

Medical Records - CONFIDENTIAL

FROM: NM - RMCHCS
520 NM HWY 564, GALLUP, NM 87301-4873
Phone: (505) 863-2273
Fax: (505) 722-3594

TO:

Name: ANDERSON, RYDELL D

DOB: 03/07/1986

Date Range: to

This document contains the following records of the patient:

- Allergy List
- Care Plan Audit
- Encounters and Procedures
- Encounter Documents
- Denied Medications
- Facesheet
- Imaging Results
- Imaging Orders
- Letters
- Medical Record Documents
- Medication List
- Patient Photo ID
- Prescription Documents
- Vaccination History

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Allergy List

NKDA

Care Plan Audit**Care Management Events**

None recorded

Health Concerns

None recorded

Goals

None recorded

Patient Tasks

None recorded

Care Team Tasks

None recorded

Health Status

None recorded

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 05/31/2017

Patient

Name	ANDERSON, RYDELL (31yo, M) ID# 45551	Appt. Date/Time	05/31/2017 02:00PM
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DOB	03/07/1986	Service Dept.	URGENT CARE CENTER
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Provider	SHERRY YOUNG, NP
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Insurance	Med Primary: *SELF PAY*
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Med Contracts: MAVERICK/OHCI

Insurance # : 525811177

Med Worker's Comp: ADVANTAGE INSURANCE/ S&C CLAIMS SERVICES (PENDING)

Policy/Group # : 525811177

Employer Name : MAVERIK

Case # : 201709715

Case Injury Date : 05/21/2017

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

workers comp follow up

Patient's Care Team

Insurance Adjuster: KAREN DITRAPANI: Ph (505) 219-2929, Fax (505) 892-1350

Patient's Pharmacies

WALGREENS DRUG STORE 09007 (ERX): 1870 E HISTORIC HIGHWAY 66, GALLUP NM 87301, Ph (505) 722-9499, Fax (505) 722-7988

Vitals

Ht: 5 ft 6 in 05/31/2017
01:52 pmWt: 206.6 lbs
05/31/2017 01:53 pmBMI: 33.3 05/31/2017
01:53 pmBP: 140/82 sitting L
arm 05/31/2017
01:53 pmPulse: 89 bpm regular
05/31/2017 01:53
pmRR: 18 05/31/2017 01:53
pmO2Sat: 95% Room Air at
Rest 05/31/2017
01:53 pmT: 98.4 F° temporal
artery 05/31/2017
01:53 pm

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

Bactroban 2 % topical creamAPPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY
FOR 10 DAYS

Note: NP educated patient regarding medications

05/21/17 prescribed

Ibuprofen 800 mg tablet

Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.

Note: NP educated regarding medications

05/24/17 prescribed

Keflex 500 mg capsule

Take 2 capsule(s) twice a day by oral route with meals for 10 days.

Note: NP educated patient regarding medications

05/21/17 prescribed

Vaccines

None recorded.

Problems

Reviewed Problems

Family History

Reviewed Family History

Social History

Reviewed Social History

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

HPI

Patient presents today for follow up with work related injury. Patient denies all complaint.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 31-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: NAD. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal.

Head: Head: normocephalic and atraumatic.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Corneas: grossly intact. Fundoscopic: normal vessels and optic discs, no exudates or hemorrhages, and grossly normal except where noted. EOM: EOMI. Lens: clear. Sclerae: non-icteric. Vision: peripheral vision grossly intact and acuity grossly intact.

ENMT: Ears: no lesions on external ear, EACs clear, TMs clear, and TM mobility normal. Hearing: no hearing loss and Rinne AC>BC. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge; nasal passages clear and mucosa: not boggy; and nares patent and nasal mucosa: no edema: bilateral. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema, exudates, or cobblestoning and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD, supraclavicular LAD, axillary LAD, or inguinal LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Abdomen: Bowel Sounds: normal. Inspection and Palpation: no tenderness, guarding, masses, rebound tenderness, or CVA tenderness and soft and non-distended. Liver: non-tender and no hepatomegaly. Spleen: non-tender and no splenomegaly. Hernia: none palpable.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: grossly intact and monofilament test intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: finger-to-nose intact and no tremor.

Skin: Inspection and palpation: no rash, lesions, ulcer, induration, nodules, jaundice, or abnormal nevi and good turgor; All wounds healed except for left scalp over ear is healing well - and is well approximated.. Nails: normal.

Back: Thoracolumbar Appearance: normal curvature.

Assessment / Plan

1. Motor vehicle accident, driver

V49.40XD: Driver injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter

2. Blunt injury - left face and skull

Y29.XXXD: Contact with blunt object, undetermined intent, subsequent encounter

3. Abrasion - left face and skull

S00.91XD: Abrasion of unspecified part of head, subsequent encounter

4. Injury of face - left face and skull

S09.93XD: Unspecified injury of face, subsequent encounter

Patient Instructions

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also reinforced the handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Patient verbalized understanding and is released for fulltime - full duty without restrictions.

Return to Office
None recorded.

Encounter Sign-Off
Encounter signed-off by Sherry Young, NP, 05/31/2017.

Encounter performed and documented by Sherry Young, NP
Encounter reviewed & signed by Sherry Young, NP on 05/31/2017 at 02:33 PM

Encounter Date: 05/24/2017

Patient

Name	ANDERSON, RYDELL (31yo, M) ID# 45551	Appt. Date/Time	05/24/2017 02:00PM
DOB	03/07/1986	Service Dept.	URGENT CARE CENTER
Provider	SHERRY YOUNG, NP		
Insurance	Med Primary: *SELF PAY* Med Contracts: MAVERICK/OHCI Insurance #: 525811177 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

None recorded.

Patient's Pharmacies

WALGREENS DRUG STORE 09007 (ERX): 1870 E HISTORIC HIGHWAY 66, GALLUP NM 87301, Ph (505) 722-9499, Fax (505) 722-7988

Vitals

Ht: 5 ft 6 in 05/24/2017 01:34 pm	Wt: 204.4 lbs 05/24/2017 01:34 pm	BMI: 33 05/24/2017 01:34 pm
BP: 110/76 sitting L arm 05/24/2017 01:35 pm	Pulse: 90 bpm regular 05/24/2017 01:35 pm	RR: 16 05/24/2017 01:35 pm
O2Sat: 94% Room Air at Rest 05/24/2017 01:35 pm	T: 98.4 F° temporal artery 05/24/2017 01:36 pm	Pain Scale: 7 05/24/2017 01:36 pm

Allergies

Reviewed Allergies
NKDA

Medications

Reviewed Medications

Bactroban 2 % topical cream 05/21/17 prescribed
APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS
Note: NP educated patient regarding medications

Ibuprofen 800 mg tablet 05/24/17 prescribed
Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.
Note: NP educated regarding medications

Keflex 500 mg capsule 05/21/17 prescribed
Take 2 capsule(s) twice a day by oral route with meals for 10 days.
Note: NP educated patient regarding medications

Vaccines

None recorded.

Problems

Reviewed Problems

HPI

Patient presents for follow up with work related injury. Patient reports that he has been keeping areas clean and applying the cream and taking the antibiotics, but reports that the OTC advil is really not working. Patient identifies that the pain is around a 7 of 10 and any significant movement and pressure increases the pain level. Denies any s/s concussion.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 31-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: **minimal with head movement.** Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal.

ANDERSON, RYDELL D (id #45551, dob: 03/07/1986)

Head: Head: with evidence of injury; swelling, bruising, abrasion, and with evidence of injury; left side of scalp with three superficial abrasions above ear, and on lower left cheek. Edema remains present +2 of left scalp, face and ear..

Eyes: Lids and Conjunctivae: no discharge or pallor; **left side with trace ecchymosis and edema.** Pupils: PERRLA. Corneas: grossly intact. Fundoscopic: normal vessels and optic discs, no exudates or hemorrhages, and grossly normal except where noted. EOM: EOMI. Lens: clear. Sclerae: non-icteric. Vision: peripheral vision grossly intact and acuity grossly intact.

ENMT: Ears: **left with +2 edema and scant / superficial scratches.** Hearing: no hearing loss and Rinne AC>BC. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge; nasal passages clear and mucosa: not boggy; and nares patent and nasal mucosa: no edema: bilateral. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema, exudates, or cobblestoning and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD, supraclavicular LAD, axillary LAD, or inguinal LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: finger-to-nose intact and no tremor; **identifies pain with the head movement.**

Skin: Inspection and palpation: **bruising and abrasion(s); left side of scalp with three superficial abrasions above ear, and on lower left cheek, edema +2 of left face and cheek and scalp with ecchymosis.** Nails: normal.

Assessment / Plan

1. Motor vehicle accident, driver

V49.40XD: Driver injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter

2. Blunt injury - left face and skull

T14.90: Injury, unspecified

- ibuprofen 800 mg tablet - Take 1 tablet(s) 3 times a day by oral route with meals for 10 days. Qty: 30 tablet(s)
Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

3. Abrasion - left face and skull

S00.91XA: Abrasion of unspecified part of head, initial encounter

4. Injury of face - left face and skull

S09.93XA: Unspecified injury of face, initial encounter

Patient Instructions

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also reinforced the handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of infection. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/31/2017

Discussion Notes

Patient to continue with antibiotics and cream until wounds healed.

Return to Office

- Sherry Young, NP for ACUTE 10 MIN at URGENT CARE CENTER on 05/31/2017 at 02:00 PM

Encounter Sign-Off

Encounter signed-off by Sherry Young, NP, 05/24/2017.

Encounter performed and documented by Sherry Young, NP

Encounter reviewed & signed by Sherry Young, NP on 05/24/2017 at 02:11 PM

Encounter Date: 05/21/2017

Patient

Name	ANDERSON, RYDELL (31yo, M) ID# 45551	Appt. Date/Time	05/21/2017 03:20PM
DOB	03/07/1986	Service Dept.	URGENT CARE CENTER
Provider	SHERRY YOUNG, NP		
Insurance	Med Primary: *SELF PAY* Med Contracts: MAVERICK/OHCI Insurance #: 525811177 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

MVA

Patient's Pharmacies

WALGREENS DRUG STORE 09007 (ERX): 1870 E HISTORIC HIGHWAY 66, GALLUP NM 87301, Ph (505) 722-9499, Fax (505) 722-7988

Vitals

Ht: 5 ft 6 in 05/21/2017 03:30 pm	Wt: 203 lbs 05/21/2017 03:30 pm	BMI: 32.8 05/21/2017 03:30 pm
BP: 128/78 sitting R arm 05/21/2017 03:30 pm	Pulse: 71 bpm regular 05/21/2017 03:31 pm	RR: 16 05/21/2017 03:31 pm
O2Sat: 93% Room Air at Rest 05/21/2017 03:31 pm	T: 98.4 F° temporal artery 05/21/2017 03:31 pm	

Allergies

None recorded.

Medications

Bactroban 2 % topical cream 05/21/17 prescribed
 APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY
 FOR 10 DAYS
Note: NP educated patient regarding medications

Keflex 500 mg capsule 05/21/17 prescribed
 Take 2 capsule(s) twice a day by oral route with meals for 10 days.
Note: NP educated patient regarding medications

Vaccines

None recorded.

Problems

Reviewed Problems

HPI

Head Injury

Reported by patient.

source of patient information patient

Location: face

Onset/Timing: 5:00am

Quality: throbbing; swollen

Context: work injury

Associated Symptoms: **headache**

Notes: Left side of face with erythema, edema and minor / scant abrasions throughout lower left cheek, and three above left ear on scalp.

Patient presents with his employer bringing him in after patient reports that he was driving his 18 wheeler and another 18 wheeler, went left of center and struck the mirror. The mirror then struck patient in the left side of the face and glass shattering over patient (patient reports that his window was down). Patient reports that he did NOT lose consciousness. Patients employer went and picked patient up and drove here - from Utah border - at 5am

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 31-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: **minimal - from pain of left face.** Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal.

Head: Head: **swelling, bruising, abrasion, and with evidence of injury; left side of scalp with three superficial abrasions above ear, and on lower left cheek//shattered glass throughout hair and face.**

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Fundoscopic: normal vessels and optic discs, no exudates or hemorrhages, and grossly normal except where noted. EOM: EOMI. Sclerae: non-icteric and no subconjunctival hemorrhage. Vision: peripheral vision grossly intact and acuity grossly intact.

ENMT: Ears: EACs clear and TMs clear. Nose: normal appearing. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition.

Neck: Neck: supple, FROM, and trachea midline.

Lungs: Auscultation: CTA bilateral.

Cardiovascular: Heart Auscultation: RRR and no murmurs.

Abdomen: Inspection and Palpation: soft, non-distended, and no tenderness.

Musculoskeletal: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: grossly normal, normal movement of all extremities, and no tenderness.

Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: finger-to-nose intact and no tremor.

Skin: Inspection and palpation: **bruising and abrasion(s); left side of scalp with three superficial abrasions above ear, and on lower left cheek//shattered glass throughout hair and face.**

Patient presents with his employer bringing him in after patient reports that he was driving his 18 wheeler and

ANDERSON, RYDELL D (id #45551, dob: 03/07/1986)

another 18 wheeler, went left of center and struck the mirror. The mirror then struck patient in the left side of the face and glass shattering over patient (patient reports that his window was down). Patient reports that he did NOT lose consciousness. Patients employer went and picked patient up and drove here - from Utah border - at 5am

Procedure Documentation

Wound Care UC:

Location: left scalp superior lateral anterior upper. Patient had his entire scalp irrigated and cleansed of with normal saline and debrided of any foreign material and glass shards. Three superficial abrasions above left ear cleansed and debrided. Several of left lower cheek debrided. Bacitracin ointment applied. The patient tolerated procedure well. Wound care instructions were given, and patient was instructed to return for redness, warmth, or swelling of the skin, red streaking, pus, increasing pain, fevers, or any other signs or symptoms of infection. The patient was instructed to return for wound check in 3 days.

Assessment / Plan

1. Motor vehicle accident, driver

V49.40XA: Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter

2. Injury of face - left face and skull

S09.93XA: Unspecified injury of face, initial encounter

- SKULL 2V - Priority: STAT

Indication: MVA Possibility of Pregnancy?: N

Provide films to patient: N Side: LEFT

View: PA and Lateral

3. Blunt injury - left face and skull

T14.90: Injury, unspecified

- CONCUSSION EDUCATION - Note to Patient: Handout given

4. Abrasion - left face and skull

S00.91XA: Abrasion of unspecified part of head, initial encounter

- Keflex 500 mg capsule - Take 2 capsule(s) twice a day by oral route with meals for 10 days. Qty: 40 capsule(s)

Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

- Bactroban 2 % topical cream - APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS Qty: 1 30 gm tube(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

- CONTUSION: CARE INSTRUCTIONS

- SCRAPES (ABRASIONS): CARE INSTRUCTIONS

Patient Instructions

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also provided handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of altered mental status, ambulation changes, vision changes, nausea or vomiting. If these symptoms present, please seek emergency services immediately. Note, body will hurt for several days due to the impact. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/23/2017

Discussion Notes

Patient reports that his last tetanus was without last two years.

Return to Office

- Sherry Young, NP for OCC WORKMENSCOMP at URGENT CARE CENTER on 05/24/2017 at 02:00 PM

Encounter Sign-Off

Encounter signed-off by Sherry Young, NP, 05/22/2017.

Encounter performed and documented by Sherry Young, NP

Encounter reviewed & signed by Sherry Young, NP on 05/22/2017 at 10:09 AM



Rehoboth McKinley
Christian Health Care Services

The mission of RMCHCS is to serve God by making a profound
and lasting difference in the health and quality of life
for all people in the community.

WORKMANS' COMPENSATION INFORMATION: M#

CLAIM #:

EMPLOYEE: RYDELL ANDERSON

DOB: 03/07/1986 SSN: 525-81-1177

ADDRESS: PO BOX 380 CROWNPOINT NM 87313

PHONE HM: CELL WORK: CELL (801)573-8175

CELL NUMBER: (505) 386-9721 OTHER (801)385-3846 (travis goth)

EMPLOYER: MAVERIK CONTACT PERSON: RYDELL ANDERSON

ADDRESS: PO BOX 380 CROWNPOINT NM 87313

WORKMANS' COMPENSATION INFORMATION:

NAME: S & C Claims Services Inc

ADDRESS:

PHONE #: 505-219-2929 FAX #:

CLAIM #: 201709713 ADJUSTER: Karen DiTrapani

DATE OF INJURY: 05/21/2017 ER/DATE: 05/21/2017

(TIME) 5:00 AM

LOCATION OF

INJURY(BODYPART): LEFT SIDE JAW AND EAR

HISTORY OF

ACCIDENT: GOT SIDE SWIPE BY ANOTHER SEMI. MIRROR
HIT THE LEFT SIDE OF HEAD GOT GLASS ON ME

1901 Red Rock Drive • Gallup, NM 87301 • 505-863-7000 • www.rmch.org

Rehoboth McKinley Christian Hospital College Clinic Red Rock Clinic Home Health and Hospice Behavioral Health Services

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/28/17 01:12pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/28/17 01:12pm	Classify document - Encounter Document - Procedure Documentation	BARCODE	CLOSED			

Denied Medications

Name

Denied Date

ibuprofen 800 mg tablet

Take 1 tablet 3 times a day by oral route with meals for 10 days.

Note: NP educated regarding medications**Bactroban 2 % topical cream**

APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS

Note: NP educated patient regarding medications**Keflex 500 mg capsule**

Take 2 capsules twice a day by oral route with meals for 10 days.

Note: NP educated patient regarding medications**Facesheet****Demographics**

Patient Name	ANDERSON, RYDELL D
Sex	M
DOB	03/07/1986
Address	3301 COORS BLVD NW
City/State/Zip	ALBUQUERQUE, NM 87120
Home Phone	(505) 876-7123
Insurance	Med Contracts: SALT RIVER MATERIALS GROUP Insurance #: 525811177 Med Contracts: QUEST DIAGNOSTICS Insurance #: 525811177
Default Pharmacy	WALGREENS DRUG STORE #09007 (ERX) 1870 E HISTORIC HIGHWAY 66 GALLUP NM 873014955 Ph (505) 722-9499 Fax (505) 722-7988

Height / Weight / BMI / BP

Height 66 in 05/31/2017

Weight 206 lbs 9.6 oz 05/31/2017

BMI 33.3 05/31/2017

Blood Pressure 140 / 82 05/31/2017

Problems

None recorded.

Surgical & Procedure History

None recorded.

Medications**Bactroban 2 % topical cream**

APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY

FOR 10 DAYS

Note: NP educated patient regarding medications

05/21/17 prescribed

ibuprofen 800 mg tablet

Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.

Note: NP educated regarding medications

05/24/17 prescribed

Keflex 500 mg capsule

Take 2 capsule(s) twice a day by oral route with meals for 10 days.

Note: NP educated patient regarding medications

05/21/17 prescribed

Vaccines

None recorded.

Allergies / Adverse Reactions

NKDA

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

Patient History - Other

None recorded.

Screening

None recorded.

Imaging Results

SKULL 2V (#879187, 05/22/2017 12:00am)

05-22-17; 05:50PM;
Rehoboth McKinley Christian Hospital; 505+722+3594
J LE 17 0-6000 # 2 / 3

ONRAD, INC.

Final Radiology Report

Report generated by:
Online Radiology Medical Group, Inc.
Phone: 951-786-0801 fax: 951-680-1671
QA@onradinc.com

Patient Name: ANDERSON, RYDELL
Institution Name: Rehoboth McKinley Christian Hospital
Study Type: XR SKULL
Date: 5/21/2017 1:45:00 PM Accession Number: UFO0527764
Patient DOB: 03-07-1986 Ordering Physician: SHERRY YOUNG NP
Patient ID: ID45551
Patient Location: Outpatient
Time Ordered: 5/21/2017 4:02:12 PM
Time Faxed: 5/22/2017 7:25 AM

Clinical History/Indication for Exam:

Injury of face, looking for glass MVA left side of jaw and temporal area

Skull.

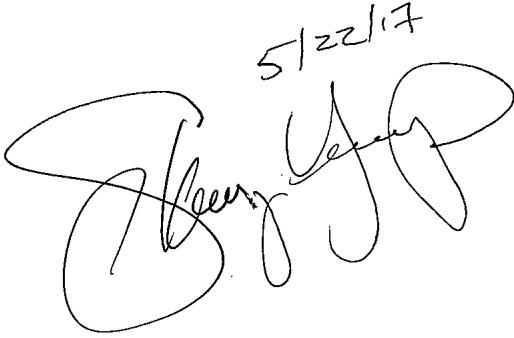
History of injury to the face and possible glass under the skin.

No fractures seen. The nasal bone appears normal on the lateral view. No radiopaque foreign bodies can be seen in the soft tissues around the jaw.

Impression: Normal 2 views of the skull with no foreign bodies seen.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Richard Hammer
Dictated and Signed at:
5/22/2017 7:25:07 AM

5/22/17

Sherry Young

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/22/17 05:54pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/22/17 05:54pm	Reclassify document - Imaging/Diagnostic Result	BARCODE	UNPROCESSED		URGENT CARE CENTER STAFF	
05/22/17 05:54pm	Send to Review	ATHENA	REVIEW		syoung133	
05/22/17 05:54pm	Classify document - Imaging/Diagnostic Result	BARCODE	REVIEW		syoung133	
05/22/17 06:30pm	Notify Patient - Normal - By Provider	syoung133	NOTIFY		syoung133	NP will follow up with patient on return visit scheduled 05/24/2017
05/22/17 06:30pm	Patient Notified	syoung133	CLOSED			
05/30/17 11:49am	Print	ftsocie	CLOSED			Print initiated.

Imaging Orders

Imaging Order

05/21/2017

To Provider	From Provider
RMCH ADMISSION DEPT 1901 RED ROCK DR GALLUP, NM 87301 Phone: Phone: (505) 863-7000 Fax:	SHERRY YOUNG, NP URGENT CARE CENTER 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Imaging Order Information

Diagnosis	<ul style="list-style-type: none"> Injury of face ICD-10: S09.93XA: Unspecified injury of face, initial encounter
Order Name	<p>Orders included: 1</p> <p>Injury of face ICD-10: S09.93XA: Unspecified injury of face, initial encounter</p> <ul style="list-style-type: none"> SKULL 2V skull 2V PRIORITY: STAT <p>Indication: MVA Possibility of Pregnancy?: N Provide films to patient: N Side: LEFT View: PA and Lateral</p>
Notes	

Patient Information

Patient Name	ANDERSON, RYDELL D
Sex - DOB - Age	M 03/07/1986 39yo
Address	3301 COORS BLVD NW ALBUQUERQUE, NM 87120
Phone	H: (505) 876-7123
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

SHERRY YOUNG, NP
Approved Date: 05/21/2017 1:40pm

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/21/17 03:39pm	Create	syoung133	REVIEW		syoung133	
05/21/17 03:40pm	Approve	syoung133	SUBMIT	Y	URGENT CARE CENTER STAFF	Order Signed
05/21/17 03:40pm		ATHENA	SUBMIT	Y	syoung133 STAFF	Task Assignment Override #10 Applied
05/21/17 03:41pm	Print	syoung133	SUBMIT	Y	syoung133 STAFF	Print initiated.
05/21/17 04:04pm	Order Submitted - By paper Print-out	ebaas1	SUBMITTED	Y		
05/22/17 05:54pm	Result Received	ATHENA	CLOSED	Y		Result received as document 879187

Letters

**Return to Work / School****Patient:** Anderson, Rydell**Date:** 05/31/2017**DOB:** 03/07/1986**Patient ID:** 45551**Address:** PO Box 380
Crownpoint, NM 87313**Note to patient:**

XX Was seen in my office on: _____ 05/31/2017 _____

XX May return to work/school on: _____ 06/01/2017 - NO
RESTRICTIONS _____

___ May not return to work/school on: _____

___ Work limitations: _____

___ May not participate in physical education: _____

___ May return to physical education: _____

___ Limitations for physical education: _____

___ May not participate in jury duty: _____

Sincerely,

A handwritten signature in black ink, appearing to read "Sherry Young".

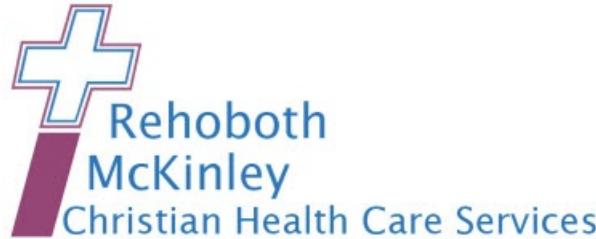
Electronically Signed by: SHERRY YOUNG, NP

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/31/17 02:00pm	Create	syoung133	REVIEW		syoung133	
05/31/17 02:01pm	Approve - Notify by Staff	syoung133	NOTIFY		syoung133 STAFF	
05/31/17 02:01pm	Print	syoung133	NOTIFY		syoung133 STAFF	Print initiated.
05/31/17 02:53pm	Notification Completed - By Paper Print-out	fttosie	CLOSED			

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



Urgent Care Center
520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 05/31/2017

Dear Rydell Anderson,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

A handwritten signature in black ink, appearing to read "Sherry Young".

Patient Care Summary for Rydell Anderson

Most Recent Encounter

05/31/2017 Sherry Lee Young: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

workers comp follow up

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

- 1. Motor vehicle accident, driver
- 2. Blunt injury
- 3. Abrasion
- 4. Injury of face

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care**Patient Instructions**

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also reinforced the handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Patient verbalized understanding and is released for fulltime - full duty without restrictions.

Reminders	Provider
Appointments	None recorded.
Lab	None recorded.
Referral	None recorded.
Procedures	None recorded.
Surgeries	None recorded.
Imaging	None recorded.

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Bactroban 2 % topical cream APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS NP educated patient regarding medications	05/21/2017	
ibuprofen 800 mg tablet Take 1 tablet 3 times a day by oral route with meals for 10 days. NP educated regarding medications	05/24/2017	
Keflex 500 mg capsule Take 2 capsules twice a day by oral route with meals for 10 days. NP educated patient regarding medications	05/21/2017	

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate
5 ft 6 in	206.6 lbs	33.3	140/82	89 bpm regular	95% Room Air at Rest	98.4 F° temporal artery	18

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

None recorded.

Procedures

Date	Name	Performed by
05/21/2017	XR, Skull, Less than 4 View	Rmch Admission Dept 1901 Red Rock Dr Gallup, NM 87301 (505) 863-7011 (Work Place)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/31/2017

Motor Vehicle Accident, Driver; Blunt Injury; Abrasion; Injury of Face
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

05/24/2017

Motor Vehicle Accident, Driver; Blunt Injury; Abrasion; Injury of Face
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

05/21/2017

Motor Vehicle Accident, Driver; Injury of Face; Blunt Injury; Abrasion
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	03/07/1986	Race:	American Indian or Alaska Native
Preferred language:	English	Marital status:	Married

Contact: PO Box 380, Crownpoint, NM 87313, Ph. tel:+1-505-3869721

Care Team Members

Insurance Adjuster

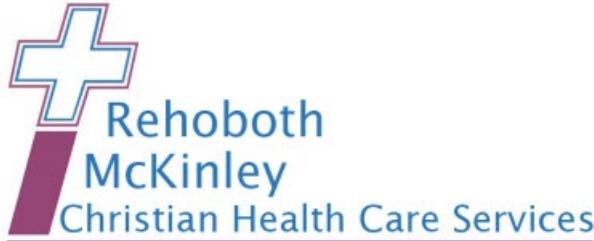
Karen Ditrapani Ph. tel:+1-505-2192929

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/31/17 01:59pm	Create	syoung133	REVIEW		syoung133	
05/31/17 02:33pm	Approve - Notify by Portal	syoung133	NOTIFY		PORTAL	
05/31/17 06:27pm	Notification Completed - By Portal	ATHENA	CLOSED			

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

**Return to Work / School****Patient:** Anderson, Rydell**DOB:** 03/07/1986**Address:** PO Box 380
Crownpoint, NM 87313**Date:** 05/24/2017**Patient ID:** 45551

Note to patient:

 XX Was seen in my office on: _____ 05/24/2017 _____ May return to work/school on: _____ XX May not return to work/school on: ___To be re-evaluated on 05/31/2017 NO Work until then - Due to pain levels and wounds_____ Work limitations: _____ May not participate in physical education: _____ May return to physical education: _____ Limitations for physical education: _____ May not participate in jury duty: _____

Sincerely,

A handwritten signature in black ink, appearing to read "Sherry Young".

Electronically Signed by: SHERRY YOUNG, NP

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/24/17 01:40pm	Create	syoung133	REVIEW		syoung133	
05/24/17 01:42pm	Approve - Notify by Staff	syoung133	NOTIFY		syoung133 STAFF	
05/24/17 01:42pm	Print	syoung133	NOTIFY		syoung133 STAFF	Print initiated.
05/24/17 01:55pm	Notification Completed - By Paper Print-out	ebaas1	CLOSED			
05/30/17 11:29am	Print	ftsocie	CLOSED			Print initiated.
05/30/17 11:29am	Print	ftsocie	CLOSED			Print initiated.

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



Urgent Care Center
520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 05/24/2017

Dear Rydell Anderson,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

A handwritten signature in black ink, appearing to read "Sherry Young".

Patient Care Summary for Rydell Anderson

Most Recent Encounter

05/24/2017 Sherry Lee Young: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

None recorded.

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Motor vehicle accident, driver

2. Blunt injury

• ibuprofen 800 mg tablet

3. Abrasion

4. Injury of face

Discussion Note

Patient to continue with antibiotics and cream until wounds healed.

Patient educational handouts: No information available.

Plan of Care**Patient Instructions**

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also reinforced the handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of infection. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/31/2017.

Reminders		Provider
Appointments	Acute 10 Min	05/31/2017 2:00PM
Lab	None recorded.	
Referral	None recorded.	
Procedures	None recorded.	
Surgeries	None recorded.	
Imaging	None recorded.	

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Bactroban 2 % topical cream APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS NP educated patient regarding medications	05/21/2017	
ibuprofen 800 mg tablet Take 1 tablet 3 times a day by oral route with meals for 10 days. NP educated regarding medications	05/24/2017	
Keflex 500 mg capsule Take 2 capsules twice a day by oral route with meals for 10 days. NP educated patient regarding medications	05/21/2017	

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate	Pain Scale Type	Pain Scale
5 ft 6 in	204.4 lbs	33	110/76	90 bpm regular	94% Room Air at Rest	98.4 F° temporal artery	16	Numeric	7

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

None recorded.

Procedures

Date	Name	Performed by
05/21/2017	XR, Skull, Less than 4 View	Rmch Admission Dept 1901 Red Rock Dr Gallup, NM 87301 (505) 863-7011 (Work Place)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/24/2017

Motor Vehicle Accident, Driver; Blunt Injury; Abrasion; Injury of Face
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

05/21/2017

Motor Vehicle Accident, Driver; Injury of Face; Blunt Injury; Abrasion
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	03/07/1986	Race:	American Indian or Alaska Native
Preferred language:	English	Marital status:	Information not available

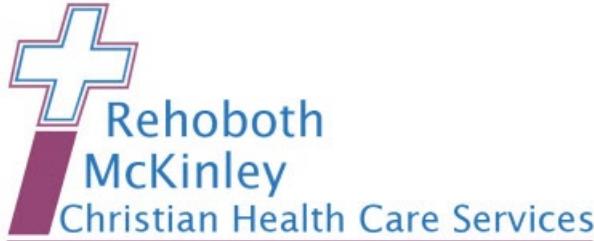
Contact: PO Box 380, Crownpoint, NM 87313, Ph. tel:+1-505-3869721

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/24/17 01:39pm	Create	syoung133	REVIEW		syoung133	
05/24/17 02:11pm	Approve - Notify by Portal	syoung133	NOTIFY		PORTAL	
05/24/17 03:55pm	Notification Completed - By Portal	ATHENA	CLOSED			

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



Return to Work / School

Patient: Anderson, Rydell

Date: 05/21/2017

DOB: 03/07/1986

Patient ID: 45551

Address: PO Box 380
Crownpoint, NM 87313

Note to patient:

XX Was seen in my office on: 05/21/2017

May return to work/school on: _____

XX May not return to work/school on: 05/23/2017 - Re-evaluated

Work limitations: _____

May not participate in physical education: _____

May return to physical education: _____

Limitations for physical education: _____

May not participate in jury duty: _____

Sincerely,

A handwritten signature in black ink, appearing to read "Sherry Young". The signature is fluid and cursive, with a large, stylized 'S' at the beginning.

Electronically Signed by: SHERRY YOUNG, NP

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/21/17 04:11pm	Create	syoung133	REVIEW		syoung133	
05/21/17 04:13pm	Approve - Notify by Staff	syoung133	NOTIFY		syoung133 STAFF	
05/21/17 04:13pm	Print	syoung133	NOTIFY		syoung133 STAFF	Print initiated.
05/21/17 04:16pm	Print	lgrayhat1	NOTIFY		syoung133 STAFF	Print initiated.
05/21/17 04:17pm	Notification Completed - By Paper Print-out	lgrayhat1	CLOSED			
05/24/17 01:34pm	Print	lgrayhat1	CLOSED			Print initiated.
05/30/17 11:28am	Print	ftssosie	CLOSED			Print initiated.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



Date: 05/22/2017

Dear Rydell Anderson,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

A handwritten signature in black ink, appearing to read "Sherry Young".

Patient Care Summary for Rydell Anderson

Most Recent Encounter

05/21/2017 Sherry Lee Young: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

MVA

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Motor vehicle accident, driver

2. Injury of face

- XR, skull, less than 4 view

3. Blunt injury

- concussion education

4. Abrasion

- Keflex 500 mg capsule

- Bactroban 2 % topical cream

- contusion: care instructions

- scrapes (abrasions): care instructions

Discussion Note

Patient reports that his last tetanus was without last two years.

Plan of Care**Patient Instructions**

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also provided handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of altered mental status, ambulation changes, vision changes, nausea or vomiting. If these symptoms present, please seek emergency services immediately. Note, body will hurt for several days due to the impact. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/23/2017

			Provider
Appointments	Occ Workmenscomp	05/24/2017 2:00PM	Sherry Lee Young, NP
Lab	None recorded.		
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	XR, Skull, Less than 4 View	05/21/2017	Rmch Admission Dept

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Bactroban 2 % topical cream APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS NP educated patient regarding medications	05/21/2017	
Keflex 500 mg capsule Take 2 capsules twice a day by oral route with meals for 10 days. NP educated patient regarding medications	05/21/2017	

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate
5 ft 6 in	203 lbs	32.8	128/78	71 bpm regular	93% Room Air at Rest	98.4 F° temporal artery	16

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

None recorded.

Problems

None recorded.

Procedures

Date	Name	Performed by
05/21/2017	XR, Skull, Less than 4 View	Rmch Admission Dept 1901 Red Rock Dr Gallup, NM 87301 (505) 863-7011 (Work Place)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/21/2017

Motor Vehicle Accident, Driver; Injury of Face; Blunt Injury; Abrasion

Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	03/07/1986	Race:	American Indian or Alaska Native
Preferred language:	English	Marital status:	Information not available
Contact:	PO Box 380, Crownpoint, NM 87313, Ph. tel:+1-505-3869721		

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/21/17 03:38pm	Create	syoung133	REVIEW		syoung133	
05/22/17 10:09am	Approve - Notify by Portal	syoung133	NOTIFY		PORTAL	
05/22/17 08:25pm	Notification Completed - By Portal	ATHENA	CLOSED			

Medical Record Documents

05-31-17; 03:51PM;

; 505+722+3594

2 / 17

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Medical Records - CONFIDENTIAL

From: NM - RMCHCS**To:** Urgent care clinic chart**Name:** ANDERSON, RYDELL**DOB:** 03/07/1986**Date Range:** 01/01/2017 to 05/31/2017

This document contains the following records of the patient:

- Imaging Orders
- Imaging Results
- Letters
- Medical Record Documents
- Prescription Documents

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.

If you received this fax in error visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. [ID:45551-A-11999]

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Imaging Orders**Imaging Order**

05/21/2017

To Provider	From Provider
RMCH ADMISSION DEPT 1901 RED ROCK DR GALLUP, NM 87301 Phone: Phone: (505) 863-7011 Fax: Fax: (505) 726-6725	SHERRY YOUNG, NP URGENT CARE CENTER 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Imaging Order Information

Diagnosis	<ul style="list-style-type: none"> • Injury of face ICD-10: S09.93XA: Unspecified injury of face, initial encounter
Order Name	<p>Orders included: 1</p> <p>Injury of face ICD-10: S09.93XA: Unspecified injury of face, initial encounter</p> <ul style="list-style-type: none"> • RAD:SKULL 2V skull 2V PRIORITY: STAT <p>Indication: MVA</p> <p>Possibility of Pregnancy?: N</p> <p>Provide films to patient: N</p> <p>Side: LEFT</p> <p>View: PA and Lateral</p>
Notes	

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

SHERRY YOUNG, NP
Approved Date: 05/21/2017 1:40pm

Imaging Results

SKULL 2V

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)
SKULL ZV

(#[#879187, 05/22/2017 12:00am])

**ONRAD, INC.****Final Radiology Report**

Report generated by:
Online Radiology Medical Group, Inc.
Phone: 951-786-0801 fax: 951-630-1671
QA@onradinc.com

Patient Name: ANDERSON, RYDELL
Institution Name: Rehoboth McKinley Christian Hospital
Study Type: XR SKULL
Date: 5/21/2017 1:45:00 PM Accession Number: UPO0527764
Patient DOB: 03-07-1986 Ordering Physician: SHERRY YOUNG NP
Patient ID: ID45551
Patient Location: Outpatient
Time Ordered: 5/21/2017 4:02:12 PM
Time Fired: 5/22/2017 7:25 AM

Clinical History/Indication for Exam:
Injury of face, looking for glass MVA left side of jaw and temporal area

Skull.

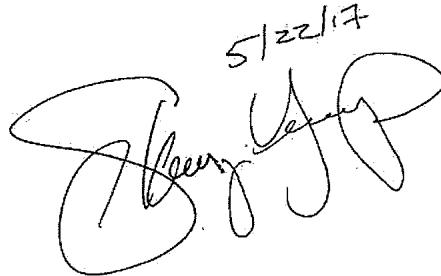
History of injury to the face and possible glass under the skin.

No fractures seen. The nasal bone appears normal on the lateral view. No radiopaque foreign bodies can be seen in the soft tissues around the jaw.

Impression: Normal 2 views of the skull with no foreign bodies seen.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Richard Hammer
Dictated and Signed at:
5/22/2017 7:25:07 AM



RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Letters

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

**Return to Work / School**

Patient: Anderson, Rydell

Date: 05/31/2017

DOB: 03/07/1986

Patient ID: 45551

Address: PO Box 380
Crownpoint, NM 87313

Note to patient:

 XX Was seen in my office on: _____ 05/31/2017 _____ XX May return to work/school on: _____ 06/01/2017 - NO
RESTRICTIONS _____ _____ May not return to work/school on: _____ _____ Work limitations: _____ _____ May not participate in physical education: _____ _____ May return to physical education: _____ _____ Limitations for physical education: _____ _____ May not participate in jury duty: _____

Sincerely,

A handwritten signature in black ink, appearing to read "Sherry Young, NP".

Electronically Signed by: SHERRY YOUNG, NP

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



Urgent Care Center
520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 05/31/2017

Dear Rydell Anderson,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

A handwritten signature in black ink, appearing to read "Sherry Lee Young".

Patient Care Summary for Rydell Anderson

Most Recent Encounter

05/31/2017 Sherry Lee Young: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

workers comp follow up

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Motor vehicle accident, driver

2. Blunt injury

3. Abrasion

4. Injury of face

Discussion Note: None recorded.

Patient educational handouts: No information available.

RMCHCS URGENT CARE LLC - 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Plan of Care**Patient Instructions**

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also reinforced the handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Patient verbalized understanding and is released for fulltime - full duty without restrictions.

Reminders	Provider
Appointments	None recorded.
Lab	None recorded.
Referral	None recorded.
Procedures	None recorded.
Surgeries	None recorded.
Imaging	None recorded.

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Bactroban 2 % topical cream APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS NP educated patient regarding medications	05/21/2017	
ibuprofen 800 mg tablet Take 1 tablet 3 times a day by oral route with meals for 10 days. NP educated regarding medications	05/24/2017	
Keflex 500 mg capsule Take 2 capsules twice a day by oral route with meals for 10 days. NP educated patient regarding medications	05/21/2017	

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate
5 ft 6 in	206.6 lbs	33.3	140/82	89 bpm regular	95% Room Air at Rest	98.4 F° temporal artery	18

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

Problems

None recorded.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Procedures**

Date Name
05/21/2017 XR, Skull, Less than 4 View

Performed by
Rmch Admission Dept
1901 Red Rock Dr
Gallup, NM 87301
(505) 863-7011 (Work Place)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/31/2017
Motor Vehicle Accident, Driver; Blunt Injury; Abrasion; Injury of Face
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

05/24/2017
Motor Vehicle Accident, Driver; Blunt Injury; Abrasion; Injury of Face
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

05/21/2017
Motor Vehicle Accident, Driver; Injury of Face; Blunt Injury; Abrasion
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	03/07/1986	Race:	American Indian or Alaska Native
Preferred language:	English	Marital status:	Married

Contact: PO Box 380, Crownpoint, NM 87313, Ph. tel:+1-505-3869721

Care Team Members

Insurance Adjuster

Karen Ditrapani Ph. tel:+1-505-2192929

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Return to Work / School**

Patient: Anderson, Rydell

Date: 05/24/2017

DOB: 03/07/1986

Patient ID: 45551

Address: PO Box 380
Crownpoint, NM 87313

Note to patient:

 XX Was seen in my office on: _____ 05/24/2017 _____ May return to work/school on: _____ XX May not return to work/school on: ___ To be re-evaluated on 05/31/2017 NO Work until then -
Due to pain levels and wounds _____ Work limitations: _____ May not participate in physical education: _____ May return to physical education: _____ Limitations for physical education: _____ May not participate in jury duty: _____

Sincerely,

A handwritten signature in black ink, appearing to read "Sherry Young, NP".

Electronically Signed by: SHERRY YOUNG, NP

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



Date: 05/24/2017

Dear Rydell Anderson,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

A handwritten signature in black ink, appearing to read "Sherry Lee Young".

Patient Care Summary for Rydell Anderson

Most Recent Encounter

05/24/2017 Sherry Lee Young: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

None recorded.

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Motor vehicle accident, driver

2. Blunt injury

• ibuprofen 800 mg tablet

3. Abrasion

4. Injury of face

Discussion Note

Patient to continue with antibiotics and cream until wounds healed.

Patient educational handouts: No information available.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Plan of Care**Patient Instructions**

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also reinforced the handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of infection. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/31/2017

Reminders		Provider
Appointments	Acute 10 Min	05/31/2017 2:00PM
Lab	None recorded.	
Referral	None recorded.	
Procedures	None recorded.	
Surgeries	None recorded.	
Imaging	None recorded.	

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Bactroban 2 % topical cream APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS NP educated patient regarding medications	05/21/2017	
ibuprofen 800 mg tablet Take 1 tablet 3 times a day by oral route with meals for 10 days. NP educated regarding medications	05/24/2017	
Keflex 500 mg capsule Take 2 capsules twice a day by oral route with meals for 10 days. NP educated patient regarding medications	05/21/2017	

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate	Pain Scale Type	Pain Scale
5 ft 6 in	204.4 lbs	33	110/76	90 bpm regular	94% Room Air at Rest	98.4 F° temporal artery	16	Numeric	7

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873**ANDERSON, RYDELL (id #45551, dob: 03/07/1986)****Problems**

None recorded.

Procedures

Date	Name	Performed by
05/21/2017	XR, Skull, Less than 4 View	Rmch Admission Dept 1901 Red Rock Dr Gallup, NM 87301 (505) 863-7011 (Work Place)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/24/2017

Motor Vehicle Accident, Driver; Blunt Injury; Abrasion; Injury of Face
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

05/21/2017

Motor Vehicle Accident, Driver; Injury of Face; Blunt Injury; Abrasion
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273**Demographics**

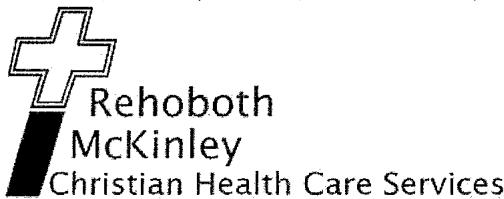
Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	03/07/1986	Race:	American Indian or Alaska Native
Preferred language:	English	Marital status:	Information not available

Contact: PO Box 380, Crownpoint, NM 87313, Ph. tel:+1-505-3869721

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Return to Work / School**

Patient: Anderson, Rydell

Date: 05/21/2017

DOB: 03/07/1986

Patient ID: 45551

Address: PO Box 380
Crownpoint, NM 87313

Note to patient:

 XX Was seen in my office on: 05/21/2017 _____ May return to work/school on: _____ XX May not return to work/school on: 05/23/2017 - Re-evaluated _____ Work limitations: _____ May not participate in physical education: _____ May return to physical education: _____ Limitations for physical education: _____ May not participate in jury duty: _____

Sincerely,

A handwritten signature in black ink, appearing to read "Sherry Young, NP".

Electronically Signed by: SHERRY YOUNG, NP

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



Urgent Care Center
520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 05/22/2017

Dear Rydell Anderson,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

A handwritten signature in black ink, appearing to read "Sherry Lee Young".

Patient Care Summary for Rydell Anderson

Most Recent Encounter

05/21/2017 Sherry Lee Young: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

MVA

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Motor vehicle accident, driver

2. Injury of face

• XR, skull, less than 4 view

3. Blunt injury

• concussion education

4. Abrasion

• Keflex 500 mg capsule

• Bactroban 2 % topical cream

• contusion: care instructions

• scrapes (abrasions): care instructions

Discussion Note

Patient reports that his last tetanus was without last two years.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Plan of Care****Patient Instructions**

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also provided handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of altered mental status, ambulation changes, vision changes, nausea or vomiting. If these symptoms present, please seek emergency services immediately. Note, body will hurt for several days due to the impact. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/23/2017

Reminders			Provider
Appointments	Occ Workmenscomp	05/24/2017 2:00PM	Sherry Lee Young, NP
Lab	None recorded.		
Referral	None recorded.		
Procedures	None recorded.		
Surgeries	None recorded.		
Imaging	XR, Skull, Less than 4 View	05/21/2017	Rmch Admission Dept

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Bactroban 2 % topical cream APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS NP educated patient regarding medications	05/21/2017	
Keflex 500 mg capsule Take 2 capsules twice a day by oral route with meals for 10 days. NP educated patient regarding medications		05/21/2017

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate
5 ft 6 in	203 lbs	32.8	128/78	71 bpm regular	93% Room Air at Rest	98.4 F° temporal artery	16

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

None recorded.

Problems

None recorded.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Procedures**

Date Name
05/21/2017 XR, Skull, Less than 4 View

Performed by
Rmch Admission Dept
1901 Red Rock Dr
Gallup, NM 87301
(505) 863-7011 (Work Place)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/21/2017
Motor Vehicle Accident, Driver; Injury of Face; Blunt Injury; Abrasion
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	03/07/1986	Race:	American Indian or Alaska Native
Preferred language:	English	Marital status:	Information not available

Contact: PO Box 380, Crownpoint, NM 87313, Ph. tel:+1-505-3869721

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/31/17 04:01pm	Classify document - Medical Record Document - Historical Medical Record	BARCODE	CLOSED			

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Medical Records - CONFIDENTIAL**From:** NM - RMCHCS**To:** Urgent care clinic chart**Name:** ANDERSON, RYDELL**DOB:** 03/07/1986**Date Range:** 01/01/2017 to 05/24/2017**This document contains the following records of the patient:**

- Encounters and Procedures
- Imaging Results
- Imaging Orders
- Letters
- Medical Record Documents
- Prescription Documents

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RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 05/24/2017

Patient

Name	ANDERSON, RYDELL (31yo, M) ID# 45551	Appt. Date/Time	05/24/2017 02:00PM
DOB	03/07/1986	Service Dept.	URGENT CARE CENTER
Provider	SHERRY YOUNG, NP		
Insurance	Med Primary: *SELF PAY* Med Contracts: MAVERICK/OHCI Insurance #: 525811177 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information, details		

Chief Complaint

None recorded.

Patient's Pharmacies

WALGREENS DRUG STORE 09007 (ERX): 1870 E HISTORIC HIGHWAY 66, GALLUP NM 87301, Ph (505) 722-9499, Fax (505) 722-7988

Vitals

Ht: 5 ft 6 in 05/24/2017 01:34 pm	Wt: 204.4 lbs 05/24/2017 01:34 pm	BMI: 33 05/24/2017 01:34 pm
BP: 110/76 sitting L arm 05/24/2017 01:35 pm	Pulse: 90 bpm regular 05/24/2017 01:35 pm	RR: 16 05/24/2017 01:35 pm
O2Sat: 94% Room Air at Rest 05/24/2017 01:35 pm	T: 98.4 F° temporal artery 05/24/2017 01:36 pm	Pain Scale: 7 05/24/2017 01:36 pm

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

Bactroban 2 % topical cream 05/21/17 prescribed
 APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS

Note: NP educated patient regarding medications

ibuprofen 800 mg tablet 05/24/17 prescribed
 Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.
 Note: NP educated regarding medications

Keflex 500 mg capsule 05/21/17 prescribed
 Take 2 capsule(s) twice a day by oral route with meals for 10 days.
 Note: NP educated patient regarding medications

Vaccines

None recorded.

Problems

Reviewed Problems

HPI

Patient presents for follow up with work related injury. Patient reports that he has been keeping areas clean and applying the cream and taking the antibiotics, but reports that the OTC advil is really not working. Patient identifies that the pain is around a 7 of 10 and any significant movement and pressure increases the pain level. Denies any s/s concussion.

ROS

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

ROS as noted in the HPI

Physical Exam

Patient is a 31-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: minimal with head movement. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal.

Head: Head: with evidence of injury, swelling, bruising, abrasion, and with evidence of injury; left side of scalp with three superficial abrasions above ear, and on lower left cheek. Edema remains present +2 of left scalp, face and ear.

Eyes: Lids and Conjunctivae: no discharge or pallor; left side with trace ecchymosis and edema. Pupils: PERRLA. Corneas: grossly intact. Fundoscopic: normal vessels and optic discs, no exudates or hemorrhages, and grossly normal except where noted. EOM: EOMI. Lens: clear. Sclerae: non-icteric. Vision: peripheral vision grossly intact and acuity grossly intact.

ENMT: Ears: left with +2 edema and scant / superficial scratches Hearing: no hearing loss and Rinne AC>BC. Nose: no lesions on external nose, septal deviation, sinus tenderness, or nasal discharge; nasal passages clear and mucosa: not boggy; and nares patent and nasal mucosa: no edema: bilateral. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition. Oropharynx: no erythema, exudates, or cobblestoning and moist mucous membranes and tonsils not enlarged.

Neck: Neck: supple, FROM, trachea midline, and no masses. Lymph Nodes: no cervical LAD, supraclavicular LAD, axillary LAD, or inguinal LAD. Thyroid: no enlargement or nodules and non-tender.

Lungs: Respiratory effort: no dyspnea. Percussion: no dullness, flatness, or hyperresonance. Auscultation: no wheezing, rales/crackles, or rhonchi and breath sounds normal, good air movement, and CTA except as noted.

Cardiovascular: Apical Impulse: not displaced. Heart Auscultation: normal S1 and S2; no murmurs, rubs, or gallops; and RRR. Neck vessels: no carotid bruits. Pulses including femoral / pedal: normal throughout.

Musculoskeletal: Motor Strength and Tone: normal and normal tone. Joints, Bones, and Muscles: no contractures, malalignment, tenderness, or bony abnormalities and normal movement of all extremities. Extremities: no cyanosis, edema, varicosities, or palpable cord.

Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: finger-to-nose intact and no tremor; identifies pain with the head movement.

Skin: Inspection and palpation: bruising and abrasion(s); left side of scalp with three superficial abrasions above ear, and on lower left cheek, edema +2 of left face and cheek and scalp with ecchymosis. Nails: normal.

Assessment / Plan

1. **Motor vehicle accident, driver**
V49.40XD: Driver injured in collision with unspecified motor vehicles in traffic accident, subsequent encounter
2. **Blunt injury - left face and skull**
T14.90: Injury, unspecified
• Ibuprofen 800 mg tablet - Take 1 tablet(s) 3 times a day by oral route with meals for 10 days. Qty: 30 tablet(s) Refills: 0
Pharmacy: WALGREENS DRUG STORE 09007
3. **Abrasions - left face and skull**
S00.91XA: Abrasion of unspecified part of head, initial encounter
4. **Injury of face - left face and skull**
S09.93XA: Unspecified injury of face, initial encounter

Patient Instructions

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also reinforced the handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of infection. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/31/2017

Discussion Notes

Patient to continue with antibiotics and cream until wounds healed.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Return to Office

- Sherry Young, NP for ACUTE 10 MIN at URGENT CARE CENTER on 05/31/2017 at 02:00 PM

Encounter Sign-Off

Encounter signed-off by Sherry Young, NP, 05/24/2017.

Encounter performed and documented by Sherry Young, NP

Encounter reviewed & signed by Sherry Young, NP on 05/24/2017 at 2:11pm

Encounter Date: 05/24/2017

Patient

Name	ANDERSON, RYDELL (31yo, M) ID# 45551	Appt. Date/Time	05/21/2017 03:20PM
DOB	03/07/1986	Service Dept.	URGENT CARE CENTER
Provider	SHERRY YOUNG, NP		
Insurance	Med Primary: *SELF PAY* Med Contracts: MAVERICK/OHCL Insurance #: 525811177		

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details

Chief Complaint

MVA

Patient's Pharmacies

WALGREENS DRUG STORE 09007 (ERX): 1870 E HISTORIC HIGHWAY 66, GALLUP NM 87301, Ph (505) 722-9499, Fax (505) 722-7988

Vitals

Ht: 5 ft 6 in 05/21/2017 03:30 pm	Wt: 203 lbs 05/21/2017 03:30 pm	BMI: 32.8 05/21/2017 03:30 pm
BP: 128/78 sitting R arm 05/21/2017 03:30 pm	Pulse: 71 bpm regular 05/21/2017 03:31 pm	RR: 16 05/21/2017 03:31 pm
O2Sat: 93% Room Air at Rest 05/21/2017 03:31 pm	T: 98.4 F° temporal artery 05/21/2017 03:31 pm	

Allergies

None recorded.

Medications

Bactroban 2 % topical cream 05/21/17 prescribed
APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS
Note: NP educated patient regarding medications

Keflex 500 mg capsule 05/21/17 prescribed
Take 2 capsule(s) twice a day by oral route with meals for 10 days.
Note: NP educated patient regarding medications

Vaccines

None recorded.

Problems

Reviewed Problems

HPI

Head Injury

Reported by patient.

source of patient information patient
Location: face
Onset/Timing: 5:00am
Quality: throbbing; swollen
Context: work injury

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Associated Symptoms: headache

Notes: Left side of face with erythema, edema and minor / scant abrasions throughout lower left cheek, and three above left ear on scalp.

Patient presents with his employer bringing him in after patient reports that he was driving his 18 wheeler and another 18 wheeler, went left of center and struck the mirror. The mirror then struck patient in the left side of the face and glass shattering over patient (patient reports that his window was down). Patient reports that he did NOT lose consciousness. Patients employer went and picked patient up and drove here - from Utah border - at 5am

ROS**ROS as noted in the HPI****Physical Exam**

Patient is a 31-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: minimal - from pain of left face. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal.

Head: Head: swelling, bruising, abrasion, and with evidence of injury, left side of scalp with three superficial abrasions above ear, and on lower left cheek//shattered glass throughout hair and face.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Fundoscopic: normal vessels and optic discs, no exudates or hemorrhages, and grossly normal except where noted. EOM: EOMI. Sclerae: non-icteric and no subconjunctival hemorrhage. Vision: peripheral vision grossly intact and acuity grossly intact.

ENMT: Ears: EACs clear and TMs clear. Nose: normal appearing. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition.

Neck: Neck: supple, FROM, and trachea midline.

Lungs: Auscultation: CTA bilateral.

Cardiovascular: Heart Auscultation: RRR and no murmurs.

Abdomen: Inspection and Palpation: soft, non-distended, and no tenderness.

Musculoskeletal: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: grossly normal, normal movement of all extremities, and no tenderness.

Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: finger-to-nose intact and no tremor.

Skin: Inspection and palpation: bruising and abrasion(s); left side of scalp with three superficial abrasions above ear, and on lower left cheek//shattered glass throughout hair and face.

Patient presents with his employer bringing him in after patient reports that he was driving his 18 wheeler and another 18 wheeler, went left of center and struck the mirror. The mirror then struck patient in the left side of the face and glass shattering over patient (patient reports that his window was down). Patient reports that he did NOT lose consciousness. Patients employer went and picked patient up and drove here - from Utah border - at 5am

Procedure Documentation**Wound Care UC:**

Location: left scalp superior lateral anterior upper. Patient had his entire scalp irrigated and cleansed of with normal saline and debrided of any foreign material and glass shards. Three superficial abrasions above left ear cleansed and debrided. Several of left lower cheek debrided. Bacitracin ointment applied. The patient tolerated procedure well. Wound care instructions were given, and patient was instructed to return for redness, warmth, or swelling of the skin, red streaking, pus, increasing pain, fevers, or any other signs or symptoms of infection. The patient was instructed to return for wound check in 3 days.

Assessment / Plan**1. Motor vehicle accident, driver**

V49.40XA: Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter

2. Injury of face - left face and skull

S09.93XA: Unspecified injury of face, initial encounter

• SKULL 2V - Priority: STAT

Indication: MVA

Possibility of Pregnancy?:

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

N

Provide films to patient: Side: LEFT

N

View: PA and Lateral

3. Blunt injury - left face and skull

T14.90: Injury, unspecified

- CONCUSSION EDUCATION - Note to Patient: Handout given

4. Abrasion - left face and skull

S00.91XA: Abrasion of unspecified part of head, initial encounter

- Keflex 500 mg capsule - Take 2 capsule(s) twice a day by oral route with meals for 10 days. Qty: 40 capsule(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

- Bactroban 2 % topical cream - APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS Qty: 1 30 gm tube(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

- CONTUSION: CARE INSTRUCTIONS

- SCRAPES (ABRASIONS): CARE INSTRUCTIONS

Patient Instructions

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also provided handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of altered mental status, ambulation changes, vision changes, nausea or vomiting. If these symptoms present, please seek emergency services immediately. Note, body will hurt for several days due to the impact. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/23/2017

Discussion Notes

Patient reports that his last tetanus was without last two years.

Return to Office

- Sherry Young, NP for OCC WORKMENSCOMP at URGENT CARE CENTER on 05/24/2017 at 02:00 PM

Encounter Sign-Off

Encounter signed-off by Sherry Young, NP, 05/22/2017.

Encounter performed and documented by Sherry Young, NP

Encounter reviewed & signed by Sherry Young, NP on 05/22/2017 at 10:09am

Imaging Results**SKULL 2V**

(#879187, 05/22/2017 12:00am)

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-22-17; 05:15CFM1
JULY 2016; 505+722+3594
JULY 2016

ONRAD, INC.

Final Radiology Report

Report generated by:
Online Radiology Medical Group, Inc.
Phone: 551-755-0801 Fax: 551-430-1671
QA@onradinc.com

Patient Name: ANDERSON, RYDELL
Institution Name: Rehoboth McKinley Christian Hospital
Study Type: XR SKULL
Date: 5/21/2017 1:45:00 PM Accession Number: UF00527764
Patient DOB: 03-07-1986 Ordering Physician: SHERRY YOUNG NP
Patient ID: ID45551
Patient Location: Outpatient
Time Ordered: 5/21/2017 4:02:12 PM
Time Faxed: 5/22/2017 7:25 AM

Clinical History/Indication for Exam:
injury of face, looking for glass MVA left side of jaw and temporal area

Skull.

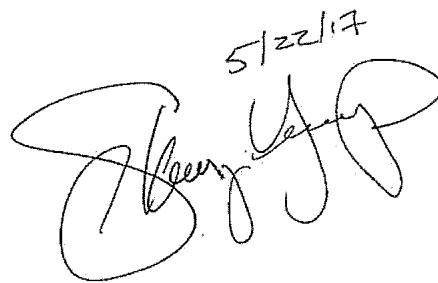
History of injury to the face and possible glass under the skin.

No fractures seen. The nasal bone appears normal on the lateral view. No radiopaque foreign bodies can be seen in the soft tissues around the jaw.

Impression: Normal 2 views of the skull with no foreign bodies seen.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Richard Hammer
Dictated and Signed at:
5/22/2017 7:25:07 AM


5/22/17

Imaging Orders

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Imaging Order

05/21/2017

To Provider	From Provider
RMCH ADMISSION DEPT 1901 RED ROCK DR GALLUP, NM 87301 Phone: Phone: (505) 863-7011 Fax: Fax: (505) 726-6725	SHERRY YOUNG, NP URGENT CARE CENTER 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Imaging Order Information

Diagnosis	<ul style="list-style-type: none"> • Injury of face ICD-10: S09.93XA: Unspecified injury of face, initial encounter
Order Name	<p>Orders included: 1</p> <p>Injury of face ICD-10: S09.93XA: Unspecified injury of face, initial encounter</p> <ul style="list-style-type: none"> • RAD:SKULL 2V skull 2V PRIORITY: STAT <p>Indication: MVA Possibility of Pregnancy?: N Provide films to patient: N Side: LEFT View: PA and Lateral</p>
Notes	

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

SHERRY YOUNG, NP
Approved Date: 05/21/2017 1:40pm**Letters**

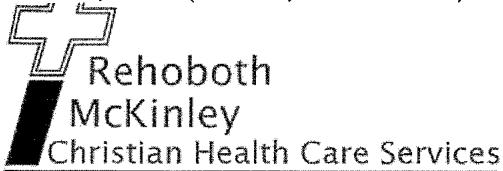
RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

**Return to Work / School**

Patient: Anderson, Rydell
DOB: 03/07/1986
Address: PO Box 380
Crownpoint, NM 87313

Date: 05/24/2017
Patient ID: 45551

Note to patient:

Was seen in my office on: _____ 05/24/2017 _____

May return to work/school on: _____

May not return to work/school on: _____ To be re-evaluated on 05/31/2017 NO Work until then -
Due to pain levels and wounds _____

Work limitations: _____

May not participate in physical education: _____

May return to physical education: _____

Limitations for physical education: _____

May not participate in jury duty: _____

Sincerely,

A handwritten signature in black ink, appearing to read "Sherry Young".

Electronically Signed by: SHERRY YOUNG, NP

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



Urgent Care Center
520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 05/24/2017

Dear Rydell Anderson,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

A handwritten signature in black ink, appearing to read "Sherry Lee Young".

Patient Care Summary for Rydell Anderson

Most Recent Encounter

05/24/2017 Sherry Lee Young: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

None recorded.

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Motor vehicle accident, driver

2. Blunt injury

• ibuprofen 800 mg tablet

3. Abrasion

4. Injury of face

Discussion Note

Patient to continue with antibiotics and cream until wounds healed.

Patient educational handouts: No information available.

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Plan of Care**Patient Instructions**

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also reinforced the handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of infection. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/31/2017

Reminders

		Provider
Appointments	Acute 10 Min	05/31/2017 2:00PM
Lab	None recorded.	
Referral	None recorded.	
Procedures	None recorded.	
Surgeries	None recorded.	
Imaging	None recorded.	

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Bactroban 2 % topical cream APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS NP educated patient regarding medications	05/21/2017	
ibuprofen 800 mg tablet Take 1 tablet 3 times a day by oral route with meals for 10 days. NP educated regarding medications	05/24/2017	
Keflex 500 mg capsule Take 2 capsules twice a day by oral route with meals for 10 days. NP educated patient regarding medications	05/21/2017	

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate	Pain Scale Type	Pain Scale
5 ft 6 in	204.4 lbs	33	110/76	90 bpm regular	94% Room Air at Rest	98.4 F° temporal artery	16	Numeric	7

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

Code	Code System	Name	Reaction	Severity	Onset
NKDA					

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Problems**

None recorded.

Procedures

Date	Name	Performed by
05/21/2017	XR, Skull, Less than 4 View	Rmch Admission Dept 1901 Red Rock Dr Gallup, NM 87301 (505) 863-7011 (Work Place)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/24/2017

Motor Vehicle Accident, Driver; Blunt Injury; Abrasion; Injury of Face
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

05/21/2017

Motor Vehicle Accident, Driver; Injury of Face; Blunt Injury; Abrasion
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273**Demographics**

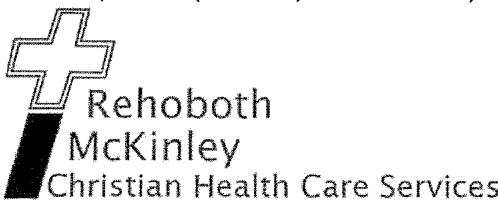
Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	03/07/1986	Race:	American Indian or Alaska Native
Preferred language:	English	Marital status:	Information not available

Contact: PO Box 380, Crownpoint, NM 87313, Ph. tel:+1-505-3869721

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Return to Work / School

Patient: Anderson, Rydell**Date:** 05/21/2017**DOB:** 03/07/1986**Patient ID:** 45551**Address:** PO Box 380

Crownpoint, NM 87313

Note to patient:

 XX Was seen in my office on: _____ 05/21/2017 _____ May return to work/school on: _____ XX May not return to work/school on: _____ 05/23/2017 - Re-evaluated _____ Work limitations: _____ May not participate in physical education: _____ May return to physical education: _____ Limitations for physical education: _____ May not participate in jury duty: _____

Sincerely,

A handwritten signature in black ink, appearing to read "Sherry Young".

Electronically Signed by: SHERRY YOUNG, NP

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



Urgent Care Center
520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 05/22/2017

Dear Rydell Anderson,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

A handwritten signature in black ink, appearing to read "Sherry Lee Young".

Patient Care Summary for Rydell Anderson

Most Recent Encounter

05/21/2017 Sherry Lee Young: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

MVA

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Motor vehicle accident, driver

2. Injury of face

• XR, skull, less than 4 view

3. Blunt injury

• concussion education

4. Abrasion

• Keflex 500 mg capsule

• Bactroban 2 % topical cream

• contusion: care instructions

• scrapes (abrasions): care instructions

Discussion Note

Patient reports that his last tetanus was within last two years.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Plan of Care****Patient Instructions**

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also provided handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of altered mental status, ambulation changes, vision changes, nausea or vomiting. If these symptoms present, please seek emergency services immediately. Note, body will hurt for several days due to the impact. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/23/2017

Reminders	Provider
Appointments	Occ Workmenscomp
	05/24/2017 2:00PM
Lab	Sherry Lee Young, NP
Referral	None recorded.
Procedures	None recorded.
Surgeries	None recorded.
Imaging	XR, Skull, Less than 4 View
	05/21/2017
	Rmch Admission Dept

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Bactroban 2 % topical cream APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS NP educated patient regarding medications	05/21/2017	
Keflex 500 mg capsule Take 2 capsules twice a day by oral route with meals for 10 days. NP educated patient regarding medications		05/21/2017

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate
5 ft 6 in	203 lbs	32.8	128/78	71 bpm regular	93% Room Air at Rest	98.4 F° temporal artery	16

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

None recorded.

Problems

None recorded.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Procedures

Date Name
05/21/2017 XR, Skull, Less than 4 View

Performed by
Rmch Admission Dept
1901 Red Rock Dr
Gallup, NM 87301
(505) 863-7011 (Work Place)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/21/2017
Motor Vehicle Accident, Driver; Injury of Face; Blunt Injury; Abrasion
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex: Male Ethnicity: Not Hispanic or Latino
DOB: 03/07/1986 Race: American Indian or Alaska Native
Preferred language: English Marital status: Information not available

Contact: PO Box 380, Crownpoint, NM 87313, Ph. tel:+1-505-3869721

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Medical Record Documents

05-22-17; 10:01PM;

; 505+722+3594

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RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Medical Records - CONFIDENTIAL****From:** NM - RMCHCS**To:** Urgent care clinic chart**Name:** ANDERSON, RYDELL**DOB:** 03/07/1986**Date Range:** 01/01/2017 to 05/23/2017**This document contains the following records of the patient:**

- Encounters and Procedures
- Imaging Results
- Imaging Orders
- Letters
- Prescription Documents

This fax may contain legally privileged health information and is intended for the sole use of the intended recipient. You are hereby notified that the disclosure, or other unlawful use of this health information is prohibited.**If you received this fax in error visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8438 to notify the sender and confirm that the information will be destroyed. [ID:45551-A-1199]**

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-23-17; 10:01PM

; 505+722+3594

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RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 05/21/2017

Patient

Name	ANDERSON, RYDELL (31yo, M) ID# 45551	Appt. Date/Time	05/21/2017 03:20PM
DOB	03/07/1986	Service Dept.	URGENT CARE CENTER
Provider	SHERRY YOUNG, NP		
Insurance	Med Primary: *SELF PAY* Med Contracts: MAVERICK/HOI Insurance #: 625811177		

Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information, details

Chief Complaint

MVA

Patient's Pharmacies

WALGREENS DRUG STORE 09007 (ERX): 1870 E HISTORIC HIGHWAY 66, GALLUP NM 87301, Ph (505) 722-9499, Fax (505) 722-7988

Vitals

Ht: 5 ft 6 in 05/21/2017 03:30 pm	Wt: 202 lbs 05/21/2017 03:30 pm	BMI: 32.8 05/21/2017 03:30 pm
BP: 128/78 sitting R arm 05/21/2017 03:30 pm	Pulse: 71 bpm regular 05/21/2017 03:31 pm	RR: 16 05/21/2017 03:31 pm
O2Sat: 93% Room Air at Rest 05/21/2017 03:31 pm	T: 98.4 F° temporal artery 05/21/2017 03:31 pm	

Allergies

None recorded.

Medications

Bactroban 2 % topical cream

APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS

Note: NP educated patient regarding medications

05/21/17 prescribed

Keflex 500 mg capsule

Take 2 capsule(s) twice a day by oral route with meals for 10 days.

Note: NP educated patient regarding medications

05/21/17 prescribed

Vaccines

None recorded.

Problems**Reviewed Problems****HPI****Head Injury**

Reported by patient.

source of patient information patient

Location: face

Onset/Timing: 5:00am

Quality: throbbing; swollen

Context: work injury

Associated Symptoms: headache

Notes: Left side of face with erythema, edema and minor / scant abrasions throughout lower left cheek, and three above left ear on scalp.

Patient presents with his employer bringing him in after patient reports that he was driving his 18 wheeler and another 18 wheeler,

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4573

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-23-17; 10:01PM

; 505+722+3594

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RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4573

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

went left of center and struck the mirror. The mirror then struck patient in the left side of the face and glass shattering over patient (patient reports that his window was down). Patient reports that he did NOT lose consciousness. Patients employer went and picked patient up and drove here - from Utah border - at 5am

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 31-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: minimal - from pain of left face. Ambulation: ambulating normally.

Psychiatric: Insight: good Judgement: Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal.

Head: Head: swelling, bruising, abrasion, and with evidence of injury; left side of scalp with three superficial abrasions above ear, and on lower left cheek/shattered glass throughout hair and face.

Eyes: Lids and Conjunctiva: no discharge or pallor and non-injected. Pupils: PERRLA. Fundoscopic: normal vessels and optic discs, no exudates or hemorrhages, and grossly normal except where noted. EOM: EOML. Sclerae: non-icteric and no subconjunctival hemorrhage. Vision: peripheral vision grossly intact and acuity grossly intact.

ENMT: Ears: EACs clear and TMs clear. Nose: normal appearing. Lips, Teeth, and Gums: no mouth or tip ulcers or bleeding gums and normal dentition.

Neck: Neck: supple, FROM, and trachea midline.

Lungs: Auscultation: CTA bilateral.

Cardiovascular: Heart Auscultation: RRR and no murmurs.

Abdomen: Inspection and Palpation: soft, non-distended, and no tenderness.

Musculoskeletal: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: grossly normal, normal movement of all extremities, and no tenderness.

Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: finger-to-nose intact and no tremor.

Skin: Inspection and palpation: bruising and abrasion(s); left side of scalp with three superficial abrasions above ear, and on lower left cheek/shattered glass throughout hair and face.

Patient presents with his employer bringing him in after patient reports that he was driving his 18 wheeler and another 18 wheeler, went left of center and struck the mirror. The mirror then struck patient in the left side of the face and glass shattering over patient (patient reports that his window was down). Patient reports that he did NOT lose consciousness. Patients employer went and picked patient up and drove here - from Utah border - at 5am

Procedure Documentation

Wound Care UC:

Location: left scalp superior lateral anterior upper. Patient had his entire scalp irrigated and cleansed of with normal saline and debrided of any foreign material and glass shards. Three superficial abrasions above left ear cleaned and debrided. Several of left lower cheek debrided. Bacitracin ointment applied. The patient tolerated procedure well. Wound care instructions were given, and patient was instructed to return for redness, warmth, or swelling of the skin, red streaking, pus, increasing pain, fevers, or any other signs or symptoms of infection. The patient was instructed to return for wound check in 3 days.

Assessment / Plan

1. Motor vehicle accident, driver
V49.40XA: Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter
 2. Injury of face - left face and skull
S08.93XA: Unspecified injury of face, initial encounter
 - SKULL 2V - Priority: STAT
- Indication: MVA Possibility of Pregnancy?:
N
- Provide films to patient: Side: LEFT
N
- View: PA and Lateral

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4673**ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**

05-23-17; 10:01PM

; 505+722+3594

51 / 14

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4673

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**3. Blunt injury - left face and skull**

T14.90; Injury, unspecified

• CONCUSSION EDUCATION - Note to Patient: Handout given

4. Abrasion - left face and skull

S00.91XA; Abrasion of unspecified part of head, initial encounter

• Keflex 500 mg capsule - Take 2 capsule(s) twice a day by oral route with meals for 10 days. Qty: 40 capsule(s) Refills: 0

Pharmacy: WALGREENS DRUG STORE 09007

• Bacitracin 2 % topical cream - APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS Qty: 1.30 gm tube(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

• CONTUSION: CARE INSTRUCTIONS

• SCRAPES (ABRASIONS): CARE INSTRUCTIONS

Patient Instructions:

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also provided handouts and education regarding diagnosis and care, need to soak in sponge salt bath, use of heating pad and alternate with ice. Monitor for symptoms of altered mental status, ambulation changes, vision changes, nausea or vomiting. If these symptoms present, please seek emergency services immediately. Note, body will hurt for several days due to the impact. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/23/2017

Discussion Notes:

Patient reports that his last tetanus was within last two years.

Return to Office

• Sherry Young, NP for OCC WORKMENSCOMP at URGENT CARE CENTER on 05/24/2017 at 02:00 PM

Encounter Sign-Off

Encounter signed-off by Sherry Young, NP, 05/22/2017.

Encounter performed and documented by Sherry Young, NP

Encounter reviewed & signed by Sherry Young, NP on 05/22/2017 at 10:09am

Imaging Results**SKULL 2V**

(#879187, 05/22/2017 12:00am)

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4573

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-23-17 11:01:01PM

1505+722+3594

5 / 14

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4573

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-23-17 15:51:20PM

1505+722+3594

P-A L E V Y S



ONRAD, INC.

Final Radiology Report

Report generated by:
 Online Radiology Medical Group, Inc.
 Phone: 851-754-0911 Fax: 851-693-1673
 OAM@onrad.com

Patient Name: ANDERSON, RYDELL
 Institution Name: Rehoboth McKinley Christian Hospital
 Study Type: XR SKULL
 Date: 5/21/2017 1:45:00 PM Accession Number: UF00527764
 Patient DOB: 03-07-1986 Ordering Physician: SHERRY YOUNG NP
 Patient ID: 1045551
 Patient Location: Outpatient
 Time Ordered: 5/21/2017 4:02:12 PM
 Time Fired: 5/22/2017 7:25 AM

Clinical History/Indication for Exam:
 injury of face, looking for glass MVA left side of jaw and temporal area

Skull.

History of injury to the face and possible glass under the skin.

No fractures seen. The nasal bone appears normal on the internal view. No radiopaque foreign bodies can be seen in the soft tissues around the jaw.

Impression: Normal 2 views of the skull with no foreign bodies seen.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Richard Hammer
 Dictated and Signed at:
 5/22/2017 7:25:07 AM

5/22/17

Imaging Orders

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-23-17 10:01 PM

1505+722+3594 7/7/14

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Imaging Order

05/21/2017

To Provider	From Provider
RMCH ADMISSION DEPT 1901 RED ROCK DR GALLUP, NM 87301 Phone: (505) 863-7011 Fax: (505) 726-6725	SHERRY YOUNG, NP URGENT CARE CENTER 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Imaging Order Information

Diagnosis	<ul style="list-style-type: none"> • Injury of face ICD-10: S09.93XA: Unspecified injury of face, initial encounter
Order Name	<p>Orders included: 1</p> <p>Injury of face ICD-10: S09.93XA: Unspecified injury of face, initial encounter</p> <ul style="list-style-type: none"> • RAD:SKULL 2V skull 2V PRIORITY: STAT <p>Indication: MVA Possibility of Pregnancy?: N Provide films to patient: N Side: LEFT View: PA and Lateral</p>
Notes	

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

SHERRY YOUNG, NP
Approved Date: 05/21/2017 1:40pm**Letters**

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-23-17; 10:01PM

; 505+722+3594

8 / 14

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Rehoboth
McKinley
Christian Health Care Services

Return to Work / School

Patient: Anderson, Rydell**Date:** 05/21/2017**DOB:** 03/07/1986**Patient ID:** 45551**Address:** PO Box 350
Crownpoint, NM 87313**Note to patient:** XX Was seen in my office on: 05/21/2017 _____ May return to work/school on: _____ XX May not return to work/school on: 05/23/2017 - Re-evaluated _____ Work limitations: _____ May not participate in physical education: _____ May return to physical education: _____ Limitations for physical education: _____ May not participate in jury duty: _____

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

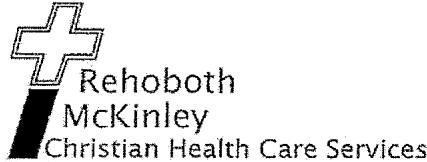
RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-23-17; 10:01PM

; 505+722+3594

8 / 14

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873
ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Urgent Care Center
520-NM-HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 05/22/2017

Dear Rydell Anderson,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

A handwritten signature in black ink, appearing to read "Sherry Lee Young".

Patient Care Summary for Rydell Anderson

Most Recent Encounter

05/21/2017 Sherry Lee Young: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

MVA

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Motor vehicle accident, driver

2. Injury of face

• XR, skull, less than 4 view

3. Blunt injury

• concussion education

4. Abrasion

• Keflex 500 mg capsule

• Bactroban 2 % topical cream

• confusion: care instructions

• scrapes (abrasions): care instructions

Discussion Note

Patient reports that his last tetanus was without last two years.

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-22-17; 10:01PM

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Plan of Care**Patient Instructions**

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also provided handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of altered mental status, ambulation changes, vision changes, nausea or vomiting. If these symptoms present, please seek emergency services immediately. Note, body will hurt for several days due to the impact. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/23/2017

Reminders	Provider
Appointments	Occ Workmenscomp
	05/24/2017 2:00PM
Lab	None recorded.
Referral	None recorded.
Procedures	None recorded.
Surgeries	None recorded.
Imaging	XR, Skull, Less than 4 View
	05/21/2017
	Rmch Admission Dept

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name

Prescribed Date	Start Date
05/21/2017	

Bactroban 2 % topical cream

APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY

FOR 10 DAYS

NP educated patient regarding medications

Keflex 500 mg capsule

05/21/2017

Take 2 capsules twice a day by oral route with meals for 10 days.

NP educated patient regarding medications

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate
5 ft 6 in	203 lbs	32.8	128/78	71 bpm regular	93%	Room Air at Rest	98.4 F° temporal artery
							16

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

None recorded.

Problems

None recorded.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873**ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**

05-23-17; 10:01PM

; 505+722+3594

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RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Procedures**

Date	Name
05/21/2017	XR, Skull, Less than 4 View

Performed by
Rmch Admission Dept 1901 Red Rock Dr Gallup, NM 87301 (505) 863-7011 (Work Place)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/21/2017

Motor Vehicle Accident, Driver; Injury of Face; Blunt Injury; Abrasion
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	03/07/1986	Race:	American Indian or Alaska Native
Preferred language:	English	Marital status:	Information not available

Contact: PO Box 380, Crownpoint, NM 87313, Ph. tel:+1-505-3869721

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-23-17; 10:01PM

; 505+722+3594

12 / 14

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Prescription Documents**Approved Prescription**

Date Ordered: 05/21/2017

Pharmacy	Prescriber
WALGREENS DRUG STORE 09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499 Fax: (505) 722-7988	SHERRY YOUNG, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Prescription Information

Medication	Bactroban 2 % topical cream
Quantity	1 (one) 30 gm tube(s)
SIG	APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	"SELF PAY"
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

Issue Date: 05/21/2017 Approved Date: 05/21/2017 4:25pm
DEA # MY422191
NPI #1720167182

Prescription is valid if more than one (1) prescription is written per blank.

Approved Prescription

Date Ordered: 05/21/2017

Pharmacy	Prescriber
WALGREENS DRUG STORE 09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499	SHERRY YOUNG, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4673

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-23-17 10:01PM

1505+722+3594

13 / 14

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4673

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Fax: (505) 722-7988

Prescription Information

Medication	Keflex 500 mg capsule
Quantity	40 (forty) capsule(s)
SIG	Take 2 capsule(s) twice a day by oral route with meals for 10 days.
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

Issue Date: 05/21/2017 Approved Date: 05/21/2017 4:25pm
 DEA #: MY4221191
 NPI #: 1720167182

Prescription is void if more than one (1) prescription is written per blank.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Prescription Documents**Approved Prescription**

Date Ordered: 05/24/2017

Pharmacy	Prescriber
WALGREENS DRUG STORE 09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499 Fax: (505) 722-7988	SHERRY YOUNG, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Prescription Information

Medication	ibuprofen 800 mg tablet
Quantity	30 (thirty) tablet(s)
SIG	Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

Issue Date: 05/24/2017 Approved Date: 05/24/2017 2:11pm
 DEA # MY4221191
 NPI #1720167182

Prescription is void if more than one (1) prescription is written per blank.

Approved Prescription

Date Ordered: 05/21/2017

Pharmacy	Prescriber
WALGREENS DRUG STORE 09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499	SHERRY YOUNG, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Fax: (505) 722-7988

Prescription Information

Medication	Bactroban 2 % topical cream
Quantity	1 (one) 30 gm tube(s)
SIG	APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

Issue Date: 05/21/2017 Approved Date: 05/21/2017 4:25pm
 DEA # MY422191
 NPI #1720167182

Prescription is void if more than one (1) prescription is written per blank.

Approved Prescription

Date Ordered: 05/21/2017

Pharmacy	Prescriber
WALGREENS DRUG STORE 09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499 Fax: (505) 722-7988	SHERRY YOUNG, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Prescription Information

Medication	Keflex 500 mg capsule
Quantity	40 (forty) capsule(s)
SIG	Take 2 capsule(s) twice a day by oral route with meals for 10 days.
Refills Allowed	No Refills
DAW?	N

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4373

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

*Note to Pharmacy

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

Issue Date: 05/21/2017 Approved Date: 05/21/2017 4:25pm
 DEA # MY4221191
 NPI #1720167182

Prescription is void if more than one (1) prescription is written per blank.

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/24/17 02:33pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/24/17 02:34pm	Classify document - Medical Record Document - Historical Medical Record	BARCODE	CLOSED			

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Medical Records - CONFIDENTIAL**From:** NM - RMCHCS**To:** Urgent care clinic chart**Name:** ANDERSON, RYDELL**DOB:** 03/07/1986**Date Range:** 01/01/2017 to 05/23/2017**This document contains the following records of the patient:**

- Encounters and Procedures
- Imaging Results
- Imaging Orders
- Letters
- Prescription Documents

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Encounters and Procedures**

Clinical Encounter Summaries

Encounter Date: 05/21/2017

Patient

Name	ANDERSON, RYDELL (31yo, M) ID# 45551	Appt. Date/Time	05/21/2017 03:20PM
DOB	03/07/1986	Service Dept.	URGENT CARE CENTER
Provider	SHERRY YOUNG, NP		
Insurance	Med Primary: "SELF PAY" Med Contracts: MAVERICK/OHCI Insurance #: 525811177		
	Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details		

Chief Complaint

MVA

Patient's Pharmacies

WALGREENS DRUG STORE 09007 (ERX): 1870 E HISTORIC HIGHWAY 66, GALLUP NM 87301, Ph (505) 722-9499, Fax (505) 722-7988

Vitals

Ht: 5 ft 6 in 05/21/2017 03:30 pm	Wt: 203 lbs 05/21/2017 03:30 pm	BMI: 32.8 05/21/2017 03:30 pm
BP: 128/78 sitting R arm 05/21/2017 03:30 pm	Pulse: 71 bpm regular 05/21/2017 03:31 pm	RR: 16 05/21/2017 03:31 pm
O2Sat: 93% Room Air at Rest 05/21/2017 03:31 pm	T: 98.4 F° temporal artery 05/21/2017 03:31 pm	

Allergies

None recorded.

Medications

Bactroban 2 % topical cream 05/21/17 prescribed
 APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS
 Note: NP educated patient regarding medications

Keflex 500 mg capsule 05/21/17 prescribed
 Take 2 capsule(s) twice a day by oral route with meals for 10 days.
 Note: NP educated patient regarding medications

Vaccines

None recorded.

Problems

Reviewed Problems

HPI

Head Injury

Reported by patient.

source of patient information patient
 Location: face
 Onset/Timing: 5:00am
 Quality: throbbing; swollen
 Context: work injury
 Associated Symptoms: headache
 Notes: Left side of face with erythema, edema and minor / scant abrasions throughout lower left cheek, and three above left ear on scalp.

Patient presents with his employer bringing him in after patient reports that he was driving his 18 wheeler and another 18 wheeler,

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

went left of center and struck the mirror. The mirror then struck patient in the left side of the face and glass shattering over patient (patient reports that his window was down). Patient reports that he did NOT lose consciousness. Patients employer went and picked patient up and drove here - from Utah border - at 5am

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 31-year-old male.

Constitutional: General Appearance: healthy-appearing, well-nourished, and well-developed. Level of Distress: **minimal** - from pain of left face. Ambulation: ambulating normally.

Psychiatric: Insight: good judgement. Mental Status: normal mood and affect and active and alert. Orientation: to time, place, and person. Memory: recent memory normal and remote memory normal.

Head: Head: swelling, bruising, abrasion, and with evidence of injury, left side of scalp with three superficial abrasions above ear, and on lower left cheek/shattered glass throughout hair and face.

Eyes: Lids and Conjunctivae: no discharge or pallor and non-injected. Pupils: PERRLA. Fundoscopic: normal vessels and optic discs, no exudates or hemorrhages, and grossly normal except where noted. EOM: EOM. Sclerae: non-icteric and no subconjunctival hemorrhage. Vision: peripheral vision grossly intact and acuity grossly intact.

ENMT: Ears: EACs clear and TMs clear. Nose: normal appearing. Lips, Teeth, and Gums: no mouth or lip ulcers or bleeding gums and normal dentition.

Neck: Neck: supple, FROM, and trachea midline.

Lungs: Auscultation: CTA bilateral.

Cardiovascular: Heart Auscultation: RRR and no murmurs.

Abdomen: Inspection and Palpation: soft, non-distended, and no tenderness.

Musculoskeletal: Motor Strength and Tone: normal motor strength. Joints, Bones, and Muscles: grossly normal, normal movement of all extremities, and no tenderness.

Neurologic: Gait and Station: normal gait and station. Cranial Nerves: grossly intact. Sensation: grossly intact. Reflexes: DTRs 2+ bilaterally throughout. Coordination and Cerebellum: finger-to-nose intact and no tremor.

Skin: Inspection and palpation: bruising and abrasion(s); left side of scalp with three superficial abrasions above ear, and on lower left cheek/shattered glass throughout hair and face.

Patient presents with his employer bringing him in after patient reports that he was driving his 18 wheeler and another 18 wheeler, went left of center and struck the mirror. The mirror then struck patient in the left side of the face and glass shattering over patient (patient reports that his window was down). Patient reports that he did NOT lose consciousness. Patients employer went and picked patient up and drove here - from Utah border - at 5am

Procedure Documentation**Wound Care UC:**

Location: left scalp superior lateral anterior upper. Patient had his entire scalp irrigated and cleansed of with normal saline and debrided of any foreign material and glass shards. Three superficial abrasions above left ear cleansed and debrided. Several of left lower cheek debrided. Bacitracin ointment applied. The patient tolerated procedure well. Wound care instructions were given, and patient was instructed to return for redness, warmth, or swelling of the skin, red streaking, pus, increasing pain, fevers, or any other signs or symptoms of infection. The patient was instructed to return for wound check in 3 days.

Assessment / Plan

1. Motor vehicle accident, driver
V49.40XA: Driver injured in collision with unspecified motor vehicles in traffic accident, initial encounter

2. Injury of face - left face and skull

S09.93XA: Unspecified injury of face, initial encounter

• SKULL 2V - Priority: **STAT**

Indication: MVA Possibility of Pregnancy?:

N

Provide films to patient: Side: LEFT

N

View: PA and Lateral

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ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**3. Blunt injury - left face and skull**

T14.90; Injury, unspecified

- CONCUSSION EDUCATION - Note to Patient: Handout given

4. Abrasion - left face and skull

S00.91XA: Abrasion of unspecified part of head, initial encounter

- Keflex 500 mg capsule - Take 2 capsule(s) twice a day by oral route with meals for 10 days. Qty: 40 capsule(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

• Bactroban 2 % topical cream - APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS Qty: 1 30 gm tube(s) Refills: 0 Pharmacy: WALGREENS DRUG STORE 09007

- CONTUSION: CARE INSTRUCTIONS

- SCRAPES (ABRASIONS): CARE INSTRUCTIONS

Patient Instructions

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also provided handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of altered mental status, ambulation changes, vision changes, nausea or vomiting. If these symptoms present, please seek emergency services immediately. Note, body will hurt for several days due to the impact. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/23/2017

Discussion Notes

Patient reports that his last tetanus was without last two years.

Return to Office

- Sherry Young, NP for OCC WORKMENSCOMP at URGENT CARE CENTER on 05/24/2017 at 02:00 PM

Encounter Sign-Off

Encounter signed-off by Sherry Young, NP, 05/22/2017.

Encounter performed and documented by Sherry Young, NP

Encounter reviewed & signed by Sherry Young, NP on 05/22/2017 at 10:09am

Imaging Results**SKULL 2V**

(#879187, 05/22/2017 12:00am)

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

05-22-17; 08:15PM

; 505+722+3594

2 CL AT WILSON pg 1 vs 4 27 3



ONRAD, INC.

Final Radiology Report

Report generated by:
Online Radiology Medical Group, Inc.
Phone: 851-756-6801 Fax: 851-690-1671
QA@onradinc.com

Patient Name: ANDERSON, RYDELL
Institution Name: Rehoboth McKinley Christian Hospital
Study Type: XR SKULL
Date: 5/21/2017 1:45:00 PM Accession Number: UFO0527764
Patient DOB: 03-07-1986 Ordering Physician: SHERRY YOUNG NP
Patient ID: ID45551
Patient Location: Outpatient
Time Ordered: 5/21/2017 4:02:12 PM
Time Faxed: 5/22/2017 7:25 AM

Clinical History/Indication for Exam:
injury of face, looking for glass MVA left side of jaw and temporal area

Skull.

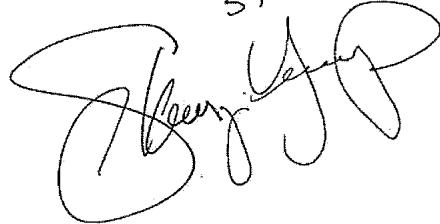
History of injury to the face and possible glass under the skin.

No fractures seen. The nasal bone appears normal on the lateral view. No radiopaque foreign bodies can be seen in the soft tissues around the jaw.

Impression: Normal 2 views of the skull with no foreign bodies seen.

Thank you for allowing us to participate in the care of your patient.

Dictated and Authenticated by: Richard Hammer
Dictated and Signed at:
5/22/2017 7:25:07 AM

5/22/17


Imaging Orders

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Imaging Order

05/21/2017

To Provider	From Provider
RMCH ADMISSION DEPT 1901 RED ROCK DR GALLUP, NM 87301 Phone: Phone: (505) 863-7011 Fax: Fax: (505) 726-6725	SHERRY YOUNG, NP URGENT CARE CENTER 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Imaging Order Information

Diagnosis	<ul style="list-style-type: none"> Injury of face ICD-10: S09.93XA: Unspecified injury of face, initial encounter
Order Name	<p>Orders included: 1</p> <p>Injury of face ICD-10: S09.93XA: Unspecified injury of face, initial encounter</p> <ul style="list-style-type: none"> RAD:SKULL 2V skull 2V PRIORITY: STAT <p>Indication: MVA Possibility of Pregnancy?: N Provide films to patient: N Side: LEFT View: PA and Lateral</p>
Notes	

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

SHERRY YOUNG, NP
Approved Date: 05/21/2017 1:40pm

Letters

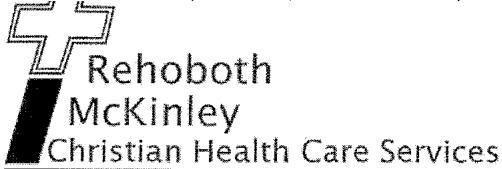
RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

**Return to Work / School**

Patient: Anderson, Rydell
DOB: 03/07/1986
Address: PO Box 380
Crownpoint, NM 87313

Date: 05/21/2017
Patient ID: 45551

Note to patient:

XX Was seen in my office on: 05/21/2017 _____

May return to work/school on: _____

XX May not return to work/school on: 05/23/2017 - Re-evaluated _____

Work limitations: _____

May not participate in physical education: _____

May return to physical education: _____

Limitations for physical education: _____

May not participate in jury duty: _____

Sincerely,

A handwritten signature in black ink, appearing to read "Sherry Young, NP".

Electronically Signed by: SHERRY YOUNG, NP

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)



Urgent Care Center
520 NM HWY 564
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 05/22/2017

Dear Rydell Anderson,

The following is a summary of your visit today. If you have any questions, please contact our office.

Sincerely,

Electronically Signed by: SHERRY YOUNG, NP

A handwritten signature in black ink, appearing to read "Sherry Lee Young".

Patient Care Summary for Rydell Anderson

Most Recent Encounter

05/21/2017 Sherry Lee Young: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. tel:+1-505-8632273

Reason for Visit

MVA

Assessment and Plan

The following list includes any diagnoses that were discussed at your visit.

1. Motor vehicle accident, driver
2. Injury of face
 - XR, skull, less than 4 view
3. Blunt injury
 - concussion education
4. Abrasion
 - Keflex 500 mg capsule
 - Bactroban 2 % topical cream
 - contusion: care instructions
 - scrapes (abrasions): care instructions

Discussion Note

Patient reports that his last tetanus was within last two years.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)**Plan of Care****Patient Instructions**

NP provided education regarding medications, adverse reactions, rationale for administration, and potential side effects. NP also provided handouts and education regarding diagnosis and care, need to soak in epsom salt bath, use of heating pad and alternate with ice. Monitor for symptoms of altered mental status, ambulation changes, vision changes, nausea or vomiting. If these symptoms present, please seek emergency services immediately. Note, body will hurt for several days due to the impact. Patient also educated regarding care of abrasions and to monitor for s/s infection. Patient verbalized understanding and patient to be re-evaluated on 05/23/2017

Reminders

		Provider
Appointments	Occ Workmenscomp	05/24/2017 2:00PM
Lab	None recorded.	
Referral	None recorded.	
Procedures	None recorded.	
Surgeries	None recorded.	
Imaging	XR, Skull, Less than 4 View	05/21/2017
		Rmch Admission Dept

Current Medications

Your medical record indicates you are on the following medicine. If this list is not consistent with the medications you are currently taking, or if you are taking additional over-the-counter medicines, please inform your provider.

Name	Prescribed Date	Start Date
Bactroban 2 % topical cream APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS NP educated patient regarding medications	05/21/2017	
Keflex 500 mg capsule Take 2 capsules twice a day by oral route with meals for 10 days. NP educated patient regarding medications		05/21/2017

Medications Administered

None recorded.

Vitals

Height	Weight	BMI	Blood Pressure	Pulse	O2 Saturation	Temperature	Respiration Rate
5 ft 6 in	203 lbs	32.8	128/78	71 bpm regular	93% Room Air at Rest	98.4 F° temporal artery	16

Lab Results

None recorded.

Allergies

Please review your allergy list for accuracy. Contact your provider if this list needs to be updated.

None recorded.

Problems

None recorded.

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873**ANDERSON, RYDELL (id #45551, dob: 03/07/1986)****Procedures**

Date Name
05/21/2017 XR, Skull, Less than 4 View

Performed by
Rmch Admission Dept
1901 Red Rock Dr
Gallup, NM 87301
(505) 863-7011 (Work Place)

Vaccine List

Here is a copy of your most up-to-date vaccination list.

None recorded.

Smoking Status

None recorded.

Past Encounters

05/21/2017
Motor Vehicle Accident, Driver; Injury of Face; Blunt Injury; Abrasion
Sherry Lee Young, NP: 520 Nm Hwy 564, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Male	Ethnicity:	Not Hispanic or Latino
DOB:	03/07/1986	Race:	American Indian or Alaska Native
Preferred language:	English	Marital status:	Information not available
Contact:	PO Box 380, Crownpoint, NM 87313, Ph. tel:+1-505-3869721		

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Prescription Documents**Approved Prescription**

Date Ordered: 05/21/2017

Pharmacy	Prescriber
WALGREENS DRUG STORE 09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499 Fax: (505) 722-7988	SHERRY YOUNG, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Prescription Information

Medication	Bactroban 2 % topical cream
Quantity	1 (one) 30 gm tube(s)
SIG	APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

Issue Date: 05/21/2017 Approved Date: 05/21/2017 4:25pm
 DEA # MY4221191
 NPI #1720167182

Prescription is void if more than one (1) prescription is written per blank.

Approved Prescription

Date Ordered: 05/21/2017

Pharmacy	Prescriber
WALGREENS DRUG STORE 09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499	SHERRY YOUNG, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

RMCHCS URGENT CARE LLC • 520 NM HWY 564, GALLUP NM 87301-4873

ANDERSON, RYDELL (id #45551, dob: 03/07/1986)

Fax: (505) 722-7988

Prescription Information

Medication	Keflex 500 mg capsule
Quantity	40 (forty) capsule(s)
SIG	Take 2 capsule(s) twice a day by oral route with meals for 10 days.
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ANDERSON, RYDELL
Sex - DOB - Age	M 03/07/1986 31yo
Address	PO BOX 380 CROWNPOINT, NM 87313
Phone	H: (505) 386-9721
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

Issue Date: 05/21/2017 Approved Date: 05/21/2017 4:25pm
 DEA # MY4221191
 NPI #1720167182

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Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/23/17 10:18pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/23/17 10:19pm	Classify document - Medical Record Document - Historical Medical Record	BARCODE	CLOSED			

Medication List

Bactroban 2% topical cream

APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY
FOR 10 DAYS

Note: NP educated patient regarding medications

05/21/17 prescribed

ibuprofen 800 mg tablet

Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.

Note: NP educated regarding medications

05/24/17 prescribed

Keflex 500 mg capsule

Take 2 capsule(s) twice a day by oral route with meals for 10 days.

Note: NP educated patient regarding medications

05/21/17 prescribed

Patient Photo ID

Upload Date

11-21-2019

**Prescription Documents**

Approved Prescription

Date Ordered: 05/24/2017

Pharmacy	Prescriber
<p>WALGREENS DRUG STORE #09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499 Fax: (505) 722-7988</p>	<p>SHERRY YOUNG, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594</p>

Prescription Information

Medication	ibuprofen 800 mg tablet
Quantity	30 (thirty) tablet(s)
SIG	Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ANDERSON, RYDELL D
Sex - DOB - Age	M 03/07/1986 39yo
Address	3301 COORS BLVD NW ALBUQUERQUE, NM 87120
Phone	H: (505) 876-7123
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

Issue Date: 05/24/2017 Approved Date: 05/24/2017 2:11pm
 DEA # MY4221191
 NPI #1720167182

Prescription is void if more than one (1) prescription is written per blank.

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/24/17 01:43pm	Create	syoung133	REVIEW		syoung133	
05/24/17 01:43pm		ATHENA	REVIEW		syoung133	Task Assignment Override #24 Applied
05/24/17 02:11pm	Approve	syoung133	SUBMIT		URGENT CARE CENTER STAFF	Order Signed
05/24/17 02:11pm	Prescription Submission - Submitted	INTERFACE	SUBMITTED			Notified SURESCRIPTS of NewRx, submission pending. Waiting on response from pharmacy.
05/24/17 02:11pm	Prescription Submission - Reroute to Interface	ATHENA	SUBMIT		INTERFACE	This prescription will be submitted electronically via SURESCRIPTS.
05/24/17 02:11pm	Prescription Submission - Verified	INTERFACE	CLOSED			Surescripts has verified that the prescription was received by the pharmacy.

Approved Prescription

Date Ordered: 05/21/2017

Pharmacy	Prescriber
WALGREENS DRUG STORE #09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499 Fax: (505) 722-7988	SHERRY YOUNG, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Prescription Information

Medication	Bactroban 2 % topical cream
Quantity	1 (one) 30 gm tube(s)
SIG	APPLY A SMALL AMOUNT TO THE AFFECTED AREA BY TOPICAL ROUTE 3 TIMES PER DAY FOR 10 DAYS
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ANDERSON, RYDELL D
Sex - DOB - Age	M 03/07/1986 39yo
Address	3301 COORS BLVD NW ALBUQUERQUE, NM 87120
Phone	H: (505) 876-7123
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

Issue Date: 05/21/2017 Approved Date: 05/21/2017 4:25pm
 DEA # MY4221191
 NPI #1720167182

Prescription is void if more than one (1) prescription is written per blank.

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/21/17 04:19pm	Create	syoung133	REVIEW		syoung133	
05/21/17 04:19pm		ATHENA	REVIEW		syoung133	Task Assignment Override #24 Applied
05/21/17 04:25pm	Approve	syoung133	SUBMIT		URGENT CARE CENTER STAFF	Order Signed
05/21/17 04:25pm	Prescription Submission - Submitted	INTERFACE	SUBMITTED			Notified SURESCRIPTS of NewRx, submission pending. Waiting on response from pharmacy.
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05/21/17 04:25pm	Prescription Submission - Verified	INTERFACE	CLOSED			Surescripts has verified that the prescription was received by the pharmacy.

Approved Prescription

Date Ordered: 05/21/2017

Pharmacy	Prescriber
<p>WALGREENS DRUG STORE #09007 1870 E HISTORIC HIGHWAY 66 GALLUP, NM 873014955 Phone: (505) 722-9499 Fax: (505) 722-7988</p>	<p>SHERRY YOUNG, NP Urgent Care Center 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594</p>

Prescription Information

Medication	Keflex 500 mg capsule
Quantity	40 (forty) capsule(s)
SIG	Take 2 capsule(s) twice a day by oral route with meals for 10 days.
Refills Allowed	No Refills
DAW?	N
Note to Pharmacy	

Patient Information

Patient Name	ANDERSON, RYDELL D
Sex - DOB - Age	M 03/07/1986 39yo
Address	3301 COORS BLVD NW ALBUQUERQUE, NM 87120
Phone	H: (505) 876-7123
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

Issue Date: 05/21/2017 Approved Date: 05/21/2017 4:25pm
 DEA # MY4221191
 NPI #1720167182

Prescription is void if more than one (1) prescription is written per blank.

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
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05/21/17 04:25pm	Approve	syoung133	SUBMIT		URGENT CARE CENTER STAFF	Order Signed
05/21/17 04:25pm	Prescription Submission - Submitted	INTERFACE	SUBMITTED			Notified SURESCRIPTS of NewRx, submission pending. Waiting on response from pharmacy.
05/21/17 04:25pm	Prescription Submission - Reroute to Interface	ATHENA	SUBMIT		INTERFACE	This prescription will be submitted electronically via SURESCRIPTS.
05/21/17 04:25pm	Prescription Submission - Verified	INTERFACE	CLOSED			Surescripts has verified that the prescription was received by the pharmacy.

Vaccination History

None recorded.