Brandon Gaston, MD

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Boston, MA

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To: (617) 716-8476
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Subject: (no subject)

Date: 11/12/2025
Pages: 4

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_2: 98% RA
- BMI: 26.4 kg/m^2

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.

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

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HOSPITAL DISCHARGE SUMMARY
Patient Name: John Smith
Date of Birth: 01/01/2001
MRN: 12345678
Date of Admission: 11/10/2025
Date of Discharge: 11/12/2025
Attending Physician: Dr. Emily Carter, MD
Primary Care Provider: Dr. Michael Andrews, MD
Admitting Diagnosis: Acute appendicitis
Discharge Diagnosis: Status post laparoscopic appendectomy for acute uncomplicated appendicitis

Reason for Admission

John Smith, a 24-year-old male with no significant past medical history, presented to the emergency department with a 24-hour history of right lower quadrant abdominal pain, nausea, and low-grade fever. Imaging (CT abdomen/pelvis) confirmed acute, non-perforated appendicitis.

Hospital Course

The patient was admitted for surgical management. He underwent a **laparoscopic appendectomy** on 11/10/2025 without intraoperative complications. Intraoperative findings included an inflamed, non-perforated appendix with minimal serosanguinous fluid. Estimated blood loss was <50 mL.

Postoperatively, he was monitored in the surgical ward. Pain was managed with IV acetaminophen and intermittent opioids for breakthrough pain. The patient tolerated oral intake on postoperative day 1 and was transitioned to oral analgesics. He was afebrile, ambulating independently, and voiding spontaneously at discharge.

Significant Diagnostic Tests

- **CT Abdomen/Pelvis:** Findings consistent with acute appendicitis; no abscess or perforation.
- **CBC:** WBC 13.2 K/uL on admission; normalized to 8.5 K/uL by discharge.
- **BMP:** Within normal limits.

Procedures

- **Laparoscopic Appendectomy**
  - Date: 11/10/2025
  - Surgeon: Dr. Emily Carter
  - Findings: Non-perforated, inflamed appendix
  - Complications: None

Condition at Discharge

- Afebrile, hemodynamically stable
- Incisions clean, dry, and intact
- Ambulating and tolerating regular diet

Discharge Medications

Start:

- Acetaminophen 650 mg PO q6h PRN mild pain
- Oxycodone 5 mg PO q6h PRN moderate to severe pain (max 3 days)

Continue:

- No chronic home medications

Stop:

- None

Discharge Instructions

- **Activity:** May resume light activities as tolerated. Avoid heavy lifting (>15 lbs) for 2 weeks.
- **Diet:** Regular diet as tolerated.
- **Wound Care:** Keep incisions clean and dry. May shower after 24 hours. Avoid soaking in tubs for one week.
- **Return Precautions:** Call or return to the emergency department if experiencing fever >101°F, increasing abdominal pain, wound redness, drainage, vomiting, or inability to tolerate food/fluids.

Follow-Up

- **General Surgery Clinic:** In 1 week for wound check and postoperative evaluation.
- **Primary Care Provider:** Within 2–4 weeks for routine care and health maintenance.

Summary

John Smith was admitted for acute appendicitis and underwent a successful laparoscopic appendectomy. His postoperative course was uneventful, and he was discharged in stable condition with instructions for wound care, pain management, and outpatient follow-up.

Physician Signature:
Dr. Emily Carter, MD
Department of General Surgery
Date: 11/12/2025