Children's Hospital Los Angeles

Children's Center for Cancer and Blood Diseases
4650 Sunset Blvd. MS 54
Los Angeles, CA 90027
Phone: 323.361.4624

Thank you for allowing us to assist you with your health care needs.
The following includes information regarding your visit.
For questions related to this visit, please contact the clinic at the number above.

Name: AYVAZYAN, ANGELINA
DOB: 9/11/2006

Visit With: Denton (Attending) MD,Christopher Clement
Visit Date: 12/2/2021

Most Recent Information

Weight: 105.1 kg / 231.7 lb (99 percentile)
Height: 157.8 cm / 62.1 in (26 percentile)
BMI: 42.21 kg/m^2 (99 percentile)
Blood Pressure: 127/72
Heart Rate: 107
Pulse Oximetry:
Temperature: 37.0 °C / 98.6 °F

Reason for Visit

new patient

Allergies

No known allergies

Medications

Medications Given During Visit

Orders

Description	Requested Date	Comments
Alpha-Globin Common Mutation Analysis SO 11175 - Quest Diagnosis: RBC microcytosis	Estimated 12/02/2021 Due within 3 Month	

Diagnoses

Diagnosis	Date	Comments
RBC microcytosis	12/02/21	

Upcoming Appointments

For Hematology-Oncology appointments,

-Patients with lab tests should arrive 90 minutes prior to the scheduled appointment.

-Patients with an implanted port should apply numbing cream 30 minutes before they arrive at the lab or as instructed in your prior visit.

-If no labs are to be drawn on day of appointment, arrive to the clinic at least 15 minutes prior to scheduled appointment.

Not all future appointments may be displaying in the section below

Clinic	Location	Provider	Date
Hematology/Oncology	Virtual Visit	Carson NP, Susan	3/3/2022 9:00 am

Summary of Topics Discussed

Patient Instructions ()

You will get labs done for alpha globin gene mapping, then we will see you in a few months to review results. Please eat a diet with proteins, meats, vegetables, and healthy, complex grains.

follow up with your pediatrician.

It was a pleasure meeting you. We will send a letter to your PMD.

Current Addendums

This document may not be a complete record.

Please bring this Discharge Information to all doctors' appointments.

It is important to carry your updated medication information with you at all times.

Sign up for the MyChildren'sLA Patient Portal today! Our secure portal is a place where patients and families can:

- Securely communicate with their care team

- View, cancel, reschedule and request appointments
- Request prescription refills/renewals
- View most lab results, immunizations, discharge instructions, clinic visit summaries, and other documentation

Enroll by downloading ChildrensLA from the Apple or Android App Store, or by navigating to CHLA.org/Connected-Care. To enroll, you will need your MRN (Medical Record Number) listed above, as well as a valid email address.

Order Requisition

Children's Hospital of Los Angeles
HEMATOLOGY/ONCOLOGY
(323) 361-4624

Order Requisition-Laboratory

Patient: AYVAZYAN, ANGELINA
DOB: 09/11/2006

CHLA MRN#: 4435749
Sex: Female

Order MD: Carson (NP) ,Susan
NPI No: 1386810810

Procedure	Requested Exam Date	Order Detail	Comments
Alpha-Globin Common Mutations Analysis S	Estimated 12/02/2021 Due within 3 Month	Specimen: Blood Diagnosis: R71.8 RBC microcytosis	

Entered & electronically signed by Carson (NP) ,Susan on 12/02/2021 at 11:47

Fax Results To: (323) 361-7128 Attn: HEMATOLOGY/ONCOLOGY

Person Appointment Itinerary

Childrens Hospital Los Angeles

4650 Sunset Blvd
Los Angeles, CA 90027
(323)660−2450

AYVAZYAN, ANGELINA
17450 WEDDINGTON ST
ENCINO ,CA 91316

Medical Record Number: 4435749
Gender: Female
DOB: 09/11/2006

Date	Time	Appointment Type	Resource
03/03/2022	09:00	HEM TH Follow−Up	Carson NP, Susan

If you require any scheduling changes, please notify the Scheduling Department at (323)660−2450.
Thank you for choosing **Childrens Hospital** for your healthcare needs.

*** End of Itinerary ***

Preferred IPA of California
Be a Preferred Provider

INFORMATIONAL LETTER TO BENEFICIARY AND/OR PROVIDER/PHYSICIAN

May 22, 2020

F02PRF205K834900
AYVAZYAN, ANGELINA R
17450 WEDDINGTON ST;
ENCINO, CA 91316

PCP: GUIRAGOS MINASSIAN MD (PCP)
PCP PHONE#: (818) 708-8044
PCP FAX #: (818) 708-8049
REQUESTED BY: GUIRAGOS MINASSIAN MD
FAX #: (818) 708-8049

MEMBER ID: BCMC94599011F-01
MEMBER DOB: September 11, 2006
MEMBER PHONE: (818) 644-7103

TRACKING # PK5K8349
BLUE CROSS MEDI-CAL

RE: Requested Treatment — OFFICE/OUTPATIENT VISIT NEW

GUIRAGOS MINASSIAN MD has asked PREFERRED IPA to approve:
OFFICE/OUTPATIENT VISIT NEW

This is NOT a denial of service. This notice is to inform you that the requested service does require an authorization.

The request does not have to be re-submitted for you to receive Nutritional Counseling. It can be arranged by you directly without prior authorization by contacting LA Care Family Resource Center, Nutrition and Exercise Classes at (213) 438-5497.

LA Care Family Resource Center, Nutrition and Exercise Classes – 10807 San Fernando Rd., Pacoima, CA 91331.

If you have any questions, please contact your health plan, BLUE CROSS MEDI-CAL at 1-888-285-7801, for further assistance regarding the requested service(s).

Sincerely,

UM Department
Preferred IPA

cc: GUIRAGOS MINASSIAN MD
GUIRAGOS MINASSIAN MD (PCP)
Member

CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain **CONFIDENTIAL PROTECTED HEALTH INFORMATION**, belonging to the sender, which is legally privileged. The information is intended only for the use of the individual or entity names above. 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 is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone at 1-800-874-2091 for return of the original documents to us.

Preferred IPA of California
Be a Preferred Provider

Post Office Box 4449
Chatsworth, CA 91313

ISSUE DATE: August 26, 2021

AYVAZYAN, ANGELINA R
17450 WEDDINGTON ST;
ENCINO, CA 91316

MEMBER ID: BCMC94599011F-01
MEMBER DOB: September 11, 2006
MEMBER PHONE: (818) 644-7103
PCP: GUIRAGOS S MINASSIAN
PCP PHONE: (818) 708-8044
REQUESTED BY: GUIRAGOS MINASSIAN MD
AUTH # PL897047
BLUE CROSS MEDI-CAL

Dear AYVAZYAN, ANGELINA R:

This is an AUTHORIZATION for the following service:

99204 OFFICE O/P NEW MOD 45-59 MIN Number = 1

and you are referred to:

CHILDRENS HOSPITAL LOS ANGELES MEDICAL GRP -HEMATOLOGY/ONCOLOGY/ BLOOD & BONE MARROW TRANSPLANTATION
4650 SUNSET BLVD
LOS ANGELES, CA 90027
Ph# (323) 361-4100

This AUTHORIZATION is based on your being eligible at the time of service and it expires on January 23, 2022.

Please call CHILDRENS HOSPITAL LOS ANGELES MEDICAL GRP -HEMATOLOGY/ONCOLOGY/ BLOOD & BONE MARROW TRANSPLANTATION immediately to schedule an appointment. Please take any x-rays, laboratory reports, list of medications and this authorization letter with you at the time of your appointment.

Please note that for selected diagnostic and specialist consults you do not have to wait for prior authorization and your physician may directly refer you to the service.

All decisions for authorization approvals are based on review of medical information provided. Materials used by Preferred IPA to authorize care are for individual patients with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your insurance contract. All decisions are based on medical necessity and appropriateness of care and reviewers are not incentivized in any manner.

You, your doctor or the public may request criteria used in making this decision by writing to Preferred IPA, Medical Management Department, P.O. Box 4449, Chatsworth, CA 91313.