

**Bureau of Prisons
Health Services
Vision Screens**

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

Vision Screen on 07/09/2019 12:52

Blindness:

Distance Vision: OD: 20/100

OS: 20/70

OU:

Near Vision: OD:

OS:

OU:

With Corrective

Distance Vision: OD:

OS:

OU:

Near Vision: OD:

OS:

OU:

Present Glasses - Distance

Refraction - Distance

Sphere	Cylinder	Axis	Add
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Sphere	Cylinder	Axis	Add
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R:

R:

L:

L:

Color Test:

Tonometry: R: L:

Comments: Needs evaluation with optometrist.

Orig Entered: 07/09/2019 12:54 EST [REDACTED].MLP

Bureau of Prisons
Health Services
Immunizations

Begin Date: 07/07/2019

Reg #: 76318-054

End Date: 08/10/2019

Inmate Name: EPSTEIN, JEFFREY EDWARD

<u>Immunization</u>	<u>Immunization Date</u>	<u>Administered</u>	<u>Location</u>	<u>Dosage Drug Mfg.</u>	<u>Lot #</u>	<u>Exp Date</u>
Hepatitis A and B (TwinRx)		History Unknown				
	Orig Entered: 07/09/2019 12:51 EST		██████████	MLP		
Measles/Mumps/Rubella Series		History Unknown				
	Orig Entered: 07/09/2019 12:51 EST		██████████	MLP		
Smallpox Series		History Unknown				
	Orig Entered: 07/09/2019 12:51 EST		██████████	MLP		
Tetanus		History Unknown				
	Orig Entered: 07/09/2019 12:51 EST		██████████	MLP		
Varicella Series		History Unknown				
	Orig Entered: 07/09/2019 12:51 EST		██████████	MLP		
Total:	5					

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Bureau of Prisons
Health Services
Medical Duty Status

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

Housing Status

confined to the living quarters except meals pill line treatments Exp. Date: _____
 on complete bed rest: bathroom privileges only Exp. Date: _____
 cell: cell on first floor single cell lower bunk airborne infection isolation Exp. Date: 10/09/2019
 other: _____ Exp. Date: _____

Physical Limitation/Restriction

all sports Exp. Date: _____
 weightlifting: upper body lower body Exp. Date: _____
 cardiovascular exercise: running jogging walking softball Exp. Date: _____
 football basketball handball stationary equipment
 other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Equipment	Start Date	End Date	Return Date
C-Pap	07/30/2019		

PHILIPS RESPIRONICS SYSTEM ONE CPAP MACHINE.
SERIAL #: P11312813B1ED.

Work Restriction / Limitation:

Cleared for Food Service: Yes _____

No Restrictions

Comments: N/A

Health Services Staff [REDACTED] 07/30/2019 Date

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054 Quarters: Z04

ALL EXPIRATION DATES ARE AT 24:00

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SDNY_00009460
EFTA00033845

Bureau of Prisons
Health Services
Medical Duty Status

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

Housing Status

confined to the living quarters except meals pill line treatments Exp. Date: _____
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Physical Limitation/Restriction

all sports Exp. Date: _____
 weightlifting: upper body lower body Exp. Date: _____
 cardiovascular exercise: running jogging walking softball Exp. Date: _____
 football basketball handball stationary equipment
 other: _____ Exp. Date: _____

May have the following equipment in his / her possession:

Work Restriction / Limitation:

Cleared for Food Service: Yes
 No Restrictions

Comments: N/A

MLP _____ 07/09/2019
Health Services Staff _____ Date _____
Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054 Quarters: Z04

ALL EXPIRATION DATES ARE AT 24:00

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EFTA00033846

Bureau of Prisons
Health Services
Medication Summary
Historical

Complex: NYM--NEW YORK MCC	Begin Date: 07/07/2019	End Date: 08/10/2019
Inmate: EPSTEIN, JEFFREY EDWARD	Reg #: 76318-054	Quarter: Z04-206LAD

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Bisacodyl E.C. 5 MG TAB

Take one tablet (5 MG) by mouth at bedtime AS NEEDED for 10 days

Rx#: 121757-NYM Doctor: [REDACTED] MLP

Start: 07/09/19 Exp: 07/19/19 D/C: 07/12/19 Pharmacy Dispensings: 10 TAB in 32 days

Docusate Sodium 100 MG Cap

Take one capsule (100 MG) by mouth twice daily for 30 days

Rx#: 121823-NYM Doctor: [REDACTED]

Start: 07/12/19 Exp: 08/11/19 Pharmacy Dispensings: 60 CAP in 29 days

Docusate Sodium 100 MG Cap

Take one capsule (100 MG) twice daily by mouth with plenty of water

Rx#: 122084-NYM Doctor: [REDACTED]

Start: 07/26/19 Exp: 01/22/20 Pharmacy Dispensings: 30 CAP in 15 days

Milk of Magnesia Susp (OTC) (473ML) 400MG/5ML

shake well take 2 tablespoonful twice daily by mouth

Rx#: 121835-NYM Doctor: [REDACTED]

Start: 07/12/19 Exp: 07/14/19 Pharmacy Dispensings: 473 ML in 29 days

Milk of Magnesia Susp (OTC) (473ML) 400MG/5ML

shake well take 10ml by mouth twice daily AS NEEDED

Rx#: 122150-NYM Doctor: [REDACTED]

Start: 07/30/19 Exp: 10/28/19 Pharmacy Dispensings: 473 ML in 11 days

methylPREDNISolone 4 MG Tab (21 count Pack)

Take the tablet by mouth as directed

Rx#: 121836-NYM Doctor: [REDACTED]

Start: 07/12/19 Exp: 07/18/19 Pharmacy Dispensings: 21 tab in 29 days

methylPREDNISolone 4 MG Tab (21 count Pack)

Take the tablet by mouth as directed

Rx#: 122149-NYM Doctor: [REDACTED]

Start: 07/30/19 Exp: 08/05/19 Pharmacy Dispensings: 21 tab in 11 days

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EFTA00033847

Complex: NYM--NEW YORK MCC
Inmate: EPSTEIN, JEFFREY EDWARD

Begin Date: 07/07/2019
Reg #: 76318-054

End Date: 08/10/2019
Quarter: Z04-206LAD

Active Prescriptions

Omega 3 (Vascepa) 1 GM Capsule

Take two capsules (2 GM) twice daily by mouth with food

Rx#: 121885-NYM Doctor: [REDACTED]
Start: 07/17/19 Exp: 01/13/20

Pharmacy Dispensings: 180 Cap in 24 days

Insulin Reg (10 ML) 100 UNITS/ML Inj

Inject regular insulin subcutaneously per sliding scale: twice daily ***pill line*** for 7 days ***pill line***

Rx#: 122148-NYM Doctor: [REDACTED]
Start: 07/30/19 Exp: 08/06/19 D/C: 07/31/19 Pharmacy Dispensings: 0 ML in 11 days

Insulin Reg (10 ML) 100 UNITS/ML Inj

Inject regular insulin subcutaneously per sliding scale: each morning for 7 days ***pill line*** ***pill line***

Rx#: 122160-NYM Doctor: [REDACTED]
Start: 07/31/19 Exp: 08/07/19 Pharmacy Dispensings: 0 ML in 10 days

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EFTA00033848

Bureau of Prisons
Health Services
Dental Health History Screen

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054
Date of Birth: 01/20/1953 Sex: M Race: WHITE Facility: NYM
Encounter Date: 07/26/2019 07:54 Provider: [REDACTED] DDS Unit: H01

ASSESSMENTS:

Health Problems as of Dental Health History Encounter date: 07/26/2019 07:54

Health Problems

<u>Health Problem</u>	<u>Status</u>
Hyperlipidemia, unspecified	Current
HYPERTRIGLYCERIDEMIA	
Sleep apnea	Current
Constipation, unspecified	Current
Low back pain	Current
Neuralgia and neuritis, unspecified	Current
No Diagnosis	Current
Injury, unspecified	Current
R/O self inflicted injuries.	

Medical History as of Dental Health History Encounter date: 07/26/2019 07:54

Medical History:

Allergies:	Denied
Seizures:	Denied
Diabetes:	Denied
Cardiovascular:	Denied
CVA:	Denied
Hypertension:	Denied
Respiratory:	Denied
Sickle Cell Anemia:	Denied
Carcinoma/Lymphoma:	Denied
HIV History:	
When Tested:	2019
Test Result:	Negative
When Diagnosed AIDS:	
Last CD4:	
Comments:	
Hepatitis:	Denied

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EFTA00033849

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054
Date of Birth: 01/20/1953 Sex: M Race: WHITE Facility: NYM
Encounter Date: 07/26/2019 07:54 Provider: [REDACTED] DDS Unit: H01

Other Infectious Diseases:

Syphilis: No
Syphilis Last Treatment: N/A
Genital Warts: No
Chlamydia: Yes
Gonorrhea: No
Herpes: No
Chicken Pox: Yes
Other: No

Comments: Chlamydia in 2015, treated
Chicken pox in childhood

Other Health Issues:

Other Medical Conditions And Treatment: sleep apnea

Current Medical Conditions:

Other Current Treatments:

Pregnant: N/A

Dental Observations as of Dental Health History Encounter date: 07/26/2019 07:54

History:

Alcohol: No
Methamphetamine: No
Tobacco products: No
Other drugs: No
Sensitive teeth: No
Bleeding gums: Yes
Food impaction: Yes
Pain around ear: No
Toothache: No
Wear partial dentures: No
Unusual sounds while eating: No
Snoring: Yes
Blisters on lips or mouth: No
Clenching or grinding: Yes
Swelling or lumps in mouth/throat: No
Burning tongue: No
Bad breath: No
Decayed teeth: No
Loose teeth: No
Wear dentures: No
None: No

Comments:

CONFIDENTIAL

Inmate Name: EPSTEIN, JEFFREY EDWARD Reg #: 76318-054
Date of Birth: 01/20/1953 Sex: M Race: WHITE Facility: NYM
Encounter Date: 07/26/2019 07:54 Provider: [REDACTED] DDS Unit: H01

Cardiac Condition Requiring Prophylaxis: No

Prosthetic joint(s): No

Radiation history of head or neck: No

Excessive bleeding: No

Bisphosphonates: No

Comments:

Medications as of Dental Health History Encounter date: 07/26/2019 07:54

Medications:

Docusate Sodium 100 MG Cap Exp: 08/11/2019 SIG: Take one capsule (100 MG) by mouth twice daily for 30 days
Omega 3 (Vascepa) 1 GM Capsule Exp: 01/13/2020 SIG: Take two capsules (2 GM) twice daily by mouth with food

OTCs: Listing of all known OTCs this inmate is currently taking.

Instructed inmate how to obtain medical, dental, and mental health care.

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by [REDACTED] DDS on 07/26/2019 07:59

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EFTA00033851

**Bureau of Prisons
Health Services
Dental A&O Exam**

Inmate Name: EPSTEIN, JEFFREY EDWARD
Date of Birth: 01/20/1953
Encounter Date: 07/26/2019 07:47

Sex: M Race: WHITE
Provider: [REDACTED] DDS

Reg #: 76318-054
Facility: NYM
Unit: H01

Reviewed Health Status: Yes

Occlusion: Class I

Oral Hygiene: Fair

CPITN:

3	2	3
3	2	3

Hard and soft tissue examination performed and documented on BP618 form: Yes

Head & Neck/Soft Tissue within normal limits? No

Comments: moderate to advanced upper posterior gingival recession

Decayed: **Missing:** **Filled:**

0 1 14

Comments: Lower anterior crowding

Approved for hygiene appointment and radiographs: Yes

Instructed inmate how to obtain routine and emergency dental care. Oral hygiene instructions given: Yes

Dental A&O Screening Exam findings entered on EPSTEIN, JEFFREY EDWARD by [REDACTED] DDS on 07/26/2019 07:47.

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EFTA00033852

Bureau of Prisons
Health Services
Dental Soap/Admin Encounter

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054
Date of Birth:	01/20/1953	Sex:	M
Encounter Date:	07/18/2019 13:48	Race:	WHITE
		Provider:	Dental Asst
			Facility: NYM
			Unit: Z05

Screening encounter at Dental Clinic.

Reason Not Done: Unavailable

Comments: Patient has had several call outs for his Dental A & O screening but has not been escorted to the dental clinic.

Cosign Required: No

Completed by [REDACTED] Dental Asst on 07/19/2019 13:49.

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EFTA00033853



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name EPSTEIN, JEFFREY	Facility MCC New York	Collected 07/09/2019 13:34
Reg # 76318-054	Order Unit E06-547U	Received 07/10/2019 10:44
DOB 01/20/1953	Provider [REDACTED], MD	Reported 07/10/2019 14:46
Sex M		LIS ID 188191004

CHEMISTRY

Sodium	137	137-148	mmol/L
Potassium	4.7	3.5-5.0	mmol/L
Chloride	99	99-114	mmol/L
CO2	27	22-30	mmol/L
BUN	17	7-22	mg/dL
Creatinine	1.05	0.66-1.25	mg/dL
eGFR (IDMS)	>60		

GFR units measured as mL/min/1.73 m^2. If African American multiply by 1.210.
A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium	9.8	8.5-10.9	mg/dL	
Glucose	102	70-110	mg/dL	
AST	H	57	11-55	U/L
ALT		62	11-66	U/L
Alkaline Phosphatase		64	41-133	U/L
Bilirubin, Total		1.1	0.2-1.3	mg/dL
Total Protein		7.3	6.0-8.2	g/dL
Albumin		4.4	3.6-5.1	g/dL
Globulin		2.9	2.0-3.7	g/dL
Alb/Glob Ratio		1.50	1.00-2.30	
Anion Gap		10.2	9.0-19.0	
BUN/Creat Ratio		16.1	5.0-30.0	
Cholesterol	H	216	<200	mg/dL
Triglycerides	H	413	10-150	mg/dL

Calculation of LDL is not appropriate for samples with a triglyceride greater than 400 mg/dL. Therefore the LDL is not calculated.

HDL Cholesterol	L	31	40-60	mg/dL
Chol/HDL Ratio	H	6.9	0.0-4.0	

HEMATOLOGY

WBC		7.6	4.3-11.1	K/uL
NRBC%		0.0		%
RBC		5.42	4.46-5.78	M/uL
Hemoglobin		15.6	13.6-17.6	g/dL
Hematocrit		47.8	40.2-51.4	%
MCV		88.2	82.5-96.5	fL
MCH		28.8	27.1-34.9	pg
MCHC	L	32.6	33.0-37.0	g/dL
RDW-CV		12.8	12.0-14.0	%
Platelet		338	130-374	K/uL

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical

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U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
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417-874-1621

*** Sensitive But Unclassified ***

Name EPSTEIN, JEFFREY	Facility MCC New York	Collected 07/09/2019 13:34
Reg # 76318-054	Order Unit E06-547U	Received 07/10/2019 10:44
DOB 01/20/1953	Provider [REDACTED], MD	Reported 07/10/2019 14:46
Sex M		LIS ID 188191004

HEMATOLOGY

MPV	10.4	6.9-10.5	fL
Neutrophils %	58.7		%
Therapeutic decision making should be based on absolute values, rather than percentages			
Lymphocytes %	25.0		%
Monocytes %	11.1		%
Eosinophils %	4.1		%
Basophils %	0.8		%
Immature Granulocytes %	0.3	0.0-5.0	%
Neutrophils #	4.4	1.9-6.7	K/uL
Lymphocytes #	1.9	1.3-3.7	K/uL
Monocytes #	0.8	0.3-1.1	K/uL
Eosinophils #	0.3	0.0-0.5	K/uL
Basophils #	0.1	0.0-0.1	K/uL
Immature Granulocytes #	0.02	0.00-0.50	10^3/uL

HEMOGLOBIN A1C

Hemoglobin A1C	H	6.3	<5.7	%
5.7 - 6.4 Increased Risk				
> 6.4 Diabetes				

SEROLOGY

RPR	Non-Reactive	Non-Reactive
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Results may be affected in patients with severely advanced immunosuppression.

FLAG LEGEND L=Low L!=Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical

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SDNY_00009470
EFTA00033855



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name EPSTEIN, JEFFREY
Reg # 76318-054
DOB 01/20/1953
Sex M

Facility MCC New York
Order Unit E06-547U
Provider [REDACTED], MD

Collected 07/09/2019 13:34
Received 07/10/2019 10:44
Reported 07/10/2019 14:46
LIS ID 188191004

HIV

HIV 1/2	Negative	Negative
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Screening test - See confirmatory testing for Reactive results

FLAG LEGEND L=Low L!-Low Critical H=High H!=High Critical A=Abnormal A!=Abnormal Critical

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SDNY_00009471
EFTA00033856

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	EPSTEIN, JEFFREY EDWARD	Reg #:	76318-054		
Date of Birth:	01/20/1953	Race:	WHITE		
Encounter Date:	07/10/2019 16:58	Provider:	Lab Result Receive	Facility:	NYM

Cosigned by [REDACTED] on 07/14/2019 18:12.

7-24-2019
Date

I, JEFFREY EPSTEIN 76318-054, refuse treatment recommended by the Federal Bureau of Prisons Medical staff for the following condition(s):

DESCRIBE CONDITION IN LAYMAN'S TERMINOLOGY:

EYE DOCTOR EVALUATION.

The following treatment(s) was/were recommended:

EYE DOCTOR EVALUATION.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

INABILITY TO DIAGNOSE CURRENT OPHTHALMOLOGIC DISEASES.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my instructions.

C counseled by

7-24-2019

Date

Date

Signature of Witness



Date

NYM-NEW YORK MCC

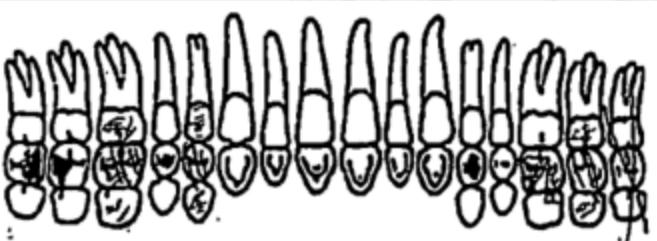
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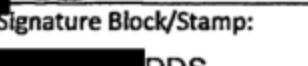
SDNY_00009473
EFTA00033858

A&O DENTAL EXAMINATION

(Initial Clinical Dental Findings)

FEDERAL BUREAU OF PRISONS

 <p>RIGHT</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p> <p>32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17</p>  <p>601</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p> <p>32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17</p>	Occlusion:									
	Oral Hygiene:	Good	Fair	Poor						
<p>CPITN:</p> <table border="1"> <tr> <td>3</td> <td>2</td> <td>3</td> </tr> <tr> <td>3</td> <td>2</td> <td>3</td> </tr> </table>	3	2	3	3	2	3	Head & Neck / Soft Tissue:			
	3	2	3							
3	2	3								
D: 0	Classification:									
M: 1	CLI									
F: 14	Pain Scale:									
	/10									

Dental Prostheses at Intake:		Comments: <i>advanced MOD to moderate gingival recession observed. Lower anterior crowding observed</i>	
Yes <input checked="" type="radio"/>	No <input type="radio"/>		
Type:	Age:		
Condition:			
Intra-oral Photos Taken:		Radiographs Taken: (Document findings on A&O encounter)	
Yes <input checked="" type="radio"/>	No <input type="radio"/>		
Instructed how to obtain urgent and non-urgent dental care:		Yes: <input checked="" type="checkbox"/>	No:
Treatment Priorities:	None:	Non-urgent: non-urgent	Urgent: Referred to Sick Call:
Radiographs authorized:		Prophylaxis authorized: Yes <input checked="" type="checkbox"/> No	
PAs: _____ BWs: _____ Panorex: _____		(Approval valid 18 months from examination date)	
Patient Name: <i>Epstein, Jeffrey E</i>		Dentist Signature:  <i>DDS</i>	
Register Number: <i>76318-054</i>	Institution: <i>MCC NEW YORK</i>	Date: <i>7-26-19</i>	Signature Block/Stamp:  <i>DDS.</i>

Chief Dental Officer
MCC New York

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SDNY_00009474
EFTA00033859