

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
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D1364



2241372

Patient Information

Name	MRN	TriHealth E#	DOB	Sex	CSN
CHADWELL, ELIZABETH A	2241372	2482278	03/27/47	Female	241255763
Address	City	State	Zip	Phone	
390 Anderson Rd	Wilmington	OH	45177-8557		
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	Class	Status	Expected Date	Expiration Date	Start Date
Routine	External referral	Future	03/25/25	03/25/26	03/25/25

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