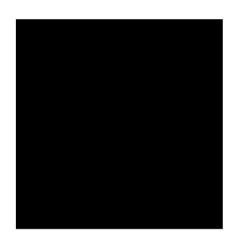
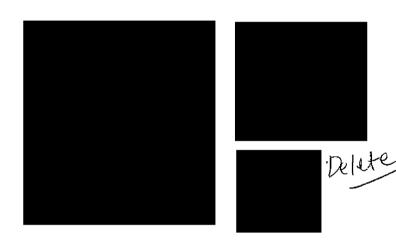
Charts for Review

Physician Review Panel Thursday, December 1, 2005





| Date Patient Reviewed: Dec. 01/05 |
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| Name: |
| MCP #: |
| OPIS #: |
| OPIS #: Date of Pathology: |
| Pathology Specimen #/Site: Site 1826 / Lert |
| Original Report ED/DD: |
| Mount Sinai ER/PR: 40 / War Sinai ER/PR: Recommendations: |
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| Follow-up Physician: Letter W. |
| Other Physicians: |
| Family Doctor: |
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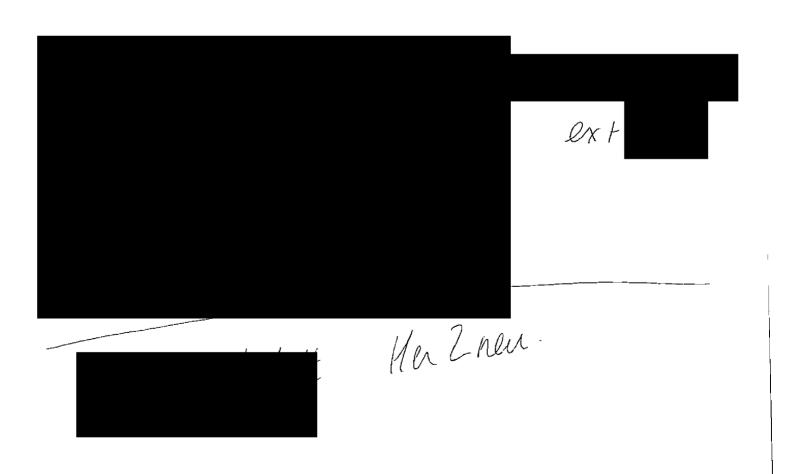
Page 3

PAGE 01

Charts for Review

Physician Review Panel Thursday, December 1, 2005





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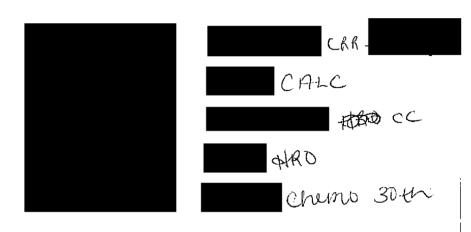
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PAGE 02

Charts for Review

Physician Review Panel Thursday, December 1, 2005





| Date Patient Reviewed: | F-301/165 | /m.n=#C | 17/05 |
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| MCP #: | | - 1500 JA | A MINE |
| OPIS #: | | jle | esults back |
| Date of Pathology: | | - | |
| Pathology Specimen #/Site:_ | 02:5575621? | il hent | |
| Original Report ER/PR: | | | |
| Mount Sinai ER/PR: | 6010 | | |
| Recommendations: | | | - |
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| | recurrent a | 1. Sease 0 | _ |
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| Follow-up Physician: | hellec | e C | العمالات |
| Other Physicians: | - Lester | | 1-14/ 10 |
| Family Doctor: | CC. | | A D |
| $N_{\rm c}$ | | | Milwhich |

| Date Patient Reviewed: Nov. 17/05 | i fle (ne) |
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| MCP #: | Pull the Light |
| OPIS #: | */ |
| Date of Pathology: | |
| Pathology Specimen #/Site: 02: SS 75 62 / | |
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| Mount Sinai ER/PR:// | _ |
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| Lacruse of Mrs. The block was sent for retising no master what for results the appropriate freatment has been with formannon | wite cester |
| has been with formain- | When wi |
| Jensen! | - / Perc 1/5 |
| (ippopore-lite) | bock |
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| Follow-up Physician: Or . | |
| <u> </u> | |
| Other Physicians: | |

| Date Patient Reviewed: | |
|-----------------------------|---------------|
| Name: | \wedge |
| MCP #: | He |
| OPIS #: | 2 |
| Date of Pathology: | - |
| Pathology Specimen #/Site:/ | NO Original |
| Original Report ER/PR:// | |
| Mount Sinai ER/PR:// | - |
| Recommendations: | |
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| Follow-up Physician: | |
| Other Physicians: | |
| Family Doctor: | |

| | Date Patient Reviewed: <u>Que 5//05</u> |
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| | Name: |
| | MCP #: |
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| | OPIS#: Date of Pathology: |
| | Mount Sinai ER/PR: 30 / 5 P+ |
| | Recommendations: |
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| \wedge | upon completion of therapy for the second |
| (1) | 12 Prest - confirment ongoing off Concert 2005 |
| | Follow-up Physician: Cor. |
| | Other Physicians: |
| | Family Doctor: |
| | minutes mention |
| | \mathcal{V} |