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

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
10180 PUROLL RD
ELMIRA, MI 497309305

BirthDate: 7/27/1951
Gender: Male
Primary Care: Muntin NP,Ashlyn

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:

Diagnosis

Diagnosis: **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 Orders

Order: **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