



FACSIMILE TRANSMISSION

**TRANSMITTING 2 PAGES INCLUDING THIS PAGE
PLEASE CALL IF YOU DO NOT RECEIVE ALL THE PAGES.**

**VOICE PHONE (406) 329-7263
FAX PHONE (406) 329-7543**

ATTN: Michael Swenson (208) 245 - 7968

FROM: Record release/wmc

PLEASE NOTE:

Please fully complete the enclosed
authorization in order to obtain your lab.
Thank you.

CONFIDENTIALITY NOTICE: THE DOCUMENT(S) ACCOMPANYING THIS FAX CONTAIN CONFIDENTIAL INFORMATION WHICH IS LEGALLY PRIVILEGED. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE NAMED RECIPIENT. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR THE TAKING OF ANY ACTION IS RELIANCE ON THE CONTENTS OF THIS TELECOPIED INFORMATION EXCEPT ITS DIRECT DELIVERY TO THE INTENDED RECIPIENT IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE TO ARRANGE FOR RETURN OF THE DOCUMENTS TO US.

**MEDICAL RECORDS DEPARTMENT
500 W. BROADWAY
LEVEL P2
MISSOULA, MT 59802**

**ARLEE FAMILY PRACTICE FLORENCE FAMILY PRACTICE FRENCHTOWN FAMILY PRACTICE
INTERNATIONAL HEART INSTITUTE OF MONTANA LOLO FAMILY PRACTICE MONTANA CANCER
SPECIALISTS WESTERN MONTANA CLINIC**

AUTHORIZATION FOR RELEASE OF INFORMATION

*****IMPORTANT: In order for authorization to be valid ALL areas must be completed*****

* Swenson Michael E 04-05-1966
 Patient Last Name First Name MI Date of Birth
129
Dover ID 83825 522-92-4090
 Patient Address (PO Box/Street) City State Zip Social Security Number
200-290-2514
 Daytime Telephone Number

I AUTHORIZE THE FACILITY BELOW TO RELEASE MY PROTECTED HEALTH INFORMATION. To Myself!

CHECK FACILITY BELOW OR COMPLETE OTHER SIDE	* AREA BELOW MUST BE COMPLETED WHEN REQUESTING RECORDS FROM AN OUTSIDE FACILITY FOR A TMI PHYSICIAN
TMI Facilities <input type="checkbox"/> Florence Family Practice <input type="checkbox"/> Frenchtown Family Practice <input type="checkbox"/> International Heart Institute <input type="checkbox"/> Lolo Family Practice <input type="checkbox"/> Missoula Surgical Associates <input type="checkbox"/> Montana Cancer Specialists <input type="checkbox"/> Seeley Swan Medical Center <input checked="" type="checkbox"/> Western Montana Clinic <input checked="" type="checkbox"/> Western Montana Medical Clinic Polson/Ronan	Outside Facility: (Complete Information Below) Health Care Provider Name _____ Address _____ City/State/Zip Code _____ Telephone/Fax Number _____

* **Information to be Released**

All medical records
 Only medical records from _____ (specific health care provider)
 Only dates of service from _____
 Information from medical record for the completion of a disability form
 X-ray films _____
 Other _____

* **Send the Information to:** * Michael Swenson
 Address: PO Box/Street 129
 City Dover State ID Zip 83825
 Fax Information: Yes No Fax Number: 208-265-7468 (maximum of 15 pages)

* **Reason for Request:** Legal Moving Review own Records Insurance Claim Dissatisfaction
 Other: _____

The medical record includes all health care information, whether oral or recorded in any form or medium that identifies the patient or can readily be associated with the patient and relates to the patient's care. This includes all health care information in your/our possession, whether generated by you/us or any other source, as well as health care information associated with drug/alcohol abuse, mental or psychiatric care, abortion, and HIV status and/or diagnosis of AIDS and/or other sexually transmitted diseases including hepatitis.

If one of the above facilities is requesting this authorization be completed, an individual has the right not to sign with the understanding that an individual's health care and the payment for health care will not be affected.

I understand that this authorization may be revoked by me at any time, provided that I do so in writing and submit it to the Medical Records Department, up to the extent that the disclosure has not already been made. I also understand that my protected health information may be redisclosed by the recipient and no longer be protected under federal law. Authorization will expire in 6 months unless otherwise specified below.

[Signature] 10-30-07
 Patient Signature (if over 18) Date
 OR

Legal Representative/Guardian Date Relationship to Patient

Medical Records
 PO Box 7609
 Missoula, MT 59807
 406-329-7393
 Fax: 406-329-7543

FACSIMILE TRANSMISSION

TRANSMITTING 2 PAGES INCLUDING THIS PAGE

Please call if you do not receive all the pages



Western Montana Clinic

*500 West Broadway, Broadway Building
Missoula, Montana 59802*

(406) 721-5600 • Fax (406) 329-7369 • Toll-Free 1-800-525-5688

www.westernmontanaclinic.com

Ann M. Bianchi Corsi, M.D.

Board Certified Rheumatology

Melody B. Knauf, M.D.

Board Certified Rheumatology

Christopher M. Corsi, M.D.

Board Certified Endocrinology

Carla Cox, Ph.D.

Registered Dietician/Certified Diabetes Educator

Lisa Lovejoy, M.D.

Board Certified Family Practice

Now Care Downtown

ATTN: _____

Michael Swanson

FROM: _____

ncst

CONFIDENTIALITY NOTICE: *The document (s) accompanying this fax, contain confidential information, which is legally privileged. The information is intended only for the use of the named recipient. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this telecopied information except it's direct delivery to the intended recipient is strictly prohibited. If you have received this fax in error, please notify us immediately by telephone to arrange for return of the documents to us.*

Handwritten: 1052059



Laboratory Service Report

1-800-633-1710

PATIENT NAME SWENSON, MICHAEL	MED REC # 292089	DOB 04/05/1966	AGE 41Y	SEX M	ACCESSION # Y5850971
ORDERING PHYSICIAN DDNOVAN, JANEL	CLIENT ACCESSION # 2980284			ACCOUNT # C7002740	
Western Montana Clinic Attn: Lab 515 West Front Missoula MT 59804		COLLECTION DATE TIME 10/26/07 04:30 P		SPECIMEN INFORMATION	

TEST	RESULT	FLAG	UNITS	PERFORM SITE*
Arsenic, B				
Arsenic, B	<0.05	REC'D 10/27/07 07:29 A	ug/mL	RPT'D 10/27/07 12:09 P SOL
Test Note: -- EXPECTED VALUES -- <0.07 NO ADDRESS GIVEN				

Cyanide, B				
Cyanide, B	<0.1	REC'D 10/27/07 07:29 A	ug/mL	RPT'D 10/28/07 11:01 P MCR
Test Note: -- EXPECTED VALUES -- <0.2 (Normal) > or = 2.0 (Toxic concentration) NO ADDRESS GIVEN				

Handwritten: 10

* Performing Site

ROR Mayo Clinic Dpt of Lab Med & Pathology 200 First Street SW Rochester, MN 55905	Lab Director: FRANKLIN R. COCKERILL, III, M.D.
SOL Mayo Clinic Dpt of Lab Med & Pathology Superior Dr 3050 Superior Dr. NW Rochester, MN 55901	Lab Director: FRANKLIN R. COCKERILL, III, M.D.

PATIENT NAME SWENSON, MICHAEL	ACCESSION STATUS COMPLETE	COLLECTION DATE AND TIME 10/26/07 04:30 P
-----------------------------------------	-------------------------------------	-----------------------------------------------------

WESTERN MONTANA CLINIC
515 WEST FRONT STREET
MISSOULA, MONTANA 59802
GENE MEAD, PH.D.

=====

ACCESSION # : 298-0284
COLLECTION DATE/TIME/INITIALS: 10/25/07 16:23 beb
REQUESTING DOCTOR: DONOVAN, JANELLE

=====

Test Name	Results	Reference Range	Units
-----------	---------	-----------------	-------

=====

HEMATOLOGY

WBC	6.83	4.50-10.00	K/CU MM
RBC	5.32	4.50-5.50	M/CU MM
HEMOGLOBIN	16.5	13.5-18.0	GM/DL
HEMATOCRIT	47.4	41.5-57.0	%
MCV	89.2	80.0-100.0	FL
MCH	31.1 H	27.0-31.0	PG
MCHC	34.9	32.0-36.0	%
RDW	12.2	11.5-15.2	%
PLATELET COUNT	265	100-400	10 ³ /CU M
MPV	8.8	7.4-12.0	FL
NEUTROPHILS %	59.8	40.0-80.0	%
LYMPHOCYTES %	29.9	15-50	%
MONOCYTES %	8.0	0.0-10.0	%
EOS %	1.6	0.0-7.0	%
BASOPHIL %	0.7	0.0-3.0	%
NEUT#	4.08	2.00-7.00	K/CU MM
LYMP#	2.04	1.0-4.0	K/CU MM
MONO#	0.55	0.0-1.0	K/CU MM
EO#	0.11	0.0-0.7	K/CU MM
BA#	0.05	0.0-0.2	K/CU MM
NRBC%	0.0	0.0-0.0	%
NRBC#	0.00	0.0-0.0	K/CU MM

JPD

***** Permanent Report *****

Rpt Comment:

=====

ID: 252059 NAME : swenson, michael
DOB: 04/05/1966 ROOM: f6p2 SEX: M
REPORT DATE/TIME : 10/25/07 16:54
ADMITTING DOCTOR: DONOVAN, JANELLE

WESTERN MONTANA CLINIC
515 WEST FRONT STREET
MISSOULA, MONTANA 59802
GENE MEAD, PH.D.

=====

ACCESSION # : 298-0284
COLLECTION DATE/TIME/INITIALS: 10/25/07 16:23 beb
REQUESTING DOCTOR: DONOVAN, JANELLE

=====

Test Name	Results	Reference Range	Units
-----------	---------	-----------------	-------

=====

CHEMISTRY

GLUCOSE	110	70-110	MG/DL
CREATININE SERUM	1.10	0.80-1.40	MG/DL
BUN	21.0 H	7.0-20.0	MG/DL
CALCIUM	8.7	8.5-10.1	MG/DL
ALK PHOS SERUM	91	35-136	IU/L
SGOT (AST)	18	8-37	U/L
SGPT (ALT)	57	25-65	U/L
TOTAL PROTEIN	7.0	6.4-8.2	G/DL
ALBUMIN	4.10	3.10-5.00	G/DL
SODIUM	141	136-145	MMOL/L
POTASSIUM SERUM	4.0	3.5-5.1	MMOL/L
CHLORIDE SERUM	104	98-107	MMOL/L
CO2	27.3	21-32	MMOL/L
BILIRUBIN, TOTAL	0.47	0.00-1.00	MG/DL

JD

*** See Next Page for Additional Results ***

Rpt Comment:

=====

ID: 252059 NAME : swenson, michael
DOB: 04/05/1966 ROOM: f6p2 SEX: M
REPORT DATE/TIME : 10/25/07 17:56
ADMITTING DOCTOR: DONOVAN, JANELLE

WESTERN MONTANA CLINIC
515 WEST FRONT STREET
MISSOULA, MONTANA 59802
GENE MEAD, PH.D.

=====

ACCESSION # : 298-0284
COLLECTION DATE/TIME/INITIALS: 10/25/07 16:23 beb
REQUESTING DOCTOR: DONOVAN, JANELLE

=====

Test Name Results Reference Range Units

=====

ENDOCRINOLOGY

TSHS 1.33 0.32-5.30 UIU/ML



***** Permanent Report *****

Rpt Comment:

=====

ID: 252059 NAME : swenson,michael
DOB: 04/05/1966 ROOM: f6p2 SEX: M
REPORT DATE/TIME : 10/25/07 17:56
ADMITTING DOCTOR: DONOVAN, JANELLE

WESTERN MONTANA CLINIC
515 WEST FRONT STREET
MISSOULA, MONTANA 59802
GENE MEAD, PH.D.

=====

ACCESSION # : 298-0284
COLLECTION DATE/TIME/INITIALS: 10/25/07 16:23 beb
REQUESTING DOCTOR: DONOVAN, JANELLE

=====

Test Name Results Reference Range Units

=====

MANUAL DIFFERENTIAL

NEUTROPHILS	59.0	40-80	W
BANDS	1	0-10	W
LYMPHS	18	15-50	W
MONOCYTES	4	0-10	W
EOSINOPHILS	1	0-7	W
BASOPHILS	1	0-2	W
ATYPICAL LYMPHS	15 H	0-5	W
METAMYELOCYTES	0		W
MYELOCYTES	0		W
PROMYELOCYTES	0		W
BLASTS	0		W
IMMATURE CELLS	0		W
NUCLEATED RBC	0		
DIFF CMT	SEE BELOW		

RBC NORM, PLAT NORM
ABOUT 50% ATYPICAL LYMPHS
1 ATYPICAL/IMMATURE MONO ALSO SEEN

***** Permanent Report *****

Rpt Comment:

=====

ID: 252059 NAME : swenson,michael
DOB: 04/05/1966 ROOM: f6p2 SEX: M
REPORT DATE/TIME : 10/25/07 17:30
ADMITTING DOCTOR: DONOVAN, JANELLE

=====