

**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

Sphere Cylinder Axis Add

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

End Date: 08/10/2019

Reg #: 76318-054

Inmate Name: EPSTEIN, JEFFREY EDWARD

<u>Immunization</u>	<u>Immunization Date</u>	<u>Administered</u>	<u>Location</u>	<u>Dosage</u>	<u>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							

CONFIDENTIAL

**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

**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:

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

**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

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

**Bureau of Prisons
Health Services
Dental Health History Screen**

Inmate Name: EPSTEIN, JEFFREY EDWARD	Reg #: 76318-054
Date of Birth: 01/20/1953	Facility: NYM
Encounter Date: 07/26/2019 07:54	Unit: H01

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

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
------------	--------

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

Inmate Name: EPSTEIN, JEFFREY EDWARD

Date of Birth: 01/20/1953

Sex: M

Race: WHITE

Reg #: 76318-054

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

**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.

**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
		Race:	WHITE
Encounter Date:	07/18/2019 13:48	Facility:	NYM
		Unit:	Z05
		Provider:	[REDACTED] Dental Asst

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.



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 m². 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 LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Page 1 of 3

CONFIDENTIAL

SDNY_00009469
EFTA00033854



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

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
-----	--------------	--------------

Results may be affected in patients with severely advanced immunosuppression.

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Page 2 of 3

CONFIDENTIAL

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

Screening test - See confirmatory testing for Reactive results

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Page 3 of 3

CONFIDENTIAL

SDNY_00009471
EFTA00033856

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

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

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

MEDICAL TREATMENT REFUSAL

CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

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 and/or decisions.


Counseled by 7-24-2019
Date


Date


Signature of Witness

07/24/19
Date

NYM--NEW YORK MCC

CONFIDENTIAL

BP-A0618

A&O DENTAL EXAMINATION

JUN 16

(Initial Clinical Dental Findings)

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

		Occlusion:			
		Oral Hygiene:	Good	Fair	Poor
		CPITN:	3	2	3
			3	2	3
Head & Neck / Soft Tissue:		D: <u>0</u> M: <u>1</u> F: <u>14</u>			
		Classification: <u>CL I</u> Pain Scale: <u>10</u>			

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

Chief Dental Officer
MCC New York

PDF

Prescribed by P6400

Replaces BP-A0618 of JUN 10

CONFIDENTIAL

SDNY_00009474

EFTA00033859