


0435064

MICHIGAN DEPARTMENT OF CORRECTIONS - Bureau of Health Care Services

Service Approved:		Visits Approved:	
Effective Date:		Contact Name:	
Responsibility Facility:		Telephone Number:	517-780-5678
Authorization Number:			
Provider:	Rosenman		
Note To Provider of Service:  Provider Services: (844)628-8681		Insurance Company Name: • Health Cost Solutions- Michigan Dept of Corrections Member ID: • Inmate's number Group Number: • 790385 Contract Number: • 844.628.8681	

The consulting physician should complete this section. Plus attach progress notes or after visit summary with this form. The completed form and attached report will be sealed in the attached envelope and returned with an officer to the correctional facility.

Clinical Summary and Attached Report


37yo ♀ with long hx of asthma, last step in March 2021
 Has reported eye irritated, nose bleeds, Swelling and partial
 paralysis of her face - PE unable to do peak flow because of
 facial swelling + partial paralysis. Swelling (R) side of neck, legs
 clear. Impression - Asthma, Extent Otitis? Bed's Palsy. Has documented
 allergy to Alternaria. Symptoms exacerbated by mold and should not be housed
 Follow-up visit needed. (include time frame) ENT referral

For security and safety, please do not inform patient of possible follow-up appointments


 Signature of Consulting Physician
 Date: 1/11/2022 Time: 10:38am

Reviewed By: _____ Date: _____ Time: _____
 The Site Medical Provider

WellPath: Health Cost Solution: Referral Letter	Patient Identification:
	Name: Krystal Clark
	Inmate Number: 435064 D.O.B.- 5/17/1984

to cell with visible mold. Should be on maintenance
 antibiotics such as Advair or Symbicort and benadryl for skin rash
 and eye congestion. Her symptoms of asthma eye and nasal symptoms
 made worse by mold. Please provide copy of mold studies
 performed in her cell

 1/11/22