

After Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Date	Time	Department	Provider
03/06/2015	4:20 PM	BVU ONCOLOGY	Eric Y Chen, MD

If you have questions or need further information, call this department at 425-502-3690 or send a secure message to your provider.

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Telemedicine

Allergen	Reactions
Thalidomide	Other
neuropathy	

Myeloma - Primary	203.00
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Myeloma

None

Health Reminders

Date & Time	Provider	Department	Dept Phone	Type of Visit
3/16/2015 8:50 AM	Room Oncology Infu, Ch2oic	Capitol Hill Oncology Infusion Center	206-326-3000	Chemotherapy Treatment
3/16/2015 9:30 AM	Houser, Marilyn R, RN	Capitol Hill Oncology/Hematology	206-326-3000	Office Visit
3/17/2015 10:10 AM	Room Oncology Infu, Ch1oic	Capitol Hill Oncology Infusion Center	206-326-3000	Chemotherapy Treatment
3/19/2015 8:30 AM	Lee, Suji, MD	Capitol Hill Nephrology	206-326-3587	Office Visit
3/23/2015 7:30 AM	Room Oncology Infu, Ch1oic	Capitol Hill Oncology Infusion Center	206-326-3000	Chemotherapy Treatment
3/24/2015 7:30 AM	Room Oncology Infu, Ch1oic	Capitol Hill Oncology Infusion Center	206-326-3000	Chemotherapy Treatment
3/30/2015 8:30 AM	Room Oncology Infu, Ch1oic	Capitol Hill Oncology Infusion Center	206-326-3000	Chemotherapy Treatment
3/31/2015 8:30 AM	Room Oncology Infu, Ch1oic	Capitol Hill Oncology Infusion Center	206-326-3000	Chemotherapy Treatment
4/7/2015 4:20 PM	Chen, Eric Y, MD	Bellevue Oncology/Hematology	425-502-3690	Phone Visit

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.
- A Shingles (Herpes Zoster) vaccine to protect against shingles

Upcoming Lab Tests

Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. Your test should be done on the due date or as soon as possible after that date.

Order	Frequency	Available	Provider
CALCIUM	Every 4 Weeks	3/23/15	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	3/23/15	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	3/23/15	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	3/23/15	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	3/23/15	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	4/20/15	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	4/20/15	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	4/20/15	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	4/20/15	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	4/20/15	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	5/18/15	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	5/18/15	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	5/18/15	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	5/18/15	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	5/18/15	Chen, Eric Y, MD

Updated Medication List

Either you are taking no medications, or your medications were not reviewed during this visit.

Health Profile

Remember to fill out a Health Profile every year (if you've scheduled a routine preventive care visit, you will need to complete your Health Profile before your visit). You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. The Health Profile link is on your home page.

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~~MyGroupHealth~~ Email Your Health Care Team

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Send messages about **non-urgent** health concerns only.

- A reply usually arrives by the end of the next business day, in your MyGroupHealth message inbox.
- Want an e-mail notice when your reply arrives? Enter your personal e-mail at Update Your Account Profile.

Time limit: When you start a message, you have 30 minutes to send it. After that, you'll be logged out and lose your unsent message. This is a security measure.

**This communication will become part of the medical record for Ivan C Doig.
Don't use this form for messages about another person's health.**

From: Ivan C Doig

To the office of:

Subject:

Message:

Hi, Dr. Kato. Milk of magnesia works! bowel movement last night, about six hours after you recommended it. Took the same this morning, and it worked again. Do I keep doing it daily?

Creatinine draw was done this morning by a home care nurse.

Doubled oxycontin at 6 a.m., which by and large has worked. Right side ribs in particular are settled down, left side pain still twinges quite a bit getting out of a chair, but then it is tolerable and the sternum is still tender but tolerable as long as I sit. Do I take two oxycontin again at 6 p.m.

My weight has risen to 158. My left calf is normal at 15 1/2; my right is 16.

Best,
Ivan

Maximum 5000 characters

For immediate medical help, call your physician's office or the Consulting Nurse Service.

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Ivan C Doig (00215848)



After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

Date	Time	Department	Provider
02/19/2015	8:20 AM	NGT FAMILY PRACTICE	Patricia E Kato, MD

If you have questions or need further information, call this department at 206-302-1200 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Reason for Visit

Muscle Aches
Med Mgmt

Allergies as of 2/19/2015

Allergen	Reactions
Thalidomide neuropathy	Other

Diagnoses

Edema - Primary	782.3
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Goals (2 Years of Data) as of 2/19/15

None

Patient Information and Follow-up

Patient Instructions

It's nice seeing you.

Take the stool softeners daily and use the Miralax as needed. Save the Senna for the times you need to take narcotics.

Continue your current dose of Furosemide as long as your weight is stable.

Be sure to get enough protein as you put weight and muscle back on.

You can supplement the Gabapentin with Tylenol.

Visit MyGroupHealth

In the next day or two, your provider's clinic note from today will be added to the After Visit Summary visible on MyGroupHealth.

Patient Information and Follow-up (continued)

Visit MyGroupHealth (continued)

Medications Ordered This Visit

Prescriptions for Pick Up or Mail

potassium chloride (K-TAB) 10 mEq extended release tablet	TAKE 3 TABLETS IN THE MORNING AND 2 TABLETS IN THE AFTERNOON WITH FUROSEMIDE
---	--

Test Results

Results From Your Visit

None

Health Reminders

Appointments

Date & Time	Provider	Department	Dept Phone	Type of Visit
2/25/2015 4:40 PM	Chen, Eric Y, MD	Bellevue Oncology/Hematology	425-502-3690	Phone Visit

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.
- A Shingles (Herpes Zoster) vaccine to protect against shingles

Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. Your test should be done on the due date or as soon as possible after that date.

Upcoming Orders

Order	Frequency	Available	Provider
CALCIUM	Every 4 Weeks	2/23/15	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	2/23/15	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	2/23/15	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	2/23/15	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	2/23/15	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	3/23/15	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	3/23/15	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	3/23/15	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	3/23/15	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	3/23/15	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	4/20/15	Chen, Eric Y, MD

Upcoming Lab Tests (continued)

Upcoming Orders (continued)

Order	Frequency	Available	Provider
CBC/PLT/DIFF (GHC)	Every 4 Weeks	4/20/15	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	4/20/15	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	4/20/15	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	4/20/15	Chen, Eric Y, MD
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CREATININE	Every 4 Weeks	5/18/15	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	5/18/15	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	5/18/15	Chen, Eric Y, MD

Updated Medication List

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

Medication	
potassium chloride (K-TAB) 10 mEq extended release tablet	TAKE 3 TABLETS IN THE MORNING AND 2 TABLETS IN THE AFTERNOON WITH FUROSEMIDE
gabapentin (NEURONTIN) 300 mg capsule	TAKE 1 CAPSULE IN THE MORNING AND 3 CAPSULES IN THE EVENING.
furosemide (LASIX) 20 mg tablet	TAKE 3 TABLETS IN THE MORNING AND 2 TABLETS IN THE AFTERNOON FOR SWELLING.
LORazepam (ATIVAN) 1 mg tablet	
senna (SENNALAX) 8.6 mg tablet	Take 1 tablet (8.6 mg) by mouth daily
glucosamine-chondroitin 500-400 mg capsule	Take 1 capsule by mouth 3 times daily (1500 mg of glucosamine and 1200 mg of chondroitin per day)
calcium carbonate (CALTRATE 600) 600 mg (1,500 mg) tablet	Take 1 tablet by mouth 2 times daily (1200 mg per day)
cholecalciferol (VITAMIN D) 1,000 unit capsule	Take 5 tablets (5,000 Units) by mouth daily

Health Profile

Remember to fill out a Health Profile every year (if you've scheduled a routine preventive care visit, you will need to complete your Health Profile before your visit). You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. The Health Profile link is on your home page.

**GroupHealth.**

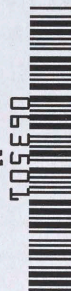
Referral Services
P.O. BOX 34589
SEATTLE WA 98124-1585

January 23, 2015



IVAN C. DOIG
17277 15TH AVE NW
SHORELINE WA 98177

Patient ID : 00215848
Patient DOB : 06/27/39
Reference : 14681689
Group Number : 0100300
Group Name : PEBB CLASSIC RETIREE
- WEST
Referred by :
PATRICIA E. KATO



Dear Patient:

The request for coverage of the service below is approved.

Specialty: ACUPUNCTURE

Service: 97810 Acupuncture treatment

Start date: 01/23/15

End date: 07/22/15

Quantity: 8

Referring diagnosis: 7242 Low back pain

Second referring diagnosis: 3576 Nerve damage related to a drug

Provider: WEIYI DING
DING LAC; WEIYI
2150 N 107TH ST STE 505
SEATTLE WA 98133
206-361-9987

Notes:

Group Health may require approval, in advance, for any services not mentioned in this letter.

Botanicals and herbal medicines, vitamins, and food supplements are not covered.

This approval is subject to all terms within your benefit booklet (certificate of coverage), such as benefit limits, out of pocket expenses, and eligibility for coverage. A copy of your benefit booklet (certificate of coverage) is available online at www.ghc.org.

If you have questions about this letter or your coverage, please call Customer Service toll-free at 1-888-901-4636 (TTY WA Relay: 1-800-833-6388; TTY ID Relay: 1-800-377-3529), or e-mail us at www.ghc.org/customerservice.

cc: DING LAC; WEIYI

AUTHORIZATION FOR PATIENT SERVICES

- Group Health will provide medical coverage subject to the terms and conditions of the patient's certificate of coverage, including any applicable copayments, deductibles, benefit limits or coinsurance.
- The cost of any goods or services listed on the authorization and provided to the patient after his/her medical coverage is no longer in effect will be the responsibility of the patient.
- The cost of any goods or services provided to the patient, which are not listed on the authorization, will not be covered by Group Health.
- Any non-covered services provided to the patient will be billed by Group Health or the provider in accordance with the terms of the agreement between Group Health and the provider.

PATIENT INSTRUCTIONS:

General Care: You must continue to go to your Group Health personal physician or the medical center where your personal physician is located for any additional medical care needs that are not part of the authorization.

Hospital Care: Admissions to any facility for inpatient care or for short stay surgery (including hospitals and freestanding ambulatory surgical centers) are not included in this authorization unless otherwise noted.

Missed/Cancelled Appointments: You will be responsible for any charges resulting from missed or cancelled appointments in accordance with the provider's policy.

Prescriptions, laboratory tests, and x-rays: X-rays, laboratory work and all prescriptions must be obtained at a Group Health medical center or Group Health contracted pharmacy unless otherwise noted. Present this document at the Group Health pharmacy when filling prescriptions ordered by non-Group Health providers. If a prescription is filled elsewhere or the drug is not carried or covered by Group Health, you will be responsible for payment.



GroupHealth®

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P.O. BOX 34589
SEATTLE WA 98124-1585

January 23, 2015

IVAN C. DOIG
17277 15TH AVE NW
SHORELINE WA 98177

Patient ID : 00215848
Patient DOB : 06/27/39
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PATRICIA E. KATO

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Ivan C Doig

From:

Patricia E Kato, MD

Received:

1/30/2015 3:18 PM PST

Thanks for letting me know, Carol. It looks like his appointment is with Dr. Maxin, who is an excellent Interventional Radiologist. He is in very good hands. I hope he gets good relief from the procedure.

Yours truly,
Pat Kato, MD

----- Message -----

From: DOIG,IVAN C

Sent: 1/30/2015 1:13 PM PST

To: Patricia E Kato, MD

Subject: Update on existing health concern

Dr. Kato, hello. Ivan is scheduled for a vertebroplasty procedure next Friday, Feb. 6 at 8 a.m. No discussion with the radiologist. It just came through today as a done deal. The back's no better, so here we go.

Carol

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361-9987

Dr. Ding

zip file

E-Mail Your Health Care Team

[About This Service](#)

Send messages about **non-urgent** health concerns only.

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**This communication will become part of the medical record for Ivan C Doig.
Don't use this form for messages about another person's health.**

From: Ivan C Doig

To the office of:

Subject:

Message:

Dr. Kato, hi. A couple of updates for you.

1. Dr. Chen mentioned acupuncture for the neuropathy in my lower legs. Can you please, again, set up a referral to Dr. Weiyi Ding? I've checked her schedule, and she has an opening on January 30, the start of weekly treatment. She didn't think we needed new paperwork for the eight sessions, but I wanted to check with you.

2. I'm relying on usually six Tylenol a day. Can I keep doing this indefinitely? Similarly, I'm usually taking two morphine four hours apart, to calm the lower leg neuropathy so I can sleep. Same question.

3. I await with interest what you, Dr. Andersen and Dr. Maxin conclude about trying cement in my fractured bones. Incidentally, the back is about the same, i.e. painful.

Ivan

Maximum 5000 characters


For immediate medical help, call your physician's office or the Consulting Nurse Service.

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Time limit: When you start a message, you have 30 minutes to send it. After that, you'll be logged out and lose your unsent message. This is a security measure.

From:

Ivan C Doig [00215848]

To the office of:

Patricia E Kato, MD

Subject:

RE: Referral question

Message:

Dr.K--I am taking only 2 hydromorphone at night--each one gives me about 4 hrs sleep--but none during the day because it makes me a little loopy, and I need my head clear for book biz etc. Am not taking the oxycodone either--I'm not convinced either of them are much help against the combo of back pain and lower leg neuropathy. I wish I could see any sign of the back pain regressing, but it's as bad as it's been these past couple of months. As to the legs, Chen is prescribing another drug t to be added to the gabapentin--Carol will pick that prescription today. Here's hoping Andersen and/or Maxin can work some magic soon. Meanwhile, I'll try to get going on acupuncture next week.

Ivan

The original message below will be attached to your reply message.

----- Message -----

From: Patricia E Kato, MD

Sent: 1/22/2015 4:48 PM PST

To: Ivan C Doig

Subject: RE: Referral question

Dear Ivan,

Thank you for the updates. I don't think you need a referral for Acupuncture, but I will send one to be sure.

Your message will be answered as soon as possible, usually by the end of the next business day. If you have an urgent health concern or require a more immediate response, call your physician's office or the Consulting Nurse Service:

Western Washington: 206-901-2244, 253-596-3400, or toll-free 1-800-297- 6877


Central Washington, Eastern Washington or North Idaho: 1-800-826-3620

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[About Us](#) | [Careers](#) | [Group Health Research Institute](#) | [Group Health Foundation](#) [LOG OUT](#)**Subject: RE: Referral question****To:**
Ivan C Doig**From:**
Patricia E Kato, MD**Received:**
1/22/2015 4:48 PM PST

Dear Ivan,
Thank you for the updates. I don't think you need a referral for Acupuncture, but I will send one to be sure.
Six tablets of Tylenol should be ok as long as the total dose does not exceed 3000mg daily. Your liver function tests were normal in November. If your pain is not relieved by the Tylenol, you can take the Hydromorphone, which is a narcotic. Are you taking a total of 4 tablets to get you through the night?
If you are taking Hydromorphone (aka Dilaudid), you should not take the Oxycodone.
Yours truly,
Pat Kato

----- Message -----
From: DOIG,IVAN C
Sent: 1/22/2015 9:42 AM PST
To: Patricia E Kato, MD
Subject: Referral question

Dr. Kato, hi. A couple of updates for you.

1. Dr. Chen mentioned acupuncture for the neuropathy in my lower legs. Can you please, again, set up a referral to Dr. Weiyi Ding? I've checked her schedule, and she has an opening on January 30, the start of weekly treatment. She didn't think we needed new paperwork for the eight sessions, but I wanted to check with you.

2. I'm relying on usually six Tylenol a day. Can I keep doing this indefinitely? Similarly, I'm usually taking two morphine four hours apart, to calm the lower leg neuropathy so I can sleep. Same question.

3. I await with interest what you, Dr. Andersen and Dr. Maxin conclude about trying cement in my fractured bones. Incidentally, the back is about the same, i.e. painful.

Ivan

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Subject: RE: Update on existing health concern**To:**

Ivan C Doig

From:

Patricia E Kato, MD

Received:

1/16/2015 4:17 PM PST

Dear Ivan,

Thank you for the update. I have just sent a Potassium refill to the Mail Order pharmacy. Support hose may help to control the ankle and calf swelling if put on first thing in the morning. I agree with continuing on the same dose of Furosemide as long as your weight is stable. I'm happy to hear the labs are going in the right direction.

Yours truly,

Pat Kato, MD

----- Message -----

From: DOIG,IVAN C

Sent: 1/16/2015 2:15 PM PST

To: Patricia E Kato, MD

Subject: Update on existing health concern

Dr. Kato, hi. A general update for your information:

My weight is steady at about 160, and my calves swell only an inch or so. My ankles are still not normal, and I still have the larger roll of flab than usual around my waist. I'll continue with the diuretics -- 3 furosimide and 2 potassium in the morning, 2 and 2 in the afternoon -- until you advise otherwise. I'm getting low on the potassium pills; can you have a refill mailed to me?

I have an appointment with Dr. Andersen Tuesday, and I've just emailed him to let him know there's a new stabbing pain on the right side, above the usual band of pain.

I have a phone appointment with Dr. Chen next Wednesday, and the latest lab results show a modest downturn in both serum protein and light chains. The neuropathy, which has taken a turn for the worse, is somewhat tamped down with the gabapentin. He has turned me loose to use as many as 12 daily, though I'm getting by so far with 7.

Ivan

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Visit Information

Appointment Information

Date	Time	Department	Provider
12/09/2014	8:20 AM	NGT FAMILY PRACTICE	Patricia E Kato, MD

If you have questions or need further information, call this department at 206-302-1200 or send a secure message to your provider.

PCP and Location

PCP	Location
Patricia E Kato, Physician	NORTHGATE MEDICAL CENTER

Vitals

Blood Pressure	Pulse	Weight	Body Mass Index	Oxygen %
110/50	77	162 lb (73.48 kg)	25.19	100%

Reason for Visit

Ear Problem

Allergies as of 12/9/2014

Allergen	Reactions
Thalidomide neuropathy	Other

Diagnoses

Polyneuropathy due to drugs(357.6) - Primary	357.6
--	-------

Goals (2 Years of Data) as of 12/9/14

None

Patient Information and Follow-up

Patient Instructions

Thank you for coming in today.

I don't see any wax in your ear canals.

I have refilled your Gabapentin to Central GHC pharmacy for pick up on Friday.

I have completed the disabled parking permit. We will send it off.

You can increase your Furosemide back to 5 tablets a day until your left leg swelling improves.

Visit MyGroupHealth

Patient Information and Follow-up (continued)

Visit MyGroupHealth (continued)

In the next day or two, your provider's clinic note from today will be added to the After Visit Summary visible on MyGroupHealth.

Medications Ordered This Visit

Prescriptions for Pick Up or Mail

gabapentin (NEURONTIN) 300 mg capsule

Take 1 capsule in the morning and 3 capsules in the evening.

Test Results

Results From Your Visit

None

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do

Order	Due Date	Provider
CBC/PLT/DIFF (GHC) [85025.003]	12/1/2014	CHEN, ERIC Y
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	12/1/2014	CHEN, ERIC Y
CREATININE [82565.002]	12/1/2014	CHEN, ERIC Y
CALCIUM [82310.001]	12/1/2014	CHEN, ERIC Y
ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	12/1/2014	CHEN, ERIC Y
CBC/PLT/DIFF (GHC) [85025.003]	12/7/2014	CHEN, ERIC Y
HOLD TUBE FOR POSSIBLE TYPE & CROSSMATCH (GHC) [99199.044]	12/7/2014	CHEN, ERIC Y
TYPE AND SCREEN (GHC) [GHL9162]	12/7/2014	CHEN, ERIC Y

Health Reminders

Appointments

Date & Time	Provider	Department	Dept Phone	Type of Visit
1/6/2015 2:45 PM	Shors, Andrew R, MD	capitol Hill Dermatology	206-326-3000	Office Visit
1/14/2015 4:20 PM	Chen, Eric Y, MD	Bellevue Oncology/Hematology	425-502-3690	Phone Visit

Health Maintenance

Please contact Primary Care for more information about your next colon cancer screening test.

Please visit Primary Care to receive overdue immunizations as soon as possible:

- A Tdap vaccine to protect against whooping cough (pertussis), tetanus, and diphtheria.
- A Shingles (Herpes Zoster) vaccine to protect against shingles

Health Reminders (continued)

Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. Your test should be done on the due date or as soon as possible after that date.

Upcoming Orders

Order	Frequency	Available	Provider
CALCIUM	Every 4 Weeks	12/29/14	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	12/29/14	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	12/29/14	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	12/29/14	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	12/29/14	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	1/26/15	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	1/26/15	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	1/26/15	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	1/26/15	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	1/26/15	Chen, Eric Y, MD
CALCIUM	Every 4 Weeks	2/23/15	Chen, Eric Y, MD
CBC/PLT/DIFF (GHC)	Every 4 Weeks	2/23/15	Chen, Eric Y, MD
CREATININE	Every 4 Weeks	2/23/15	Chen, Eric Y, MD
ELECTROPHORESIS SERUM PROTEIN (GHC)	Every 4 Weeks	2/23/15	Chen, Eric Y, MD
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC)	Every 4 Weeks	2/23/15	Chen, Eric Y, MD

Updated Medication List

This section lists the medications you have reported you are currently taking, as well as new medications and supplies ordered and changes made at this visit.

Medication

gabapentin (NEURONTIN) 300 mg capsule	Take 1 capsule in the morning and 3 capsules in the evening.
potassium chloride (K-TAB) 10 mEq extended release tablet	TAKE 3 TABLETS IN THE MORNING AND 2 TABLETS IN THE AFTERNOON WITH FUROSEMIDE.
furosemide (LASIX) 20 mg tablet	TAKE 3 TABLETS IN THE MORNING AND 2 TABLETS IN THE AFTERNOON FOR SWELLING.
cyclophosphamide (CYTOXAN) 50 mg capsule	TAKE 8 CAPSULES (400MG) BY MOUTH ONCE A WEEK AND DAY 1, 8 AND 15 OF 28 DAY CHEMOTHERAPY CYCLE.
pomalidomide (POMALYST) 4 mg capsule	Take 1 capsule (4 mg) by mouth daily for 21 days, then stop for 7 days
oxyCODONE-acetaminophen (PERCOCET) 5-325 mg tablet	TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED FOR PAIN
senna (SENNALAX) 8.6 mg tablet	Take 1 tablet (8.6 mg) by mouth daily
calcitonin (salmon) (FORTICAL) 200 unit/actuation nasal spray	1 SPRAY IN ONE NOSTRIL DAILY, ALTERNATE NOSTRILS EACH DAY
temazepam (RESTORIL) 15 mg capsule	TAKE 1 CAPSULE (15 MG) BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP
prochlorperazine (COMPAZINE) 10 mg tablet	Take 1 tablet (10 mg) by mouth every 6 hours as needed
glucosamine-chondroitin 500-400 mg capsule	Take 1 capsule by mouth 3 times daily (1500 mg of glucosamine and 1200 mg of chondroitin per day)

Updated Medication List (continued)

Health Profile

Remember to fill out a Health Profile every year. You'll get an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. The Health Profile link is on your home page.

**GroupHealth.**

001672

Group Health Cooperative
Laboratory Services
P.O. Box 34944
Seattle, WA 98124-1944

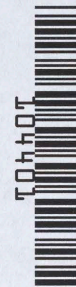
www.ghc.org

17 OCT 2014



Ivan C Doig
17277 15TH AVE NW
SHORELINE WA 98177

Consumer: 00215848
Lab ID: 22090485



Here are the results of the lab tests PATRICIA E KATO MD ordered for you on OCTOBER 14 2014 at Central Hospital Laboratory.

Dr. KATO has reviewed these results. You will be contacted if a change in your treatment plan is necessary. We've also included test reference ranges as a guide to results that would be expected in a general population. These ranges are not personalized but only a general guide. Dr. KATO may have different ranges for you.

You may check these results online, as part of your secure online medical record. (You must register with MyGroupHealth at www.ghc.org and then 'upgrade' your account. Follow instructions on the site.)

Do you already check your results online and prefer that? Go to your online Lab & Test Results area and click on the 'stop paper version' link. Also use that email form to resume receiving the mail version if you change your mind.

Component	Result Values	Reference Ranges	Units
STOOL OCCULT BLOOD			
OCCULT BLOOD BY FIT	Negative		

We're pleased to have this opportunity to serve you.
Group Health Cooperative Laboratory Services

Laboratory ID: 22090485

(Page 1 of 1)

17 OCT 2014 02:21

PL105

Email Your Health Care Team

[About This Service](#)

Send messages about **non-urgent** health concerns only.

- A reply usually arrives by the end of the next business day, in your MyGroupHealth message inbox.
- Want an e-mail notice when your reply arrives? Enter your personal e-mail at [Update Your Account Profile](#).

Time limit: When you start a message, you have 30 minutes to send it. After that, you'll be logged out and lose your unsent message. This is a security measure.

This communication will become part of the medical record for Ivan C Doig.
Don't use this form for messages about another person's health.

From: Ivan C Doig

To the office of:

Kato, Patricia E, MD -PCP-

Subject:

Update on existing health concern

Message:

Hi, Dr. Kato--

Let's see if I can catch up on the tardy care reminders. If you'll fix me u p for the amonia shot, I will try to get it done when I get a flu shot at the Central campus on Tuesday. And if the stool test can be mailed to me, I'll do that as soon as I can, too. I'm not clear on the shingles vaccine -- is that another shot I need soon?

I hope that brings me up to date, and, guess what, the next thing I'm going to do is to email the good Dr. Huff and tell him his strategically placed cortisone shot got me through our Yellowstone trip pretty good. I hope both of you are thriving.

Ivan

Maximum 5000 characters

For immediate medical help, call your physician's office or the Consulting Nurse Service.

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Routine Care Reminders

[About This Service](#)

You'll get reminders for certain preventive-care exams and visits. If you have access to your child's online record, you can check if it's time for an immunization. See the [About This Service](#) for details.

You will need an appointment for exams but not for all tests. You may call or e-mail your health care team to ask about your next step.

NAME	STATUS	LAST DONE
Shingles (Herpes Zoster) vaccine	(overdue)	
Colon cancer screening test	Overdue since 4/30/2013	4/30/2003
Flu vaccine	Overdue since 8/1/2014	10/9/2013
Pneumococcal vaccine	Completed on 3/30/2009	3/30/2009

For information about preventive care based on age group:

Well-child visit and immunization schedule
Adult preventive care schedules

For adult recommendations based on your health status, create an online report:

[Health Profile](#)

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SCHRYVER MEDICAL PATIENT SERVICE LOG

PRINT FACILITY NAME: Cocoy Nke

STATION: _____

TIME IN: 1142 TIME OUT: 1148

TAT & UNSCH: sent to _____

PRINT EMPLOYEE FIRST AND LAST NAME: Angelika

(print legibly) DATE SPECIMENS DRAWN: 3.6.15

(press firmly) FOR REQUISITIONS DATED: _____

[illegible]

LIST ALL FASTING TEST(S)

PATIENT NAME:	TEST(S)	ANY ADDITIONAL COMMENTS

*With my printed signature I am verifying that I have knowledge of the information regarding the above residents including; communication of any can't sticks, patient refusals, fasting draws, etc. I have also verified that any urine and or cultures have been picked up at this time

OF DRAWS COMPLETE _____
OF P/U _____

*NURSE PRINT NAME *D. Cap. Long*

WHITE COPY = BILLING, YELLOW COPY = BRANCH, PINK COPY = FACILITY

NUC MED bone density, DEXA - Details

Some tests have a standard range; this is the high and low value for a general population. Ask your doctor what your target value should be, based on your own health factors.

Don't need a copy mailed to you? Submit a form to stop (or resume) receiving a paper version of lab results.

Narrative

[HST]: He has had 3 compression fractures. Please do soon.

EXAMINATION: QUANTITATIVE BONE DENSITOMETRY

HISTORY: Please see the scanned questionnaire in PACS Images above in this EPIC Image Report by clicking on "Show images".

PROCEDURE: Dual energy x-ray absorptiometry (DXA or DEXA) at Central Hospital with a Hologic Discovery C

FINDINGS:

Spine bone density (g/cm**2): 0.816, T-score: -2.4, Z-score: -1.4
Note that the L2 and L3 lumbar spine levels were excluded due to degenerative change.

Left femoral neck bone density: 0.793, T-score: -1.0, Z-score: 0.3
Left total hip bone density: 0.925, T-score: -0.7, Z-score: 0.1

Impression

IMPRESSION: This study reveals low bone density (osteopenia).

FRAX (fracture risk assessment) calculator:

Estimated 10 year risk of a major osteoporotic fracture is 13 %.

Risk of HIP FRACTURE over 10 years: 3.1%.

Please review the history questionnaire from which the FRAX input data were collected (the sheet indicating FRAX at the top) to double check accuracy. These can be viewed in PACS Images above in this EPIC Image Report by clicking on "Show images".

(END OF IMPRESSION)

ADDITIONAL INFORMATION:

The FRAX calculator:

- Is intended for use in patients 40-90 yo. Younger patients will be assigned the risk of a 40 yo.
- Is based on a specific set of patient risk factors and on the femoral neck bone density, but not other bone density measurements.
- Is not intended for patients with established osteoporosis (i.e., T-score below -2.5 or history of fragility fracture). Such patients meet criteria for Rx independent of FRAX.
- Is not intended for patients with normal bone density.

- Applies only to previously untreated patients.
- Is a work in progress with continuing updates.
- Has not been validated in prospective studies as a decision-making tool for starting medication. Group Health makes no recommendations regarding 10-year fracture risk threshold at which to initiate therapy. The decision whether to start treatment should involve shared decision making. The National Osteoporosis Foundation suggests initiating FDA-approved medical therapy when:

10-year risk of hip fracture reaches 3% or
10-year risk of any major osteoporotic fracture reaches 20%.

GUIDANCE regarding osteoporosis diagnosis, therapy and follow-up may found in the Group Health Osteoporosis clinical guidelines (1998-2010) on INCONTEXT:
incontext.ghc.org/clinical/clin_topics/osteoporosis/ost_poc.html.

Recommendations for bone density measurement and bone density measurement follow-up are as follows:

INITIAL BONE DENSITY STUDY:

- Women 65-85 yo
- Anyone with a low-impact fracture
- Men and women of any age who are at risk of osteoporosis based on a medical condition or medication.

FOLLOW-UP BONE DENSITY STUDY INTERVAL:

- Low-impact fracture, undergoing osteoporosis Rx: at least 2 years
- Patients not at high risk and with a T-score of:
T-score greater than -1.5: Repeat DXA only if risk factors increase or there is clinical concern of osteoporosis.
- T-score -1.5 to -1.9: May repeat in 5 years
- T-score -2.0 to -2.4: May repeat in 2 years
- T-score less than or equal to -2.5, choosing no treatment: Repeat as clinically indicated but not more frequently than every 2 years.
- T-score less than or equal to -2.5, choosing bisphosphonates: Repeat after 5 years of treatment. If bone density remains less than or equal to -2.5, consider continuing treatment for another 2-5 years (see Guideline re: FDA warning re: use greater than 5 years).
- Patients on chronic steroids: Repeat scan in 6 months after the initiation of corticosteroid treatment and annually thereafter.
- Patients at high risk due to comorbid conditions, and patients with fractures: Repeat scan after 2-3 years of treatment.
- Patients with untreated hyperparathyroidism: Repeat scan every 6 months

In general, the follow up interval should be selected so that the change anticipated given the patients medical conditions and medications is at least as large as the least significant change figure for follow-up scans (see below re: LSC and GLSC).

EXPLANATION: Central DXA (L1-L4 vertebral bodies in the lumbar spine and of a hip) is most commonly performed. In some clinical scenarios (e.g., hyperparathyroidism) or if the spine and/or hip cannot be measured, a forearm study is also performed. Artifactually high readings may be obtained if there are arthritic changes or fractures, particularly in the spine. In some cases, individual vertebral bodies may need to be excluded. A minimum of two adequate vertebrae are needed to interpret spine bone density.

Results are reported as a bone density over the area enclosed in the region of interest ("areal density") in grams per square centimeter. The "T-score," reported for postmenopausal women and men over 50, is the number of standard deviations above or below the average for gender-matched caucasian young normals.

World Health Organization (WHO) guidelines define low bone density (osteopenia) as a T-score lower than -1.0 and greater than -2.5. A score equal to or less than -2.5 is diagnostic of osteoporosis. The worst reading between the lumbar spine, total hip, femoral neck or, if a forearm is studied, the one-third radius, determines the final interpretation.

Fragility fracture, such as spine compression fracture, hip fracture or wrist fracture caused by a fall from standing height (not due to high-impact injury or tumor) is diagnostic of osteoporosis. This is independent of the bone density measurement.

The "Z-score" is the number of standard deviations above or below the average for gender and age-matched controls. For premenopausal women, children and men younger than 50, only a Z-score is reported and the bone density is reported as either "within the expected range for age" or, if the Z-score is -2.0 or lower, "below the expected range for age. Other criteria must be used to diagnose osteoporosis in this latter group.

If there has been a prior study, a comparison of the bone density is made with the most recent prior study. Assessment for statistical significance of change is based upon the "least significant change" (LSC) figure as determined by the precision study performed previously at Group Health. For cases with priors performed on a different machine, a determination of change and of statistical significance cannot be made unless there has been a cross-calibration study in which a "general least significant change" (GLSC) is calculated. The LSC and GLSC figures at Group Health are as follows:

Central and Factoria spine LSC: 0.03 g/cm**2, GLSC: 0.06 g/cm**2
Central and Factoria total hip LSC: 0.03, GLSC: 0.06
Central and Factoria femoral neck LSC: 0.04, GLSC: 0.07

Signed by: David Hillier
Date: 12/24/2014 5:50 PM

Component Results

There is no component information for this result.

General Information

Collected:
12/24/2014 3:39 PM

Resulted:
12/24/2014 5:50 PM


Ordered By:
Arne Jerome Andersen, MD

Result Status:
Final result

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[About Us](#) | [Careers](#) | [Group Health Research Institute](#) | [Group Health Foundation](#) [LOG OUT](#)**Subject: RE: Update on existing health concern****To:**

Ivan C Doig

From:

Patricia E Kato, MD

Received:

2/26/2015 4:03 PM PST

Hi Ivan,
I'm sorry I didn't have any appointments today. As long as Ivan is not experiencing any shortness of breath or dizziness, waiting until tomorrow should be ok. Hopefully, Dr. Neogi can help to figure this out!
Take care,
Pat Kato

----- Message -----

From: DOIG,IVAN C

Sent: 2/26/2015 10:59 AM PST

To: Patricia E Kato, MD

Subject: Update on existing health concern

2nd follow-up: Dr. Chen reports that the X-rays look fine, and that leaves a mystery as to what's causing the pain. We've made an appointment at 11:20 tomorrow with Dr. Tina Neogi.

Ivan is comfortable and resting at home, now.

Carol

You can reply to most messages for 30 days. Certain messages won't have a reply button; see About This Service.

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Subject: RE: Update on existing health concern**To:**
Ivan C Doig**From:**
Patricia E Kato, MD**Received:**
2/9/2015 .6:27 PM PST

Hi Ivan,
I am glad to hear the vertebroplasty was a success.
I will send a referral for Home PT tomorrow when I get back into the clinic.
Yours truly,
Pat Kato

----- Message -----

From: DOIG,IVAN C
Sent: 2/9/2015 1:42 PM PST
To: Patricia E Kato, MD
Subject: Update on existing health concern

Dr. Kato, hi. The vertebroplasty was a complete success, and my back is pain free. I can see why Dr. Maxin is highly regarded. He and his team were wonderful.

The neuropathy is no better, however, and may be worse from the side effects of nortriptyline. I've emailed Dr. Chen about it.

I've asked Dr. Andersen about physical therapy, which Dr. Maxin advised me to do, and I'm waiting to hear from him. My gait is all off and my general condition deteriorated radically over 14 weeks. I've asked Dr. Andersen to refer me back to you for action. Homebound as I am, I understand there's home care where a physical therapist will come to me under a home health program. If that's possible it would help immensely.

Yours sincerely,
Ivan

You can reply to most messages for 30 days. Certain messages won't have a reply button; see About This Service.

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+ Treatments

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Spinal Surgery

Advanced Orthopedics and Sports Medicine ✓

Post Operative Spine Rehab-Kyphoplasty/Vertebroplasty - Treatment Guideline

Phase I: Immediate post Surgical Phase (IPSP) 0-2 weeks

Goals:

1. Decrease pain and inflammation.
2. Increase activity tolerance.
3. Encourage wound healing.
4. Increase aerobic tolerance (independent with home program 20 min tolerance to exercise).
5. Educate on body mechanics and posture for bed mobility

Precautions:

1. Prevent excessive initial mobility or stress on tissues
2. Avoid lifting, twisting and bending of the spine.

Treatment Summary:

1. Education on bed mobility and transfers with proper spine positioning.
2. Reinforce basic post-op home exercise program including
 - a. Ankle pumps
 - b. Long arc and short arc quadriceps
 - c. Diaphragmatic breathing
 - d. Relaxation exercises
 - e. Abdominal isometric exercises
3. Increase tolerance to walking to ½ mile daily (15-30 min cardiovascular activity)
4. Reinforce sitting, standing and ADL modifications with neutral spine and proper body mechanics.

Criteria for progression:

1. Pain and swelling within tolerance.
2. Independent HEP
3. Tolerance of 15 min of exercise and 15-30 min of cardiovascular exercise.
4. Functional ADL for self care/hygiene

Phase II: Initiation of OP-PT 2-4 weeks/2-3 times per week

Goals:

1. Patient education/Back school
2. Reestablish neuromuscular recruitment of the multifidus (Functional dynamic lumbar stability)
3. Normalization of flexibility deficits in extremities
4. Normalization of any gait deviations
5. Return to activities of daily living
6. Improve positional tolerances for return to work

Precautions:

1. Avoid lumbar loading
2. Avoid twisting and bending of the lumbar spine.

Treatment Summary:

- Back Mechanics Program
 - Anatomy, Pathology, & Biomechanics
 - Reinforce neutral spine positioning
 - Body mechanics and training: Performance of functional activities with neutral spine and protective positions
- Manual Therapy:
 - Grade 1 or grade 2 joint mobs for neuromodulation of pain
 - Scar tissue mobilization. Educate patient on self mobilization of scar.
- Exercises:
 - Train Neutral lumbar position: Create independent movement of the pelvis and then find and maintain a neutral position of the lumbar spine.
 - Diaphragmatic breathing: Proper breathing technique without the use of accessory respiratory muscles.
 - Pelvic stabilization exercises with emphasis on transverse abdominals and multifidus
 - Knee strengthening exercises.
 - Unloaded trunk ROM exercises: Lumbar spine flexion and extension in quadruped (cat camel) Pelvic rocks, Wig wags, Pelvic clocks.
 - Hip and knee flexibility exercises: Decreases stress on lumbar spine and makes it easier to maintain neutral spine. (hamstrings, piriformis, gluteal, quads, hip flexors, gastroc, soleus etc)
 - Initiate acuquatics (if available and indicated)
 - Cardiovascular training, treadmill, UBE, stationary bike (patient must have good pelvic control)
 - Initiate balance exercises sitting and standing. Progress double leg firm surface to foam surface, eyes open/closed, single leg balance, reaching outside BOS
 - Gait training with or without assistive device as needed.
 - Address other mechanical restrictions as needed
 - Modalities for symptom modulation if needed

Criteria for progression:

1. Patient has working knowledge of body and lifting mechanics.
2. Cardiovascular tolerance to 30 min/day
3. Dynamic sitting and standing tolerance of 15-30 min

Phase III: Advanced PT 4-8 weeks/2-3 times per week.**Goals:**

1. Progress with strengthening and flexibility exercises.
2. Advanced lifting and posture training
3. Address return to work/activity of daily living concerns
4. Advanced stabilization and trunk control

Treatment Summary:

- Activity specific training
- Exercises (Advanced strengthening); (based on degree of bone loss, age and functional status of the individual)
 - Increasing complexity and load of exercises maintaining lumbar spine stability: supine SLR all directions, single leg bridging, bridging on unsteady surfaces, alternate arm and leg extensions in quadruped, prone on ball leg and arm extensions (quadruped), functional co-contractions during walking increasing speed and other activities (kneeling, squatting, stairs etc)
- Advanced Hip/Core strengthening exercises: Functional exercises like chops/diagonal lifts, squatting, lunging.
- Advanced cardiovascular training
- Lifting training with proper posture. (floor to waist and waist to shoulder level)
- Body mechanics drills
- FCE if appropriate

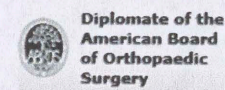
Criteria for discharge:

1. Manual muscle testing is within functional limits
2. Independent with home program
3. Cervical ROM within functional limits

Pearls of rehab:

- Exercises to avoid with Osteoporosis:
 - Dynamic abdominal exercises (eg sit ups)
 - Twisting movements (eg golf swing)

- Trunk flexion
- Abrupt or explosive loading
- High impact loading.
- Avoid preloading the spine in posterior pelvic tilt.
- Avoid prone upper body extensions, or prone leg extensions to avoid high compressive load of the already weakened spine)
- No-pain no gain axiom usually does not apply to the spine
- Because of diurnal variations in fluid level of the intervertebral disks (more hydrated early morning) it would be unwise to perform full range spinal motions (bending) shortly after rising from the bed
- Focus on low load high repetitions to improve endurance rather than high load low repetition for strength.
- There is some evidence that low back exercises are most beneficial when performed daily.
- Focus on pain relief with Oswestry scores of 40-60, with scores of 20-40 focus on decreasing pain, muscle re-education, gradual strengthening, flexibility and improve cardiovascular endurance, with scores less than 20 focus on work simulation and progressive strengthening.



© Matthew P. Cabbage, MD. Spine Surgeon Back Pain Specialist Back and Neck Surgery Houston Texas

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This communication will become part of the medical record for Ivan C Doig.
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To the office of:

Kato, Patricia E, MD -PCP-

Subject:

Update on existing health concern

Message:

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Maximum 5000 characters

For immediate medical help, call your physician's office or the Consulting Nurse Service.

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E-Mail Your Health Care Team

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Send messages about **non-urgent** health concerns only.

- A reply usually arrives by the end of the next business day, in your MyGroupHealth message inbox.
- Want an e-mail notice when your reply arrives? Enter your personal e-mail at Update Your Account Profile.

Time limit: When you start a message, you have 30 minutes to send it. After that, you'll be logged out and lose your unsent message. This is a security measure.

This communication will become part of the medical record for Ivan C Doig.
Don't use this form for messages about another person's health.

From: Ivan C Doig

To the office of:

Subject:

Message:

The vertebroplasty was a complete success and I'm grateful to all involved. The neuropathy is no better, and I'll consult Dr. Chen.

I'll be needing physical therapy for the rest of me, especially my gait and I'd appreciate your guidance. I can work with Dr. Kato on that.

Two questions:

Can I operate normally around the house, including bending and changing position in bed, such as rolling onto my side?

Is there a source on line where I can get answers like this?

Ivan

Maximum 5000 characters

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X-RAY HIP UNIL 2V - Details

Some tests have a standard range; this is the high and low value for a general population. Ask your doctor what your target value should be, based on your own health factors.

Don't need a copy mailed to you? Submit a form to stop (or resume) receiving a paper version of lab results.

Narrative

[HST]: 74 y.o. male with myeloma. Pain in right lower back, lateral hip and posterior thigh.

EXAM: FEMUR 2 VIEW AP, LATERAL and 2 VIEWS OF THE RIGHT HIP

Number of views/side/technic: Right

No prior films available for comparison at this time.

Findings: No right hip joint space narrowing.

Questionable possible small bony defect proximal femoral diaphysis and also in inferior right pubic ramus region as seen on the AP views only (these are not confirmed on the lateral views of the femur and right hip).

Otherwise normal bony density.

The remainder of the femur is unremarkable.

No knee joint space compartment narrowing or definite effusion.
No acute or healing fracture.

Arterial vascular calcification in the femoral system and in the upper calf.

No suspicious-appearing soft tissue calcifications.

Impression

IMPRESSION: Questionable possible small bony defect proximal femoral diaphysis and also in inferior right pubic ramus region as seen on the AP views only (these are not confirmed on the lateral views of the femur and right hip).

Otherwise normal bony density.

No right hip joint space narrowing.

Prior exam from April 20, 2006 has been requested.
Addendum will be dictated when prior exam becomes available.

Electronically signed by: HARVEY I J NIEBULSKI, MD
Date: 04/23/2014
Time: 16:55

Component Results

There is no component information for this result.

General Information

Collected:
04/23/2014 1:50 PM

Resulted:
04/23/2014 4:55 PM

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From: Ivan C Doig

To the office of:

Subject:

Message:

Dr. Kato, hi & happy new year almost. The holidays/weather brought me really stuffy sinuses, which bother my sleeping. If I remember right, in the past fluticasone propionate nasal spray has helped. Could you prescribe some, or whatever you think is the best remedy, so I can pick it up at N'gate on Friday when I come in with Carol for her toenail surgery? The rest of my medical report is pretty good, Chen having been successful in getting my blood protein reading down with a 3rd drug, Melphean, for a few months. We're hanging in there.

Best, Ivan

Maximum 5000 characters

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Subject: RE: Medication question**To:** Ivan C Doig**From:** Birgit H Grimlund, MD**Received:** 9/25/2013 1:13 PM PDT

Yes, in my system I can see that the order has been placed with the mail order pharmacy. Until they get the hard copy (which I placed in the pharmacy box yesterday evening), you may not see that it has been ordered (different computer systems), but I can assure you it has been order to be delivered to you. Always good to check. Birgit H Grimlund, MD

----- Message -----

From: DOIG,IVAN C

Sent: 9/25/2013 12:41 PM PDT

To: Birgit H Grimlund, MD

Subject: RE: Medication question

Thanks for handling this. Let me make sure I understand this correctly: You have refilled the Temazepam via the mail order pharmacy, so is it on its way to me? (The mail order pharmacy still tells me that I have no more refills, and of course I do not have a new prescription number.)

Ivan Doig

----- Message -----

From: Birgit H Grimlund, MD

Sent: 9/24/2013 5:21 PM PDT

To: Ivan C Doig

Subject: RE: Medication question

Dear Ivan

Dr. Kato is on family leave (her father is terminally ill) for at least another week so I am covering as one of her colleagues.

I have refilled the Temazepam via the mail order pharmacy (it's not a prescription that we can add refills on so you will need to request a refill when needed).

Thanks for the update on your book--I'll make sure to forward your email to Dr. Kato when she returns. Birgit H Grimlund, MD

----- Message -----

From: DOIG,IVAN C

Sent: 9/24/2013 2:17 PM PDT

To: Patricia E Kato, MD

Subject: Medication question

Dr. K, hi--Am running low on Temazepam (I take it a couple of nights a week when I'm fired up on Dexamethasone) and the mail pharmacy tells it's me run out of refills, so could you extend the prescription in order that I can try by mail again? Carol and I are going to San Francisco in about a week on the book tour--which is going very well; Sweet Thunder has been the #1 fiction bestseller in the Pacific Northwest this past week--and I'd like to have the new supply to get me through hotel nights if necessary. Thanks.--Ivan

[REPLY](#)[DELETE](#)

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From: Ivan C Doig

To the office of:

Kato, Patricia E, MD –PCP–

Subject:

Medication question

Message:

Dr. K, hi--Am running low on Temazepam (I take it a couple of nights a week when I'm fired up on Dexamethasone) and the mail pharmacy tells it's me run out of refills, so could you extend the prescription in order that I can try by mail again? Carol and I are going to San Francisco in about a week on the book tour--which is going very well; Sweet Thunder has been the #1 fiction bestseller in the Pacific Northwest this past week--and I'd like to have the new supply to get me through hotel nights if necessary. Thanks.--Ivan

Maximum 5000 characters.

SEND

CANCEL

For immediate medical help, call your physician's office or the [Consulting Nurse Service](#).

**GroupHealth.**

001672

Group Health Cooperative
 Laboratory Services
 P.O. Box 34944
 Seattle, WA 98124-1944

www.ghc.org

14 SEP 2013



Ivan C Doig
 17277 15TH AVE NW
 SHORELINE WA 98177

Consumer: 00215848
 Lab ID: 18150372



Here are the results of the lab tests PATRICIA E KATO MD ordered for you on SEPTEMBER 12 2013 at Group Health AMB Laboratory.

Dr. KATO has reviewed these results. You will be contacted if a change in your treatment plan is necessary. We've also included test reference ranges as a guide to results that would be expected in a general population. These ranges are not personalized but only a general guide. Dr. KATO may have different ranges for you.

You may check these results online, as part of your secure online medical record. (You must register with MyGroupHealth at www.ghc.org and then 'upgrade' your account. Follow instructions on the site.)

Do you already check your results online and prefer that? Go to your online Lab & Test Results area and click on the 'stop paper version' link. Also use that email form to resume receiving the mail version if you change your mind.

Component	Result Values	Reference Ranges	Units
STOOL OCCULT BLOOD			
OCCULT BLOOD BY FIT	Negative		

We're pleased to have this opportunity to serve you.
 Group Health Cooperative Laboratory Services

Laboratory ID: 18150372

(Page 1 of 1)

14 SEP 2013 02:20

PL105



GroupHealth.

FOBT BY FIT - COLORECTAL CANCER SCREENING (GHC)

About This Test

For some test types, you can compare your new results to earlier results. If you have this option, you'll see a "graph or chart results" button below the test results.

The standard range column has general high and low values. Ask your doctor what your target value should be, based on your own health factors.

You may [submit a form](#) to stop (or resume) receiving a paper version of lab results.

Component Results

Component	Your Value	Standard Range	Units	Flag
FECAL OCCULT BLOOD BY FIT	Negative			

GRAPH OR CHART RESULTS

General Information

Collected:
9/9/2013 5:33 PM

Resulted:
9/13/2013 6:10 PM

Ordered By:
Patricia E Kato, MD

Result Status:
Final result



GroupHealth

Subject: RE: screening**To:** Ivan C Doig**From:** Patricia E Kato, MD**Received:** 6/14/2013 8:23 AM PDT

Dear Ivan,

Thanks for the message.

As long as you are not having any blood in the stool, or experiencing a change in bowel habits, it is fine to do the stool test. I'll have Kristi mail one to you. Carol has had a shingles vaccine, but you have not. However, the shingles vaccine is contraindicated if your immune system is compromised for any reason. That includes chemotherapy and/or steroid therapy (e.g. Dexamethasone), so you should hold off for now.

I'm glad to hear your numbers are going in the right direction, though I know the therapy is hard on your body.

Take care and let me know if there is anything you need from our direction.

Best wishes,

Pat Kato

----- Message -----

From: DOIG,IVAN C

Sent: 6/13/2013 3:00 PM PDT

To: Patricia E Kato, MD

Subject: screening

Dr. K, hi--Re the colorectal cancer screening recommended in the advisory message that came the other day, would a stool test be adequate? My medication-cramped body isn't keen for a colonoscopy procedure, although if you think it's essential, I guess I can do it.

On the rest of the advisory list, the only thing I see that might be pertinent is the shingles shot, which Carol thinks we've both already had. Can you please check our medical records on that and let us know?

Other than those, I'm slogging along on Revlimid and Dexamethasone, with Chen pleased with the decline in urine protein so far. Just have done another jug test, will have a phone talk with him about results next week. Here's hoping. --Ivan

[REPLY](#)[DELETE](#)

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From: Ivan C Doig

To the office of:

Kato, Patricia E, MD –PCP–

Subject:

screening

Message:

Dr. K, hi--Re the colorectal cancer screening recommended in the advisory message that came the other day, would a stool test be adequate? My medication-cramped body isn't keen for a colonoscopy procedure, although if you think it's essential, I guess I can do it.

On the rest of the advisory list, the only thing I see that might be pertinent is the shingles shot, which Carol thinks we've both already had. Can you please check our medical records on that and let us know?

Other than those, I'm slogging along on Revlimid and Dexamethasone, with Chen pleased with the decline in urine protein so far. Just have done another jug test, will have a phone talk with him about results next week. Here's hoping. --Ivan

Maximum 5000 characters.

SEND

CANCEL

For immediate medical help, call your physician's office or the [Consulting Nurse Service](#).

**GroupHealth.**

June 10, 2013

Group Health CooperativeCWB3
1600 E. John Street
Seattle, WA 98112

www.ghc.org

Member ID # 00215848

Ivan C. Doig
17277 15TH AVE NW
SHORELINE WA 98177

Dear Ivan Doig,

As your primary care provider, I want to make sure you have information and tools to help you live a healthier life. I'm writing to remind you of important tests you might need. These tests are important because of your age, gender and personal health information. We used a computer to review your medical record and created this list of tests for you. Some are screening tests, which help us find health problems before any symptoms show up. Others are lab tests we use to track your overall health.

If you have questions about the tests listed, or if you think you don't need a certain test, please let me know. This list is based on the preventive care needs Group Health recommends and may not include tests for specialized care plans you and I have created.

Call or e-mail me to get the tests you need

Please look over the tests listed on the next page. You'll see the date you last had the test and the date you need to have it again. In some cases, you won't see the date of your last test-either because we don't have it in our records or because the test didn't happen during the ideal timeframe.

- Contact me so I can place orders for your lab tests. You can either call my office or send me a secure e-mail using the MyGroupHealth for Members website. If you aren't registered for enhanced services on the site, I encourage you to sign up at www.ghc.org.*

Get even more support with the Health Profile

Another online tool I encourage you to use is our Health Profile.* By completing this questionnaire, you'll get a customized report based on your own health information. This report gives you action steps for taking better control of your health, as well as access to our telephone-based Lifestyle Coaching.

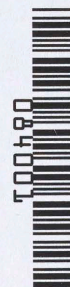
I hope you'll use the wellness resources available to you at Group Health. Working together, we can take steps to help you achieve better health.

Sincerely,

Patricia E. Kato, MD
206-302-1200

If you have questions about your benefits, please call our Customer Service Center toll-free at 1-888-901-4636 or TTY Relay (hearing impaired) 711 or toll-free 1-800-833-6388, Monday through Friday.

* To send secure e-mails or fill out a Health Profile, you need to register for enhanced online services. Go to www.ghc.org and follow the instructions to upgrade your account.





***Screening, prevention, and wellness recommendations for
Ivan Doig**



- Keep your blood pressure below 140/90 to prevent heart disease and stroke.
- Have your cholesterol checked every 5 years.
- Get a flu shot every year in the fall.
- Get a tetanus/diphtheria (Td or Tdap) vaccine (every 10 years for Td or once in a lifetime for Tdap).
- Get a pneumonia vaccine once in your lifetime.
- Get a herpes zoster (shingles) vaccine once in your lifetime. If you have a weakened immune system, talk to me first.
- If you've ever smoked tobacco, ask me about a one-time AAA ultrasound screening. This screening can determine if there is a weakening in the large blood vessel in your abdomen.
- If you smoke or someone you live with smokes, contact the Alere™ Quit for Life® Program. Call 1-800-462-5327 or visit www.quitnow.net/ghc.

Send a secure message through MyGroupHealth or call my office at 206-302-1200, to get help scheduling these tests. (please do not call or go to the lab before you have contacted me)

Tests recommended for you	Please have these tests during these time periods	Date of last known test within the recommended time period	Unless you are on a more frequent schedule, have your next test <i>before</i>
Tests for colorectal cancer screening.	Stool test (FOBT) every year, OR flexible sigmoidoscopy every 5 years and FOBT every 3 years OR colonoscopy every 10 years unless you are on a more frequent schedule.		Depends on your situation. Please contact me unless you know you are current on screening.

For more information about Group Health's recommendations, please explore the Health & Wellness Resources section on our website at www.ghc.org.

**After-Visit Summary**

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information**Appointment
Information**

<u>Date</u>	<u>Time</u>	<u>Department</u>	<u>Provider</u>
02/03/2012	8:40 AM	NGT FAMILY PRACTICE	PATRICIA KATO, MD

If you have questions or need further information, call this department at 206-302-1200 or send a secure message to your provider.

PCP and Location

<u>PCP</u>	<u>Location</u>
PATRICIA KATO, MD, Physician	NORTHGATE MEDICAL CENTER

Vitals

<u>Blood Pressure</u>	<u>Pulse</u>	<u>Weight</u>	<u>Body Mass Index</u>	<u>Oxygen %</u>
124/66	62	159 lb (72.12 kg)	23.47	98%

Reason for Visit

Hip Pain

**Allergies as of
2/3/2012**

No Known Allergies

Goals (2 Years of Data) as of 2/3/2012

None

Patient Information and Follow-up**Patient
Instructions**

It's nice to see you.

Your hip pain is consistent with trochanteric bursitis. This should improve with relative rest, ice, and aspirin as needed.

Please let me know if you are not improving, and I will order an xray.

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do	<u>Order</u>	<u>Due Date</u>	<u>Provider</u>
	CBC/PLT/DIFF (GHC) [85025.003]	1/5/2012	CHEN, ERIC Y
	CREATININE [82565.002]	1/5/2012	CHEN, ERIC Y
	CALCIUM [82310.001]	1/5/2012	CHEN, ERIC Y
	KAPPA/LAMBDA FREE LIGHT CHAINS	1/5/2012	CHEN, ERIC Y
	W/RATIO (GHC) [83883.004]		
	ELECTROPHORESIS-URINE	1/5/2012	CHEN, ERIC Y

Lab Tests Due continued

<u>Order</u>	<u>Due Date</u>	<u>Provider</u>
PROTEIN (GHC) [84165.004]		
ELECTROPHORESIS SERUM	1/5/2012	CHEN, ERIC Y
PROTEIN (GHC) [84165.003]		

Updated Medication List

This section lists the medications you have reported you are currently taking, in addition to new medications and supplies ordered and changes made at this visit. If you have any questions about your medications, please contact your pharmacist.

THALIDOMIDE (THALOMID) 50 MG ORAL CAP

Instructions: TAKE ONE CAPSULE DAILY. (AUTHORIZATION # 2645151 CONFIRMATION # 2444536)

GLUCOSAMINE 500 MG ORAL CAP

Instructions: Patient reported sig

CLOBETASOL 0.05% TOPICAL CREAM

Instructions: APPLY TO ITCHY BUMPS AS NEEDED

TRIAMCINOLONE-PROPYLENE GLYCOL-ALCOHOL TOPICAL SOLN (GHC COMPOUND)

Instructions: APPLY TO SCALP ONCE OR TWICE DAILY AS NEEDED

Health Profile

Remember to fill out a Health Profile every year. You'll receive an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. For access to the Health Profile, log in to MyGroupHealth for Members at www.ghc.org. (If you don't have access to online services, you'll need to upgrade your online account.)



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Reply

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From: Ivan C Doig [00215848]

To the office of: PATRICIA KATO, MD

Subject: RE: flu shot

Message:

Thanks for the information, Kristi. Since I didn't have time to get to Central before beginning the next leg of my book tour, I had my flu shot at a local pharmacy. I'd appreciate having a note made on my GH record that I'm up to date.

Ivan

Maximum 5000 characters

The original message below will be attached to your reply message.

----- Message -----

From: KRISTI LONG, MA
Sent: 9/10/2012 1:47 PM PDT
To: Ivan C Doig
Subject: RE: flu shot

Ivan ,
We do not have the flu shot here in this clinic yet. We should have it on the 15th. If you would like, central group health has the flu shot in stock.

SEND

CANCEL

Your message will be answered as soon as possible, usually by the end of the next business day. If you have an urgent health concern or require a more immediate response, call your physician's office or the Consulting Nurse Service:

Western Washington: 206-901-2244, 253-596-3400, or toll-free 1-800-297-6877

Central Washington, Eastern Washington or North Idaho: 1-800-826-3620

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You Know It's Going To Be Good.

600 NW Richmond Beach Road
206-546-5129
YOUR CASHIER WAS Rx

QFC ADVANTAGE CUSTOMER	*****8566
RX PHARMACY	NP 25.00 Q
TAX	0.00
**** BALANCE	25.00
CASH	50.00
CHANGE	25.00

TOTAL NUMBER OF ITEMS SOLD = 1
09/13/12 10:26am 816 65 5 501

We Value Your Feedback!

ENTER TO WIN ONE OF 12 \$100 GIFT CARDS

You are invited to complete a survey
about your recent visit to QFC

Answer by Internet @
www.tellkroger.com

You will need this receipt to respond
SURVEY ENTRY CODE

705 341

QFC Espresso Drink Rewards

You have purchased 2 SBC Espresso
drinks. When you buy 6, you will
receive the 7th FREE!

September Fuel Points

Redeem 100pts to save .10 per gal
on 1 fill-up.

FUEL POINTS THIS ORDER = 50
FUEL POINTS THIS MONTH = 65

Each month is a separate accumulation
period. Previous and Current months
points do not combine.

This months points expire 10/31/12.
See Store for Details & Restrictions
Or Visit www.qfc.com

Gift Card Bonus

Bonus GC Points this order = 0

Bonus GC Points Total = 0

Earn a \$.40 per gal discount for every
100 Bonus Points Earned 8/15-9/11/12

Discount redeemable through 10/31/12

Cannot be combined with other discount

YEAR TO DATE ADVANTAGE SAVINGS:\$517.92

THANK YOU FOR SHOPPING AT YOUR
RICHMOND BEACH QFC

VACCINE INFORMATION STATEMENT

Influenza Vaccine

Inactivated

What You Need to Know

2012 - 2013

Many Vaccine Information Statements are available in Spanish and other languages.
See www.immunize.org/vis.

Hojas de Información Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite <http://www.immunize.org/vis>

1 Why get vaccinated?

Influenza ("flu") is a contagious disease.

It is caused by the influenza virus, which can be spread by coughing, sneezing, or nasal secretions.

Anyone can get influenza, but rates of infection are highest among children. For most people, symptoms last only a few days. They include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Other illnesses can have the same symptoms and are often mistaken for influenza.

Young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, or a weakened immune system – can get much sicker. Flu can cause high fever and pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children. Each year thousands of people die from influenza and even more require hospitalization.

By getting flu vaccine you can protect yourself from influenza and may also avoid spreading influenza to others.

2 Inactivated influenza vaccine

There are two types of influenza vaccine:

1. **Inactivated** (killed) vaccine, the "flu shot," is given by injection with a needle.

2. **Live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

A "high-dose" inactivated influenza vaccine is available for people 65 years of age and older. Ask your doctor for more information.

Influenza viruses are always changing, so annual vaccination is recommended. Each year scientists try to match the viruses in the vaccine to those most likely to cause flu that year. Flu vaccine will not prevent disease from other viruses, including flu viruses not contained in the vaccine.

It takes up to 2 weeks for protection to develop after the shot. Protection lasts about a year.

Some inactivated influenza vaccine contains a preservative called thimerosal. Thimerosal-free influenza vaccine is available. Ask your doctor for more information.

3 Who should get inactivated influenza vaccine and when?

WHO

All people **6 months of age and older** should get flu vaccine.

Vaccination is especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months.

WHEN

Get the vaccine as soon as it is available. This should provide protection if the flu season comes early. You can get the vaccine as long as illness is occurring in your community.

Influenza can occur at any time, but most influenza occurs from October through May. In recent seasons, most infections have occurred in January and February. Getting vaccinated in December, or even later, will still be beneficial in most years.

Adults and older children need one dose of influenza vaccine each year. But some children younger than 9 years of age need two doses to be protected. Ask your doctor.

Influenza vaccine may be given at the same time as other vaccines, including pneumococcal vaccine.

4 Some people should not get inactivated influenza vaccine or should wait.

- Tell your doctor if you have any severe (life-threatening) allergies, including a severe allergy to eggs. A severe allergy to any vaccine component may be a reason not to get the vaccine. Allergic reactions to influenza vaccine are rare.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

- Tell your doctor if you ever had a severe reaction after a dose of influenza vaccine.
- Tell your doctor if you ever had Guillain-Barré Syndrome (a severe paralytic illness, also called GBS). Your doctor will help you decide whether the vaccine is recommended for you.
- People who are moderately or severely ill should usually wait until they recover before getting flu vaccine. If you are ill, talk to your doctor about whether to reschedule the vaccination. People with a mild illness can usually get the vaccine.

5

What are the risks from inactivated influenza vaccine?

A vaccine, like any medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small.

Serious problems from inactivated influenza vaccine are very rare. The viruses in inactivated influenza vaccine have been killed, so you cannot get influenza from the vaccine.

Mild problems:

- soreness, redness, or swelling where the shot was given
- hoarseness; sore, red or itchy eyes; cough
- fever • aches • headache • itching • fatigue

If these problems occur, they usually begin soon after the shot and last 1-2 days.

Moderate problems:

Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever. Ask your doctor for more information.

Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Severe problems:

- Life-threatening allergic reactions from vaccines are very rare. If they do occur, it is usually within a few minutes to a few hours after the shot.
- In 1976, a type of inactivated influenza (swine flu) vaccine was associated with Guillain-Barré Syndrome (GBS). Since then, flu vaccines have not been clearly linked to GBS. However, if there is a risk of GBS from current flu vaccines, it would be no more than 1 or 2 cases per million people vaccinated. This is much lower than the risk of severe influenza, which can be prevented by vaccination.

The safety of vaccines is always being monitored. For more information, visit:
www.cdc.gov/vaccinesafety/Vaccine_Monitoring/Index.html and

www.cdc.gov/vaccinesafety/Activities/Activities_Index.html

One brand of inactivated flu vaccine, called Afluria, **should not be given** to children 8 years of age or younger, except in special circumstances. A related vaccine was associated with fevers and fever-related seizures in young children in Australia. Your doctor can give you more information.

6

What if there is a severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or unusual behavior. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- **Call** a doctor, or get the person to a doctor right away.
- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not provide medical advice.

7

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) was created in 1986.

People who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8

How can I learn more?

- Ask your doctor. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement (Interim)
Influenza Vaccine
 (Inactivated)

7/2/2012

42 U.S.C. § 300aa-26





GroupHealth.

Subject: RE: Medicare hoop to jump thru**To:** Ivan C Doig**From:** PATRICIA KATO, MD**Received:** 8/27/2012 5:57 PM PDT*10:30
Th. 10:40 Aug 30*

Dear Ivan,

Thank you for your message.

I would be happy to see you to satisfy the Medicare requirement and send the PT referral. Let me know if you have trouble scheduling an appointment. I'll be here in the office Monday-Thursday this week.

Many thanks for the book. I started reading it last weekend and love it. Nice review in Sunday's paper too.

Take care,

Pat Kato, MD

----- Message -----

From: DOIG,IVAN C

Sent: 8/27/2012 9:04 AM PDT

To: PATRICIA KATO, MD

Subject: Medicare hoop to jump thru

Dr. K--I've hit a new Medicare hoop in trying to arrange phys therapy for leg cramps caused by Revlimid. Chen's office called in a referral, but under the new regulation I have to be seen face to face by a doctor for a phys ther apptmt to be scheduled. Problem is, Chen and I are only on phone visits the next couple of months as he monitors my bloodwork and reaction to Rev (much better than to Thalidomide, by the way). So, beloved personal physician, can I have 5 min. of your time--anytime--to tell you Yeah, my legs cramp at night in the Rev buildup, can we see what phys therapy has to suggest? Sorry to bother, but as you no doubt know, getting to see Chen takes weeks.

Regards, Ivan

[REPLY](#)[DELETE](#)You can reply to most messages for 30 days. Certain messages won't have a reply button; see [About This Service](#).



GroupHealth.

E-Mail Your Health Care Team

Send messages about **non-urgent** health concerns only.

- A reply usually arrives by the end of the next business day, in your MyGroupHealth message inbox.
- Want an e-mail notice when your reply arrives? Enter your personal e-mail at [Update Your Account Profile](#).

Time limit: When you start a message, you have 30 minutes to send it. After that, you'll be logged out and lose your unsent message. This is a security measure.

This communication will become part of the medical record for Ivan C Doig.
Don't use this form for messages about another person's health.

From: Ivan C Doig

To the office of:

Kato, Patricia E, MD –PCP–

Subject:

Medicare hoop to jump thru

Message:

Dr. K--I've hit a new Medicare hoop in trying to arrange phys therapy for leg cramps caused by Revlimid. Under the new regulation I have to be seen face to face by a doctor for a phys ther apptmt to be scheduled, but Chen and I are on phone visits the next couple of months as he monitors my bloodwork and reaction to Rev (much better than to Thalidomide, by the way). So, beloved personal physician, can I have 5 min. of your time--anytime--to tell you Yeah, my legs cramp at night in the Rev buildup, can we see what phys therapy has to suggest? Sorry to bother, but as you no doubt know, getting to see Chen takes weeks.

Regards, Ivan

Maximum 5000 characters.

SEND

CANCEL

For immediate medical help, call your physician's office or the [Consulting Nurse Service](#).

Subject: RE: myeloma update

To: Ivan C Doig
From: PATRICIA KATO, MD
Received: 08/06/2012 7:57 AM

Dear Ivan,
Thank you for your message and for keeping me up to date.
Please let me know if there is anything I can do.
I hope your book tour goes well.
Best to you and Carol,
Pat Kato

----- Message -----

From: DOIG,IVAN C
Sent: 8/2/12 06:34 AM
To: PATRICIA KATO, MD
Subject: myeloma update

Dr. K, hi--Just letting you know my wonderful 4-mo. furlough from medications is over, latest 2-mo. blood tests showing protein upticks, not surprising. Chen is putting me on Revlimid instead of Thalidomide, because of neuropathy, and Dexamethasone. I'll take Dex the 1st 2 wks, lay off until after my book tour ends mid-Oct., then go on it full-time (20 mg, I think, once/wk) if next bld tests indicate I have to. Checked my diary of the Dex experience last time and had Chen prescribe Temezapam for sleeplessness, Lorazapam against anxiety, and I'll get hydrocortisone cream for rash and Anusol, stool softener, and laxative against constipation. Better prepared for it this time, I hope. Best, Ivan

You can reply to most messages for 30 days. Certain messages won't have a reply button; see [About This Service](#).

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This communication will become part of the medical record for Ivan C Doig.
Don't use this form for messages about another person's health.

From: Ivan C Doig

To the office of:

Kato, Patricia E -PCP-

Subject:

colorectal screening

Message:

Dr. Kato, hi--Duly noted about the colorectal etc. I'll face up to that next year, then.

We had a great trip across the North Cascades in Wednesday's ideal weather, and the Rio Vista, Duck Brand, and the Rocking Horse all did well by us. Went in the bookstore and signed up my books, clerk Kate rewarded us with a free cup of coffee, and I started browsing and bought \$45 worth of books; good place!

Best wishes from us both--Ivan

Maximum 5000 characters.

For immediate medical help, call your physician's office or the [Consulting Nurse Service](#).

Subject: RE: colorectal screening

To: Ivan C Doig
From: PATRICIA KATO, MD
Received: 06/18/2012 6:48 PM

Dear Ivan,

Thanks for your message.

Yes, your next colonoscopy is due next year. If we found a polyp or cancer on a colonoscopy, would you want treatment? If your answer is yes, you should continue with screening.

I hope you have a nice stay in the Methow. The Trails End book store there has always carried a nice selection of your books.

We like the Duck Brand restaurant. They serve Mexican food. The Twisp River Pub (in Twisp) has a nice dinner menu, as well as beer and wine. The Rocking Horse bakery has plenty of delicious sweets and breads, and free wi fi.

Glad to hear you are doing so well.

Take care,

Pat Kato

----- Message -----

From: DOIG,IVAN C

Sent: 6/18/12 12:51 PM

To: PATRICIA KATO, MD

Subject: colorectal screening

Dr. K, hi. Received, maybe from the computer instead of you, a reminder about colonoscopy every 10 years, etc. I had one nine years ago, and by the time 10 years comes round I'll be 74. Is this beyond range of having to have one?

By the way, the Doigs are going to the Methow on Wednesday for an overnight. Any eating places we shouldn't miss in metropolitan Winthrop? Or any other advice?

I'm feeling terrific since Dr. Chen took me off thalidomide. He's checking me every two months. So far so good.

Best wishes

Ivan

You can reply to most messages for 30 days. Certain messages won't have a reply button; see [About This Service](#).

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[Click](#) to return to normal



GroupHealth.

Subject: colorectal screening

To: PATRICIA KATO, MD
From: Ivan C Doig
Sent: 06/18/2012 12:51 PM

Dr. K, hi. Received, maybe from the computer instead of you, a reminder about colonoscopy every 10 years, etc. I had one nine years ago, and by the time 10 years comes round I'll be 74. Is this beyond range of having to have one?

By the way, the Doigs are going to the Methow on Wednesday for an overnight. Any eating places we shouldn't miss in metropolitan Winthrop? Or any other advice?

I'm feeling terrific since Dr. Chen took me off thalidomide. He's checking me every two months. So far so good.

Best wishes
Ivan

[◀ BACK TO MESSAGE LIST](#)

**GroupHealth.**

June 11, 2012

Group Health Cooperative

CWB3
1600 E. John Street
Seattle, WA 98112

www.ghc.org

Member ID # 00215848

Ivan C. Doig
17277 15TH AVE NW
SHORELINE WA 98177

Dear Ivan Doig,

As your doctor, I want to make sure you have information and tools to help you live a healthier life. I'm writing to remind you of important tests you might need. These tests are important because of your age, gender and personal health information. We used a computer to review your medical record and created this list of tests for you. Some are screening tests, which help us find health problems before any symptoms show up. Others are lab tests we use to track your overall health.

If you have questions about the tests listed, or if you think you don't need a certain test, please let me know. This list is based on the preventive care needs Group Health recommends and may not include tests for specialized care plans you and I have created.

Call or e-mail me to get the tests you need

Please look over the tests listed on the next page. You'll see the date you last had the test and the date you need to have it again. In some cases, you won't see the date of your last test-either because we don't have it in our records or because the test didn't happen during the ideal timeframe.

- Contact me so I can place orders for your lab tests. You can either call my office or send me a secure e-mail using the MyGroupHealth for Members website. If you aren't registered for enhanced services on the site, I encourage you to sign up at www.ghc.org.*

Get even more support with the Health Profile

Another online tool I encourage you to use is our Health Profile.* By completing this questionnaire, you'll get a customized report based on your own health information. This report gives you action steps for taking better control of your health, as well as access to our telephone-based Lifestyle Coaching.

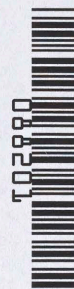
I hope you'll use the wellness resources available to you at Group Health. Working together, we can take steps to help you achieve better health.

Sincerely,

Patricia E. Kato, MD
206-302-1200

If you have questions about your benefits, please call our Customer Service Center toll-free at 1-888-901-4636 or TTY Relay (hearing impaired) 711 or toll-free 1-800-833-6388, Monday through Friday.

* To send secure e-mails or fill out a Health Profile, you need to register for enhanced online services. Go to www.ghc.org and follow the instructions to upgrade your account.



PF200



***Screening, prevention, and wellness recommendations for**
Ivan Doig



- Keep your blood pressure below 140/90 to prevent heart disease and stroke.
- Have your cholesterol checked every 5 years.
- Get a flu shot every year in the fall.
- Get a tetanus/diphtheria (Td or Tdap) vaccine (every 10 years for Td or once in a lifetime for Tdap)
- Get a pneumonia vaccine once in your lifetime.
- Get a herpes zoster (shingles) vaccine once in your lifetime. If you have a weakened immune system, talk to me first.
- If you've ever smoked tobacco, ask me about a one-time AAA ultrasound screening.
This screening can determine if there is a weakening in the large blood vessel in your abdomen.
- If you smoke or someone you live with smokes, contact Free & Clear® Quit for Life™ Program.
Call 1-800-462-5327 or visit www.freeclear.com/ghc.

Send a secure message through MyGroupHealth or call my office at 206-302-1200, to get help scheduling these tests. (please do not call or go to the lab before you have contacted me)

Tests recommended for you	Please have these tests during these time periods	Date of last known test within the recommended time period	Unless you are on a more frequent schedule, have your next test <i>before</i>
Tests for colorectal cancer screening.	Stool test every year, OR flexible sigmoidoscopy every 5 years OR colonoscopy every 10 years unless you are on a more frequent schedule.	Colonoscopy: 30APR2003	Depends on your situation. Please contact me unless you know you are current on screening.

For more information about Group Health's recommendations, please go to the Health & Wellness Resources section on our website at www.ghc.org and click on Exams, Tests, and Monitoring.

CLOBETASO CR 30. 0.05 %. TUBE. TOP

IMPORTANT: HOW TO USE THIS INFORMATION: This is a summary does NOT have all possible information about this product. This information does not assure that this product is safe, effective, or appropriate for you. This information is not individual medical advice and does not substitute for the advice of your health care professional. Always ask your health care professional for complete information about this product and your specific health needs.

CLOBETASOL - TOPICAL
(kloh-BAY-tuh-sall)

COMMON BRAND NAME(S): Cormax, Temovate

USES: This medication is used to treat a variety of skin conditions (e.g., eczema, dermatitis, allergies, rash).

Clobetasol reduces the swelling, itching, and redness that can occur in these types of conditions. This medication is a very strong (super-high-potency) corticosteroid.

HOW TO USE: Use this medication on the skin only. Do not use it on the face, groin, or underarms unless directed to do so by your doctor.

Wash and dry your hands before using. Clean and dry the affected area. Apply a thin film of medication to the affected area and gently rub in, usually 2 times daily or as directed by your doctor. Do not bandage, cover, or wrap the area unless directed to do so by your doctor. If used in the diaper area on an infant, do not use tight-fitting diapers or plastic pants.

After applying the medication, wash your hands unless you are using this medication to treat the hands. When applying this medication near the eyes, avoid getting it in the eyes because this may worsen or cause glaucoma. Also, avoid getting this medication in the nose or mouth. If you get the medication in these areas, rinse with plenty of water.

Use this medication only for the condition prescribed. Do not use it for longer than 2 weeks in a row or use more than 50 grams per week unless directed to do so by your doctor.

Inform your doctor if your condition persists or worsens after 2 weeks.

SIDE EFFECTS: Burning, stinging, itching, dryness, or redness at the application site may occur when first applied to the skin. This should disappear in a few days as your body adjusts to the medication. If any of these effects persist or worsen, notify your doctor or pharmacist promptly.

Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects.

Tell your doctor if any of these unlikely but serious side effects occur: stretch marks, skin thinning/discoloration, acne, extreme/unwanted hair growth, "hair bumps" (folliculitis).

Skin infections can become worse when this medication is used. Notify your doctor promptly if redness, swelling, or irritation does not improve.

Rarely, it is possible this medication will be absorbed from the skin into the bloodstream. This can lead to side effects of too much corticosteroid. These side effects are more likely in children and people who use this medication for a long time or over large areas of the skin. Tell your doctor immediately if any of the following side effects occur: unusual/extreme tiredness, weight loss, headache, swelling ankles/feet, increased thirst/urination, vision problems.

A very serious allergic reaction to this drug is rare. However, seek immediate medical attention if you notice any symptoms of a serious allergic reaction, including: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing.

This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist.

In the US -

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

In Canada - Call your doctor for medical advice about side effects. You may report side effects to Health Canada at 1-866-234-2345.

PRECAUTIONS: Before using clobetasol, tell your doctor or pharmacist if you are allergic to it; or to other corticosteroids (e.g., hydrocortisone, prednisone); or if you have any other allergies. This product may contain inactive ingredients, which can cause allergic reactions or other problems. Talk to your pharmacist for more details.

Before using this medication, tell your doctor or pharmacist your medical history, especially of: poor blood circulation, immune system problems, certain skin conditions (rosacea, perioral dermatitis).

Do not use if there is an infection or sore present in the area to be treated.

Rarely, using corticosteroid medications for a long time can make it more difficult for your body to respond to physical stress. Therefore, before having surgery or emergency treatment, or if you get a serious illness/injury, tell your doctor or dentist that you are using this medication or have used this medication within the past few months.

Children may be more sensitive to the effects of too much corticosteroid medication. Though it is very unlikely to occur with corticosteroids applied to the skin, this medication may temporarily slow down a child's rate of growth if used for long periods. However, it will probably not affect final adult height. Monitor your child's height periodically.

During pregnancy, this medication should be used only when clearly needed. Discuss the risks and benefits with your doctor.

It is not known whether this drug passes into breast milk when applied to the skin. Similar medications pass into breast milk when taken by mouth. Consult your doctor before breast-feeding.

DRUG INTERACTIONS: Your doctor or pharmacist may already be aware of any possible drug interactions and may be monitoring you for them. Do not start, stop, or change the dosage of any medicine before checking with your doctor or pharmacist first.

Before using this medication, tell your doctor or pharmacist of all prescription and nonprescription/herbal products you may use, especially of: corticosteroids taken by mouth (e.g., prednisone), drugs that lower the immune system (e.g., cyclosporine).

This document does not contain all possible interactions.

Therefore, before using this product, tell your doctor or pharmacist of all the products you use. Keep a list of all your medications with you, and share the list with your doctor and pharmacist.

OVERDOSE: This medication may be harmful if swallowed. If swallowing or overdose is suspected, contact your local poison control center or emergency room immediately. US residents can call the US National Poison Hotline at 1-800-222-1222. Canada residents can call a provincial poison control center.

NOTES: Do not share this medication with others.

This medication has been prescribed for your current condition only. Do not use it later for other skin problems unless told to do so by your doctor. A different medication may be necessary in those cases.

Laboratory and/or medical tests (such as adrenal gland function tests) may be performed periodically to monitor your progress or check for side effects, especially if you use this drug for an extended period of time or apply it over large areas of the body. Consult your doctor for more details.

Inform all your doctors that you use or have used this medication.

MISSED DOSE: If you miss a dose, use it as soon as you remember. If it is near the time of the next dose, skip the missed dose and resume your usual dosing schedule. Do not double the dose to catch up.

STORAGE: Store at room temperature between 59-86 degrees F (15-30 degrees C) away from light and moisture. Do not refrigerate. Do not store in the bathroom. Keep all medicines away from children and pets.

Do not flush medications down the toilet or pour them into a drain unless instructed to do so. Properly discard this product when it is expired or no longer needed. Consult your pharmacist or local waste disposal company for more details about how to safely discard your product.

MEDICAL ALERT: Your condition can cause complications in a medical emergency. For information about enrolling in MedAlert, call 1-800-854-1166 (USA) or 1-800-668-1507 (Canada).

Information last revised May 2010

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[Click](#) to return to normal



GroupHealth.

Subject: RE: staying as your patient

To: Ivan C Doig
From: PATRICIA KATO, MD
Received: 12/08/2011 2:07 PM

Dear Ivan,
Thank you for your message.
I was not aware that you had been transferred to another panel. Thank you for letting me know. I will have the Business Office transfer you back to my panel. Happy to have you back!
I found out about the upcoming production of Prairie Nocturne at Book-It from one of my patients. Bill and I will be there to see it for sure.
Best wishes,
Pat Kato

----- Message -----

From: DOIG,IVAN C
Sent: 12/8/11 12:56 PM
To: PATRICIA KATO, MD
Subject: staying as your patient

Dr. Kato, hi. I was in the clinic recently for something minor -- earwax! -- and was dismayed to find that I'm no longer listed as your patient. Can we please get this fixed, despite the bureaucracy? You've been our doctor for, umm, decades, and I wouldn't have it any other way. Thanks to you and your early warning system, the myeloma remains suppressed and my condition stable. As Carol has told you, I'm perking along as usual, the next novel and Prairie Nocturne at Book-It both within sight.

All best wishes
Ivan

You can reply to most messages for 30 days. Certain messages won't have a reply button; see [About This Service](#).

[◀ BACK TO MESSAGE LIST](#)



GroupHealth.
000295

Group Health Cooperative
Laboratory Services
P.O. Box 34944
Seattle, WA 98124-1944

www.ghc.org

01 DEC 2011



Ivan C Doig
17277 15TH AVE NW
SEATTLE WA 98177

Consumer: 00215848
Lab ID: 09565044



Here are the results of the lab tests ELLEN LYNN CHAPMAN MD ordered for you on NOVEMBER 29 2011 at Northgate Medical Center Laboratory.

Dr. CHAPMAN has reviewed these results. You will be contacted if a change in your treatment plan is necessary. We've also included test reference ranges as a guide to results that would be expected in a general population. These ranges are not personalized but only a general guide. Dr. CHAPMAN may have different ranges for you.

You may check these results online, as part of your secure online medical record. (You must register with MyGroupHealth at www.ghc.org and then 'upgrade' your account. Follow instructions on the site.)

Do you already check your results online and prefer that? Go to your online Lab & Test Results area and click on the 'stop paper version' link. Also use that email form to resume receiving the mail version if you change your mind.

Component	Result Values	Reference Ranges	Units
-----------	---------------	------------------	-------

VITAMIN D (25-HYDROXY)

VITAMIN D (25 HYDROXY)

35

30-80

ng/mL

REFERENCE INTERVAL: Vitamin D, 25-Hydroxy

This assay accurately quantifies the sum of vitamin D3, 25-hydroxy and vitamin D2, 25-hydroxy.

0-17 years:

Deficiency: less than 20 ng/mL

Optimum level: greater than or equal to 20 ng/mL*

*(Wagner CL et al. Pediatrics 2008; 122: 1142-52.)

18 years and older:

Deficiency: Less than 20 ng/mL

Insufficiency: 20-29 ng/mL

Optimum Level: 30-80 ng/mL

Possible Toxicity: Greater than 150 ng/mL

Performed by ARUP Laboratories,

500 Chipeta Way, SLC, UT 84108 800-522-2787

www.aruplab.com, Sherrie L. Perkins, MD, Lab. Director

VITAMIN B 12

VITAMIN B-12

712

210 - 910

PG/ML

Laboratory ID: 09565044

(Page 1 of 2)

01 DEC 2011 01:56

PL105

Component	Result Values	Reference Ranges	Units
FOLATE FOLATE	H 18.8	3.1 - 17.5	ng/mL

We're pleased to have this opportunity to serve you.
Group Health Cooperative Laboratory Services

After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

<u>Date</u>	<u>Time</u>	<u>Department</u>	<u>Provider</u>
11/29/2011	9:40 AM	NGT FAMILY PRACTICE	E Lynn Chapman, MD

If you have questions or need further information, call this department at 206-302-1200 or send a secure message to your provider.

PCP and Location

<u>PCP</u>	<u>Location</u>
Kimberly Painter, MD, Physician	NORTHGATE MEDICAL CENTER

Vitals

<u>Blood Pressure</u>	<u>Pulse</u>	<u>Temperature</u>	<u>Weight</u>	<u>Body Mass Index</u>
120/70	68	96.9 °F (36.1 °C) (Tympanic)	162 lb 3.2 oz (73.57 kg)	23.94

Reason for Visit

Ear Problem

Allergies as of 11/29/2011

No Known Allergies

Diagnoses

Visit Diagnoses
 MYELOMA [203.00]
 CERUMEN IMPACTION [380.4]
 ETD (EUSTACHIAN TUBE DYSFUNCTION) [381.81]
 NEUROPATHY OF FOOT [355.8]
 worse L foot, assumed secondary to chemotherapy

Goals (2 Years of Data) as of 11/29/2011

None

Patient Information and Follow-up

Patient Instructions

Please use Debrox in right ear to help dissolve ear wax

Use Flonase 2 sprays each nostril once a day

Please go to lab to check for Vitamin deficiency that might contribute to decreased sensation in feet

Follow-up

Check-out Note
 As needed

Medications Ordered This Visit

Medications Ordered This Visit continued

**Pick Up at
Pharmacy**

FLUTICASONE 50 MCG/ACTUATION NASAL SPRAY 16 GM
CARBAMIDE PEROXIDE 6.5% OTIC SOLN

Lab Tests Due

This section lists all lab tests you need to do. This may include tests ordered at previous visits. If a listed lab test wasn't done during today's visit, go to any Group Health medical center for that test. Your test should be done on the due date or as soon as possible after that date.

To Do	Order	Due Date	Provider
	CBC/PLT/DIFF (GHC) [85025.003]	11/22/2011	CHEN, ERIC Y
	CALCIUM [82310.001]	11/22/2011	CHEN, ERIC Y
	CREATININE [82565.002]	11/22/2011	CHEN, ERIC Y
	ELECTROPHORESIS SERUM	11/22/2011	CHEN, ERIC Y
	PROTEIN (GHC) [84165.003]		
	KAPPA/LAMBDA FREE LIGHT CHAINS	11/22/2011	CHEN, ERIC Y
	W/RATIO (GHC) [83883.004]		
	VITAMIN B-12 LEVEL [82607.001]	11/29/2011	CHAPMAN, ELLEN LYNN
	VITAMIN D,25 HYDROXY (VIT D	11/29/2011	CHAPMAN, ELLEN LYNN
	SCREENING) (GHC) [82306.001]		
	FOLATE [82746.001]	11/29/2011	CHAPMAN, ELLEN LYNN

Health Reminders

Appointments	Date & Time	Provider	Department	Dept Phone
	1/5/2012 8:20 AM	Eric Y Chen	Csc Oncology	206-326-3000

Updated Medication List

This section lists the medications you have reported you are currently taking, in addition to new medications and supplies ordered and changes made at this visit. If you have any questions about your medications, please contact your pharmacist.

THALIDOMIDE (THALOMID) 50 MG ORAL CAP

Instructions: TAKE ONE CAPSULE DAILY. (AUTHORIZATION # 2587070 CONFIRMATION #2388207)

TEMAZEPAM 15 MG ORAL CAP

Instructions: TAKE 1 TO 2 CAPSULES AT BEDTIME AS NEEDED FOR SLEEP

CLOBETASOL 0.05% TOPICAL CREAM

Instructions: APPLY TO ITCHY BUMPS AS NEEDED

FLUTICASONE 50 MCG/ACTUATION NASAL SPRAY 16 GM

Instructions: 2 SPRAYS IN EACH NOSTRIL ONCE DAILY

CARBAMIDE PEROXIDE 6.5% OTIC SOLN

Instructions: fill ear canal twice daily for 7 days to R ear

Health Profile

Remember to fill out a Health Profile every year. You'll receive an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. For access to the Health Profile, log in to MyGroupHealth for Members at www.ghc.org. (If you don't have access to online services, you'll need to upgrade your online account.)

Lexi-Patient Education



ADULT

Customize Leaflet

Carbamide Peroxide (KAR ba mide per OKS ide)

Brand Names: U.S. Auraphene B® [OTC]; Auro® [OTC]; Cankaid® [OTC]; Debrox® [OTC]; E-R-O® [OTC]; Gly-Oxide® [OTC]; Murine® Ear Wax Removal Kit [OTC]; Murine® Ear [OTC]; Otix® [OTC]

Pharmacologic Category Anti-inflammatory, Locally Applied; Otic Agent, Cerumenolytic

When is it not safe to use this drug?

- If you have an allergy to carbamide peroxide or any other part of this drug.
- Tell your doctor if you are allergic to any drugs. Make sure to tell about the allergy and what signs you had. This includes telling about rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.

Ear drops:

- If you have any of these health problems: Ear drainage, ear pain, a hole in the eardrum, or a rash in the ear.

What is this drug used for?

- It is used to soften earwax so it may be taken out.
- It is used to treat mouth irritation.

How does this drug work?

- Carbamide peroxide softens earwax.
- It helps swelling.

How is this drug best taken?

Oral:

- Do not swallow this drug.

Ear drops:

- For the ear only.
- Wash your hands before and after use.
- Lie on your side with problem ear up.
- Pull the outer ear outward and upward.
- Put drops in ear without touching dropper to ear. Stay on side for 2 minutes or put cotton plug in ear.

What do I do if I miss a dose? (does not apply to patients in the hospital)

- Use a missed dose as soon as you think about it.
- If it is close to the time for your next dose, skip the missed dose and go back to your normal time.
- Do not use 2 doses or extra doses.
- Many times this drug is used on an as needed basis.

Are there any precautions when using this drug?

- Check all drugs you are taking with your doctor. This drug may not mix well with some other drugs.
- Tell your doctor if you are pregnant or plan on getting pregnant.
- Tell your doctor if you are breast-feeding.

What are some side effects of this drug?

- Ear irritation.
- Skin irritation.

What do I need to watch for when using this drug?

- Change in the health problem being treated. Is it better, worse, or about the same?

When do I need to call my doctor?

- If you think there was an overdose, call your local poison control center or ER right away.
- Signs of a very bad reaction to the drug. These include wheezing; chest tightness; fever; itching; bad cough; blue skin color; seizures; or swelling of face, lips, tongue, or throat.
- Very bad ear irritation.
- Very bad ear pain.
- Very bad skin irritation.
- Any rash.
- Health problem is not better or you are feeling worse.

How do I store and/or throw out this drug?


- Store at room temperature.
- Protect from light.
- Protect from heat.

General drug facts

- If you have a very bad allergy, wear an allergy ID at all times.
- Do not share your drugs with others and do not take anyone else's drugs.
- Keep all drugs out of the reach of children and pets.
- Most drugs may be thrown away in household trash after mixing with coffee grounds or kitty litter and sealing in a plastic bag.
- In Canada, take any unused drugs to the pharmacy. Also, visit <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/med/disposal-defaire-eng.php#th> to learn about the right way to get rid of unused drugs.

- Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor.
- Call your doctor for help with any side effects. If in the U.S., you may also call the FDA at 1-800-FDA-1088 or if in Canada, you may also call Health Canada's Vigilance Program at 1-866-234-2345.
- Talk with the doctor before starting any new drug, including OTC, natural products, or vitamins.

Disclaimer We want you to get the most benefit you can from your medicine. This patient leaflet is a summary of useful information to help you understand and take it safely. Other information about this medicine may be important for you to know. Please talk with your healthcare provider for more information and your special health needs.

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Smart data. Better decisions.

TUESDAY

MMER PRODUCE>B4



Dr. Louis
Chen

er
ALTY

found in a bathtub, charg-
ents say.
id five knives, including a
ife and a large kitchen
the blade broken off,
d in the home, all with
ood on them.
men and the child had
o the apartment in July,
was scheduled to start
day at Seattle's Virginia
See > **SLAYINGS, B2**

Matching treatment to severity of prostate cancer

NEW RESEARCH

Goal is to prevent
overtreatment

BY ROBERTO DAZA
Seattle Times staff reporter

Janet Stanford has been study-
ing prostate cancer for years; she
knows the statistics and can re-
cite them from memory:

Prostate cancer is the second
most common cause of death
from cancer in men in the United
States.

More than 240,000 cases will
be diagnosed this year. And close
to 5,500 of them will be in Wash-
ington state.

The researcher and her col-
leagues at the Fred Hutchinson
Cancer Research Center have ze-
roed in on the overtreatment of
the disease — which in men with
slow-growing and seldom lethal
prostate cancer can result in im-
potence and the loss of bladder
control, among other side effects.

Their findings, published on-
line Tuesday in the medical jour-
nal Cancer Epidemiology, Bio-
markers and Prevention, could

See > **RESEARCH, B2**



THE SEATTLE TIMES
chosen by founders

MENT

op — it's an odd but
teographer Ryan

TELL US: HOW DID 9/11 CHANGE YOU?

The terrorist attacks of Sept.
11, 2001, were so
momentous, they have
reshaped our world view and
altered our culture forever.

As part of The Seattle Times'
coverage of the 10th
anniversary of the attacks, we
want to hear how your
expectations, your
aspirations, your fears and
your dreams have changed
since that day.

Submit your thoughts in 400
words or less at
seati.ms/911anniv.

Please include your age, along
with your contact
information. We may include

< Research | FROM B1

BLOOD TEST FOR PROSTATE CANCER STUDIED

Research aims to prevent overtreatment

lead to a simple blood test to determine who should receive aggressive treatment and who should consider more conservative options.

Their discovery won't help with early detection of the disease but could help with the likely outcome of the illness, the scientists say.

Stanford and her colleagues at the Hutch analyzed the DNA in blood samples from more than 1,300 prostate-cancer patients in and around Seattle and identified 22 genetic variants associated with aggressive, lethal prostate cancer.

They looked through 937 genetic variants among 156 genes that they hypothesized were associated with tumor growth and its likelihood of spreading and proving fatal.

An analysis by Stanford and her colleagues of close to 3,000 patients in Sweden whittled those down to five variants among five genes.

"The question was simple: How can we identify the prostate cancers that are destined to kill? It's often difficult to distinguish between harmless and aggressive cancers," said Stanford, who says she became involved with prostate-cancer research because there was a dearth of information during the nascent stages of her career, and also for personal reasons. Her father is a prostate-cancer survivor.

Part of the challenge, she says, is that similar tumors can produce far different outcomes among patients, with one man dying of his cancer a few years after diagnosis and another man living for decades.

"How can we avoid putting men through treatment that may not be necessary, and often rough?"

Previous studies have found that about three-quarters of men with indolent, or slow-growing, tumors, receive aggressive therapy, ranging from radiation therapy to hormone therapy to the complete removal of the prostate.

Overtreatment, Stanford says, is no one's fault. The tools available are lacking, leading doctors to err on the side of caution, potentially overtreating a condition because their priority is to keep the patient from dying.

"We're motivated by good things, but we don't always get the best outcomes," said Robert Resta, a genetic counselor at Seattle's Swedish Medical Center who is not affiliated with the study. "This work is a great first step."

While a number of studies have looked at family and genetic history to determine cancer risk, Stanford's work is the first time that genetic history has been used to determine the aggressiveness of a tumor.

Stanford's blood test isn't meant to replace anything. Rather, it would complement existing tools, becoming part of a process that

starts as soon as a routine prostate exam gives a doctor pause.

From there, a prostate-specific antigen (PSA) test measures proteins produced by cells of the prostate gland. If the results warrant it, a biopsy is per-

formed and the tissue rated on a scale of 1 to 10, with 8 and up indicating an aggressive and often lethal form of cancer that may require radiation therapy or surgery, while scores of 2 to 4 suggest a possibly indolent tumor meriting more conservative treatment.

"We need to be able to stratify patients, and this has the potential to help do that," said Stanford.

This is when Stanford's blood test comes in.

If 4 to 5 biomarkers are found in the blood, chances are that the patient has a form of prostate cancer that requires aggressive treatment, whereas 1 or 2 biomarkers suggest that the cancer is potentially slow growing and could benefit from active surveillance — routine PSA tests, prostate exams and biopsies.

"We need every tool we can get to help with prognosis," Stanford added.

If her work proves successful — which means the findings would hold across ethnic lines, ages and stages of cancer progression — it could also help ease the economic burden created by the overtreatment of nonaggressive tumors. About \$2 billion to \$3 billion is spent annually in the U.S. on initial therapy alone, according to Stanford.

Roberto Daza: 206-464-3195 or rdaza@seattletimes.com

Lot
for

BY A
The

Subject: RE: plague of colds

To: Ivan C Doig
From: Suzanne Balasa, RN
Received: 10/28/2011 10:31 AM

Hello Ivan,

I'm running your question by Dr. Chen. I'm sorry you're having these colds that hang on so long. You should be hearing back from him soon. I know Dr. Chen always recommends bringing hand sanitizer onto the plane and using whenever you are up to the bathroom or other highly used areas.

Take care,
Suzanne

----- Message -----

From: DOIG,IVAN C
Sent: 10/27/11 01:04 PM
To: Eric Chen, MD
Subject: plague of colds

Dr. Chen--Just a question: after a plane flight 3 weeks ago I came down with a terrific cold which is still hanging on. Same thing happened earlier this year, except that ferocious cold lasted about a month. Do you think my immune system is so susceptible I ought not to fly except when really necessary? Or is there anything I can do to make air travel less chancy?

Regards, Ivan

You can reply to most messages for 30 days. Certain messages won't have a reply button; see [About This Service](#).

[◀ BACK TO MESSAGE LIST](#)

Subject: RE: plague of colds

To: Ivan C Doig
From: Suzanne Balasa, RN
Received: 10/28/2011 3:38 PM

Hello Ivan,

I double checked with Dr. Chen and he said that he advised really good hand washing when you do have to take flights. He did not think that you would need to limit your flying because of your blood counts. Your last blood count shows your white blood cells are low, but you still have plenty to be able to fight an infection.

I hope that's helpful.

Take care,
Suzanne

----- Message -----

From: DOIG,IVAN C
Sent: 10/27/11 01:04 PM
To: Eric Chen, MD
Subject: plague of colds

Dr. Chen--Just a question: after a plane flight 3 weeks ago I came down with a terrific cold which is still hanging on. Same thing happened earlier this year, except that ferocious cold lasted about a month. Do you think my immune system is so susceptible I ought not to fly except when really necessary? Or is there anything I can do to make air travel less chancy?

Regards, Ivan

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GroupHealth.

June 7, 2010

Group Health Cooperative

CWB3
1600 E. John Street
Seattle, WA 98112

www.ghc.org

Member ID # 00215848

Ivan C. Doig
17277 15TH AVE NW
SEATTLE WA 98177



Dear Ivan Doig,

As your doctor, I want to make sure you have information and tools to help you live a healthier life. I'm writing to remind you of important tests you might need. These tests are important because of your age, gender and personal health information. We used a computer to review your medical record and created this list of tests for you. Some are screening tests, which help us find health problems before any symptoms show up. Others are lab tests we use to track your overall health.

If you have questions about the tests listed, or if you think you don't need a certain test, please let me know. This list is based on the preventive care needs Group Health recommends and may not include tests for specialized care plans you and I have created.

Call or e-mail me to get the tests you need

Please look over the tests listed on the next page. You'll see the date you last had the test and the date you need to have it again. In some cases, you won't see the date of your last test-either because we don't have it in our records or because the test didn't happen during the ideal timeframe.

- Contact me so I can place orders for your lab tests. You can either call my office or send me a secure e-mail using the MyGroupHealth for Members Web site. If you aren't registered for enhanced services on the site, I encourage you to sign up at www.ghc.org.*

Get even more support with the Health Profile

Another online tool I encourage you to use is our Health Profile.* By completing this questionnaire, you'll get a customized report based on your own health information. This report gives you action steps for taking better control of your health, as well as access to our telephone-based Lifestyle Coaching.

I hope you'll use the wellness resources available to you at Group Health. Working together, we can take steps to help you achieve better health.

Sincerely,

Mary M. Wierusz, MD
206-302-1200

If you have questions about your benefits, please call our Customer Service Center toll-free at 1-888-901-4636 or TTY Relay (hearing impaired) 711 or toll-free 1-800-833-6388, Monday through Friday.

* To send secure e-mails or fill out a Health Profile, you need to register for enhanced online services. Go to www.ghc.org and follow the instructions to upgrade your account.

ADPSLR

***Screening, prevention, and wellness recommendations for
Ivan Doig**



- Keep your blood pressure below 140/90 to prevent heart disease and stroke.
- Get a flu shot every year in the fall.
- Get a tetanus/diphtheria (Td or Tdap) vaccine (every 10 years for Td or once in a lifetime for Tdap)
- Get a pneumonia vaccine once in your lifetime.
- Get a herpes zoster vaccine once in your lifetime.
- If you've ever smoked tobacco, ask me about a one-time AAA ultrasound screening.
This screening can determine if there is a weakening in the large blood vessel in your abdomen.
- If you smoke or someone you live with smokes, contact Free & Clear® Quit for Life™ Program.
Call 1-800-462-5327 or visit www.freeclear.com/ghc.
- Track your most recent screening tests and vaccines online by registering for enhanced services at www.ghc.org.

Send a secure message through MyGroupHealth or call my office at 206-302-1200, to get help scheduling these tests. (please do not call or go to the lab before you have contacted me)

Tests recommended for you	Please have these tests during these time periods	Date of last known test within the recommended time period	Unless you are on a more frequent schedule, have your next test <i>before</i>
Talk to me about colorectal cancer screening.	Stool test every year, or colonoscopy every 10 years unless you are on a more frequent schedule.	Colonoscopy: 30APR2003	Depends on your situation. Please contact me unless you are current on screening.

For more information about Group Health's recommendations, please go to the Health & Wellness Resources section on our Web site at www.ghc.org and click on Exams, Tests, and Monitoring.



After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

<u>Date</u>	<u>Time</u>	<u>Department</u>	<u>Provider</u>
10/07/2009	11:20 AM	NGT FAMILY PRACTICE	PATRICIA KATO, MD

If you have questions or need further information, call this department at 206-302-1200 or send a secure message to your provider.

Vitals

<u>Blood Pressure</u>	<u>Pulse</u>	<u>Temperature</u>	<u>Weight</u>
104/58	56	98.2 °F (36.8 °C) (Oral)	159 lb (72.12 kg)

Reason for Visit

Rash

DiagnosesRASH AND OTHER NONSPECIFIC SKIN ERUPTION
[782.1]

Patient Information and Follow-up

Patient Instructions

You can use the Hydrocortison3 2.5% cream twice a day as needed.

Call or send an e-mail if your rash is not improving.

Great to see you.

Medications Ordered This Visit

Pick Up at Pharmacy

HYDROCORTISONE 2.5% TOPICAL CREAM

Health Reminders

Appointments

<u>Date & Time</u>	<u>Provider</u>	<u>Department</u>	<u>Dept Phone</u>
11/17/2009 8:00 AM	Andrew R Shors, Physician	Csc Dermatology	206-326-3000

Upcoming Lab Tests

This section lists all lab tests you need to do after today. This may include tests ordered at previous visits. Go to any Group Health medical center for these lab tests. For orders with an "available" date, go on that date or as soon as possible after that date.

Single Orders

<u>Order</u>	<u>Provider</u>	<u>Available</u>	<u>Ends</u>
CBC/PLT/DIFF (GHC) [85025.003]	CHEN, ERIC Y	12/17/2009	1/17/2010
CREATININE [82565.002]	CHEN, ERIC Y	12/17/2009	1/17/2010
ELECTROPHORESIS SERUM	CHEN, ERIC Y	12/17/2009	1/17/2010

Upcoming Lab Tests continued

<u>Order</u>	<u>Provider</u>	<u>Available</u>	<u>Ends</u>
PROTEIN (GHC) [84165.003]			
CALCIUM [82310.001]	CHEN, ERIC Y	12/17/2009	1/17/2010
KAPPA/LAMBDA FREE LIGHT CHAINS CHEN, ERIC Y W/RATIO (GHC) [83883.004]		12/17/2009	1/17/2010

Updated Medication List

This section lists the medications you have reported you are currently taking, in addition to new medications and supplies ordered and changes made at this visit. If you have any questions about your medications, please contact your pharmacist.

THALIDOMIDE (THALOMID) 100 MG ORAL CAP

Instructions: TAKE 1 CAPSULE DAILY. (AUTHORIZATION #1843588, CONFIRMATION #1710829)

HYDROCORTISONE 2.5% TOPICAL CREAM

Instructions: Use sparingly to rash twice a day as needed.

Health Profile

Remember to fill out a Health Profile every year. You'll receive an updated, personal report with suggestions on how to improve your health and lower your risk of certain diseases. You also can compare your reports from year to year. For access to the Health Profile, log in to MyGroupHealth for Members at www.ghc.org. (If you don't have access to online services, you'll need to upgrade your online account.)



June 8, 2009

Group Health Cooperative

CEB-223
1600 E. John Street
Seattle, WA 98112
www.ghc.org

Member ID # 00215848

Ivan C. Doig
17277 15TH AVE NW
SEATTLE WA 98177



Dear Ivan,

As your doctor, I want to make sure you have information and tools to help you live a healthier life. I'm writing to remind you of important tests you might need. These tests are important because of your age, gender and personal health information. We used a computer to review your medical record and created this list of tests for you. Some are screening tests, which help us find health problems before any symptoms show up. Others are lab tests we use to track your overall health.

If you have questions about the tests listed, or if you think you don't need a certain test, please let me know. This list is based on the preventive care needs Group Health recommends and may not include tests for specialized care plans you and I have created.

How to get the tests you need

Please look over the tests listed on the next page. You'll see the date you last had the test and the date you need to have it again. In some cases, you won't see the date of your last test-either because we don't have it in our records or because the test didn't happen during the ideal timeframe.

- Contact me so I can place orders for your lab tests. You can either call my office or send me a secure e-mail using the MyGroupHealth for Members Web site. If you aren't registered for enhanced services on the site, I encourage you to sign up at www.ghc.org.*

Get even more support with the Health Profile

Another online tool I encourage you to use is our Health Profile.* By completing this questionnaire, you'll get a customized report based on your own health information. This report gives you action steps for taking better control of your health, as well as access to our telephone-based Lifestyle Coaching.

I hope you'll use the wellness resources available to you at Group Health. Working together, we can take steps to help you achieve better health.

Sincerely,

Patricia E. Kato, MD
206-302-1200

If you have questions about your benefits, please call our Customer Service Center toll-free at 1-888-901-4636 or TTY Relay (hearing impaired) 711 or toll-free 1-800-833-6388, Monday through Friday.

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After-Visit Summary

This is a confidential summary of your visit. It also may include additional information, such as a list of any upcoming lab tests.

Visit Information

Appointment Information

<u>Date</u>	<u>Time</u>	<u>Department</u>	<u>Provider</u>
07/30/2009	9:20 AM	NGT FAMILY PRACTICE	DENISE SCHAEFER, ARNP

If you have questions or need further information, call this department at 206-302-1200 or send a secure message to your provider.

<u>Vitals</u>	<u>Blood Pressure</u>	<u>Pulse</u>	<u>Weight</u>
	118/68	64	153 lb (69.40 kg)

Reason for Visit Warts

Diagnoses AK (ACTINIC KERATOSIS) [702.0M]

Patient Information and Follow-up

Patient Instructions Check back in a couple weeks if your ak is not gone for another treatment

Procedures and Supplies Ordered This Visit

Procedures

DESTRUCT 1ST AK PREMALIGNANT LESION [17000]

Health Reminders

<u>Appointments</u>	<u>Date & Time</u>	<u>Provider</u>	<u>Department</u>	<u>Dept Phone</u>
	9/17/2009 8:40 AM	Eric Y-P Chen, Physician	Csc Oncology	206-326-3000

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<u>Single Orders</u>	<u>Order</u>	<u>Provider</u>	<u>Available</u>	<u>Ends</u>
	CBC/PLT/DIFF (GHC) [85025.003]	CHEN, ERIC Y-P	8/16/2009	10/16/2009
	CREATININE [82565.002]	CHEN, ERIC Y-P	8/16/2009	10/16/2009
	ELECTROPHORESIS SERUM PROTEIN (GHC) [84165.003]	CHEN, ERIC Y-P	8/16/2009	10/16/2009

Upcoming Lab Tests continued

<u>Order</u>	<u>Provider</u>	<u>Available</u>	<u>Ends</u>
CALCIUM [82310.001]	CHEN, ERIC Y-P	8/16/2009	10/16/2009
KAPPA/LAMBDA FREE LIGHT CHAINS W/RATIO (GHC) [83883.004]	CHEN, ERIC Y-P	8/16/2009	10/16/2009

Updated Medication List

This section lists the medications you have reported you are currently taking, in addition to new medications and supplies ordered and changes made at this visit. If you have any questions about your medications, please contact your pharmacist.

THALIDOMIDE (THALOMID) 100 MG ORAL CAP

Instructions: TAKE 1 CAPSULE DAILY. (AUTHORIZATION #1774442
CONFIRMATION #1647546)

PREDNISONE 10 MG ORAL TAB

Instructions: TAKE ONE TABLET EVERY OTHER DAY

TEMAZEPAM 15 MG ORAL CAP

Instructions: TAKE ONE OR TWO CAPSULE AT BEDTIME AS NEEDED FOR
SLEEP

Health Profile

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GroupHealth

Timothy Searce, MD

Neurology

Group Health Permanente

Capitol Hill Campus
South Building, CSB-3
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206-326-3080 appts
206-326-2700 fax
1-800-562-6300 ext. 3080 toll-free
Consulting Nurse: 800-297-6877
www.ghc.org



Tim Searce, MD
Department of Neurology
(206) 326-2702
(800) 562-6300

September 4, 2007

Ivan Doig

Care Plan

Diagnosis

Peripheral Polyneuropathy, Most Likely Due to Thalidomide

Your history supports a diagnosis of peripheral neuropathy. The absence of reflexes at your ankles supports this diagnosis. The most likely cause of this neuropathy is a delayed side effect of thalidomide therapy. This side effect occurs in over 50% of people who use this medicine. Now that you are no longer taking thalidomide, your nerves may recover. However, it may take up to six months for this to occur. Tingling sensations have been described as a side effect of acyclovir but peripheral neuropathy is not a common or even uncommon side effect of this drug. There is also a chance that you have developed peripheral neuropathy for reason unrelated to your myeloma or the treatments for it. I would like to arrange for you to have blood tests to look for those causes we have tests for.

Plan

I will call you as soon as the results of your blood tests come to me.

Make sure you get about 1mg of folic acid in your diet or as a supplement each day.