

Brandon Gaston, MD

55 Fruit St

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Boston, MA

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**To:** (617) 716-8476

**Date:** 11/12/2025

**Fax:** 6177168476

**Pages:** 4

**Subject:** (no subject)

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**Patient Name:** John Smith  
**MRN:** 123456  
**Date of Birth:** 01/01/2001  
**Provider:** Billy Bob, MD  
**Location:** Primary Care Associates of Boston  
**Reason for Visit:** Annual Wellness Exam

## Subjective

**CC:** "Just here for my annual check-up."

### HPI:

Mr. John Smith is a 65-year-old male presenting for his annual wellness visit. He reports overall good health and no acute complaints. Denies chest pain, shortness of breath, palpitations, or new edema. He has mild intermittent knee pain with activity, relieved by occasional ibuprofen. Denies falls, dizziness, syncope, or changes in bowel or bladder habits. Sleep is generally good. Appetite stable. No recent weight loss or gain.

He exercises 3–4 times per week (walking and light weights) and follows a balanced diet. He is adherent to his prescribed medications and follows with cardiology annually for hypertension management.

### PMH:

- Hypertension (diagnosed 2012)
- Hyperlipidemia
- Osteoarthritis of knees
- Seasonal allergic rhinitis

### PSH:

- Appendectomy (1975)
- Colonoscopy (2020) – normal, next due 2030

### Medications:

- Lisinopril 10 mg daily
- Atorvastatin 20 mg nightly
- Cetirizine 10 mg daily PRN
- Ibuprofen 400 mg PRN knee pain

### Allergies:

- NKDA

**FH:**

- Father: MI at 72
- Mother: Type 2 diabetes
- No known hereditary cancers

**SH:**

- Retired accountant, married, lives with wife
- Never smoker
- Drinks 1–2 glasses of wine per week
- No illicit drug use
- Sexually active with spouse

**ROS:**

- **General:** No fever, chills, weight loss
- **CV:** No chest pain, palpitations, edema
- **Resp:** No cough or dyspnea
- **GI:** No abdominal pain, nausea, constipation
- **GU:** No dysuria or hematuria
- **MSK:** Mild bilateral knee stiffness
- **Neuro:** No headache, dizziness, or focal weakness
- **Psych:** Denies depression or anxiety

## Objective

**Vitals:**

- BP: 128/78 mmHg
- HR: 72 bpm
- RR: 16/min
- Temp: 98.1°F
- SpO<sub>2</sub>: 98% RA
- BMI: 26.4 kg/m<sup>2</sup>

**Physical Exam:**

- **General:** Well-appearing male, NAD.
- **HEENT:** PERRL, EOMI. Oropharynx clear. TMs normal.
- **Neck:** Supple, no JVD or thyromegaly.
- **CV:** RRR, no murmurs, rubs, or gallops.
- **Resp:** Lungs clear to auscultation bilaterally.
- **Abdomen:** Soft, non-tender, no masses or organomegaly.

- **Extremities:** No edema. Mild crepitus in knees.
  - **Neuro:** Alert and oriented ×3. No focal deficits.
  - **Skin:** No rashes or suspicious lesions.
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## Assessment

1. **Essential hypertension** – well controlled on current regimen.
2. **Hyperlipidemia** – continue atorvastatin; lipid panel due.
3. **Osteoarthritis of knees** – mild, stable.
4. **Preventive health maintenance** – due for influenza vaccine and lab screening.

## Plan

- Continue lisinopril 10 mg daily.
- Continue atorvastatin 20 mg nightly.
- Encourage continued physical activity and weight management.
- Order fasting labs: CMP, lipid panel, A1C.
- Administer influenza vaccine today.
- Recommend shingles vaccine (Shingrix) series if not already completed.
- Schedule next colonoscopy in 2030.
- Follow-up in 6 months for blood pressure check or sooner PRN.

## Provider Signature:

Billy Bob, MD

Primary Care Associates of Boston

Date/Time: 11/11/2025, 10:35 AM