

HE REPORT OTHER NON-MEDICAL ISSUES.

STATES HE FEELS OTHERWISE FINE.

Pain: Not Applicable

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

OBJECTIVE:

Pulse:

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

Respirations:

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

Blood Pressure:

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

SaO2:

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

Weight:

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

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

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PLAN:

New Medication Orders:

| <u>Rx#</u> | <u>Medication</u> | <u>Order Date</u> | <u>Prescriber Order</u> |
|------------|-------------------|-------------------|-------------------------|
|------------|-------------------|-------------------|-------------------------|

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

New Medication Orders:

| <u>Rx#</u> | <u>Medication</u> | <u>Order Date</u> | <u>Prescriber Order</u> |
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| <u>Rx#</u> | <u>Medication</u> | <u>Order Date</u> | <u>Prescriber Order</u> |
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| Lab Tests-U-Urinalysis w/Reflex to Microscopic | | | |

New Radiology Request Orders:

| <u>Details</u> | <u>Frequency</u> | <u>End Date</u> | <u>Due Date</u> | <u>Priority</u> |
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Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

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

**Bureau of Prisons
Health Services
See Amendment**

| | | | |
|-----------------|-------------------------|-----------|-----------|
| Inmate Name: | EPSTEIN, JEFFREY EDWARD | Reg #: | 76318-054 |
| Date of Birth: | 01/20/1953 | Sex: | M |
| Encounter Date: | 07/30/2019 15:58 | Race: | WHITE |
| | | Facility: | NYM |

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