

Kaiser Permanente  
Hospital  
Oakland  
California

Med Records

FROM :ARTI

11:40

FAX NO. :5052817877

Dec. 05 2005 02:48PM P2

Kaiser Permanente  
Kaiser Foundation Health Plan, Inc.  
Kaiser Foundation Hospitals  
The Permanente Medical Group, Inc.

7-854 P.001/001 F-047

902567-1227  
AUTHORIZATION FOR USE AND/OR DISCLOSURE OF MEMBER/PATIENT HEALTH INFORMATION

*Doug Copp*  
#08789174

RECEIVED  
DEC 6 2005

I understand that Kaiser Permanente will not condition treatment, payment, enrollment, or eligibility for benefits on my providing or refusing to provide this authorization.  
I hereby authorize \_\_\_\_\_

Name of Disclosing Party  
Records Release Dept.

To disclose to:  
X Dr. Tom Smith

Address  
27400 Desperian Blvd

Name of Recipient  
5281 Thomas Rd

City, State, Zip  
NEWYARD, CA 94545

Address  
Sebastopol, CA 95472

Name of Member/Patient (Last, First, Middle Initial)  
DOUGLAS COPP

Medical Record Number  
MR 08789174

Address  
563 Charlotte St. Sydney, NS B1P 1E6

Date of Birth  
08/03/61

DURATION: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature unless a different date is specified here (Date)

REVOCAION: This authorization is also subject to written revocation by the member/patient at any time. The written revocation will be effective upon receipt, except to the extent that the disclosing party or others have acted in reliance upon this authorization.

REDIS-CLOSURE: I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

- SPECIFY RECORDS:
- MEDICAL INFORMATION
  - PSYCHIATRIC INFORMATION
  - DRUG/ALCOHOL INFORMATION
  - RESULTS OF AN HIV TEST
  - GENETIC RECORDS
  - OTHER HEALTH INFORMATION

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Specify the records to be disclosed: ALL CONCRETE MEDICAL FILE 1995 TO  
The recipient may use the health information authorized on this form for the following purposes:

A copy of this authorization is as valid as the original.  
Member/Patient has a right to a copy of this authorization.

X 12/5/05 X *[Signature]*

1-C  
844  
84

(4)

FAX TRANSMITTAL

RECEIVED

DEC 6 2005

RECORDS RELEASE DEPT.  
HAYWARD

To: MEDICAL RECORDS / DEBBIE

Fax: (510) 675-6701

From: DOUG COPP

Date: Dec/5/2005

RE: Medical Release

# of pages including this one 2 + 2 = 4

See attached Medical Release  
as per our conversation w/Emily  
~~The~~ Attached you will also see  
a copy of Driver's license.

If you have any questions  
Please, do not hesitate to give  
me a call at (902) 567-1227

Thank you!

FROM :TIMOTHY J SMITH MD

FAX NO. :707 624 0111

Jan. 10 2006 03:53PM P3

FROM :ARTI

FAX NO. :5052817877

Dec. 05 2005 02:49PM P3

3

NOVA SCOTIA **DRIVERS LICENCE**

ISSUED: [REDACTED] EXPIRES: 03/08/2007

DOB: [REDACTED]

SA [REDACTED]

2261008

DOUGLAS [REDACTED]  
 563 CRANFORD [REDACTED]  
 SYDNEY NS B1F-155



Name:

*Doug Copp*

M.R. #:

*8789174*

**STABLE EVENTS SUMMARY**

BIRTH DATE: *8/3/51* SEX:  F  M BIRTHPLACE: *Canada* IMPRINT AREA: \_\_\_\_\_  
 GRAVIDA: \_\_\_\_\_ PARA/NO. OF CHILDREN: *1* MARITAL STATUS (NO./YEAR):  S  M  W  D OCCUPATION: *Female - American Assoc*  
 SOCIAL SECURITY #: \_\_\_\_\_

Significant Family History:

*FL Breast CA (33)*

REGULAR MD

NON PMG MD

Special Notes:

*TB + ptd = 17 yrs. Quit 1997*  
*Esth - heavy*  
*PTVDA*

Accelerated ASCVD  Hypertension  Diabetes  Breast CA  Colon CA  
 SPOUSE'S NAME: \_\_\_\_\_ SPOUSE'S OCCUPATION: \_\_\_\_\_

Medical Diagnoses/Date

*Ingram toe nails*  
*Eczema*

Surgical Procedures/Date

*None*

Allergies/Drug Cautions

*Penicillin PCN*

Type Of Reaction

Date

PATIENT	PROVIDER	CATEGORY	VIEW	FR DATE	TO DATE
08789174		LAB	RESULTS	01 / 01 / 05	01 / 05 / 05

Personal Physician : NO PHYSICIAN RECORDED  
 COPP,DOUG  
 53/M Lab Results Summary

Page 1

--- Procedure --- Results --- ( Reference Range ) ---  
 LOG#: 140014702206 COL: 05/26/00 16:49 OUTPA HAY REQ: M T TRAN,M.D.  
 \*\* HAYWARD MEDICAL CENTER \*\*  
 WBC Smear,Fecal NOT SEEN

LOG#: 14P000001905 COL: 05/26/00 10:08 OUTPA HAY REQ: M T TRAN,M.D.  
 \*\* TPMG Regional Lab, Berkeley \*\*  
 Protozoa  
 SOURCE: STOOL

--- FINAL REPORT ---  
 NO PROTOZOA SEEN FEW WHITE BLOOD CELLS  
 LOG#: 14P000001906 COL: 05/26/00 10:08 OUTPA HAY REQ: M T TRAN,M.D.  
 \*\* TPMG Regional Lab, Berkeley \*\*  
 Giardiasis EIA  
 SOURCE: STOOL

--- FINAL REPORT ---  
 NEGATIVE FOR GIARDIA BY EIA  
 LOG#: 14S000001221 COL: 05/26/00 10:07 OUTPA HAY REQ: M T TRAN,M.D.  
 \*\* TPMG Regional Lab, Berkeley \*\*  
 Stool Culture  
 SOURCE: STOOL

--- FINAL REPORT ---  
 \* CAMPYLOBACTER POSITIVE \*  
 CAMPYLOBACTER SPECIES ISOLATED  
 RESULTS FAXED TO FACILITY 1205 PM, 5-28-00  
 DEPARTMENT OF PUBLIC HEALTH WILL BE NOTIFIED  
 REPORTABLE DISEASE- PLEASE COMPLETE CMR CARD  
 NO SALMONELLA OR SHIGELLA ISOLATED  
 NO E.COLI O157:H7 ISOLATED

LOG#: 140011701833 COL: 04/26/00 14:58 OUTPA HAY REQ: M T TRAN,M.D.  
 \*\* HAYWARD MEDICAL CENTER \*\*  
 F OCB3

Occult Blood #1 NEGATIVE  
 LOG#: 140011701833 COL: 04/26/00 14:58 OUTPA HAY REQ: M T TRAN,M.D.  
 \*\* HAYWARD MEDICAL CENTER \*\*  
 Occult Blood #2 NEGATIVE  
 Occult Blood #3 NEGATIVE

CONT

LOG#: 140010201336 COL: 04/11/00 10:50 OUTPA HAY REQ: M T TRAN,M.D.  
 \*\* HAYWARD MEDICAL CENTER \*\*  
 FollowUp Letter REQUESTD  
 Letter Code LAI

Cholesterol	H	240 mg/dL			
Creatinine		0.9 mg/dL			2.39
Glucose Random		97 mg/dL			1.39
HDL Cholesterol		47 mg/dL		60 -	150
TSH		2.5 uIU/mL		35 -	
				0.2 -	5.5

LOG#: 140010201337 COL: 04/11/00 10:50 OUTPA HAY REQ: M T TRAN,M.D.  
 \*\* TPMG Regional Lab, Berkeley \*\*

CBC					
WBC x 10-3		4.9 K/uL		3.5 -	12.5
RBC x 10-6		4.87 M/uL		4.10 -	5.70
Hemoglobin		13.8 g/dL		13.0 -	17.0
Hematocrit		40.3 %		39.0 -	51.0
MCV		86 fL		80 -	100
RDW		12.9 %		11.9 -	14.3
Plt x10-3		211 K/uL		140 -	400

LOG#: 109910300626 COL: 04/13/99 09:48 OUTPA OAK REQ: R N LEVINE,M.D.  
 \*\* OAKLAND MEDICAL CENTER \*\*  
 FollowUp Letter REQUESTD  
 Letter Code LAI

LOG#: 109910300627 COL: 04/13/99 09:48 OUTPA OAK REQ: R N LEVINE,M.D.  
 \*\* OAKLAND MEDICAL CENTER \*\*  
 Westergren ESR  
 9 mm/Hr

CBC					
WBC x 10-3		3.6 K/uL		3.5 -	12.5
RBC x 10-6		4.52 M/uL		4.10 -	5.70
Hemoglobin		13.9 g/dL		13.0 -	17.0
Hematocrit		39.1 %		39.0 -	51.0
MCV		87 fL		80 -	100

LAB RES <SHIFT-F9> FOR COMPLETE LAB RESULTS

HAYJRW 01/05/05 09:30

6

PATIENT	PROVIDER	CATEGORY	VIEW	FR DATE	TO DATE
08789174		LAB	RESULTS	01 / 01 / 95	01 / 05 / 05

Personal Physician : NO PHYSICIAN RECORDED  
 CORP,DOUG 53/M Lab Results Summary

Page 2

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-- Procedure -- ----- Results ----- ( Reference Range ) -----
Plt x10-3          224 K/uL          (      140 -      400)
ADIF
Granulocytes      L      48.7 %          (      50.0 -      70.0)
Lymphocytes       39.3 %          (      20.0 -      50.0)
Monocyte          8.9 %          (      1.0 -      14.0)
Eosinophil        2.5 %          (      0.0 -      4.0)
Basophil          0.6 %          (      0.0 -      2.0)
LOG#: 109605701093 COL: 02/26/96 15:46 OUTPA OAK REQ: INJECTION CLINIC/B
** TPNG Regional Lab, Berkeley **
Hep A IgG        NEGATIVE

LOG#: 119513700500 COL: 05/17/95 11:07 OUTPA OAK REQ: MULTIPHASIC/ANDERS
** TPNG Regional Lab, Berkeley **
Cholesterol       227 mg/dL          (      <      240)
Creatinine        1.0 mg/dL          (      0.1 -      1.2)
Glucose Random    92 mg/dL          (      60 -      199)
HDL               37 mg/dL          (      27 -      67)
T4S
T Uptake          35.7 %          (      23.0 -      40.0)
T4                7.0 ug/dL          (      4.1 -      12.2)
FTI              250 Index          (      130 -      370)
CBC
WBC x 10-3        6.5 K/uL          (      3.5 -      12.5)
RBC x 10-6        4.61 M/uL          (      4.10 -      5.70)
LOG#: 119513700500 COL: 05/17/95 11:07 OUTPA OAK REQ: MULTIPHASIC/ANDERS CONT
** TPNG Regional Lab, Berkeley **
Hemoglobin        14.1 g/dL          (      13.0 -      17.0)
Hematocrit        40.3 %          (      39.0 -      51.0)
MCV               87 fL             (      80 -      100)
Platelet x 10-3   227 K/uL          (      140 -      400)
***** End of Report *****

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PATIENT 08789174	PROVIDER	CATEGORY IMMUNZATN	VIEW DETAIL	PR DATE	TO DATE
---------------------	----------	-----------------------	----------------	---------	---------

Personal Physician : NO PHYSICIAN RECORDED

Patient Immunization Detail

Page 1

Patient Name.. COPP,DOUG

Age.. 54 YR 4 MO Sex.. M

Disease	Agent	Inoc Date	Dose	Disease	Agent	Inoc Date	Dose
TET	Td	02/19/1998	0.50	HEP-A	HepA	02/19/1998	0.50
DIPHTH	Td	02/19/1998	0.50		HepA	02/19/1996	1.00
POLIO	OPV	02/26/1996	0.50	TYPH	O-TYPH	02/26/1996	0.50
VZV	VZV	02/29/1996	0.50	MENING	MENING	02/26/1996	0.50
HEP-B	HEPB	09/20/1996	1.00	RABIES	RDCV	03/28/1996	1.00
	HEPB	03/26/1996	1.00	YELLOW	YELLOW	02/19/1998	0.50
	HEPB	02/26/1996	1.00				

Disease	Test	ADM Date	Dt Read	Rslt	Disease	Test	ADM Date	Dt Read	Rslt
TE	PPD	03/19/1999	03/22/99	N-00	TE	PPD	05/17/1995	05/19/95	N-00

\*\*\*\*\* End of Report \*\*\*\*\*

IMM.DET Invalid key Pressed, Retry

HAYDYL 12/06/05 10:00





010700

8

PATIENT PROGRESS RECORD

PATIENT'S NAME (LAST, FIRST, MIDDLE)

ADDRESS (NO., STREET)

CITY

BIRTHDATE

PHONE 748 9257 CODE

BOUG COPP

8789174

08 51

URGENT CARE CLINIC

JAN 07 2006

M.D.

Handwritten signature

B/P	P	AGE
WT	TEMP	
SMOKING:		
<input type="checkbox"/>	Current Smoker	
<input type="checkbox"/>	Recent Quit/Last 12 mos.	
<input checked="" type="checkbox"/>	Nonsmoker	
<input type="checkbox"/>	Smoking Advice Given	
C/C		
ALLERGIES		
MEDS		

S - 48 yo ♂ c 5 yrs. Hx of bilateral ingrown toes presents today w infection on ingrown nail expecting condition to be managed / corrected. He has been trimming toes x 5 yrs but will travel to S. America soon.

PMH: eczema

P - (L) + (R) gr. toes - S infection on ingrown

A - Hx ingrown

P - Pod referral

Handwritten signature and initials



PATIENT PROGRESS RECORD

PATIENT'S NAME (LAST, FIRST, MIDDLE)

ADDRESS (NO., STREET)

CITY

BIRTHDATE

PHONE

CODE

GROUP

DOUG COPP M.R. #

8789174

08 51

SH = TBB 17 pack yrs, Quit 1997  
etoh - heavy @ ZVDA

PH = Pt Boston Ct 23  
APPOINTMENT MEDICINE HAYWARD

APR 11 2000

MICHAEL TRAN, M.D.

B/P 158/98 P 68 AGE 48

WT 237# TEMP

SMOKING:

- Current Smoker
- Recent Quit/Last 12 mos.
- Smoking Status Given

\* Non-smoker

C/C

ALLERGIES PCN Possible

MEDS

benadryl for allergies

Pt is a 48 yo w 5 sig  
PMH - Pt has to etoh / CPE.  
c/o wt ~ 40 lbs. Travels signif throughout the world.  
Founder of American Rescue orgniztn - Pt has to etoh.  
States wife doesn't want to have intercourse ~ but  
often enough. Interested in behav. referral

PE HEENT

w RR 5

lungs CTA

ABD @ BS soft wt

ECG @ C/C/15

On Testes to @ Serum

Neuro Non-focal

A/P) etoh / CPE - Stable

✓ baseline labs CBC, creat, glc, TSH,

- chol / HDL, & stool guai x3

- Quit etoh, exercise & diet / wt ↓

➔) Behavior Counseling for both pt & wife regarding above

MTH

10

Status:Open Union City Call Center - New Message - RUSH

Dept: Medicine

Author: Angela Lam  RN

Created: 05/24/2000 11:21 AM

Medical Record Number: <b>8789174</b>	Member Name: <b>Copp, Doug</b>	Message Is for Provider:*	Member Informed Provider Is: <b>In the office</b>	Msg. Handling: <b>PCP Only</b>
--	-----------------------------------	---------------------------	--	-----------------------------------

Age: 48 LMP: Day Phone: (510) 748-9257 Ext: Eve Phone: ()

Member's Mailing Address: (if needed)

Reason for Call:*	Allergies:*	NonLab Test(s):*	Date of Test(s):
Appt Request- Symptom-Based	Pcn		

Pharmacy:\* Hay-Main Fax# 8-430-5040

Deliver  Mail  Fill Today  DCUD

MESSAGE:

is the chief on an international rescue team, just came back on mission to so. america, dev ameobic dysentery per venezuela med clinic and placed on lomotil. cont to have dia for 10 days now, although less today. yesterday had total of 7 dia. req appt w/ you tomorrow. pls call pt today.

Provider Response/Message Update (Use back if necessary)

*Non - bloody diarrhea but not sure.  
Abd cramps but overall better.  
will ✓ stool cpx, WBC, etc -*

Rx:*	Rx:*
SIG:	SIG:
Qty:* 30 50 100 # of Refills _____	Qty:* 30 50 100 # of Refills _____
FormularyExcep.Code _____ ARAR: <input type="checkbox"/>	FormularyExcep.Code _____ ARAR: <input type="checkbox"/>
<input type="checkbox"/> Unless checked, include this RX in all approved refill programs.	<input type="checkbox"/> Unless checked, include this RX in all approved refill programs.
Provider Signature: _____	DEA# _____
Covering MD: <input type="checkbox"/>	CA License# _____

MA Signature *[Signature]*

Date:   /  /  

*wife will come by to pick up ~~up~~ slip.*

*[Signature]*

11

Status:Open Union City Call Center - New Message - Routine

Dept: Medicine

Author: Jeanette Oliveri  RN

Created: 05/15/2000 11:31 AM

COMPLETED

Medical Record Number: <b>08789174</b>	Member Name: <b>Copp,Doug F.</b>	Message is for Provider: * <b>Tran M/MD/7</b>	Member Informed Provider is: <b>Out of the office</b>	Msg. Handling: <b>Station MD</b>
---	-------------------------------------	--	--	-------------------------------------

Age: 48 LMP: Day Phone: (510) 748-9257 Ext: Eve Phone: ()

Member's Mailing Address: (if needed)

Reason for Call: * <b>Appt Request- Symptom-Based</b>	Allergies: * <b>NA</b>	NonLab Test(s): *	Date of Test(s):
--	---------------------------	-------------------	------------------

Pharmacy: \*

Deliver  
 Mail  
 Fill Today  
 DCUD

MESSAGE:

pts wife states that pt is arriving home from porta ricco this pm and needs an appt for fev and diarrhea x4days. pts wife states to leave mess on home phone with appt time for tomorrow with dr.tran. pls adv thank you

Provider Response/Message Update (Use back if necessary)

*5/15/00 @ 11:31 A Lmtrc on recorder RJA/DM*

Rx: * SIG: Qty: * 30 50 100 # of Refills _____ Formulary Excep. Code _____ ARAR: <input type="checkbox"/> <input type="checkbox"/> Unless checked, include this RX in all approved refill programs.	Rx: * SIG: Qty: * 30 50 100 # of Refills _____ Formulary Excep. Code _____ ARAR: <input type="checkbox"/> <input type="checkbox"/> Unless checked, include this RX in all approved refill programs.
Provider Signature: _____ Covering MD: <input type="checkbox"/>	&#228;2E XXXXXXXXXXXXXXXXXXXXXXXXX Y&#228;6&#228;6&#228;6E _____

Member Notified:  No Answer:  LMTRC:  Chart Ordered:  ~~RECEIVED~~

MA Signature \_\_\_\_\_ Date:   /  /  

*5/1/00 Pt already given a message and treated Per Pt.  
Drow / RJA/DM*

# KAISER PERMANENTE

(12)

Ordering Prov: TRAN, M T MD  
Copy To: TRAN, M T MD  
HAY/MED  
HAY/MED

Performing Lab: HAY

Med. Rec. No.: 08789174  
Patient Name: COPP, DOUG F  
Sex: M DOB: 08/03/1951  
Loc: OUTPATIENTS HAY  
Phone: (510) 529-5493 (510) 748-9257

## STOOL CULTURES

Test: Stool Culture  
Source: STOOL

Accession: 14-80-00-001221  
Collected: 05/26/00 1007  
Received: 05/26/00 1343  
Started: 05/26/00 1343

Final Results

Reported 05/28/00 1159

Final Report

**CAMPYLOBACTER POSITIVE**  
CAMPYLOBACTER SPECIES ISOLATED  
RESULTS FWD TO FACILITY 1205 PM, 5-28-00  
DEPARTMENT OF PUBLIC HEALTH WILL BE NOTIFIED  
REPORTABLE DISEASE-PLEASE COMPLETE CMR CARD  
NO SALMONELLA OR SHIGELLA ISOLATED  
NO E. COLI O157:H7 ISOLATED

## PARASITOLOGY

Test: Trichrome Stain  
Source: STOOL

Accession: 14-P0-00-001905  
Collected: 05/26/00 1008  
Received: 05/26/00 1459  
Started: 05/26/00 1459

Final Results

Reported 05/28/00 1403

Final Report

NO PROTOZOA SEEN FEW WHITE BLOOD CELLS

Additional Information

Patient Letter: Not Requested

Pending Test(s): All tests completed

### MESSAGE TO PATIENT

TIME DATE 5/30/00

Stool @ Campylobacter species  
already on Cipro -> cont. to completion

PROVIDER SIGNATURE

PATIENT CALLED BY

PROVIDER COPY

END OF CHART

Date / Time Printed: 05/29/00 0407

5/30/00 up home on record  
6/9/00 @ 3:04P. IMRC on record  
6/16/00 @ 10:40A. P. ordered records A home on...



13

PATIENT PROGRESS RECORD

M.R. # 08789174

PATIENT'S NAME (LAST, FIRST, MIDDLE)

ADDRESS (NO., STREET)

CITY

BIRTHDATE

PHONE

748-92517

CODE

GROUP

Copp Doug

APPOINTMENT MEDICINE

10 MD Jan

B/P 190/100

AGE

DEC 29 2000

WT

TEMP

97-2

SMOKING:  Current Smoker

Former Smoker

Nonsmoker

Accept Advice 12 Mos.

Smoking Advice Given

EXTENDED ROLE R.N.

Schexna, RN

ALLERGIES

Penic

ALLERGIES

NONE

OTHER

Aspirin

works for American release - driver learn

S: C/O @ ear pressure 1 pm x 2 months sinus congestion states feels like jaw is swollen. Denies sore throat

PH: PINK, HING @ nose mod swollen pale no mucous face NT TMJ Throat red at sides no exudate Neck NT & nodes no swelling of face noted, or felt, has heard. Chlotcl

A: Rhinitis e part nasal qtt, ETD

P: ↑ fluids facial steam, Valsalva Decanamine SR #30 i BID pm Refx1 RTC st present 1-2 wks i pm

L Schexnaughen RN Rectif 2 wks

Guth 61007

The Permanente Medical Group, Inc.  
27400 Hesperian Boulevard  
Hayward, California 94545-4299  
(510) 784-4000

*When  
628  
1742 to  
New  
Jan*



KAISER PERMANENTE

DOUG F COPP  
802 LINCOLN AVE # B  
ALAMEDA CA 94501

04/13/2000  
KAISER # 08789174  
DAY: (510) 523-5493  
EVE: (510) 748-9257

Here are the results of your recent laboratory tests:

TEST	RESULT	NORMAL RANGE
04/11/00 Cholesterol	H 240mg/dL	< 239
04/11/00 Kidney Test CREAT	0.9mg/dL	< 1.3
04/11/00 Glucose Random	97mg/dL	60 - 159
04/11/00 HDL Cholesterol	47mg/dL >	35
04/11/00 Thyroid Test TSH	2.5uIU/mL	0.2 - 5.5
04/11/00 Complete Blood Count		
White Cells	4.9K/uL	3.5 - 12.5
Red Cells	4.67M/uL	4.10 - 5.70
Hemoglobin	13.8g/dL	13.0 - 17.0
Hematocrit	40.3%	39.0 - 51.0
MCV	86fL	80 - 100
Platelets	211K/uL	140 - 400

To learn more about lab tests or other health topics, sign on to our 24 hour members-only web site at [www.kponline.org](http://www.kponline.org).

M TRAN M.D.

*Excellent results! Please sign up for our cholesterol lowering classes - (Please call 784-4531)*

HAY/MED /M TRAN M.D.

LAB/PAGE: 1 OF 3

*[Signature]*

*6306  
415-  
954  
792  
R60 - New Dept*

The Permanente Medical Group, Inc.  
27400 Hesperian Boulevard  
Hayward, California 94545-4299  
(510) 784-4000



KAISER PERMANENTE

Continuation for: 04-13-2000 MRN 08789174 DOUG F COPP

#### EXPLANATION OF LAB RESULTS

An explanation of laboratory tests is provided below. Minor abnormalities of test results are not unusual and are likely to represent individual or lab variations. Abnormalities are subject to the interpretation of your health care provider.

-----

Cholesterol represents 1 of many risk factors for heart disease. A desirable number is less than 240 mg%.

Creatinine (CREAT) measures kidney function.

Glucose-random is a screen for diabetes--high sugar in the blood after having eaten food within 8 hours.

HDL (high density lipoprotein) is a measure of good cholesterol. High HDL is good for your heart.

TSH (thyroid stimulating hormone) measures thyroid activity. A high number indicates an underactive thyroid. A low number indicates either an overactive thyroid or too much thyroid replacement is being taken.

White Cells (WBC) is a screen for the presence of infection or inflammation in the body.

RBC (Red Blood Cell count) is a test for anemia.

Hemoglobin is a test for anemia.

Hematocrit is a test for anemia.

MCV (Mean Corpuscular Volume) is a test to measure the size of red blood cells.

HAY/MED /M TRAN M.D.

LAB/PAGE: 2 OF 3



The Permanente Medical Group, Inc.  
27400 Hesperian Boulevard  
Hayward, California 94545-4299  
(510) 784-4000



KAISER PERMANENTE

Continuation for: 04-13-2000 MRN 08789174 DOUG F COPP

Platelets are one measurement of how well blood clots.

HAY/MED /M TRAN M.D.

LAB/PAGE: 3 OF 3

KAISER PERMANENTE MEDICAL CENTER  
280 West MacArthur Boulevard  
Oakland, California 94611-5693  
Phone: (510) 596-1000

RICHARD N. LEVINE  
Senior Vice President and Service Area Manager

Paul T. McDonald, M.D.  
Physician-in-Chief



DOUG F COPP  
802 LINCOLN AVE # B  
ALAMEDA CA 94501

04/15/99  
KAISER # 08789174  
DAY: (510) 523-5493  
EVE: (510) 523-5493

Here are the results of your recent laboratory tests:

TEST	RESULT	NORMAL RANGE	
04/13/99 Westergren ESR	9mm/Hr	0 -	15
04/13/99 Complete Blood Count			
White Cells	3.6K/uL	3.5 -	12.5
Red Cells	4.52M/uL	4.10 -	5.70
Hemoglobin	13.9g/dL	13.0 -	17.0
Hematocrit	39.1%	39.0 -	51.0
MCV	87fL	80 -	100
Platelets	224K/uL	140 -	400
04/13/99 Auto Differential			
Granulocytes	L 48.7%	50.0 -	70.0
Lymphocytes	39.3%	20.0 -	50.0
Monocyte	8.9%	1.0 -	14.0
Eosinophil	2.5%	0.0 -	4.0
Basophil	0.6%	0.0 -	2.0

Richard N. Levine, M.D.

*Looks good!  
Best wishes,  
Rick Levine MD*

Kaiser Permanente Medical Center  
280 West MacArthur Boulevard  
Oakland, California 94611-5693  
Phone: (510) 596-1000

**Richard D. Cordova**  
Senior Vice President and Service Area Manager  
**Paul T. McDonald, M.D.**  
Physician-in-Chief



cont.... DOUG F COPP

(MR NUMBER = 08789174)

#### EXPLANATION OF LAB RESULTS

An explanation of laboratory tests is provided below. Minor abnormalities of test results are not unusual and are likely to represent individual or lab variations. Abnormalities are subject to the interpretation of your health care provider.

-----  
The sed rate (Westergren ESR) is a nonspecific test of inflammation in the body.

White Cells (WBC) is a screen for the presence of infection or inflammation in the body.

RBC (Red Blood Cell count) is a test for anemia.

Hemoglobin is a test for anemia.

Hematocrit is a test for anemia.

MCV (Mean Corpuscular Volume) is a test to measure the size of red blood cells.

Platelets are one measurement of how well blood clots.

Richard N. Levine, M.D.

Kaiser Permanente  
Hospital

Lab Reports

1999-2000

Kaiser Permanente Medical Center  
280 West MacArthur Boulevard  
Oakland, California 94611-5693  
Phone: (510) 596-1000

**Richard D. Cordova**  
Senior Vice President and Service Area Manager

**Paul T. McDonald, M.D.**  
Physician-in-Chief



DOUG F COPP  
802 LINCOLN AVE # B  
ALAMEDA

CA 94501

04/15/99  
KAISER # 08789174  
DAY: (510) 523-5493  
EVE: (510) 523-5493

Here are the results of your recent laboratory tests:

TEST	RESULT	NORMAL RANGE
04/13/99 Westergren ESR	9mm/Hr	0 - 15
04/13/99 Complete Blood Count		
White Cells	3.6K/uL	3.5 - 12.5
Red Cells	4.52M/uL	4.10 - 5.70
Hemoglobin	13.9g/dL	13.0 - 17.0
Hematocrit	39.1%	39.0 - 51.0
MCV	87fL	80 - 100
Platelets	224K/uL	140 - 400
04/13/99 Auto Differential		
Granulocytes	L 48.7%	50.0 - 70.0
Lymphocytes	39.3%	20.0 - 50.0
Monocyte	8.9%	1.0 - 14.0
Eosinophil	2.5%	0.0 - 4.0
Basophil	0.6%	0.0 - 2.0

Richard N. Levine, M.D.

*Looks good!  
Best wishes,  
Rick Levine MD*

Kaiser Permanente Medical Center  
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Oakland, California 94611-5693  
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Richard N. Levine, M.D.

The Permanente Medical Group, Inc.  
27400 Hesperian Boulevard  
Hayward, California 94545-4299  
(510) 784-4000



KAISER PERMANENTE

DOUG F COPP  
802 LINCOLN AVE # B  
ALAMEDA CA 94501

04/13/2000  
KAISER # 08789174  
DAY: (510) 523-5493  
EVE: (510) 748-9257

Here are the results of your recent laboratory tests:

TEST	RESULT	NORMAL RANGE
04/11/00 Cholesterol H	240mg/dL	< 239
04/11/00 Kidney Test CREAT	0.9mg/dL	< 1.3
04/11/00 Glucose Random	97mg/dL	60 - 159
04/11/00 HDL Cholesterol	47mg/dL >	35
04/11/00 Thyroid Test TSH	2.5uIU/mL	0.2 - 5.5
04/11/00 Complete Blood Count		
White Cells	4.9K/uL	3.5 - 12.5
Red Cells	4.67M/uL	4.10 - 5.70
Hemoglobin	13.8g/dL	13.0 - 17.0
Hematocrit	40.3%	39.0 - 51.0
MCV	86fL	80 - 100
Platelets	211K/uL	140 - 400

To learn more about lab tests or other health topics, sign on to our 24 hour members-only web site at [www.kponline.org](http://www.kponline.org).

M TRAN M.D.

Excellent results!! Please sign up for our cholesterol lowering classes - (Please call 784-4531)

HAY/MED /M TRAN M.D.

LAB/PAGE: 1 OF 3