

## Patient Metadata Extract

Field	Value
Address	-
Age	61
Authorization Number	B-242900064
Authorizing Provider	Vanpelt, Michael Derond [UPIN:]
Clinic Name	Orthopaedic Surgery Clinic
Date of Birth	05/17/1964
Delivery/Receipt Date	-
Department	ORTHOPAEDIC SURGERY
Diagnosis Code (ICD-10)	S90.112A
Diagnosis Description	/ICD-10 Code(s): 590,112A
Email	bridgettsims58@yahoo.com
HCPCS Code	L4360
Insurance Address	-
Insurance Authorization Number	-
Insurance Effective From Date	-
Insurance Group Number	P
Insurance Phone	-
Insurance Plan Type	Subscriber
Insurance Provider	-
Insurance Subscriber ID	23683393
Insurance Subscriber Name	SIMS, BRIDGETT
Medical Record Number (MRN)	74301777
Order Date	05/12/2025
Order Description	REBOUND AIR WALKER LOW TOP LG

Patient Metadata Extract

Order ID	634051386
Order Notes	The patient has a deformity due to hallux rigidus of left foot.
Ordering Physician	CARTER, STELLA YVETTE
Patient Full Name	SIMS, BRIDGETT
Phone (Home)	214-926-0999
Physician Name	Michael Van Pe Hracility:
SSN (Last 4 Digits)	7492
Sex	Female
Visit Date & Time	5/12/25 1:45 PM CDT
Visit Type	Established