



**Global Care Medical Center**

100 Main St, Alfred NY 14802

(607) 555-1234

**EIN:** 12-345678

**BCBS PIN:** GC2222

**BCBS GRP:** 1234-P

**PHYSICIAN'S OFFICE  
ENCOUNTER FORM**

**MCD PIN:** GCMC1234

**MEDICARE UPIN:** GC1111

**PATIENT INFORMATION:**

<b>NAME:</b>	BARNARD, Richard A.	<b>PATIENT NUMBER:</b>	POCase054
<b>ADDRESS:</b>	23457 Hemlock Street	<b>ADMISSION DATE &amp; TIME:</b>	08-11-YYYY
<b>CITY:</b>	Hornell	<b>PRIMARY INSURANCE PLAN:</b>	Medicare
<b>STATE:</b>	NY	<b>PRIMARY INSURANCE PLAN ID #:</b>	421228790
<b>ZIP CODE:</b>	14843	<b>SECONDARY INSURANCE PLAN:</b>	
<b>TELEPHONE:</b>	607-324-1222	<b>SECONDARY INSURANCE PLAN ID #:</b>	
<b>GENDER:</b>	Male	<b>OCCUPATION:</b>	Retired
<b>DATE OF BIRTH:</b>	03-06-1936	<b>NAME OF EMPLOYER:</b>	

**DIAGNOSIS INFORMATION**

Diagnosis	Code	Diagnosis	Code
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**PROCEDURE INFORMATION**

Description of Procedure or Service	Date	Code	Charge
1.			
2.			
3.			
4.			
5.			

**SPECIAL NOTES:**



Global Care Medical Center  
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## PHYSICIAN OFFICE RECORD

<b>PATIENT NAME:</b>	BARNARD, Richard A.	<b>PATIENT NUMBER:</b>	POCase054
<b>DATE OF SERVICE:</b>	08-11-YYYY	<b>DATE OF BIRTH</b>	03-06-1936

### NURSING DOCUMENTATION :

#### MEDICATIONS ALLERGIES/REACTIONS:

#### CURRENT MEDICATIONS:

BP:                      P:                      R:                      T:                      LMP:                      OVS:

CC:

PMH:

NOTES:

SIGNATURE OF PRIMARY CARE NURSE:

### PHYSICIAN DOCUMENTATION :

**Notes:** Voiding ok. Nocturnal 2 times

Rectal – prostate – smooth and 2 + enlarged

Diagnosis: BPH

Plan:            1) No treatment (BPH)

                  2) PSA

                  3) Urinalysis

Return to clinic 4 months.

SIGNATURE OF PROVIDER:            Floyd Bailey, M.D.

DD: 08-11-YYYY

Floyd Bailey, M.D.

DT: 08-13-YYYY

Global Care Medical Center  
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## LABORATORY DATA

PATIENT NAME:	Barnard, Richard A.	PATIENT NUMBER:	POCase054
LOCATION:	PO	PROVIDER:	Floyd Bailey, M.D.
SPECIMEN COLLECTED:	02-25-YYYY	SPECIMEN RECEIVED:	Blood

TEST	RESULT	FLAG	REFERENCE
BUN	18		8-25 mg/dl
Creatinine	1.4		0.9-1.4 mg/dl

\*\*\*End of Report\*\*\*

**Global Care Medical Center**100 Main St, Alfred NY 14802  
(607) 555-1234**PHYSICIAN OFFICE RECORD**

EIN: 12-345678

NPI: 987CBA321

BCBS PIN: GC2222

BCBS GRP: 1234-P

**PATIENT INFORMATION:**

NAME:	BRONTE, Betty	PATIENT NUMBER:	POCase005
ADDRESS:	77 Sunset Blvd.	ADMISSION DATE & TIME:	09-02-YYYY
CITY:	Hornell	PRIMARY INSURANCE PLAN:	BCBS of WNY
STATE:	NY	PRIMARY INSURANCE PLAN ID #:	291837241
ZIP CODE:	14843	SECONDARY INSURANCE PLAN:	
TELEPHONE:	607-324-1290	SECONDARY INSURANCE PLAN ID #:	
GENDER:	Female	OCCUPATION:	Reporter
DATE OF BIRTH:	04-17-1970	NAME OF EMPLOYER:	Evening Tribune

**DIAGNOSIS INFORMATION**

Diagnosis	Code	Diagnosis	Code
1. Depression		5.	
2. Tiredness		6.	
3. Tearfulness		7.	
4. Probable early menopause		8.	

**PROCEDURE INFORMATION**

Description of Procedure or Service	Date	Code	Charge
1. Level 2 E/M visit			
2.			
3.			
4.			
5.			

**SPECIAL NOTES:**

Global Care Medical Center  
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## PHYSICIAN OFFICE RECORD

PATIENT NAME:	BRONTE, Betty	PATIENT NUMBER:	POCase005
DATE OF SERVICE:	09-02-YYYY	DATE OF BIRTH:	04-17-1970

### NURSING DOCUMENTATION:

MEDICATIONS ALLERGIES/REACTIONS: None

CURRENT MEDICATIONS:

BP: 140/100 P: 94 R: T: WT: 300 OVS:

CC: Tiredness

PMH: Depression

NOTES:

SIGNATURE OF NURSE: Reviewed and Approved: Jeanette Allen RN ATP-B-S:02:1001261385: Jeanette Allen RN (Signed: 9/2/YYYY 2:20:44 PM EST)

### PHYSICIAN DOCUMENTATION:

**Notes:** Mrs. Bronte was seen for recheck, and she appears more spirited and less troubled by feelings of depression. She states that things are not so gloomy. She seems upbeat about her life. She had recently graduated and had obtained an associate's degree and wishes to go on further with her education. She is trying to work on getting her husband more involved in their life. She still manifests tearfulness at times, but she is more focused on her needs at this time, which is healthy. She sees the marriage as something to continue to work on despite her own ambitions. The medications are very helpful to her and she is feeling less depressed. She complains of tiredness today, and I have recommended her to cut back on the dosage and she is in agreement with that suggestion.

She is also seeing Tammy Titus for psychotherapy which is very helpful. There is a possibility that she is going through early menopause. She is inactive sexually and does not worry about getting pregnant, in view of taking meds. She is alert, oriented x 3, no abnormalities of thought content or thought process. She states that she has never had any suicidal thoughts. Return in 2 months.

SIGNATURE OF PROVIDER: Reviewed and Approved: Raymond Massey MD ATP-B-S:02:1001261385: Raymond Massey MD (Signed: 9/2/YYYY 2:20:44 PM EST)

Raymond E. Massey, M.D.  
Psychiatrist



**Global Care Medical Center**  
 100 Main St, Alfred NY 14802  
 (607) 555-1234

**PHYSICIAN'S OFFICE  
 ENCOUNTER FORM**

**EIN:** 12-345678  
**BCBS PIN:** GC2222  
**BCBS GRP:** 1234-P

**MCD PIN:** GCMC1234  
**MEDICARE UPIN:** GC1111

**PATIENT INFORMATION:**

<b>NAME:</b>	BUCKLEY, Howard G.	<b>PATIENT NUMBER:</b>	POCase033
<b>ADDRESS:</b>	Route 244	<b>ADMISSION DATE &amp; TIME:</b>	08-20-YYYY
<b>CITY:</b>	Belmont	<b>PRIMARY INSURANCE PLAN:</b>	Medicare
<b>STATE:</b>	NY	<b>PRIMARY INSURANCE PLAN ID #:</b>	072505173
<b>ZIP CODE:</b>	14813	<b>SECONDARY INSURANCE PLAN:</b>	
<b>TELEPHONE:</b>	585-268-9432	<b>SECONDARY INSURANCE PLAN ID #:</b>	
<b>GENDER:</b>	Male	<b>OCCUPATION:</b>	Retired
<b>DATE OF BIRTH:</b>	08-18-1916	<b>NAME OF EMPLOYER:</b>	

**DIAGNOSIS INFORMATION**

Diagnosis	Code	Diagnosis	Code
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**PROCEDURE INFORMATION**

Description of Procedure or Service	Date	Code	Charge
1.			
2.			
3.			
4.			
5.			

**SPECIAL NOTES:**



Global Care Medical Center  
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## PHYSICIAN OFFICE RECORD

PATIENT NAME:	BUCKLEY, Howard G.	PATIENT NUMBER:	POCase033
DATE OF SERVICE:	08-20-YYYY	DATE OF BIRTH	08-18-1916

### NURSING DOCUMENTATION :

MEDICATIONS ALLERGIES/REACTIONS: None

CURRENT MEDICATIONS: diltiazem, Isordil, Metamucil, and Colace.

BP: 122/70 P: 60 R: T: WT: 149 HT: 5' 6"

NOTES: Patient had pacemaker checked. OK. Still having bowel problem.

SIGNATURE OF PRIMARY CARE NURSE: Mary Kay Place, R.N.

### PHYSICIAN DOCUMENTATION :

**Notes:** Mr. Buckley is an 88-year-old white veteran with coronary artery disease with sick sinus syndromes, status post pacemaker implantation in November, 1993. He is being followed up by the cardiologist, went last week and reports that he is doing good. The patient also has chronic constipation, mild dementia, positive PPD and negative x-ray. He complains of soreness around the anal region and incontinence of the stool and sometimes urine. He is currently on diltiazem CD 180 mg per day and Isordil 20 mg b.i.d., Metamucil one pkg per day and Colace p.r.n. He has glaucoma for which he takes timolol eye drops. On exam, the patient is an alert, well-oriented veteran not in any distress, pleasant. Vital sounds as per the nursing staff. Chest is clear, CVS:NSR. Abdomen: Soft, benign, no masses felt. Rectal exam: The anal area and the surrounding perineal area is being erythematous and there is a tear going from the rectum to the anal region and slight oozing of blood was noted. Rectal exam was done, and I could not feel any masses in the rectum, however, it was painful for him. **ASSESSMENT:** Anal tear with hemorrhoids. **PLAN:** Sitz bath, protective ointment around that area and surgical consult and off the pressure and give doughnut ring.

Regarding his Isordil, the last refill was in January. I do not know whether his cardiologist has discontinued that. The patient denies any chest pain, PND or orthopnea at this time. I told the lady who brings him in for visits to check all his medications. I will arrange for the home health aid to go for a visit and to take care of him. I will take to Mary Kay, RN, regarding this. His vitals today are: Weight 149 pounds, blood pressure 122/70, pulse 60 per minute, height 5'6". I will see him in three months.

SIGNATURE OF PROVIDER: Bernard Mack, M.D.

DD: 08-20-YYYY DT: 08-22-YYYY

Bernard Mack, M.D.



**Global Care Medical Center**

100 Main St, Alfred NY 14802

(607) 555-1234

**EIN:** 12-345678

**BCBS PIN:** GC2222

**BCBS GRP:** 1234-P

**PHYSICIAN'S OFFICE  
ENCOUNTER FORM**

**MCD PIN:** GCMC1234

**MEDICARE UPIN:** GC1111

**PATIENT INFORMATION:**

<b>NAME:</b>	BUCKLEY, Howard G.	<b>PATIENT NUMBER:</b>	POCase034
<b>ADDRESS:</b>	Route 244	<b>ADMISSION DATE &amp; TIME:</b>	08-24-YYYY
<b>CITY:</b>	Belmont	<b>PRIMARY INSURANCE PLAN:</b>	Medicare
<b>STATE:</b>	NY	<b>PRIMARY INSURANCE PLAN ID #:</b>	072505173
<b>ZIP CODE:</b>	14813	<b>SECONDARY INSURANCE PLAN:</b>	
<b>TELEPHONE:</b>	585-268-9432	<b>SECONDARY INSURANCE PLAN ID #:</b>	
<b>GENDER:</b>	Male	<b>OCCUPATION:</b>	Retired
<b>DATE OF BIRTH:</b>	08-18-1928	<b>NAME OF EMPLOYER:</b>	

**DIAGNOSIS INFORMATION**

Diagnosis	Code	Diagnosis	Code
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**PROCEDURE INFORMATION**

Description of Procedure or Service	Date	Code	Charge
1.			
2.			
3.			
4.			
5.			

**SPECIAL NOTES:**





Global Care Medical Center  
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## PHYSICIAN OFFICE RECORD

PATIENT NAME:	BUCKLEY, Howard G.	PATIENT NUMBER:	POCase034
DATE OF SERVICE:	08-24-YYYY	DATE OF BIRTH:	08-18-1928

### NURSING DOCUMENTATION :

MEDICATIONS ALLERGIES/REACTIONS: None

CURRENT MEDICATIONS: diltiazem, Isordil, Metamucil, and Colace.

BP: 122/70 P: 60 R: T: WT: 149 HT: 5' 6"

CC:

PMH:

NOTES:

SIGNATURE OF PRIMARY CARE NURSE:

### PHYSICIAN DOCUMENTATION :

**Notes:** DIAGNOSIS:

1. Onychomycosis.
2. Hyperkeratosis.

Follow up toenail prophylaxis. No debridement needed and reduction of a distal corn second toe, right foot. Foot gear and hygiene remain adequate. Patient has no other complaints.

RTC in two months.

SIGNATURE OF PROVIDER

**H.W. Pocket, M.D.**

DD: 08-24-YYYY

H.W. Pocket, M.D.

DT: 08-26-YYYY



# Global Care Medical Center

100 Main St, Alfred NY 14802

(607) 555-1234

EIN: 12-345678

BCBS PIN: GC2222

BCBS GRP: 1234-P

# PHYSICIAN OFFICE RECORD

NPI: 987CBA321

## PATIENT INFORMATION:

NAME:	CONSTANTINE, Connie	PATIENT NUMBER:	POCase004
ADDRESS:	8989 Wiggley Road	ADMISSION DATE & TIME:	08-26-YYYY
CITY:	Hornell	PRIMARY INSURANCE PLAN:	GHI
STATE:	NY	PRIMARY INSURANCE PLAN ID #:	239095674
ZIP CODE:	14843	SECONDARY INSURANCE PLAN:	
TELEPHONE:	607-324-3232	SECONDARY INSURANCE PLAN ID #:	
GENDER:	Female	OCCUPATION:	Bus Driver
DATE OF BIRTH:	03-09-1973	NAME OF EMPLOYER:	Hornell School District

## DIAGNOSIS INFORMATION

Diagnosis	Code	Diagnosis	Code
1. Anger reaction		5.	
2. Possible reaction to Prednisone		6.	
3.		7.	
4.		8.	

## PROCEDURE INFORMATION

Description of Procedure or Service	Date	Code	Charge
1. Psychotherapy			
2.			
3.			
4.			
5.			

## SPECIAL NOTES:

Global Care Medical Center  
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## PHYSICIAN OFFICE RECORD

PATIENT NAME:	CONSTANTINE, Connie	PATIENT NUMBER:	POCase004
DATE OF SERVICE:	08-26-YYYY	DATE OF BIRTH:	03-09-1973

### NURSING DOCUMENTATION:

MEDICATIONS ALLERGIES/REACTIONS: None

CURRENT MEDICATIONS: Prednisone

CC: Feelings of anger

PMH: Crohn's Disease

SIGNATURE OF NURSE: Reviewed and Approved: Jeanette Allen RN ATP-B-  
S:02:1001261385: Jeanette Allen RN (Signed: 8/26/YYYY  
2:20:44 PM EST)

### PHYSICIAN DOCUMENTATION:

**Notes:** Patient is under treated for Crohn's Disease with Prednisone, which she began taking recently for a flare-up of symptoms. She is presently taking 15 mg BID. The patient is aware of her disease and is followed up by Dr. Weaver. She was referred to me for psychotherapy because of strong feelings of anger towards kids who she knows are responsible for breaking into her cabin last weekend and taking a video camera. During the 50-minute psychotherapy session, she asked if these feelings could be aggravated by the Prednisone. I said that it was a possibility. She explained that the police will not do anything because there is no evidence that these people are responsible for the theft. The patient states that these same kids have been vandalizing homes over the past year, and everyone knows who it is. However, even though it is in the hands of the police, they are still not doing enough, which angers her. She tells me that she would like to get a shotgun for protective purposes, and she thinks that these people will probably try to come around on the weekend, thinking that her family is not there. She would like to surprise these people and to perhaps use the shotgun if she feels that her life is in danger. We talked at length about the situation, and I advocated that if she waits at the cabin on the weekend, hoping that these people will show up, that she have her husband or a girlfriend with her. She agreed.

FOLLOW-UP NOTE: On 8-26-YYYY I attempted to call her husband, but I was unable to reach him because he was never at the location. (I had asked Connie to ask her husband to call me; however, he hasn't as of yet.) On 8-25-YYYY, I called Connie, and she stated that she was feeling less angry and more calmed down. Her friend, who is always around and stays with her at times, was there. I spoke with her friend Paula, and she seemed acquainted with the situation. She explained that Connie was angry the day before, but seemed to be calmer today. She stated that she would be with Connie on the weekends or whenever she was not working. She will not allow Connie to stay alone, especially with a gun, until the situation is resolved. Paula will discuss the situation with her husband. I will see Connie in 2 weeks.

SIGNATURE OF PROVIDER: Reviewed and Approved: Raymond Massey MD ATP-B-  
S:02:1001261385: Raymond Massey MD (Signed: 8/26/YYYY  
2:20:44 PM EST)  
Raymond E. Massey, M.D  
Psychiatrist



**Global Care Medical Center**

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**PHYSICIAN OFFICE RECORD**

**EIN:** 12-345678      **NPI:** 987CBA321  
**BCBS PIN:** GC2222  
**BCBS GRP:** 1234-P

**PATIENT INFORMATION:**

<b>NAME:</b>	GLEASON, James	<b>PATIENT NUMBER:</b>	POCase003
<b>ADDRESS:</b>	24 Hawthorne Street	<b>ADMISSION DATE &amp; TIME:</b>	08-24-YYYY
<b>CITY:</b>	Hornell	<b>PRIMARY INSURANCE PLAN:</b>	Medicare
<b>STATE:</b>	NY	<b>PRIMARY INSURANCE PLAN ID #:</b>	055152760A
<b>ZIP CODE:</b>	14843	<b>SECONDARY INSURANCE PLAN:</b>	GHI Medigap
<b>TELEPHONE:</b>	607-324-1234	<b>SECONDARY INSURANCE PLAN ID #:</b>	055152760
<b>GENDER:</b>	Male	<b>OCCUPATION:</b>	Retired
<b>DATE OF BIRTH:</b>	01-28-1914	<b>NAME OF EMPLOYER:</b>	

**DIAGNOSIS INFORMATION**

Diagnosis	Code	Diagnosis	Code
1. Schizoaffective disorder, chronic,		5.	
2. in partial remission		6.	
3.		7.	
4.		8.	

**PROCEDURE INFORMATION**

Description of Procedure or Service	Date	Code	Charge
1. Level II E/M visit			
2.			
3.			
4.			
5.			

**SPECIAL NOTES:**

Global Care Medical Center  
100 Main St, Alfred NY 14802  
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## Physician OFFICE RECORD

PATIENT NAME:	GLEASON, James	PATIENT NUMBER:	POCase003
DATE OF SERVICE:	08-24-YYYY	DATE OF BIRTH:	01-28-1914

### NURSING DOCUMENTATION:

MEDICATIONS ALLERGIES/REACTIONS: None

CURRENT MEDICATIONS: Haldol, Trazodone, Temazepam

BP: 120/78 P: 72 R: T: 96.9 WT: 178

CC: Schizophrenia

PMH: Schizo-affective disorder, chronic, in remission.

NOTES: Veteran here for scheduled appointment. Voices no concerns.

SIGNATURE OF NURSE: Reviewed and Approved: Jeanette Allen RN ATP-B-  
S:02:1001261385: Jeanette Allen RN (Signed: 8/24/YYYY  
2:20:44 PM EST)

### PHYSICIAN DOCUMENTATION:

**Notes:** This is a 78-year-old white male veteran who is seen for his regular appointment. He has a long-standing history with schizophrenia. His condition has been stable. He used to complain about a sleeping problem, but no longer complains of sleeping problems since he is on temazepam, which is switched to oxazepam today. He is pleasant, cooperative. He has some hearing difficulties, but his memory is good. He understands clearly what is going on. There are no acute psychotic symptoms. No delusions or hallucinations noted. He denies any suicidal or homicidal ideation, intention, or plans. His affect is appropriate, mood is stable. Insight and judgment are fairly good. Taking medication as prescribed, with no side effects.

DIAGNOSIS: Schizoaffective disorder, chronic, in remission.

PLAN: Continue Haldol 2 mg hs, trazodone 100 mg hs, oxazepam 15 mg one or two hs p.r.n.

SIGNATURE OF PROVIDER: Reviewed and Approved: Raymond Massey MD ATP-B-  
S:02:1001261385: Raymond Massey MD (Signed:  
8/24/YYYY 2:20:44 PM EST)

Raymond E. Massey, M.D.  
Psychiatrist



**Global Care Medical Center**  
 100 Main St, Alfred NY 14802  
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**PHYSICIAN'S OFFICE  
 ENCOUNTER FORM**

**EIN:** 12-345678  
**BCBS PIN:** GC2222  
**BCBS GRP:** 1234-P

**MCD PIN:** GCMC1234  
**MEDICARE UPIN:** GC1111

**PATIENT INFORMATION :**

<b>NAME:</b>	HENDERSON, Robert F.	<b>PATIENT NUMBER:</b>	POCase027
<b>ADDRESS:</b>	30 Franklin Street	<b>ADMISSION DATE &amp; TIME:</b>	08-18-YYYY
<b>CITY:</b>	Wellsville	<b>PRIMARY INSURANCE PLAN:</b>	Medicare
<b>STATE:</b>	NY	<b>PRIMARY INSURANCE PLAN ID #:</b>	393611564
<b>ZIP CODE:</b>	14895	<b>SECONDARY INSURANCE PLAN:</b>	
<b>TELEPHONE:</b>	585-593-0976	<b>SECONDARY INSURANCE PLAN ID #:</b>	
<b>GENDER:</b>	Male	<b>OCCUPATION:</b>	Retired
<b>DATE OF BIRTH:</b>	03-31-1924	<b>NAME OF EMPLOYER:</b>	

**DIAGNOSIS INFORMATION**

Diagnosis	Code	Diagnosis	Code
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**PROCEDURE INFORMATION**

Description of Procedure or Service	Date	Code	Charge
1.			
2.			
3.			
4.			
5.			

**SPECIAL NOTES:**



**Global Care Medical Center**  
 100 Main St, Alfred NY 14802  
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## PHYSICIAN OFFICE RECORD

<b>PATIENT NAME:</b>	HENDERSON, Robert F.	<b>PATIENT NUMBER:</b>	POCase027
<b>DATE OF SERVICE:</b>	08-18-YYYY	<b>DATE OF BIRTH</b>	03-31-1924

### NURSING DOCUMENTATION :

**MEDICATIONS ALLERGIES/REACTIONS:** None

**CURRENT MEDICATIONS:** Aspirin, terazosin, and Zocor.

**BP:** 114/60 **P:** 72 **R:** **T:** **WT:** 157 **OVS:**

**CC:** Allergic rhinitis and BPH.

**PMH:** Coronary artery disease, BPH, and Hyperlipidemia

**NOTES:** Patient states that he had triple By-pass surgery on 05-29-YYYY at Strong Memorial. Attends rehab at Olean General. Only meds now are aspirin, Zocor, Cardura. Patient says he has been fine since surgery.

**SIGNATURE OF PRIMARY CARE NURSE:** Jeremy Surveille, R.N.

### PHYSICIAN DOCUMENTATION :

**Notes:** HPI: Mr. Henderson is a 74-year-old white male who has coronary artery disease, and had his first surgery last year. When he was here in April, he had symptoms of chest pain and shortness of breath. He sees other doctors in addition to me. He had, in fact, had a coronary angiogram recently, which led to his second CABG in May this year. He stayed in the hospital for only five days, and he claims he feels like a new man. He no longer has any chest pains with exertion or shortness of breath. He does rehabilitation at the local hospital, where he does weight-lifting, bicycling, and rowing. He is scheduled to have a stress test next week with his cardiologist. His other problem is allergic rhinitis and BPH.

PE: Shows a fairly-developed, fairly-nourished male who is quite euphoric today. VITAL SIGNS: His blood pressure is 114/60, pulse 72 per minute, weight is 157 pounds (which is about twelve pounds less than what he weighed in April). He has no pallor, no jaundice, no jugular venous distension. HEART: Regular. No murmurs heard. His lungs are clear. EXTREMITIES: Show no edema. The scars in his sternal area and in his left thigh are well-healed.

ASSESSMENT: 1) Coronary artery disease. Improved symptomatically after his second CABG in May. He has not used any nitroglycerin after his surgery. I will encourage him to continue his rehab program. 2) BPH. I will put him on terazosin instead of the Cardura, since we do not carry Cardura anymore. 3) Hyperlipidemia. Continue the Zocor 10 mg a day.

PLAN: His next visit will be in four months.

**SIGNATURE OF PROVIDER:** Barry Fitzgerald, M.D.

DD: 08-18-YYYY DT: 08-20-YYYY

Barry Fitzgerald, M.D.



# Global Care Medical Center

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(607) 555-1234

# PHYSICIAN OFFICE RECORD

EIN: 12-345678

NPI: 987CBA321

BCBS PIN: GC2222

BCBS GRP: 1234-P

## PATIENT INFORMATION:

NAME:	MAYNARD, Homer	PATIENT NUMBER:	POCase002
ADDRESS:	345 Maple Street	ADMISSION DATE & TIME:	09-01-YYYY
CITY:	Riverdale	PRIMARY INSURANCE PLAN:	Medicare
STATE:	NY	PRIMARY INSURANCE PLAN ID #:	455678344A
ZIP CODE:	14882	SECONDARY INSURANCE PLAN:	BCBS of WNY
TELEPHONE:	818-992-7884	SECONDARY INSURANCE PLAN ID #:	45567834
GENDER:	Male	OCCUPATION:	Retired
DATE OF BIRTH:	11-19-1925	NAME OF EMPLOYER:	

## DIAGNOSIS INFORMATION

Diagnosis	Code	Diagnosis	Code
1. Dysthymia		5.	
2. Abnormal gait		6.	
3.		7.	
4.		8.	

## PROCEDURE INFORMATION

Description of Procedure or Service	Date	Code	Charge
1. Level II E/M visit			
2.			
3.			
4.			
5.			

## SPECIAL NOTES:



Global Care Medical Center  
100 Main St, Alfred NY 14802  
(607) 555-1234

## PHYSICIAN OFFICE RECORD

PATIENT NAME:	MAYNARD, Homer	PATIENT NUMBER:	POCase002
DATE OF SERVICE:	09-01-YYYY	DATE OF BIRTH:	11-19-1925

### NURSING DOCUMENTATION:

MEDICATIONS ALLERGIES/REACTIONS: None

CURRENT MEDICATIONS: Sertraline

BP: 110/60 P: 72 R: T: 96.7 WT: 201

CC: Reports problems with balance.

PMH: Dysthymia

NOTES: Came here for a regular appointment today

SIGNATURE OF NURSE: Reviewed and Approved: Jeanette Allen RN ATP-B-  
S:02:1001261385: Jeanette Allen RN (Signed: 9/1/YYYY  
2:20:44 PM EST)

### PHYSICIAN DOCUMENTATION:

**Notes:** Patient seen for regular appointment today. He is pleasant, cooperative, and coherent. Reports he is still having some problem with the balance. He walks with the cane, which is helpful. He is oriented in all three. No evidence of delusions, hallucinations, or dangerous behavior. Still he reports that feels kind of depressed at times. However, he has been handling home situation fairly well. The patient has a good memory; insight and judgment seem very good. Takes the medication as prescribed, and fairly affective.

DIAGNOSIS: Dysthymia.

PLAN: Sertraline 50 mg every morning.

SIGNATURE OF PROVIDER: Reviewed and Approved: Raymond Massey MD ATP-B-  
S:02:1001261385: Raymond Massey MD (Signed: 9/1/YYYY  
2:20:44 PM EST)

Raymond E. Massey, M.D.  
Psychiatrist



**Global Care Medical Center**  
 100 Main St, Alfred NY 14802  
 (607) 555-1234

**PHYSICIAN'S OFFICE  
 ENCOUNTER FORM**

**EIN:** 12-345678  
**BCBS PIN:** GC2222  
**BCBS GRP:** 1234-P

**MCD PIN:** GCMC1234  
**MEDICARE UPIN:** GC1111

**PATIENT INFORMATION :**

<b>NAME:</b>	THOMPSON, Peter D.	<b>PATIENT NUMBER:</b>	POCase028
<b>ADDRESS:</b>	111 Clinton	<b>ADMISSION DATE &amp; TIME :</b>	08-19-YYYY
<b>CITY:</b>	Salamanca	<b>PRIMARY INSURANCE PLAN:</b>	Medicare
<b>STATE:</b>	NY	<b>PRIMARY INSURANCE PLAN ID #:</b>	111410592
<b>ZIP CODE:</b>	14779	<b>SECONDARY INSURANCE PLAN:</b>	
<b>TELEPHONE:</b>	716-945-8599	<b>SECONDARY INSURANCE PLAN ID #:</b>	
<b>GENDER:</b>	Male	<b>OCCUPATION:</b>	Retired
<b>DATE OF BIRTH:</b>	03-09-1923	<b>NAME OF EMPLOYER:</b>	

**DIAGNOSIS INFORMATION**

Diagnosis	Code	Diagnosis	Code
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**PROCEDURE INFORMATION**

Description of Procedure or Service	Date	Code	Charge
1.			
2.			
3.			
4.			
5.			

**SPECIAL NOTES:**



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## PHYSICIAN OFFICE RECORD

PATIENT NAME:	THOMPSON, Peter D.	PATIENT NUMBER:	POCase028
DATE OF SERVICE:	08-19-YYYY	DATE OF BIRTH:	03-09-1923

### NURSING DOCUMENTATION:

MEDICATIONS ALLERGIES/REACTIONS: None

BP: 124/70 P: 76 R: T: WT: 197 HT: 5' 8"

CC: Patient has no complaints today. Only wants lab work done: PSA, glucose, cholesterol.

PMH: Exogenous obesity, hyperlipidemia.

NOTES:

SIGNATURE OF PRIMARY CARE NURSE: **Jeremy Surveille, RN**

### PHYSICIAN DOCUMENTATION:

**Notes:** Mr. Thompson comes in for his yearly physical. In fact, he says he does not think he needs a physical this time, because he does not feel anything wrong. The last time I saw him was a year ago, when we did a general physical examination that was essentially normal. At that time, we did a lot of laboratory examinations for health maintenance, which were all good, except for elevation in his cholesterol and LDL. The patient is 75 years old and, because he does not have any risk factors other than the fact that he is a male and he has hypercholesterolemia, he did not continue to take his cholesterol-lowering drug as a primary prevention. The patient tries to watch his diet anyway. He is very active, and plays golf at least twice a week.

LAB DATA: Normal CBC, diff, PSA. The only abnormal findings were that his total cholesterol was elevated at 256, LDL was 194, HDL 35. We did not do thyroid function tests at that time.

PE: He is well-developed, slightly obese, and in no distress. He has no pallor, no jaundice. NECK: Showed no jugular venous distension. HEART: Regular. LUNGS: Completely clear. ABDOMEN: Showed no hepatosplenomegaly. EXTREMITIES: Show no venostasis changes. No edema. ASSESSMENT: Exogenous obesity, hyperlipidemia.

PLAN: He should have a repeat CBC, diff, Astra 8, LFT's, PSA, total cholesterol, LDL, HDL, triglyceride, T4, TSH; which he wants to have done next week. If everything is okay, he will return again in one year for his yearly physical.

SIGNATURE OF PROVIDER: **Barry Fitzgerald, M.D.**

DD: 08-19-YYYY DT: 08-20-YYYY

**Barry Fitzgerald, M.D.**

Global Care Medical Center  
100 Main St, Alfred NY 14802  
(607) 555-1234

## LABORATORY DATA

PATIENT NAME:	THOMPSON, Peter D.	PATIENT NUMBER:	POCase028
LOCATION:	PO	PROVIDER:	Barry Fitzgerald, M.D.
SPECIMEN COLLECTED:	08-19-YYYY	SPECIMEN RECEIVED:	Blood

TEST	RESULT	FLAG	REFERENCE
Total cholesterol	256	**H**	< 200 mg/dL
HDL	35		= 35 mg/dL
LDL	194	**H**	< 130 mg/dL
PSA	3.8		= 4 ng/mL
WBC	6.7		4.5-11.0 thous/UL
RBC	5.3		5.2-5.4 mill/UL
HGB	12.5		11.7-16.1 g/dl
HCT	37.5		35.0-47.0 %
Platelets	250		140-400 thous/UL
PT	12.0		11.0-13.0 seconds

\*\*\*End of Report\*\*\*



# Global Care Medical Center

100 Main St, Alfred NY 14802

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EIN: 12-345678

BCBS PIN: GC2222

BCBS GRP: 1234-P

# PHYSICIAN OFFICE RECORD

NPI: 987CBA321

## PATIENT INFORMATION:

NAME:	TIBBS, Carmine	PATIENT NUMBER:	POCase001
ADDRESS:	4590 Canyon Road	ADMISSION DATE & TIME:	08-26-YYYY
CITY:	Hornell	PRIMARY INSURANCE PLAN:	BCBS of WNY
STATE:	NY	PRIMARY INSURANCE PLAN ID #:	088674322
ZIP CODE:	14843	SECONDARY INSURANCE PLAN:	
TELEPHONE:	607-324-1289	SECONDARY INSURANCE PLAN ID #:	
GENDER:	Male	OCCUPATION:	Machinist
DATE OF BIRTH:	07-07-1946	NAME OF EMPLOYER:	Alstom

## DIAGNOSIS INFORMATION

Diagnosis	Code	Diagnosis	Code
1. Bipolar disorder, manic type		5.	
2.		6.	
3.		7.	
4.		8.	

## PROCEDURE INFORMATION

Description of Procedure or Service	Date	Code	Charge
1. Level 2 E/M visit			
2.			
3.			
4.			
5.			

## SPECIAL NOTES:

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## PHYSICIAN OFFICE RECORD

PATIENT NAME:	TIBBS, Carmine	PATIENT NUMBER:	POCase001
DATE OF SERVICE:	08-26-YYYY	DATE OF BIRTH:	07-07-1946

### NURSING DOCUMENTATION:

MEDICATIONS ALLERGIES/REACTIONS: None

CURRENT MEDICATIONS: Lithium 1,500 mg

BP: 130/80 P: 84 R: T: WT: 265

CC: Patient states he feels well today. Was seen in outpatient psych today.

PMH: Bipolar disorder, manic type.

NOTES: Veteran here for scheduled appointment. Voices no concerns.

SIGNATURE OF NURSE: Reviewed and Approved: Jeanette Allen RN ATP-B-S:02:1001261385: Jeanette Allen RN (Signed: 8/26/YYYY 2:20:44 PM EST)

### PHYSICIAN DOCUMENTATION:

**Notes:** HISTORY: Patient seen today for regular appointment. He appears relaxed, cooperative, and coherent. No evidence of recurrent manic behavior. He is a 46-year-old, divorced twice, Navy veteran, who served from 1971 to 1975 as a machinist mate in non-combat situation. He has been suffering from bipolar disorder, manic type, and takes medication, Lithium 1,500 mg a day, which seems affective.

He has been employed at Alstom plant as a machinist for nine years, full time.

Mental Status Exam: He has been doing very well with the current medication. No evidence of memory loss or any psychotic behavior, He affect is appropriate, and mood is stable. Insight and judgment are good. He is not considered a danger to himself or others.

DIAGNOSIS: Bipolar disorder, manic type.

PLAN: Continue lithium 1,500 mg a day.

SIGNATURE OF PROVIDER: Reviewed and Approved: Raymond Massey MD ATP-B-S:02:1001261385: Raymond Massey MD (Signed: 8/26/YYYY 2:20:44 PM EST)

Raymond E. Massey, M.D  
Psychiatrist



**Global Care Medical Center**  
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**EMERGENCY DEPARTMENT  
RECORD**

**PATIENT INFORMATION:**

**NAME:** Hauset, Jennifer L.      **PATIENT NUMBER:** EDCase008  
**ADDRESS:** 2233 Mill Street      **ADMISSION DATE & TIME:** 10-13-YYYY 2350  
**CITY:** Pittsford      **DISCHARGE DATE & TIME:** 10-14-YYYY 0158  
**STATE:** NY      **CONDITION ON DISCHARGE:**  
**ZIP CODE:** 14534       Satisfactory       AMA  
**TELEPHONE:** 585-264-9876       Home       DOA  
**GENDER:** Female       Inpatient Admission       Code Blue  
**DATE OF BIRTH:** 06-27-YYYY       Transfer to: \_\_\_\_\_       Died  
 Instruction Sheet Given

**NURSING DOCUMENTATION:**

**ALLERGIES:**  No  Yes      **EXPLAIN:**  
**CURRENT MEDICATIONS:**  No  Yes      **EXPLAIN:** None. Unsure about tetanus status.  
**BP:** 128/70      **P:** 108      **R:** 28      **T:** 97.4  
**CC:** Scalp lacerations. Headache.  
**HPI:** Pt. was the passenger in a MVA a short time ago. Was wearing a seatbelt. Thinks she may have been unconscious momentarily. Has a 2 inch laceration behind the right ear and a 3 inch laceration in the left parietal area. Also has multiple abrasions on both arms and on the dorsal right thigh.  
**CONDITION:** Motor vehicle accident. Lacerations to scalp. Headache.  
**TREATMENT:** Tetanus toxoid administered.

**SIGNATURE OF NURSE:** Reviewed and Approved: Marilyn Hillman RN ATP-B-  
S:02:1001261385: Marilyn Hillman RN (Signed: 10/14/YYYY  
2:20:44 PM EST)

**ICD CODES:**

**CPT/HCPCS LEVEL II CODES:**

**Global Care Medical Center**  
100 Main St, Alfred NY 14802  
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**EMERGENCY DEPARTMENT  
PHYSICIAN DOCUMENTATION**

<b>PATIENT NAME:</b>	Hauset, Jennifer L.	<b>PATIENT NUMBER:</b>	EDCase008
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Preston Treeline, M.D.
<b>DATE OF SERVICE:</b>	10-13-YYYY	<b>DATE OF BIRTH</b>	06-27-YYYY

**Physician Notes:**

18-year-old involved in a motor vehicle accident as a passenger on Highway 101 and apparently was wearing full seat restraints at the time. The patient was able to crawl out of the car. There was no firm history of any loss of consciousness although she apparently was dazed for a minute or two. She remembers all the events surrounding the accident. There is no amnesia, and she is oriented x3 in the ER. Although there were numerous scrapes and contusions about the extremities, particularly the right arm, and the left leg, there was no evidence of any long bone fractures. There is no tenderness along the c- spine and she had a good range of pain-free motion of the c-spine. She had a laceration bilaterally in the parietal area of the scalp. There was no drainage from the ears. The pearls extraocular eye movements are intact. No evidence of any loose teeth and no evidence of any facial bone fractures. No pain on rib compression. Heart NSR, she moved the upper extremities freely and easily through a full range of motion. No evidence of any abdominal injury, and no pain or tenderness on palpation. Compression of the pelvis did not produce any discomfort, no pain along the thoracic or lumbar spine. She had a full range of motion in lower extremities. No nausea or vomiting, denies any headache, although she complains of pain along the laceration. Hair was shaved about the margins of the wounds which were then washed and infiltrated with lidocaine and sutured with interrupted 3-0 etholon sutures. Complete skull x-rays were negative for fractures. Patient denies any dizziness. She was ambulatory and walked to the bathroom without difficulty and was allowed to go home with her grandmother with instructions to have the wound checked in 2 -3 days, sutures out in 8 days. Head injury sheet was dispensed and she is to return if any of the outlined symptoms should occur.

**DIAGNOSIS:** multiple contusions and abrasions. Two lacerations of scalp totaling 2.7 centimeters.

**Physician Orders:**

Nugauge; extra sutures. Skull x-rays. Small ice packs. Tylenol tabs 325 mg p.o. Tetanus toxoid, left deltoid, IM.

**SIGNATURE OF ED PHYSICIAN**

Reviewed and Approved: Preston Treeline MD  
ATP-B-S:02:1001261385: Preston Treeline MD  
(Signed: 10/14/YYYY 2:20:44 PM EST)

Preston Treeline, M.D



**Global Care Medical Center**100 Main St, Alfred NY 14802  
(607) 555-1234**EMERGENCY DEPARTMENT  
PHYSICIAN DOCUMENTATION**

<b>PATIENT NAME:</b>	Hauset, Jennifer L.	<b>PATIENT NUMBER:</b>	EDCase008
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Preston Treeline, M.D.
<b>DATE OF SERVICE:</b>	10-13-YYYY	<b>DATE OF BIRTH</b>	06-27-YYYY

**Radiology Report**

Reason for exam: MVA

**COMPLETE SKULL X-RAY:** Four views of the skull show no evidence of any fractures. Incidentally, the patient has a 2 mm. radiopaque density projected over the left angle of the mandible. This could conceivably represent either a stone in the parotid gland or some radiopaque debris on the patient's skin or clothing.

**SIGNATURE OF RADIOLOGIST**

Reviewed and Approved: Philip Rogers MD ATP-B-S:02:1001261385: Philip Rogers MD (Signed: 10/14/YYYY 2:20:44 PM EST)

DD: 10-13-YYYY  
DT: 10-14-YYYY

Philip Rogers, M.D., Radiologist



**Global Care Medical Center**  
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**EMERGENCY DEPARTMENT  
 RECORD**

**PATIENT INFORMATION:**

<b>NAME:</b>	JONES, Jason E.	<b>PATIENT NUMBER:</b>	EDCase007
<b>ADDRESS:</b>	56 Maple Lane	<b>ADMISSION DATE &amp; TIME:</b>	02-09-YYYY 1700
<b>CITY:</b>	Brockport	<b>DISCHARGE DATE &amp; TIME:</b>	02-09-YYYY 1740
<b>STATE:</b>	NY	<b>CONDITION ON DISCHARGE:</b>	
<b>ZIP CODE:</b>	14420	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> AMA
<b>TELEPHONE:</b>	585-637-1010	<input type="checkbox"/> Home	<input type="checkbox"/> DOA
<b>GENDER:</b>	Male	<input type="checkbox"/> Inpatient Admission	<input type="checkbox"/> Code Blue
<b>DATE OF BIRTH:</b>	03-26-YYYY	<input type="checkbox"/> Transfer to: _____	<input type="checkbox"/> Died
		<input checked="" type="checkbox"/> Instruction Sheet Given	

**NURSING DOCUMENTATION:**

**ALLERGIES:**  No  Yes      **EXPLAIN:** Penicillin

**CURRENT MEDICATIONS:**  No  Yes      **EXPLAIN:** T.T. w/in 2 years

**BP:** 170/110      **P:** 80      **R:** 20      **T:** 98.7

**CC:**

**HPI:**

**CONDITION:** Fell on ice Feb 9, lacerated chin.

**ASSESSMENT:** Small laceration on chin. No LOC. States "stiffness of jaw." Negative for any other injury.

**SIGNATURE OF NURSE:** Reviewed and Approved: Marilyn Hillman RN ATP-B-  
 S:02:1001261385: Marilyn Hillman RN (Signed: 2/9/YYYY  
 2:20:44 PM EST)

<b>ICD CODES:</b>					
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<b>CPT/HCPCS LEVEL II CODES:</b>					
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**Global Care Medical Center**100 Main St, Alfred NY 14802  
(607) 555-1234**EMERGENCY DEPARTMENT  
PHYSICIAN DOCUMENTATION**

<b>PATIENT NAME:</b>	JONES, Jason E.	<b>PATIENT NUMBER:</b>	EDCase007
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Jon W. Beeson, M.D.
<b>DATE OF SERVICE:</b>	02-09-YYYY	<b>DATE OF BIRTH:</b>	03-26-YYYY

**Physician Notes:**

This 22-year-old white male slipped on the ice on his driveway and struck his chin against a pipe. He presents now with a laceration on the chin. The patient denies any loss of consciousness but he does have a slight amount of jaw discomfort. With motion, however, he has no pain or tenderness.

Physical exam reveals an alert, cooperative 22-year-old white male with a 1.5 cm jagged laceration on his chin. The patient has full range of motion of the jaw and no discomfort with forced biting on either side. The neck is supple and nontender. The wound was cleaned with Betadine, anesthetized with 1% Carbocaine and irrigated copiously with normal saline. It was closed with five #6-0 nylon sutures.

The patient was instructed to keep the wound clean and dry and to return in four days for suture removal; return sooner if any evidence of infection should occur.

**DIAGNOSIS:** 1 ½ cm laceration, chin.

**Physician Orders:**

6-0 nylon sutures.

**DISCHARGE INSTRUCTIONS:** Keep clean and dry

**SIGNATURE OF ED PHYSICIAN**

Reviewed and Approved: Jon Beeson MD ATP-B--  
S:02:1001261385: Jon Beeson MD (Signed:  
2/9/YYYY 2:20:44 PM EST)

Jon W. Beeson, M.D

**Global Care Medical Center**

100 Main St, Alfred NY 14802

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**EMERGENCY DEPARTMENT  
PHYSICIAN DOCUMENTATION**

<b>PATIENT NAME:</b>	PUTNAM, Marla	<b>PATIENT NUMBER:</b>	EDCase044
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Patricia Axelrod, M.D.
<b>DATE OF SERVICE:</b>	12-01-YYYY	<b>DATE OF BIRTH</b>	05-24-YYYY

**Physician Notes:**

Plan: Cipro 500 mg BID x 10 days

Fluids

F/U Dr. Rabinowitz in next few days. Recheck

If ↑ pain/fever see PMD or return to ED.

Diagnosis: Renal colic - UTI

**Physician Orders:**

UA cBC Na, K, C/, Glucose, BUN, Cr, IV 0.9% NS @  
150cc/hr. Nubain 5 mg IV Phenergan 12.5 mg IV Culture  
added CT abd/pelvis check for stone.

**SIGNATURE OF ED PHYSICIAN**

Patricia Axelrod, M.D.



**Global Care Medical Center**  
100 Main St, Alfred NY 14802  
(607) 555-1234

# EMERGENCY DEPARTMENT RECORD

### PATIENT INFORMATION :

<b>NAME:</b>	PUTNAM, Marla	<b>PATIENT NUMBER:</b>	EDCase044
<b>ADDRESS:</b>	70 Gough Street	<b>ADMISSION DATE &amp; TIME:</b>	12-01-YYYY 1120
<b>CITY:</b>	Alfred Station	<b>DISCHARGE DATE &amp; TIME:</b>	12-01-YYYY 1450
<b>STATE:</b>	NY	<b>CONDITION ON DISCHARGE:</b>	
<b>ZIP CODE:</b>	14803	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> AMA
<b>TELEPHONE:</b>	607-587-5788	<input type="checkbox"/> Home	<input type="checkbox"/> DOA
<b>GENDER:</b>	Female	<input type="checkbox"/> Inpatient Admission	<input type="checkbox"/> Code Blue
<b>DATE OF BIRTH:</b>	05-24-YYYY	<input type="checkbox"/> Transfer to: _____	<input type="checkbox"/> Died
		<input checked="" type="checkbox"/> Instruction Sheet Given	

### NURSING DOCUMENTATION :

**ALLERGIES:**  No  Yes **EXPLAIN:**

**CURRENT MEDICATIONS:**  No  Yes **EXPLAIN:**

**BP:** 124/70 **P:** 60 **R:** 18 **T:** 36.1

**CC:**

**HPI:** Acute onset L side pain moves ant and post . ⊕ N/V sma II amt. No fever known ∅ dysuria.

**CONDITION:**

**ASSESSMENT:**

**SIGNATURE OF PRIMARY CARE NURSE:** Kelly Ivy, RN

**ICD CODES:**

**CPT/HCPCS LEVEL II CODES:**

**Global Care Medical Center**

100 Main St, Alfred NY 14802

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**EMERGENCY DEPARTMENT  
PHYSICIAN DOCUMENTATION**

<b>PATIENT NAME:</b>	PUTNAM, Marla	<b>PATIENT NUMBER:</b>	EDCase044
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Patricia Axelrod, M.D.
<b>DATE OF SERVICE:</b>	12-01-YYYY	<b>DATE OF BIRTH</b>	05-24-YYYY

**Emergency Department Notes:**

Personal Physician: Dr. Rabinowitz

**CHIEF COMPLAINT:** Left flank pain.

**SUBJECTIVE:** The patient is a 55-year-old with acute onset of left flank pain just prior to admission. She had a little nausea and vomiting. She has no palpable discomfort but the pain is in the left flank moving to her back and then down anteriorly into the abdomen. She has had no fever or chills noted. She has had no difficulty with urination. She does state that a week or so ago when she wiped herself after urinating she noticed a slight amount of blood. No significant past medical history. No current medications. No medication allergies.

**OBJECTIVE:** She is awake and alert. VS are stable. BP 124/70, P 60, R 28, T 36.1 orally. She has lung sounds that are clear. Heart rate is regular. Abdomen is soft and nontender with palpation. Normal active bowel sounds. No CVA tenderness.

UA was sent with 4+ blood initially. An IV was started of normal saline at 150 cc. an hour and white count 12.7, HCT 41.0, platelets 287,000. Electrolytes showed a sodium of 138, potassium 3.6, chloride 106, BUN 16, glucose 154, creatinine 0.7. Review of the urine showed WBCs 10-20, RBCs 20-50, epithelial cells 0-2, 2+ bacteria. This was sent for C&S.

She was given Nubain 5 mg IV and Phenergan 12.5 mg IV which gave her good relief from her discomfort. It was decided since there was some possibility of urine infection versus kidney stone, CT of the abdomen was done. This showed no signs of kidney stone, no obstruction, no dilatation of the ureter and no hydronephrosis.

For this reason it was felt that this is a UTI with some kidney discomfort. She might have passed a stone as she urinated just prior to the CT and that was not filtered.

**ASSESSMENT:** Renal colic and UTI. She will put on Cipro 500 mg b.i.d. for 10 days. She is to drink plenty of fluids. Follow up with Dr. Rabinowitz in the next few days for recheck. For increased pain or fever she is to see her PMD or return to the ED.

**SIGNATURE OF ED PHYSICIAN** Patricia Axelrod

DD: 12-02-YYYY Patricia Axelrod, M.D.

DT: 12-03-YYYY

**Global Care Medical Center**

100 Main St, Alfred NY 14802  
(607) 555-1234

**RADIOLOGY REPORT**

<b>PATIENT NAME:</b>	PUTNAM, Marla	<b>PATIENT NUMBER:</b>	EDCase044
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Patricia Axelrod, M.D.
<b>DATE OF SERVICE:</b>	12-01-YYYY	<b>DATE OF BIRTH</b>	05-24-YYYY

**Radiology Report**

EXAMS: 000070670 ABD WO CONTRAST 74150  
000070671 PELVIS WO CONTRAST 72192

**UNENHANCED CT ABDOMINAL SCAN:**

**HISTORY:** Abdominal pain, assess for renal stone.

The study was performed without contrast. The scans through the lung bases are unremarkable.

Liver and spleen are normal in size and configuration. Pancreas and adrenal glands appear unremarkable.

The kidneys are normal in size and configuration. There is no evidence of renal stone, hydronephrosis or perinephric stranding. There is no ureteral dilatation. No retroperitoneal mass is noted.

**IMPRESSION:** Negative unenhanced CT abdominal scan.

**UNENHANCED CT PELVIC SCAN:**

The study was performed without contrast. There is some streak artifact through the lower pelvis due to the patient's size. The bladder is partially distended with unopacified urine, and the bladder contour appears normal. Uterus appears unremarkable. There is no evidence of pelvic mass, lymphadenopathy or pathologic fluid collection. No ureteral dilatation is definable.

**IMPRESSION:** Negative unenhanced CT scan of the pelvis.

**SIGNATURE OF RADIOLOGIST**

Denise Shanzer

DD: 12-01-YYYY

Denise Shanzer, M.D. Radiologist

DT: 12-02-YYYY

**Global Care Medical Center**

100 Main St, Alfred NY 14802

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**LABORATORY DATA**

<b>PATIENT NAME:</b>	PUTNAM, Marla	<b>PATIENT NUMBER:</b>	EDCase044
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Patricia Axelrod, M.D.
<b>SPECIMEN COLLECTED:</b>	12-01-YYYY-1127	<b>SPECIMEN RECEIVED:</b>	Urine 12-01-YYYY-1137

<b>Test</b>	<b>Result</b>	<b>Flag</b>	<b>Reference</b>
<b>URINALYSIS</b>			
<b>UA WITH MICRO</b>			
<b>COLOR</b>	<b>YELLOW</b>		
<b>APPEARANCE</b>	<b>HAZY</b>	<b>**</b>	
<b>SP GRAVITY</b>	<b>1.019</b>		<b>1.001-1.030</b>
<b>GLUCOSE</b>	<b>NORMAL</b>		<b>NORMAL mg/dl</b>
<b>BILIRUBIN</b>	<b>NEGATIVE</b>		<b>NEG</b>
<b>KETONE</b>	<b>50</b>	<b>**</b>	<b>NEG mg/dl</b>
<b>BLOOD</b>	<b>4+</b>	<b>**</b>	<b>NEG</b>
<b>PH</b>	<b>5.0</b>		<b>4.5-8.0</b>
<b>PROTEIN</b>	<b>NEGATIVE</b>		<b>NEG mg/dl</b>
<b>UROBILINOGEN</b>	<b>NORMAL</b>		<b>NORMAL-1.0 mg/dl</b>
<b>NITRITES</b>	<b>NEGATIVE</b>		<b>NEG</b>
<b>LEUKOCYTES</b>	<b>NEGATIVE</b>		<b>NEG</b>
<b>WBC</b>	<b>10-20</b>	<b>**</b>	<b>0-5 /HPF</b>
<b>RBC</b>	<b>20-50</b>	<b>**</b>	<b>0-5 /HPF</b>
<b>EPI CELLS</b>	<b>0-2</b>		<b>/HPF</b>
<b>BACTERIA</b>	<b>2+</b>	<b>**</b>	
<b>AMORPHOUS SED</b>	<b>4+</b>		

**\*\* END OF REPORT \*\***



**Global Care Medical Center**

100 Main St, Alfred NY 14802  
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**LABORATORY DATA**

<b>PATIENT NAME:</b>	PUTNAM, Marla	<b>PATIENT NUMBER:</b>	EDCase044
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Patricia Axelrod, M.D.
<b>SPECIMEN COLLECTED:</b>	12-01-YYYY-1210	<b>SPECIMEN RECEIVED:</b>	Blood 05-24-YYYY-1211

<b>Test</b>	<b>Result</b>	<b>Flag</b>	<b>Reference</b>
Sodium	138		135-145 meq/L
Potassium	3.6		3.4-5.0 meq/L
Chloride	106		100-112 meq/L
BUN	16		6-19 mg/dl
Glucose	154	H	70-110 mg/dl
Creatinine	0.7		0.5-1.2 mg/dl

**\*\* END OF REPORT \*\***

**Global Care Medical Center**

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**EMERGENCY DEPARTMENT  
NURSING DOCUMENTATION**

<b>PATIENT NAME:</b>	PUTNAM, Marla	<b>PATIENT NUMBER:</b>	EDCase044
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Patricia Axelrod, M.D.
<b>DATE OF SERVICE:</b>	12-01-YYYY	<b>DATE OF BIRTH</b>	05-24-YYYY

**Progress Notes:**

<b>TIME</b>	<b>TREATMENTS/OBSERVATIONS</b>
1145	APD, skin W & D L side, c/o L pain radiating . "5" 1-10 10= worst Abd no distension BS , non-tender IV S.L. 20 L 3 t #5 1 attempt
1210	med for c/o nausea states ↑ pain "9-10" 1-10 10=worst Phenergan 12.5 mg IV
1215	Med for c/o pain IV @150cc/hr BP: 108/70 Nubain 5 mg
1220	States ↓ pain "2" Feel sleepy BP: 124/82
1330	no c/o pain
1400	To CT scan
1415	Return from CT
1450	IV d/c instr given w/ verbal understanding

**SIGNATURE OF ED NURSE**

Kelly Ivy, RN



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**EMERGENCY DEPARTMENT  
 RECORD**

**PATIENT INFORMATION:**

<b>NAME:</b>	WASHBURN, Chris	<b>PATIENT NUMBER:</b>	EDCase010
<b>ADDRESS:</b>	709 Hawthorne Way	<b>ADMISSION DATE &amp; TIME:</b>	10-13-YYYY 1040
<b>CITY:</b>	Henrietta	<b>DISCHARGE DATE &amp; TIME:</b>	10-13-YYYY 1110
<b>STATE:</b>	NY	<b>CONDITION ON DISCHARGE:</b>	
<b>ZIP CODE:</b>	14467	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> AMA
<b>TELEPHONE:</b>	585-334-2265	<input type="checkbox"/> Home	<input type="checkbox"/> DOA
<b>GENDER:</b>	Male	<input type="checkbox"/> Inpatient Admission	<input type="checkbox"/> Code Blue
<b>DATE OF BIRTH:</b>	09-27-YYYY	<input type="checkbox"/> Transfer to: _____	<input type="checkbox"/> Died
		<input checked="" type="checkbox"/> Instruction Sheet Given	

**NURSING DOCUMENTATION:**

**ALLERGIES:**  No  Yes      **EXPLAIN:** NKA  
**CURRENT MEDICATIONS:**  No  YES      **EXPLAIN:** Antibiotic  
**BP:** 120/80      **P:** 88      **R:** 18      **T:** 97.4

**CC:**

**HPI:**

**CONDITION:** Recheck laceration, left leg. (Patient previously gored by pig on his farm.)

**ASSESSMENT:** Dressing fell off wound this morning. Drain also fell out. Continues to have some bloody drainage.

**SIGNATURE OF NURSE:** Reviewed and Approved: Donna Smith RN ATP-B-  
 S:02:1001261385: Donna Smith RN (Signed: 10/13/YYYY  
 2:20:44 PM EST)

**ICD CODES:**

**CPT/HCPCS LEVEL II CODES:**

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(607) 555-1234

**EMERGENCY DEPARTMENT  
PHYSICIAN DOCUMENTATION**

<b>PATIENT NAME:</b>	WASHBURN, Chris	<b>PATIENT NUMBER:</b>	EDCase010
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Benjamin Baker, M.D.
<b>DATE OF SERVICE:</b>	10-13-YYYY	<b>DATE OF BIRTH</b>	09-27-YYYY

**Physician Notes:**

This patient returns for recheck of laceration, left leg, because the wound fell off this morning and the drain fell out at the same time. Patient was seen in the ED last week, and laceration was sutured at that time.

Laceration looks good. Drain removed with dressing. Patient to return in 9 days for suture removal; sooner if any signs of infection develop.

**DIAGNOSIS:** Recheck laceration.

**Physician Orders:**

**DISCHARGE INSTRUCTIONS:** Keep clean and dry.

**SIGNATURE OF ED PHYSICIAN**

Reviewed and Approved: Benjamin Baker MD ATP-  
B-S:02:1001261385: Benjamin Baker MD (Signed:  
10/13/YYYY 2:20:44 PM EST)



Global Care Medical Center  
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(607) 555-1234

## EMERGENCY DEPARTMENT RECORD

### PATIENT INFORMATION:

**NAME:** WASHBURN, Chris      **PATIENT NUMBER:** EDCase011  
**ADDRESS:** 709 Hawthorne Way      **ADMISSION DATE & TIME:** 10-12-YYYY 2005  
**CITY:** Henrietta      **DISCHARGE DATE & TIME:** 10-12-YYYY 2121  
**STATE:** NY      **CONDITION ON DISCHARGE:**  
**ZIP CODE:** 14467       Satisfactory       AMA  
**TELEPHONE:** 585-334-2265       Home       DOA  
**GENDER:** Male       Inpatient Admission       Code Blue  
**DATE OF BIRTH:** 09-27-YYYY       Transfer to: \_\_\_\_\_       Died  
 Instruction Sheet Given

### NURSING DOCUMENTATION:

**ALLERGIES:**  No     Yes      **EXPLAIN:** NKA  
**CURRENT MEDICATIONS:**  No     Yes      **EXPLAIN:** Tetanus last year  
**BP:** 130/90      **P:** 100      **R:** 24      **T:** 98.6

**CC:** Laceration left leg, 10-12 pig bites

**HPI:**

**CONDITION:**

**ASSESSMENT:**

**SIGNATURE OF PRIMARY CARE NURSE:** Gail Watson, RN

**ICD CODES:**

**CPT/HCPCS LEVEL II CODES:**

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**EMERGENCY DEPARTMENT  
PHYSICIAN DOCUMENTATION**

<b>PATIENT NAME:</b>	WASHBURN, Chris	<b>PATIENT NUMBER:</b>	EDCase011
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Jon W. Beeson, M.D.
<b>DATE OF SERVICE:</b>	10-12-YYYY	<b>DATE OF BIRTH</b>	09-27-YYYY

**Physician Notes:**

S: 27-year-old white male who was gored with a pig tusk tonight.

O: Patient has a 5 cm laceration of the left leg on the anterior thigh region. It was cleansed well with Betadine infiltrated 1% Xylocaine washed thoroughly with lavage and rescrubbed with Betadine and closed with 4-0 Vicril and 4-0 silk for deep and superficial closure respectively.

A: 5 cm laceration left leg.

P: Drain was inserted and the patient will return tomorrow to have the drain out meanwhile keep it clean and dry, watch for signs of redness, swelling, pus formation or increased pain. Have sutures out in 10 days.

Diagnosis: **5 cm laceration L leg**

**Physician Orders:**

For take home use: **Velosef 500 mg and Tylenol #3 dosepack**

**1/4 " peurose drain 4 X 4 10's 4" Klesig, Surgifix**

Discharge instructions: **Keep clean & dry for infection Drain out tomorrow.**

**SIGNATURE OF ED PHYSICIAN**                      **Jon W. Beeson**

DD: 10-12-YYYY                                      Jon W. Beeson, M.D

DT: 10-13-YYYY



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**EMERGENCY DEPARTMENT  
 RECORD**

**PATIENT INFORMATION:**

<b>NAME:</b>	UNGER, Betty	<b>PATIENT NUMBER:</b>	EDCase009
<b>ADDRESS:</b>	Route 96	<b>ADMISSION DATE &amp; TIME:</b>	10-02-YYYY 1645
<b>CITY:</b>	Victor	<b>DISCHARGE DATE &amp; TIME:</b>	10-02-YYYY 1721
<b>STATE:</b>	NY	<b>CONDITION ON DISCHARGE:</b>	
<b>ZIP CODE:</b>	14564	<input checked="" type="checkbox"/> Satisfactory	<input type="checkbox"/> AMA
<b>TELEPHONE:</b>	585-924-0123	<input type="checkbox"/> Home	<input type="checkbox"/> DOA
<b>GENDER:</b>	Female	<input type="checkbox"/> Inpatient Admission	<input type="checkbox"/> Code Blue
<b>DATE OF BIRTH:</b>	03-29-YYYY	<input type="checkbox"/> Transfer to: _____	<input type="checkbox"/> Died
		<input checked="" type="checkbox"/> Instruction Sheet Given	

**NURSING DOCUMENTATION:**

**ALLERGIES:**  No  Yes      **EXPLAIN:** NKA  
**CURRENT MEDICATIONS:**  No  Yes      **EXPLAIN:** None. Last tetanus shot 6-7 years ago.

**BP:** 124/80      **P:** 88      **R:** 20      **T:** 98.4

**CC:**

**HPI:**

**CONDITION:** 2 lacerations: left arm on couch and right 3<sup>rd</sup> knuckle washing dishes, 0900, 10-02-YYYY.

**ASSESSMENT:** Approximately 3/4 - 1" laceration, 3<sup>rd</sup> knuckle, right hand.  
 1" laceration, left forearm. Occurred 0900 this a.m.

**SIGNATURE OF NURSE:** Reviewed and Approved: Marilyn Hillman RN ATP-B-  
 S:02:1001261385: Marilyn Hillman RN (Signed: 10/2/YYYY  
 2:20:44 PM EST)

**ICD CODES:**

**CPT/HCPCS LEVEL II CODES:**

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(607) 555-1234

**EMERGENCY DEPARTMENT  
PHYSICIAN DOCUMENTATION**

<b>PATIENT NAME:</b>	UNGER, Betty	<b>PATIENT NUMBER:</b>	EDCase009
<b>LOCATION:</b>	Emergency Room	<b>ED PHYSICIAN:</b>	Preston Treeline, M.D.
<b>DATE OF SERVICE:</b>	10-02-YYYY	<b>DATE OF BIRTH</b>	03-29-YYYY

**Physician Notes:**

- S:** 23-year-old white female who lacerated her right hand and left forearm in separate incidents at home.
- O:** Patient has shallow laceration of the right 3rd MP joint. It was closed well with Betadine and infiltrated with 1% Xylocaine and closed with 4-0 silk. She has a 1.5 cm laceration of the left forearm too which was also cleaned with Betadine and infiltrated with 1% Xylocaine and closed with 4-0 silk.
- A:** 1.5 cm laceration of the right 3rd finger and left forearm.
- P:** Per infection and suture guidelines.

**DIAGNOSIS:** Two 1.5 cm lacerations of right third finger and left forearm.

**Physician Orders:**

**SIGNATURE OF ED PHYSICIAN**

Reviewed and Approved: Preston Treeline MD  
ATP-B-S:02:1001261385: Preston Treeline MD  
(Signed: 10/2/YYYY 2:20:44 PM EST)

Preston Treeline, M.D.