

Bureau of Prisons

Health Services

Consultation Request

Inmate Name: G [REDACTED] M [REDACTED]	Reg #: [REDACTED]	Complex: DUB
Date of Birth: [REDACTED]/1985	Sex: F	

Consultation/Procedure Requested: Radiology

Subtype: CT scan, Offsite

Priority: Routine

Target Date: 09/14/2023

Reason for Request:

37 y/o female inmate with non-erythematous soft bulging mass localized on left post-auricular region (approx 7x5cm) non-tender palpation. Onset 5 years. Notes has increased in size over 1 year.

Requesting CT w/and w/o contrast to r/o malignancy.

Medications (As of 02/17/2024)

Allergies (As of 02/17/2024)

No Known Allergies

Health Problems (As of 02/17/2024)

Body mass index (BMI) 33.0-33.9, adult, Bariatric surgery status, Gastro-esophageal reflux disease without esophagitis, Localized swelling, mass and lump, head

Inmate Requires Translator: No **Language:**

Additional Records Required:

Comments:

Requested By: Assadi, F. FNP

Ordered Date: 08/22/2023 09:08

Scheduled Target Date: 01/21/2024 00:00

Level of Care: Medically Necessary - Non-Emergent

Bureau of Prisons

Health Services

Consultation Request

Inmate Name: G [REDACTED], M [REDACTED]	Reg #: [REDACTED]	Complex: DUB
Date of Birth: [REDACTED]/1985	Sex: F	

Report of Consultation: Radiology

Subtype: CT scan, Offsite

Inmate Name: G [REDACTED], M [REDACTED]

Reg #: [REDACTED]

Date of Birth: [REDACTED]/1985

Sex: F

Institution: DUBLIN FCI
5701 8TH ST - CAMP PARKS
DUBLIN, California 94568
9258337500

Assessment:

Plan:

Signature

Date

Completed By:

Report may be hand-written or (preferably) typed on this form. If dictated on office or hospital letterhead to follow, please indicate essential findings or recommendations to be acted upon pending final report.

Follow-up services and primary responsibility for inmate health care remains with Bureau of Prisons staff. While discussion of diagnostic/treatment options with the inmate may be appropriate, they are subject to review by the inmate's primary care provider, the institution utilization review committee and/or the BOP National Formulary.

Please notify institution prior to scheduling surgery dates or follow-up appointments.

Inmate not to be informed of appointment dates.

Bureau of Prisons

Health Services

Consultation Request

Inmate Name: G [REDACTED] M [REDACTED]	Reg #: [REDACTED]	Complex: DUB
Date of Birth: [REDACTED]/1985	Sex: F	

Request Approval Actions:

Refer up to UR Committee by Hosseini, S [REDACTED] (MOUD) MD/WXR MAST acting in the role of Institution Clinical Director on 08/25/2023.

Approved by Wilson, M [REDACTED] HSA, PA-C acting in the role of UR Committee on 08/29/2023.