

Copper Ridge Surgery Center

Copper Ridge Surgery Center, 4100 Park Forest Dr
Traverse City, MI 496846725
Phone: (231) 392-8900

Date: 03/25/2026 07:22:10

To:

From: Zboralski, Alexis

Fax:

Comments

The information contained in this facsimile message is intended only for the personal and confidential use of the designated recipient(s) named above. This message may be attorney-client or hospital-patient communication and as such is privileged and confidential. If the reader of this message is not the intended recipient, or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and destroy the message or return it to us by mail. Thank you.

**MUNSON HEALTHCARE MHC Digestive Health**

4100 Park Forest Drive Suite 208

Traverse City, MI 49684-7306

Phone: (231) 935-5710

Fax: (231) 935-9045

Name: KAUSKA, EDWARD O

BirthDate: 7/27/1951

Gender: Male

Primary Care: Muntin NP, Ashlyn

10180 PUROLL RD
ELMIRA, MI 497309305

Phone: (231) 546-2074

Insurance Information**INSURANCE INFORMATION FOR SELECTED ACCOUNT#**

Account Number: 4003528795

GUARANTOR INFORMATION

Guarantor Name:

Guarantor's Relationship to Patient:

Guarantor Phone:

Guarantor Address:

DiagnosisDiagnosis: **Dysphagia**

Diagnosis Date: 2/16/2026

Status: Active

Code: R13.10 (ICD-10-CM)

Diagnosis: **Anemia**

Diagnosis Date: 2/16/2026

Status: Active

Code: D64.9 (ICD-10-CM)

Laboratory OrdersOrder: **Urinalysis with Microscopic**

Diagnosis: CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min; Code: N18.4

Diagnosis: Anemia of chronic disease; Code: D63.8

Diagnosis: Hypertension; Code: I10

Diagnosis: Hyperparathyroidism; Code: E21.3

Diagnosis: Metabolic acidosis; Code: E87.20

Ordering Physician: Fowler NP, Jill M

Order Details: Urine, Collect Routine, 3/3/26, ONCE, Order for future visit, CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min | Anemia of chronic disease | Hypertension | Hyperparathyroidism | Metabolic acidosis

Comment:

Action: Order

Date/Time: 3/3/2026 14:42 EST

Electronically Signed By: Fowler NP, Jill M

ACTIVATE IN FUTURE ORDERS

MHC Digestive Health

Name: KAUSKA, EDWARD O

MRN: 10242669

DOB: 7/27/1951

Laboratory Orders**Order: Albumin/Creatinine Ratio Urine**

Diagnosis: CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min; Code: N18.4

Diagnosis: Anemia of chronic disease; Code: D63.8

Diagnosis: Hypertension; Code: I10

Diagnosis: Hyperparathyroidism; Code: E21.3

Diagnosis: Metabolic acidosis; Code: E87.20

Ordering Physician: Fowler NP,Jill M

Order Details: Urine, Collect Routine, 3/3/26, ONCE, Order for future visit, CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min | Anemia of chronic disease | Hypertension | Hyperparathyroidism | Metabolic acidosis

Comment:

Action: Order

Date/Time: 3/3/2026 14:42 EST

Electronically Signed By: Fowler NP,Jill M

Order: Protein/Creatinine Ratio Urine

Diagnosis: CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min; Code: N18.4

Diagnosis: Anemia of chronic disease; Code: D63.8

Diagnosis: Hypertension; Code: I10

Diagnosis: Hyperparathyroidism; Code: E21.3

Diagnosis: Metabolic acidosis; Code: E87.20

Ordering Physician: Fowler NP,Jill M

Order Details: Urine, Collect Routine, 3/3/26, ONCE, Order for future visit, CKD (chronic kidney disease) stage 4, GFR 15-29 ml/min | Anemia of chronic disease | Hypertension | Hyperparathyroidism | Metabolic acidosis

Comment:

Action: Order

Date/Time: 3/3/2026 14:42 EST

Electronically Signed By: Fowler NP,Jill M

ACTIVATE IN FUTURE ORDERS