

## RECOMMANDATIONS IMPORTANTES A LIRE POUR ACTIVER LES REMBOURSEMENTS ET EVITER LES REJETS

### Conditions générales :

- Le cadre réservé à l'adhérent doit être dûment renseigné.
- Le cadre réservé au médecin doit être renseigné par le praticien lui-même notamment la nature de la maladie.
- La validité de la feuille de soins est limitée à 3 mois à compter de la première consultation.
- L'entente préalable est exigée pour toute hospitalisation médicale, chirurgicale, soins dentaires spéciaux, extractions multiples, parodontie orthodontie, prothèses dentaires, prothèses auditives ou orthopédiques ainsi que pour tous les actes effectués en série.
- En cas d'accident, une déclaration précisant les causes et circonstances de l'accident est à joindre à la feuille de soins.

### Pharmacie :

- Les vignettes des médicaments doivent être obligatoirement jointes aux ordonnances.
- Pour les médicaments sans vignettes une facture de la pharmacie doit être jointe.

### Radiologie et Biologie :

- La facture ainsi qu'une copie des résultats des analyses ou du compte rendu (sous pli confidentiel) doivent être jointes à l'ordonnance médicale pour toute demande de remboursement.
- Un pli confidentiel du médecin prescripteur des analyses ou radios peut être demandé par le médecin conseil de la mutuelle.

### Optique :

- L'ordonnance du médecin prescripteur et la facture de l'opticien sont à joindre à la feuille de soins.

### Rééducation :

- L'entente préalable renseignée par le médecin prescripteur est exigée avant le début des séances de rééducations.
- Pour le remboursement, la facture et le calendrier des séances effectuées sont à joindre à la feuille de soins.

### Dentaire :

- En cas de prothèses ou de traitement canaux, l'accord préalable renseigné sur la feuille de soins est obligatoire avant le début de traitement.
- La facture doit être jointe à la feuille de soins pour toute demande de remboursement.
- La radio-après soins est obligatoire en cas de prothèses ou de traitement canaux.

### Maladie et Affection Longue Durée ALD et ALC :

- La déclaration de maladie chronique doit être renseignée par le médecin prescripteur et renouvelée tous les 6 mois.

### Adresses Mails utiles

- Réclamation : [contact@mupras.com](mailto:contact@mupras.com)
- Prise en charge : [pec@mupras.com](mailto:pec@mupras.com)
- Adhésion et changement de statut : [adhesion@mupras.com](mailto:adhesion@mupras.com)

La MUPRAS garantit le respect de la loi n° 09-08 relative à la protection des personnes physiques à l'égard du traitement des données à caractère personnel.

MUPRAS : Centre Allal Ben Abdellah - 6ème Etage Angle Rue Mohamed Fakir et Rue Allal Ben Abdellah - Quartier de l'Horloge Casablanca 20000 - Tél. : 05 22 20 45 45 (LG) - Fax : 05 22 22 78 18 - [www.mupras.com](http://www.mupras.com)



**MUPRAS**  
Mutuelle de Prévoyance  
& d'Actions Sociales  
de Royal Air Maroc

## Déclaration de Maladie

N° W21-806951

167741


☒ **Maladie** ☐ **Dentaire** ☐ **Optique** ☐ **Autres**

Cadre réservé à l'adhérent (e)

Matricule : 3183 Société :  
☐ Actif ☒ Pensionné(e) ☐ Autre :  
 Nom & Prénom : EL ANRANI ZOULEY Abdelilah  
 Date de naissance : 11/12/1953  
 Adresse : 11414 7 LAKHET TOURIA BOUSKOURA  
 CENTRE CASA  
 Tél. : 066 1375001 Total des frais engagés : 92 \$ Dhs

Autorisation CNDP N° : A-A-215/2019

Cadre réservé au Médecin

Cachet du médecin : 

Date de consultation : / /

Nom et prénom du malade : Age :  
 Lien de parenté : ☐ Lui-même ☒ Conjoint ☐ Enfant  
 Nature de la maladie :  
 En cas d'accident préciser les causes et circonstances :  
 Dans le cas où la maladie aurait un caractère confidentiel, communiquer les renseignements sous pli confidentiel à l'attention du médecin conseil de la Mutuelle.

J'atteste sur l'honneur l'exactitude des renseignements portés sur la présente déclaration. Je déclare avoir pris connaissance de la clause relative à la protection des données personnelles.

Fait à : Signature de l'adhérent(e) : Le : 6 / 7 / 2023

# RELEVÉ DES FRAIS ET HONORAIRES

Dates des Actes	Natures des Actes	Nombre et Coefficient	Montant détaillé des Honoraires	Cachet et signature du Médecin attestant le Paiement des Actes
				DNP : <input type="text"/>

# EXECUTION DES ORDONNANCES

Cachet du Pharmacien ou du Fournisseur	Date	Montant de la Facture
Vio Heath Pharmacy	5/10/2023	92\$

# ANALYSES - RADIOGRAPHIES

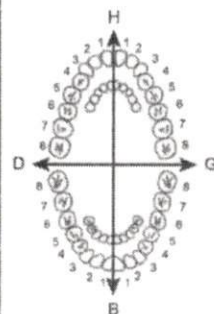
Cachet et signature du Laboratoire et du Radiologue	Date	Désignation des Coefficients	Montant des Honoraires

# AUXILIAIRES MEDICAUX

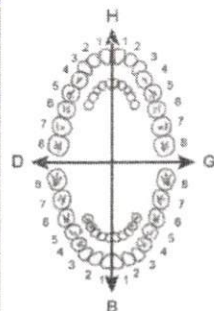
Cachet et signature du Particien	Date des Soins	Nombre				Montant détaillé des Honoraires
		AM	PC	IM	IV	

# VOLET ADHERENT

\* Il est entendu que le règlement est conditionné par la fourniture de tous les justificatifs exigés par la Mutuelle.



# O.D.F. PROTHESES DENTAIRES



# DETERMINATION DU COEFFICIENT MASTICATOIRE

H	
25533412	21433552
00000000	00000000
D	G
00000000	00000000
35533411	11433553
B	

(Création, remont, adjonction)  
Fonctionnel, Thérapeutique, nécessaire à la profession

COEFFICIENT DES TRAVAUX

MONTANTS DES SOINS

DEBUT D'EXECUTION

FIN D'EXECUTION

COEFFICIENT DES TRAVAUX

MONTANTS DES SOINS

DATE DU DEVIS

DATE DE L'EXECUTION

VISA ET CACHET DU PRATICIEN ATTESTANT LE DEVIS

VISA ET CACHET DU PRATICIEN ATTESTANT L'EXECUTION



Address

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**Ambulatory Health Care Facilities**

Doesnt have PCP

Address

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**Pharmacy**

CVS/PHARMACY  
#6050

1654 RICHMOND AVE  
STATEN ISLAND,  
NY10314

Address

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**Document Details**

Cardiothoracic Surgery at Staten Island

501 Seaview Avenue  
Suite 202  
Staten Island, NY10305  
Address

(718)226-6210  
WorkPhone

DESIREE CWESTN.P.

June 9, 2023 20:50 -0400  
Published

Powered by Allscripts™ Style Sheet V4.0.1

DISCLAIMER: This information is supplied from the patient's medical record via a patient portal. The medical provider is listed as the source. Items with a source of 'Patient-Entered' were added by the patient. This record may not be complete or up to date, and should not be used for providing medical advice. For an official copy of the individual's medical record, the patient (or custodian) must contact their medical provider.

Generated on 6/13/2023 7:33:13 PM by FollowMyHealth® (<http://www.followmyhealth.com>).

BMI Calculated 30.99  
kg/m2  
Weight 164 lb  
BSA Calculated 1.74  
m2  
Respiration 12 /min  
Heart Rate 94 /min  
O2 Saturation 97 %  
Temperature 98.6 f

24-May-2023 13:08

Systolic 112 mm[Hg]  
Diastolic 60 mm[Hg]  
Respiration 12 /min  
Heart Rate 89 /min  
O2 Saturation 97 %

Comments: Source: Room Air

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## Encounters

Appointment; SAIPI, BLERTA, NP Encounter Diagnosis: Problem not documented	30-May-2023 14:00
Appointment; WHITE, NICOLE, NP Encounter Diagnosis: Problem not documented	24-May-2023 10:00
Appointment; GIOVINAZZO, JEROME VINCENT Encounter Diagnosis: Problem not documented	11-Apr-2023 14:15
Appointment; DABAGHIAN, GARBIS, MD Encounter Diagnosis: Problem not documented	16-Mar-2023 15:30
Appointment; ENDO2420PDMASONMD02, GENERIC Encounter Diagnosis: Problem not documented	15-Mar-2023 14:00
Appointment; KOLLOORI, BENJAMIN, MD Encounter Diagnosis: Problem not documented	5-Dec-2022 15:30
Appointment; DABAGHIAN, GARBIS, MD Encounter Diagnosis: Problem not documented	1-Dec-2022 14:00
Appointment; WEST, DESIREE C, NP Encounter Diagnosis: Problem not documented	5-Jun-2023 14:45

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## Health Care Providers

### Ambulatory Health Care Facilities

GARBISDABAGHIANMD Address

### Ambulatory Health Care Facilities

BLERTASAIPI.N.P. Address

### Ambulatory Health Care Facilities

DESIREE CWESTN.P. Address

### Ambulatory Health Care Facilities

NICOLEWHITEN.P. 0



14:30

Appointment; DANESHVAR, DANIAL, MD

Start: 21-Jun-2023  
11:00

Request

## Planned Observations

Planned Goals not documented

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## Results

Xray Chest 2 Views  
PA/Lat

30-May-2023 15:00

Laboratory: Verrazano Imaging at Staten Island  
University Hospital 718-226-7700

Xray Chest 2 Views PA/Lat ACC: 61131687  
EXAM: XR CHEST PA LAT 2V ORDERED BY:  
BLERTA SAIPI  
PROCEDURE DATE: 05/30/2023  
INTERPRETATION: Clinical History / Reason for  
exam: Shortness of breath  
Comparison : Chest radiograph 5/20/2023.  
Technique/Positioning: Frontal and lateral chest  
radiographs.  
Findings:  
Support devices: None.  
Cardiac/mediastinum/hilum: Stable. Status post  
median sternotomy.  
Lung parenchyma/Pleura: Small bilateral pleural  
effusions-right-sided effusion has decreased  
compared to prior. No pneumothorax.  
Skeleton/soft tissues: Stable  
Impression:  
Small bilateral pleural effusions-right-sided  
effusion has decreased compared to prior.  
-- End of Report --  
ANIRUDH PASPULATI MD; Attending Radiologist  
This document has been electronically signed.  
May 30 2023 4:12PM

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## Vital Signs

9-Jun-2023 12:11

Systolic 118 mm[Hg]  
Diastolic 78 mm[Hg]  
Height 61 in  
BMI Calculated 30.99  
kg/m2  
Weight 164 lb  
BSA Calculated 1.74  
m2  
Respiration 14 /min  
Heart Rate 90 /min  
O2 Saturation 98 %

30-May-2023 14:24

Systolic 115 mm[Hg]  
Diastolic 74 mm[Hg]  
Height 61 in

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Glucose Monitoring Strips; please check Glucose 4 times /day Quantity: 120 Refills: 3	WHITE, N.P. NICOLE	Start: 23-May-2023
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Blood Glucose Monitor System w/Device Kit; check Fs 3-4 times daily Quantity: 1 Refills: 0	WHITE, N.P. NICOLE	Start: 23-May-2023
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Blood Pressure Monitor; one blood pressure monitor Quantity: 1 Refills: 0	WHITE, N.P. NICOLE	Start: 23-May-2023
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## Procedures

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Xray Chest 2 Views PA/Lat	Date: 30-May-2023
Xray Chest 2 Views PA/Lat	Date: 5-Jun-2023
History of Iliofemoral bypass	Status: Completed

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## Immunizations

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Immunizations not documented

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## Family History

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### Mother

Family history of myocardial infarction (V17.3) (Z82.49)	Status: Active
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## Social History

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### Smoking Status

Never smoked tobacco

### Birth Sex

Male

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## Plan of Treatment

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### Planned Encounters

Appointment; CARD242MD01, GENERIC	Start: 13-Jun-2023 10:30	Request
Appointment; END0242OPDMASONMD02, GENERIC	Start: 14-Jun-2023 13:45	Request
Appointment; PODIATRY242OPDMAKAROV01, GENERIC	Start: 15-Jun-2023 13:00	Request
Appointment; DABAGHIAN, GARBIS, MD	Start: 16-Jun-2023	Request



Rosuvastatin Calcium 40 MG Oral Tablet; TAKE 1 TABLET DAILY. Quantity: 30 Refills: 1	SAIFI, N.P. BLERIA	Start: 1-Dec-2022
Losartan Potassium 50 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED. Quantity: 30 Refills: 0	DABAGHIAN, MD GARBIS	Start: 1-Dec-2022
Clopidogrel Bisulfate 75 MG Oral Tablet; TAKE 1 TABLET DAILY. Quantity: 30 Refills: 0	DABAGHIAN, MD GARBIS	Start: 1-Dec-2022
Levothyroxine Sodium 50 MCG Oral Tablet; TAKE 1 TABLET DAILY. Quantity: 30 Refills: 0	WHITE, N.P. NICOLE	Start: 1-Dec-2022
Gabapentin 100 MG Oral Capsule; TAKE 1 CAPSULE 3 TIMES DAILY. Quantity: 90 Refills: 0	DABAGHIAN, MD GARBIS	Start: 1-Dec-2022
Invokana 300 MG Oral Tablet; TAKE 1 TABLET BY MOUTH ONCE DAILY 30 MINS BEFORE BREAKFAST Quantity: 30 Refills: 0	WHITE, N.P. NICOLE	Start: 1-Dec-2022
Insulin Glargine 100 UNIT/ML Subcutaneous Solution; INJECT 22 UNIT Refills: 0	WHITE, N.P. NICOLE	Start: 1-Dec-2022
Janumet 50-500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY WITH MEALS. Quantity: 60 Refills: 0	DABAGHIAN, MD GARBIS	Start: 1-Dec-2022
Tamsulosin HCl - 0.4 MG Oral Capsule; TAKE 1 CAPSULE AT BEDTIME Quantity: 30 Refills: 0	WHITE, N.P. NICOLE	Start: 22-May-2023
Potassium Chloride Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET Daily Only while taking Furosemide/Lasix Quantity: 7 Refills: 0	WHITE, N.P. NICOLE	Start: 22-May-2023
Polyethylene Glycol 3350 17 GM/SCOOP Oral Powder Refills: 0	WHITE, N.P. NICOLE	Start: 22-May-2023 119 GM Bottle
Multi Vitamin Oral Tablet; TAKE 1 TABLET DAILY. Refills: 0	WHITE, N.P. NICOLE	Start: 22-May-2023
Metoprolol Tartrate 25 MG Oral Tablet; TAKE ONE TABLET BY MOUTH EVERY 12 HOURS Quantity: 60 Refills: 0	WHITE, N.P. NICOLE	Start: 22-May-2023
Furosemide 40 MG Oral Tablet Refills: 0	WHITE, N.P. NICOLE	Start: 22-May-2023
Famotidine 20 MG Oral Tablet Refills: 0	WHITE, N.P. NICOLE	Start: 22-May-2023
Lidocaine 4 % External Patch; APPLY AS DIRECTED. Quantity: 10 Refills: 0	WHITE, N.P. NICOLE	Start: 23-May-2023 10 Patch Box

out-patient. Here for post op visit.  
Arrives with Sister  
Doing well  
Incisions healing well  
No edema  
Denies SOB, pain or palpitations  
Pain controlled with Tylenol/Motrin alternating  
Walking daily  
VSS at home  
Occasional constipation - given colace  
Refilled Rosuvastatin and colace- given paper script as pt request  
F/U PMD and cardio for continued management  
F/U CTS in 1 week  
D/W Dr. Shahani

**Assessed Problems:**

- S/P CABG (coronary artery bypass graft)
- S/P AVR

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**Problems**

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Chronic stable angina (413.9) (I20.8)

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Essential hypertension, benign (401.1) (I10)

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Shingles (053.9) (B02.9)

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Glaucoma (365.9) (H40.9)

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Hypothyroidism, unspecified type (244.9) (E03.9)

---

DM2 (diabetes mellitus, type 2) (250.00) (E11.9)

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Dyslipidemia (272.4) (E78.5)

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CAD S/P percutaneous coronary angioplasty  
(414.01) (I25.10)

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S/P AVR (V43.3) (Z95.2)

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S/P CABG (coronary artery bypass graft)  
(V45.81) (Z95.1)

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**Allergies and Adverse Reactions**

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No Known Drug Allergies (Allergy)

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**Medications**

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Aspirin 81 MG Oral Tablet Delayed Release;  
TAKE 1 TABLET DAILY.  
Quantity: 30  
Refills: 0

DABAGHIAN, MD  
GARBIS

Start: 1-Dec-2022

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Aspirin 81 MG Oral Tablet Delayed Release; TAKE 1 TABLET DAILY. DABAGHIAN, MD GARBIS Start: 1-Dec-2022



**Objet** Health Record from FollowMyHealth@  
**À :** [null <acinq5@yahoo.fr>]  
**De** FollowMyHealth <noreply@followmyhealth.com>  
**Date** mar., juin 13, 2023 à 19:33

Name:	ABDELILAH EL AMRANI JOUTEY
Date of Birth:	01-Dec-1953
Gender Identity:	Male

## Documents

6/9/2023Desiree C West, NP - Ambulatory Summary Document

**Cardiothoracic Surgery at Staten Islan**  
**Staten Island, N**

# ELAMRANIJOUTEY, ABDELILAH

December 1, 1953  
Date of Birth

Male  
Sex

15972220  
Patient Id

53 SOMMER AVE  
STATEN ISLAND,  
NY10304  
Address

French (preferred)  
Language  
Other Race  
Race

## Continuity of Care Document

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## Reason for Referral

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## Assessments

### Assessment Narrative:

- Mr. Abdelilah is a 69 y/o old French speaking male with a pmhx of CAD s/p PCI 6 months ago in Morocco, htn, hld, DM 2 (insulin), hypothyroidism, severe PAD (ex lap 95 for a "stenosed" iliac artery with complications who presents with intermittent episodes of L sided chest pain associated with dizziness and SOB. EKG with NST changes compatible with ischemia and TTE significant for severe AS (probable bicuspid). Patient admitted to cardiac telemetry for further ischemic workup and SAS workup. Patient state's he has dyspnea on exertion with sensation of heart feeling very heavy. On 5/15/23, he underwent AVR/CABG. Post-operatively, patient had an uncomplicated hospital course. Patient remained hemodynamically stable and was discharged home on POD# 5. Pt was educated on the importance of attending cardiac rehab post op and was given informative materials re cardiac rehab program. Patient was instructed to inquire further upon seeing cardiologist

**Northwell**

Health\*

Staten Island University Hospital

ELAMRANIJOUTEY, ABDELILAH

Date of Birth: 12/1/1953

MRN/VisitID: 003072411/900249625518

**Patient Acknowledgment**

I have been provided with, read and understand the Patient Discharge Instructions and the Discharge Medication Information. I understand it is important to follow these instructions.

Patient/Guardian Name: <i>J ELAMRANI JOUTEY Abdelilah</i>	Relationship:
Patient/Guardian Signature: <i>[Signature]</i>	Date/Time: <i>5/20/23 1400</i>

The Patient Discharge Instructions and the Discharge Medication Information has been provided to and reviewed with the patient/guardian and a copy has been faxed to the next level of care as applicable.

RN Name: <i>John O'Byrne</i>	
RN Signature: <i>[Signature]</i>	Date/Time: <i>5/20/23 1400</i>
FAX Sent To:	Date/Time:
FAX:	
Unit Receptionist Name:	
Signature:	





ELAMRANIJOUTEY, ABDELILAH

Date of Birth: 12/1/1953

MRN/VisitID: 003072411/900249625518

I will **STOP** taking these medications listed below:

**Medications:**

losartan 50 mg oral tablet  
--1 by mouth once a day

losartan 50 mg oral tablet  
--1 tab(s) by mouth once a day

Plavix 75 mg oral tablet  
--1 by mouth once a day

rosuvastatin 40 mg oral capsule  
--1 cap(s) by mouth once a day

valACYclovir 1 g oral tablet  
--1 tab(s) by mouth every 8 hours

**Vaccinations/Immunizations**

No Vaccines Administered.

**Care Coordination**

Your Home Care Agency is NORTHWELL HOME CARE

Agency Contact Number 7188185400

Services You Will Be Receiving RN

**Fall Risk Education**

For information on Fall & Injury Prevention, visit these three websites by scanning the following QR code images or using the links below the images:

1.



<https://www.northwell.edu/news/fall-prevention-protects-and-maintains-health-and-mobility>

2.



<https://www.northwell.edu/news/fall-prevention-tips-to-avoid-injury>

3.



<https://www.cdc.gov/steady/patient.html>

**Smoking Cessation Mandate**

If you are a smoker, it is important for your health to stop smoking. Please be aware that second hand smoke is also harmful.

**Patient Portal Instructions**

You can access the FollowMyHealth Patient Portal offered by Northwell Health by registering at the following website: <http://northwell.edu/followmyhealth>. By joining Northwell's FollowMyHealth portal, you will also be able to view your health information using other applications (apps) compatible with our system.



**Northwell**  
**Health**

**Staten Island University Hospital**

ELAMRANIJOUTEY, ABDELILAH

Date of Birth: 12/1/1953

MRN/VisitID: 003072411/900249625518

I will **START** or **STAY ON** these medications listed below when I leave the hospital:

Medications:	When to Take Next Dose	Changes	Prescriptions
Lidocare Pain Relief Patch 4% topical film --Apply on skin to affected area once a day. Do not leave on for more than 12 hours. <b>Indication:</b> pain management	As needed 5/21/23	No Changes	Continue to Take Your Medication as Prescribed
metoprolol tartrate 25 mg oral tablet --1 tab(s) by mouth 2 times a day <b>Indication:</b> HTN (hypertension)	5/20/23 18:00	New Medication	Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
Multiple Vitamins oral tablet --1 tab(s) by mouth once a day <b>Indication:</b> supplement	5/21/23 12:00	New Medication	Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
polyethylene glycol 3350 oral powder for reconstitution --17 gram(s) by mouth once a day <b>Indication:</b> gi ppx	5/21/23 12:00	New Medication	Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
potassium chloride 20 mEq oral tablet, extended release --1 tab(s) by mouth once a day <b>Indication:</b> supplement	5/21/23 08:00	New Medication	Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
tamsulosin 0.4 mg oral capsule --1 cap(s) by mouth once a day (at bedtime) <b>Indication:</b> bph <i>xalacom 1 drop each h-s</i> <i>trusopt 1 drop each eye AM</i>	5/20/23 22:00	New Medication	Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914

I will **STOP** taking these medications listed below:

Medications:	
aspirin 81 mg oral capsule --1 by mouth once a day	
canagliflozin 300 mg oral tablet --1 tab(s) by mouth once a day	
insulin detemir 100 units/mL subcutaneous solution --20 unit(s) subcutaneous once a day (in the evening)	
levothyroxine 50 mcg (0.05 mg) oral tablet --1 tab(s) by mouth once a day	



I will **START** or **STAY ON** these medications listed below when I leave the hospital:

Medications:	When to Take Next Changes Dose	Prescriptions
famotidine 20 mg oral tablet --1 tab(s) by mouth 2 times a day Indication: gi ppx	5/21/23 1 hour after other meds	New Medication Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
furosemide 40 mg oral tablet --1 tab(s) by mouth once a day <i>x 7 days</i> Indication: Diuresis <i>lasix</i>	5/21/23 08:00	New Medication Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
Glucometer --Please check blood glucose 3 times a day before meals. Indication: DM (diabetes mellitus)	Before meals ↑	New Medication Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
Glucometer test strips --Please dispense appropriate test strips for prescribed glucometer. Indication: DM (diabetes mellitus)	use with ↑	New Medication Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
insulin detemir 100 units/mL subcutaneous solution --22 unit(s) subcutaneous once a day (at bedtime) Indication: DM (diabetes mellitus)	5/21/23 08:00	No Changes Continue to Take Your Medication as Prescribed
Janumet 50 mg-500 mg oral tablet --1 by mouth 2 times a day Indication: DM (diabetes mellitus)	5/21/23 08:00	No Changes Continue to Take Your Medication as Prescribed
Janumet 50 mg-500 mg oral tablet --1 tab(s) by mouth 2 times a day Indication: DM (diabetes mellitus)		No Changes Continue to Take Your Medication as Prescribed
lancets --Lancets for finger sticks. Indication: DM (diabetes mellitus)	use with glucometer	New Medication Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
levothyroxine 50 mcg (0.05 mg)/mL oral solution --1 by mouth once a day Indication: Hypothyroid	5/21/23 06:00 <i>+ 12.5 mcg daily</i>	No Changes Continue to Take Your Medication as Prescribed



ELAMRANIJOUTEY, ABDELILAH

Date of Birth: 12/1/1953

MRN/VisitID: 003072411/900249625518

### Your Doctor Performed the Following Procedure(s)

**Procedure:** CABG, 1 or 2 vessels, with aortic valve replacement

**Findings and Treatment:** Activities/Restrictions 1. Do not – drive, lift, pull or push anything over 10 pounds for 8 weeks. 2. Shower every night and carefully wash wound, pat dry. Cover is wound is draining with dry sterile dressing. No baths or swimming for two months. 3. Apply support stockings /ace wraps to legs as soon as you get out of bed in the morning, remove in evening. 4. Do progressive walking exercises every day, gradually increasing to 30 to 40 minutes/day, five days a week and incentive spirometer 10 times every hour while awake 5. **DO NOT DRIVE OR CONSUME ALCOHOL WHILE TAKING PAIN MEDICATION.** Contact your Physician promptly if: 1. Signs of wound infection, such as increasing redness, swelling, pain or drainage from incision. 2. Progressive shortness of breath or increasing difficulty with breathing when lying down. 3. Excessive nausea, vomiting, diarrhea or coughing. 4. Increase swelling of legs that does not resolve with leg elevation. 5. Chest pain that spreads to arms, jaw or back or sudden development of numbness, weakness, difficulty speaking or facial droop – Call 911. 6. Diabetics who are unable to keep finger stick glucose under 150 for three consecutive readings. Instructions: 1. Keep a daily log for Temperature, pulse, blood pressure, and weight twice a day and Glucose if diabetic with each meal. Call office for Temp > 101, pulse greater than 110 or less than 55, BP first # greater than 160 or less than 100, 3 pound weight gain in 1 day or 5 pounds in 3 days 2. Hold pillow to chest and grab elbows when you need to cough.

### Discharge Medication Information

**Note to Patient:** Please **do not take any other medications** without first consulting with your primary care doctor. Please bring this form to your next doctor's appointment. Carry a list of your medications with you at all times in the event of an emergency.

I will **START** or **STAY ON** these medications listed below when I leave the hospital:

Medications:	When to Take Next Dose	Changes	Prescriptions
✓ aspirin 81 mg oral delayed release tablet --1 tab(s) by mouth once a day <b>Indication:</b> CAD (coronary artery disease)	5/21/23 12:00	No Changes	Continue to Take Your Medication as Prescribed Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
7 canagliflozin 300 mg oral tablet --1 by mouth once a day <i>Invokana</i> <b>Indication:</b> DM (diabetes mellitus)	5/21/23 08:00	No Changes	Continue to Take Your Medication as Prescribed
✓ clopidogrel 75 mg oral tablet --1 tab(s) by mouth once a day <b>Indication:</b> CAD (coronary artery disease) <i>Plavix</i>	5/21/23 12:00	No Changes	Continue to Take Your Medication as Prescribed Prescription Sent to Pharmacy Vivo Health Pharmacy at SIUH 475 Seaview Ave , Staten Island, NY, 103053436 (718) 2261914
✓ Crestor 40 mg oral tablet <i>rosuvastatin</i> --1 by mouth once a day <b>Indication:</b> Hld	5/21/23 22:00	No Changes	Continue to Take Your Medication as Prescribed





ELAMRANIJOUTEY, ABDELILAH

Date of Birth: 12/1/1953

MRN/VisitID: 003072411/900249625518

## ▶ Please Follow These Recommendations Made by Your Doctor

### Treatment Goal(s)

- To get better and follow your care plan as instructed.
- **Diagnosis:** AS (aortic stenosis) **Assessment and Plan of Treatment:**

### Diet Recommendations

- Consistent carbohydrate (Diabetic) Diets:  
Follow a consistent meal plan each day with three meals and snacks with even balance of carbohydrates and protein that can help you maintain consistent blood sugars.
- DASH Diet (Low sodium, low cholesterol and low fat):  
This diet is ordered to assist in prevention and/or treatment of heart and blood vessel disease and limits the amount of total fat, saturated fat/cholesterol, and sodium. This diet encourages a variety of foods with adequate whole grains, fruits, vegetables, lean meats, and low fat dairy products.

### Activity Recommendations

- Do not drive or operate machinery
- Do not make important decisions
- Follow Instructions Provided by your Surgical Team
- No heavy lifting/straining
- Showering allowed
- Stairs allowed
- Walking - Indoors allowed
- Walking - Outdoors allowed

### Additional Instructions

- Activities/Restrictions 1. Do not – drive, lift, pull or push anything over 10 pounds for 8 weeks. 2. Shower every night and carefully wash wound, pat dry. Cover is wound is draining with dry sterile dressing. No baths or swimming for two months. 3. Apply support stockings /ace wraps to legs as soon as you get out of bed in the morning, remove in evening. 4. Do progressive walking exercises every day, gradually increasing to 30 to 40 minutes/day, five days a week and incentive spirometer 10 times every hour while awake 5. DO NOT DRIVE OR CONSUME ALCOHOL WHILE TAKING PAIN MEDICATION. Contact your Physician promptly if: 1. Signs of wound infection, such as increasing redness, swelling, pain or drainage from incision. 2. Progressive shortness of breath or increasing difficulty with breathing when lying down. 3. Excessive nausea, vomiting, diarrhea or coughing. 4. Increase swelling of legs that does not resolve with leg elevation. 5. Chest pain that spreads to arms, jaw or back or sudden development of numbness, weakness, difficulty speaking or facial droop – Call 911. 6. Diabetics who are unable to keep finger stick glucose under 150 for three consecutive readings. Instructions: 1. Keep a daily log for Temperature, pulse, blood pressure, and weight twice a day and Glucose if diabetic with each meal. Call office for Temp > 101, pulse greater than 110 or less than 55, BP first # greater than 160 or less than 100, 3 pound weight gain in 1 day or 5 pounds in 3 days 2. Hold pillow to chest and grab elbows when you need to cough.



**Northwell  
Health\*****Staten Island University Hospital**

ELAMRANIJOUTEY, ABDELILAH

Date of Birth: 12/1/1953

MRN/VisitID: 003072411/900249625518

- SIUH North  
SIUH North PreAdmits  
**Scheduled Appointment: 06/13/2023**

Northwell Physician Partners  
CARDIOLOGY SIN 242 Mason  
**Scheduled Appointment: 06/13/2023**

Zaidan, Julie  
SIUH North  
SIUH North PreAdmits  
**Scheduled Appointment: 06/14/2023**

Northwell Physician Partners  
ENDOCRIN SI 242 Seaview A  
**Scheduled Appointment: 06/14/2023**

Makarovskiy, Ilya  
SIUH North  
SIUH North PreAdmits  
**Scheduled Appointment: 06/15/2023**

Northwell Physician Partners  
PODIATRY SI 242 Mason Av  
**Scheduled Appointment: 06/15/2023**

Dabaghian, Garbis A  
SIUH North  
SIUH North PreAdmits  
**Scheduled Appointment: 06/16/2023**

Dabaghian, Garbis A  
Northwell Physician Partners  
INTMED SI 242 Mason Av  
**Scheduled Appointment: 06/16/2023**

Gumaste, Vivek V  
SIUH North  
SIUH North PreAdmits  
**Scheduled Appointment: 06/21/2023**

Northwell Physician Partners  
GASTRO SI 242 Mason Av  
**Scheduled Appointment: 06/21/2023**

Main hospital #  
718-226-9000

**Northwell  
Health\*****Staten Island University Hospital**516-719-3599  
Nicole WhiteNP

ELAMRANIJOUTEY, ABDELILAH

Date of Birth: 12/1/1953

MRN/VisitID: 003072411/900249625518

Admission Date: May 06, 2023

Discharge Date: May 20, 2023

You were seen at the hospital for: **Chest pain**Your provider(s): **Shahani, Rohit**Your provider(s) diagnosed you with: **AS (aortic stenosis)**Your doctor performed the following procedures: **Replacement, aortic valve, with TEE, CABG, with TEE, CABG, 1 or 2 vessels, with aortic valve replacement****▼ Your Doctor Wants You to Make the Following Appointments**

- Maniatis, Gregory A (MD); Cardiovascular Disease; Internal Medicine  
501 Seaview Avenue, Ste 200; Staten Island, NY 10305  
Phone: (718)663-6400; Fax: (718)226-7891

**▼ The Following Appointments Were Already Made for You**

Please plan on going to these appointments unless your doctor informs you otherwise.

- Shahani, Rohit B (MD); Surgery; Thoracic and Cardiac Surgery  
501 Seaview Avenue; Staten Island, NY 10305  
Phone: (718)226-6210; Fax: (718)226-1563  
**Scheduled Appointment: 05/30/2023 02:00 PM**

42.9

05-09

139 | 106 | 13

-----< 153<H>

4.2 | 22 | 0.7

Ca 9.2 09 May 2023 12:47

Mg 1.9 05-09

TPro 5.9<L> / Alb 3.8 / TBili 0.6 / DBili x / AST 12 / ALT 14 / AlkPhos 54 05-08

LIVER FUNCTIONS - ( 08 May 2023 05:52 )

Alb: 3.8 g/dL / Pro: 5.9 g/dL / ALK PHOS: 54 U/L / ALT: 14 U/L / AST: 12 U/L / GGT: x

Lactate Trend

TPro 5.9<L> / Alb 3.8 / TBili 0.6 / DBili x / AST 12 / ALT 14 / AlkPhos 54 05-08

PTT - ( 07 May 2023 15:34 ) PTT:50.5 sec

Troponin T, Serum: <0.01 ng/mL (05-05-23 @ 17:26)

Troponin T, Serum: <0.01 ng/mL (05-05-23 @ 13:30)

Triglycerides, Serum: 64 mg/dL (05-07-23 @ 05:45)

LDL Cholesterol Calculated: 81 mg/dL (05-07-23 @ 05:45)

Urinalysis Basic - ( 07 May 2023 15:55 )

Color: Light Yellow / Appearance: Clear / SG: 1.009 / pH: x

Gluc: x / Ketone: Negative / Bili: Negative / Urobili: <2 mg/dL

Blood: x / Protein: Negative / Nitrite: Negative

Leuk Esterase: Negative / RBC: x / WBC x

Sq Epi: x / Non Sq Epi: x / Bacteria: x

**Medications:**

aspirin chewable 81 milliGRAM(s) Oral daily

atorvastatin 80 milliGRAM(s) Oral at bedtime

clopidogrel Tablet 75 milliGRAM(s) Oral daily

dextrose 50% Injectable 25 Gram(s) IV Push once

dextrose 50% Injectable 12.5 Gram(s) IV Push once

dextrose 50% Injectable 25 Gram(s) IV Push once

glucagon Injectable 1 milliGRAM(s) IntraMuscular once

heparin Injectable 5000 Unit(s) SubCutaneous every 12 hours

insulin glargine Injectable (LANTUS) 18 Unit(s) SubCutaneous at bedtime

insulin lispro (ADMELOG) corrective regimen sliding scale SubCutaneous three times a day before meals

levothyroxine 50 MICROGram(s) Oral daily

losartan 50 milliGRAM(s) Oral daily

metoprolol tartrate 12.5 milliGRAM(s) Oral two times a day

pantoprazole Tablet 40 milliGRAM(s) Oral before breakfast

Drips:

dextrose 5%. 1000 milliLiter(s) (100 mL/Hr) IV Continuous <Continuous>

sodium chloride 0.9%. 1000 milliLiter(s) (50 mL/Hr) IV Continuous <Continuous>

PRN:

Allergies

No Known Allergies



4. Aortic valve is likely bicuspid.
5. Peak transaortic gradient equals 65.6 mmHg, mean transaortic gradient equals 35.1 mmHg, the calculated aortic valve area equals 0.82 cm<sup>2</sup> by the continuity equation consistent with severe aortic stenosis.
6. Trivial aortic regurgitation.
7. Mild mitral regurgitation.

PHYSICIAN INTERPRETATION:

Left Ventricle: The left ventricular internal cavity size is normal. Left ventricular wall thickness is normal. Global LV systolic function was hyperdynamic. Left ventricular ejection fraction, by visual estimation, is 70 to 75%. Spectral Doppler shows impaired relaxation pattern of left ventricular myocardial filling (Grade I diastolic dysfunction).  
Right Ventricle: Normal right ventricular size and function.  
Left Atrium: Normal left atrial size.  
Right Atrium: Normal right atrial size.  
Pericardium: There is no evidence of pericardial effusion.  
Mitral Valve: Structurally normal mitral valve with normal leaflet excursion. No evidence of mitral stenosis. Mild mitral regurgitation.  
Tricuspid Valve: Structurally normal tricuspid valve with normal leaflet excursion. Trivial tricuspid regurgitation is visualized.  
Aortic Valve: Severely calcified aortic valve with decreased opening. Peak transaortic gradient equals 65.6 mmHg, mean transaortic gradient equals 35.1 mmHg, the calculated aortic valve area equals 0.82 cm<sup>2</sup> by the continuity equation consistent with severe aortic stenosis. Trivial aortic regurgitation.  
Aorta: The aortic root size is normal. The ascending aorta was not well visualized.

- Chest x-ray

< from: Xray Chest 1 View- PORTABLE-Urgent (Xray Chest 1 View- PORTABLE-Urgent .) (05.05.23 @ 13:31) >

Findings:

Support devices: None.

Cardiac/mediastinum/hilum: Unremarkable.

Lung parenchyma/Pleura: Within normal limits.

Skeleton/soft tissues: Unremarkable.

Impression:

No radiographic evidence of acute cardiopulmonary disease.

- Stress test:

< from: NM Nuclear Stress Pharmacologic Multiple (05.06.23 @ 13:11) >

Impression:

1. NO EVIDENCE FOR ISCHEMIA DURING LEXISCAN INFUSION.
2. NORMAL RESTING LEFT VENTRICULAR WALL MOTION AND WALL THICKENING.
3. LEFT VENTRICULAR EJECTION FRACTION OF 73 % WHICH IS WITHIN RANGE OF NORMAL.

No recent CCTA, cardiac catheterization, and cMRI performed.

- Labs:

14.2

5.83 )----- ( 168 ( 08 May 2023 05:52 )

08 May 2023 07:01 - 09 May 2023 07:00

---

IN: 630 mL / OUT: 500 mL / NET: 130 mL

09 May 2023 07:01 - 09 May 2023 16:38

---

IN: 250 mL / OUT: 350 mL / NET: -100 mL

Weight trend:

Weight (kg): 74 (05-05)

Physical exam:

General: No apparent distress

HEENT: Anicteric sclera. Moist mucous membranes. JVD -

Cardiac: Regular rate and rhythm. +III/VI systolic murmur. No rubs or gallops.

Vascular: Symmetric radial pulses. 2+ b/l Dorsalis pedis pulses palpable.

Respiratory: Normal effort. Clear to auscultation.

Abdomen: Soft, nontender. Audible bowel sounds.

Extremities: Warm with no edema. No cyanosis or clubbing.

Skin: Warm and dry. No rash.

Neurologic: Grossly normal motor function.

Psychiatric: Oriented to person, place, and time.

Data reviewed:

- Telemetry: SR HR 63

- ECG

< from: 12 Lead ECG (05.05.23 @ 17:11) >

Ventricular Rate 67 BPM

Atrial Rate 67 BPM

P-R Interval 150 ms

QRS Duration 90 ms

Q-T Interval 378 ms

QTC Calculation(Bazett) 399 ms

P Axis 50 degrees

R Axis 53 degrees

T Axis 36 degrees

Diagnosis Line Normal sinus rhythm

Minimal voltage criteria for LVH, may be normal variant

Borderline ECG

Confirmed by Malpeso MD, Jennifer (1033) on 5/6/2023 5:34:19 PM

- TTE

< from: TTE Echo Complete w/o Contrast w/ Doppler (05.06.23 @ 08:50) >

Summary:

1. Left ventricular ejection fraction, by visual estimation, is 70 to 75%.

2. Hyperdynamic global left ventricular systolic function.

3. Spectral Doppler shows impaired relaxation pattern of left ventricular myocardial filling (Grade I diastolic dysfunction).

**Objet** Health Record from FollowMyHealth®  
**À :** [null <acinq5@yahoo.fr>]  
**De** FollowMyHealth <noreply@followmyhealth.com>  
**Date** mar., juin 13, 2023 à 20:45

Name: ABDELILAH EL AMRANI JOUTEY  
Date of Birth: 01-Dec-1953  
Gender Identity: Male

## Documents

5/9/2023Samantha Lee, MD - Progress Note Adult-Cardiology Physician Assistant

### Progress Note:

· **Provider Specialty** Cardiology

### Reason for Admission:

### Reason for Admission:

· **Reason for Admission** Chest pain

· **Subjective and Objective:**

**Chief complaint:** Patient is a 69y old Male who presents with a chief complaint of Chest pain (08 May 2023 11:13)

### **Interval history:**

Undergoing SAVR v TAVR w/u;  
LH today awaiting simple PFTS

**Review of systems:** A complete 10-point review of systems was obtained and is negative except as stated in the interval history.

### **Vitals:**

Vital Signs Last 24 Hrs

T(C): 36.1 (09 May 2023 16:08), Max: 36.7 (09 May 2023 00:09)

T(F): 97 (09 May 2023 16:08), Max: 98 (09 May 2023 00:09)

HR: 82 (09 May 2023 16:08) (64 - 82)

BP: 138/67 (09 May 2023 16:08) (123/58 - 144/65)

BP(mean): 96 (09 May 2023 16:08) (83 - 98)

RR: 20 (09 May 2023 16:08) (15 - 23)

SpO2: 97% (09 May 2023 16:08) (97% - 99%)

Parameters below as of 09 May 2023 04:08

Patient On (Oxygen Delivery Method): room air

Ins & outs:

05-06 @ 07:01 - 05-07 @ 07:00

IN: 788 mL / OUT: 550 mL / NET: 238 mL

05-07 @ 07:01 - 05-08 @ 07:00

IN: 1278 mL / OUT: 1655 mL / NET: -377 mL



**Attestation Statements:**

Attending and PA/NP shared services statement (NON-critical care):

Attending to bill.

I attest my time as attending is greater than 50% of the total combined time spent on qualifying patient care activities by the PA/NP and attending.

I have made amendments to the documentation where necessary. Additional comments: 69yo French-speaking M who is visiting from Morocco with a history of CAD s/p 1 stent to pRCA ~6 months ago, PAD s/p apparent complicated aorto-bifemoral bypass, HTN, HLD, DM, and hypothyroidism who presented with chest pain and lung pain with brisk walking as well as associated dizziness.

TTE demonstrated LVEF 70-75%, G1DD, severe aortic stenosis on (AVA 0.82 with PG 65.6 and MG 35.1), and mild MR. CT a/c/p TAVR protocol shows trileaflet valve (concern for bicuspid on echo), occlusion of the L internal iliac artery, and no visible aorto-femoral bypass. Carotid Duplex with mild bilateral disease. Dental evaluation complete. PFTs and LHC pending.

Based on the patient's age and health status, he may be a better candidate for SAVR. CTSx following.

Plan:

- LHC today
- Will monitor BP and adjust medications as needed
- Will adjust insulin.

Time-based billing (NON-critical care).

35 minutes spent on total encounter. The necessity of the time spent during the encounter on this date of service was due to:

Bedside evaluation and exam  
Discussion with patient and wife  
Care coordination with IC.

**Electronic Signatures:**

**Harris, Karen (PA)** (Signed 09-May-2023 16:44)

***Authored:*** Progress Note, Reason for Admission, Subjective and Objective, Assessment and Plan

**Lee, Samantha (MD)** (Signed 09-May-2023 14:33)

***Authored:*** Assessment and Plan, Attestation Statements

***Co-Signer:*** Progress Note, Reason for Admission, Subjective and Objective, Assessment and Plan

***Last Updated:*** 09-May-2023 16:44 by Harris, Karen (PA)

DISCLAIMER: This information is supplied from the patient's medical record via a patient portal. The medical provider is listed as the source. Items with a source of 'Patient-Entered' were added by the patient. This record may not be complete or up to date, and should not be used for providing medical advice. For an official copy of the individual's medical record, the patient (or custodian) must contact their medical provider.

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Intolerances

**Assessment and Plan:**

**Assessment**

**Assessment:**

Patient is a 69y old french speaking male with a pmhx of CAD s/p PCI with 1x DES to pRCA and balloon angioplasty to mRCA (6 months ago in Morocco), HTN, HLD, T2DM, hypothyroidism, and ?aortobifemoral bypass (1996) who presents with intermittent episodes of L sided chest pain associated with dizziness and SOB. NST on 5/6/23 shows no evidence of ischemia and EF of 73% and TTE significant for severe AS. Of note, pt endorses he underwent a procedure in 1995 that involved a "stenosed" iliac artery with complications requiring open abdominal surgery that resulted in many scars across the abdomen. Patient admitted to cardiac telemetry for further ischemic workup and TAVR vs SAVR workup.

**Problems discussed and associated plan:**

**#Severe AS**

TTE 5/6: EF 70- 75%, grade IDD, severe AS (bicuspid), trivial AR, mild MR. Peak transaortic gradient equals 65.6 mmHg, mean transaortic gradient equals 35.1 mmHg, the calculated aortic valve area equals 0.82 cm<sup>2</sup> by the continuity equation consistent with severe aortic stenosis.

- TAVR vs SAVR work- up
- \_ Dental clear for surgery
- \_ CT TAVR, carotids and UA completed, awaiting PFTS and LHC
- hx of aortobifemoral bypass surgery in 1996 with complications (procedure done in France, per pt)
- LHC tomorrow 5/10

**#Chest pain r/o ACS**

#CAD s/p PCI with 1x DES to pRCA and balloon angioplasty to mRCA (6 months ago in Morocco)

Pharm nuclear stress test 5/6: no evidence of ischemia

Troponin negative x2

- Discontinued heparin gtt, given NST normal
- Cont on DAPT: ASA/PLAVIX
- Cont on atorvastatin 80 mg qd, metoprolol tartrate 12.5 mg BID, losartan 50 mg qd.

**#HTN**

- EKG significant for LVH
- cont on losartan 50 mg qd

**#HLD**

Cholesterol 150, triglycerides 64, HDL 56, LDL 81

- Cont on Lipitor 80 mg qd

**#T2DM**

- takes Janumet 50-500, canigloflozin, insulin detemir 22 units, at home
- increase lantus 18 units to 22 units at bedtime
- Cont on IS, monitor FS AC/HS
- last dose of metformin 5/6 in AM
- f/u HbA1c

**#Hypothyroidism**

- levothyroxine 50 mcg QD

**FULL CODE**

DVT ppx: heparin SQ

GI ppx: on protonix

Diet- consistent carb and DASH/TLC

**Please contact me with any questions or concerns at x64661339**

**Attestation Statements:**



visit all cardiac and sternal precautions were reviewed with the patient. Incision care was reviewed. Education regarding nutrition was also reviewed with the patient, to maintain a low salt diet. On arrival patient denies fever, chills nausea, and vomiting. Denies SOB or palpitation. All questions and concerns were addressed. Patient educated on diet and salt restrictions. Medications were reviewed with the patient, and education for cardiac surgery patient must continue aspirin, and statin post-operatively until re-evaluated by patients cardiologist. Patient was instructed to follow up with their cardiologist as appropriate for long term management.

## Discussion/Summary

Post-Op Status: He is doing well, has excellent pain control and is showing no signs of infection.

## Assessment

### Assessed

1. S/P AVR (V43.3) (Z95.2)
2. S/P CABG (coronary artery bypass graft) (V45.81) (Z95.1)

Mr. Abdelilah is a 69 y/o old French speaking male with a pmhx of CAD s/p PCI 6 months ago in Morocco, htn, hld, DM 2 (insulin), hypothyroidism, severe PAD (ex lap 95 for a "stenosed" iliac artery with complications who presents with intermittent episodes of L sided chest pain associated with dizziness and SOB. EKG with NST changes compatible with ischemia and TTE significant for severe AS (probable bicuspid). Patient admitted to cardiac telemetry for further ischemic workup and SAS workup. Patient state's he has dyspnea on exertion with sensation of heart feeling very heavy. On 5/15/23, he underwent AVR/CABG. Post-operatively, patient had an uncomplicated hospital course. Patient remained hemodynamically stable and was discharged home on POD# 5. Pt was educated on the importance of attending cardiac rehab post op and was given informative materials re cardiac rehab program. Patient was instructed to inquire further upon seeing cardiologist out-patient. Here for post op visit.

The patient tells me that he feels extremely well and is planning to return to his hometown in Morocco from where he presented.

He does have an appointment to see the cardiologist at the heart center tomorrow.

From a cardiac surgery point of view the patient seems to have healed well and further follow-up will be with his own physicians.

I agree with the note as scribed by my nurse practitioner.

I saw the patient along with the nurse practitioner and examined him and reviewed him in detail personally.

Arrives with Sister

Doing well

Incisions healing well

No edema

Denies SOB, pain or palpitations

Pain controlled with Tylenol/Motrin alternating

Walking daily

VSS at home

F/U PMD and cardio for continued management

F/U CTS

Electronically signed by : ROHIT BHOJO SHAHANI, MD; Jun 12 2023 3:11PM EST (Author)

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Sabapentin 100 MG Oral Capsule; TAKE 1 CAPSULE 3 TIMES DAILY;  
 Therapy: 01Dec2022 to (Evaluate:31Dec2022) Requested for: 01Dec2022; Last Rx:01Dec2022 Ordered  
 Glucose Monitoring Strips; please check Glucose 4 times /day;  
 Therapy: 23May2023 to (Last Rx:23May2023) Requested for: 23May2023 Ordered  
 Insulin Glargine 100 UNIT/ML Subcutaneous Solution; INJECT 22 UNIT;  
 Therapy: 01Dec2022 to Requested for: 22May2023 Recorded  
 Invokana 300 MG Oral Tablet; TAKE 1 TABLET BY MOUTH ONCE DAILY 30 MINS BEFORE BREAKFAST;  
 Therapy: 01Dec2022 to (Evaluate:22Jun2023) Requested for: 26May2023; Last Rx:23May2023 Ordered  
 Janumet 50-500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY WITH MEALS;  
 Therapy: 01Dec2022 to (Evaluate:31Dec2022) Requested for: 22May2023; Last Rx:01Dec2022 Ordered  
 Levothyroxine Sodium 50 MCG Oral Tablet; TAKE 1 TABLET DAILY;  
 Therapy: 01Dec2022 to (Evaluate:22Jun2023) Requested for: 23May2023; Last Rx:23May2023 Ordered  
 Lidocaine 4 % External Patch; APPLY AS DIRECTED;  
 Therapy: 23May2023 to (Last Rx:23May2023) Requested for: 23May2023 Ordered  
 Losartan Potassium 50 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED;  
 Therapy: 01Dec2022 to (Evaluate:31Dec2022) Requested for: 01Dec2022; Last Rx:01Dec2022 Ordered  
 Metoprolol Tartrate 25 MG Oral Tablet; TAKE ONE TABLET BY MOUTH EVERY 12 HOURS;  
 Therapy: 22May2023 to (Evaluate:21Jun2023) Recorded  
 Multi Vitamin Oral Tablet; TAKE 1 TABLET DAILY;  
 Therapy: 22May2023 to Recorded  
 Polyethylene Glycol 3350 17 GM/SCOOP Oral Powder;  
 Therapy: 22May2023 to Recorded  
 Potassium Chloride Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET Daily ONLY while taking Furosemide/Lasix;  
 Therapy: 22May2023 to (Evaluate:29May2023) Recorded  
 Rosuvastatin Calcium 40 MG Oral Tablet; TAKE 1 TABLET DAILY;  
 Therapy: 01Dec2022 to (Evaluate:29Jul2023) Requested for: 30May2023; Last Rx:30May2023 Ordered  
 Tamsulosin HCl - 0.4 MG Oral Capsule; TAKE 1 CAPSULE AT BEDTIME;  
 Therapy: 22May2023 to (Evaluate:21Jun2023) Recorded

## Allergies

No Known Drug Allergies

## Vitals

### Vital Signs

	Recorded: 12Jun2023 02:47PM
Systolic	145
Diastolic	80
Heart Rate	98
Respiration	14
O2 Saturation	98

## Physical Exam

**Pulmonary:** no respiratory distress and no accessory muscle use.

**Heart:** the apical impulse was normal and normal S1 and S2 . Normal prosthetic sounds from the bioprosthetic aortic valve.

**Sternal Incision:** clean, dry and healing well. Sternum is stable and has almost healed completely

**Leg Incision:** clean, dry and healing well.

## Counseling

The patient was counseled on the following subjects: hygiene (including daily shower), the importance of regular medical follow-up, no heavy lifting (>15-20 lb. for 1 month or 25 lb. for 3 months from date of surgery), blood pressure control, signs and symptoms of infection (and to whom it should be reported), progressive ambulation/activity and medication/vitamin/herb/food interaction.

Mr. ABDELILAH ELAMRANIJOUTEY 69 year status post CABG. This is a follow up visit with the patient. During the post op

**Objet** Health Record from FollowMyHealth®  
**À :** [null <acinq5@yahoo.fr>]  
**De** FollowMyHealth <noreply@followmyhealth.com>  
**Date** mar., juin 13, 2023 à 19:28

**Name:** ABDELILAH EL AMRANI JOUTEY  
**Date of Birth:** 01-Dec-1953  
**Gender Identity:** Male

## Documents

6/12/2023 Rohit Bhojo Shahani, MD - Portal Note

### Reason For Visit

ABDELILAH ELAMRANI JOUTEY is status post s/p CABG/ AVR and he is here for a post-op visit.  
Surgery Date: 5/15/23 Mr. Abdelilah is a 69 y/o male that arrives today for a post op visit.

The patient is a 69-year-old gentleman who returns to the office today along with his family for his postoperative visit following his aortic valve replacement and coronary artery bypass grafting surgery that was done urgently a few weeks ago.

He tells me that he is doing extremely well and says that this is the best he has felt in many months and denies any chest pain or shortness of breath. He can ambulate up and down the stairs without any difficulty.

He denies any fevers or any issues with his incisions or any other major complaints.

He tells me that he keeps a log of his blood pressure and heart rate and weight at home and they all seem to be doing very well.

Patient accompanied by spouse and family member.

### Active Problems

CAD S/P percutaneous coronary angioplasty (414.01,V45.82) (I25.10,Z98.61)  
Chronic stable angina (413.9) (I20.8)  
DM2 (diabetes mellitus, type 2) (250.00) (E11.9)  
Dyslipidemia (272.4) (E78.5)  
Essential hypertension, benign (401.1) (I10)  
Glaucoma (365.9) (H40.9)  
Hypothyroidism, unspecified type (244.9) (E03.9)  
S/P AVR (V43.3) (Z95.2)  
S/P CABG (coronary artery bypass graft) (V45.81) (Z95.1)  
Shingles (053.9) (B02.9)

### Current Meds

Aspirin 81 MG Oral Tablet Delayed Release; TAKE 1 TABLET DAILY;  
Therapy: 01Dec2022 to (Evaluate:31Dec2022) Requested for: 22May2023; Last Rx:01Dec2022 Ordered  
Blood Glucose Monitor System w/Device Kit; check Fs 3-4 times daily;  
Therapy: 23May2023 to (Last Rx:23May2023) Requested for: 23May2023 Ordered  
Blood Pressure Monitor; one blood pressure monitor;  
Therapy: 23May2023 to (Last Rx:23May2023) Requested for: 23May2023 Ordered  
Clopidogrel Bisulfate 75 MG Oral Tablet; TAKE 1 TABLET DAILY;  
Therapy: 01Dec2022 to (Evaluate:31Dec2022) Requested for: 22May2023; Last Rx:01Dec2022 Ordered  
Famotidine 20 MG Oral Tablet;  
Therapy: 22May2023 to Recorded  
Furosemide 40 MG Oral Tablet;  
Therapy: 22May2023 to Recorded  
Gabapentin 100 MG Oral Capsule; TAKE 1 CAPSULE 3 TIMES DAILY;



**Cardiac:** normal ECG and CX and with a regular rhythm.

**Vascular:** no peripheral edema.

**Abdomen:** non-tender and abdomen soft.

**Back:** no costovertebral angle tenderness.

**Endocrine:** no stigmata of Cushing's Syndrome.

**Skin:** no abdominal striae, acanthosis nigricans present.

**Neurology:** no tremors.

**Psychiatric:** oriented to person, place, and time.

### Assessment

DM2 (diabetes mellitus, type 2) (250.00) (E11.9)

Hypothyroidism, unspecified type (244.9) (E03.9)

Dyslipidemia (272.4) (E78.5)

Mr. ABDELILAH ELAMRANIJOUTEY is a 69 year old male CAD s/p stent (11/2022) s/p CABG and SAVR on 5/23/23 who presented for follow up evaluation of type 2 Dm, hypothyroidism

#controlled type 2 DM, DL, HTN

- A1c 7% now down to 6.6 % and SMBG at target on lantus 20 units at bedtime, invokana 300 mg daily (stopped only post op), janumet 50/1000 mg BID

- continue same regimen, can resume invokana now, hydration advised

- if Bg higher in the future will consider adding Glp1 agonist and stop januvia

- ldl ok continue rosuvastatin 40 mg daily

- continue ACE/ARB: losartan 50 mg daily

Eye examination: up to date has glaucoma

Neuropathy: yes on gabapentin, followed by podiatry

hypothyroidism

- on Lt4 50 mcg daily compliant with good pill technique

- no hypo/ hyperthyroid symptoms

- continue same

- f/u in 6 months.

### Plan

Renew: Invokana 300 MG Oral Tablet; TAKE 1 TABLET BY MOUTH ONCE DAILY 30 MINS BEFORE BREAKFAST

Renew: Janumet 50-500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY WITH MEALS

Renew: Levothyroxine Sodium 50 MCG Oral Tablet; TAKE 1 TABLET DAILY

A1CG - A1C with Estimated Average Glucose; Status:Active; Requested for:14Jun2023;

Complete Blood Count w DIFF; Status:Active; Requested for:14Jun2023;

Comprehensive Metabolic Panel; Status:Active; Requested for:14Jun2023;

Lipid Profile; Status:Active; Requested for:14Jun2023;

Thyroid Stimulating Hormone, Serum w/ FT4 Reflex; Status:Active; Requested for:14Jun2023;

Vitamin B12, Serum; Status:Active; Requested for:14Jun2023;

Electronically signed by : JULIE ZAIDAN, MD; Jun 14 2023 6:32PM EST (Author)

**DISCLAIMER:** This information is supplied from the patient's medical record via a patient portal. The medical provider is listed as the source. Items with a source of 'Patient-Entered' were added by the patient. This record may not be complete or up to date, and should not be used for providing medical advice. For an official copy of the individual's medical record, the patient (or custodian) must contact their medical provider.

Generated on 6/14/2023 7:32:03 PM by FollowMyHealth® (<http://www.followmyhealth.com>).



Blood Glucose Monitor System w/Device Kit; check Fs 3-4 times daily  
 Blood Pressure Monitor; one blood pressure monitor  
 Clopidogrel Bisulfate 75 MG Oral Tablet; TAKE 1 TABLET DAILY  
 Ezetimibe 10 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME  
 Famotidine 20 MG Oral Tablet  
 Furosemide 40 MG Oral Tablet  
 Gabapentin 100 MG Oral Capsule; TAKE 1 CAPSULE 3 TIMES DAILY  
 Glucose Monitoring Strips; please check Glucose 4 times /day  
 Insulin Glargine 100 UNIT/ML Subcutaneous Solution; INJECT 22 UNIT  
 Invokana 300 MG Oral Tablet; TAKE 1 TABLET BY MOUTH ONCE DAILY 30 MINS  
 BEFORE BREAKFAST  
 Janumet 50-500 MG Oral Tablet; TAKE 1 TABLET TWICE DAILY WITH MEALS  
 Levothyroxine Sodium 50 MCG Oral Tablet; TAKE 1 TABLET DAILY  
 Lidocaine 4 % External Patch; APPLY AS DIRECTED  
 Losartan Potassium 50 MG Oral Tablet; TAKE 1 TABLET DAILY AS DIRECTED  
 Metoprolol Tartrate 25 MG Oral Tablet; TAKE ONE TABLET BY MOUTH EVERY 12 HOURS  
 Multi Vitamin Oral Tablet; TAKE 1 TABLET DAILY  
 Polyethylene Glycol 3350 17 GM/SCOOP Oral Powder  
 Potassium Chloride Crys ER 20 MEQ Oral Tablet Extended Release; TAKE 1 TABLET  
 Daily ONLY while taking Furosemide/Lasix  
 Rosuvastatin Calcium 40 MG Oral Tablet; TAKE 1 TABLET DAILY  
 Tamsulosin HCl - 0.4 MG Oral Capsule; TAKE 1 CAPSULE AT BEDTIME

## Allergies

No Known Drug Allergies

## Data Reviewed

12/2022: A1c 7% glucose 114 GFR 96 TSH 4.17  
 6/2023: A1c 6.6% hb 11.9 TSH 2.83 glucose 73 crea 0.9 GFR 92 LDL 79 Tg 57 c peptid 0.5.

## Review of Systems

Constitutional: no fatigue, no recent weight gain and no recent weight loss.  
 Eyes: no visual field defect and no blurred vision.  
 ENT: no dysphagia, no neck pain and no dysphonia.  
 Cardiovascular: no chest pain, no palpitations and no lower extremity edema.  
 Respiratory: no shortness of breath and no shortness of breath on exertion.  
 Gastrointestinal: no nausea, no constipation, no vomiting and no gas/bloating.  
 Genitourinary: as noted in HPI, but no polyuria.  
 Integumentary: as noted in HPI.  
 Neurological: no headaches and no tremors.  
 Endocrine: as noted in HPI.

All other systems negative.

## Vitals

### Vital Signs

	Recorded: 14Jun2023 01:14PM
Systolic	119
Diastolic	76
Height	5 ft 1 in
Weight	158 lb
BMI Calculated	29.85 kg/m2
BSA Calculated	1.71
Heart Rate	84

## Physical Exam

**Constitutional:** alert, healthy appearance and no acute distress.  
**Eyes:** no proptosis and no lid lag.  
**Neck:** the thyroid was not enlarged and no palpable thyroid nodules.  
**Pulmonary:** no respiratory distress, no accessory muscle use, lungs were clear to auscultation bilaterally.  
**Cardiac:** normal S1 and S2 and with a regular rhythm.

**Objet** Health Record from FollowMyHealth®  
**À :** [null <acinq5@yahoo.fr>]  
**De** FollowMyHealth <noreply@followmyhealth.com>  
**Date** mer., juin 14, 2023 à 19:32

**Name:** ABDELILAH EL AMRANI JOUTEY  
**Date of Birth:** 01-Dec-1953  
**Gender Identity:** Male

## Documents

### 6/14/2023Julie Zaidan, MD - Portal Note

#### Reason For Visit

ABDELILAH ELAMRANIJOUTEY is a 69 year old male being seen for a follow-up visit for DM Type 2.

#### History of Present Illness

Mr. ABDELILAH ELAMRANIJOUTEY is a 69 year old male CAD s/p stent ( 11/2022) s/p CABG and SAVR on 5/23/23 who presented for follow up evaluation of type 2 Dm , hypothyroidism

Diagnosis: 5 years ago

Current Regimen: lantus 20 units at bedtime, invokana 300 mg daily ( stopped after cardiac surgery ) , janumet 50/1000 mg BID

Previous regimens: none

Compliance: good

SMBG/CGM : < 100

Hypoglycemia: very rarely

Polyuria/polydipsia : polyuria

Weight change/BMI: stable

Diet: trying to watch carbs

Exercise: active

HBa1c trend: 7%( 12/2022)... 6.6%( 6/2023)

.prevention

Statin: rosuvastatin 40 mg daily

ACE/ARB :losartan 50 mg daily

Eye examination: uptodate has glaucoma

Neuropathy: yes on gabapentin

UMA: ok

hypothyroidism

- on Lt4 50 mcg daily compliant with good pill technique

- no hypo/ hyperthyroid symptoms

#### Active Problems

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S/P CABG (coronary artery bypass graft) (V45.81) (Z95.1)

Shingles (053.9) (B02.9)

#### Current Meds

Aspirin 81 MG Oral Tablet Delayed Release; TAKE 1 TABLET DAILY

MAW



**OXYCODONE/APAP TAB 5-325MG****WHAT IS THIS MEDICINE?**

ACETAMINOPHEN; OXYCODONE (a set a MEE noe fen; ox i KOE done) is a pain reliever. It is used to treat moderate to severe pain.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

**WHAT SHOULD I TELL MY HEALTH CARE PROVIDER BEFORE I TAKE THIS MEDICINE?**

They need to know if you have any of these conditions: -brain tumor -drug abuse or addiction -head injury -heart disease -if you often drink alcohol - kidney disease - liver disease -low adrenal gland function -lung disease, asthma, or breathing problem -seizures -stomach or intestine problems -taken an MAOI like Marplan, Nardil, or Parnate in the last 14 days -an unusual or allergic reaction to acetaminophen, oxycodone, other medicines, foods, dyes, or preservative -pregnant or trying to get pregnant -breast-feeding

**HOW SHOULD I USE THIS MEDICINE?**

Take this medicine by mouth with a full glass of water. Take it as directed on the label. You can take it with or without food. If it upsets your stomach, take it with food. Do not use it more often than directed. There may be unused or extra doses in the bottle after you finish your treatment. Talk to your health care provider if you have questions about your dose. A special MedGuide will be given to you by the pharmacist with each prescription and refill. Be sure to read this information carefully each time. Talk to your health care provider about the use of this medicine in children. Special care may be needed. Patients over 65 years of age may have a stronger reaction and need a smaller dose.

**Overdosage:** If you think you have taken too much of this medicine contact a poison control center or emergency room at once. **NOTE:** This medicine is only for you. Do not share this medicine with others.

**WHERE SHOULD I KEEP MY MEDICINE?**

Keep out of the reach of children and pets. This medicine can be abused. Keep it in a safe place to protect it from theft. Do not share it with anyone. It is only for you. Selling or giving away this medicine is dangerous and against the law. Store at room temperature between 20 and 25 degrees C (68 and 77 degrees F). Protect from light. Get rid of any unused medicine after the expiration date. This medicine may cause harm and death if it is taken by other adults, children, or pets. It is important to get rid of the medicine as soon as you no longer need it or it is expired. You can do this in two ways: -Take the medicine to a medicine take-back program. Check with your pharmacy or law enforcement to find a location. -If you cannot return the medicine, flush it down the toilet.

**NOTE:** This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or

Staten Island University Hospital  
Vivo Health Pharmacy at Staten Island  
Ph#: (718) 226-1914  
475 Seaview Avenue  
Staten Island, NY 10305**LVM**

Rx#:215830N

5/20/2023

ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

OXYCODONE/APAP TAB 5-325MG

Qty: 28 D/S: 7

NDC: 42858-0102-50

REFILLS: 0

Dr. Varghese, G  
Ph# (718)226-9000  
Plan: C

Fac: SIUH

Due: \$28.00

**FE**THIS IS YOUR RECEIPT. PLEASE RETAIN  
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Vivo Health Pharmacy at Staten Island  
Ph#: (718) 226-1914  
475 Seaview Avenue  
Staten Island, NY 10305

Rx#:215830N

5/20/2023

ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

OXYCODONE/APAP TAB 5-325MG

Qty: 28 D/S: 7

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REFILLS: 0

Dr. Varghese, G  
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Plan: C

Fac: SIUH

Due: \$28.00

**FE**THIS IS YOUR RECEIPT. PLEASE RETAIN  
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**FAMOTIDINE TAB 20MG****WHAT IS THIS MEDICINE?**

FAMOTIDINE (fa MOE ti deen) is a type of antihistamine that blocks the release of stomach acid. It is used to treat stomach or intestinal ulcers. It can also relieve heartburn from acid reflux.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

**WHAT SHOULD I TELL MY HEALTH CARE PROVIDER BEFORE I TAKE THIS MEDICINE?**

They need to know if you have any of these conditions: -kidney or liver disease  
-trouble swallowing -an unusual or allergic reaction to famotidine, other medicines, foods, dyes, or preservatives -pregnant or trying to get pregnant  
-breast-feeding

**HOW SHOULD I USE THIS MEDICINE?**

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. If you only take this medicine once a day, take it at bedtime. Take your doses at regular intervals. Do not take your medicine more often than directed. Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

**Overdosage:** If you think you have taken too much of this medicine contact a poison control center or emergency room at once. **NOTE:** This medicine is only for you. Do not share this medicine with others.

**WHERE SHOULD I KEEP MY MEDICINE?**

Keep out of the reach of children. Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Do not freeze. Throw away any unused medicine after the expiration date.

**NOTE:** This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

**WHAT SHOULD I WATCH FOR WHILE USING THIS MEDICINE?**

Tell your doctor or health care professional if your condition does not start to get better or if it gets worse. Finish the full course of tablets prescribed, even if you feel better. Do not take with aspirin, ibuprofen or other antiinflammatory medicines. These can make your condition worse. Do not smoke cigarettes or drink alcohol. These cause irritation in your stomach and can increase the time it will take for ulcers to heal. If you get black, tarry stools or vomit up what looks like coffee grounds, call your doctor or health care professional at once. You may have a bleeding ulcer. This medicine may cause a decrease in vitamin B12. You should make sure that you get enough vitamin B12 while you are taking this medicine. Discuss the foods you eat and the vitamins you take with your health care professional.

**WHAT SIDE EFFECTS MAY I NOTICE FROM RECEIVING THIS MEDICINE?**Staten Island University Hospital  
Vivo Health Pharmacy at Staten IslandPh#: (718) 226-1914  
475 Seaview Avenue  
Staten Island, NY 10305**Rx#:**215798

5/20/2023

**ELAMRANIJOUTEY, ABDELILAH**53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360**DOB:** 12/1/1953**FAMOTIDINE TAB 20MG**Qty: 60 D/S: 30  
NDC: 00172-5728-80  
REFILLS: 0Dr. Dimaggio, V  
Ph# (718)226-9000  
Plan: C**Fac:** SIUH**Due:** \$12.00THIS IS YOUR RECEIPT. PLEASE RETAIN  
FOR YOUR TAX OR INSURANCE.Staten Island University Hospital  
Vivo Health Pharmacy at Staten IslandPh#: (718) 226-1914  
475 Seaview Avenue  
Staten Island, NY 10305**Rx#:**215798

5/20/2023

**ELAMRANIJOUTEY, ABDELILAH**53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360**DOB:** 12/1/1953**FAMOTIDINE TAB 20MG**Qty: 60 D/S: 30  
NDC: 00172-5728-80  
REFILLS: 0Dr. Dimaggio, V  
Ph# (718)226-9000  
Plan: C**Fac:** SIUH**Due:** \$12.00THIS IS YOUR RECEIPT. PLEASE RETAIN  
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**POLYETHYLENE GLYCOL 3350 \*OTC\* PWD 17G****WHAT IS THIS MEDICINE?**

POLYETHYLENE GLYCOL 3350 (pol ee ETH i leen; GLYE col 3350) is a laxative used to treat constipation. It increases the amount of water in the stool. Bowel movements become easier and more frequent.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

**WHAT SHOULD I TELL MY HEALTH CARE PROVIDER BEFORE I TAKE THIS MEDICINE?**

They need to know if you have any of these conditions: -history of blockage in your bowels -nausea -phenylketonuria -stomach or intestine problem -stomach pain -sudden change in bowel habit lasting more than 2 weeks -vomiting -an unusual or allergic reaction to polyethylene glycol (PEG), other medicines, foods, dyes, or preservatives -pregnant or trying to get pregnant -breast-feeding

**HOW SHOULD I USE THIS MEDICINE?**

Take this medicine by mouth. Take it as directed on the label. Add the right dose to 4 to 8 ounces or 120 to 240 mL of water, juice, soda, coffee or tea. Do not mix this medicine with foods or other liquids. Do not combine with starch-based thickeners (e.g., flour, cornstarch, arrowroot, tapioca, xanthan gum). Mix well. Drink the solution. Do not use it more often than directed. Talk to your health care provider about the use of this medicine in children. While it may be given to children as young as 16 years for selected conditions, precautions do apply.

**Overdosage:** If you think you have taken too much of this medicine contact a poison control center or emergency room at once. **NOTE:** This medicine is only for you. Do not share this medicine with others.

**WHERE SHOULD I KEEP MY MEDICINE?**

Keep out of the reach of children and pets. Store at room temperature between 20 and 25 degrees C (68 and 77 degrees F). Get rid of any unused medicine after the expiration date. To get rid of medicines that are no longer needed or have expired: -Take the medicine to a medicine take-back program. Check with your pharmacy or law enforcement to find a location. -If you cannot return the medicine, check the label or package insert to see if the medicine should be thrown out in the garbage or flushed down the toilet. If you are not sure, ask your health care provider. If it is safe to put it in the trash, pour the medicine out of the container. Mix the medicine with cat litter, dirt, coffee grounds, or other unwanted substance. Seal the mixture in a bag or container. Put it in the trash.

**NOTE:** This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

**WHAT SHOULD I WATCH FOR WHILE USING THIS MEDICINE?**Staten Island University Hospital  
Vivo Health Pharmacy at Staten Island  
Ph#: (718) 226-1914  
475 Seaview Avenue  
Staten Island, NY 10305

Rx#:215797

5/20/2023

ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

POLYETHYLENE GLYCOL 3350 \*OTC\* PWC

Qty: 510 D/S: 30  
NDC: 00536-1052-27  
REFILLS: 0Dr. Dimaggio, V  
Ph# (718)226-9000  
Plan: C

Fac: SIUH

Due: \$20.00

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PharmacyStaten Island University Hospital  
Vivo Health Pharmacy at Staten Island  
Ph#: (718) 226-1914  
475 Seaview Avenue  
Staten Island, NY 10305

Rx#:215797

5/20/2023

ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

POLYETHYLENE GLYCOL 3350 \*OTC\* PWC

Qty: 510 D/S: 30  
NDC: 00536-1052-27  
REFILLS: 0Dr. Dimaggio, V  
Ph# (718)226-9000  
Plan: C

Fac: SIUH

Due: \$20.00

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**METOPROLOL TARTRATE TAB 25MG****WHAT IS THIS MEDICINE?**

METOPROLOL (me TOE proe lole) is a beta blocker. It decreases the amount of work your heart has to do and helps your heart beat regularly. It is used to treat high blood pressure and/or prevent chest pain (also called angina). It is also used after a heart attack to prevent a second one.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

**WHAT SHOULD I TELL MY HEALTH CARE PROVIDER BEFORE I TAKE THIS MEDICINE?**

They need to know if you have any of these conditions: -diabetes -heart or vessel disease like slow heart rate, worsening heart failure, heart block, sick sinus syndrome or Raynaud's disease -kidney disease -liver disease -lung or breathing disease, like asthma or emphysema -pheochromocytoma -thyroid disease -an unusual or allergic reaction to metoprolol, other beta-blockers, medicines, foods, dyes, or preservatives -pregnant or trying to get pregnant -breast-feeding

**HOW SHOULD I USE THIS MEDICINE?**

Take this drug by mouth with water. Take it as directed on the prescription label at the same time every day. You can take it with or without food. You should always take it the same way. Keep taking it unless your health care provider tells you to stop. Talk to your health care provider about the use of this drug in children. Special care may be needed.

**Overdosage:** If you think you have taken too much of this medicine contact a poison control center or emergency room at once. **NOTE:** This medicine is only for you. Do not share this medicine with others.

**WHERE SHOULD I KEEP MY MEDICINE?**

Keep out of the reach of children and pets. Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Protect from moisture. Keep the container tightly closed. Throw away any unused drug after the expiration date.

**NOTE:** This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

**WHAT SHOULD I WATCH FOR WHILE USING THIS MEDICINE?**

Visit your doctor or health care professional for regular check ups. Contact your doctor right away if your symptoms worsen. Check your blood pressure and pulse rate regularly. Ask your health care professional what your blood pressure and pulse rate should be, and when you should contact them. You may get drowsy or dizzy. Do not drive, use machinery, or do anything that needs mental alertness until you know how this medicine affects you. Do not sit or stand up quickly, especially if you are an older patient. This reduces the risk of dizzy or fainting spells. Contact your doctor if these symptoms

Staten Island University Hospital  
Vivo Health Pharmacy at Staten Island  
Ph#: (718) 226-1914  
475 Seaview Avenue  
Staten Island, NY 10305

Rx#: 215796

5/20/2023

ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

METOPROLOL TARTRATE TAB 25MG

Qty: 60 D/S: 30

NDC: 00378-0018-05

REFILLS: 0

Dr. Dimaggio, V  
Ph# (718)226-9000  
Plan: C

Fac: SIUH

Due: \$6.00

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Vivo Health Pharmacy at Staten Island  
Ph#: (718) 226-1914  
475 Seaview Avenue  
Staten Island, NY 10305

Rx#: 215796

5/20/2023

ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

METOPROLOL TARTRATE TAB 25MG

Qty: 60 D/S: 30

NDC: 00378-0018-05

REFILLS: 0

Dr. Dimaggio, V  
Ph# (718)226-9000  
Plan: C

Fac: SIUH

Due: \$6.00

THIS IS YOUR RECEIPT. PLEASE RETAIN  
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**CLOPIDOGREL TABS 75 MG****WHAT IS THIS MEDICINE?**

CLOPIDOGREL (kloh PID oh grel) helps to prevent blood clots. This medicine is used to prevent heart attack, stroke, or other vascular events in people who are at high risk.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

**WHAT SHOULD I TELL MY HEALTH CARE PROVIDER BEFORE I TAKE THIS MEDICINE?**

They need to know if you have any of the following conditions: -bleeding disorders -bleeding in the brain -having surgery -history of stomach bleeding -an unusual or allergic reaction to clopidogrel, other medicines, foods, dyes, or preservatives -pregnant or trying to get pregnant -breast-feeding

**HOW SHOULD I USE THIS MEDICINE?**

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. You may take this medicine with or without food. If it upsets your stomach, take it with food. Take your medicine at regular intervals. Do not take it more often than directed. Do not stop taking except on your doctor's advice. A special MedGuide will be given to you by the pharmacist with each prescription and refill. Be sure to read this information carefully each time. Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

**Overdosage:** If you think you have taken too much of this medicine contact a poison control center or emergency room at once. **NOTE:** This medicine is only for you. Do not share this medicine with others.

**WHERE SHOULD I KEEP MY MEDICINE?**

Keep out of the reach of children. Store at room temperature of 59 to 86 degrees F (15 to 30 degrees C). Throw away any unused medicine after the expiration date.

**NOTE:** This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

**WHAT SHOULD I WATCH FOR WHILE USING THIS MEDICINE?**

Visit your doctor or health care professional for regular check-ups. Do not stop taking your medicine unless your doctor tells you to. Notify your doctor or health care professional and seek emergency treatment if you develop breathing problems; changes in vision; chest pain; severe, sudden headache; pain, swelling, warmth in the leg; trouble speaking; sudden numbness or weakness of the face, arm or leg. These can be signs that your condition has gotten worse. If you are going to have surgery or dental work, tell your doctor or health care professional that you are taking this medicine.

Certain genetic factors may reduce the effect of this medicine. Your doctor

Staten Island University Hospital  
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Ph#: (718) 226-1914  
475 Seaview Avenue  
Staten Island, NY 10305**Rx#:**215795

5/20/2023

**ELAMRANIJOUTEY, ABDELILAH**53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360**DOB:** 12/1/1953**CLOPIDOGREL TABS 75 MG****Qty:** 30 **D/S:** 30**NDC:** 50228-0124-05**REFILLS:** 0**Dr.** Dimaggio, V  
**Ph#** (718)226-9000  
**Plan:** C**Fac:** SIUH**Due:** \$5.00THIS IS YOUR RECEIPT. PLEASE RETAIN  
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Ph#: (718) 226-1914  
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Staten Island, NY 10305**Rx#:**215795

5/20/2023

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STATEN ISLAND NY 10304  
(917)444-5360**DOB:** 12/1/1953**CLOPIDOGREL TABS 75 MG****Qty:** 30 **D/S:** 30**NDC:** 50228-0124-05**REFILLS:** 0**Dr.** Dimaggio, V  
**Ph#** (718)226-9000  
**Plan:** C**Fac:** SIUH**Due:** \$5.00THIS IS YOUR RECEIPT. PLEASE RETAIN  
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**ASPIRIN EC \*NEW MCD\* TAB 81MG****WHAT IS THIS MEDICINE?**

ASPIRIN (AS pir in) is a pain reliever. It is used to treat mild pain and fever. This medicine is also used as directed by a doctor to prevent and to treat heart attacks, to prevent strokes and blood clots, and to treat arthritis or inflammation.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

**WHAT SHOULD I TELL MY HEALTH CARE PROVIDER BEFORE I TAKE THIS MEDICINE?**

They need to know if you have any of these conditions: -anemia -asthma  
-bleeding problems -child with chickenpox, the flu, or other viral infection  
-diabetes -gout -if you frequently drink alcohol containing drinks  
-kidney disease -liver disease -low level of vitamin K -lupus -smoke  
tobacco -stomach ulcers or other problems -an unusual or allergic reaction  
to aspirin, tartrazine dye, other medicines, dyes, or preservatives -pregnant  
or trying to get pregnant -breast-feeding

**HOW SHOULD I USE THIS MEDICINE?**

Take this medicine by mouth with a glass of water. Follow the directions on the package or prescription label. Do not chew, crush, or cut this medicine. You can take this medicine with or without food. If it upsets your stomach, take it with food. Do not take your medicine more often than directed. Talk to your pediatrician regarding the use of this medicine in children. While this drug may be prescribed for children as young as 12 years of age for selected conditions, precautions do apply. Children and teenagers should not use this medicine to treat chicken pox or flu symptoms unless directed by a doctor. Patients over 65 years old may have a stronger reaction and need a smaller dose.

**Overdosage:** If you think you have taken too much of this medicine contact a poison control center or emergency room at once. NOTE: This medicine is only for you. Do not share this medicine with others.

**WHERE SHOULD I KEEP MY MEDICINE?**

Keep out of the reach of children and pets. Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Protect from heat and moisture. Do not use this medicine if it has a strong vinegar smell. Get rid of any unused medicine after the expiration date. To get rid of medicines that are no longer needed or have expired: -Take the medicine to a medicine take-back program. Check with your pharmacy or law enforcement to find a location. -If you cannot return the medicine, check the label or package insert to see if the medicine should be thrown out in the garbage or flushed down the toilet. If you are not sure, ask your health care provider. If it is safe to put it in the trash, empty the medicine out of the container. Mix the medicine with cat litter, dirt, coffee grounds, or other unwanted substance. Seal the mixture in a bag or container. Put it in the trash.

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Ph#: (718) 226-1914  
475 Seaview Avenue  
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Rx#: 215794

5/20/2023

ELAMRANIJOUTEY, ABDELILAH  
53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

ASPIRIN EC \*NEW MCD\* TAB 81MG  
Qty: 30 D/S: 30  
NDC: 00904-6751-80  
REFILLS: 0

Dr. Dimaggio, V  
Ph# (718) 226-9000  
Plan: C

Fac: SIUH

Due: \$3.00



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**VIVOHealth**  
Pharmacy

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Rx#: 215794

5/20/2023

ELAMRANIJOUTEY, ABDELILAH  
53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

ASPIRIN EC \*NEW MCD\* TAB 81MG  
Qty: 30 D/S: 30  
NDC: 00904-6751-80  
REFILLS: 0

Dr. Dimaggio, V  
Ph# (718) 226-9000  
Plan: C

Fac: SIUH

Due: \$3.00



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**FUROSEMIDE TAB 40MG****WHAT IS THIS MEDICINE?**

FUROSEMIDE (fyoor OH se mide) is a diuretic. It helps you make more urine and to lose salt and excess water from your body. It treats swelling from heart, kidney, or liver disease. It also treats high blood pressure.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

**WHAT SHOULD I TELL MY HEALTH CARE PROVIDER BEFORE I TAKE THIS MEDICINE?**

They need to know if you have any of these conditions: -abnormal blood electrolytes -diarrhea or vomiting -gout -heart disease -kidney disease, small amounts of urine, or difficulty passing urine -liver disease -thyroid disease -an unusual or allergic reaction to furosemide, sulfa drugs, other medicines, foods, dyes, or preservatives -pregnant or trying to get pregnant -breast-feeding

**HOW SHOULD I USE THIS MEDICINE?**

Take this drug by mouth. Take it as directed on the prescription label at the same time every day. You can take it with or without food. If it upsets your stomach, take it with food. Keep taking it unless your health care provider tells you to stop. Talk to your health care provider about the use of this drug in children. Special care may be needed.

**Overdosage:** If you think you have taken too much of this medicine contact a poison control center or emergency room at once. **NOTE:** This medicine is only for you. Do not share this medicine with others.

**WHERE SHOULD I KEEP MY MEDICINE?**

Keep out of the reach of children and pets. Store at room temperature between 20 and 25 degrees C (68 and 77 degrees F). Protect from light and moisture. Keep the container tightly closed. Throw away any unused drug after the expiration date.

**NOTE:** This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

**WHAT SHOULD I WATCH FOR WHILE USING THIS MEDICINE?**

Visit your doctor or health care provider for regular checks on your progress. Check your blood pressure regularly. Ask your doctor or health care provider what your blood pressure should be, and when you should contact him or her. If you are a diabetic, check your blood sugar as directed. This medicine may cause serious skin reactions. They can happen weeks to months after starting the medicine. Contact your health care provider right away if you notice fevers or flu-like symptoms with a rash. The rash may be red or purple and then turn into blisters or peeling of the skin. Or, you might notice a red rash with swelling of the face, lips or lymph nodes in your neck or under your arms. You may need to be on a special diet while taking this medicine. Check

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Rx#: 215802

5/20/2023

ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

FUROSEMIDE TAB 40MG

Qty: 7 D/S: 7  
NDC: 69315-0117-10  
REFILLS: 0Dr. Dimaggio, V  
Ph# (718) 226-9000  
Plan: C

Fac: SIUH

Due: \$3.00

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Rx#: 215802

5/20/2023

ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

FUROSEMIDE TAB 40MG

Qty: 7 D/S: 7  
NDC: 69315-0117-10  
REFILLS: 0Dr. Dimaggio, V  
Ph# (718) 226-9000  
Plan: C

Fac: SIUH

Due: \$3.00

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**TAMSULOSIN HCL CAP 0.4MG****WHAT IS THIS MEDICINE?**

TAMSULOSIN (tam SOO loe sin) is an alpha blocker. It is used to treat the signs and symptoms of an enlarged prostate in men. This condition is also called benign prostatic hyperplasia (BPH).

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

**WHAT SHOULD I TELL MY HEALTH CARE PROVIDER BEFORE I TAKE THIS MEDICINE?**

They need to know if you have any of the following conditions: -advanced kidney disease -advanced liver disease -low blood pressure -prostate cancer -an unusual or allergic reaction to tamsulosin, sulfa drugs, other medicines, foods, dyes, or preservatives -pregnant or trying to get pregnant -breast-feeding

**HOW SHOULD I USE THIS MEDICINE?**

Take this medicine by mouth about 30 minutes after the same meal every day. Follow the directions on the prescription label. Swallow the capsules whole with a glass of water. Do not crush, chew, or open capsules. Do not take your medicine more often than directed. Do not stop taking your medicine unless your doctor tells you to. Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

**Overdosage:** If you think you have taken too much of this medicine contact a poison control center or emergency room at once. **NOTE:** This medicine is only for you. Do not share this medicine with others.

**WHERE SHOULD I KEEP MY MEDICINE?**

Keep out of the reach of children. Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Throw away any unused medicine after the expiration date.

**NOTE:** This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

**WHAT SHOULD I WATCH FOR WHILE USING THIS MEDICINE?**

Visit your doctor or health care professional for regular check ups. You will need lab work done before you start this medicine and regularly while you are taking it. Check your blood pressure as directed. Ask your health care professional what your blood pressure should be, and when you should contact him or her. This medicine may make you feel dizzy or lightheaded. This is more likely to happen after the first dose, after an increase in dose, or during hot weather or exercise. Drinking alcohol and taking some medicines can make this worse. Do not drive, use machinery, or do anything that needs mental alertness until you know how this medicine affects you. Do not sit or stand up quickly. If you begin to feel dizzy, sit down until you feel better. These effects can decrease once your body adjusts to the medicine. Contact your

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Rx#:215801

5/20/2023

ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

TAMSULOSIN HCL CAP 0.4MG

Qty: 30 D/S: 30

NDC: 65862-0598-05

REFILLS: 0

Dr. Dimaggio, V  
Ph# (718)226-9000  
Plan: C

Fac: SIUH

Due: \$7.00

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Rx#:215801

5/20/2023

ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

TAMSULOSIN HCL CAP 0.4MG

Qty: 30 D/S: 30

NDC: 65862-0598-05

REFILLS: 0

Dr. Dimaggio, V  
Ph# (718)226-9000  
Plan: C

Fac: SIUH

Due: \$7.00

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MULTIVITAMINS \*\*MCD\*\* TABS

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Staten Island, NY 10305

Rx#: 215800 5/20/2023

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53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

MULTIVITAMINS \*\*MCD\*\* TABS

Qty: 30 D/S: 30  
NDC: 80681-0020-00  
REFILLS: 0

Dr. Dimaggio, V  
Ph# (718)226-9000  
Plan: C

Fac: SIUH

Due: \$3.00



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Rx#: 215800 5/20/2023

ELAMRANIJOUTEY, ABDELILAH  
53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

MULTIVITAMINS \*\*MCD\*\* TABS

Qty: 30 D/S: 30  
NDC: 80681-0020-00  
REFILLS: 0

Dr. Dimaggio, V  
Ph# (718)226-9000  
Plan: C

Fac: SIUH

Due: \$3.00



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**POTASSIUM CHLORIDE TAB 20MEQ****WHAT IS THIS MEDICINE?**

POTASSIUM CHLORIDE (poe TASS i um KLOQR ide) is a potassium supplement. It prevents or treats low potassium levels. Potassium is important for the heart, muscles, and nerves. Too much or too little potassium in the body can cause serious problems.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

**WHAT SHOULD I TELL MY HEALTH CARE PROVIDER BEFORE I TAKE THIS MEDICINE?**

They need to know if you have any of these conditions: -Addison disease -dehydration -diabetes, high blood sugar -difficulty swallowing -heart disease -high levels of potassium in the blood -irregular heartbeat or rhythm -kidney disease -large areas of burned skin -stomach ulcers, other stomach or intestine problems -an unusual or allergic reaction to potassium, other medicines, foods, dyes, or preservatives -pregnant or trying to get pregnant -breast-feeding

**HOW SHOULD I USE THIS MEDICINE?**

Take this drug by mouth with a glass of water. Take it as directed on the prescription label at the same time every day. Take it with food. Keep taking it unless your health care provider tells you to stop. When taking whole tablets: Swallow whole. Do not suck, crush, or chew it. You may cut it in half. This may help you to swallow the tablet if it is too big. Be sure to take both halves, each with a glass of water. Do not take just one-half of the tablet. When using tablets to make a solution: Place the tablet in a glass of water (4 ounces). After 2 minutes, stir the mixture for 30 seconds. Drink the mixture right away. Add another ounce of water. Swirl the contents. Drink the mixture right away. Repeat adding an ounce of water, swirling, and drinking the mixture right away. Talk to your health care provider about the use of this drug in children. Special care may be needed.

**Overdosage:** If you think you have taken too much of this medicine contact a poison control center or emergency room at once. **NOTE:** This medicine is only for you. Do not share this medicine with others.

**WHERE SHOULD I KEEP MY MEDICINE?**

Keep out of the reach of children and pets. Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F ). Protect from light and moisture. Keep the container tightly closed. Throw away any unused drug after the expiration date.

**NOTE:** This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

**WHAT SHOULD I WATCH FOR WHILE USING THIS MEDICINE?**

Visit your health care provider for regular checks on your progress. Tell your

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Rx#: 215799

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ELAMRANIJOUTEY, ABDELILAH

53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

POTASSIUM CHLORIDE TAB 20MEQ

Qty: 7 D/S: 7  
NDC: 00832-5325-10  
REFILLS: 0Dr. Dimaggio, V  
Ph# (718) 226-9000  
Plan: C

Fac: SIUH

Due: \$5.00

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53 SOMMER AVE  
STATEN ISLAND NY 10304  
(917)444-5360

DOB: 12/1/1953

POTASSIUM CHLORIDE TAB 20MEQ

Qty: 7 D/S: 7  
NDC: 00832-5325-10  
REFILLS: 0Dr. Dimaggio, V  
Ph# (718) 226-9000  
Plan: C

Fac: SIUH

Due: \$5.00

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