Filed 10/17/26 Case 25-26635 Doc 143
Docket #0143 Date Filed: 10/17/2026

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Catholic Health
Physician Partners

RE: Koshi Padnani

To whom ever it may concern,

This letter is to inform you that my patient Koshi Padnani was seen on July 20,2026. At the time of the visit, she complained of insomnia and ankle pain.

Sincerely,

Temima Leah Leiser, NP
Electronically signed by Temima Leah Leiser, NP on 9/2/2026

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Padnani, Koshi

MRN: E4715941

Office Visit 7/20/2026
Family Medicine, Long Beach

Provider: Leiser, Temima Leah, NP (Nurse Practitioner)
Primary diagnosis: Ankle pain, unspecified chronicity, unspecified laterality
Reason for Visit: Fatigue • Sleeping Problem • Ankle Pain

Progress Notes

Leiser, Temima Leah, NP (Nurse Practitioner) • Nurse Practitioner

Patient ID: Koshi Padnani is a 70 y.o. female
Chief Complaint: Fatigue, Sleeping Problem (Pt reports she has not able to sleep well), and Ankle Pain

Subjective:
70-year-old female with a past medical history significant for anxiety, insomnia, and hypertension presents today with complaints of persistent insomnia and chronic left ankle pain.

The patient reports ongoing difficulty sleeping, describing both difficulty falling asleep and maintaining sleep throughout the night. She states that her insomnia has progressively worsened and is affecting her daytime functioning, energy level, and overall quality of life. She denies any recent acute stressors or changes in her daily routine that would explain the worsening of her symptoms. A thorough medication reconciliation was performed during today's visit. Review of her medical record revealed that the last prescription for Ambien issued by this office was on 02/26/2025. The New York State I-STOP Prescription Monitoring Program was reviewed prior to prescribing, with no unexpected controlled substance prescriptions identified. Given her previous response to therapy and the absence of concerning findings on review of the prescription monitoring program, a refill of Ambien was prescribed.

A comprehensive discussion was held regarding insomnia and its potential contributing factors. Sleep hygiene measures were reviewed in detail, including maintaining a consistent sleep schedule, limiting caffeine and alcohol intake, reducing screen time before bedtime, avoiding daytime naps, and creating an optimal sleep environment. Additional medical causes of insomnia, including thyroid dysfunction, metabolic abnormalities, anemia, and vitamin deficiencies, were discussed. Routine laboratory studies were obtained today to evaluate for potential underlying causes contributing to her sleep disturbances. The patient verbalized understanding of the plan.

The patient also reports left ankle pain that has been present for approximately four months. She denies any known trauma or specific injury preceding the onset of pain. She has attempted conservative treatment at home, including the use of an ACE bandage for compression and topical Voltaren gel, without significant improvement in her symptoms. She continues to experience persistent discomfort despite these measures. She denies numbness, tingling, open wounds, redness, drainage, fever, or other systemic symptoms. Given the chronicity of her symptoms and failure of conservative treatment, an X-ray of the left ankle was ordered for further evaluation to assess for underlying degenerative changes, occult injury, or other bony abnormalities.

The patient was advised that she is also due for her annual physical exam and routine preventive health maintenance. She was encouraged to schedule this appointment at her earliest convenience so that age-appropriate screenings, preventive care, and chronic disease management can be comprehensively reviewed.

All questions and concerns were addressed during today's visit. The patient verbalized understanding of the treatment plan and agrees with the recommendations. She was instructed to follow up after imaging and laboratory results are available or sooner if her symptoms worsen or new concerns arise.

Ankle Pain
Pertinent negatives include no numbness.

History reviewed. No pertinent past medical history.

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History reviewed. No pertinent surgical history.

Review of Systems:

Review of Systems
Constitutional: Negative for appetite change, chills, fatigue, fever and unexpected weight change.
HENT: Negative for congestion, ear pain, facial swelling, hearing loss and sore throat.
Eyes: Negative for pain, discharge and visual disturbance.
Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.
Genitourinary: Negative for difficulty urinating, dysuria, flank pain, frequency, hematuria and urgency.
Musculoskeletal: Negative for back pain and joint swelling.
Left ankle pain
Skin: Negative for color change and rash.
Neurological: Negative for dizziness, tremors, weakness, light-headedness, numbness and headaches.
Psychiatric/Behavioral: Negative for behavioral problems and suicidal ideas. The patient is nervous/anxious.
Endocrine: Negative for polyuria.
Hematological: Does not bruise/bleed easily.

Social History

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use
- Vaping status: Never Used

Substance Use Topics
- Alcohol use: Yes
  Comment: socially
- Drug use: Never

Preventative Screenings:

Family History:

History reviewed. No pertinent family history.

Allergies as of 07/20/2026 - Review Complete 04/06/2026

Allergen	Reaction	Noted
• Hylan g-f 20	Swelling	05/22/2025

Current Medications:

Outpatient Encounter Medications as of 7/20/2026

Medication	Sig
• albuterol (PROVENTIL HFA;VENTOLIN HFA) 108 (90 Base) MCG/ACT inhaler	Inhale 2 puffs into the lungs every 6 (six) hours as needed for Wheezing..
• amLODIPine (NORVASC) 2.5 MG tablet	Take 2.5 mg by mouth in the morning.
• cetirizine (ZYRTEC ALLERGY) 10 MG tablet	Take 10 mg by mouth in the morning.
• montelukast (SINGULAIR) 10 MG tablet	Take 1 tablet (10 mg total) by mouth nightly..
• zolpidem (AMBIEN) 5 MG tablet	Take 1 tablet (5 mg total) by mouth nightly as needed for Sleep. Max Daily Amount: 5 mg.

No facility-administered encounter medications on file as of 7/20/2026.

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Most Recent Immunizations

Administered	Date(s) Administered
• COVID-19MRNA BIVAL VAC(MODERNA)50 MCG/0.5ML IM SUSP	06/12/2023
• COVID-19MRNA VACC MODERNA (Spikevax)12yrs 50MCG/0.5ML IM SUSY	09/13/2024
• Covid-19 Mrna Vacc (Moderna) 100 Mcg/0.5ml Im Susp	11/24/2021
• Covid-19 Mrna Vaccine (Pfizer) 30 Mcg/0.3ml Im Susp	02/25/2021
• Influenza High Dose (IIV3) PF 0.5ML (FLUZONE HIGH DOSE)	09/25/2024
• Influenza High Dose (IIV4-HD)PF 0.7ML (Fluzone High Dose)	11/19/2022
• Influenza Quadrivalent MDV 0.5ML (FLUCELVAX)	10/14/2019
• Influenza Split Quad PF 0.5ML (FLUZONE PF, AFLURIA PF)	09/28/2018
• Influenza Vac IIV3 Adjuvanted (FLUAD)	11/16/2025
• Influenza Vac Subunit Quad (CCIIV4) 0.5ML (FLUCELVAX PF QUAD)	02/04/2018
• Influenza Vac aIIV4 Adjuvanted (Fluad)	10/15/2021
• MMR	08/06/2010
• Pneumococcal Conjugate (PCV20)(PREVNAR)	03/20/2023
• Pneumococcal polysaccharide (PPSV23) (PNEUMOVAX)	08/26/2020
• Tdap (ADACEL, BOOSTRIX)	08/04/2024
• Zoster (ZOSTAVAX)	11/30/2016
• Zoster Recombinant (SHINGRIX)	12/04/2019

Radiological Studies: No results found.
Diagnostic Studies:
Objective:
Vital Signs: BP 138/88 (BP Location: Right arm, BP Patient Position: Sitting) | Pulse 74 | Temp 98 °F (36.7 °C) (Oral) | Resp 18 | Ht 1.575 m (5' 2") | Wt 51.7 kg (114 lb) | SpO2 99% | BMI 20.85 kg/m²

PHQ 9 Total Score (Score < or =9 is negative screen. If Score is >9, the provider must complete follow up): 0

Physical Exam
Vitals reviewed.
Constitutional:
Appearance: Normal appearance.
HENT:
Head: Normocephalic.
Right Ear: Tympanic membrane normal.
Left Ear: Tympanic membrane normal.
Nose: Nose normal. No congestion.
Mouth/Throat:
Pharynx: No posterior oropharyngeal erythema.
Eyes:
Extraocular Movements: Extraocular movements intact.
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds.
Pulmonary:
Breath sounds: Normal breath sounds.
Abdominal:
General: Bowel sounds are normal. There is no distension.
Palpations: Abdomen is soft.

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Tenderness: There is no abdominal tenderness.

Musculoskeletal:
General: No swelling. Normal range of motion.
Cervical back: Normal range of motion and neck supple.
Right lower leg: No edema.
Left lower leg: No edema.

Skin:
General: Skin is warm and dry.
Capillary Refill: Capillary refill takes less than 2 seconds.
Findings: No rash.

Neurological:
Mental Status: She is alert and oriented to person, place, and time.

Psychiatric:
Mood and Affect: Mood normal.

Assessment & Plan

Ankle pain, unspecified chronicity, unspecified laterality

Xray ordered

Orders:
- X-Ray Ankle 2 Views Left; Future

Insomnia, unspecified type

Refill ambien 5 mg nightly prn
Istop checked Reference #: 277541636
Labs drawn.

Orders:
- zolpidem (AMBIEN) 5 MG tablet; Take 1 tablet (5 mg total) by mouth nightly as needed for Sleep. Max Daily Amount: 5 mg.
- CBC and differential
- Comprehensive Metabolic Panel with Fibrosis-4 (FIB-4) Index
- Ferritin
- Folate
- Hemoglobin A1c
- Lipid panel
- Thyroid Panel + TSH
- Total Iron Binding Capacity (TIBC)
- Vitamin D 25 hydroxy
- Vitamin B12

Essential hypertension

Refill amlodipine 2.5 mg daily

Orders:
- amLODIPine (NORVASC) 2.5 MG tablet; Take 1 tablet (2.5 mg total) by mouth in the morning.

Chronic obstructive pulmonary disease, unspecified COPD type (HCC)

Refill montelukast 10 mg tab daily

Orders:
- montelukast (SINGULAIR) 10 MG tablet; Take 1 tablet (10 mg total) by mouth nightly..

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Location of blood draw: Right antecubital

# of vials: 3

Dx: G47.00

Performed today by Temima Leah Leiser, NP, 07/20/2026 3:28 PM

I will be using documentation of time to charge for this visit.No

Leiser, Temima Leah, NP
Electronically Signed
07/20/26 1535

Instructions

After Visit Summary (English Snapshot) - Automatic Snapshot taken 7/20/2026

Additional Documentation

Vitals: BP 138/88 (BP Location: Right arm, BP Patient Position: Sitting) Pulse 74 Temp 98 °F (36.7 °C) (Oral) Resp 18 Ht 1.575 m (5' 2") Wt 51.7 kg (114 lb) SpO2 99% BMI 20.85 kg/m² BSA 1.51 m²

Flowsheets: Social Determinants of Health, Patient Health Questionnaire, Allergy Visit Question

Communications

ⓘ

Media

From this encounter

Electronic signature on 7/20/2026 1:45 PM - E-signed

Pharmacy Benefits

PADNANI, KOSHI A - ELDER BB CDH-Y HPDMEDD (CVS|CAREMARK)

Covered: **Retail**, **Mail Order**, Specialty Unknown: Long-Term Care

Member ID:	01385170801	BIN:	004336	DOB:	8/15/1955
Group ID:	RX8585	PCN:	MEDDADV	Legal sex:	F
Group name:	ELDERPLAN MAPD H3347/EP26HMO16			Address:	855 EAST BROADWAY APT 5C LONG BEACH NY 11561

Orders Placed

Labs

CBC and differential (Resulted 7/20/2026, Abnormal)
Hemoglobin A1c (Resulted 7/20/2026, Abnormal)
Total Iron Binding Capacity (TIBC) (Resulted 7/20/2026, Abnormal)
Comprehensive Metabolic Panel with Fibrosis-4 (FIB-4) Index (Resulted 7/20/2026)
Ferritin (Resulted 7/20/2026)
Folate (Resulted 7/20/2026)

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Lipid panel (Resulted 7/20/2026)
Thyroid Panel + TSH (Resulted 7/20/2026)
Vitamin B12 (Resulted 7/20/2026)
Vitamin D 25 hydroxy (Resulted 7/20/2026)

Imaging
X-Ray Ankle 2 Views Left

Medication Changes

As of 7/20/2026 3:28 PM

	Refills	Start Date	End Date
Added: zolpidem (AMBIEN) 5 MG tablet	0	7/20/2026	9/1/2026

Take 1 tablet (5 mg total) by mouth nightly as needed for Sleep. Max Daily Amount: 5 mg. - Oral
Prior authorization: Closed - Prior Authorization not required for patient/medication

Medication List at End of Visit

As of 7/20/2026 3:28 PM

	Refills	Start Date	End Date
albuterol (PROVENTIL HFA;VENTOLIN HFA) 108 (90 Base) MCG/ACT inhaler	—		—
Inhale 2 puffs into the lungs every 6 (six) hours as needed for Wheezing.. - Inhalation Patient-reported medication			
amLODIPine (NORVASC) 2.5 MG tablet	0	7/20/2026	—
Take 1 tablet (2.5 mg total) by mouth in the morning. - Oral			
cetirizine (ZYRTEC ALLERGY) 10 MG tablet	—		—
Take 10 mg by mouth in the morning. - Oral Patient-reported medication			
montelukast (SINGULAIR) 10 MG tablet	0	7/20/2026	—
Take 1 tablet (10 mg total) by mouth nightly.. - Oral			
zolpidem (AMBIEN) 5 MG tablet	0	7/20/2026	9/1/2026
Take 1 tablet (5 mg total) by mouth nightly as needed for Sleep. Max Daily Amount: 5 mg. - Oral Prior authorization: Closed - Prior Authorization not required for patient/medication			

Visit Diagnoses

Primary: **Ankle pain, unspecified chronicity, unspecified laterality** M25.579
Insomnia, unspecified type G47.00
Essential hypertension I10
Chronic obstructive pulmonary disease, unspecified COPD type (HCC) J44.9

Patient Lines/Drains/Airways Status

Active PICC Line / CVC Line / PIV Line / Drain / Airway / Intraosseous Line / Epidural Line / ART Line / Line / Wound / Decubitus Ulcer / NG/OG Tube / Glucose Sensor
None

Inactive PICC Line / CVC Line / PIV Line / Drain / Airway / Intraosseous Line / Epidural Line / ART Line / Line / Wound / Decubitus Ulcer / NG/OG Tube / Glucose Sensor
None

Family Medicine, Long Beach
265 West Park Avenue
Long Beach NY 11561
Ph: 516-431-3600 Fax: 516-431-4107

Date: 09/02/2026
Name: Koshi Padnani
Address: 855 E BROADWAY
LONG BEACH, NY 11561
M: 917-584-8382
DOB: 08/15/1955

Patient Information

Patient Name	MRN	Legal Sex	DOB
Padnani, Koshi	E4715941	Female	8/15/1955

X-Ray Bell Thompson (Full Leg Length Hips to Feet) [IMG2180] (Order #: 682751868) Qty: 1

Allergies: Hylan g-f 20

Reason For Exam

pain

Associated Diagnoses/Codes

Ankle pain, unspecified chronicity, unspecified laterality [M25.579] - Primary

Order Questions

Question	Answer
Reason for Exam	**pain**

Order Information

Date	Department	Ordering/Authorizing
9/2/2026	Family Medicine, Long Beach	Leiser, Temima Leah, NP

Schedule Appointment By

Expected	Expires
9/2/2026	9/2/2027

Electronically signed by: Leiser, Temima Leah, NP *Lic #* 356403 *NPI:* 1386433068

Primary Coverage

Payer	Plan	Sponsor Code	Group Number	Group Name
ELDERPLAN	ELDERPLAN MCR HMO	—	—	—

Primary Subscriber

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
01385170801	PADNANI,KOSHI	xxx-xx-xxxx	855 E BROADWAY LONG BEACH, NY 11561