7/13/23 ordered

Crystal Run Healthcare

155 Crystal Run Road
Middletown, NY 10941

845-703-6999
www.crystalrunhealthcare.com

We want you healthy

CSch

Year CK -

Patient: Simon, Claude - 825693 - 03/05/56 (68)

Last EKG: 7/13/2023 (Due Now)

Last Payer: Oxford Freedom Non Referral Plan

Provider: Gotsis MD, William 7/10/2024 1:30:00 PM

Last Provider: Gotsis MD, William - 4/6/2024

Pharmacy: Jefferson Pharmacy, Inc

A3

Medication List

Simon, Claude - 03/05/56

Name	Started	Last Refilled	Quantity	Refills
CARVEDILOL 3.125 MG ORAL TABLET (carvedilol) - TAKE 1 TABLET BY MOUTH TWICE DAILY WITH FOOD	2024-04-06	2024-04-06	180	0
CLOPIDOGREL BISULFATE 75 MG ORAL TABLET (clopidogrel bisulfate) - TAKE 1 TABLET BY MOUTH ONCE DAILY	2024-04-06	2024-04-06	90	0
RAMIPRIL 5 MG ORAL CAPSULE (ramipril) - TAKE 1 CAPSULE BY MOUTH ONCE DAILY	2024-04-06	2024-04-06	90	0
ROSUVASTATIN CALCIUM 40 MG ORAL TABLET (rosuvastatin calcium) - TAKE 1 TABLET BY MOUTH ONCE DAILY	2024-04-06	2024-04-06	90	0

W) 200/55

99.02

69 p

BP 118/76

Allergies

Simon, Claude - 03/05/56

Allergen	Comment	Reaction
NO KNOWN ALLERGIES		

Future Appointments

Simon, Claude - 03/05/56

Provider & Specialty	Appointment Type	Date
Gotsis MD, William - Cardiology	Follow Up Appointment	7/10/2024 1:30:00 PM

Simon, Claude - 03/05/56

Echo:[ ]_____ Timeframe_____

Echo with Bubble:[ ]_____ Timeframe_____

Stress Echo:[ ]_____ Timeframe_____

Non-imaging Stress:[ ]_____ Timeframe_____

Lexi:[ ]_____ Timeframe_____

Nuclear stress:[ ]_____ Timeframe_____

Calcium Score:[ ]_____ Timeframe_____

CCTA:[ ]_____ Timeframe_____

CTA:[ ]_____ Timeframe_____

TEE:[ ]_____ Timeframe_____

Carotid US:[ ]_____ Timeframe_____

Abdominal Aorta:[ ]_____ Timeframe_____

Arterial Duplex Study:[ ]_____ Timeframe_____

Venous Duplex:[ ]_____ Timeframe_____

Lower Extremity Doppler:[ ]_____ Timeframe_____

Venous Insufficiency:[ ]_____ Timeframe_____

PVR + / - exercise:[ ]_____ Timeframe_____

F/U after testing [ ] _____ months / _____ weeks

Consult:[ ]_____ Timeframe_____

Reason:[ ]_____ Timeframe_____

Record Release:[ ]_____ Timeframe_____

Holter 24 / 48:[ ]_____ Timeframe_____

Nursing BP check:[ ]_____ Timeframe_____

Ambulatory BP:[ ]_____ Timeframe_____

Cardioversion:[ ]_____ Site_____

Cardiac Rehab:[ ]_____ Site_____

PFT with DLCO:[ ]_____ Timeframe_____

X-Ray:[ ]_____ Timeframe_____

Other:[ ]_____ Timeframe_____

Flu

Lyon

Crystal Run Healthcare 155 Crystal Run Road Middletown, NY 10941 845-703-6999 www.crystalrunhealthcare.com

Patient Name: Simon Claude DOB: 3/5/56

Provider: Gotsis Ins:

Echo [ ]_____ Timeframe:_____

Echo w/ Bubble[ ]_____ Timeframe:_____

Stress Echo[ ]_____ Timeframe:_____

Non-imaging Stress [ ]_____Timeframe:_____

Lexi [ ]_____Timeframe:_____

Nuclear Stress[ ]_____ Timeframe:_____

Calcium Score[ ]_____Timeframe:_____

CCTA [ ]_____ Timeframe:_____

CTA [ ]_____ Timeframe:_____

TEE [ ] _____ Timeframe:_____

Carotid US[ ]_____ Timeframe:_____

Abdominal Aorta[ ]_____ Timeframe:_____

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PFT w/ DLCO [ ]_____ Timeframe:_____

X-RAY [ ]_____ Timeframe:_____

Other[ ]_____ Timeframe:_____