

4100 W. 190th Street,
Suite 244A
Torrance, CA 90504
Phone. 310-385-3488

Fax. 310-248-7046



Facsimile Transmittal

Re:	Kemberli ANN Anderson	Date:	August 8, 2023
To:	GENERIC REQUESTOR	Fax:	310-747-5908
From:	Jaschik Macoy		

IMPORTANT WARNING:

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AUG/08/2023/TUE 07:27 AM

From: Natalie Umbert

Fax: 13108825454

To:

FAX No.

Fax: (310) 423-5940

Page: 1 of 2

P. 001/002

08/07/2023 4:50 PM

FAX

Date 08/07/2023**Number of pages including cover sheet:** 2**To:****From:**

Natalie Umbert

Phone**Phone** (310) 882-5454 * 108**Fax Phone** (310) 423-5940**Fax Phone** 13108825454**REMARKS:**

Attn: Dr. Kulber/Medical Records

PT: K. Anderson

DOB: 10/19/1965

Hello-

Attached please find a signed medical release form from our mutual patient. Please fax her medical records to us-at your earliest convenience. (310)747-5908

Thank you!

Natalie

08/08/2023 7:29AM (GMT-07:00)

AUG/08/2023/TUE 07:27 AM

FAX No.

P. 002/002

From: Natalie Umbert

Fax: 3108825454

To:

Fax: (310) 423-5940

Page: 2 of 2

08/07/2023 4:50 PM

Monday, August 7, 2023

**AUTHORIZATION FOR RELEASE OF RECORDS**

Dr. Jaime Schwartz & Total Lipedema Care

Name

Kemberli Anderson

Date Of Birth

Tuesday, October 19, 1965

Records Needed☒ Medical☒ Photos**Release Records To:**☒ Dr. Jaime Schwartz & Total Lipedema Care**Dates Of Service**☒ All**Signature****Today's Date**

Monday, August 7, 2023

240 S. La Cienega Blvd Suite 200 Beverly Hills, CA 90211

Phone (310) 882-5454 Fax (310) 747-5908

08/08/2023 7:29AM (GMT-07:00)



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 8/20/2019

08/20/2019 - Office Visit in CSMG Reconstructive Surgery

Physician Progress Notes

Progress Notes

Kulber, David A, MD at 8/20/2019 1540



CEDARS-SINAI MEDICAL GROUP

DATE OF ENCOUNTER: 8/20/2019

PATIENT: Kemberli ANN Anderson

MED REC: 201417016

Referred by: No ref. provider found

CEDARS-SINAI Department of Plastic and Reconstructive Surgery

CHIEF COMPLAINT: bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips follow up

HISTORY OF PRESENT ILLNESS

Kemberli ANN Anderson is a 53 year old female, with a surgical history of bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and done on 10/24/2018. She presents today with complaints of nipple asymmetry, the left nipple being lower than the right. This causes changes in her shirts that she is unhappy with.

~~She is here for evaluation and treatment.~~

I, Haben Berihun, am scribing for and in the presence of David A. Kulber, MD. While in the patients presence and per the providers instructions, I brought the following information into this note from elsewhere in the medical record; past medical history, past surgical history, past social history, past family history, medications, allergies, and review of systems

ROS

The review of systems as documented today in the medical record is remarkable for the positive orthopedic problems discussed above and is otherwise non-contributory with respect to Constitutional, ENT, Cardiovascular, GU, Skin, Neurologic, Endocrine, Hematologic, Psychiatric, Gastrointestinal, Respiratory, Eyes and Allergic/Immunologic systems.

ALLERGIES

Allergies

Allergen

- Codeine
- Pcn [Penicillins]
- Sulfa (Sulfonamide Antibiotics)

Reactions

Hives
Hives
Hives



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Visit date: 8/20/2019

08/20/2019 - Office Visit in CSMG Reconstructive Surgery (continued)

Physician Progress Notes (continued)

PAST MEDICAL HISTORY

No past medical history on file.

CURRENT MEDICATIONS

No outpatient medications have been marked as taking for the 8/20/19 encounter (Appointment) with Kulber, David A, MD.

SOCIAL HISTORY

Nonsmoker

PHYSICAL EXAMINATION

General: adult female sitting in the exam room in no apparent distress

Skin: The digits are perfused and viable, without evidence of any circulatory abnormality. Capillary refill is less than 2 seconds.

Breasts:

assymetry of the nipples, left nipple more ptotic and full than the right

DIAGNOSIS

Nipple assymetry

PLAN

After physical examination the patient was found to have nipple areola assymetry. Discussed with patient nature of disease, risks, benefits of operative vs nonoperative management. Discussed with her periareola mastopexy to the left breast vs wise pattern mastopexy. She understands wise pattern will leave more scarring but will leave her with a better symmetry of the nipple and projection that she would prefer. She understands that the periareola masteoxy will lift but not leave her with the fullness she desires and will schedule accoringly. Fat grafting to breasts was also discussed.

-Pt demonstrated understanding, and all questions were answered as per the patient at this visit

I, Haben Berihun am scribing for, and in the presence of, David A. Kulber MD

Signed by: Haben Berihun, Scribe 8/20/2019

Progress Note Addendum

I, David A Kulber, MD, personally performed the services described in this documentation, as scribed by Haben Berihun in my presence, and it is both accurate and complete.

David A Kulber, MD

8/23/2019

9:37 AM

Electronically signed by Kulber, David A, MD at 8/23/2019 9:38 AM



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 8/20/2019

08/20/2019 - Office Visit in CSMG Reconstructive Surgery (continued)

Physician Progress Notes (continued)



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 1/22/2019

01/22/2019 - Office Visit in CSMG Reconstructive Surgery

Physician Progress Notes

Progress Notes

Tanabe, Kylie, PA-C at 1/22/2019 0930



CEDARS-SINAI MEDICAL GROUP

DATE OF ENCOUNTER: 1/22/2019

PATIENT: Kemberli ANN Anderson

MED REC: 201417016

CEDARS-SINAI Department of Plastic and Reconstructive Surgery

CHIEF COMPLAINT: bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips follow up

HISTORY OF PRESENT ILLNESS

The patient is a 53 year old female post op week #13 presenting for follow up of their bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips. Pt reports she is doing very well with no complaints. She has no fevers, chills, nausea, vomiting, shortness of breath, chest pain. Pain is well controlled. she is concerned that her left breast is more ptotic than her right

ROS

See HPI for pertinent ROS

ALLERGIES

Allergies

Allergen

- Codeine
- Pcn [Penicillins]
- Sulfa (Sulfonamide Antibiotics)

Reactions

Hives

Hives

Hives

PAST MEDICAL HISTORY

No past medical history on file.

CURRENT MEDICATIONS

No outpatient prescriptions have been marked as taking for the 10/26/18 encounter (Office Visit) with Tanabe, Kylie, PA-C.



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
 MRN: 201417016, DOB: 10/19/1965, Sex: F
 Visit date: 1/22/2019

01/22/2019 - Office Visit in CSMG Reconstructive Surgery (continued)

Physician Progress Notes (continued)**SOCIAL HISTORY**

Nonsmoker

PHYSICAL EXAMINATIONGeneral: 53 year old female sitting in the exam room in no apparent distressSkin: clean/dry/intact

Breasts: bilateral breasts are soft, nontender, with some ecchymosis. No erythema to breasts. Left breast slightly more ptotic than right but no masses. Small nodule to right upper pole of breast, and left medial breast at 10:00. nontender and mobile. Left medial mass has resolved and is not appreciable. Otherwise incision is well healed without evidence of erythema warmth tenderness or signs of infection

Abdomen/flanks/knees/face: no swelling diffusely, sutures are clean/dry/intact**DIAGNOSIS**

Routine follow up, s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips

ASSESSMENT & PLAN

53 year old female s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips, doing well. will start continue PHYSICAL THERAPY for lymphatic drainage and tissue manipulation. Failure to approve these in a timely manner can result in regression of his post op recovery and may require additional surgical operations to resolve.

-Discussed post operative healing process. This includes coming in weekly for dressing changes for three weeks. She will wear a surgical bra given to her for these three weeks, then she will transition to a sports bra. Discussed that sports bra must have a front closure, with a chest band at least 1.5-2in in diameter, in order to not put pressure on the sutures on her inframammary fold, which she will wear for about 3 months.

-Pt demonstrated understanding, and all questions were answered as per the patient at this visit

Return to clinic in 4 weeks, pictures

Kylie Tanabe, PA-C

1/24/2019

Supervising Physician: Dr. David Kulber

Electronically signed by Tanabe, Kylie, PA-C at 1/24/2019 12:31 PM



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Visit date: 11/29/2018

11/29/2018 - Office Visit in CSMG Reconstructive Surgery

Physician Progress Notes

Progress Notes

Tanabe, Kylie, PA-C at 11/29/2018 1500



CEDARS-SINAI MEDICAL GROUP

DATE OF ENCOUNTER: 11/29/2018

PATIENT: Kemberli ANN Anderson

MED REC: 201417016

CEDARS-SINAI Department of Plastic and Reconstructive Surgery

CHIEF COMPLAINT: bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips follow up

HISTORY OF PRESENT ILLNESS

The patient is a 53 year old female post op week #6 presenting for follow up of their bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips. Pt reports she is doing very well with no complaints. She has no fevers, chills, nausea, vomiting, shortness of breath, chest pain. Pain is well controlled. She is going to Cheri for PHYSICAL THERAPY

ROS

See HPI for pertinent ROS

ALLERGIES

Allergies

Allergen

- Codeine
- Pcn [Penicillins]
- Sulfa (Sulfonamide Antibiotics)

Reactions

Hives
Hives
Hives

PAST MEDICAL HISTORY

No past medical history on file.

CURRENT MEDICATIONS

No outpatient prescriptions have been marked as taking for the 10/26/18 encounter (Office Visit) with Tanabe, Kylie, PA-C.



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 11/29/2018

11/29/2018 - Office Visit in CSMG Reconstructive Surgery (continued)

Physician Progress Notes (continued)

SOCIAL HISTORY

Nonsmoker

PHYSICAL EXAMINATION

General: 53 year old female sitting in the exam room in no apparent distress

Skin: bandage was removed from the incision site. Incision site is clean, dry, with no erythema, swelling, or bloody or purulent drainage.

Breasts: bilateral breasts are soft, nontender, with some ecchymosis. No erythema to breasts. Left medial mass has resolved and is not appreciable. Otherwise incision is well healed without evidence of erythema warmth tenderness or signs of infection. Abdomen/flanks/knees/face: (+) swelling diffusely, sutures are clean/dry/intact

DIAGNOSIS

Routine follow up, s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips

ASSESSMENT & PLAN

53 year old female s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips, doing well. will start continue PHYSICAL THERAPY for lymphatic drainage and tissue manipulation. Failure to approve these in a timely manner can result in regression of his post op recovery and may require additional surgical operations to resolve.

-Discussed post operative healing process. This includes coming in weekly for dressing changes for three weeks. She will wear a surgical bra given to her for these three weeks, then she will transition to a sports bra. Discussed that sports bra must have a front closure, with a chest band at least 1.5-2in in diameter, in order to not put pressure on the sutures on her inframammary fold, which she will wear for about 3 months.

-Pt demonstrated understanding, and all questions were answered as per the patient at this visit

Return to clinic in 4 weeks

Kylie Tanabe, PA-C

11/30/2018

Supervising Physician: Dr. David Kulber

Electronically signed by Tanabe, Kylie, PA-C at 11/30/2018 9:44 AM



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 11/13/2018

11/13/2018 - Office Visit in CSMG Reconstructive Surgery

Physician Progress Notes

Progress Notes

Tanabe, Kylie, PA-C at 11/13/2018 1010



CEDARS-SINAI MEDICAL GROUP

DATE OF ENCOUNTER: 11/13/2018

PATIENT: Kemberli ANN Anderson

MED REC: 201417016

CEDARS-SINAI Department of Plastic and Reconstructive Surgery

CHIEF COMPLAINT: bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips follow up

HISTORY OF PRESENT ILLNESS

The patient is a 53 year old female post op day #20 presenting for follow up of their bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips. Pt reports she is doing very well with no complaints. She has no fevers, chills, nausea, vomiting, shortness of breath, chest pain. Pain is well controlled.

ROS

See HPI for pertinent ROS

ALLERGIES**Allergies****Allergen**

- Codeine
- Pcn [Penicillins]
- Sulfa (Sulfonamide Antibiotics)

Reactions

Hives
Hives
Hives

PAST MEDICAL HISTORY

No past medical history on file.

CURRENT MEDICATIONS

No outpatient prescriptions have been marked as taking for the 10/26/18 encounter (Office Visit) with Tanabe, Kylie, PA-C.



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 11/13/2018

11/13/2018 - Office Visit in CSMG Reconstructive Surgery (continued)

Physician Progress Notes (continued)

SOCIAL HISTORY

Nonsmoker

PHYSICAL EXAMINATION

General: 53 year old female sitting in the exam room in no apparent distress

Skin: bandage was removed from the incision site. Incision site is clean, dry, with no erythema, swelling, or bloody or purulent drainage.

Breasts: bilateral breasts are soft, nontender, with some ecchymosis. (+) swelling diffusely bilaterally. (+) small area of erythema to left medial breast at 8:00 without warmth or tenderness. It is soft. Likely fat grafting. Otherwise sutures are clean/dry/intact without evidence of erythema warmth tenderness or signs of infection. Sutures removed today

Abdomen/flanks/knees/face: (+) swelling diffusely, sutures are clean/dry/intact

DIAGNOSIS

Routine follow up, s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips

ASSESSMENT & PLAN

53 year old female s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips, doing well. will start occupational therapy for lymphatic drainage and tissue manipulation. Failure to approve these in a timely manner can result in regression of his post op recovery and may require additional surgical operations to resolve.

-Discussed post operative healing process. This includes coming in weekly for dressing changes for three weeks. She will wear a surgical bra given to her for these three weeks, then she will transition to a sports bra. Discussed that sports bra must have a front closure, with a chest band at least 1.5-2in in diameter, in order to not put pressure on the sutures on her inframammary fold, which she will wear for about 3 months.

-She will wear compression that goes from her knees to her abdomen for a total of 6 weeks. During this time, compression must go up to her chest to deter from contour defects. Suggested to wear spanx leggings

-Pt demonstrated understanding, and all questions were answered as per the patient at this visit

Return to clinic in 1 week for wound check

Kylie Tanabe, PA-C

11/15/2018

Supervising Physician: Dr. David Kulber

Electronically signed by Tanabe, Kylie, PA-C at 11/15/2018 8:07 AM



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Visit date: 11/6/2018

11/06/2018 - Office Visit in CSMG Reconstructive Surgery

Physician Progress Notes

Progress Notes

Tanabe, Kylie, PA-C at 11/6/2018 0840



CEDARS-SINAI MEDICAL GROUP

DATE OF ENCOUNTER: 11/6/2018
PATIENT: Kemberli ANN Anderson
MED REC: 201417016

CEDARS-SINAI Department of Plastic and Reconstructive Surgery

CHIEF COMPLAINT: bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips follow up

HISTORY OF PRESENT ILLNESS

The patient is a 53 year old female post op day #13 presenting for follow up of their bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips. Pt reports she is doing very well with no complaints. She has no fevers, chills, nausea, vomiting, shortness of breath, chest pain. Pain is well controlled.

ROS

See HPI for pertinent ROS

ALLERGIES

Allergies

Allergen

- Codeine
- Pcn [Penicillins]
- Sulfa (Sulfonamide Antibiotics)

Reactions

Hives
Hives
Hives

PAST MEDICAL HISTORY

No past medical history on file.

CURRENT MEDICATIONS

No outpatient prescriptions have been marked as taking for the 10/26/18 encounter (Office Visit) with Tanabe, Kylie, PA-C.



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 11/6/2018

11/06/2018 - Office Visit in CSMG Reconstructive Surgery (continued)**Physician Progress Notes (continued)****SOCIAL HISTORY**

Nonsmoker

PHYSICAL EXAMINATIONGeneral: 53 year old female sitting in the exam room in no apparent distressSkin: bandage was removed from the incision site. Incision site is clean, dry, with no erythema, swelling, or bloody or purulent drainage.Breasts: bilateral breasts are soft, nontender, with some ecchymosis. (+) swelling diffusely bilaterally. Otherwise sutures are clean/dry/intact without evidence of erythema warmth tenderness or signs of infection. Drains have sanguineous drainage in each. Drains removed.Abdomen/flanks/knees/face: (+) swelling diffusely, sutures are clean/dry/intact**DIAGNOSIS**

Routine follow up, s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips

ASSESSMENT & PLAN

53 year old female s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips, doing well. Drains removed today.

-Discussed post operative healing process. This includes coming in weekly for dressing changes for three weeks. She will wear a surgical bra given to her for these three weeks, then she will transition to a sports bra. Discussed that sports bra must have a front closure, with a chest band at least 1.5-2in in diameter, in order to not put pressure on the sutures on her inframammary fold, which she will wear for about 3 months.

-She will wear compression that goes from her knees to her abdomen for a total of 6 weeks. During this time, compression must go up to her chest to deter from contour defects. Suggested to wear spanx leggings

-Pt demonstrated understanding, and all questions were answered as per the patient at this visit

Return to clinic in 1 week for wound check

Kylie Tanabe, PA-C

11/6/2018

Supervising Physician: Dr. David Kulber

Electronically signed by Tanabe, Kylie, PA-C at 11/8/2018 2:38 PM



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 10/30/2018

10/30/2018 - Office Visit in CSMG Reconstructive Surgery**Physician Progress Notes****Progress Notes**

Tanabe, Kylie, PA-C at 10/30/2018 1300



CEDARS-SINAI MEDICAL GROUP

DATE OF ENCOUNTER: 10/30/2018**PATIENT: Kemberli ANN Anderson****MED REC: 201417016****CEDARS-SINAI Department of Plastic and Reconstructive Surgery****CHIEF COMPLAINT:** bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips follow up**HISTORY OF PRESENT ILLNESS**

The patient is a 53 year old female post op day #6 presenting for follow up of their bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips. Pt reports she is doing very well with no complaints. She has no fevers, chills, nausea, vomiting, shortness of breath, chest pain. Pain is well controlled. Drains are draining about 15cc/24 hours and she was unaware to milk the drains or record the output.

ROS

See HPI for pertinent ROS

ALLERGIES**Allergies****Allergen**

- Codeine
- Pcn [Penicillins]
- Sulfa (Sulfonamide Antibiotics)

Reactions

Hives
Hives
Hives

PAST MEDICAL HISTORY

No past medical history on file.

CURRENT MEDICATIONS

No outpatient prescriptions have been marked as taking for the 10/26/18 encounter (Office Visit) with Tanabe, Kylie, PA-C.



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 10/30/2018

10/30/2018 - Office Visit in CSMG Reconstructive Surgery (continued)**Physician Progress Notes (continued)****SOCIAL HISTORY**

Nonsmoker

PHYSICAL EXAMINATION

General: 53 year old female sitting in the exam room in no apparent distress

Skin: bandage was removed from the incision site. Incision site is clean, dry, with no erythema, swelling, or bloody or purulent drainage.

Breasts: bilateral breasts are soft, nontender, with some ecchymosis. (+) swelling diffusely bilaterally. Otherwise sutures are clean/dry/intact without evidence of erythema warmth tenderness or signs of infection. Drains have sanguineous drainage in each. Drains removed.

Abdomen/flanks/knees/face: (+) swelling diffusely, sutures are clean/dry/intact

DIAGNOSIS

Routine follow up, s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips

ASSESSMENT & PLAN

53 year old female s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips, doing well. Drains removed today.

-Discussed post operative healing process. This includes coming in weekly for dressing changes for three weeks. She will wear a surgical bra given to her for these three weeks, then she will transition to a sports bra. Discussed that sports bra must have a front closure, with a chest band at least 1.5-2in in diameter, in order to not put pressure on the sutures on her inframammary fold, which she will wear for about 3 months.

~~-She will wear compression that goes from her knees to her abdomen for a total of 6 weeks. During this time,~~ compression must go up to her chest to deter from contour defects. Suggested to wear spanx leggings

-Pt demonstrated understanding, and all questions were answered as per the patient at this visit

Return to clinic in 1 week for wound check

Kylie Tanabe, PA-C

11/1/2018

Supervising Physician: Dr. David Kulber

Electronically signed by Tanabe, Kylie, PA-C at 11/1/2018 1:14 PM



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Visit date: 10/26/2018

10/26/2018 - Office Visit in CSMG Reconstructive Surgery**Physician Progress Notes****Progress Notes**

Tanabe, Kylie, PA-C at 10/26/2018 0830



CEDARS-SINAI MEDICAL GROUP

DATE OF ENCOUNTER: 10/26/2018**PATIENT: Kemberli ANN Anderson****MED REC: 201417016****CEDARS-SINAI Department of Plastic and Reconstructive Surgery**

CHIEF COMPLAINT: bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips follow up

HISTORY OF PRESENT ILLNESS

The patient is a 53 year old female post op day #2 presenting for follow up of their bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips. Pt reports she is doing very well with no complaints. She has no fevers, chills, nausea, vomiting, shortness of breath, chest pain. Pain is well controlled. Drains are draining about 30cc/48 hours and she was unaware to milk the drains or record the output.

ROS

See HPI for pertinent ROS

ALLERGIES**Allergies****Allergen**

- Codeine
- Pcn [Penicillins]
- Sulfa (Sulfonamide Antibiotics)

Reactions

Hives
Hives
Hives

PAST MEDICAL HISTORY

No past medical history on file.

CURRENT MEDICATIONS

No outpatient prescriptions have been marked as taking for the 10/26/18 encounter (Office Visit) with Tanabe, Kylie, PA-C.



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Visit date: 10/26/2018

10/26/2018 - Office Visit in CSMG Reconstructive Surgery (continued)

Physician Progress Notes (continued)

SOCIAL HISTORY

Nonsmoker

PHYSICAL EXAMINATION

General: 53 year old female sitting in the exam room in no apparent distress

Skin: bandage was removed from the incision site. Incision site is clean, dry, with no erythema, swelling, or bloody or purulent drainage.

Breasts: bilateral breasts are soft, nontender, with some ecchymosis. (+) swelling diffusely bilaterally. Otherwise sutures are clean/dry/intact without evidence of erythema warmth tenderness or signs of infection. Drains have sanguineous drainage in each.

Abdomen/flanks/knees/face: (+) swelling diffusely, sutures are clean/dry/intact

DIAGNOSIS

Routine follow up, s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips

ASSESSMENT & PLAN

53 year old female s/p bilateral removal/replacement of implants with liposuction and fat grafting from bilateral flanks, abdomen, thighs, inner thighs, and knees to breasts and lips, doing well. Discussed how to milk drains.

-Discussed post operative healing process. This includes coming in weekly for dressing changes for three weeks. She will wear a surgical bra given to her for these three weeks, then she will transition to a sports bra. Discussed that sports bra must have a front closure, with a chest band at least 1.5-2in in diameter, in order to not put pressure on the sutures on her inframammary fold, which she will wear for about 3 months.

-She will wear compression that goes from her knees to her abdomen for a total of 6 weeks. During this time, compression must go up to her chest to deter from contour defects. Suggested to wear spanx leggings

-Pt demonstrated understanding, and all questions were answered as per the patient at this visit

Return to clinic in 1 week for wound check, drain removal

Kylie Tanabe, PA-C

10/26/2018

Supervising Physician: Dr. David Kulber

Electronically signed by Tanabe, Kylie, PA-C at 10/26/2018 9:24 AM



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Adm: 10/24/2018, D/C: 10/24/2018

10/24/2018 - Admission (Discharged) in AHSP 5-PACU

Operative & Anesthesia Notes

Operative Report

Kulber, David A, MD at 10/24/2018 2034

PATIENT: ANDERSON, KEMBERLI ANN

MED REC: 201417016

CEDARS-SINAI MEDICAL CENTER DICTATOR: DAVID A. KULBER, M.D.

OPERATION REPORT

DATE OF OPERATION: 10/24/2018

PREOPERATIVE DIAGNOSIS: Bilateral Baker 4 capsular contractures, bilateral breast asymmetry, lipodystrophy, abdomen, flanks, outer and inner thighs, knees, and lipodystrophy nasal labial fold, upper and lower lips and nasal jugal and periareolar area.

POSTOPERATIVE DIAGNOSIS: Ruptured bilateral silicone breast implant, Baker 4 capsular contractures, breast asymmetry, contour deformities bilateral breasts, and lipodystrophy of the abdomen, bilateral flanks, outer and inner thighs, knees, and lipodystrophy of the face.

OPERATION(S) PERFORMED:

SURGEON: David A. Kulber, M.D.

CO-SURGEON:

ASSISTANT(S):

ASSISTANT: Kylie Tanabe, PA-C

ANESTHESIOLOGIST: Maria A. De Castro, M.D.

OPERATIVE PROCEDURE: Bilateral capsulectomies with removal of ruptured bilateral breast implants with placement of new Sientra smooth moderate profile 435 mL implant on the right, serial number 10023459, on the left serial number 10008158. Liposuction of the abdomen, flanks, outer thighs, inner thighs, knees with fat grafting for contour. Amount of liposuction aspirate is 1800 mL with fat grafting to the right breast for contour deformities, 140 mL and fat grafting to the left breast for contour deformities, 140 mL. Fat grafting to the face including the nasolabial folds, perioral area, upper and lower lips,



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Operative & Anesthesia Notes (continued)

total amount was 25 mL in the nasal jugal grooves, bilateral pectoroplasty, suturing the pectoralis muscle to the chest wall bilaterally.

ESTIMATED BLOOD LOSS: 100 mL.

DRAINS: Two Jackson-Pratts.

CONDITION AFTER SURGERY: Stable.

INDICATIONS FOR SURGERY: Female with severe contour deformities and breast asymmetry secondary to implants, as well as lipodystrophy and facial atrophy as described. She wishes for cosmetic rejuvenation of the face, as well as liposuction, as well as removal of the Baker 4 capsular contractures.

FINDINGS OF SURGERY: Completely ruptured implants. Of note, 1 implant that was initially placed, the Sientra implant for the left was noted to be rupture. On opening the implant and pressing on it, that implant serial number was 10008350, and this was discarded. The other implants that were used appeared to be completely intact.

OPERATIVE PROCEDURE: Patient marked in preoperative area. Informed consent obtained. Risks, complications, limitations, expectations, outcomes, and alternatives to surgery including recurrence of capsular contracture, breast asymmetry, and contour deformity from liposuction, and the need for possibly massage after liposuction for the amount of Lipo aspirate that she wishes to have. She understands this and she is marked in the preoperative area for the areas of liposuction, facial atrophy and for the breast. She was then placed on the operating table in supine position, prepped and draped in a normal sterile fashion. Local infiltration of anesthesia 1% lidocaine with epinephrine, as well as tumescent solution of lidocaine with epinephrine 2 L is used and then the liposuction performed using power liposuction on the abdomen, flanks, outer thighs, inner thighs and knees, using cross liposuction techniques to assure that there were no contour deformities. Most of the liposuction was deepened. A total amount 1800 mL of lipoaspirate is aspirated, all very pure golden fat and this was done for the flanks, abdomen, inner and outer thighs and knees, making small stab incisions and after all the fat is harvested, it was then placed through the Puregraft system for injection. Bilateral inframammary incisions were then made and soft tissue was dissected. Implant capsules were identified and dissected from surrounding tissue. Both implants were noted to be ruptured. Both the implant capsule and the implant material was completely removed. Next, soft tissue dissected from the pectoralis muscle and as both implants were partially underneath the pectoralis muscle and after hemostasis and removing all the ruptured implant material, which is silicone and with copious amounts of irrigation, the pectoralis muscle is sutured to the chest wall with 2 Monocryl suture bilaterally. Ultimately with the patient in the



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10/24/2018 - Admission (Discharged) in AHSP 5-PACU (continued)**Operative & Anesthesia Notes (continued)**

upper position, sizers were placed and ultimately it was felt that a 435 mL moderate profile Sientra implant gives her best projection and she wishes to be a little larger. Her current implants appear to be about 300 mL based on the marking of the ruptured implants. Jackson-Pratt drains were brought out through lateral incisions bilaterally and secured with 3-0 nylon sutures and next after, placing both implants, it should be noted that 1 of the implants that was opened, the Sientra implant, was noted to be ruptured on palpation and this was discarded. Hence, other 2 implants were used. The inframammary incisions were closed with 2-0 Monocryl sutures, 3-0 Monocryl sutures and a subcuticular 4-0 Monocryl suture. The nipple-areolar complex measured 8 cm from the inframammary crease bilaterally. It should be noted that the inframammary crease was elevated on the right side and it has been lowered prior to the surgery to make her more symmetrical and the lateral capsule was imbricated on the left side as well and actually, the right side is where the inframammary fold was raised to make it more symmetric to the left side and the left side laterally, the tissue was imbricated. Next, a small stab incision made in the breast and fat was grafted to the medial superior and inferior poles of bilateral breast, 140 mL for each breast. At the completion, she appears to be more symmetrical in size and shape, and the stab incisions were closed with 5-0 Monocryl sutures, as well as the rest of the stab incisions for the liposuction. Dressing was applied, then the face injected with 1% lidocaine with epinephrine and the areas of a small stab incision was made into the lateral portion of each lip and using a blunt trocar, the fat was grafted into the upper lip, the lower lip, bilateral nasal labial fold, surgical grooves of preoral area and appears to be symmetrical in size and shape of the lower and upper lip and a total amount of fat was grafted 25 mL of this area of the entire face. All small stab incisions were closed with a 6-0 chromic suture and a dressing applied. Patient tolerated the procedure well. No qualified resident was available.

David A. Kulber, M.D.

DAK/MEDQ/811313501 D: 10/24/2018 T: 10/25/2018 JOB#: 448020

cc: Kylie Tanabe, PA-C

Electronically signed by Kulber, David A, MD at 10/25/2018 9:55 AM



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Adm: 10/24/2018, D/C: 10/24/2018

10/24/2018 - Admission (Discharged) in AHSP 5-PACU (continued)

Operative & Anesthesia Notes (continued)



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Adm: 10/24/2018, D/C: 10/24/2018

10/24/2018 - Admission (Discharged) in AHSP 5-PACU (continued)

Pathology

SURGICAL PATHOLOGY (Final result)

Electronically signed by: Cshs_Interface, Path_In on 10/25/18 1048

Status: Completed

Ordering user: Cshs_Interface, Path_In 10/25/18 1048

Ordering provider: Kulber, David A, MD

Authorized by: Kulber, David A, MD

Ordering mode: Standard

Frequency: Routine Once 10/25/18 1400 - 1 occurrence

Class: Normal

Quantity: 1

Lab status: Final result

Instance released by: (auto-released) 10/25/2018 10:48 AM

Scan on 10/26/2018 3:54 AM by Kulber, David A, MD: SURGICAL (below)



CEDARS-SINAI MEDICAL CENTER

Department of Pathology and Laboratory Medicine

8700 Beverly Blvd., Los Angeles, CA 90048 Tel: (310) 423-5431 Fax: (310) 423-0122

Laboratory Director: Serhan Altan, M.D.

CLIA # 05D0541033

Patient: ANDERSON, KEMBERLI ANN

Accession Number: S-18-52057

Hospital No: 201417016

Date of Birth: 10/19/1965

Age/Sex: 53 F

Pathologist: Farnaz Dadmanesh, M.D.

Assistant:

Date of Procedure: 10/24/2018

Date Received: 10/25/2018

Ordering M.D.:

DAVID A KULBER

Copies To:

Location: AHPA

AKA:

Outreach Location:

Outreach CPN:

SURGICAL PATHOLOGY REPORT

DIAGNOSIS:

A. LEFT BREAST EXPLANT:

- Gross only

B. LEFT BREAST CAPSULE, CAPSULECTOMY:

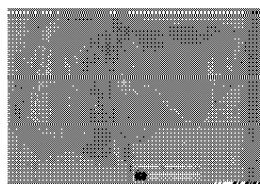
- Fibrous capsule with silicone granuloma
- Scant portion of attached fibroadipose tissue and skeletal muscle

C. RIGHT BREAST EXPLANT:

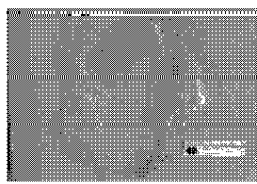
- Gross only

D. RIGHT BREAST CAPSULE, CAPSULECTOMY:

- Fibrous capsule with silicone granuloma
- Portion of attached fibroadipose tissue and skeletal muscle



MACROSCOPIC APPEARANCE



MACROSCOPIC APPEARANCE_001

HISTORY:

Capsular contracture of breast implant, initial encounter, lipodystrophy

MICROSCOPIC FINDINGS:

See diagnosis.

GROSS:

A. LEFT BREAST EXPLANT

Patient name, label: "Anderson, Kemberli Ann", designated "left breast explant"

Patient Case(s): S-18-52057

Towers

If this report includes immunohistochemical (IHC) test results, please note the following: Multiple IHC tests were developed and their performance characteristics determined by Cedars-Sinai Medical Center Department of Pathology and Laboratory Medicine. These IHC tests have not been cleared or approved by the U.S. Food and Drug Administration (FDA) and FDA approval is not required. This laboratory is regulated under CLIA as qualified to perform high-complexity testing. IHC tests are used for clinical purposes. They should not be regarded as investigational or research.

Copy For: DAVID A KULBER
Page 1 of 3

PATIENT NOTIFIED OF RESULTS
DR: NURSE: DATE:



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Adm: 10/24/2018, D/C: 10/24/2018

10/24/2018 - Admission (Discharged) in AHSP 5-PACU (continued)

Pathology (continued)

CEDARS SINAI MEDICAL CENTER

PATIENT: ANDERSON, KEMBERLI ANN- ACCESSION #: C-18-52857

Received: Fresh**Specimen Type:** Silicone implant**Integrity:** Ruptured**Weight:** 209 grams**Dimensions:** 16.5 x 9.0 x 2.5 cm**Surface:** Smooth**Contents:** Viscous fluid**Inscription:** "Mentor 5563446 300 cc"**Soft Tissue:** Not identified

A gross photograph is taken. The specimen is for gross examination only.

B. LEFT BREAST CAPSULE

Labeled "Anderson, Kemberli Ann" designated "left breast capsule" and received in formalin is a single unoriented portion of fibromembranous breast implant capsule. It weighs 18 grams and measures 9.5 x 6.3 x 1.0 cm in the deflated state. One aspect of the tissues is smooth but wrinkled and focally surfaced by adherent material. The opposite aspect is roughened with adherent soft tissue. No nodularities or excrescences are grossly identified. Representative sections are submitted.

Slide key:

B1. 3

C. RIGHT BREAST EXPLANT**Patient name, label:** "Anderson, Kemberli Ann" designated "right breast explant"**Received:** Fresh**Specimen Type:** Silicone implant**Integrity:** Ruptured**Weight:** 216 grams**Dimensions:** 15.0 x 12.0 x 2.5 cm**Surface:** Smooth**Contents:** Viscous fluid**Inscription:** "Mentor 5547551 325 cc"**Soft Tissue:** Not identified

A gross photograph is taken. The specimen is for gross examination only.

D. RIGHT BREAST CAPSULE

Labeled "Anderson, Kemberli Ann" designated "right breast capsule" and received in formalin are two irregular and unoriented fragments of fibromembranous breast implant capsule. They weigh 19 grams and measures 10.7 x 5.5 x 1.2 cm in the deflated state and in aggregate. One aspect of the tissues is smooth and shiny but wrinkled and is surfaced by adherent material as well as showing focal areas of possible calcification. The opposite aspect is roughened with adherent soft tissue. No nodularities or excrescences are grossly identified. Representative sections are submitted.

Slide key:

D1. 3

Gross dictated by Ryan Casao, PA:jlsH/(job 449063)

10/25/2018

kmi/10/26/2018/450648

I have personally examined the specimen, interpreted the results, reviewed the report and signed it electronically.
Farnaz Dadmanesh, M.D. Electronically signed 10/26/2018 3:50:10PM

SURGICAL PATHOLOGY REPORT

Page 2 of 3



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Adm: 10/24/2018, D/C: 10/24/2018

10/24/2018 - Admission (Discharged) in AHSP 5-PACU (continued)**Pathology (continued)**

CEDARS SINAI MEDICAL CENTER

PATIENT: ANDERSON, KEMBERLI ANN

ACCESSION #: S-18-52057

SURGICAL PATHOLOGY REPORT

Page 3 of 3

Specimen Information

ID	Type	Source	Collected By
S-18-52057	—	—	10/24/18 0000

Surgical Pathology

Resulted: 10/26/18 1554, Result status: Final result

Ordering provider: Kulber, David A, MD 10/25/18 1048

Order status: Completed

Filed by: Cshs Interface, Cdr Conversion Scanned Documents

Collected by: 10/24/18 0000



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Adm: 10/24/2018, D/C: 10/24/2018

10/24/2018 - Admission (Discharged) in AHSP 5-PACU (continued)

Pathology (continued)

07/31/23 2223

Resulting lab: CEDARS-SINAI MED CTR DEPT OF PATHOLOGY & LAB MEDICINE

Reviewed by

Kulber, David A, MD on 10/29/18 0726

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
11 - CSMC	CEDARS-SINAI MED CTR DEPT OF PATHOLOGY & LAB MEDICINE	Serhan Alkan, MD	8700 Beverly Blvd. Los Angeles CA 90048	06/09/16 1054 - 10/11/19 1120

All Reviewers List

Kulber, David A, MD on 10/29/2018 07:26



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Visit date: 10/4/2018

10/04/2018 - Pre-Op Visit in CSMG Reconstructive Surgery**Physician Progress Notes****Progress Notes**

Kulber, David A, MD at 10/4/2018 1330

FOLLOW UP EVALUATION

PATIENT: ANDERSON, KEMBERLI
MEDICAL RECORD #: 20141706
DATE OF EVALUATION: October 2, 2018

HISTORY OF INJURY:

The patient is a 60-year-old female who is being seen for capsular contractures and breast asymmetry after breast implants.

ASSESSMENT AND PLAN:

We discussed removing the implants, placing them above the pectoralis muscle as they are being deformed underneath the muscle, and then fat grafting the breasts for contour deformities, liposuction to the outer and inner thighs and the knee area. She does have some lymphedema on examination and I have recommended a lymphedema nurse to help with the lower extremity lymphedema. She will also have fat grafting to her upper and lower lips and the nasolabial folds. The risks and complications were discussed with her. She wishes to be about the same size. She thinks she has about 325 or a little bigger, and we will schedule this accordingly. All the answers were discussed with her including the complications of liposuction and fat grafting and breast implants.

David A. Kulber, M.D.

DAK/km

Electronically signed by Kulber, David A, MD at 10/15/2018 7:26 AM



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Adm: 6/9/2018, D/C: 6/9/2018

06/09/2018 - Mam Screening Bilateral in S.Mark Taper Foundation Imaging Center

Imaging

Imaging

Single Orders/Result

MAMMOGRAM SCREENING BILATERAL W IMPLANTS W

CAD (Order 291961937)

Results

Status: Edited Result - FINAL
(Exam End: 6/9/2018 14:49)

Addendum

----- Addendum Report -----

IMPRESSION ADDENDUM: Nothing to suggest malignancy and the outside films.

Comparison: Outside films now available from St. Joseph Hospital dated 11/20/2015] mammogram implant study.

BI-RADS: 1 - Negative

RECOMMENDATION: Follow up in 1 year

Reviewed and Interpreted by: Richard E. Fulton, M.D. 7/14/2018
10:43 AM

Addendum by Fulton, Richard E, MD on 7/14/2018 10:43 AM

Study Result

Narrative & Impression

MAMMOGRAM SCREENING BILATERAL W IMPLANTS W CAD 6/9/2018 2:49 PM

CLINICAL INDICATION: Routine annual screening for with implants. Paternal aunt with breast cancer age not known. Patient having or implants replaced seen. No current breast symptoms.

COMPARISON: No priors at Cedars. Films from St. Joseph in Burbank have been requested.

TECHNIQUE: 8 bilateral digital mediolateral oblique and cranioaudad views were obtained with and without implant displacement views.

FINDINGS: The breast tissue displays scattered areas of fibroglandular density. Bilateral subpectoral silicone implants are identified.

There is no new dominant mass, architectural distortion, clustered microcalcifications or other mammographic evidence of malignancy.

Computer aided detection utilized for interpretation.

IMPRESSION:

Nothing to suggest malignancy.

This report was printed by the Health Information Dept, please call (310) 423-3313 with any questions. Page 25



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN
MRN: 201417016, DOB: 10/19/1965, Sex: F
Adm: 6/9/2018, D/C: 6/9/2018

06/09/2018 - Mam Screening Bilateral in S.Mark Taper Foundation Imaging Center (continued)

BI-RADS: 1 - Negative
RECOMMENDATION: Follow up in 1 year

Reviewed and Interpreted by: Richard E. Fulton, M.D. 6/16/2018
6:52 AM

Exam Information

Status	Exam Begun	Exam Ended
Final	6/09/2018 14:39	6/09/2018 14:49

Performing Department

Performing Department	Resulting Agency
MAMMOGRAPHY TAPER	S. MARK TAPER FOUNDATION IMAGING CENTER AND DEPARTMENT AT CEDARS-SINAI MEDICAL CENTER [14]

Order

MAMMOGRAM SCREENING BILATERAL W
IMPLANTS W CAD [IMG2890] (Order 291961937)

MAMMOGRAM SCREENING BILATERAL W IMPLANTS W CAD [291961936]

Electronically signed by: Flores, Elim on 06/01/18 1433

Status: **Completed**

Ordering user: Flores, Elim 06/01/18 1433

Authorized by: Kulber, David A, MD

Frequency: 06/09/18 1436 - 1 occurrence

Diagnoses

Capsular contracture of breast implant, initial encounter [T85.44XA]

Questionnaire

Question	Answer
Reason for Exam:	evaluate breast tissue - pre operative for removal of breast implants
Wet Read?	No

***** END OF ENCOUNTER *****

Printed by 34703 at 8/8/23 9:01 AM



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 5/31/2018

05/31/2018 - Initial consult in CSMG Reconstructive Surgery

Physician Progress Notes

Progress Notes

Kulber, David A, MD at 5/31/2018 1400

INITIAL EVALUATION

PATIENT: Kemberli ANN Anderson
 MEDICAL RECORD #: 201417016
 DATE OF EVALUATION: 5/31/2018

CHIEF COMPLAINT: breast implants, abdomen, thigh issue

HISTORY OF PRESENT ILLNESS:

Kemberli ANN Anderson is an 52 year old female presenting for an initial consultation and evaluation regarding thigh, abdomen and breasts. She is having issues with her breast implants and is also interested in liposuction. She is here for consult on this today.

I, Hannah Meyers, am scribing for, and in the presence of, David A Kulber, MD. While in the patient's presence and per the provider's instructions, I brought the following information into this note from elsewhere in the medical record; past medical history, past surgical history, past social history, past family history, medications, allergies, review of systems and vitals

No past medical history on file.

No past surgical history on file.

No current outpatient prescriptions on file.

No current facility-administered medications for this visit.

Codeine; Pcn [penicillins]; and Sulfa (sulfonamide antibiotics)

No family history on file.

Social History

Social History

- Marital status: Single
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used
- Alcohol use: Not on file



CEDARS-SINAI MEDICAL GROUP

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 5/31/2018

05/31/2018 - Initial consult in CSMG Reconstructive Surgery (continued)**Physician Progress Notes (continued)**

- Drug use: Unknown
- Sexual activity: Not on file

Review of Systems - The review of systems as documented today in the medical record is remarkable for the positive orthopedic problems discussed above and is otherwise non-contributory with respect to Constitutional, ENT, Cardiovascular, GU, Skin, Neurologic, Endocrine, Hematologic, Psychiatric, Gastrointestinal, Respiratory, Eyes and Allergic/Immunologic systems.

PHYSICAL EXAMINATION:

Constitutional: Kemberli ANN Anderson is a 52 year old year old female who appears well developed, alert, cooperative, in no distress and as stated age.

Eyes: PERRL, EOMI

Neck: Supple. FROM.

Cardiovascular: Regular rate and rhythm.

Respiratory: No respiratory distress. Clear to auscultation bilaterally.

Baker type 2 contracture, implant herniated left

Right baker type 3 with deformity

lipodystrophy in thighs and knees

Skin: The digits are perfused and viable, without evidence of any circulatory abnormality. Capillary refill is less than 2 seconds.

Lymphatic UE: No axillary lymphadenopathy

Neurologic: Oriented to person, place, time and general circumstances. Deep tendon reflexes of the upper extremities is 2+ at the biceps and triceps.

Psychiatric: Mood and affect appropriate.

IMPRESSION:

Diagnoses and all orders for this visit:

Capsular contracture of breast implant, initial encounter

Lipodystrophy

ASSESSMENT AND PLAN:

Kemberli ANN Anderson is a 52 year old female here with contractures of breast implants and lipodystrophy. The findings from today's visit were discussed in detail with the patient. The non-surgical and surgical treatment options were discussed including the associated benefits, risks and alternative treatments. We discussed surgical treatment and fat grafting at length in clinic today.

Total time of this patient encounter was 45 Minutes. Greater than 50% of this time was spent counseling and/or coordinating care for prognosis, goals of care and plan of treatment.

Signed by: Hannah Meyers, Scribe 5/31/2018 4:20 PM

**CEDARS-SINAI MEDICAL GROUP**

Anderson, Kemberli ANN

MRN: 201417016, DOB: 10/19/1965, Sex: F

Visit date: 5/31/2018

05/31/2018 - Initial consult in CSMG Reconstructive Surgery (continued)

Physician Progress Notes (continued)

Progress Note Addendum

I, David A Kulber, MD personally performed the services described in this documentation, as scribed by Hannah Meyers in my presence, and it is both accurate and complete.

Signed:

5/31/2018

9:49 AM

Electronically signed by Kulber, David A, MD at 6/1/2018 9:50 AM

End of Report