True Health Medical Center

603 East Diehl Road, Suite 135
Naperville, IL 60563
Place (location) of service: 11 - Office

Anju Usman, M.D. – NPI 1417160714
Suruchi Chandra, M.D. – NPI 1285669283
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PH (630) 995-4242
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FEIN 13-425-6819

021811

Date of Service	GUARANTOR: Name, Address, Phone	Guarantor SSN	Patient Name	Age	Patient D.O.B.
8/22/11			Nikolay Petrov		09/18/06

LEVEL	NEW Patient ☐			ESTAB. Patient ☐			Phone Consultation ☐		
1 ☐	99202			99212			99441		
2 ☐	99203			99213			99442		
3 ☐	99204			99214			99443		
4 ☑	99205			99215			99443 300	99358 100	
5 ☐	99205	99354		99215	99354		99443	99358	
6 ☐	99205	99354		99215	99354		99443	99358	
7 ☐	99205	99354		99215	99354		99443	99358	
8 ☐	99205	99354		99215	99354		99443	99358	99359
9 ☐	99205	99354	99355	99215	99354	99355	99443	99358	99359
10 ☐	99205	99354	99355	99215	99354	99355	99443	99358	99359x2
11 ☐	99205	99354	99355x2	99215	99354	99355x2	99443	99358	99359x2
12 ☐	99205	99354	99355x2	99215	99354	99355x2	99443	99358	99359x3

LABORATORY

36415 Drawing	PER KIT
82947 Glucose [Fast/Non Fast]	
80048 Basic Metabolic Panel	
80053 Comp Metabolic Panel	
85025 CBC with Diff	
80050,80061 CBC/cmp/lipid/tsh	
80061 Lipid Panel	
82465 Cholesterol	
83540 Iron	
83550,83540 Iron, TIBC, Sat	
82728 Ferritin	
82525 Copper, serum	
84630 Zinc, plasma	
82390 Ceruloplasmin	
83088 Histamine	
86063 ASO Screen	
84439 T4, Free	
84443 TSH	
84481 Free T3	
84432,86800 Thyroglobulin Quant (includes Ab)	
86376 Thyroid Peroxidase Ab	
86677 H. Pylori Ab	
85651 ESR	
83655 Lead, blood	
82140 Ammonia	

LABORATORY CONTINUED

86648 Diphtheria IgG Ab	
86615 Pertussis IgG Ab	
86774 Tetanus IgG Ab	
86765 Rubeola IgG Ab	
86735 Mumps IgG Ab	
86762 Rubella IgG Ab	
86684 HIB Titer IgG Ab	
86171 Polio Titer IgG Ab	
86706 Hep B Titer IgG Ab	
86787 Chicken Pox Titer IgG Ab	
86790 x2 HHV6 IgG and IgM Ab	
86665 EBV IgG Titers	
86644 CMV IgG Titers	
86694 HSV 1,2 IgG Titers	
82785 Ig E Levels	
82784 x3 Ig M,G,A Levels	
82787 Ig G Subclasses	
85048,86360 T cell panel	
88180 NK cells	
82784,83516,86255 Celiac Panel 2	
82652 Vit D 25 OH	
84590 Vit A (retinol)	

PROCEDURES

Therapy

ICD – 9 Codes

colitis
dysbiosis
lead metal burden

BILLING INFORMATION

VISIT CHARGES	400 –
LAB CHARGES	
TOTAL FEE	400 –
AMOUNT PAID ☐ CASH ☐ VISA ☐ M/C ☐ DISC ☐ CHECK	400 –
AMOUNT PAID FROM PATIENT ACCOUNT CREDIT	

PHYSICIAN'S SIGNATURE A. Usman, MD

RETURN VISIT ON:

True Health Medical Center

Anju I. Usman, M.D. Suruchi Chandra, M.D. Tracy Bongiorno, P.A.-C Sym Rankin, CRNA, APN

Treatment Plan / Prescription

Patient Name: Nikolay Petrov **DOB:** 9-18-06 **Date:** * 8-23-11

DIET			Allergies
	CF(GF) ↓rice ↓potatoes ↑veggie ↑fats. avoid chemicals, plastics, plastic bottles.	∅ fried foods avoid heating oils.	

Wt: 20Kg **Swallows +/-**

Breakfast	Lunch	Dinner	Bedtime
EC ē DPP4 with meals vit C ¼ tsp. (500mg.) Nuthera ē psp.	→ * Advanced Multivitamin/Mineral (Kirkman.) 2 caps.	zinc ~ 25mg Omega 3 500mg L-carnitine 500mg * phosphatidyl serine 200mg	Probiotics: CD Biotic(2) or Primal defense(2) or 1 scoop. Tri-GSH 200mg
Omega 3 500mg L-carnitine 500mg Vit D3 2,000 iu			
cyanoB12 SL 5,000mcg *folinic acid 1-5mg			

Notes:

gut: * yeast aide (Kirkman's) 2 caps/day } x 3-6 months
* olive leaf extract 250mg 2x/day }

Detox:
① Ionized mineral blend/biochelate 15 drops 2x/day into mouth x 3mo → re-check hair analysis
② weekends Fri/Sat/Sun. (Chelex.) x 3mo
½ cap 3x/day

Medications

Please see the instructions section for supplements marked with an asterisk (*).

Signature: A. Usman, MD.

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Follow-up Assessment and Plan

Patient Name: "Nikki" Petrov **DOB:** 9-18-06. **Date:** 8-23-11

	+	-	Issues
Signs and Symptoms	few syllables pica better focus attention.	new transitions - "new places" crys, bites likes playing c water "fixation"	Language - exp. Behavior Socialization regression p DPT/HIBx4
GUT	poorly formed 1x/day (on Pentasa.)		
SLEEP			

18- 20kg
5yo.
PECS

Therapies: PECS.

Laboratory and Other Recent Findings	Krigsman: enterocolitis; gastritis; colitis. → mod. Prednisolone ⊖ behavior ↑ appetite. Enterocort / Pentasa. Flagyl x1mo. ASO ⊖. No Δ c mB12 shots. / sublingual.

Bulgaria. ~~Interpreter~~.

Visit Detail

Patient / Mom / Dad
In Person / Phone
Length: 60 min.

Patient Education

Assessment	1. ATFC = 47 2. dysbiosis - 3. ↑ adipic acid. 4. Colitis 5. Suspect viral issues? future ✓ titers 6. Suspect metal burden - Pb hx of pica

Chronic Medications

enterocort
pentasa
flagyl

Plan & Recommendations	• consider EEG (in 1 month.)	• add folinic acid 1mg ···> go slow 5mg (leukovorin)
	• cont. carnitine give (with fats.) CoQ10.	• add phosphatidyl serine 200mg
		• consider SCD - specific carbohydrate diet
	• cont: mB12 x 2 more months. sq injections	• send old records
	if no change in language/social then resume sublingual for another 6 months.	• tablets (cyanoB12)
		• start detox last

Signature: A. Usman MD.

need consent signed { begin with IMB (ionized mineral blend) proceed to add ~~Detox~~ Chelex.

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Follow-up Assessment and Plan

Physical: _____

Height _____
Weight _____

Skin
Complexion _____
Moisture _____
☐ White spots on nails

Eyes
Pupils _____
Tracking _____
☐ Dark Circles/Shiners

Ears _____

Mouth _____

Amalgams _____
Teeth _____
Tongue _____

Neck _____
Nodes _____

Lung _____

Heart _____

Abdomen _____

Muscle Tone _____

☐ Poor Muscle Development
☐ Sweaty Palms

Neuro
Reflexes _____
Tremor _____
Balance _____
Gait _____

Prescriptions:

Drug	Dose	Frequency	Duration	Refills	Prescription dispensed
					☐ To Patient ☐ Called to # _____ ☐ Faxed to # _____
					☐ To Patient ☐ Called to # _____ ☐ Faxed to # _____
					☐ To Patient ☐ Called to # _____ ☐ Faxed to # _____
					☐ To Patient ☐ Called to # _____ ☐ Faxed to # _____
					☐ To Patient ☐ Called to # _____ ☐ Faxed to # _____

Labs Ordered:

- ☐ CBC
- ☐ CMP
- ☐ Iron
- ☐ Lipids - fasting
- ☐ Copper
- ☐ Zinc
- ☐ LabCorp IgG 96 Food Panel
- ☐ ASO
- ☐ Anti-DNase
- ☐ TSH
- ☐ Free T3
- ☐ Free T4
- ☐ Blood Lead
- ☐ Celiac
- ☐ Ammonia
- ☐ Vitamin $D_{25}OH$
- ☐ Lyme IgG IgM (WB)
- ☐ Measles IgG
- ☐ Mumps IgG
- ☐ Rubella IgG
- ☐ Hep B IgG
- ☐ EBV IgG
- ☐ HSV $_{1,2}$ IgG
- ☐ HHV6 IgG
- ☐ CMV IgG
- ☐ Total Immunoglobulins

OTHER tests

_____
_____
_____
_____
_____
_____
_____

Date to be completed: _____

Lab Test Kits

STOOL
- ☐ Fecal Toxic Metals
- ☒ Stool Microbiology future :
- ☐ Clostridia culture
- ☐ CSAP x ____
- ☐ CPP x ____
- ☐ _____

Done by _____
- ☐ Kit Given
- ☐ Script Given (Genova / GPL / DDI)

URINE
- ☐ UTM / UEE
- ☐ UAA
- ☐ MAP
- ☐ OAT
- ☐ ONE ☐ Other _____
- ☐ Urine Porphyrins (LPA / DDI)

Done by _____
- ☐ Kit Given
- ☐ Script Given (Genova / GPL / DDI)

BLOOD
- ☐ RBC Elements
- ☐ ELISA 96 Food IgG
- ☐ ELISA 96 Food IgG/12 Food IgE
- ☐ Igenex _____
- ☐ _____
- ☐ _____

Done by _____
- ☐ Kit Given
- ☐ Script Given (Alletess / GPL)

HAIR
- ☐ Hair

Done by _____
- ☐ Kit Given
- ☐ Script Given (Genova / GPL / DDI)

Future Treatment Options: _____

Referrals: old records; sign consent for detox

Patient to Follow Up: When 4-5 mo **With Whom** AM **Annual due** _____
(phone / in person) (with patient Y / N)