

Orders - June 1, 2023

PMS ID: Sex: DOB: Phone: MRN:  
115636PAT000000272 Female 08/02/1990 (702) 882-1541 MM0000000266

PATIENT INFORMATION				GUARANTOR INFORMATION							
LAST NAME Aguilar		FIRST NAME Niza		M.I.		LAST NAME Aguilar		FIRST NAME Niza		M.I.	
SSN XXX-XX-9439		DATE OF BIRTH 08/02/1990		SEX Female		MRN MM0000000266		RELATIONSHIP TO PATIENT Self			
STREET ADDRESS 6201 Hollywood Blvd								STREET ADDRESS 6201 Hollywood Blvd			
STREET ADDRESS CONTD.								STREET ADDRESS CONTD.			
CITY Los Angeles		STATE CA		ZIP CODE 90028		CITY Los Angeles		STATE CA		ZIP CODE 90028	
HOME PHONE 7028821541		CELL PHONE 7028821541		EMPLOYER NAME TGH		HOME PHONE 7028821541		WORK PHONE			
DIAGNOSES											
Diagnosis		ICD Code		Description							
Order for Surgery											
<p>Surgery scheduling order</p> <p>Procedure: Bilateral Breast Reduction with tuberos breast reconstruction. Target surgery date: 06/20/2023. Surgeon: Dr. Jaime Schwartz. Anesthesia: TIVA. Admission Status: outpatient. Medical Clearance Needed: Yes - Medical Clearance required.</p> <p>Recovery Facility: No aftercare - mom. Photos Taken? n/a.</p> <p>Provider: Jaime Schwartz Priority: normal</p>											

Electronically Signed By: Jaime Schwartz, 06/06/2023 01:25 PM PDT