

All sections must be completed for the authorization to be honored. Use "N/A" if not applicable.

I. Patient Information

Last Name: GOEMLER First Name: WILLIAM Middle Name: ROBERT
CDCR# K77832 Date of Birth: 02 15 63
Street Address: MULE CREEK STATE PRISON City/State/Zip: LOANE CA 95640

II. Individual/Organization Authorized to Release Personal Health Records if Other Than CDCR

Name: BETWEEN THE BARS . org
Address: 2885 SANFORD AVE. SW #30428 City/State/Zip: GRANDVILLE MI 49418

III. Individual/Organization to Receive the Information

[45 C.F.R. § 164.508(c)(1)(ii), (iii) & Civ. Code § 56.11(e), (f)]

The undersigned hereby authorizes CDCR's Health Information Management to release the health information pursuant to this authorization.

Name: BETWEEN THE BARS . org
Relationship to Patient: BLOG MASTER Phone: _____ Fax: _____
Address: (Above) City/State/Zip: _____

IV. Authorization Expiration Event or Expiration Date for Release of Verbal Information/ Written Correspondence

[45 C.F.R. § 164.508(c)(1)(v) & Civ. Code § 56.11(h)]

Unless otherwise revoked by the patient, this authorization for the release of health care information to the above-named individual/organization will expire on the date specified below, event identified, or 12 months from the date signed in Section IX, whichever occurs first:

Date of Expiration: 12-12-9999 Event: ETERNAL
From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____

V. Health Care Records to be Released - General

[45 C.F.R. § 164.508(c)(1)(i) & Civ. Code § 56.11(d), (g)]

I authorize records for the following period of time to be released (must be completed to receive records):

From (mm/dd/yyyy): 1-1-2000 To (mm/dd/yyyy): 12-12-9999

☒ Medical Services ☐ Dental Services ☐ Other: _____

NOTE: Health records released as part of this authorization may contain references related to mental health, substance use disorder, medication assisted treatment, genetic testing, communicable disease, and HIV medical conditions.

VI. Health Records to be Released - Specify

[45 C.F.R. § 164.508(c)(1)(i) & Civ. Code § 56.11(d), (g)]

<input type="checkbox"/> Communicable Disease Records	from _____ to _____	Signature: _____	Date: _____
<input type="checkbox"/> Genetic Testing Records	from _____ to _____	Signature: _____	Date: _____
<input type="checkbox"/> HIV Test Results	from _____ to _____	Signature: _____	Date: _____
<input type="checkbox"/> Medication Assisted Treatment Records	from _____ to _____	Signature: _____	Date: _____
<input type="checkbox"/> Mental Health Treatment Records	from _____ to _____	Signature: _____	Date: _____
<input type="checkbox"/> Substance Use Disorder Records	from _____ to _____	Signature: _____	Date: _____

NOTE: Health records released as part of this authorization may contain references related to dental, medical, mental health, substance use disorder, medication assisted treatment, genetic testing, communicable disease, and HIV conditions.

Requests for psychotherapy notes require a separate CDCR 7385 and may not be combined with any other request for health records.

☐ Psychotherapy Notes

All sections must be completed for the authorization to be honored. Use "N/A" if not applicable

VII. Purpose for the Release or Use of the Information

[45 C.F.R. § 164.508(c)(1)(iv)]

☐ Health Care ☐ Personal Use ☐ Legal ☒ Other (please specify): WWW BLOGSITE POST

VIII. Authorization Information

I understand the following:

1. I authorize the use or disclosure of my individually identifiable protected health information as described above for the purpose listed. I understand this authorization is voluntary.
2. I have the right to revoke this authorization. To do so I understand I can submit my request in writing to my current institution's Health Information Management (health records). The authorization will stop further release of my protected health information on the date my valid revocation request is received by Health Information Management. [45 C.F.R. § 164.508(c)(2)(i)]
3. I am signing this authorization voluntarily and understand that my health care treatment will not be affected if I do not sign this authorization. [45 C.F.R. § 164.508(c)(2)(ii)]
4. Under California law, the recipient of the protected health information under the authorization is prohibited from re-disclosing the protected health information, except with a written authorization or as specifically required or permitted by law. [Civ. Code § 56.13]
5. If the organization or person I have authorized to receive the protected health information is not a health plan or health care provider, the released information may no longer be protected by federal and state privacy regulations. [45 C.F.R. § 164.524(a)(2)(v)]
6. I have the right to receive a copy of this authorization. [45 C.F.R. § 164.508(c)(4) & Civ. Code § 56.11(i)]
7. Reasonable fees may be charged to cover the cost of copying and postage related to releasing this protected health information. [45 C.F.R. § 164.524(c)(4) et seq. & California Health and Safety Code § 123110, et seq.]
8. I understand that my substance use disorder records are protected under the federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be redisclosed without my written consent unless otherwise provided for by the regulations.

IX. Patient Signature

[45 C.F.R. § 164.508(c)(1)(vi) & Civ. Code § 56.11(c)(1)]

Name: (Print):

W. GOEMLER

Signature:

Date: 12/22/21

If no expiration date is specified in section IV, this authorization will expire 12 months from this date.

Name of person signing form, if not patient (Print):

Signature:

Date:

Describe authority to sign form on behalf of patient:

Name of translator/interpreter assisting patient, if applicable (Print):

Signature of translator/interpreter:

Date:

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

CDCR 7385 (Rev. 10/19)

Instructions

Note: Part IV is the request for release of verbal health care information or health care information as part of written correspondence, and Part V is the request for release of health care records.

Part I - "Patient Information": Records the patient's full name (last, first, and middle), CDCR number, date of birth, and address if he/she is paroled or released (incarcerated patients do not need to provide an address).

Part II - "Individual/Organization Authorized to Release Personal Health Records if Other Than CDCR":
Records the name and address of the individual or organization authorized to release personal health records if other than CDCR.

Part III - "Individual/Organization to Receive the Information": Records who is to receive the information.

Part IV - "Authorization Expiration Event or Expiration Date for Release of Verbal Information/Written Correspondence": Used by the patient to limit the time period during which information may be shared.

- The patient may enter the date he/she wants the authorization to expire.
- The patient may enter an expiration event.
- The patient may enter a date range of information to be shared.
- If no expiration date is specified, this authorization is good for 12 months from the date signed in Section IX.

Part V - "Health Care Records to be Released - General": Contains a designated line for the date range of health care records to be released.

- "Medical Services" is checked when the patient wishes to have information released related to medical care.
- "Dental Services" is checked when the patient wishes to have information released related to dental treatment.
- "Other" is checked when the patient wishes to further restrict or further authorize the release of his/her medical information, and he/she is to write those wishes on the line provided.

Part VI - "Health Records to be Released - Specify": Health care information in this section requires a date range, additional signature, and signature date.

- "Communicable Disease" is checked when the patient wishes to have information released related to communicable disease testing and treatment. Communicable disease includes sexually transmitted infections.
- "Genetic Testing" is checked when the patient wishes to have information released related to genetic testing.
- "HIV Test Results" is checked when the patient wishes to have HIV test results released.
- "Medication Assisted Treatment Records" is checked when the patient wishes to have information related to medication assisted treatment released.
- "Mental Health Treatment Records" is checked when the patient wishes to have information released related to mental health treatment.
- "Substance Use Disorder Records" is checked when the patient wishes to have information related to substance use disorder treatment released.
- "Psychotherapy Notes" is checked when the patient wishes to have psychotherapy notes released.
Requests for psychotherapy notes require a separate CDCR 7385 and may not be combined with any other request for health care records.

Under HIPAA, there is a difference between regular personal health information and psychotherapy notes. The following is HIPAA's definition of psychotherapy notes (§164.501):

Psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

CDCR 7385 (Rev. 10/19)

Instructions (continued)

Part VII - "Purpose for the Release or Use of the Information": Should have at least one box checked. The patient may utilize this section to check the provided boxes or select "Other" and describe the reason(s) he/she wants to have the information released. If the patient does not want to designate a purpose, he/she may check the "Other" and state "At the request of the individual authorizing the release."

Part VIII - "Authorization Information": Below this section are eight points which detail patient rights in regards to authorizing release of information.

1. Tells the patient that he/she is giving authorization voluntarily.
2. Explains how to stop this authorization. The patient may revoke the authorization by submitting his/her request in writing to his/her institution's Health Information Management. The authorization will be removed from the patient's medical record when the revocation is received by Health Information Management.
3. Explains that signing this authorization is voluntary and will not affect treatment.
4. Explains that the recipient of the protected health care information under the authorization is prohibited from re-disclosing the information, except with a written authorization from the patient or as specifically required under law.
5. Explains that the released information may no longer be protected by federal privacy regulations depending on the intended recipient of the released information.
6. Explains that the patient has the right to receive a copy of this authorization. This will be sent to the patient by Health Information Management.
7. Explains that reasonable fees may be charged to cover copying and postage costs related to releasing the patient's health information.
8. Explains that substance use disorder records are protected and cannot be disclosed without the patient's written consent unless otherwise provided for by the regulations.

Part IX - "Patient Signature": The bottom of page two is for the patient's, his/her representative's, or the translator/interpreter's signature. The patient's printed name, signature, and date are to be entered in the boxes provided. If this authorization is completed by a patient representative (e.g., power of attorney, estate representative, next of kin), his/her printed name, relationship to patient, signature, and date are to be entered in the boxes provided. Also attached must be a copy of either the Power of Attorney, letters issued in estate proceeding, or declaration of next of kin. If an interpreter/translator assisted the patient in filling out this form, his/her printed name, signature, and date are to be entered in the boxes provided.



Stockton Diagnostic Imaging
1801 E March Lane, Suite A-130
Stockton, CA 95210
Phone: (209) 475-9871
Fax: (209) 474-9620

Disc bulge L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1

Mild canal stenosis L2-L3

Severe canal stenosis L3-L4

No enhancing lesions

End of diagnostic report for accession: 22342326

Dictated: 02-17-2020 1:23:59 PM

Electronically Signed By: [REDACTED] M, MD 02-17-2020 1:23:59 PM

P.S.

Back Surgery may be next.
Thanks again to tax-payers,
the irony is obvious, isn't it?



Stockton Diagnostic Imaging
1801 E March Lane, Suite A-130
Stockton, CA 95210
Phone: (209) 475-9871
Fax: (209) 474-9620

K77832

GOEHLER, WILLIAM
MRN: 19491728
DOB: 02-15-1963 Sex: M
Phone: (209) 274-5149

Ordered By

DR. [REDACTED] H, MD
P O BOX 409099
IONE CA, 94640

Date of Service: 02-14-2020

FAX: (209) 274-5015

EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST

HISTORY: Low back pain

TECHNIQUE: Multiplanar images were obtained in the T1, T2, multiple sequences

Contrast: The patient was injected with 20 cc Dotarem from a 20 cc single use vial with the remaining contrast being discarded.

COMPARISON: None

FINDINGS:

The alignment of the lumbar spine is normal. No focal or infiltrative pathologic marrow signal abnormality is seen. The conus is normal in signal and location

T12-L1: The vertebral bodies are intact. There is no intervertebral disc desiccation or disc narrowing. There is no disc protrusion. There is no neural foraminal narrowing or central canal stenosis.

L1-2: There is a circumferential disc bulge. There is no neural foraminal narrowing or central canal stenosis

L2-3: There is disc desiccation, there is a circumferential disc bulge, there is mild canal stenosis

L3-4: There is disc desiccation, disc space narrowing

There is an annular tear, there is a circumferential disc bulge, this causes mass impression on the right L3 nerve root. There is severe neuroforaminal encroachment, there is severe canal stenosis

L4-5: There is disc desiccation, disc space narrowing, there is a circumferential disc bulge which touches the right L5 nerve root, left L4 nerve root.

L5-S1: There is disc desiccation. There is a circumferential disc bulge, this touches the left L5 nerve root

There is an annular tear

There is no atrophy of the spinae erector muscles. The remainder of the visualized prevertebral and paravertebral soft tissues are unremarkable.

IMPRESSION:

~~Confidential~~

Patient: GOEHLER, WILLIAM DOB: 02-15-1963


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990544

* Auth (Verified) *

STATE OF CALIFORNIA
ADVANCE DIRECTIVE FOR HEALTH CARE
CDCR 7421 (REV. 09/09)

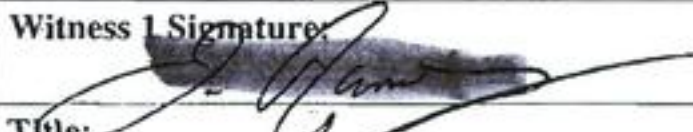

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Signature of Patient-Inmate: Sign and date form here: #K-77832		
WILLIAM R. Goehler	MCSP	
(Print your Name)	(Institution)	
LONE	CA	A1/213
(City)	(State)	(Current Housing)
	12/1/11	
(Signature)	(Date)	

Statement of Witnesses

"I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud or undue influence, (4) that I am not a person appointed as an agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly."

- One witness may be a family member if available, but at least one witness must be someone who is not related to the patient-inmate. (witness 2)
- Correctional Staff, other CDCR employees or medical staff not directly involved with the care of this patient may act as witnesses to the patient's signature.
- As above, your agent may not be a witness.

Witness 1 Signature: 	Full Printed Name: J. L. Baker
Title: c/o	Date: 12-1-11
"I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law."	
Witness 2 Signature: 	Full Printed Name: J. L. BAKER
Title: c/o	Date: 12-1-11

Notary: In unusual circumstances a notary may be used to verify the signature of the patient-inmate.
If so, please see page 7.

Distribution: Original-UHR, Copy to Inmate

GOEHLER, WILLIAM
K77832
2/15/03

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* Auth (Verified) *

STATE OF CALIFORNIA
ADVANCE DIRECTIVE FOR HEALTH CARE
CDCR 7421 (REV. 09/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PART 3: Donation of Organs at Death (Optional)

Upon my death (if you wish to donate organs, check the box that applies to your wish):

- ☐ (a) I give **any** needed organs, tissues, or parts, OR
- ☐ (b) I give the **following organs, tissues, or parts only**. (List organs, tissues, or parts you want to donate) _____
- ☒ (c) I choose not to donate. *WG*

My gift is for the following purposes (cross out any of the following you do **not** want):

- (1) Transplant
(2) Therapy
- (3) Research
(4) Education

PART 4: Verification of Understanding, Signature, Witnesses

Verification of Effective Communication
(To be completed by medical staff)

I have met with the patient-inmate and communicated the purpose of this Advance Directive and discussed the decisions he/she is making regarding his/her future health care and he/she:

- ☒ Has no identified effective communication assistance need and appears to understand.
- ☐ Has the following effective communication need: _____
(i.e., Developmental or Learning Disability, Physical, or Mental Disability impacting communication - hearing, vision, speech).
- This need was met by:
- ☐ Providing preferred method of communication in explaining this form
- ☐ Speaking slowly, using simple language, and having the patient explain in own words his or her understanding of this form.
- ☐ Other accommodations - specify: _____

Eva W Horowitz MD *Eva W Horowitz* *4/26/12*
Staff Printed Name Staff Signature Date *1230*

Distribution: Original-UHR, Copy to Inmate

GOEHLER, WILLIAM
K 77832
2/15/63

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* Auth (Verified) *

STATE OF CALIFORNIA
ADVANCE DIRECTIVE FOR HEALTH CARE
CDCR 7421 (REV. 09/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PART 2: Instructions for Health Care (Optional – but strongly recommended)

If you fill out this part of the form, you may cross out any wording you do not want.

End-of-Life Decisions: If I am suffering from a terminal condition from which death is expected in a matter of months, or if I am suffering from an irreversible condition that leaves me unable to make decisions and life-support treatments are needed to keep me alive, then I choose the following statement as closest to my wishes (initial A or B if you agree):

WG A If I am at the end of my life as described above then I request that all treatments other than those needed to keep me comfortable be discontinued or not started and that my doctor allows me to die as peacefully as possible.

 B. If I am at the end of my life as described above, then I request that my life be prolonged as long as possible within the limits of generally accepted health care standards.

WG - Other wishes: (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

Do Not Resuscitate!

(Add additional sheets if needed)

Relief from Pain: In all cases except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

Agreed. WG.

(Add additional sheets if needed)

Specific Health Care Instructions: (Examples: will you accept blood transfusions, feeding by a tube in your stomach, kidney dialysis, mechanical ventilation):

No! WG

(Add additional sheets if needed)

4-26-12/1230

GOEHLER, WILLIAM
K77832

Distribution: Original-UHR, Copy to Inmate

2/15/63 Page 4 of 7

* Auth (Verified) *

STATE OF CALIFORNIA
PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)
CDCR 7465 (Rev. 08/16)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 2 of 2

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle): Goehler, William Date of Birth: 2/15/1963 Gender: (M) F

NP/PA's Supervising Physician

Preparer Name (if other than signing Physician/NP/PA)

Name: [Redacted] Name/Title: MD Phone #: 209-274-4911

Additional Contact

☐ None

Name: Relationship to Patient: Phone #:

Directions for Healthcare Provider

Completing POLST

- **Completing a POLST form is voluntary.** California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician, or a nurse practitioner (NP) or a physician assistant (PA) acting under the supervision of the physician, who will issue appropriate orders that are consistent with the patient's preferences.
- **POLST does not replace the Advance Directive.** When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- **POLST must be completed by a healthcare provider based on patient preferences and medical indications.**
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician/NP/PA believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.
- To be a valid POLST, the form must be signed by (1) a physician, or by a nurse practitioner or physician assistant acting under the supervision of a physician and within the scope of practice authorized by law and (2) the patient or decisionmaker. Verbal orders are acceptable with follow-up signature by physician/NP/PA in accordance with facility/community policy.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.
- Section A:**
 - If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."
- Section B:**
 - When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
 - Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
 - IV antibiotics and hydration generally are not "Comfort-Focused Treatment."
 - Treatment of dehydration prolongs life. If patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."
 - Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

- It is recommended that POLST be reviewed periodically. Review is recommended when:
- The patient is transferred from one care setting or care level to another, or
 - There is a substantial change in the patient's health status, or
 - The patient's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician/NP/PA, based on the known desires of the patient or, if unknown, the patient's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.
For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

Content 360: Document Type - POLST, Grouper - Miscellaneous Patient Care, Sub Grouper - N/A
eUHR Scanning Location: Outpatient; POLST, Main tab - PIAAlert, Inpatient; POLST, Subtab - Alert

RECEIVED DEC 05 2017


[Signature] 10AM
[Redacted] 12/5/17

* Auth (Verified) *

STATE OF CALIFORNIA
PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)
CDCR 7465 (Rev. 08/16)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROVIDERS AS NECESSARY														
Physician Orders for Life-Sustaining Treatment (POLST)														
First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.														
 EMSA #111 B (Effective 1/1/2016)*		<table border="1"><tr><td>Patient Last Name:</td><td>Goehler</td><td>Date Form Prepared:</td><td>12/5/17</td></tr><tr><td>Patient First Name:</td><td>William</td><td>Patient Date of Birth:</td><td>2/15/1963</td></tr><tr><td>Patient Middle Name:</td><td></td><td>Medical Record #: (optional)</td><td>K77832</td></tr></table>	Patient Last Name:	Goehler	Date Form Prepared:	12/5/17	Patient First Name:	William	Patient Date of Birth:	2/15/1963	Patient Middle Name:		Medical Record #: (optional)	K77832
Patient Last Name:	Goehler	Date Form Prepared:	12/5/17											
Patient First Name:	William	Patient Date of Birth:	2/15/1963											
Patient Middle Name:		Medical Record #: (optional)	K77832											
A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>If patient has no pulse and is not breathing.</i> <i>If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.</i> <input type="checkbox"/> Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B) <input checked="" type="checkbox"/> Do Not Attempt Resuscitation/DNR (Allow Natural Death)													
B Check One	MEDICAL INTERVENTIONS: <i>If patient is found with a pulse and/or is breathing.</i> <input type="checkbox"/> Full Treatment - primary goal of prolonging life by all medically effective means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <input type="checkbox"/> Trial Period of Full Treatment. <input type="checkbox"/> Selective Treatment - goal of treating medical conditions while avoiding burdensome measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care. <input type="checkbox"/> Request transfer to hospital <u>only</u> if comfort needs cannot be met in current location. <input checked="" type="checkbox"/> Comfort-Focused Treatment - primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location. Additional Orders: _____													
C Check One	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Offer food by mouth if feasible and desired.</i> <input type="checkbox"/> Long-term artificial nutrition, including feeding tubes. Additional Orders: _____ <input type="checkbox"/> Trial period of artificial nutrition, including feeding tubes. _____ <input checked="" type="checkbox"/> No artificial means of nutrition, including feeding tubes. _____													
D	INFORMATION AND SIGNATURES: Discussed with: <input checked="" type="checkbox"/> Patient (Patient Has Capacity) <input type="checkbox"/> Legally Recognized Decisionmaker <input type="checkbox"/> Advance Directive dated _____ available and reviewed → Healthcare Agent if named in Advance Directive: Name: _____ Phone: _____ <input type="checkbox"/> Advance Directive not available <input type="checkbox"/> No Advance Directive Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA) My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences. Print Physician/NP/PA Name: _____ Physician/NP/PA Phone #: 209-274-4911 Physician/NP/PA License #: 1396065215 Physician/NP/PA Signature: (required) _____ Date: 12/5/17 Signature of Patient or Legally Recognized Decisionmaker I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the patient who is the subject of the form. Print Name: William Goehler Relationship: (write self if patient) self Signature: (required) _____ Date: 12/5/17 Mailing Address (street/city/state/zip): MCSP Phone Number: _____ Office Use Only: _____													
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED														

*Form versions with effective dates of 1/1/2009, 4/1/2011 or 10/1/2014 are also valid.

RECEIVED DEC 05 2017

K. Matharu, mo 10AM 12/5/17

* Auth (Verified) *

Operative Report
* Final Report *

GOEHLER, WILLIAM ROBERT - 1008927

to the postanesthesia care unit in good condition. I will follow up on the pathology report and determine whether any further study of the abdomen or GI tract is indicated.

Grafts/Implants
None

Implanted Devices
None

Images
Contrast radiograph of cystic lesion in left groin obtained.

Signature Line
[Electronically Signed on: 10/29/2021 13:57 PDT]

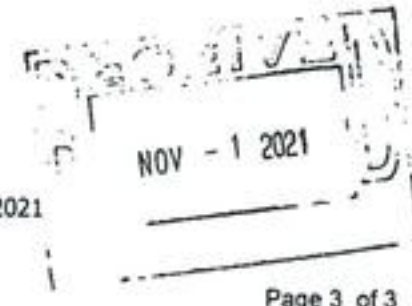
[Redacted] MD MD

[Verified on: 10/29/2021 13:57 PDT]

[Redacted] MD MD

Result type: Operative Report
Result date: October 29, 2021 13:26 PDT
Result status: Auth (Verified)
Result title: Op Note
Performed by: [Redacted] MD on October 29, 2021 13:57 PDT
Verified by: [Redacted] MD on October 29, 2021 13:57 PDT
Encounter info: 30772808, San Joaquin Hosp, Day Surgery, 10/29/2021 - 10/29/2021

Printed by: [Redacted]
Printed on: 10/29/2021 15:58 PDT



* Auth (Verified) *

Operative Report
* Final Report *

GOEHLER, WILLIAM ROBERT - 1008927

Findings

The urologist had pulled the testicle up out of the left hemiscrotum for full evaluation. There was a normal left testicle, epididymis, and spermatic cord structures into the deep inguinal ring. What looked for the world like a hernia sac on the cord was seen. Photographs were obtained. There was a tubular mushy structure measuring approximately 15 cm in length and 3 cm in diameter plastered to the spermatic cord. It was located on the lateral side of the cord structures. When this was dissected out, it looks like a piece of intestine but had no mesentery along its longitudinal surface. Instead, there was a vascular pedicle extending from the proximal end and passing the lateral to the cord structures. The vessels extended on into the left retroperitoneum. No hernia defect was identified. No processus vaginalis anteromedial to the cord structures, no hernia sac, and this was lateral to the cord structures so not representing any abnormality of Hesselbach's triangle grossly. There was some weakness of the floor of the groin on palpation through the deep inguinal ring but there was no evidence that a herniation had been present. This tubular mass was found completely within the inguinal scrotal region and did not extend into the retroperitoneum or into the peritoneal cavity. There was minor shared circulation with the spermatic cord. Once the lesion was completely resected and opened it appeared completely benign. It had a smooth mesothelial-appearing surface on its interior. Had the appearance that it could be the remnants of a processus vaginalis, however it was in the wrong anatomic location. The wall appeared to have a serosa, and possibly a very thin muscular layer. There was a modest amount of very thick brown to golden fluid in the lumen. Proximally, it tapered down to a tiny tube the size of the vas deferens. Distally it similarly tapered to a tiny tube but neither went anywhere proximally or distally with confirmation by injection of contrast and the obtaining of a radiograph.

Specimen(s)

Culture Other (Micro Specimen, Inguinal Area)
Pathology Tissue Request (LEFT INGUINAL DUPLICATION, AP Specimen)

Complications

None

Technique

I came into the operating room I first took a photograph of the strange appearing lesion. There was no evidence of any complication having occurred. Scrubbed into the case and carefully examined the abnormal tubular structure lying adjacent to the spermatic cord. The findings were as described above.

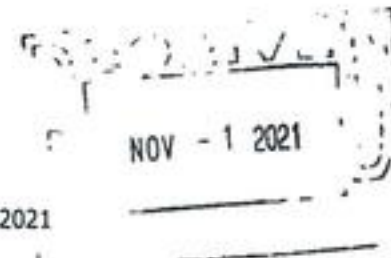
Took over this part of the operation with careful dissection of the tubular mass away from the spermatic cord with care not to injure any of the pampiniform plexus of veins, the testicular artery, or the ductus deferens. These were dissected and retracted anteromedially. On the lateral and posterior lateral side was located this mass that had a vascular pedicle of its own extending into the retroperitoneum and probably towards the left colon or behind it. I carefully dissected each of the structures there and identified the tubular and of the mass at about the level of the deep brain. I injected water-soluble contrast utilizing an 18-gauge IV cannula. The fluid did not extend cephalad more than 1 cm and it did not extend beyond the distal rounded end of the tubular structure. Contrast fills the tubular structure making the structure look cystic in longitudinal fashion. 10 cc of contrast was utilized for the x-ray. There was no irregularity of the wall of the structure on the contrast radiograph.

Next, I crossclamped the vascular pedicle proximally and transected it removing the specimen. 220 Vicryl suture ligation of the pedicle was carried out to avoid bleeding. Hemostasis was absolute. The specimen was submitted in formalin for pathologic evaluation. The specimen was opened on the back table and photographs obtained. The transverse incision and the left upper scrotum was then closed by approximating the dartos scrotal muscle with inner grafted 3-0 Vicryl suture after returning the testicle to its normal anatomic position in the scrotum. Skin wound was then closed using running 3-0 Vicryl suture in the dark toes just under the skin. A dressing was applied along with a scrotal support by Dr. Liu.

There were no operative or anesthetic complications. The patient was subsequently extubated in the operating room and taken

Result type: Operative Report
Result date: October 29, 2021 13:26 PDT
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Performed by: [REDACTED] MD on October 29, 2021 13:57 PDT
Verified by: [REDACTED] MD on October 29, 2021 13:57 PDT
Encounter info: 30772808, San Joaquin Hosp, Day Surgery, 10/29/2021 - 10/29/2021

Printed by: [REDACTED]
Printed on: 10/29/2021 15:58 PDT



* Auth (Verified) *

CDC# K77832

Operative Report
* Final Report *

GOEHLER, WILLIAM ROBERT - 1008927

* Final Report *

GOEHLER, WILLIAM ROBERT

DOB: 02/15/1963
Age: 58 years
Sex: Male
MRN: 1008927
Registration Date: 10/29/2021
Primary Care Physician: MCSP, Physician

Date/Time Surgery Performed
10/29/2021

Indication for Surgery

An intraoperative consultation was obtained by urologist Dr. Liu regarding an extremely unusual mass present in the left inguinoscrotal canal possibly suggesting a hernia sac. The patient was being operated upon for what was thought to be a hydrocele or epididymal cyst preoperatively.

Preoperative Diagnosis

SYMPTOMATIC LEFT EPIDIDYMAL CYST

Postoperative Diagnosis

POSSIBLE EXTRA-INTESTINAL DUPLICATION CYST
CONGENITAL LEFT INGUINOSCROTAL CANAL ABNORMALITY

Operation

Hydrocelectomy, EPIDIDYMAL CYST EXCISION; BY Dr. [REDACTED]
EXCISION OF LEFT INGUINAL TUBULAR MASS by [REDACTED]

Surgeon(s)

Frederick DeCaron, MD (Surgeon - Primary)

Assistant

Liu, Alexander H. MD
[REDACTED] MD (Surgical Resident)

Anesthesia

General
[REDACTED] MD (Supervisor)

Estimated Blood Loss

None of significance

Blood Administered(Yes/No)

No

Result type: Operative Report
Result date: October 29, 2021 13:26 PDT
Result status: Auth (Verified)
Result title: Op Note
Performed by: [REDACTED] MD on October 29, 2021 13:57 PDT
Verified by: [REDACTED] MD on October 29, 2021 13:57 PDT
Encounter info: 30772808, San Joaquin Hosp, Day Surgery, 10/29/2021 - 10/29/2021

Printed by: [REDACTED]
Printed on: 10/29/2021 15:58 PDT



* Auth (Verified) *

Operative Report - Surgeon/Physician
* Final Report *

CDCR# K77832
D/C: 10/29/21

GOEHLER, WILLIAM ROBERT - 1008927

* Final Report *

GOEHLER, WILLIAM ROBERT

DOB: 02/15/1963
Age: 58 years
Sex: Male
MRN: 1008927
Registration Date: 10/29/2021
Primary Care Physician: MCSP, Physician

Urology operative Report

Pre op Dx : Possible hydrocele and epididymal cyst
Post op Dx : No hydrocele. Patient has congenital duplication cyst
Procedure : Left scrotal exploration with excision of congenital duplication cyst
Surgeon : [REDACTED]
Assist : [REDACTED]
Anesth: GA
Findings : There is no hydrocele. Left testicle and epididymis normal. There is an attached congenital duplication cyst which was successfully resected with the help of Dr. Cason
Complication : none
EBL : 100 mL
Drains : no
Plan : Discharge to home

Details of procedure :
After induction of general anesthesia patient was placed in the supine position
Genital area was prepped with Betadine draped in usual fashion for scrotal surgery
Transverse incision was made in the left hemiscrotum approximately 10 cm
The wound was deepened through the scrotal wall to reach the tunica
The plane between the tunica and the scrotal wall was separated and developed to separate the testicle away from the scrotal sac
The tunical layer was then carefully opened. We found no hydrocele fluid inside
Careful examination of the testicle and the scrotal contents revealed that the testicle is quite normal
The left epididymis appears normal as well, not particularly inflamed
However there is a large structure attached to the back of the testicle, which appears intestinal in nature
At this point we asked Dr. Cason to come for consultation
After further examination, he determined that this may be an congenital duplication cyst
Dr. Cason help dissect this structure away from the testicular attachments and this was successfully removed and sent for pathologic examination
After irrigation and hemostasis, the scrotal cavity was closed in 2 layers
Antibiotic ointment was applied with a semicompressive gauze dressing
Patient tolerated procedure well. Blood loss estimated around 100 mL

Result type: Operative Report - Surgeon/Physician
Result date: October 29, 2021 12:20 PDT
Result status: Auth (Verified)
Result title: Urology op note
Performed by: [REDACTED] MD on October 29, 2021 12:29 PDT
Verified by: [REDACTED] MD on October 29, 2021 12:29 PDT
Encounter info: 30772808, San Joaquin Hosp, Day Surgery, 10/29/2021 -

RECEIVED NOV 01 2021

Printed by: [REDACTED]
Printed on: 10/29/2021 12:30 PDT

Page 1 of 2

* Auth (Verified) *

San Joaquin General Hospital
500 W Hospital Road
French Camp, CA 95231-

Patient: GOEHLER, WILLIAM ROBERT
MRN: 1008927
FIN: 30773375
DOB/Age/Sex: 2/15/1963 / 58 years / Male

Admit: 11/18/2021
Disch:
Admitting: [REDACTED] H MD
Copy to: Finney, Naimo

Office/Clinic Notes

Lungs clear
Heart Sounds normal
Abdomen Benign
Bladder not distended
Genitals : Normal right and left testicles
There is palpable mass along the superior portion of the left testicle which is mostly inflamed tissue and some scarring
Prostate : Normal
Extremities Fine
Neurological exam : Grossly intact

Assessment/Plan

1. Scrotal mass N50.89
Patient doing well after successful excision of congenital duplication cyst
Wound is healing well with no evidence of infection or drainage
There is some inflammation and edema within the upper left scrotum because of surgical irritation and dissection
This is expected to be gradually heal and settle down with time
At this point, there is no need for further surgical intervention
Follow-up again with me in 3 months

Follow Up Instructions

No qualifying data available

[Electronically Signed on: 11/18/2021 12:10 PST]

[REDACTED] H MD MD

[Verified on: 11/18/2021 12:10 PST]

[REDACTED] H MD MD

Social History

Alcohol

Past

Electronic Cigarette/Vaping

Electronic Cigarette Use: Unknown/not obtained.

Substance Abuse

Past

Tobacco

Former smoker, quit more than 30 days ago Tobacco Use:.

Family History

CA - Cancer of colon: Mother and Father.
Heart disease: Mother and Father.
Stroke: Mother and Father.

Deceased Family Member(s):

* Auth (Verified) *

San Joaquin General Hospital
500 W Hospital Road
French Camp, CA 95231-

Patient: GOEHLER, WILLIAM ROBERT
MRN: 1008927
FIN: 30773375
DOB/Age/Sex: 2/15/1963 / 58 years / Male

Admit: 11/18/2021
Disch:
Admitting: [REDACTED] H MD
Copy to: Finney, Naimo

Office/Clinic Notes

DOCUMENT NAME:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Office/Clinic Note
11/18/2021 12:10 PST
Auth (Verified)
[REDACTED] H MD (11/18/2021 12:10 PST)
[REDACTED] H MD (11/18/2021 12:10 PST)

GOEHLER, WILLIAM
ROBERT

DOB: 02/15/1963
Age: 58 years
Sex: Male
MRN: 1008927
Registration Date: 11/18/2021
Primary Care Physician:
MCSP, Physician

Chief Complaint

S/P hydrocelectomy

History of Present Illness

This 58-year-old man underwent left scrotal exploration recently. He was found to have normal testicle. No hydrocele. No epididymal cyst. It is that he was found to have a congenital duplication cyst, which was successfully resected with the help of Dr. Cason. The pathology report came back showing fibrovascular tissue with focal peripheral mesothelial lining. No malignancy is identified. Patient comes back for his first postop follow-up today. He is doing well except he is still feeling a large lump within the left scrotum. The scrotal wound has healed well except for a minor separation near the right corner.

Review of Systems

Constitutional: No fevers, chills, sweats
Eye: No recent visual problems
ENT: No ear pain, nasal congestion, sore throat
Respiratory: No shortness of breath, cough
Cardiovascular: No Chest pain, palpitations, syncope
Gastrointestinal: No nausea, vomiting, diarrhea
Genitourinary: No hematuria, no UTI symptoms, voids well

Physical Exam

Vitals & Measurements

T: 36.8 °C (Temporal Artery) HR: 80(Peripheral) BP: 134/90 SpO2: 97%
HT: 193.04 cm WT: 108.86 kg BMI: 29.21

Physical Exam :

Afebrile, Vital signs stable

Problem List/Past Medical History

Ongoing

Cirrhosis of liver
Facial skin lesion
Hepatitis C
Spinal stenosis of lumbar region

Historical

No qualifying data

Procedure/Surgical History

- Hydrocelectomy (Left) (10/29/2021)
- Appendectomy
- EGD -
Esophagogastroduodenoscopy
- Fracture of leg-LEFT
- History of tonsillectomy
- Leg-LEFT METAL REMOVAL
- Surgery-NECK FROM GLASS

Medications

ibuprofen, 400 mg, Oral, TID
lidocaine 2% topical gel with applicator, TOP,
QID
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine,
0.5 mL, IM, Once, First injection of series

Allergies

No Known Allergies

Patient Name GOEHLER, WILLIAM ROBERT
Birth Date 2/15/1963

Patient MRN K77832
Financial Number 10000002711123924K77832

* Auth (Verified) *

San Joaquin General Hospital
500 W Hospital Road
French Camp, CA 95231-

Patient: GOEHLER, WILLIAM ROBERT
MRN: 1008927
FIN: 30756979
DOB/Age/Sex: 2/15/1963 / 58 years / Male

Admit: 9/30/2021
Disch:
Admitting: [REDACTED] H MD
Copy to: Finney, Naimo

Office/Clinic Notes

Genitals : Normal right and left testicles. There is small left hydrocele with left epididymal cyst that is painful on palpation
Prostate : Benign
Extremities Fine
Neurological exam : Grossly intact

Depression Screen
No results found.

Assessment/Plan

1. Epididymal cyst N50.3
Symptomatic left epididymal cyst with reactive hydrocele
Patient will need left hydrocelectomy with removal of epididymal cyst
I explained the nature of the operation as well as the pros and cons. Patient understands and agreed to proceed
He understands that the operation may or may not completely remove his pain, and there is a possibility for complications.
He requested me to proceed with the surgery
This is tentatively scheduled for 10/29/2021
Pre op :
NPO after midnight
Draw Labs = CBC, BMP, PT/INR
CXR -AP and lateral
12-lead EKG
stop all blood thinners 1 week prior to surgery

Follow Up Instructions
No qualifying data available

[Electronically Signed on: 09/30/2021 14:30 PDT]

[REDACTED] MD MD

[Verified on: 09/30/2021 14:30 PDT]

[REDACTED] MD MD

Report Request ID: 377728781

Page 2 of 2

Print Date: 9/30/2021 17:56 EDT

* Auth (Verified) *

San Joaquin General Hospital
500 W Hospital Road
French Camp, CA 95231-

Patient: GOEHLER, WILLIAM ROBERT
MRN: 1008927
FIN: 30756979
DOB/Age/Sex: 2/15/1963 / 58 years / Male

Admit: 9/30/2021
Disch:
Admitting: [REDACTED] MD
Copy to: Finney, Naimo

Office/Clinic Notes

DOCUMENT NAME:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Office/Clinic Note
9/30/2021 14:30 PDT
Auth (Verified)
[REDACTED] MD (9/30/2021 14:30 PDT)
[REDACTED] MD (9/30/2021 14:30 PDT)

GOEHLER, WILLIAM
ROBERT

DOB: 02/15/1963
Age: 58 years
Sex: Male
MRN: 1008927
Registration Date: 09/30/2021
Primary Care Physician:
MCSP, Physician

History of Present Illness

58-year-old gentleman referred for a possible epididymal cyst on the left side. According to the patient, he has had a swelling in his left scrotum since he was a child. It was not bothering him before but now it is becoming increasingly painful. Recent ultrasound scan showed a large left epididymal cyst, possibly expanding and becoming symptomatic. Otherwise he voids fine no particular difficulty. Unfortunately, the NSAIDs does not work too well for him, does not relieve his pain. Today he is still complaining of the same pain as before, still bothering him.

Review of Systems

Constitutional: No fevers, chills, sweats
Eye: No recent visual problems
ENT: No ear pain, nasal congestion, sore throat
Respiratory: No shortness of breath, cough
Cardiovascular: No Chest pain, palpitations, syncope
Gastrointestinal: No nausea, vomiting, diarrhea
Genitourinary: No hematuria, no UTI symptoms, voids as above

Physical Exam

Vitals & Measurements

T: 37.1 °C (Temporal Artery) HR: 87 (Peripheral) RR: 16 BP: 124/80 SpO2: 95%
HT: 193.04 cm WT: 108.86 kg BMI: 29.21

Physical Exam :

Afebrile, Vital signs stable
Lungs clear
Heart Sounds normal
Abdomen Benign
Bladder not distended

Problem List/Past Medical History

Ongoing

Facial skin lesion
Hepatitis C

Historical

No qualifying data

Medications

Ibuprofen, 400 mg, Oral, TID
Lidocaine 2% topical gel with applicator, TOP,
QID

Allergies

No Known Allergies

Social History

Alcohol

Past

Substance Abuse

Past

Tobacco

Smoker, current status unknown Tobacco
Use:

Family History

CA - Cancer of colon: Mother and Father.
Heart disease: Mother and Father.
Stroke: Mother and Father.

Deceased Family Member(s):

Patient Name GOEHLER, WILLIAM ROBERT
Birth Date 2/15/1963

Patient MRN K77832
Financial Number 10000002711123924K77832

* Auth (Verified) *

San Joaquin General Hospital
500 W Hospital Road
French Camp, CA 95231-

Patient: GOEHLER, WILLIAM ROBERT
MRN: 1008927
FIN: 30728584
DOB/Age/Sex: 2/15/1963 / 58 years / Male

Admit: 9/2/2021
Disch: 9/2/2021
Admitting: L. [REDACTED] MD
Copy to: Finney, Naimo

Office/Clinic Notes

Bladder not distended
Genitals : Normal right testicle. Left testicle is concealed behind the large left hydrocele.
There is also a epididymal cyst superiorly
Prostate : Benign
Extremities Fine
Neurological exam : Grossly intact

Assessment/Plan

1. Hydrocele in adult N43.3
This man has a large left epididymal cyst on ultrasound
This is probably causing symptoms and irritation contributing to the large left hydrocele
For now, since the symptoms are not so bad, he should be managed with NSAIDs as needed, and avoiding trauma or pressure to the area
If symptoms get worse, he may need formal left hydrocelectomy and excision of left epididymal cyst
2. Epididymal cyst N50.3

Follow Up Instructions

No qualifying data available

[Electronically Signed on: 09/02/2021 10:21 PDT]

[REDACTED] MD MD

[Verified on: 09/02/2021 10:21 PDT]

[REDACTED] MD MD

* Auth (Verified) *

San Joaquin General Hospital
500 W Hospital Road
French Camp, CA 95231-

Patient: GOEHLER, WILLIAM ROBERT
MRN: 1008927
FIN: 30728584
DOB/Age/Sex: 2/15/1963 / 58 years / Male

Admit: 9/2/2021
Disch: 9/2/2021
Admitting: L. [REDACTED] H MD
Copy to: Finney, Naimo

Office/Clinic Notes

DOCUMENT NAME:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Office/Clinic Note
9/2/2021 10:21 PDT
Auth (Verified)
Liu, Alexander H MD (9/2/2021 10:21 PDT)
Liu, Alexander H MD (9/2/2021 10:21 PDT)

GOEHLER, WILLIAM
ROBERT

DOB: 02/15/1963
Age: 58 years
Sex: Male
MRN: 1008927
Registration Date: 09/02/2021
Primary Care Physician:
MCSP, Physician

Chief Complaint

Consult for epididymal cyst

History of Present Illness

58-year-old gentleman referred for a possible epididymal cyst on the left side. According to the patient, he has had a swelling in his left scrotum since he was a child. It was not bothering him before but now it is becoming increasingly painful. Recent ultrasound scan showed a large left epididymal cyst, possibly expanding and becoming symptomatic. Otherwise he voids fine no particular difficulty.

Review of Systems

Constitutional: No fevers, chills, sweats
Eye: No recent visual problems
ENT: No ear pain, nasal congestion, sore throat
Respiratory: No shortness of breath, cough
Cardiovascular: No Chest pain, palpitations, syncope
Gastrointestinal: No nausea, vomiting, diarrhea
Genitourinary: No hematuria, no UTI symptoms, voids as above

Physical Exam

Vitals & Measurements

T: 36.7 °C (Temporal Artery) HR: 64 (Peripheral) BP: 141/89 SpO2: 97%
HT: 193.04 cm WT: 106.66 kg BMI: 29.21

Physical Exam:

Afebrile, Vital signs stable
Lungs clear
Heart Sounds normal
Abdomen Benign

Current/Past Medical History

Ongoing

Facial skin lesion
Hepatitis C

Historical

No qualifying data

Medications

No active medications

Allergies

No Known Allergies

Social History

Alcohol

Past

Substance Abuse

Past

Tobacco

Smoker, current status unknown Tobacco Use:

Family History

CA - Cancer of colon: Mother and Father.
Heart disease: Mother and Father.
Stroke: Mother and Father.

Deceased Family Member(s):

WILLIAM GOEHLER
K77832

Unit: MCSP B 009 2 - **Room:** 244 - **Bed:** 244001L

**YOUR TEST RESULTS HAVE BEEN EVALUATED AND THE FOLLOWING HAS
BEEN DETERMINED:**

Your sonogram test results are compatible with post-operative bleeding and clots

 P&S

Sincerely,

California Correctional Health Care Services

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Mule Creek State Prison

Name:	WILLIAM GOEHLER	Patient ID:	11123924
DOB:	2/15/1963	Secondary ID:	K77832
Exam Name:	US SCROTAL 76870	Exam Date:	11/16/2021 12:08 PM
Age:	58Y 9M		
Primary Care Provider:			
Ordering Provider:	J. Clark, MD		

EXAMINATION: TESTICULAR ULTRASOUND**CLINICAL HISTORY:** Postoperative pain and swelling.**COMPARISON:** 7/13/2021.**FINDINGS:**

Transverse and longitudinal images of the testicles were obtained.

Testicles: The right and left testicles measure approximately 4.3 x 1.8 x 3.0 and 4.8 x 3.5 x 2.3 cm, respectively. The left testicle is markedly heterogeneous in echotexture. A complex, echogenic fluid collection is seen within the left scrotal. The right testicle appears normal

Epididymis: The right epididymis is normal in size. The left epididymis is not visualized. No increased blood flow is documented to suggest epididymitis.

IMPRESSION:

1. The left testicle is markedly heterogeneous in echotexture suggesting hemorrhage. Infection is felt be less likely.
2. An echogenic fluid collection throughout the left scrotum is most consistent with a hematocele.

Electronically Signed by: J. Goller, MD

Date Signed: 11/16/2021 12:40 PM

Report Electronically Signed by: DAVID GOLLER, MD
Report Electronically Signed on: 11/16/2021 12:40 PM

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

Mule Creek State Prison

Name:	WILLIAM GOEHLER	Patient ID:	11123924
DOB:	2/15/1963	Secondary ID:	K77832
Exam Name:	US SCROTAL 76870	Exam Date:	7/13/2021 12:39 PM
Age:	58Y 9M		
Primary Care Provider:			
Ordering Provider:	[REDACTED], MD		

EXAMINATION: TESTICULAR ULTRASOUND

CLINICAL HISTORY: Scrotal pain.

COMPARISON: None.

FINDINGS:

Transverse and longitudinal images of the testicles were obtained.

Testicles: The right and left testicles measure approximately 4.8 x 3.3 x 2.7 and 5.0 x 2.5 x 2.6 cm, respectively. The testicles appear homogeneous in echotexture. No testicular mass is seen. Normal, symmetric arterial flow is documented.

Epididymis: A large left epididymal cyst is partially visualized. This measures at least 4.5 x 3.5 cm. The right epididymis is unremarkable. No increased blood flow is documented to suggest epididymitis.

IMPRESSION:

1. Large left epididymal cyst.

Electronically Signed by [REDACTED], MD

Date Signed: 7/13/2021 1:06 PM

Report Electronically Signed by: DAVID GOLLER, MD
Report Electronically Signed on: 7/13/2021 01:06 PM

* Auth (Verified) *

CDCR # K77832
San Joaquin General Hospital

D/C: 10/29/21

500 W Hospital Road
French Camp, CA 95231

(209)-468-6000

Patient Discharge Instructions

Name: GOEHLER, WILLIAM ROBERT

DOB: 2/15/1963 MRN: 1008927 FIN: 30772808

Patient Address: MCSP IONE CA 95640

Primary Care Provider:

Name: MCSP, Physician

Phone:

Discharge Diagnosis: Scrotal lesion

San Joaquin General Hospital would like to thank you for choosing our facility to meet your healthcare needs. The entire staff strives to provide a very good experience for patients and their families, placing your health as their first priority. Enclosed is information about medications, follow-up appointments, and educational material regarding your procedure. We ask that you read it carefully and use the information as a reference after discharge. During your recovery at home, you may receive a survey via phone about your experience with us. Please feel free to give us feedback regarding your procedure at San Joaquin General Hospital. Please follow-up with your physician per the instructions below!

GOEHLER, WILLIAM ROBERT has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions

With:

Address:

When:

[REDACTED]

Within 2 to 4 weeks

RECEIVED NOV 01 2021

Person Full Name GOEHLER, WILLIAM
ROBERT

Date of Birth 2/15/1963

MRN (Encounter Alias) 1008927

1 of 9

Many Thanks to tax-payers for helping make my life here
now Much Better in my senior years than would be
possible out there. Please use this post to alert the many
homeless folk who may consider this option...

12.12.21

WG