

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, JESSICA

DOB: 10/11/1988

Date Range: to

This document contains the following records of the patient:

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

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Admin Documents

05-23-17:07:43PM:

:505+722+3594

3/ 17

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

Admin Documents

04-17-17:05:51PM:

:505+722+3594

1/ 1

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

ANDERSON, JESSICA 10/11/88 #44832



*878440w11999 A-FormLett

Please review and update the information below to the best of your ability.

Patient Registration

CURRENT PATIENT INFORMATION - PLEASE PRINT

Last Name: ANDERSON
 First Name: JESSICA
 Middle Name:
 Address: 2418 E. HISTORIC HWY 66#PMB179
 City: GALLUP State: NM
 Zip: 87301
 Home Phone: (205) 351-0815
 Work Phone:
 Mobile Phone:
 Sex: F
 Date of Birth: 10/11/1988
 Social Security No.: 535137325
 Patient email:
 Required by government mandate (although you may refuse):
 Language: English
 Race: White
 Ethnicity: Not Hispanic or Latino
 Marital Status: S

Guarantor Information (to whom statements are sent)

Name: JESSICA ANDERSON
 Address: 2418 E. HISTORIC HWY 66#PMB179
 GALLUP, NM 87301
 Relationship to patient:
 Date of Birth: 10/11/1988
 Social Security No.: 535137325
 Phone: () -

Emergency Contact Information

Name:
 Relationship:
 Phone:
 Mobile Phone: () -

Employer Information

Employer:
 Address:
 Phone:

Pharmacy Information:

Name:

Crossroads:

Phone:

Patient Referred by: Other

Primary Care Provider:

Contact Preference: Home Phone / Work Phone / Mobile Phone / Portal / Email

Primary Insurance Information

Insurance Plan Name: *SELF PAY*
 Last Name:
 First Name:
 Middle Name:
 Address:
 City: State: Zip:
 Date of Birth: Sex (please circle): M or F
 Employer Name:
 Patient's relationship to policy holder:

Secondary Insurance Information

Insurance Plan Name:
 Last Name:
 First Name:
 Middle Name:
 Address:
 City: State: Zip:
 Date of Birth: Sex (please circle): M or F
 Employer Name:
 Patient's relationship to policy holder:

To the best of my knowledge the above information is complete and accurate.

Signed

Date:

4/17/17

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/23/17 07:59pm	Classify document - Admin - Signed Forms & Letters	BARCODE	CLOSED			

RAICHCS URGENT CARE LLC • 520 NM HWY 654, GALLUP NM 87301-4873

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

ANDERSON, JESSICA 10/11/88 #44832



* 876440w11999 A-FormLett

Please review and update the information below to the best of your ability.

Patient Registration

CURRENT PATIENT INFORMATION – PLEASE PRINT

Guarantor Information (to whom statements are sent)

Last Name: ANDERSON
First Name: JESSICA
Middle Name:
Address: 2418 E. HISTORIC HWY 66#PMB179
City: GALLUP State: NM
Zip: 87301
Home Phone: (206) 351-0815
Work Phone:
Mobile Phone:
Sex: F
Date of Birth: 10/11/1988
Social Security No.: 535137325
Patient email:
Required by government mandate [although you may refuse]:
Language: English
Race: White
Ethnicity: Not Hispanic or Latino
Marital Status: S

Name: JESSICA ANDERSON
Address: 2418 E. HISTORIC HWY 66#PMB179
GALLUP, NM 87301
Relationship to patient: _____
Date of Birth: 10/11/1988
Social Security No.: 535137325
Phone: () -

Emergency Contact Information

Name:
Relationship:
Phone:
Mobile Phone: () -

Employer information

Employer:
Address:
Phone:

Other

Pharmacy Information:

Patient Referred by:

Name:

Primary Care Provider:

Crossroads:

Contact Preference: Home Phone / Work Phone / Mobile Phone /
Portal / Email

Phone:

Primary Insurance Information

Secondary Insurance Information

Insurance Plan Name: *SELF PAY*
Last Name:
First Name:
Middle Name:
Address:
City: State: Zip:
Date of Birth: Sex (please circle): M or F
Employer Name:
Patient's relationship to policy holder:

Insurance Plan Name:
Last Name:
First Name:
Middle Name:
Address:
City: State: Zip:
Date of Birth: Sex (please circle): M or F
Employer Name:
Patient's relationship to policy holder:

To the best of my knowledge the above information is complete and accurate.

Signed

Date:

4/17/17

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
04/17/17 05:56pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
04/17/17 05:56pm	Classify document - Admin - Signed Forms & Letters	BARCODE	CLOSED			

Allergy List

None recorded.

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: 04/17/2017 (Amendment closed by Sherry Young, NP on 04/19/2017 at 8:33am)**Last amended by** Sherry Young, NP on 04/19/2017 at 8:35am)**Patient**

Name	ANDERSON, JESSICA (28yo, F) ID# 44832	Appt. Date/Time	04/17/2017 05:00PM
DOB	10/11/1988	Service Dept.	URGENT CARE CENTER
Provider	SHERRY YOUNG, NP		
Insurance	Med Primary: *SELF PAY* 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**

None recorded.

Allergies

None recorded.

Medications

ibuprofen 800 mg tablet	04/17/17 prescribed
Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.	

Vaccines

None recorded.

Problems

Reviewed Problems

HPI**Foot**

Reported by patient.

Location: left; Third distal phalange

Quality: aching; gnawing; dull

Severity: moderate; pain level 3/10; worst pain 9/10

Duration: 3 days

Timing: abrupt; Patient reports that she kicked a door frame

Context: Patient reports that she kicked a door frame

Alleviating Factors: rest; elevation; limited weight bearing

Aggravating Factors: walking; weightbearing

Associated Symptoms: no weakness; no numbness; no tingling; no swelling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no radiation down leg; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits; Normal digit

Previous Surgery: none

Prior Imaging: none

Previous Injections: none

Previous PT: none

Work Related: no

Working: regular duty; Patient actually requested walking boot to keep working.

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

Patient is a 28-year-old female.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.**Psychiatric:** Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.**Cardiovascular System:** Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Arterial Pulses Left: posterior tibialis normal and dorsalis pedis normal. Edema Right: no edema. Edema Left: no edema. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.**Gait and Station:** Appearance: ambulating with no assistive devices and **limp; favor to left with weight bearing.****Ankles and Feet:** Inspection Right: no erythema, induration, swelling, warmth, or deformity and normal alignment. Inspection Left: no erythema, induration, swelling, warmth, or deformity and normal alignment. Bony Palpation of the

Ankle/Foot Right: no tenderness of the sesamoids, the ankle, the calcaneal tuberosity, the metatarsals, the navicular tuberosity, the tarsometatarsal joints, the dome of talus, the head of talus, the inferior tibiofibular joint, or the achilles tendon insertion. Bony Palpation of the Ankle/Foot Left: no tenderness of the sesamoids, the ankle, the calcaneal tuberosity, the tarsometatarsal joints, the navicular tuberosity, the dome of talus, the head of talus, the inferior tibiofibular joint, or the achilles tendon insertion and **tenderness of the third metatarsal**. Soft Tissue Palpation of the Ankle/Foot Right: no tenderness of the tibialis posterior, the tibialis anterior, the plantar fascia, the achilles tendon, the peroneus longus and brevis, the extensor hallucis longus, the sinus tarsi, the lateral anterior talofibular ligament, the anterior talofibular ligament, the calcaneofibular ligament, the posterior talofibular ligament, the peroneal retinaculum, the deltoid ligament, the spring ligament, or the retrocalcaneal bursae. Soft Tissue Palpation of the Ankle/Foot Left: no tenderness of the tibialis posterior, the tibialis anterior, the plantar fascia, the achilles tendon, the peroneus longus and brevis, the extensor hallucis longus, the sinus tarsi, the lateral anterior talofibular ligament, the anterior talofibular ligament, the calcaneofibular ligament, the posterior talofibular ligament, the peroneal retinaculum, the deltoid ligament, the spring ligament, or the retrocalcaneal bursae. Active Range of Motion Right: great toe flexion normal and extension normal and dorsiflexion normal, plantar flexion normal, inversion normal, eversion normal, and subtalar normal. Active Range of Motion Left: great toe flexion normal and extension normal and dorsiflexion normal, plantar flexion normal, inversion normal, eversion normal, and subtalar normal. Inspection of the Toes Right: no callus, claw toes, or hammer toes. Inspection of the Toes Left: no callus, claw toes, or hammer toes. Palpation and Stability of the Toes Right: no tenderness of the great toe, the second toe, the third toe, the fourth toe, or the fifth toe and anterior drawer negative. Palpation and Stability of the Toes Left: no tenderness of the great toe, the fourth toe, or the fifth toe; **tenderness of the second toe DIP and the third toe PIP**; and anterior drawer negative.

Neurological System: Coordination: heel-to-shin normal. Sensation on the Right: normal at the lateral plantar nerve, the medial plantar nerve, the superficial peroneal nerve, the deep peroneal nerve, the sural nerve, and the saphenous nerve; normal distal extremities; and Semmes-Weinstein 5.08. Sensation on the Left: normal at the lateral plantar nerve, the medial plantar nerve, the superficial peroneal nerve, the deep peroneal nerve, the sural nerve, and the saphenous nerve; normal distal extremities; and Semmes-Weinstein 5.08.

Skin: Right Lower Extremity: normal. Left Lower Extremity: normal.

Assessment / Plan

1. Contusion of toe - Third distal digit

S90.122A: Contusion of left lesser toe(s) without damage to nail, initial encounter

- 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
- WALKING BOOT - 1 MEDIUM SIZED BOOT Qty: 1 Unit Refills: 0 Supplier: SIMPLISTIC MEDICAL
Side: LEFT Size: MEDIUM

2. Pain in toe

M79.675: Pain in left toe(s)

Patient Goals

Ambulation without difficulty

Patient Instructions

NP provided extensive education about soaks with epsom salt water from hot to cold, elevate and limit physical activity. If no change in 7 to 10 days, please follow up with PCP.

Return to Office

None recorded.

Amendment Sign-Off

Encounter signed-off by Sherry Young, NP, 04/19/2017.

Encounter performed and documented by Sherry Young, NP
Encounter reviewed & signed by Sherry Young, NP on 04/17/2017 at 06:08 PM
Amendment closed by Sherry Young, NP on 04/19/2017 at 08:33 AM
Amendment closed by Sherry Young, NP on 04/19/2017 at 08:35 AM

04-17-17:05:54PM;

:505+722+3594

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**Simplistic Medical LLC**

Orthopedic, Sports & Maternity Bracing & Supports

Simplistic Medical, LLC

3916 Carlisle Blvd NE, Suite G

Albuquerque, NM 87107

T: (505) 856-5998 | F: (505) 212-0099

www.SimplisticMedical.com

SM

ME

SW

S#

PATIENT INFORMATION FORM**Patient Information:** (To be completed by patient. Please fill out completely. Please print.)

Name: Anderson, Jessica M: X F: X Guarantor's Name: Sang
 Address: 2418 E Hwy 66 Rm B179 City: Gallup State: NM Zip: 87301
 Date of Birth: 10/11/88 Social Security#: 535137325 Phone (h): 505-351-0815 (cell):

Prescription Form: (To be filled out by Physician)

Length of need: gain in left toe Other Instructions: ICD10 M79.675 Date of Surgery: 4-17-17
 Please list all products to be prescribed: Sherry L. P. J. 172016 1182

Insurance Information

Insurance Name: Jessica N. Anderson Insurance Name: BC BS
 Address: NM 5021584451 City: State: NM Zip: 87301
 Phone: Policy# Group#: 172016 1182

Secondary Insurance

Insured's Name (listed on card): Insurance Name:
 Address: City: State: Zip:
 Phone: Policy#: Group#:

Workers Compensation/Third Party Insurance

Insurance Name: Claim#:
 Adjustor: Phone: () Address:
 City: State: Zip:
 Date of Injury: Did your injury occur at Work: Home: Automobile: Other:

Product Selection: (To be filled out by Physician and/or Simplistic Staff) **Payment:** (Simplistic Staff Only)

Product Type: Estimated Patient Responsibility:
 Product Item #: Amount Paid by Patient:
 Qty dispensed: Size: Right: Left: Balance Due:
 Paid by: Visa or MC#: Exp Date: Code: (or Cash: Ck#:

2402101220147
 24-137 MD LOT: 0216 HCPCS: L4360

Product Sticker

Product Sticker

I verify that the above information is true. I authorize Simplistic Medical, LLC, or one of its subcontracting companies / representatives to furnish to any payor any medical information necessary to process a claim for the above services. Personal Health Information may be released to our subcontractors for billing and/or treatment purposes: Samuel Weisberg Prosthetics, Mednet, Mediquip, other biller or collections service and/or others as necessary to process payment. I authorize any payor to pay any and all payments directly to Simplistic Medical, LLC or its subcontracting companies / representatives, all benefits due to me as a result of this claim. Simplistic Medical, LLC will file your claim as a courtesy, but by your signature, you agree that the responsibility to make payments is yours. If I am entitled to health care benefits from any organization or company other than a managed care organization or HMO, I understand and agree that I remain personally responsible for all charges. If I am entitled to health care benefits through a managed care organization, I understand that I am personally responsible for all charges for which the managed care organization denies coverage. Simplistic Medical, LLC will safeguard your protected health information in accordance with HIPAA and our Notice of Privacy Practices, a copy of which is given to each patient at the time of first service. A copy of this authorization will be as valid as the original. NOTE: Simplistic Medical, LLC and its subcontractors / representatives do not guarantee any particular outcome or result from using any prescribed product. I agree to be responsible for all collections and attorney fees if this account is not paid. My signature below acknowledges that I have received or ordered the prescribed product, and my understanding of an agreement with the provisions of this form and that...

I am aware that I may receive a separate bill from Simplistic Medical for device.

Patient Signature: Jessica N. Anderson Date Item received: 04/17/17

SIMPLISTIC MEDICAL (TOP COPY)

OFFICE COPY (MIDDLE COPY)

PATIENT'S RECORDS (BOTTOM COPY)

SM-POD-12.06.2016

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
04/17/17 05:58pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
04/17/17 05:58pm	Classify document - Encounter Document - Procedure Documentation	BARCODE	CLOSED			

Denied Medications

Name

Denied Date

ibuprofen 800 mg tablet

Vyvanse 50 mg capsule

dicyclomine 20 mg tablet

furosemide 40 mg tablet

methocarbamol 750 mg tablet

acetaminophen 300 mg-codeine 30 mg tablet

Toprol XL 25 mg tablet,extended release

lamotrigine 150 mg tablet

ondansetron HCl 4 mg tablet

cefuroxime axetil 500 mg tablet

guanfacine ER 4 mg tablet,extended release 24 hr

cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution

propranolol 10 mg tablet

prednisolone 10 mg disintegrating tablet

nitrofurantoin monohydrate/macrocystals 100 mg capsule

phenazopyridine 200 mg tablet

acetaminophen 300 mg-codeine 60 mg tablet

ProAir HFA 90 mcg/actuation aerosol inhaler

ciprofloxacin 500 mg tablet

guanfacine ER 3 mg tablet,extended release 24 hr

alprazolam 0.25 mg tablet

fluconazole 150 mg tablet

SSD 1 % topical cream

DME Orders

Durable Medical Equipment Order

04/17/2017

Prescriber	Supplier
SHERRY YOUNG, NP URGENT CARE CENTER 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594	SIMPLISTIC MEDICAL 7801 ACADEMY RD NE STE 102 ALBUQUERQUE, NM 87109 Phone: (505) 856-5998 Fax: (505) 212-0099

Patient Information

Patient Name	ANDERSON, JESSICA
Sex - DOB - Age	F 10/11/1988 36yo
Address	2418 E HISTORIC HIGHWAY 66 # PMB179 GALLUP, NM 87301-4767
Phone	H: (206) 351-0815
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

DME Order Information

Applicable Diagnoses	<ul style="list-style-type: none"> Contusion of toe ICD-10: S90.122A: Contusion of left lesser toe(s) without damage to nail, initial encounter
Supply	WALKING BOOT Side: LEFT Size: MEDIUM
Quantity	1
SIG	1 MEDIUM SIZED BOOT
Refills Allowed	
DAW?	N
Note to Supplier	

Electronically Signed by: SHERRY YOUNG, NP



04/17/2017

Electronically ordered/documentated by: SHERRY YOUNG, NP
 Issue Date: 04/17/2017 Approved Date: 04/17/2017 5:39pm
 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
04/17/17 05:34pm	Create	syoung133	REVIEW		syoung133	
04/17/17 05:39pm	Approve	lgrayhat1	SUBMIT		ATHENAFAX	Authorized by syoung133
04/17/17 05:39pm		ATHENA	REVIEW		syoung133	This prescription cannot be submitted electronically because the pharmacy is not configured for electronic submission. Routing to fax.
04/17/17 05:42pm	Fax being sent	ATHENAFAX	SUBMITTED			
04/17/17 05:51pm	Fax delivery has been confirmed	ATHENAFAX	CLOSED			AthenaFax confirmed 2 pages were sent to (505) 212-0099 on 04/17/2017 19:42:23 Eastern Time. The transmission took a total of 64 seconds.

Facesheet**Demographics**

Patient Name	ANDERSON, JESSICA
Sex	F
DOB	10/11/1988
Address	2418 E HISTORIC HIGHWAY 66 # PMB179
City/State/Zip	GALLUP, NM 87301-4767
Home Phone	(206) 351-0815
Insurance	Med Primary: *SELF PAY*
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

None recorded.

Problems

None recorded.

Surgical & Procedure History

None recorded.

Medications

acetaminophen 300 mg-codeine 30 mg tablet	08/15/16	filled
acetaminophen 300 mg-codeine 60 mg tablet	03/21/17	filled
ALPRAZolam 0.25 mg tablet	07/27/16	filled
cefuroxime axetiL 500 mg tablet	12/29/16	filled
ciprofloxacin 500 mg tablet	03/09/17	filled
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	02/16/17	filled
dicyclomine 20 mg tablet	07/27/16	filled
fluconazole 150 mg tablet	03/09/17	filled
furosemide 40 mg tablet	11/25/16	filled
guanFACINE ER 3 mg tablet,extended release 24 hr	10/18/16	filled
guanFACINE ER 4 mg tablet,extended release 24 hr	05/12/16	filled
ibuprofen 800 mg tablet	04/17/17	filled
Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.		
lamoTRigine 150 mg tablet	03/15/17	filled
methocarbamoL 750 mg tablet	01/11/17	filled
nitrofurantoin monohydrate/macrocystals 100 mg capsule	07/09/16	filled
ondansetron HCL 4 mg tablet	04/13/16	filled
phenazopyridine 200 mg tablet	07/09/16	filled
prednisoLONE 10 mg disintegrating tablet	07/08/16	filled
ProAir HFA 90 mcg/actuation aerosol inhaler	07/05/16	filled
propranolol 10 mg tablet	03/15/17	filled
SSD 1 % topical cream	05/31/16	filled
Toprol XL 25 mg tablet,extended release	03/15/17	filled
Vyvanse 50 mg capsule	03/15/17	filled

Vaccines

None recorded.

Allergies / Adverse Reactions

None recorded.

Past Medical History

(none recorded)

Social History

None recorded.

Family History

None recorded.

GYN History

None recorded.

Patient History - Other

None recorded.

Past Pregnancies

None recorded.

Obstetric History

None recorded.

Screening

None recorded.

Imaging Orders

Imaging Order

04/17/2017

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	Pain in toe - Left ICD-10: M79.675: Pain in left toe(s)
Order Name	Orders included: 1 Pain in toe - Left ICD-10: M79.675: Pain in left toe(s) • TOESLT toe(s) lt Ordering provider to read?: N Possibility of Pregnancy?: N Provide films to patient: N Shielded?: Y Side: LEFT
Notes	

Patient Information

Patient Name	ANDERSON, JESSICA
Sex - DOB - Age	F 10/11/1988 36yo
Address	2418 E HISTORIC HIGHWAY 66 # PMB179 GALLUP, NM 87301-4767
Phone	H: (206) 351-0815
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP




SHERRY YOUNG, NP
Approved Date: 04/17/2017 9:03am

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
04/17/17 05:03pm	Create	lgrayhat1	REVIEW		syoun133	
04/17/17 05:03pm	Approve	lgrayhat1	SUBMIT		URGENT CARE CENTER STAFF	Order Signed - Authorized by syoun133
04/17/17 05:03pm		ATHENA	SUBMIT		syoun133 STAFF	Task Assignment Override #10 Applied
04/17/17 05:04pm	Print	lgrayhat1	SUBMIT		syoun133 STAFF	Print initiated.
04/17/17 06:31pm		lgrayhat1	SUBMIT		URGENT CARE CENTER STAFF	
04/18/17 06:08pm	Order Submitted - By Manual Fax	ftsosie	SUBMITTED			
05/02/17 03:17am	No response - Followup required	ATHENA	FOLLOWUP		URGENT CARE CENTER STAFF	
05/02/17 10:30am	Close	ftsosie	CLOSED			

Lab Results

PREGNANCY TEST, URINE 04/17/2017 (#825120)

Report	Result	Ref. Range	Units		Status	Lab	Date
HCG		50 MIU/M			Deleted		
	patient refused test						

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
04/17/17 05:06pm	New in-house result requires data entry	lgrayhat1	DATAENTRY		URGENT CARE CENTER STAFF	
04/17/17 07:05pm	Data Entry Completed	lgrayhat1	REVIEW		syoun133	
04/17/17 07:05pm	Close - No more actions - file away	lgrayhat1	CLOSED			

Lab Orders

Lab Order

04/17/2017

Order To	Ordering Provider
REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES (RMCHCS LABS) 1909 RED ROCK DR GALLUP, NM 87301 Phone: (505) 863-7133 Fax: (505) 726-6714	SHERRY YOUNG, NP URGENT CARE CENTER 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Order	
Orders included: 1	
Pain in toe ICD-10: M79.675: Pain in left toe(s) • PREGNANCY TEST, URINE BILL: Patient	
Patient Name	ANDERSON, JESSICA
Sex - DOB - Age	F 10/11/1988 36yo
Address	2418 E HISTORIC HIGHWAY 66 # PMB179 GALLUP, NM 87301-4767
Phone	h: (206) 351-0815 w:
Primary Insurance	
Secondary Insurance	
Drawn by:	
Date/Time Drawn:	
Fasting?:	- None Needed - 8 HR - 12 HR
Other/Notes:	
CC:	

Electronically Signed by: SHERRY YOUNG, NP



SHERRY YOUNG, NP
Approved Date: 04/17/2017 5:07pm

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
04/17/17 05:06pm	Create	lgrayhat1	REVIEW		syoun133	
04/17/17 05:07pm	Approve	lgrayhat1	CLOSED			Order Signed - Authorized by syoun133
04/17/17 05:07pm	Result Received	ATHENA	CLOSED			Result received as document 825120

Letters

RMCHCS URGENT CARE LLC • 520 NM HWY 654, GALLUP NM 87301-4873

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)



Date: 04/17/2017

Dear Jessica 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



Patient Care Summary for Jessica Anderson

Most Recent Encounter

04/17/2017 Sherry Lee Young: 520 Nm Hwy 654, 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. Contusion of toe
- walking boot

Discussion Note: None recorded.

Patient educational handouts: No information available.

Plan of Care

Patient Goals

Ambulation without difficulty

Patient Instructions

NP provided extensive education about soaks with epsom salt water from hot to cold, elevate and limit physical activity. If no change in 7 to 10 days, please follow up with PCP.

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.

None recorded.

Medications Administered

None recorded.

Vitals

None recorded.

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
04/17/2017	XR, Toe(s)	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

04/17/2017
Contusion of Toe
Sherry Lee Young, NP: 520 Nm Hwy 654, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Female	Ethnicity:	Not Hispanic or Latino
DOB:	10/11/1988	Race:	White
Preferred language:	English	Marital status:	Never Married

Contact: 2418 E. Historic Hwy 66#Pmb179, Gallup, NM 87301, Ph. tel:+1-206-3510815

Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
04/17/17 05:07pm	Create	syoung133	REVIEW		syoung133	
04/17/17 05:43pm	Approve - Notify by Staff	syoung133	NOTIFY		URGENT CARE CENTER STAFF	
04/17/17 05:43pm		ATHENA	NOTIFY		syoung133 STAFF	Task Assignment Override #8 Applied
04/17/17 05:44pm	Print	syoung133	NOTIFY		syoung133 STAFF	Print initiated.
04/17/17 06:31pm	Notification Completed - Already Notified	lgrayhat1	CLOSED			

Medical Record Documents

05-23-17: 07:43PM;

; 505+722+3594

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

Prescription Documents

Approved Prescription

Date Ordered: 04/17/2017

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, JESSICA
Sex - DOB - Age	F 10/11/1988 28yo
Address	2418 E. HISTORIC HWY 66#PMB179 GALLUP, NM 87301
Phone	H: (206) 351-0815
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP



Issue Date: 04/17/2017 Approved Date: 04/17/2017 6:07pm
DEA # MY4221191
NPI #1720167182

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

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 04/17/2017 (Amendment closed by Sherry Young, NP on 04/19/2017 at 8:33am)

Last amended by Sherry Young, NP on 04/19/2017 at 8:35am)

Patient

Name	ANDERSON, JESSICA (28yo, F) ID# 44832	Appt. Date/Time	04/17/2017 05:00PM
DOB	10/11/1988	Service Dept.	URGENT CARE CENTER
Provider	SHERRY YOUNG, NP		
Insurance			

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ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

Med Primary: *SELF PAY*

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

None recorded.

Allergies

None recorded.

Medications

ibuprofen 800 mg tablet

04/17/17 prescribed

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

Vaccines

None recorded.

Problems

Reviewed Problems

HPI

Foot

Reported by patient.

Location: left; Third distal phalange

Quality: aching; gnawing; dull

Severity: moderate; pain level 3/10; worst pain 9/10

Duration: 3 days

Timing: abrupt; Patient reports that she kicked a door frame

Context: Patient reports that she kicked a door frame

Alleviating Factors: rest; elevation; limited weight bearing

Aggravating Factors: walking; weightbearing

Associated Symptoms: no weakness; no numbness; no tingling; no swelling; no redness; no warmth; no ecchymosis; no catching/locking; no popping/clicking; no buckling; no grinding; no instability; no radiation down leg; no drainage; no fever; no chills; no weight loss; no change in bowel/bladder habits; Normal digit

Previous Surgery: none

Prior Imaging: none

Previous Injections: none

Previous PT: none

Work Related: no

Working: regular duty; Patient actually requested walking boot to keep working.

ROS

ROS as noted in the HPI

Physical Exam

Patient is a 28-year-old female.

Constitutional: General Appearance: healthy-appearing, NAD, and normal body habitus.**Psychiatric:** Orientation: oriented to time, place, and person. Mood and Affect: normal mood and affect and active and alert.**Cardiovascular System:** Arterial Pulses Right: posterior tibialis normal and dorsalis pedis normal. Arterial Pulses Left: posterior tibialis normal and dorsalis pedis normal. Edema Right: no edema. Edema Left: no edema. Varicosities Right: no varicosities and capillary refill test normal. Varicosities Left: no varicosities and capillary refill test normal.**Gait and Station:** Appearance: ambulating with no assistive devices and limp; favor to left with weight bearing**Ankles and Feet:** Inspection Right: no erythema, induration, swelling, warmth, or deformity and normal alignment. Inspection Left: no erythema, induration, swelling, warmth, or deformity and normal alignment. Bony Palpation of the Ankle/Foot Right: no tenderness of the sesamoids, the ankle, the calcaneal tuberosity, the metatarsals, the navicular tuberosity, the tarsometatarsal joints, the dome of talus, the head of talus, the inferior tibiofibular joint, or the achilles tendon insertion. Bony Palpation of the Ankle/Foot Left: no

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ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

tenderness of the sesamoids, the ankle, the calcaneal tuberosity, the tarsometatarsal joints, the navicular tuberosity, the dome of talus, the head of talus, the inferior tibiofibular joint, or the achilles tendon insertion and **tenderness of the third metatarsal**. Soft Tissue Palpation of the Ankle/Foot Right: no tenderness of the tibialis posterior, the tibialis anterior, the plantar fascia, the achilles tendon, the peroneus longus and brevis, the extensor hallucis longus, the sinus tarsi, the lateral anterior talofibular ligament, the anterior talofibular ligament, the calcaneofibular ligament, the posterior talofibular ligament, the peroneal retinaculum, the deltoid ligament, the spring ligament, or the retrocalcaneal bursae. Soft Tissue Palpation of the Ankle/Foot Left: no tenderness of the tibialis posterior, the tibialis anterior, the plantar fascia, the achilles tendon, the peroneus longus and brevis, the extensor hallucis longus, the sinus tarsi, the lateral anterior talofibular ligament, the anterior talofibular ligament, the calcaneofibular ligament, the posterior talofibular ligament, the peroneal retinaculum, the deltoid ligament, the spring ligament, or the retrocalcaneal bursae. Active Range of Motion Right: great toe flexion normal and extension normal and dorsiflexion normal, plantar flexion normal, inversion normal, eversion normal, and subtalar normal. Active Range of Motion Left: great toe flexion normal and extension normal and dorsiflexion normal, plantar flexion normal, inversion normal, eversion normal, and subtalar normal. Inspection of the Toes Right: no callus, claw toes, or hammer toes. Inspection of the Toes Left: no callus, claw toes, or hammer toes. Palpation and Stability of the Toes Right: no tenderness of the great toe, the second toe, the third toe, the fourth toe, or the fifth toe and anterior drawer negative. Palpation and Stability of the Toes Left: no tenderness of the great toe, the fourth toe, or the fifth toe; **tenderness of the second toe DIP and the third toe PIP**; and anterior drawer negative.

Neurological System: Coordination: heel-to-shin normal. Sensation on the Right: normal at the lateral plantar nerve, the medial plantar nerve, the superficial peroneal nerve, the deep peroneal nerve, the sural nerve, and the saphenous nerve; normal distal extremities; and Semmes-Weinstein 5.08. Sensation on the Left: normal at the lateral plantar nerve, the medial plantar nerve, the superficial peroneal nerve, the deep peroneal nerve, the sural nerve, and the saphenous nerve; normal distal extremities; and Semmes-Weinstein 5.08.

Skin: Right Lower Extremity: normal. Left Lower Extremity: normal.

Assessment / Plan**1. Contusion of toe - Third distal digit**

S90.122A: Contusion of left lesser toe(s) without damage to nail, initial encounter

• 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

• WALKING BOOT - 1 MEDIUM SIZED BOOT Qty: 1 Unit Refills: 0 Supplier: SIMPLISTIC MEDICAL

Side: Size: MEDIUM
LEFT

2. Pain in toe

M79.675: Pain in left toe(s)

Patient Goals

Ambulation without difficulty

Patient Instructions

NP provided extensive education about soaks with epsom salt water from hot to cold, elevate and limit physical activity. If no change in 7 to 10 days, please follow up with PCP.

Return to Office

None recorded.

Amendment Sign-Off

Encounter signed-off by Sherry Young, NP, 04/19/2017.

Encounter performed and documented by Sherry Young, NP

Encounter reviewed & signed by Sherry Young, NP on 04/17/2017 at 6:08pm

Amendment closed by Sherry Young, NP on 04/19/2017 at 8:33am

Amendment closed by Sherry Young, NP on 04/19/2017 at 8:35am

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

05-17-17:08:15PM;

: 505+722+3594

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**Simplistic Medical LLC**

Orthopedic, Sports & Maternity Bracing & Supports

Simplistic Medical, LLC SM
 3916 Carlisle Blvd NE, Suite G ME
 Albuquerque, NM 87107
 T: (505) 856-5998 | F: (505) 212-0099 SW
 www.SimplisticMedical.com S#

PATIENT INFORMATION FORM**Patient Information:** (To be completed by patient. Please fill out completely. Please print.)

Anderson, Jessica M: F: X Guarantor's Name: Same
 Address: 2918 E Hwy 66 Rm 179 City: Gallup State: NM Zip: 87301
 Date of Birth: 10/11/88 Social Security#: 535137325 (cell): 860/991-0815

Prescription Form: (To be filled out by Physician)

Length of need: 1917 in left toe M 79.675 Date of Surgery: _____
 Please list all products to be prescribed: Surgery (pin lock) 4-17-17 1/2016 1102

Insurance Information

Jessica N. Anderson Insurance Name: BC BS
 Address: _____ State: _____ Zip: _____
 Phone: _____ Policy#: NMJB21584451 Group#: NUB501

Secondary Insurance

Insured's Name (listed on card): _____ Insurance Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Policy#: _____ Group#: _____

Workers Compensation/Third Party Insurance

Insurance Name: _____ Claim#: _____
 Adjustor: _____ Phone: () _____ Address: _____
 City: _____ State: _____ Zip: _____
 Date of Injury: _____ Did your injury occur at Work: _____ Home: _____ Automobile: _____ Other: _____

Product Selection: (To be filled out by Physician and/or Simplistic Staff) **Payment:** (Simplistic Staff Only)

Product Type: _____ Estimated Patient Responsibility: _____
 Product Item #: _____ Amount Paid by Patient: _____
 Qty dispensed: _____ Size: _____ Right: _____ Left: _____ Balance Due: _____
 Exp Date: _____ Code: _____ (or Cash: _____ Cl#: _____)

EZG8 AIR WALKER MD
 2402101220147
 24-137 MD LOT: 0216 HPCPS: L4360

Product Sticker

Product Sticker

I verify that the above information is true. I authorize Simplistic Medical, LLC, or one of its subcontracting companies / representatives to furnish to any payer any medical information necessary to process a claim for the above services. Personal Health Information may be released to our subcontractors for billing and/or treatment purposes. Samuel Weisberg Prosthetics, Mednet, Mediplus, other biller or collections service and/or others as necessary to process payment. I authorize any payer to pay any and all payments directly to Simplistic Medical, LLC or its subcontracting companies / representatives, all benefits due to me as a result of this claim. Simplistic Medical, LLC will file your claim as a courtesy, but by your signature, you agree that the responsibility to make payments is yours. If I am entitled to health care benefits from any organization or company other than a managed care organization or HMO, I understand and agree that I remain personally responsible for all charges. If I am entitled to health care benefits through a managed care organization, I understand that I am personally responsible for all charges for which the managed care organization denies coverage. Simplistic Medical, LLC will safeguard your protected health information in accordance with HIPAA and our Notice of Privacy Practices, a copy of which is given to each patient at the time of first service. A copy of this authorization will be as valid as the original. NOTE: Simplistic Medical, LLC and its subcontractors / representatives do not guarantee any particular outcome or result from using any prescribed product. I agree to be responsible for all collections and attorney fees if this account is not paid. My signature below acknowledges that I have received or ordered the prescribed product, and my understanding of an agreement with the provisions of this form and that...

I am aware that I may receive a separate bill from Simplistic Medical for device.

Signature: Jessica Anderson Date: 04/17/17
 SIMPLISTIC MEDICAL (TOP COPY) OFFICE COPY (MIDDLE COPY) PATIENT'S RECORDS (BOTTOM COPY) SM-POD-12.06.2016

DME Orders

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

Durable Medical Equipment Order

04/17/2017

Prescriber	Supplier
SHERRY YOUNG, NP URGENT CARE CENTER 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594	SIMPLISTIC MEDICAL 7801 ACADEMY RD NE STE 102 ALBUQUERQUE, NM 87109 Phone: (505) 856-5998 Fax: (505) 212-0099

Patient Information

Patient Name	ANDERSON, JESSICA
Sex - DOB - Age	F 10/11/1988 28yo
Address	2418 E. HISTORIC HWY 66#PMB179 GALLUP, NM 87301
Phone	H: (206) 351-0815
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

DME Order Information

Applicable Diagnoses	• Contusion of toe ICD-10: S90.122A: Contusion of left lesser toe(s) without damage to nail, initial encounter
Supply	WALKING BOOT Side: LEFT Size: MEDIUM
Quantity	1
SIG	1 MEDIUM SIZED BOOT
Refills Allowed	
DAW?	N
Note to Supplier	

Electronically Signed by: SHERRY YOUNG, NP



04/17/2017

Electronically ordered/documentated by: SHERRY YOUNG, NP
Issue Date: 04/17/2017 Approved Date: 04/17/2017 5:39pm
DEA # MY4221191

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

Imaging Orders**Imaging Order**

04/17/2017

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

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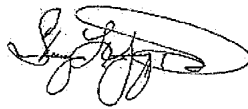
Imaging Order Information

Diagnosis	Pain in toe - Left ICD-10: M79.675: Pain in left toe(s)
Order Name	Orders included: 1 Pain in toe - Left ICD-10: M79.675: Pain in left toe(s) • RAD:TOESLT toe(s) It Ordering provider to read?: N Possibility of Pregnancy?: N Provide films to patient: N Shielded?: Y Side: LEFT
Notes	

Patient Information

Patient Name	ANDERSON, JESSICA
Sex - DOB - Age	F 10/11/1988 28yo
Address	2418 E. HISTORIC HWY 66#PMB179 GALLUP, NM 87301
Phone	H: (206) 351-0815
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP

SHERRY YOUNG, NP
Approved Date: 04/17/2017 9:03am

Lab Results

PREGNANCY TEST, URINE 04/17/2017 (#825120)

Report	Result	Ref. Range	Units	⚠	Status	Lab
HCG		50 MIU/M			Deleted	
patient refused test						

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

Lab Orders**Lab Order**

04/17/2017

Order To	Ordering Provider
REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES (RMCHCS LABS) 1909 RED ROCK DR GALLUP, NM 87301 Phone: (505) 863-7133 Fax: (505) 726-6714	SHERRY YOUNG, NP URGENT CARE CENTER 520 NM HWY 564 GALLUP, NM 87301-4873 Phone: (505) 863-2273 Fax: (505) 722-3594

Order	
Orders included: 1 Pain in toe ICD-10: M79.675: Pain in left toe(s) • PREGNANCY TEST, URINE BILL: Patient	
Patient Name	ANDERSON, JESSICA
Sex - DOB - Age	F 10/11/1988 28yo
Address	2418 E. HISTORIC HWY 66#PMB179 GALLUP, NM 87301
Phone	h: (206) 351-0815 w:
Primary Insurance	
Secondary Insurance	
Drawn by:	
Date/Time Drawn:	
Fasting?:	- None Needed - 8 HR - 12 HR
Other/Notes:	
CC:	

Electronically Signed by: SHERRY YOUNG, NP

SHERRY YOUNG, NP
Approved Date: 04/17/2017 5:07pm**Letters**

RMCHCS URGENT CARE LLC • 520 NM HWY 654, GALLUP NM 87301-4873

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)



Urgent Care Center
520 NM HWY 654
GALLUP, NM 87301-4873
Phone: (505) 863-2273, Fax: (505) 722-3594

Date: 04/17/2017

Dear Jessica 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

Patient Care Summary for Jessica Anderson

Most Recent Encounter

04/17/2017 Sherry Lee Young: 520 Nm Hwy 654, 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. Contusion of toe
- walking boot

Discussion Note: None recorded.

Patient educational handouts: No information available.

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)
Plan of Care

Patient Goals
Ambulation without difficulty

Patient Instructions
NP provided extensive education about soaks with epsom salt water from hot to cold, elevate and limit physical activity. If no change in 7 to 10 days, please follow up with PCP.

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.

None recorded.

Medications Administered

None recorded.

Vitals

None recorded.

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
04/17/2017	XR, Toe(s)	Rmch Admission Dept 1901 Red Rock Dr Gallup, NM 87301 (505) 863-7011 (Work Place)

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)
Vaccine List

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

None recorded.

Smoking Status

None recorded.

Past Encounters

04/17/2017
Contusion of Toe
Sherry Lee Young, NP: 520 Nm Hwy 654, Gallup, NM 87301-4873, Ph. (505) 863-2273

Demographics

Sex:	Female	Ethnicity:	Not Hispanic or Latino
DOB:	10/11/1988	Race:	White
Preferred language:	English	Marital status:	Never Married
Contact:	2418 E. Historic Hwy 66#Pmb179, Gallup, NM 87301, Ph. tel:+1-206-3510815		

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

Order Groups

Order Group Summaries

Order Group on 04/17/2017 by YOUNG_SHERRY

Problems

Reviewed Problems

Medications

acetaminophen 300 mg-codeine 30 mg tablet	08/15/16	filled
acetaminophen 300 mg-codeine 60 mg tablet	03/21/17	filled
ALPRAZolam 0.25 mg tablet	07/27/16	filled
cefUROXime axetil 500 mg tablet	12/29/16	filled
ciprofloxacin 500 mg tablet	03/09/17	filled
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	02/16/17	filled
dicyclomine 20 mg tablet	07/27/16	filled
fluconazole 150 mg tablet	03/09/17	filled
furosemide 40 mg tablet	11/25/16	filled
guanFACINE ER 3 mg tablet,extended release 24 hr	10/18/16	filled
guanFACINE ER 4 mg tablet,extended release 24 hr	05/12/16	filled
ibuprofen 800 mg tablet Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.	04/17/17	filled
lamoTRigine 150 mg tablet	03/15/17	filled
methocarbamol 750 mg tablet	01/11/17	filled
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	07/09/16	filled
ondansetron HCl 4 mg tablet	04/13/16	filled
phenazopyridine 200 mg tablet	07/09/16	filled
prednisoLONE 10 mg disintegrating tablet	07/08/16	filled
ProAir HFA 90 mcg/actuation aerosol inhaler	07/05/16	filled
propranolol 10 mg tablet	03/15/17	filled
SSD 1 % topical cream	05/31/16	filled
Toprol XL 25 mg tablet,extended release	03/15/17	filled
Vyvanse 50 mg capsule	03/15/17	filled

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

Allergies

None recorded.

Results / Interpretations

PREGNANCY TEST, URINE

• Result:

- HCG:

Assessment / Plan

1. Pain in toe

M79.675: Pain in left toe(s)

• PREGNANCY TEST, URINE

PREGNANCY TEST, URINE

• Result:

- HCG:

Return to Office

None recorded.

Order Group on 04/17/2017 by YOUNG_SHERRY

Problems

Reviewed Problems

Medications

acetaminophen 300 mg-codeine 30 mg tablet	08/15/16	filled
acetaminophen 300 mg-codeine 60 mg tablet	03/21/17	filled
ALPRAZolam 0.25 mg tablet	07/27/16	filled
cefUROXime axetil 500 mg tablet	12/29/16	filled
ciprofloxacin 500 mg tablet	03/09/17	filled
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	02/16/17	filled
dicyclomine 20 mg tablet	07/27/16	filled
fluconazole 150 mg tablet	03/09/17	filled
furosemide 40 mg tablet	11/25/16	filled
guanFACINE ER 3 mg tablet,extended release 24 hr	10/18/16	filled
guanFACINE ER 4 mg tablet,extended release 24 hr	05/12/16	filled
ibuprofen 800 mg tablet Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.	04/17/17	filled
lamoTRigine 150 mg tablet	03/15/17	filled
methocarbamol 750 mg tablet	01/11/17	filled
nitrofurantoin monohydrate/macrocystals 100 mg capsule	07/09/16	filled
ondansetron HCl 4 mg tablet	04/13/16	filled
phenazopyridine 200 mg tablet	07/09/16	filled

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

prednisoLONE 10 mg disintegrating tablet	07/08/16	filled
ProAir HFA 90 mcg/actuation aerosol inhaler	07/05/16	filled
propranolol 10 mg tablet	03/15/17	filled
SSD 1 % topical cream	05/31/16	filled
Toprol XL 25 mg tablet,extended release	03/15/17	filled
Vyvanse 50 mg capsule	03/15/17	filled

Allergies

None recorded.

Results / Interpretations

None recorded.

Assessment / Plan

1. Pain in toe - Left
M79.675: Pain in left toe(s)
• TOE(S) LT
Ordering provider to read?: Possibility of Pregnancy?:
N N
Provide films to patient: N Shielded?: Y
Side: LEFT

Return to Office

None recorded.

Please place this one-time use coversheet at the END of the document detailed below when faxing to athenahealth.

Document Information:

Patient Name	ANDERSON, JESSICA
DOB	10/11/1988
Patient ID	44832
Document Class	Medical Record Document - Historical Medical Record
Fax to:	(855) 860-0541
First and Last Page Coversheets Printed:	05/23/2017
Information related to this document was added to athenaNet on	05/23/2017
The information was added by user	syoung133
# of pages (not including coversheet)	

LAST PAGE



* 781078y11999

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

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Document History

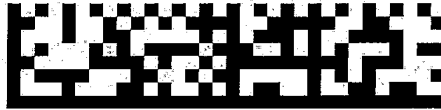
Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/23/17 07:59pm	Automatically classified by barcode - Classify and HOLD: only one barcode identified	BARCODE	HOLD		URGENT CARE CENTER STAFF	We are unable to locate a barcode on the first page of this document, so it has been classified based on the barcode found on the last page and put into HOLD. Please verify that the document has been classified correctly and includes the correct pages before sending it to REVIEW or CLOSED. If the document has extra pages at the beginning, please use the Process Document workflow to separate and process these pages.
05/24/17 02:01pm	Close - No more actions necessary	ebaas1	CLOSED			

Please place this one-time use coversheet at the BEGINNING of the document detailed below when faxing to athenahealth.

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

ANDERSON, JESSICA (id #44832, dob: 10/11/1988)

Medical Records - CONFIDENTIAL

From: NM - RMCHCS

To: Urgent care clinic chart

Name: ANDERSON, JESSICA

DOB: 10/11/1988

Date Range: 01/01/2017 to 05/23/2017

This document contains the following records of the patient:

- Admin Documents
- Prescription Documents
- Encounters and Procedures
- Encounter Documents
- DME Orders
- Imaging Orders
- Lab Results
- Lab Orders
- Letters
- Order Groups

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Document History

Date / Time	Action	Action By	Status	Priority	Assigned To	Action Note
05/23/17 07:58pm	Process document	ATHENA	UNPROCESSED		URGENT CARE CENTER STAFF	
05/23/17 07:59pm	Automatically classified by barcode - Classify and HOLD: only one barcode identified	BARCODE	HOLD		URGENT CARE CENTER STAFF	We are unable to locate a barcode on the last page of this document, so it has been classified based on the barcode found on the first page and put into HOLD. Please verify that the document has been classified correctly and includes the correct pages before sending it to REVIEW or CLOSED. If the document has extra pages at the end, please use the Process Document workflow to separate and process these pages.
05/23/17 07:59pm		ATHENA	HOLD		URGENT CARE CENTER STAFF	An error was detected while receiving this fax. A resubmission may be necessary if the fax is incomplete or unreadable. [Error Code: 77]
05/24/17 02:01pm	Close - No more actions necessary	ebaas1	CLOSED			

Medication List

acetaminophen 300 mg-codeine 30 mg tablet	08/15/16	filled
acetaminophen 300 mg-codeine 60 mg tablet	03/21/17	filled
ALPRAZolam 0.25 mg tablet	07/27/16	filled
cefuroxime axetil 500 mg tablet	12/29/16	filled
ciprofloxacin 500 mg tablet	03/09/17	filled
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	02/16/17	filled
dicyclomine 20 mg tablet	07/27/16	filled
fluconazole 150 mg tablet	03/09/17	filled
furosemide 40 mg tablet	11/25/16	filled
guanFACINE ER 3 mg tablet,extended release 24 hr	10/18/16	filled
guanFACINE ER 4 mg tablet,extended release 24 hr	05/12/16	filled
ibuprofen 800 mg tablet Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.	04/17/17	filled
lamoTRigine 150 mg tablet	03/15/17	filled
methocarbamol 750 mg tablet	01/11/17	filled
nitrofurantoin monohydrate/macrocystals 100 mg capsule	07/09/16	filled
ondansetron HCL 4 mg tablet	04/13/16	filled
phenazopyridine 200 mg tablet	07/09/16	filled
prednisolONE 10 mg disintegrating tablet	07/08/16	filled
ProAir HFA 90 mcg/actuation aerosol inhaler	07/05/16	filled
propranolol 10 mg tablet	03/15/17	filled
SSD 1 % topical cream	05/31/16	filled
Toprol XL 25 mg tablet,extended release	03/15/17	filled
Vyvanse 50 mg capsule	03/15/17	filled

Order Groups

Order Group Summaries

Order Group on 04/17/2017 by YOUNG_SHERRY

Problems

Reviewed Problems

Medications

acetaminophen 300 mg-codeine 30 mg tablet	08/15/16	filled
acetaminophen 300 mg-codeine 60 mg tablet	03/21/17	filled
ALPRAZolam 0.25 mg tablet	07/27/16	filled
cefuroxime axetil 500 mg tablet	12/29/16	filled
ciprofloxacin 500 mg tablet	03/09/17	filled
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	02/16/17	filled
dicyclomine 20 mg tablet	07/27/16	filled
fluconazole 150 mg tablet	03/09/17	filled
furosemide 40 mg tablet	11/25/16	filled
guanFACINE ER 3 mg tablet,extended release 24 hr	10/18/16	filled
guanFACINE ER 4 mg tablet,extended release 24 hr	05/12/16	filled
ibuprofen 800 mg tablet Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.	04/17/17	filled
lamoTRigine 150 mg tablet	03/15/17	filled
methocarbamol 750 mg tablet	01/11/17	filled
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	07/09/16	filled
ondansetron HCL 4 mg tablet	04/13/16	filled
phenazopyridine 200 mg tablet	07/09/16	filled
prednisoLONE 10 mg disintegrating tablet	07/08/16	filled
ProAir HFA 90 mcg/actuation aerosol inhaler	07/05/16	filled
propranolol 10 mg tablet	03/15/17	filled
SSD 1 % topical cream	05/31/16	filled
Toprol XL 25 mg tablet,extended release	03/15/17	filled
Vyvanse 50 mg capsule	03/15/17	filled

Allergies

None recorded.

Results / Interpretations

PREGNANCY TEST, URINE

- Result:
 - HCG:

Assessment / Plan

1. Pain in toe

M79.675: Pain in left toe(s)

- PREGNANCY TEST, URINE

PREGNANCY TEST, URINE

- Result:
 - HCG:

Return to Office

Patient will return to the office as needed.

Problems

Reviewed Problems

Medications

acetaminophen 300 mg-codeine 30 mg tablet	08/15/16	filled
acetaminophen 300 mg-codeine 60 mg tablet	03/21/17	filled
ALPRAZolam 0.25 mg tablet	07/27/16	filled
cefuroxime axetil 500 mg tablet	12/29/16	filled
ciprofloxacin 500 mg tablet	03/09/17	filled
cyanocobalamin (vit B-12) 1,000 mcg/mL injection solution	02/16/17	filled
dicyclomine 20 mg tablet	07/27/16	filled
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guanFACINE ER 3 mg tablet,extended release 24 hr	10/18/16	filled
guanFACINE ER 4 mg tablet,extended release 24 hr	05/12/16	filled
ibuprofen 800 mg tablet Take 1 tablet(s) 3 times a day by oral route with meals for 10 days.	04/17/17	filled
lamoTRigine 150 mg tablet	03/15/17	filled
methocarbamol 750 mg tablet	01/11/17	filled
nitrofurantoin monohydrate/macrocystals 100 mg capsule	07/09/16	filled
ondansetron HCL 4 mg tablet	04/13/16	filled
phenazopyridine 200 mg tablet	07/09/16	filled
prednisoLONE 10 mg disintegrating tablet	07/08/16	filled
ProAir HFA 90 mcg/actuation aerosol inhaler	07/05/16	filled
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SSD 1 % topical cream	05/31/16	filled
Toprol XL 25 mg tablet,extended release	03/15/17	filled
Vyvanse 50 mg capsule	03/15/17	filled

Allergies

None recorded.

Results / Interpretations

None recorded.

Assessment / Plan

1. Pain in toe - Left

M79.675: Pain in left toe(s)

• TOE(S) LT

Ordering provider to read?: N Possibility of Pregnancy?: N

Provide films to patient: N Shielded?: Y

Side: LEFT

Return to Office

Patient will return to the office as needed.

Upload Date

04-17-2017

CLASS: D-1 veh less than 26,001 lb. GVWR. May not tow > lbs. than veh except w/class 4 equalizer hitch or 5th wheel

RESTRICTIONS: NONE

ENDORSEMENTS: NONE

10/11/1988

NEW MEXICO

DRIVER'S LICENSE

License # 514391220 ISSUED 10/28/2015

Date of Birth 10/11/1988 EXPIRES 11/10/2019

**ANDERSON
JESSICA NOELLE**

4001 W HIGHWAY 66 SPC 3
GALLUP, NM 87301

SEX F HEIGHT 5'02"

WEIGHT 162 EYES BRO

CLASS D ENDORSEMENTS NONE

DONOR ❤️ RESTRICTIONS NONE

Prescription Documents

Approved Prescription

Date Ordered: 04/17/2017

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, JESSICA
Sex - DOB - Age	F 10/11/1988 36yo
Address	2418 E HISTORIC HIGHWAY 66 # PMB179 GALLUP, NM 87301-4767
Phone	H: (206) 351-0815
Primary Insurance	*SELF PAY*
Secondary Insurance	None recorded.

Electronically Signed by: SHERRY YOUNG, NP



Issue Date: 04/17/2017 Approved Date: 04/17/2017 6:07pm
 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
04/17/17 05:33pm	Create	syoun133	REVIEW		syoun133	
04/17/17 05:33pm		ATHENA	REVIEW		syoun133	Task Assignment Override #24 Applied
04/17/17 06:07pm	Approve	syoun133	SUBMIT		URGENT CARE CENTER STAFF	Order Signed
04/17/17 06:07pm	Prescription Submission - Submitted	INTERFACE	SUBMITTED			Notified SURESCRIPTS of NewRx, submission pending. Waiting on response from pharmacy.
04/17/17 06:07pm	Prescription Submission - Reroute to Interface	ATHENA	SUBMIT		INTERFACE	This prescription will be submitted electronically via SURESCRIPTS.
04/17/17 06:07pm	Prescription Submission - Verified	INTERFACE	CLOSED			Surescripts has verified that the prescription was received by the pharmacy.

Vaccination History

None recorded.