

Lab document for Elizabeth A Chadwell for the following tests and procedures: AMB REFERRAL TO ORTHOPEDIC SURGERY.



Pc Wilmington
1184 W Locust St
Wilmington OH 45177-2009
937-382-1616
937-382-7877 (Fax)
D1364



2241372

Patient Information

Name	MRN	TriHealth E#	DOB	Sex	CSN
CHADWELL,ELIZABETH A	2241372	2482278	03/27/47	Female	241255763
Address 390 Anderson Rd	City Wilmington	State OH	Zip 45177- 8557	Phone	

Ordering Physician

Mary Louise Inwood INWOMA INWOOD, MARY LOUISE [16879]

Order Specific Information

ID	Order	Test Code	Qty	Order #	Test Description
REF1061	AMB REFERRAL TO ORTHOPEDIC SURGERY	99246	1	578092987	AMB Referral to Orthopedic Surgery - Beacon Ortho
Priority Routine	Class External referral	Status Future		Expected Date 03/25/25	Expiration Date 03/25/26

Comment

See at Wilmington location please for right thumb pain, slight medial subluxation of the first metacarpophalangeal joint seen on xray (CMH).

Associated Diagnoses

Name	ICD-10-CM
Pain of right thumb - Primary	M79.644

Electronically Signed By

Provider	Date	Time
Mary Louise Inwood	03/25/25	16:49