MARTIN RUBIN, M.D., P.A. 8186 Lark Brown Road, Suite 303 Elkridge, Maryland 21075 (410) 799-5111

Patient's Name: Date of Birth:

Jason Mitchell September 7, 1970

Referring Physician: Jeffrey Kaplan, M.D.

09/22/10

CC:

Mr. Mitchell is being followed up for obstructive sleep appea and reports a clogged feeling

in his ears.

HPI:

The patient had a recent sleep study which revealed severe obstructive sleep apnea indicating a worsening of his apnea compared to his previous sleep study. The patient reports having an increasing clogged feeling in both ears and comes for evaluation. The family history is positive for mother having had asthma as a child. The habits are negative for tobacco use, positive for moderate alcohol use, and positive for caffeine use. The review of systems remains positive for obstructive sleep apnea, history of Lyme disease in

the past with a recent IV therapy in 02/09 for chronic Lyme disease, and HPI.

PHYSICAL EXAM:

Ears:

The external auditory canals had impacted cerumen. See procedure note. After

removal, the external auditory canals and TMs appeared clear, without any signs of

fluid or infection.

Nose:

There was mild erythema of the nasal mucosa and mild hypertrophy of the

turbinates. No discharge, lesions, masses, or polyps were seen on anterior

rhinoscopy.

Pharynx:

The tongue, buccal mucosa, hard and soft palate, and posterior pharynx were clear

of any lesions, masses, polyps, erythema, or edema.

PROCEDURE NOTE:

Impacted cerumen was removed from the external auditory canals bilaterally

with a cerumen curette, and the patient tolerated the procedure well.

IMPRESSION:

1. Impacted cerumen of the external auditory canals bilaterally.

Severe obstructive sleep apnea.

3. Rhinitis.

PLAN:

A CPAP/BiPAP titration study will be obtained. If effective in reversing the patient's apnea, then a 1-month home trial therapy with a BiPAP would be

recommended. If the patient does not tolerate the therapy or it is not effective, then a UPPP and tonsillectomy would be recommended in hopes to improve his sleep apnea. The surgery was discussed with the patient and reports he will consider the

procedure. RTO after 1 month of CPAP/BiPAP therapy.

Martin Rubin, M.D.

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cc: Jeffrey Kaplan, M.D.