

## Medications

Obtained and Reviewed August 13, 2025.

### OPHTHALMIC MEDICATIONS

NONE

### NON OPHTHALMIC MEDICATIONS

albuterol sulfate 90 mcg/actuation Inhalation - Dose: 1 HFA Aerosol Inhaler Frequency: prn atorvastatin 80 mg Oral - Dose: 1 tablet Frequency: qd clonazepam 2 mg Oral - Dose: 1 Tablet,disintegrating Frequency: as directed lisinopril 10 mg Oral - Dose: 1 tablet Frequency: qd metoprolol succinate 25 mg Oral - Dose: 1 Tablet, Extended Release 24 hr Frequency: qd pantoprazole 20 mg Oral - Dose: 1 tablet, delayed release (enteric coated) Frequency: qd sertraline 100 mg Oral - Dose: 1 tablet Frequency: qd nitroglycerin 0.4 mg Sublingual - Dose: 1 Tablet, Sublingual Frequency: prn

## Ocular History

Obtained and Reviewed August 13, 2025.

Wears glasses: Reading

## Ocular Surgery

None

## Social History

Obtained and Reviewed August 13, 2025.

Smoking status - Never smoker

## Allergies

Obtained and Reviewed August 13, 2025.

No known drug allergies

## Alerts

**MRSA, premedication prior to procedures, and rapid heart beat with epinephrine.**

No defibrillator, no pseudoexfoliation syndrome, no pregnancy or planning a pregnancy, no allergy to lidocaine, no steroid responder, no allergy to adhesive, no narrow angles, no flomax, no blood thinners, no artificial heart valve, and no allergy to iodine/betadine.

## ROS

Provider reviewed on Aug 13, 2025.

A focused review of systems

## Chief Complaints:

- Eye Irritation

## HPI: This is a 72 year old male who:

- is being seen for a chief complaint of eye irritation, involving the right eye and left eye. The eye irritation is worsening with eye movement.

Patient reports red itching eyes burning, using Pataday bid OU.

Patient wears readers prn.

Pt reports flooding since flood in apartment.

Pt reports crusting/red - work at computer 8-10 hrs.

## Eye Exam

### Vision

Distance Test Type: Snellen Chart      Near Test Type: Snellen

**DSC   OD   20/40 +2  
PH: 20/25 +2  
OS   20/25 -1**

### Pupils

	Light (mm)	Dark (mm)	Near (mm)	Size	Round	Regular	Reacts	APD	RAPD	Other
OD	<b>6</b>			Normal	Round	Regular	Hippus	No APD		
OS	<b>6</b>			Normal	Round	Regular	Hippus	No APD		

### IOP

OD	<b>25</b>	Sutton, Kimberly	08/13/2025 09:40 AM EDT	Icare tonometer
OS	<b>24</b>	Sutton, Kimberly	08/13/2025 09:40 AM EDT	Icare tonometer

## Motility: Full OU

### Visual Field Test Type: Confrontation Visual

### Fields

### Visual Field Test Result: Full to Confrontation

### OU

## Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam

OD Lid Margin: **trace meibomian gland dysfunction and vascularization**

Slit lamp examination OD:

OD Conjunctiva: **trace injection and 1+ papillary conjunctivitis**

OD Cornea: **abnormal tear break up time**

OS External: normal lid position, nasolacrimal and orbital exam

OS Lid Margin: **trace meibomian gland dysfunction and vascularization**

Slit lamp examination OS:

OS Conjunctiva: **trace injection and 1+ papillary conjunctivitis**

OS Cornea: **abnormal tear break up time**

was performed including Allergic / Immunologic, Cardiovascular, Constitutional / Symptom, Endocrine, ENT and Mouth, Eyes, Gastrointestinal (G.I.), Genitourinary (G.U.), Musculoskeletal, Neurological, Psychiatric, and Respiratory and was notable for eye pain, tearing, redness, Uncontrolled Blood Pressure, congestion, dry throat/mouth, shortness of breath, arthritis (general), headache, and anxiety.

No Poor Vision, No Loss Of Vision, No Scalp Tenderness, No Amaurosis Fugax, No Jaw Pain, No Uncontrolled Blood Sugar, No Weight Loss, No Upset Stomach, No Incontinence, And No Allergies.

### Family History

Obtained and Reviewed August 13, 2025.

No family history diabetes (situation)

No family history: Glaucoma (situation)

### Medical History

Obtained and Reviewed August 13, 2025.

Anxiety disorder

Arthritis

H/O: hypertension

Obstructive sleep apnea of adult

Other: Acute panic disorder (can spike to 300/225)

### Surgical History

Obtained and Reviewed August 13, 2025.

Other: 5 cardiac stents

Spinal SX fusions

Knee replacement

OD Anterior Chamber: **shallow**

OD Iris: normal iris without rubeosis

OD Lens: **nuclear sclerosis present**

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

Mood and affect: no acute distress.

OS Anterior Chamber: **shallow**

OS Iris: normal iris without rubeosis

OS Lens: **nuclear sclerosis present**

### Impression/Plan:

1. **Allergic Conjunctivitis OU** - *Recent flood in apartment with resulting black mold about 10 days ago Over the past week, developed eye itching, irritation, and swelling Seen in ED and started on olopatadine and benadryl On exam, has papillary conjunctivitis, consistent with allergies Suspect allergic reaction to black mold in apartment. Patient is trying to work with landlord to get this resolved Recommend antihistamines and supportive measures for eye symptoms (H10.45)*

#### Plan: Counseling - Allergic conjunctivitis.

I counseled the patient regarding the following:

Eye care: Allergic conjunctivitis may improve with anti-allergy eye drops and cold compresses.

Steroid eye drops are used when other treatments fail.

Expectations: Allergic conjunctivitis is an inflammation of the outer surface of the eye and eyelids. It is usually seasonal, but can last throughout the year in some individuals. It is common in people with a history of allergies to pollen, flowers, grass, hay fever, cats, and dogs.

Contact Office if: Conjunctivitis does not improve or worsens despite treatment.

#### Plan: Treatment Regimen.

Start the following treatment(s): .

Artificial tears 2-4 times per day, as needed for irritation

Cool compresses as needed for irritation.

Continue the following treatment(s): .

Olopatadine 2 times a day to both eyes.

Modify the following treatment(s): .

Switch Benadryl to Claritin, Zyrtec, or Allegra.

2. **Anatomical Narrow Angle OU** - *IOP mildly elevated today and angles narrow at slit lamp Recommend glaucoma evaluation Discussed may need laser treatment, eye drops, or possibly cataract surgery (H40.033)*

#### Plan: Counseling - Narrow Angles.

I counseled the patient regarding the following:

Eye care: Narrow angles are usually observed or have a peripheral iridotomy performed with a laser.

Expectations: Narrow angles occur predispose one to an acute attack of glaucoma, which is a painful and potentially blinding complication. Being very far sighted, and certain systemic medications can cause an attack of glaucoma.

Contact Office if: An acute attack of glaucoma occurs, the symptoms of which include eye pain, blurry vision, headache, bright lights hurt, and nausea. It is a true ocular emergency where every hour makes a difference.

#### Plan: F/U for Next Visit Glaucoma.

The patient should be scheduled for the following on next avail MOS:

Instructions: glaucoma/narrow angle eval.

### Staff:

**Samantha L Marek, MD (Primary Provider) (Bill Under)**

(610) 696-1230 Work (610) 696-2341 Fax

(484) 723-2078 Fax (484) 320-8936 Fax

CC MALVERN

325 Central Avenue

Suite 101

Malvern, PA 19355-3265

Visit Note - August 13, 2025

PMS ID: Sex: DOB: Phone: MRN:  
102208PAT000040953 Male 09/25/1952 (267) 252-8956 MM0000040918

Samantha L Marek, MD (Primary Provider) (Bill Under)

Electronically Signed By: Samantha L Marek, MD, 08/13/2025 10:05 AM EDT

## Medications

Obtained and Reviewed August 22, 2025.

### OPHTHALMIC MEDICATIONS

prednisolone acetate 1% 1 drop drops, suspension BID OU

### NON OPHTHALMIC MEDICATIONS

albuterol sulfate 90 mcg/actuation Inhalation - Dose: 1 HFA Aerosol Inhaler Frequency: prn atorvastatin 80 mg Oral - Dose: 1 tablet Frequency: qd clonazepam 2 mg Oral - Dose: 1 Tablet,disintegrating Frequency: as directed lisinopril 10 mg Oral - Dose: 1 tablet Frequency: qd metoprolol succinate 25 mg Oral - Dose: 1 Tablet, Extended Release 24 hr Frequency: qd pantoprazole 20 mg Oral - Dose: 1 tablet, delayed release (enteric coated) Frequency: qd sertraline 100 mg Oral - Dose: 1 tablet Frequency: qd nitroglycerin 0.4 mg Sublingual - Dose: 1 Tablet, Sublingual Frequency: prn

## Ocular History

Reviewed and no changes noted August 22, 2025.

Wears glasses: Reading

## Ocular Surgery

None

## Social History

Reviewed August 22, 2025.

Smoking status - Never smoker

## Allergies

Reviewed August 22, 2025.  
No known drug allergies

## Alerts

**Mrsa, premedication prior to procedures, and rapid heart beat with epinephrine.**

No defibrillator, no pseudoexfoliation syndrome, no pregnancy or planning a pregnancy, no allergy to lidocaine, no steroid responder, no allergy to adhesive, no narrow angles, no flomax, no blood thinners, no artificial heart valve, and no allergy to iodine/betadine.

## ROS

Provider reviewed on Aug 22, 2025.

A focused review of systems was performed including

## Chief Complaints:

1. F/U Anatomical Narrow Angle OU evaluated on August 13, 2025

## HPI: This is a 72 year old male who:

1. is following up for Anatomical Narrow Angle OU. He was seen on August 13, 2025, at which time the patient was counseled and the following items were planned:  
The patient should be scheduled for the following on next avail MOS:  
Instructions: glaucoma/narrow angle eval.

The patient presents for further evaluation and management.

Patient states no changes to irritation since last visit, still getting redness with itching/burning/tearing, using Refresh 2-3 x's per day,

Pt states vision stable.

Pt wearing readers.

## Eye Exam

### Vision

Distance Test Type: Snellen Chart      Near Test Type: Snellen

**DSC OD 20/30 -1  
OS 20/25 -3**

### Pupils: Normal

	Light (mm)	Dark (mm)	Near (mm)	Size	Round	Regular	Reacts	APD	RAPD	Other
OD	5			Normal	Round	Regular	Hippus	No APD		
OS	5			Normal	Round	Regular	Hippus	No APD		

### IOP

OD 21	Moster, Stephen MD	08/22/2025 01:37 PM EDT	Icare tonometer Reliable
OS 22	Moster, Stephen MD	08/22/2025 01:37 PM EDT	Icare tonometer Reliable

### Motility: Full OU

### Visual Field Test Type: Confrontation Visual

### Fields

### Visual Field Test Result: Full to Confrontation

### OU

### Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam

OD Lid Margin: **trace meibomian gland dysfunction and vascularization**

Slit lamp examination OD:

OD Conjunctiva: **1+ papillary conjunctivitis**

OD Cornea: **abnormal tear break up time**

OS External: normal lid position, nasolacrimal and orbital exam

OS Lid Margin: **trace meibomian gland dysfunction and vascularization**

Slit lamp examination OS:

OS Conjunctiva: **1+ papillary conjunctivitis**

OS Cornea: **abnormal tear break up time**

**Dr. Stephen J Moster, MD (Primary Provider) (Bill Under)**

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(484) 723-2078 Fax   (484) 320-8936 Fax

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Cardiovascular, Endocrine, and Eyes and was notable for tearing, redness, and Uncontrolled Blood Pressure.

No Eye Pain, No Poor Vision, No Loss Of Vision, No Scalp Tenderness, No Amaurosis Fugax, No Jaw Pain, And No Uncontrolled Blood Sugar.

### Family History

Reviewed and no changes noted August 22, 2025.

No family history diabetes (situation)

No family history: Glaucoma (situation)

### Medical History

Obtained and Reviewed August 22, 2025.

Acute panic state due to acute stress reaction: BP can spike to 300/225  
Anxiety disorder  
Arthritis  
H/O: hypertension  
Obstructive sleep apnea of adult

### Surgical History

Obtained and Reviewed August 22, 2025.

Other: 5 cardiac stents  
Spinal SX fusions  
Knee replacement

OD Anterior Chamber: **shallow**

OD Iris: normal iris without rubeosis

OD Lens: **1-2+ nuclear sclerosis , large**

Ophthalmoscopic examination of optic disc OD:

**OD: CD ratio 0.3**

OD Optic Disc: flat and normal disc

Ophthalmoscopic examination of retina and vessels OD:

OD:

OD Vitreous: vitreous clear without hemorrhage, cells or pigment

OD Vessels: vessels with normal contour, caliber without neovascularization

OD Macula: macula normal contour without heme, edema, drusen or exudate

OD Periphery: periphery normal appearance without retinal tears, breaks, holes or mass

Lens Used: 78D/20D

dilated exam of discs deferred due to medical contraindication OD

dilated exam of fundus deferred due to medical contraindication OD

Gonioscopy:

OD Additional findings on gonioscopy: **A(B) / volcano iris**

**Difficult to assess PAS.**

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

Mood and affect: no acute distress.

### Tests

#### Corneal Pachymetry

A same-day order was placed for this diagnostic test.

Diagnostic Procedure: Corneal Pachymetry - OU

Method Used: ultrasound

Indication: Anatomical Narrow Angle OU

Reliability: good

Assessment OD: baseline for future comparison

OS Anterior Chamber: **shallow**

OS Iris: normal iris without rubeosis

OS Lens: **1-2+ nuclear sclerosis , large**

Ophthalmoscopic examination of optic disc OS:

**OS: CD ratio 0.3**

OS Optic Disc: flat and normal disc

Ophthalmoscopic examination of retina and vessels OS:

OS:

OS Vitreous: vitreous clear without hemorrhage, cells or pigment

OS Vessels: vessels with normal contour, caliber without neovascularization

OS Macula: **, extra foveal drusen**

OS Periphery: periphery normal appearance without retinal tears, breaks, holes or mass

Lens Used: 78

dilated exam of discs deferred due to medical contraindication OS

dilated exam of fundus deferred due to medical contraindication OS

OS Additional findings on gonioscopy: **A(B) / volcano iris**

**Difficult to assess PAS.**

Assessment OS: baseline for future comparison

### OCT, Optic Nerve

A same-day order was placed for this diagnostic test.

Diagnostic Procedure: Optic Nerve Tomography (Spectralis) - OU

Indication: Anatomical Narrow Angle OU

Findings OD: normal

Diagnosis OD: ocular hypertension

Findings OS: normal

Diagnosis OS: ocular hypertension

Reliability: good

Assessment OD: baseline for future comparison

Assessment OS: baseline for future comparison

Future plans OD- would benefit from:

Observation : No intervention necessary at this time, will follow clinically.

Future plans OS- would benefit from:

Observation : No intervention necessary at this time, will follow clinically.

### Impression/Plan:

#### 1. Anatomical Narrow Angle OU - .

*Volcano iris OU with slightly elevated IOP OU*

*On SSRI*

*Denies intermittent symptoms*

*Discussed risks of AAC*

*Discussed LPI vs. lens removal vs observation with the understanding that he could have an acute angle closure attack at any time.*

*I recommend LPI over CEIOL given his lack of symptoms*

*Educated on R/B/A of LPI*

*Discussed that even with LPI, he may still have narrow angles due to large lens and volcano iris.*

*Plan: Patient would like to proceed with LPI OU, OD first*

(H40.033)

#### Plan: Counseling - Narrow Angles.

I counseled the patient regarding the following:

Eye care: Narrow angles are usually observed or have a peripheral iridotomy performed with a laser.

Expectations: Narrow angles occur predispose one to an acute attack of glaucoma, which is a painful and potentially blinding complication. Being very far sighted, and certain systemic medications can cause an attack of glaucoma.

Contact Office if: An acute attack of glaucoma occurs, the symptoms of which include eye pain, blurry vision, headache, bright lights hurt, and nausea. It is a true ocular emergency where every hour makes a difference.

I discussed the following surgical options with the patient:

Laser peripheral iridotomy : This procedure involves a laser treatment to create a microscopic opening in the iris, the colored part of the eye, thereby opening the anterior chamber angle and eliminating the risk of an acute attack of glaucoma. The risks of a laser peripheral iridotomy include inflammation, elevated intraocular pressure, closure of the iridotomy requiring a repeat treatment, scarring inside the eye, bleeding inside the eye, and loss of vision. The benefits of a laser iridotomy include reducing or eliminating the risk of an acute attack of glaucoma. It may also be of benefit for pigmentary dispersion syndrome.

After counseling the patient, we decided on the following plan for the right eye: Observation

After counseling the patient, we decided on the following plan for the left eye: Observation

**Plan: Gonioscopy.**

A same-day order was placed for this diagnostic test.

Gonioscopy OU.

Indication: Anatomical Narrow Angle OU

Results: Please refer to the gonioscopy exam section for findings.

Reliability: good

Assessment OD: baseline for future comparison

Assessment OS: baseline for future comparison

**Plan: F/U for Next Visit Glaucoma.**

The patient should be scheduled for the following on next available :

Instructions: LPI OD then OS 2-3 weeks later .

**2. Combined form of senile cataract OU - Slightly symptomatic, observe for now**

(H25.813)

Status: Stable

**Plan: Counseling - Cataracts.**

I counseled the patient regarding the following:

Eye Care: Cataracts do not require treatment unless they interfere with vision and impact one's activities of daily living, in which case cataract extraction with lens implant insertion should be performed.

Expectations: Cataracts occur in everyone as they age. Some specific cataracts like posterior subcapsular cataracts occur more commonly in diabetics, patients taking longterm steroid medications, and following trauma. The appropriate time to perform cataract surgery is when the loss of vision is interfering with your activities of daily living and a change in eyeglass prescription won't help.

Contact the office if: You experience progressive loss of vision, increasing glare, and problems with activities of daily living such as driving, reading, watching TV, seeing street signs, and following the golf ball.

After counseling the patient, we decided on the following plan for the right eye: Not visually significant and Observation

After counseling the patient, we decided on the following plan for the left eye: Not visually significant and Observation

Medical Decision Making - OD

Will continue to monitor

Medical Decision Making - OS

Will continue to monitor

**3. Allergic Conjunctivitis OU - Recent flood in apartment with resulting black mold about 10 days ago**

Over the past week, developed eye itching, irritation, and swelling

Seen in ED and started on olopatadine and benadryl

On exam, has papillary conjunctivitis, consistent with allergies

Suspect allergic reaction to black mold in apartment. Patient is trying to work with landlord to get this resolved

Recommend antihistamines and supportive measures for eye symptoms

(H10.45)

**Plan: Counseling - Allergic conjunctivitis.**

I counseled the patient regarding the following:

Eye care: Allergic conjunctivitis may improve with anti-allergy eye drops and cold compresses. Steroid eye drops are used when other treatments fail.

Expectations: Allergic conjunctivitis is an inflammation of the outer surface of the eye and eyelids. It is usually seasonal, but can last throughout the year in some individuals. It is common in people with a history of allergies to pollen, flowers, grass, hay fever, cats, and dogs.

Contact Office if: Conjunctivitis does not improve or worsens despite treatment.

**Plan: Treatment Regimen.**

Start the following treatment(s): .  
Artificial tears 2-4 times per day, as needed for irritation  
Cool compresses as needed for irritation  
-Prednisolone BID OU for 1 week then stop .  
Continue the following treatment(s): .  
Olopatadine 2 times a day to both eyes.  
Modify the following treatment(s): .  
Switch Benadryl to Claritin, Zyrtec, or Allegra.

**Staff:**

Dr. Stephen J Moster, MD (Primary Provider) (Bill Under)

Kimberly Sutton

Siani Ritzinger (scribe)

Siani Ritzinger scribing for, and in the presence of, Stephen Moster, MD.

I, Stephen Moster, MD, personally performed the services described in the documentation as scribed by Siani Ritzinger in my presence, and I confirm the documentation is both accurate and complete.

Electronically Signed By: Dr. Stephen J Moster, MD, 08/22/2025 02:00 PM EDT

## Medications

Reviewed and changes noted  
September 9, 2025.

### OPHTHALMIC MEDICATIONS

prednisolone acetate 1% 1 drop  
drops, suspension BID OU

### NON OPHTHALMIC MEDICATIONS

albuterol sulfate 90 mcg/actuation Inhalation - Dose: 1 HFA Aerosol Inhaler  
Frequency: prn  
atorvastatin 80 mg Oral - Dose: 1 tablet Frequency: qd  
clonazepam 2 mg Oral - Dose: 1 Tablet,disintegrating Frequency: as directed  
lisinopril 10 mg Oral - Dose: 1 tablet Frequency: qd  
metoprolol succinate 25 mg Oral - Dose: 1 Tablet, Extended Release 24 hr Frequency: qd  
pantoprazole 20 mg Oral - Dose: 1 tablet, delayed release (enteric coated) Frequency: qd  
sertraline 100 mg Oral - Dose: 1 tablet Frequency: qd  
nitroglycerin 0.4 mg Sublingual - Dose: 1 Tablet, Sublingual Frequency: prn

## Ocular History

Reviewed and no changes noted  
September 9, 2025.  
Wears glasses: Reading  
Other: Anatomical Narrow Angle OU  
Combined form of senile cataract OU  
Allergic Conjunctivitis OU

## Ocular Surgery

None

## Social History

Reviewed September 9, 2025.  
Smoking status - Never smoker

## Advance Care

Healthcare Proxy: No  
Living Will: No

## Allergies

Reviewed September 9, 2025.  
No known drug allergies

## Alerts

**MRSA, premedication prior to procedures, and rapid heart beat with epinephrine.**

No defibrillator, no pseudoxfoliation syndrome, no pregnancy or planning a pregnancy, no allergy to lidocaine, no steroid responder, no allergy to adhesive, no narrow angles, no

## Chief Complaints:

1. Irritation

## HPI: This is a 72 year old male who:

1. is being seen for a chief complaint of Irritation both eyes since last visit  
Both eyes feel irritated "attributes from the black mold in my apartment, dangerous situation, in the process of moving out."  
"Eyes burning, red, blurry vision off/on even with glasses wears for reading."  
Using Prednisolone drops 3 times both eyes (last used last night 10pm)

## Eye Exam

### Vision

Distance Test Type: Snellen Chart      Distance Correction Type: None

**DSC OD 20/30 +2  
OS 20/20 -2**

### Pupils: Normal

	Light (mm)	Dark (mm)	Near (mm)	Size	Round	Regular	Reacts	APD	RAPD	Other
OD	<b>5.50</b>			Normal	Round	Regular	Reacts Well	No APD		
OS	<b>5.50</b>			Normal	Round	Regular	Reacts Well	No APD		

### IOP

OD 13	Lynn, Kathleen	09/09/2025 08:25 AM EDT	Icare tonometer Reliable
OS 12	Lynn, Kathleen	09/09/2025 08:25 AM EDT	Icare tonometer Reliable

### Motility: Full OU

### Visual Field Test Type: Confrontation Visual

Fields

### Visual Field Test Result: Full to Confrontation

OU

### Exam:

An examination was performed

OD External: normal lid position, nasolacrimal and orbital exam

OD Lid Margin: **trace meibomian gland dysfunction and vascularization**

Slit lamp examination OD:

OD Conjunctiva: **1+ papillary conjunctivitis**

OD Cornea: **abnormal tear break up time**

OD Anterior Chamber: **shallow**

OD Iris: normal iris without rubeosis

OS External: normal lid position, nasolacrimal and orbital exam

OS Lid Margin: **trace meibomian gland dysfunction and vascularization**

Slit lamp examination OS:

OS Conjunctiva: **1+ papillary conjunctivitis**

OS Cornea: **abnormal tear break up time**

OS Anterior Chamber: **shallow**

OS Iris: normal iris without rubeosis

**Samantha L Marek, MD (Primary Provider) (Bill Under)**

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CC MALVERN

325 Central Avenue  
Suite 101  
Malvern, PA 19355-3265

flomax, no blood thinners, no artificial heart valve, and no allergy to iodine/betadine.

### ROS

Provider reviewed on Sep 09, 2025.

A focused review of systems was performed including Cardiovascular, Endocrine, and Eyes and was notable for tearing, redness, and Uncontrolled Blood Pressure.

No Eye Pain, No Poor Vision, No Loss Of Vision, No Scalp Tenderness, No Amaurosis Fugax, No Jaw Pain, And No Uncontrolled Blood Sugar.

### Family History

Reviewed and no changes noted September 9, 2025.

No family history diabetes (situation)

No family history: Glaucoma (situation)

### Medical History

Reviewed and no changes noted September 9, 2025.

Acute panic state due to acute stress reaction: BP can spike to 300/225  
 Anxiety disorder  
 Arthritis  
 H/O: hypertension  
 Obstructive sleep apnea of adult

### Surgical History

Reviewed and no changes noted September 9, 2025.

Other: 5 cardiac stents  
 Spinal SX fusions  
 Knee replacement

OD Lens: **1-2+ nuclear sclerosis , large**

OS Lens: **1-2+ nuclear sclerosis , large**

General Appearance of the patient is well nourished.

Orientation: alert and oriented x 3.

Mood and affect: no acute distress.

### Impression/Plan:

1. **Allergic Conjunctivitis OU** - *Patient using pred TID. Discussed cataract and glaucoma risk with steroid drops - will discontinue*

*Not using any other treatments at this time*

*Reviewed cool compresses, PFATs, and topical antihistamines. Patient would like to avoid oral antihistamines because they make his blood pressure go up*

**Hx:**

*Recent flood in apartment with resulting black mold about 10 days ago*

*Over the past week, developed eye itching, irritation, and swelling*

*Seen in ED and started on olopatadine and benadryl*

*On exam, has papillary conjunctivitis, consistent with allergies*

*Suspect allergic reaction to black mold in apartment. Patient is trying to work with landlord to get this resolved*

*Recommend antihistamines and supportive measures for eye symptoms (H10.45)*

### Plan: Counseling - Allergic conjunctivitis.

I counseled the patient regarding the following:

Eye care: Allergic conjunctivitis may improve with anti-allergy eye drops and cold compresses.

Steroid eye drops are used when other treatments fail.

Expectations: Allergic conjunctivitis is an inflammation of the outer surface of the eye and eyelids. It is usually seasonal, but can last throughout the year in some individuals. It is common in people with a history of allergies to pollen, flowers, grass, hay fever, cats, and dogs.

Contact Office if: Conjunctivitis does not improve or worsens despite treatment.

### Plan: Treatment Regimen.

Start the following treatment(s): .

Artificial tears 2-4 times per day, as needed for irritation

Cool compresses as needed for irritation

Olopatadine 2 times a day to both eyes.

Discontinue the following treatment(s): .

Prednisolone.

2. **Anatomical Narrow Angle OU** -

*Planned for LPI with MOS, but did not schedule appointment. He would prefer to see a different provider*

*Discussed risk of angle closure and need for LPI - patient will schedule (H40.033)*

### Plan: Counseling - Narrow Angles.

I counseled the patient regarding the following:

Eye care: Narrow angles are usually observed or have a peripheral iridotomy performed with a laser.

Expectations: Narrow angles occur predispose one to an acute attack of glaucoma, which is a painful and potentially blinding complication. Being very far sighted, and certain systemic medications can cause an attack of glaucoma.

Contact Office if: An acute attack of glaucoma occurs, the symptoms of which include eye pain, blurry vision, headache, bright lights hurt, and nausea. It is a true ocular emergency where every hour makes a difference.

I discussed the following surgical options with the patient:

Laser peripheral iridotomy : This procedure involves a laser treatment to create a microscopic opening in the iris, the colored part of the eye, thereby opening the anterior chamber angle and

eliminating the risk of an acute attack of glaucoma. The risks of a laser peripheral iridotomy include inflammation, elevated intraocular pressure, closure of the iridotomy requiring a repeat treatment, scarring inside the eye, bleeding inside the eye, and loss of vision. The benefits of a laser iridotomy include reducing or eliminating the risk of an acute attack of glaucoma. It may also be of benefit for pigmentary dispersion syndrome.

After counseling the patient, we decided on the following plan for the right eye: Observation

After counseling the patient, we decided on the following plan for the left eye: Observation

**Plan: F/U for Next Visit Glaucoma.**

The patient should be scheduled for the following on next avail LPI eval:  
Instructions: GWO per patient request.

**3. Combined form of senile cataract OU - Slightly symptomatic, observe for now (H25.813)****Plan: Counseling - Cataracts.**

I counseled the patient regarding the following:

Eye Care: Cataracts do not require treatment unless they interfere with vision and impact one's activities of daily living, in which case cataract extraction with lens implant insertion should be performed.

Expectations: Cataracts occur in everyone as they age. Some specific cataracts like posterior subcapsular cataracts occur more commonly in diabetics, patients taking longterm steroid medications, and following trauma. The appropriate time to perform cataract surgery is when the loss of vision is interfering with your activities of daily living and a change in eyeglass prescription won't help.

Contact the office if: You experience progressive loss of vision, increasing glare, and problems with activities of daily living such as driving, reading, watching TV, seeing street signs, and following the golf ball.

After counseling the patient, we decided on the following plan for the right eye: Not visually significant and Observation

After counseling the patient, we decided on the following plan for the left eye: Not visually significant and Observation

Medical Decision Making - OD  
Will continue to monitor

Medical Decision Making - OS  
Will continue to monitor

**Staff:**

Samantha L Marek, MD (Primary Provider) (Bill Under)

Kathleen Lynn

Electronically Signed By: Samantha L Marek, MD, 09/09/2025 08:56 AM EDT