

Medical Eye Center - Grants Pass: Clinical Summary

Patient	Darlys Green		
Date of birth	July 8, 1953	Sex	Female
Race	White	Ethnicity	
Contact info	10244 Applegate RD Grants Pass, OR 97527, US Tel: +12069797616	Patient IDs	200065821 2.25.79364944623376954839912467830817539355.1.1
Preferred Language	English		
Document Id	5a912a10-d5f0-4f92-a47b-7b3244cadb67 2.25.79364944623376954839912467830817539355		
Document Created	January 27, 2026, 08:26:36, PST		
Performer (primary surgeon)	Dr. Steven Saraf - Tel: +1(541) 476-6302; 881 NE 7th Street, Grants Pass, OR 97526-1634 (Organization: Medical Eye Center - Grants Pass - Tel: (541) 476-6302; 881 NE 7th Street, Grants Pass, OR 97526-1634)		
Performer (primary care physician)	Dr. Matthew Mote - Tel: +1(541) 476-6644; 495 SW Ramsey Ave, Grants Pass, OR 97527 (Organization: Providence Grants Pass Clinic - Tel: (541) 476-6644; 495 SW Ramsey Ave, Grants Pass, OR 97527)		
Author	Steven Saraf, MD, Medical Eye Center - Grants Pass		
Contact info	881 NE 7th Street Grants Pass, OR 97526-1634 Tel: (541) 476-6302		
Encounter Id	2012958 2.25.79364944623376954839912467830817539355.3.1		
Encounter Date	at January 12, 2026		
Encounter Location	Medical Eye Center - Grants Pass		
Emergency contact	Charles Charles		
Contact info	address not available Tel: +15414505321		
Document maintained by	Medical Eye Center - Grants Pass		
Contact info	881 NE 7th Street Grants Pass, OR 97526-1634 Tel: (541) 476-6302		

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Allergies

Start Date	Substance	Note	Reactions	End Date	Documented By
3/13/2019	Simvastatin				Heather French Heather (3/13/2019)

Medications

Date	Name	Dose	Route	Frequency	Sig	End Date
3/26/2021	FML Liquifilm 0.1 % eye drops,suspension	1 drop	in both eyes	BID	1 drop in both eyes twice a day	8/3/2021
2/23/2021	Maxitrol 3.5 mg/mL-10,000 unit/mL-0.1% eye drops,suspension	1 drop	in surgical eye	QID	1 drop in surgical eye four times a day after surgery QIDx 2 weeks, then stop	3/26/2021
2/23/2021	erythromycin 5 mg/gram (0.5 %) eye ointment	1 application	in surgical eye	as directed	1 application in surgical eye as directed after surgery apply 1/4 inch of ung to surgical site, four times a day x 2week, then stop	3/26/2021
3/18/2019	Pred Forte 1 % eye drops,suspension	1 drop	in left eye	as directed	1 drop in left eye as directed after surgery four times a day for 1 week then twice a day for 3 weeks then stop	7/21/2020
3/18/2019	ketorolac 0.5 % eye drops	1 drop	in left eye	as directed	1 drop in left eye as directed After Surgery instill 1 drop four times a day x 1 week, twice a day x 3 weeks then stop.	7/21/2020
3/18/2019	Ocuflox 0.3 % eye drops	1 drop	in left eye	as directed	1 drop in left eye as directed four times a day for 1 week after surgery then stop	7/21/2020
	Accu-Chek Guide Me Glucose Meter	Add'l Sig Add'l Sig	miscellaneous	Add'l Sig		
	aspirin 81 mg tablet,delayed release	1 tablet	oral	Select Frequency		
	atorvastatin 20 mg tablet	1 tablet	oral	Select Frequency		8/3/2021
	atorvastatin 80 mg tablet	Add'l Sig Add'l Sig	oral	Add'l Sig		
	azelastine 137 mcg nasal spray aerosol	Add'l Sig Add'l Sig	nasal	Add'l Sig		
	cetirizine 10 mg tablet	1 Add'l Sig	oral	Select Frequency		7/21/2020
	ezetimibe 10 mg tablet	Add'l Sig Add'l Sig	oral	Add'l Sig		
	fluticasone 50 mcg/actuation nasal spray,suspension	1 squirt	nasal	Select Frequency		
	fluticasone furoate 27.5 mcg/actuation nasal spray,suspension	1 squirt	nasal	Select Frequency		8/16/2022
	folic acid 1 mg tablet	Add'l Sig Add'l Sig	oral	Add'l Sig	TAKE 3 TABLETS BY MOUTH ONCE DAILY	
	ipratropium bromide 0.06 % nasal spray	Add'l Sig Add'l Sig	nasal	Add'l Sig		
	losartan 25 mg tablet	1 tablet	oral	Select Frequency		8/3/2021
	meloxicam 15 mg tablet	1 Add'l Sig	oral	Select Frequency		7/21/2020
	metformin ER 500 mg 24 hr tablet,extended release	Add'l Sig Add'l Sig	oral	Add'l Sig		10/3/2025
	methotrexate sodium 2.5 mg tablet	Add'l Sig Add'l Sig	oral	Add'l Sig	TAKE 4 TABLETS BY MOUTH ONCE A WEEK	
	metoprolol tartrate 25 mg tablet	Add'l Sig Add'l Sig	oral	Add'l Sig		
	mometasone 50 mcg/actuation nasal spray	Add'l Sig Add'l Sig	nasal	Add'l Sig		8/3/2021
	naproxen 500 mg tablet	Add'l Sig Add'l Sig	oral	Add'l Sig		

Date	Name	Dose	Route	Frequency	Sig	End Date
	nifedipine ER 30 mg tablet, extended release 24 hr	Add'l Sig Add'l Sig	oral	Add'l Sig		
	Ozempic 0.25 mg or 0.5 mg (2 mg/3 mL) subcutaneous pen injector	Add'l Sig Add'l Sig	subcutaneous	Add'l Sig		
	prednisone 5 mg tablet	Add'l Sig Add'l Sig	oral	Add'l Sig	TAKE 1 TO 2 TABLETS BY MOUTH ONCE DAILY	
	PreserVision AREDS 2 250 mg-200 unit-40 mg-1 mg capsule	1 capsule	oral	Select Frequency		
	ProAir HFA 90 mcg/actuation aerosol inhaler	1 puff	inhalation	Select Frequency		
	Vitamin D3 Complete 18 mg iron-800 mcg-150 mg tablet	1 tablet	by mouth	Select Frequency		

Problem List

Onset Date	Name	Status
	No Known Problems	

Procedures

Date	Code	Description	Device UDI
	No Procedure Information Entered		

Results

Lab Date	Lab Name	Result Date	Result Name	Value	Unit	Final Diagnosis	Microscopic Dissection
	No Labs Entered						

Functional Status

Date	Type	Description	Value
	Functional	No Information Entered	

Immunizations

Date	Vaccine	Dosage	Reaction	Notes
	No Immunization Entered			

Medical Equipment

Date	Code	Description	Device UDI
	Patient has no history of implantable devices		

Plan of Treatment

Date	Type	Description	Value
	Instruction		No Information Entered
	Activity		No Information Entered
	Procedure		Intent - No Information Entered
10/13/2026	Encounter	Future Appointment	Established Patient Exam - Medical Eye Exam - Provider(s): Heather French, OD Location: Medical Eye Center - Grants Pass 881 NE 7th Street Grants Pass, OR 97526-1634 Phone: (541) 476-6302
2/23/2026	Encounter	Future Appointment	Intravitreal Injection - Izervay - Provider(s): Steven Saraf, MD Location: Medical Eye Center - Grants Pass 881 NE 7th Street Grants Pass, OR 97526-1634 Phone: (541) 476-6302

Social History

Date	Description	Value
	No Information Entered	
	Birth Sex	Female

Vital Signs

No Information Entered		
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Reason for Referral

Date	Reason
	No Information Entered

Medications Administered

Date	Medication	Notes	Dose
	No Information Entered		

Instructions

Date	Description	Value
		No Information Entered

Reason for Visit

Date	Reason
	No Information Entered

Goals

Date	Goal	Author
	No Information Entered	

Assessments

Date	Assessment
	No Information Entered

Health Concerns

Name
No Information Entered

Mental Status

Date	Description
	No Information

Consultation Note

Note Date	Note Text
	No Information Entered

Discharge Summary

Note Date	Note Text
	No Information Entered

History & Physical Note

Note Date	Note Text
	No Information Entered

Procedure Note

Note Date	Note Text
	No Information Entered

Progress Note

Note Date	Note Text
	No Information Entered

Imaging Narrative

Note Date	Note Text
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Note Date	Note Text
	No Information Entered

Laboratory Report Narrative

Note Date	Note Text
	No Information Entered

Pathology Report Narrative

Note Date	Note Text
	No Information Entered