

[REDACTED] A [REDACTED] ([REDACTED] Male Birthdate: [REDACTED]
Clinic Office Note by [REDACTED] MD for service on [REDACTED]

*** TEMPORARY COPY ***

Vitals

BLOOD PRESSURE: 126/60 mmHg [sitting] [upper arm] [large arm cuff] [right]

PULSE: 60 bpm

WEIGHT: 90.72 kg (200 lbs)

Allergies and Alerts

Drug Allergies/Adverse Reactions:

- Ace inhibitors
- Enalapril
- Furosemide
- Trimethoprim-Sulfamethoxazole

No Known Non-Drug Allergies/Adverse Reactions (NKNDA)

Medications

Verified As Active In Medications Manager:

Acetaminophen 325 mg Tablet, 2 Tablet(s) by mouth up to three times daily as needed for arthritis pain
Albuterol Sulfate (Ventolin HFA®) Inhalation 90 mcg/Actuation HFA Aerosol, 1 or 2 Puff(s) by mouth every 4 to 6 hours

Aspirin 81 mg Tablet, Delayed Release (E.C.), by mouth once daily

Blood Sugar Diagnostic (Accu-Chek SmartView Test Strip®) Miscell. (Med.Supl.;Non-Drugs) Strip, 1 Strip(s) once daily as needed alternate testing - fasting, before lunch, before supper, and in the evening

Cholecalciferol (Vitamin D3), once daily

Famotidine 20 mg Tablet, by mouth Patient is taking every 5 days. Equate OTC brand.

Fluticasone-Salmeterol (Advair Diskus®) Inhalation 500-50 mcg/dose Disk with Device, 1 Inhalation by mouth twice daily

Glimepiride 2 mg Tablet, 1 Tablet(s) by mouth daily in the morning Take with meals

Ibuprofen 200 mg Tablet, 2 Tablet(s) by mouth every six hours as needed

Lancets (Accu-Chek FastClix®) Miscell. (Med.Supl.;Non-Drugs) Misc, 1 Lancet(s) once daily as needed

Lidocaine Topical 5 % Ointment, Apply as directed topically up to three times daily to affected area

Lisinopril 2.5 mg Tablet, 1 Tablet(s) by mouth once daily

Metoprolol Succinate (Toprol XL®) 25 mg Tablet Sustained Release 24HR, 1 Tablet(s) by mouth once daily

Multivitamin Tablet, 1 Tablet(s) by mouth once daily

Nitroglycerin (Nitrostat®) Sublingual 0.4 mg Tablet, Sublingual, 1 Tablet(s) by mouth as directed as needed for chest pain; Repeat every 5 minutes if needed, up to a total of 3 doses

Polyvinyl Alcohol (Artificial Tears®) Ophthalmic, 1 in both eyes up to twice daily

Potassium Citrate (Urocit-K 10®) 10 mEq (1,080 mg) Tablet Sustained Release, 1 Tablet(s) by mouth three times daily Take this medication with meals or within 30 minutes after a meal with a full glass of water

Tamsulosin (Flomax®) 0.4 mg Capsule, Sust. Release 24HR, 1 Capsule(s) by mouth once daily

VitA-B2-C-E-Lutein-Zeaxanthin-Min (ICaps®), 1 by mouth once daily

Source: Parent/Patient

Frederick A [REDACTED] ([REDACTED] Male Birthdate: [REDACTED]
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Reason for Visit

Followup on:

1. Recent fall.
2. Type 2 diabetes mellitus.
3. Benign essential hypertension.
4. Hyperlipidemia.

History of Present Illness

Mr [REDACTED] is a very pleasant 82-year-old male patient from Marshfield. I have seen him recently on [REDACTED] following a fall. Initially evaluated in Urgent Care. X-ray of the left shoulder and pelvis as well as ribs did not reveal any bony injuries. He had been using ice packs and ibuprofen over the counter. Last week he called with ongoing pain. However, in the meantime, he thinks the pain has significantly improved, especially in his left shoulder and right knee. He thinks they are about 60% better. The movements on the left shoulder have significantly improved. He still has occasional pain in the right knee joint area as well as in the right thigh area. Regarding type 2 diabetes mellitus, he is monitoring his glucose once a day. Most of the readings are less than 130 to 140. No recent skin or toenail infections. No numbness or tingling in the upper or lower extremities. He has normal appetite. No nausea, vomiting, or abdominal pain. Bowels are regular. No recent hematemesis, melena, or hematochezia. He denied any angina, PND, orthopnea, or palpitations. No cough or pleuritic chest pain. No chest tightness or wheezing. No shortness of breath. No dizziness, vertigo, or TIA.

Past Medical History

1. Type 2 diabetes mellitus.
2. Other past medical history unchanged.
3. Coronary artery disease, status post coronary artery bypass graft surgery.
4. Hyperlipidemia.
5. Benign essential hypertension.
6. Left carpal tunnel decompression surgery.
7. Chronic obstructive pulmonary disease.
8. Allergic rhinitis.
9. Elevated fasting glucose.
10. Degenerative joint disease, status post bilateral hip replacement and right total hip arthroplasty revision in April 2009.
11. Obstructive sleep apnea, using CPAP.
12. Spinal stenosis, status post laminectomy x3.

Examination

GENERAL: The patient appears comfortable.

VITALS: As recorded.

NECK: JVP normal.

LOWER EXTREMITIES: No leg edema.

MUSCULOSKELETAL: Examination revealed no tenderness of the cervical, thoracic, or lumbosacral spine. Range of movements on left shoulder are mildly restricted, significantly improved as compared to previous examination. Right knee joint examination - movements are minimally restricted, not painful.

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He continues to have a bruise on the right lateral thigh area. It is now getting better. Mild tenderness in the right lower ribcage area.

CHEST: Normal breath sounds. No crepitations. No rhonchi. No pleural rub.

CARDIOVASCULAR: Heart sounds 1 and 2 normal. No gallop rhythm. No murmurs.

ABDOMEN: Soft. Liver, spleen, and kidneys not palpable. No tenderness, guarding, or rigidity. Bowel sounds were normal.

Data

Labs which were performed today and were discussed with the patient are as follows:

- 4/18/16 07:04 Lipo Panel, with LDL BLOOD
 - Chol 198 mg/dL (100-200)
 - HDL-C 47 mg/dL (40-59)
 - Non-HDLC 151 mg/dL
 - LDL-C 122 mg/dL (80-130)
 - Trig 144 mg/dL (20-149)
 - Non-HDLC:Non-HDL <130 is desirable if coronary heart disease (CHD), peripheral vascular disease, or diabetes is present.
- 4/18/16 07:04 HgbA1C BLOOD
 - HgbA1C 6.5 % (4.0-6.0)
 - eAG 140 mg/dL
 - HgbA1C:HgbA1C method is NGSP certified and traceable to DCCT. Current diagnostic criteria for diabetes are $\geq 6.5\%$ (ADA 2013). Diabetic glycemc control may be determined using HgbA1C and goals should be determined based upon the individual patient. Revised GH testing methodology as of 07/06/15. No changes to reference interval.
- 4/18/16 07:04 Automated Chemistry BLOOD
 - AST 34 U/L (13-39)
 - ALT 41 U/L (8-52)
 - Na 139 mmol/L (133-144)
 - K 4.6 mmol/L (3.4-5.1)
 - Cl 103 mmol/L (96-109)
 - CO2 29 mmol/L (21-33)
 - A-Gap 7 mmol/L (2-16)
 - Urea N 19 mg/dL (6-24)
 - Creat 1.2 mg/dL (0.6-1.2)
 - Gluc 103 mg/dL (70-99)
 - Ca 8.5 mg/dL (8.2-10.0)
 - eGFR 58.3 mL/min (60.0-150.0)

Assessment

1. Recent fall. Recuperating very well.
2. Left shoulder pain, significantly improved. Continue with ibuprofen and ice packs as needed.
3. Right hip area bruise and ecchymosis, significantly improved.
4. Type 2 diabetes mellitus, optimally controlled as per hemoglobin A1C of 6.5.
5. Benign essential hypertension, very well controlled and meeting the goal criteria.
6. Coronary artery disease, status post coronary artery bypass graft surgery. No recent angina or

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heart failure. Overall, the patient is feeling much better. He does not think there is any need for any further intervention. I did offer him physical therapy for his left shoulder. He would like to wait. He did call his insurance company for Zostavax which was given to him today.

7. Hyperlipidemia. The patient used to be on simvastatin; however, he has discontinued this medication. I offered him a reduced dose from 40 mg to 20 mg. He would like to try without any lipid-lowering agents at the moment.
8. Future followup. The patient will be coming back for further followup along with annual complete physical examination as already scheduled in October 2016. He will call back if there are any concerns in the interim.

[REDACTED] MD FRCP FACP/rlw
General Internal Medicine

Dictated: [REDACTED] at 09:04
Transcribed: [REDACTED] at 14:10

Electronically signed by [REDACTED] V MD on [REDACTED] 16:13.