

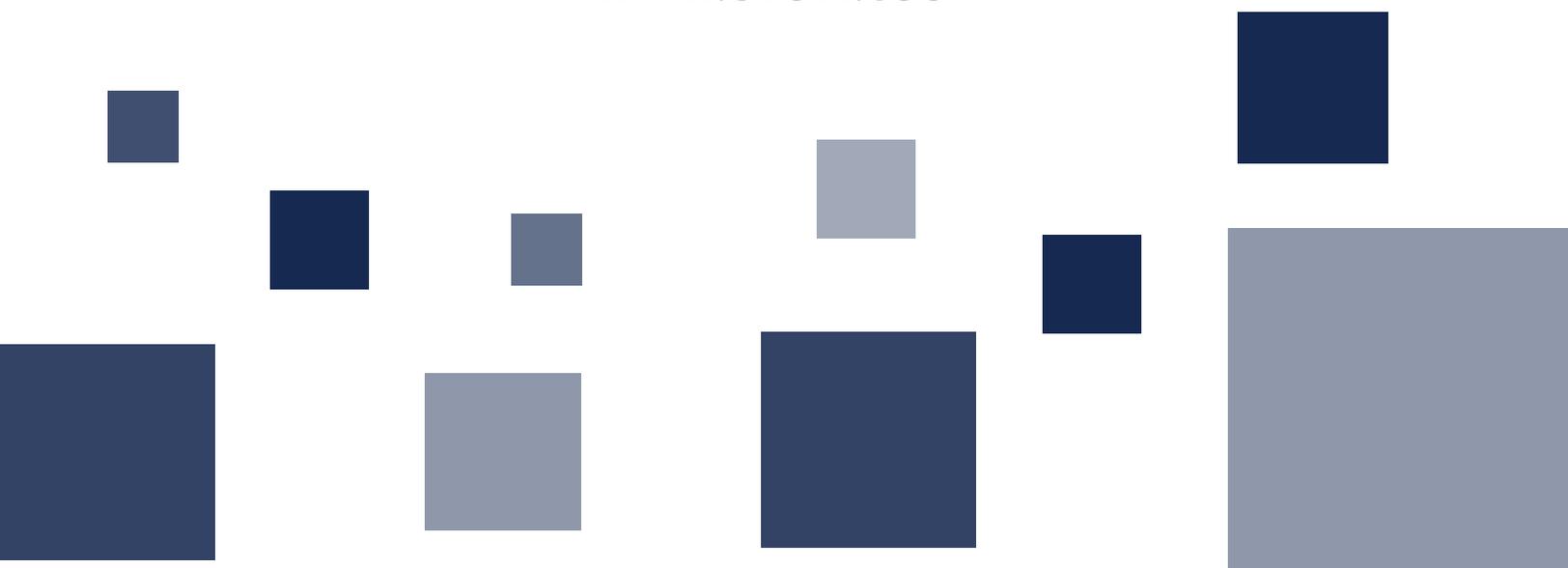


Synthetic Clinical Dialogues Library

Clinical Notes generated by machine
without human-in-the-loop



www.brevi.tech



Security

- Fully encrypted at Rest. Fully encrypted during the transit using the TSL 1.2 protocol plus additional encryption using RSA-256 with dynamically generated keys.
- All of our infrastructure is deployed on Microsoft Azure and each user's information is stored in a dedicated Storage Account.
- Monitoring vulnerabilities and Azure Firewalls in place.
- SOC 2 Type 2 auditing under Prescient Assurance, estimated time December 2022.



Vanta



Trust Center

Trust Center

SOC 2 Type 1

HIPAA

Pricing

Time-Based Subscriptions:

~ \$0.12 per minute

Approximately price per month:

~ \$360 per physician

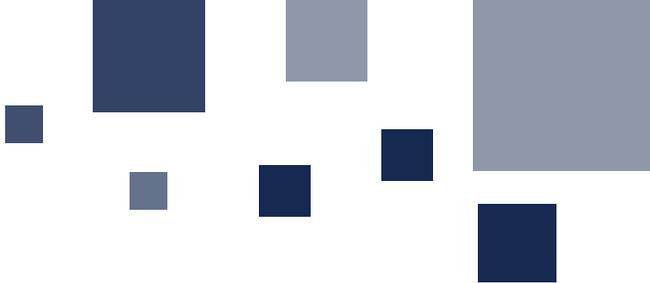
Encounter-Based Subscriptions:

~ \$2 per encounter

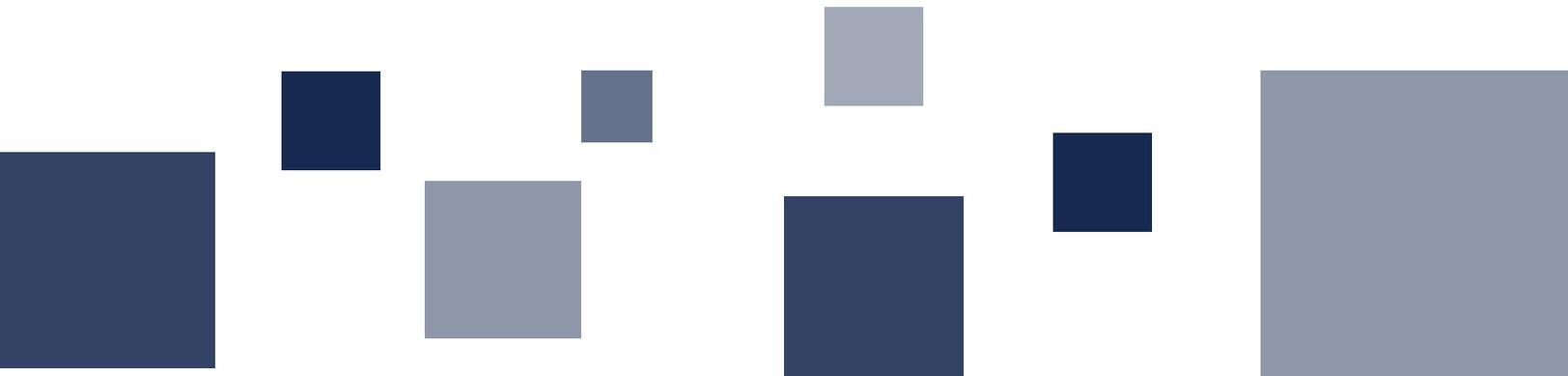
Approximately price per year:

~ \$4k per physician

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Dizzy Spells Consultation



Encounter (9 min): [an intermediate difficulty dialogue with a patient complaint of dizziness.](#)

Subjective: Patient complains about getting dizzy spells and thinks that it is related to not eating and sleeping well. Patient never had dizzy spells before. The dizziness started about 3 days ago. It's been happening more and more frequently. Last dizziness was at the morning. Sometimes it goes away really quickly, and other times, it lingers for a while. Patient doesn't have a family history of vertigo, strokes, or any nervous system problems. Patient had no fever, weakness, sudden changes in vision or hearing, chest pain, difficulty breathing, injuries or falls, and hadn't traveled in the past 2 weeks. Patient increased Lisinopril dosage from half a tablet to the whole tablet and had a blood pressure of 108 / 70, which is lower than usual.

Objective: Blood pressure is 108 / 70. Doctor did a physical exam on the lungs, and they sound normal.

Assessment and Plan: Doctor suspects that dosage increase is the reason for dizziness and explained about blood pressure. Doctor suggested getting a blood pressure cuff, exercising, decreasing Lisinopril dosage to half a tablet, drinking more water, and finding a way to relieve some stress. In case of patient having problems with sleeping doctor suggested over the counter melatonin, and if it doesn't work - one tablet of Trazodone. Doctor suggested calling back if dizziness persists after 2-3 days. Doctor scheduled a follow-up in 2 weeks and planned to track patient's blood pressure before that.

Dizzy Spells Consultation

Subjective: Patient complains about getting dizzy spells. Patient never had dizzy spells before. Patient hadn't traveled in the past 2 weeks. Patient increased Lisinopril dosage from half a tablet to the whole tablet.

Patient reported:

- dizzy spells started about 3 days ago and thinking that dizziness is related to not eating and sleeping well
- dizziness has been happening more and more frequently
- last dizziness was at the morning
- sometimes dizziness goes away really quickly, and other times, it lingers for a while
- blood pressure of 108 / 70, which is lower than usual

Patient denied:

- fever
- weakness
- sudden changes in vision or hearing
- chest pain
- difficulty breathing
- injuries
- falls
- family history of vertigo, strokes, or any nervous system problems

Objective:

- Blood pressure – 108 / 70
- Physical exam – lungs
- Lungs – sound normal

Assessment and Plan: Doctor scheduled a follow-up in 2 weeks.

Dizziness

- suspected that Lisinopril dosage increase is the reason for dizziness
- explained about blood pressure
- suggested
 - getting a blood pressure cuff
 - exercising
 - drinking more water
 - finding a way to relieve some stress
 - calling back if dizziness persists after 2-3 days
- decreased Lisinopril dosage to half a tablet
- In case of patient having problems with sleeping doctor suggested over the counter melatonin, and if melatonin doesn't work - one tablet of Trazodone
- track patient's blood pressure before a follow-up

Blood Clot and Leg Swelling



Encounter (10.5 min): an intermediate difficulty dialogue with a patient complaining of a swollen leg.

Subjective: Patient complains about the swollen left leg and left leg pain that started about 2 days ago. Patient didn't hit the leg against anything, and patient has no past injuries, surgeries, difficulties breathing, blood clots, or bleeding disorders, but had Mallory Weiss tear. Patient didn't have chest pain. Patient had anemia for a while. Patient made a road trip with some friends up to Santa Barbara.

Objective: Patient's leg below the knee looks pretty swollen and red, really hot to touch, and it hurt when putting some pressure. Tests confirmed that patient has a blood clot in a leg, which is called provoked DVT, and a bit lower blood level. Doctor did a physical exam on the lungs, and they sound clear.

Assessment and Plan: Doctor suspected that patient had a blood clot and ordered some labs and got an ultrasound of the leg. Doctor explained about the blood clots. Doctor suggested cutting back on drinking alcohol as it can worsen anemia. Doctor suggested getting out of the car and moving the legs every few hours during road trips. Doctor suggested taking it easy for a few weeks until the clot dissolves. Doctor prescribed Xarelto for one month, twice a day at first for a few weeks, and then switch it over to once a day afterward. Doctor warned patient that Xarelto might increase the risk of bleeds and suggested going to ER in case of bleeding. Doctor suggested against over the counter pain meds. Doctor scheduled follow-up with patient primary care doctor to get full 3 months treatment of Xarelto.

Blood Clot and Leg Swelling

Subjective: Patient complains about the swollen left leg and left leg pain that started about 2 days ago. Patient had Mallory Weiss tear. Patient made a road trip with some friends up to Santa Barbara.

Patient reported:

- swollen left leg and left leg pain that started about 2 days ago
- having anemia for a while

Patient denied:

- hitting the leg against anything
- past injuries and surgeries
- difficulties breathing
- blood clots
- bleeding disorders
- chest pain

Objective:

- Physical exam – legs, lungs
- Tests – labs and ultrasound
- Blood level – a bit low
- Legs – below the knee looks pretty swollen and red, really hot to touch, and it hurt when putting some pressure. blood clot in a leg, which is called provoked DVT
- Lungs – sound clear

Assessment and Plan: Doctor scheduled follow-up with patient primary care doctor to get full 3 months treatment of Xarelto.

Blood clot

- explained about the blood clots
- suggested
 - getting out of the car and moving the legs every few hours during road trips
 - taking it easy for a few weeks until the clot dissolves
 - against over the counter pain meds
- prescribed Xarelto for one month, twice a day at first for a few weeks, and then switch it over to once a day afterward
- warned patient that Xarelto might increase the risk of bleeds and suggested going to ER in case of bleeding

Anemia

- suggested cutting back on drinking alcohol as it can worsen anemia

Blood Pressure & Prediabetic



Encounter (9 min): an intermediate difficulty dialogue with a high blood pressure patient at risk of developing diabetes.

Subjective: Patient came for a follow-up. Patient was doing great with meal prepping. Patient used to be on lisinopril but now taking amlodipine once a day. Patient didn't use any hydralazine. Patient has a family history of high cholesterol from dad's side. Patient's dad takes Lipitor and has diabetes.

Objective: Amlodipine lowered patient's blood pressure a little bit, and it is 146/85, which is a good improvement from the last time. Patient's cholesterol was a bit high. Patient's blood sugar levels were slightly higher, and labs showed that patient fell into the prediabetic range. Patient had a low thyroid level.

Assessment and Plan: Doctor explained patient the risks of developing diabetes and ways to avoid it. Patient had a low thyroid level, and it could be the reason of feeling exhausted. Doctor prescribed hydrochlorothiazide 12.5 once a day, and it might cause more frequent peeing. Doctor decided to add one more day of meal prepping during the week. Doctor also prescribed a low dose of Lipitor daily to bring LDL and cholesterol down, a thyroid supplement to help balance thyroid levels and suggested exercising 30 minutes a few days a week. Doctor decided to continue with the same diet for a few weeks and then make further changes. Doctor scheduled follow-up in 3 months.

Blood Pressure & Prediabetic

Subjective: Patient came for a follow-up. Patient used to be on lisinopril but now taking amlodipine once a day. Patient didn't use any hydralazine. Patient has a family history of high cholesterol from dad's side. Patient's dad takes Lipitor and has diabetes.

Patient reported:

- doing great with meal prepping

Objective:

- Blood pressure – 146/85, which is a good improvement from the last time.
Amlodipine lowered patient's blood pressure a little bit
- Cholesterol – a bit high
- Blood sugar levels – slightly higher
- Prediabetic range
- Low thyroid level

Assessment and Plan: Patient had a low thyroid level, and it could be the reason of feeling exhausted. Doctor scheduled follow-up in 3 months.

Prediabetic

- explained patient the risks of developing diabetes and ways to avoid it
- prescribed
 - a low dose of Lipitor daily to bring LDL and cholesterol down
 - thyroid supplement to help balance thyroid levels
- decided to continue with the same diet for a few weeks and then make further changes
- suggested exercising 30 minutes a few days a week

Blood pressure

- prescribed hydrochlorothiazide 12.5 once a day, and it might cause more frequent peeing
- decided to add one more day of meal prepping during the week

Patient with Headache & Sinusitis



Encounter (8 min): an Intermediate difficulty dialogue with a patient referred by his primary care physician to an otolaryngologist.

Subjective: Patient complains about having terrible headaches for around four months. Patient was referred by a primary care physician. Primary care physician believes that headaches are related to the sinusitis patient had previously. Patient denied vision changes and a sudden sense of smell. Headaches felt like carrying extra weight on the face, especially around the nose. Patient always had problems with the nose. Patient could never breathe normally. Patient had nasal deviation 20 years ago. Patient had more than five episodes of sinusitis in the past year. Patient tried three different nasal decongestants, a lot of different antihistamines, cortisone pills, and antibiotics, but none of them worked. Patient didn't develop a fever during sinusitis episodes but had terrible facial pain and green discharge from the nose. During sinusitis episodes, patient takes a lot of pain medications to bear the pain. Patient had been coughing all the time in the past two months and had a sensation of mucus in the back of the throat. Patient used to be a marathon runner, but now patient hasn't felt like running for the past five months. Patient was never tested for any allergies and didn't have food allergies but had an issue with cats. Patient has never done a nasal endoscopy. Patient didn't take any blood thinners or anti platelet medications.

Objective: Nasal endoscopy showed a lot of inflammation going on in both nostrils.

Assessment and Plan: Doctor explained about a nasal endoscopy, CT scan of paranasal sinuses, and chronic sinusitis. Doctor decided to do a nasal endoscopy and applied a local anesthetic and a local decongestant into the nose. Doctor suggested a CT scan of the paranasal sinuses. Doctor concluded that headaches were caused by chronic sinusitis. Doctor prescribed nasal decongestant fluticasone once a day to spray twice into each nostril.

Patient with Headache & Sinusitis

Subjective: Patient complains about having terrible headaches for around four months. Patient was referred by a primary care physician. Primary care physician believes that headaches are related to the sinusitis patient had previously. Patient always had problems with the nose. Patient could never breathe normally. Patient had nasal deviation 20 years ago. Patient had more than five episodes of sinusitis in the past year. Patient tried three different nasal decongestants, a lot of different antihistamines, cortisone pills, and antibiotics, but none of them worked. During sinusitis episodes, patient takes a lot of pain medications to bear the pain. Patient used to be a marathon runner, but now patient hasn't felt like running for the past five months. Patient was never tested for any allergies and didn't have food allergies but had an issue with cats. Patient has never done a nasal endoscopy.

Patient reported:

- having terrible headaches for around four months
- headaches felt like carrying extra weight on the face, especially around the nose
- having terrible facial pain and green discharge from the nose during sinusitis episodes
- coughing all the time in the past two months and having a sensation of mucus in the back of the throat

Patient denied:

- vision changes
- sudden sense of smell
- food allergies
- developing a fever during sinusitis episodes
- taking any blood thinners or anti platelet medications

Objective:

- Nasal endoscopy – showed a lot of inflammation going on in both nostrils

Assessment and Plan:

Sinuses

- explained about a nasal endoscopy, CT scan of paranasal sinuses, and chronic sinusitis
- decided to do a nasal endoscopy and applied a local anesthetic and a local decongestant into the nose
- suggested a CT scan of the paranasal sinuses
- concluded that headaches were caused by chronic sinusitis
- prescribed nasal decongestant fluticasone once a day to spray twice into each nostril

Fainted while Exercising



Encounter (7.5 min): [an intermediate difficulty dialogue in an emergency room.](#)

Subjective: Patient passed out at the gym. Patient was brought into the emergency department by the paramedics. Patient had never passed out before. Patient feels a bit hazy. These put patient at a very high risk of a heart attack or a stroke at 18. Patient denied having high blood pressure and high heart rate in the past. Patient denied having any history of medical issues and taking any medications. Patient's workout wasn't any different from usual. The daily limit of most preworkouts is about 2 scoops, but patient took more.

Objective: Patient had a very high blood pressure of 242/114 and a heart rate of over 170. Doctor did CT to make sure there were no bleeds.

Assessment and Plan: Doctor stabilized both high blood pressure and heart rate, and put patient on strong IV medications. Doctor explained about blood pressure and heart rate during working out and normal times. Doctor explained why taking pre-workout dry would not increase how effective a workout is and that it is a very high choking risk and can damage the kidneys and blood vessels. Doctor assured patient that it was not a heart attack. Doctor suspected that patient had passed out because the blood was having a hard time getting to the brain. Doctor concluded that patient passed out due to taking too many preworkouts. Doctor decided to try lowering the doses of the medications to wean patient off the esmolol, and the nitroglycerin, then after vitals start shifting up, keep them on. Doctor decided to keep patient overnight to make sure patient was okay.

Fainted while Exercising

Subjective: Patient passed out at the gym. Patient was brought into the emergency department by the paramedics. Patient had never passed out before. These put patient at a very high risk of a heart attack or a stroke at 18. Patient's workout wasn't any different from usual. The daily limit of most preworkouts is about 2 scoops, but patient took more.

Patient reported:

- feeling a bit hazy

Patient denied:

- high blood pressure in the past
- high heart rate in the past
- any history of medical issues and taking any medications

Objective:

- Blood pressure – a very high blood pressure of 242/114
- Heart rate – over 170
- Tests – CT to make sure there were no bleeds

Assessment and Plan:

Pre-workout overdose

- stabilized both high blood pressure and heart rate and put patient on strong IV medications
- explained
 - about blood pressure and heart rate during working out and normal times
 - why taking pre-workout dry would not increase how effective a workout is and that it is a very high choking risk and can damage the kidneys and blood vessels
- assured patient that it was not a heart attack
- suspected that patient had passed out because the blood was having a hard time getting to the brain
- concluded that patient passed out due to taking too many preworkouts
- decided to
 - try lowering the doses of the medications to wean patient off the esmolol and the nitroglycerin, then after vitals start shifting up, keep medications on
 - keep patient overnight to make sure patient was okay

Patient with Various Illnesses



Encounter (30 min): a very complex dialogue that lasts 30 minutes with a patient with many unrelated illnesses.

Subjective: Patient wants to establish care with the hospital and get medication refills. Patient wife passed away from COVID. Patient had been coughing for years and had heart failure. Patient had CML leukemia for over 10 years and taking SPRYCEL 100 milligram for about two years, and previously was on GLEEVEC. Patient has asthma since youth and developed COPD by spending a lot of time breathing in the dust and fumes. Patient takes Singulair and steroids for exacerbations, and uses Albuterol once or twice every other week and Spiriva. Patient should have third one - steroid inhaler which helps decrease inflammation and is important in asthma. Patient said that the rescue inhaler doesn't do too much to help with breathing. Patient is also taking over the counter Claritin DM during allergy season. Patient has a heart failure and takes Losartan 50 milligram daily, Metoprolol tartrate 50 milligrams twice a day, Spironolactone 25 milligram, and furosemide 40 milligrams. Patient used to take carvedilol but switched it as it made patient dizzy. Patient took Synthroid 37.5 micrograms for hypothyroidism and proscar and Flomax for prostate and had part of the prostate where the cancer was removed. Patient has a family history of heart disease and takes Lipitor 84 and baby aspirin every day for heart health. Did last colonoscopies 2 years ago.

Objective: Patient's blood pressure is a bit high. Patient also had low potassium levels. Doctor did a quick physical exam on eyes, ears, tongue, throat, hands, legs, and reflexes, and there is a lot of cracking on shins, toenails are infected, fungus growing on toenails which is called onychomycosis.

Assessment and Plan: Doctor explained about rescue inhalers, and how patient should use them and prescribed aerochamber. Doctor ordered steroids one fill for five days. Doctor plans to switch patient to a long acting metoprolol once daily. Patient's blood pressure is a bit high, and doctor decided to increase Losartan dosage a bit. Patient also had low potassium levels and used to take potassium pills, so doctor recommended eating a couple of bananas a week and changing Lasix to a sliding scale. Doctor explained about sliding scale. Doctor ordered some labs for next visit. Doctor suggested using Aveeno or Eucerin to keep skin moisturized. Doctor prescribed something for onychomycosis for 3 month. Doctor suggested over the counter Motrin or Tylenol for arthritis and prescribed FLECTOR gel. Doctor scheduled follow-up in 3 months.

Patient with Various Illnesses

Subjective: Patient wants to establish care with the hospital and get medication refills. Patient wife passed away from COVID. Patient had heart failure. Patient had CML leukemia for over 10 years and taking SPRYCEL 100 milligram for about two years, and previously was on GLEEVEC. Patient has asthma since youth and developed COPD by spending a lot of time breathing in the dust and fumes. Patient takes Singulair and steroids for exacerbations, and uses Albuterol once or twice every other week and Spiriva. Patient should have third one - steroid inhaler which helps decrease inflammation and is important in asthma. Patient said that the rescue inhaler doesn't do too much to help with breathing. Patient is also taking over the counter Claritin DM during allergy season. Patient has a heart failure and takes Losartan 50 milligram daily, Metoprolol tartrate 50 milligrams twice a day, Spironolactone 25 milligram, and furosemide 40 milligrams. Patient used to take carvedilol but switched it as it made patient dizzy. Patient took Synthroid 37.5 micrograms for hypothyroidism and proscar and Flomax for prostate and had part of the prostate where the cancer was removed. Patient has a family history of heart disease and takes Lipitor 80 and baby aspirin every day for heart health. Did last colonoscopies 2 years ago.

Patient reported:

- coughing for years

Objective:

- Blood pressure - a bit high
- Low potassium levels
- Physical exam - eyes, ears, tongue, throat, hands, legs, and reflexes
- Legs - a lot of cracking on shins, toenails are infected and fungus growing on toenails which is called onychomycosis

Assessment and Plan: Doctor ordered some labs for next visit. Doctor scheduled follow-up in 3 months.

Asthma

- explained about rescue inhalers, and how patient should use them
- prescribed aerochamber
- ordered steroids one fill for five days

Heart failure

- switched patient to a long acting metoprolol once daily
- increase Losartan dosage a bit

Low potassium

- recommended eating a couple of bananas a week
- changed Lasix to a sliding scale and explained about sliding scale

Onychomycosis

- suggested using Aveeno or Eucerin to keep skin moisturized
- prescribed something for onychomycosis for 3 month

Arthritis

- suggested over the counter Motrin or Tylenol
- prescribed FLECTOR gel

Patient with Pancreatic Cancer



Encounter (8 min): *an intermediate difficulty dialogue with a medical oncologist as a referral from his surgeon.*

Subjective: Patient was referred to doctor in order to discuss further treatment options after patient completed surgical treatment. Patient had surgery for pancreatic cancer four weeks ago. After patient was diagnosed with the disease patient's whole life changed, but after surgery, patient feels much better. Patient attended chemo training last week. Patient was concerned about hair loss.

Objective:

Assessment and Plan: Doctor explained about chemotherapy, hair loss, gemcitabine, and its side effects, like anemia, neutropenia, and thrombocytopenia. Doctor decided that the best further treatment would be to have patient undergo 6 cycles of gemcitabine. Each cycle lasts about three to four weeks, so in total, around six months. If patient experience any severe symptoms at any time point, doctor will discontinue the medication. Doctor will stop the treatment if there is no progress or if the disease is spreading into the rest of the body. Doctor assured patient that by having weekly lab tests and close monitoring, doctor would be on guard for any potential side effects. Doctor assured patient that by taking weekly blood tests, doctor would be able to detect any blood abnormalities early and treat them accordingly. Doctor didn't recommend delaying the treatment. Patient will make decision regarding the treatment next week.

Patient with Pancreatic Cancer

Subjective: Patient was referred to doctor in order to discuss further treatment options after patient completed surgical treatment. Patient had surgery for pancreatic cancer four weeks ago. After patient was diagnosed with the disease patient's whole life changed, but after surgery, patient feels much better. Patient attended chemo training last week. Patient was concerned about hair loss.

Patient reported:

- feeling much better after surgery

Objective:

Assessment and Plan: Patient will make decision regarding the treatment next week.

Cancer and chemotherapy

- explained about chemotherapy, hair loss, gemcitabine, and its side effects, like anemia, neutropenia, and thrombocytopenia
- decided that the best further treatment would be to have patient undergo 6 cycles of gemcitabine and each cycle of gemcitabine lasts about three to four weeks, so in total, around six months
- will
 - discontinue the medication, if patient experience any severe symptoms at any time point
 - stop the treatment if there is no progress or if the disease is spreading into the rest of the body
- assured patient that by
 - having weekly lab tests and close monitoring, doctor would be on guard for any potential side effects
 - taking weekly blood tests, doctor would be able to detect any blood abnormalities early and treat them accordingly
- didn't recommend delaying the treatment

OCD Evaluation



Encounter (9 min): [a complex dialogue that contains elements of a mental disorder.](#)

Subjective: The therapist referred patient to evaluate OCD and prescribe medications and suggested Lexapro. Patient has pure OCD. Patient has been seeing a therapist for about a year. Patient's OCD improved initially during therapy sessions, but recently it hasn't improved for a few months. Patient had no shortness of breath. Patient has unwanted ideas, images, or impulses. Patient is always afraid to lose something important, feels safe during ruminating, avoids situations or people patient worries about hurting, and feels worthless or guilty. Patient denied excessive worry about dirt, germs, or chemicals, fear of acting or speaking aggressively, Jelly legs, sleeping troubles, excessive washing, keeping useless things, changes in sleeping and eating habits, feeling sad or depressed, disinterest in life, and denied danger from the use of alcohol or drugs. Patient was previously diagnosed with general anxiety disorder in 2013 and ADHD in 2016 and was prescribed Paxil, Adderall, and Wellbutrin. Patient thinks that Adderall made patient's anxiety worse, and patient didn't like the person that patient was on Adderall. Patient thinks that Wellbutrin didn't do much.

Objective:

Assessment and Plan: Doctor concluded that patient had PMDD, prescribed the antidepressant Celexa 10 milligrams, and asked patient to continue sessions with the therapist. Doctor scheduled a follow-up in 1 month.

OCD Evaluation

Subjective: The therapist referred patient to evaluate OCD and prescribe medications and suggested Lexapro. Patient has pure OCD. Patient has been seeing a therapist for about a year. Patient was previously diagnosed with general anxiety disorder in 2013 and ADHD in 2016 and was prescribed Paxil, Adderall, and Wellbutrin. Patient thinks that Adderall made patient's anxiety worse, and patient didn't like the person that patient was on Adderall. Patient thinks that Wellbutrin didn't do much.

Patient reported:

- OCD improved initially during therapy sessions, but recently it hasn't improved for a few months
- unwanted ideas, images, or impulses
- always afraid to lose something important
- feeling safe during ruminating
- avoiding situations or people patient worries about hurting
- feeling worthless or guilty

Patient denied:

- shortness of breath
- excessive worry about dirt, germs, or chemicals
- fear of acting or speaking aggressively
- jelly legs
- sleeping troubles
- excessive washing
- keeping useless things
- changes in sleeping and eating habits
- feeling sad or depressed
- disinterest in life
- danger from the use of alcohol or drugs

Objective:

Assessment and Plan: Doctor scheduled a follow-up in 1 month.

PMDD

- concluded that patient had PMDD
- prescribed the antidepressant Celexa 10 milligrams

OCD

- asked patient to continue sessions with the therapist

Hypochondriac Patient



Encounter (11 min): a complex dialogue that contains elements of a mental disorder with a patient who fears about covid infection.

Subjective: Patient suspects that she has flu from a flu shot. Patient got the flu shot yesterday at the pharmacy. Patient got the COVID vaccine in May. Patient had chills, light cough, and shooting pain at random times. Patient sometimes had a little shortness of breath and clear color phlegm around Christmas time. Patient had problems sleeping.

Objective: Swab test showed that patient didn't have flu virus or COVID.

Assessment and Plan: Patient sometimes had a little shortness of breath and phlegm around Christmas time, and doctor suspects that patient has seasonal allergies. Doctor suggested patient drink lots of water, rest, take vitamin C and recommended over the counter Tylenol or Motrin for fevers and aches and over the counter cough suppressant to help with the coughing. Patient had problems sleeping, and doctor suggested good sleeping habits. Doctor explained patient about vaccines, flu, COVID, and pneumonia. Doctor concluded that patient had a viral infection and a common Cold. Doctor assured patient that patient didn't have pneumonia, insomnia, and fibromyalgia. Doctor suggested talking to the therapist if medical stuff stresses patient out too much as too much stress can cause hypochondriacs. Also, doctor suggested coming back if common cold persists for more than 10 days.

Hypochondriac Patient

Subjective: Patient suspects that she has flu from a flu shot. Patient got the flu shot yesterday at the pharmacy. Patient got the COVID vaccine in May. Patient sometimes had a little shortness of breath and clear color phlegm around Christmas time.

Patient reported:

- chills, light cough, and shooting pain at random times
- problems sleeping

Objective:

- Swab test – No flu virus or COVID

Assessment and Plan: Patient sometimes had a little shortness of breath and phlegm around Christmas time, and doctor suspects that patient has seasonal allergies. Doctor assured patient that patient didn't have pneumonia, insomnia, and fibromyalgia.

Immune system

- suggested
 - patient drink lots of water
 - resting
 - taking vitamin C

Common cold

- recommended
 - over the counter Tylenol or Motrin for fevers and aches
 - over the counter cough suppressant to help with the coughing
- explained patient about vaccines, flu, COVID, and pneumonia
- concluded that patient had a viral infection and a common Cold
- suggested coming back if common cold persists for more than 10 days

Problems sleeping

- suggested good sleeping habits

Stress

- suggested talking to the therapist if medical stuff stresses patient out too much as too much stress can cause hypochondriacs

Diffuse B cell Lymphoma



Encounter (11 min): an intermediate difficulty dialogue with a Patient recently diagnosed with Diffuse B cell lymphoma disease.

Subjective: Patient was referred for a recent diagnosis of B cell lymphoma. Patient noticed some small bumps growing on the neck 1-2 months ago. Patient gets a lot of infections and swollen lymph nodes in the neck almost every year. Patient didn't have any other symptoms, but bumps started growing rapidly and in past few days it got a little bit more worse. Patient denied fever, chills, fatigue, recent weight loss, big changes in appetite, bumps in other places. Patient takes Xanax from time to time to get back from having a rough day at work.

Objective: Patient's blood tests looked normal, but the final aspiration results showed that patient had diffuse large B cell lymphoma. Doctor did a physical exam and noted enlargement of the lymph nodes in the left neck.

Assessment and Plan: Doctor explained about diffuse large B cell lymphoma, cancer staging, pet CT and pet CT scan process. Doctor decided to proceed with the cancer staging. Doctor scheduled a pet CT scan for next Tuesday in order to see where the disease has spread in the body and a lymph node biopsy the following days after the pet CT scan. Doctor reassured patient about taking Xanax before the procedure.

Diffuse B cell Lymphoma

Subjective: Patient was referred for a recent diagnosis of B cell lymphoma. Patient gets a lot of infections and swollen lymph nodes in the neck almost every year. Patient takes Xanax from time to time to get back from having a rough day at work.

Patient reported:

- noticing some small bumps growing on the neck 1-2 months ago
- not having any other symptoms, but bumps started growing rapidly and in past few days it got a little bit more worse

Patient denied:

- fever
- chills
- fatigue
- recent weight loss
- loss in appetite
- bumps in other places

Objective:

- Blood tests – normal
- Final aspiration – diffuse large B cell lymphoma
- Physical exam
- Neck – enlargement of the lymph nodes in the left neck

Assessment and Plan:

Diffuse large B cell lymphoma

- explained about diffuse large B cell lymphoma, cancer staging, pet CT and pet CT scan process
- decided to proceed with the cancer staging
- scheduled a
 - pet CT scan for next Tuesday in order to see where the disease has spread in the body
 - lymph node biopsy the following days after the pet CT scan
- reassured patient about taking Xanax before the procedure

Integrations



Epic Systems



Athenahealth



NextGen Healthcare



Microsoft Teams

The QR code below will lead you to our entire
Library of Synthetic Cases





Product Information Summary

On the next few pages you will find
brief information about our product
and technology



www.brevi.tech

Proprietary Technology

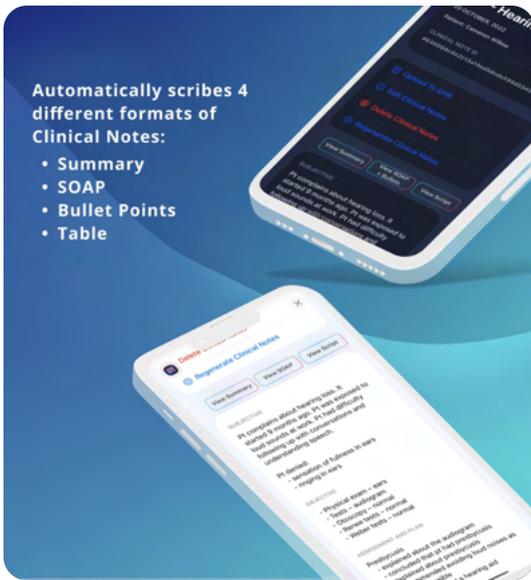
- Do **not follow any rules** while using Brevi.
- Conduct **Non-Linear consultations** & keep the "Social Element of Dialogues."
- In most cases, Brevi **eliminates** Speech-To-Text mistakes & errors.
- Receive scribed notes within **1 minute** by "Speed Mode."
- Clinical Notes generated without **human-in-the-loop**.
- Scribe notes in the **understandable forms** for patients without medical jargon.

These features are key components to quick & smooth integration in clinical practices and to breaking obstacles to implementing AI in the Healthcare industry.

Technical Features

- Works in any browser
- Works in real-time while using a browser & by "Speed Mode."
- IOS app works on iPhone & iPad - only in "Default Mode."
- Fully deployed in Microsoft Azure.
- Each user's information is stored in a dedicated Azure Storage Account.
- Speech-To-Text - Microsoft Azure Cognitive Service.
- With in-built microphones in most laptops and IOS devices, the maximum distance is 5-6 feet (4 feet - the optimal range). External microphones can extend the distance to 8 feet (e.g., Jabra and Logitech).
- Our solution only supports conversation between 2 parties and eliminates all 3rd party interactions/ involvements.
- Admin Console - for an admin to manage corporate accounts, e.g., adding new user(s) or removing user(s).

Accuracy & Quality



Automatically scribes 4 different formats of Clinical Notes:

- Summary
- SOAP
- Bullet Points
- Table

Based on our assessment, the accuracy of the summaries and quality of Clinical Notes can easily compete with any existing solutions on the market, even though most have a human-in-the-loop.

Nowadays, it is challenging to assess the accuracy & quality of any solutions in the market because of:

- Physicians have different standards, styles & requirements for scribing narratives,
- and limitations associated with the imperfection of Speech-To-Text Technologies.

Functionalities

Clinical Notes

Automatically generate a summary, SOAP, Bullet Points, transcription, and table of key points of the encounter.

Calendar & Telehealth

Synchronize all your Microsoft Teams telehealth events with our application from Microsoft Outlook.

Time Limits

Brevi developed to conduct dialogues for up to 60 minutes. We have tested and validated our application with conversations for up to 30 minutes.

EHR/EMR

Integrate EHR/EMR to automatically upload generated Clinical Notes as "Document Reference" for Encounter and synchronize your list of patients.

Regenerate (Free)

Regenerate Clinical Note - Allow users to recreate Clinical Notes from the initially recorded Audio for free.

Analyze Audio

Listen to the original Audio, scroll through the generated script, and recall the moments that need to be re-confirmed.

Future add-ons for advanced automation of Clinical Notes

Automation
of Lab Orders

Automation of
Referral Notes

Synchronize
info from EHR
to include in
Clinical Notes

Thank you!

Get in Touch to find out more about the Brevi
Clinical Notes Automation solution.



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