

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Medical Records - CONFIDENTIAL

FROM: TN - Faculty Physicians

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1415 OLD WEISGARBER RD SUITE 350, KNOXVILLE, TN 37909-1381
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TO:

Name: CLEGG, GARY JAMES

DOB: 12/14/1959

Date Range: 01/01/2025 to 09/17/2025

This document contains the following records of the patient:

- **Encounters and Procedures**

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CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Encounters and Procedures

Clinical Encounter Summaries

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Encounter Date: 06/25/2025

Patient

Name	CLEGG, GARY (65yo, M) ID# 26931	Appt. Date/Time	06/25/2025 08:15AM
DOB	12/14/1959	Service Dept.	KNOXVILLE
Provider	MITCHELL PEARCE, PA		
Insurance	Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN) Insurance # : 023547327 Prescription: check now		

Chief Complaint

Wound Care Follow-up

Patient's Care Team

Other: VETERANS AFFAIR: 1320 DECATUR PK, ATHENS, TN 37303, Ph (423) 746-1405, Fax (629) 224-5059
Podiatrist: MITCHELL PEARCE, PA
Primary Care Provider: VETERAN AFFAIRS KNOXVILLE: 8033 RAY MEARS BLVD, KNOXVILLE, TN 37919, Ph (865) 545-4592, Fax (901) 259-3189

Patient's Pharmacies

DEPARTMENT OF VETERANS: 8033 RAY MEARS BLVD, KNOXVILLE, TN 37923, Ph (865) 545-4592, Fax (865) 539-5219

Vitals

None recorded.

Allergies

Reviewed Allergies

SULFA (SULFONAMIDE ANTIBIOTICS)

Medications

Reviewed Medications

Jardiance 10/25/24 entered**NovoLIN 70-30 FlexPen U-100 Insulin 100 unit/mL (70-30) subcutaneous** 10/25/24 entered
Inject by subcutaneous route.cholesterol meds
BP meds
B-12
Fish oil

Vaccines

None recorded.

Problems

Reviewed Problems

- Onychomycosis - Onset: 05/22/2025
- Disorder of nervous system due to type 2 diabetes mellitus - Onset: 05/22/2025
- Walking disability - Onset: 05/22/2025
- Antalgic gait - Onset: 05/22/2025
- Amputated big toe - Onset: 04/16/2025, Left
- Ulcer of left foot due to type 2 diabetes mellitus - Onset: 05/22/2025

Family History

Reviewed Family History

Unspecified Relation - Hypertensive disorder
- Kidney disease

Social History

Reviewed Social History

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Advance Directive

Do you have an advance directive?: No
Do you have a medical power of attorney?: Yes

Substance Use

Do you or have you ever smoked tobacco?: Never smoker
Do you or have you ever used any other forms of tobacco or nicotine?: No
What was the date of your most recent tobacco screening?: 10/25/2024
Has tobacco cessation counseling been provided?: No
What is your level of alcohol consumption?: None
Do you use any illicit or recreational drugs?: No
How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?: 0
What is your level of caffeine consumption?: None

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: Yes
Are you able to walk?: Yes: walks without restrictions

Surgical & Procedure History

Reviewed Surgical & Procedure History

- Amputation of toe

Past Medical History

Reviewed Past Medical History
Diabetes: Y
Dyslipidemia: Y
Hypertension: Y

Screening

Name	Score	Notes
Steady Fall Risk - 3 item	0	

HPI

Pleasant 64 y/o diabetic male sent from VA new wound left foot long history of diabetes current A1c 7.8 per patient report previous left hallux and left third digit amputations. He has finished a course of Keflex this new wound has been present for about two weeks he works 65+ hour weeks but is at a desk for most of this.

Here today follow up start skin graft study today wound start date approximately 10/8/24.

Here today follow up to the above continue skin graft today InnovaMatrix

Follow up to the above wound is smaller than last visit he is compliant with dressing and offload

Here today follow up skin grafting he is doing well wound continues to decrease in size

Follow up to the above wound continues to decrease in size no signs of infection today he is planning to schedule ABI in the next week

Follow up to the above still no ABI wound has decreased some in size no signs of infection

Doing well today ABI is finally scheduled wound has decreased slightly in size no signs of infection today

Here today follow up to the above also discuss ABI wound is doing well decreased from previous visit

Follow up doing well today wound has decreased in size

Here today follow up to the above mentioned some hyperkeratosis around the wound today

Follow up to the above mentioned doing well today stable from previous no concerns

Some HK around the wound today it is smaller

Here today follow up to the above doing well no callus wound looks good decreased in size

Follow up to the above he continues to heal he does have new break to the skin left heel where he has been resting his foot on the table at home

Plantar surface wound looks great new break to the skin lateral surface

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Follow up to the above he looks good we are healing every week

Follow-up today he missed his appointment last week has been also not wearing compression. Wound looks okay today he does have some hyperkeratosis periwound

Here today follow-up he works great he has been compliant with offloading and staying off this foot this week significantly less hyperkeratosis than normal. His heel is also completely closed and dry

Follow-up to the above-mentioned he looks great has been compliant with knee scooter and dressing change protocol depth has filled in since last week very minimal hyperkeratosis periwound today as well.

Here today follow-up to the above doing well some hyperkeratosis around the wound he is on the knee scooter today.

Follow-up to the above-mentioned continues to heal doing well significantly less hyperkeratosis than previous.

Here today doing well wound continues to decrease in size he is compliant with the cam boot and the knee scooter. Minimal amount of hyperkeratosis periwound today.

Follow-up to the above-mentioned we are nearing the finish line.

Here today for follow-up to the above-mentioned we are 99% closed.

Here today follow-up to the above-mentioned plantar wound is completely closed today. He does have a new break to skin integument left lateral foot from a dropfoot brace.

Here today follow-up of the above-mentioned plantar wound is completely healed looks great. Left lateral wound stable unchanged from previous visit. He is wearing the postop shoe as directed

Here today follow-up to the above-mentioned wound looks good ready to receive skin graft today.

Here today follow-up to the above-mentioned he does have some hyperkeratosis periwound today he does state that he has been compliant with the postop shoe

Follow-up to the above-mentioned today wound has decreased in size from previous visit doing well with dressing changes and offload instructions.

Here today follow-up for the above-mentioned doing well compliant with offloaded postop shoe and dressing changes.

Doing wonderful today wound continues to heal.

Here today follow-up to the above doing well wound is nearing closure

ROS

Patient reports no significant weight change, good appetite, no fever, normal activity level, no fatigue, and no acute distress. He reports no pain, no blurry vision, no redness, no itchiness, no swelling, no discharge, and normal movement. He reports no ear pain, no ear discharge, no hearing loss, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports no chest pain and normal heart rate. He reports no lumps, no tenderness, and no discharge. He reports no cough, no wheezing, no chest tightness, no pain with respiration, and normal respiration. He reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stool, and no mucous in stool. He reports no discharge, no blood in urine, no pain with urination, no increase in frequency of urination, no voiding urgency, no testicular pain, no swelling, no redness, no itching, and no masses. He reports no soft tissue swelling, no joint swelling, no myalgia, moves all extremities well, no previous injuries, and no trauma. He reports no pain, no itchiness, no skin dryness, no flaking, no redness, no rash, no hives, no skin lesions, no skin lumps, no swelling, no bruising, and no insect bites. He reports no numbness, no weakness, no tingling, no burning, no shooting pain, no headache, no dizziness, and no loss of consciousness. He reports no depression, no anxiety, no insomnia, no stress, and no loss of interest. He reports normal drinking and no temperature intolerance. He reports no sneezing, no runny nose, no sinus pressure, and no post-nasal drip.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished**. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: **dry** and **atrophic**. Foot Left: **dry** and **atrophic**. Great Toe Nail Right: **pain with and without pressure**. Great Toe Nail Left: **pain with and without pressure**.

Neurological: Neurological Right: **gross sensation diminished**. Neurological Left: **gross sensation diminished**.

Musculoskeletal: Muscle Strength and Tone Right: **hypotonicity**. Muscle Strength and Tone Left: **hypotonicity**. Joints, Bones, and Muscles Right: **contractures** and **limited ROM**. Joints, Bones, and Muscles Left: **contractures** and **limited ROM**.

Class: Class B Right: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes,**

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

pigmentary changes, and skin texture thin. Class B Left: dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes, and skin texture thin.

Plantar wound is closed today.

Left lateral wound full-thickness ulceration midfoot approximately .3 cm x 0.4 cm x 0.4 cm. No signs of infection

Procedure Documentation**Skin Graft-AmnioCore Pro:**

Skin Graft To advance wound healing, an appropriate skin substitute was selected and applied to wound after debridement.

Skin Substitute: AmnioCore Pro

Size--2x2 cm

Product ID-- AMP-5220

Serial Number--SB25-1205MP-00299171

Expiration Date--2028-02-10

Application number--6

Zero graft wastage. Folded

Assessment / Plan**Diabetic ulcer of other part of left foot associated with type 2 diabetes mellitus, with fat layer****1. exposed**

E11.621: Type 2 diabetes mellitus with foot ulcer

L97.522: Non-pressure chronic ulcer of other part of left foot with fat layer exposed

Antalgic**2. gait**

R26.89: Other abnormalities of gait and mobility

Disability of**3. walking**

R26.2: Difficulty in walking, not elsewhere classified

4. Onychomycosis

B35.1: Tinea unguium

Disorder of nervous system due to type 2 diabetes**5. mellitus**

E11.69: Type 2 diabetes mellitus with other specified complication

G98.8: Other disorders of nervous system

Amputation of left great**6. toe**

S98.112A: Complete traumatic amputation of left great toe, initial encounter

Discussion Notes

Skin graft application #6 today continue skin graft dressing change protocol he is compliant with the postop shoe. Will see him back next week should be close to closed at that point he knows to call with any questions or concerns.

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 07/02/2025 at 08:15 AM
- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 07/09/2025 at 08:15 AM
- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 07/16/2025 at 08:15 AM
- Christopher Bowlin, DPM for PROSTHETIC 15 at KNOXVILLE on 07/30/2025 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 06/25/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 06/25/2025 at 10:40 AM

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)**Encounter Date: 06/18/2025**

Patient

Name	CLEGG, GARY (65yo, M) ID# 26931	Appt. Date/Time	06/18/2025 08:15AM
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DOB	12/14/1959	Service Dept.	KNOXVILLE
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Provider	MITCHELL PEARCE, PA
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Insurance	Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN) Insurance # : 023547327 Prescription: SURESCRIPTS LLC - This member could not be found in the payer's files. Please verify coverage and all member demographic information. details
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Chief Complaint

Wound Care Follow-up

Patient's Care Team

Other: VETERNS AFFAIR: 1320 DECATUR PK, ATHENS, TN 37303, Ph (423) 746-1405, Fax (629) 224-5059**Podiatrist:** MITCHELL PEARCE, PA**Primary Care Provider:** VETERAN AFFAIRS KNOXVILLE: 8033 RAY MEARS BLVD, KNOXVILLE, TN 37919, Ph (865) 545-4592, Fax (901) 259-3189

Patient's Pharmacies

DEPARTMENT OF VETERANS: 8033 RAY MEARS BLVD, KNOXVILLE, TN 37923, Ph (865) 545-4592, Fax (865) 539-5219

Vitals

None recorded.

Allergies

Reviewed Allergies

SULFA (SULFONAMIDE ANTIBIOTICS)

Medications

Reviewed Medications

Jardiance	10/25/24	entered
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NovoLIN 70-30 FlexPen U-100 Insulin 100 unit/mL (70-30) subcutaneous Inject by subcutaneous route.	10/25/24	entered
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cholesterol meds
BP meds
B-12
Fish oil

Vaccines

None recorded.

Problems

Reviewed Problems

- Onychomycosis - Onset: 05/22/2025
- Disorder of nervous system due to type 2 diabetes mellitus - Onset: 05/22/2025
- Walking disability - Onset: 05/22/2025
- Antalgic gait - Onset: 05/22/2025
- Amputated big toe - Onset: 04/16/2025, Left
- Ulcer of left foot due to type 2 diabetes mellitus - Onset: 05/22/2025

Family History

Reviewed Family History

Unspecified Relation	- Hypertensive disorder
	- Kidney disease

Social History

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Reviewed Social History

Advance Directive

Do you have an advance directive?: No

Do you have a medical power of attorney?: Yes

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 10/25/2024

Has tobacco cessation counseling been provided?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?: 0

What is your level of caffeine consumption?: None

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you able to walk?: Yes: walks without restrictions

Surgical & Procedure History

Reviewed Surgical & Procedure History

- Amputation of toe

Past Medical History

Reviewed Past Medical History

Diabetes: Y

Dyslipidemia: Y

Hypertension: Y

Screening

Name	Score	Notes
Steady Fall Risk - 3 item	0	

HPI

Pleasant 64 y/o diabetic male sent from VA new wound left foot long history of diabetes current A1c 7.8 per patient report previous left hallux and left third digit amputations. He has finished a course of Keflex this new wound has been present for about two weeks he works 65+ hour weeks but is at a desk for most of this.

Here today follow up start skin graft study today wound start date approximately 10/8/24.

Here today follow up to the above continue skin graft today InnovaMatrix

Follow up to the above wound is smaller than last visit he is compliant with dressing and offload

Here today follow up skin grafting he is doing well wound continues to decrease in size

Follow up to the above wound continues to decrease in size no signs of infection today he is planning to schedule ABI in the next week

Follow up to the above still no ABI wound has decreased some in size no signs of infection

Doing well today ABI is finally scheduled wound has decreased slightly in size no signs of infection today

Here today follow up to the above also discuss ABI wound is doing well decreased from previous visit

Follow up doing well today wound has decreased in size

Here today follow up to the above mentioned some hyperkeratosis around the wound today

Follow up to the above mentioned doing well today stable from previous no concerns

Some HK around the wound today it is smaller

Here today follow up to the above doing well no callus wound looks good decreased in size

Follow up to the above he continues to heal he does have new break to the skin left heel where he has been resting his foot on the table at home

Plantar surface wound looks great new break to the skin lateral surface

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Follow up to the above he looks good we are healing every week

Follow-up today he missed his appointment last week has been also not wearing compression. Wound looks okay today he does have some hyperkeratosis periwound

Here today follow-up he works great he has been compliant with offloading and staying off this foot this week significantly less hyperkeratosis than normal. His heel is also completely closed and dry

Follow-up to the above-mentioned he looks great has been compliant with knee scooter and dressing change protocol depth has filled in since last week very minimal hyperkeratosis periwound today as well.

Here today follow-up to the above doing well some hyperkeratosis around the wound he is on the knee scooter today.

Follow-up to the above-mentioned continues to heal doing well significantly less hyperkeratosis than previous.

Here today doing well wound continues to decrease in size he is compliant with the cam boot and the knee scooter. Minimal amount of hyperkeratosis periwound today.

Follow-up to the above-mentioned we are nearing the finish line.

Here today for follow-up to the above-mentioned we are 99% closed.

Here today follow-up to the above-mentioned plantar wound is completely closed today. He does have a new break to skin integument left lateral foot from a dropfoot brace.

Here today follow-up of the above-mentioned plantar wound is completely healed looks great. Left lateral wound stable unchanged from previous visit. He is wearing the postop shoe as directed

Here today follow-up to the above-mentioned wound looks good ready to receive skin graft today.

Here today follow-up to the above-mentioned he does have some hyperkeratosis periwound today he does state that he has been compliant with the postop shoe

Follow-up to the above-mentioned today wound has decreased in size from previous visit doing well with dressing changes and offload instructions.

Here today follow-up for the above-mentioned doing well compliant with offloaded postop shoe and dressing changes.

Doing wonderful today wound continues to heal.

ROS

Patient reports no significant weight change, good appetite, no fever, normal activity level, no fatigue, and no acute distress. He reports no pain, no blurry vision, no redness, no itchiness, no swelling, no discharge, and normal movement. He reports no ear pain, no ear discharge, no hearing loss, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports no chest pain and normal heart rate. He reports no lumps, no tenderness, and no discharge. He reports no cough, no wheezing, no chest tightness, no pain with respiration, and normal respiration. He reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stool, and no mucous in stool. He reports no discharge, no blood in urine, no pain with urination, no increase in frequency of urination, no voiding urgency, no testicular pain, no swelling, no redness, no itching, and no masses. He reports no soft tissue swelling, no joint swelling, no myalgia, moves all extremities well, no previous injuries, and no trauma. He reports no pain, no itchiness, no skin dryness, no flaking, no redness, no rash, no hives, no skin lesions, no skin lumps, no swelling, no bruising, and no insect bites. He reports no numbness, no weakness, no tingling, no burning, no shooting pain, no headache, no dizziness, and no loss of consciousness. He reports no depression, no anxiety, no insomnia, no stress, and no loss of interest. He reports normal drinking and no temperature intolerance. He reports no sneezing, no runny nose, no sinus pressure, and no post-nasal drip.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished**. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: **dry** and **atrophic**. Foot Left: **dry** and **atrophic**. Great Toe Nail Right: **pain with and without pressure**. Great Toe Nail Left: **pain with and without pressure**.

Neurological: Neurological Right: **gross sensation diminished**. Neurological Left: **gross sensation diminished**.

Musculoskeletal: Muscle Strength and Tone Right: **hypotonicity**. Muscle Strength and Tone Left: **hypotonicity**. Joints, Bones, and Muscles Right: **contractures** and **limited ROM**. Joints, Bones, and Muscles Left: **contractures** and **limited ROM**.

Class: Class B Right: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**. Class B Left: **dorsalis pedis pulse diminished, posterior tibial pulse diminished,**

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

hair growth decrease, nail changes, pigmentary changes, and skin texture thin.

Plantar wound is closed today.

Left lateral wound full-thickness ulceration midfoot approximately .6 cm x 0.4 cm x 0.4 cm. No signs of infection

Procedure Documentation

Skin Graft-AmnioCore Pro:

Skin Graft To advance wound healing, an appropriate skin substitute was selected and applied to wound after debridement.

Skin Substitute: AmnioCore Pro

Size-- 2x2 cm

Product ID-- AMP-5220

Serial Number--SB25-1338AMP-00299900

Expiration Date--2028-02-12

Application number--5

Zero graft wastage.

Assessment / Plan

Diabetic ulcer of other part of left foot associated with type 2 diabetes mellitus, with fat layer

1. exposed

E11.621: Type 2 diabetes mellitus with foot ulcer

L97.522: Non-pressure chronic ulcer of other part of left foot with fat layer exposed

Antalgic

2. gait

R26.89: Other abnormalities of gait and mobility

Disability of

3. walking

R26.2: Difficulty in walking, not elsewhere classified

4. Onychomycosis

B35.1: Tinea unguium

Disorder of nervous system due to type 2 diabetes

5. mellitus

E11.69: Type 2 diabetes mellitus with other specified complication

G98.8: Other disorders of nervous system

Amputation of left great

6. toe

S98.112A: Complete traumatic amputation of left great toe, initial encounter

Discussion Notes

Skin graft application #5 today he is doing well wound continues to heal we discussed continued skin graft dressing change protocol he is compliant with this as well as dressing changes and we will see him back next week. He knows to call with any questions or concerns

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 06/25/2025 at 08:15 AM
- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 07/02/2025 at 08:15 AM
- Christopher Bowlin, DPM for PROSTHETIC 15 at KNOXVILLE on 07/30/2025 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 06/18/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 06/18/2025 at 08:36 AM

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)**Encounter Date: 06/11/2025**

Patient

Name	CLEGG, GARY (65yo, M) ID# 26931	Appt. Date/Time	06/11/2025 08:15AM
DOB	12/14/1959	Service Dept.	KNOXVILLE
Provider	MITCHELL PEARCE, PA		
Insurance	Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN) Insurance # : 023547327 Prescription: check now		

Chief Complaint

Wound Care Follow-up

Patient's Care Team

Other: VETERANS AFFAIR: 1320 DECATUR PK, ATHENS, TN 37303, Ph (423) 746-1405, Fax (629) 224-5059
Podiatrist: MITCHELL PEARCE, PA
Primary Care Provider: VETERAN AFFAIRS KNOXVILLE: 8033 RAY MEARS BLVD, KNOXVILLE, TN 37919, Ph (865) 545-4592, Fax (901) 259-3189

Patient's Pharmacies

DEPARTMENT OF VETERANS: 8033 RAY MEARS BLVD, KNOXVILLE, TN 37923, Ph (865) 545-4592, Fax (865) 539-5219

Vitals

None recorded.

Allergies

Reviewed Allergies

SULFA (SULFONAMIDE ANTIBIOTICS)

Medications

Reviewed Medications

Jardiance 10/25/24 entered**NovoLIN 70-30 FlexPen U-100 Insulin 100 unit/mL (70-30) subcutaneous** 10/25/24 entered
Inject by subcutaneous route.cholesterol meds
BP meds
B-12
Fish oil

Vaccines

None recorded.

Problems

Reviewed Problems

- Onychomycosis - Onset: 05/22/2025
- Disorder of nervous system due to type 2 diabetes mellitus - Onset: 05/22/2025
- Walking disability - Onset: 05/22/2025
- Antalgic gait - Onset: 05/22/2025
- Amputated big toe - Onset: 04/16/2025, Left
- Ulcer of left foot due to type 2 diabetes mellitus - Onset: 05/22/2025

Family History

Reviewed Family History

Unspecified Relation - Hypertensive disorder
- Kidney disease

Social History

Reviewed Social History

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)**Advance Directive**

Do you have an advance directive?: No

Do you have a medical power of attorney?: Yes

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 10/25/2024

Has tobacco cessation counseling been provided?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?: 0

What is your level of caffeine consumption?: None

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you able to walk?: Yes: walks without restrictions

Surgical & Procedure History

Reviewed Surgical & Procedure History

- Amputation of toe

Past Medical History

Reviewed Past Medical History

Diabetes: **Y**Dyslipidemia: **Y**Hypertension: **Y****HPI**

Pleasant 64 y/o diabetic male sent from VA new wound left foot long history of diabetes current A1c 7.8 per patient report previous left hallux and left third digit amputations. He has finished a course of Keflex this new wound has been present for about two weeks he works 65+ hour weeks but is at a desk for most of this.

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Follow up to the above still no ABI wound has decreased some in size no signs of infection

Doing well today ABI is finally scheduled wound has decreased slightly in size no signs of infection today

Here today follow up to the above also discuss ABI wound is doing well decreased from previous visit

Follow up doing well today wound has decreased in size

Here today follow up to the above mentioned some hyperkeratosis around the wound today

Follow up to the above mentioned doing well today stable from previous no concerns

Some HK around the wound today it is smaller

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Follow up to the above he continues to heal he does have new break to the skin left heel where he has been resting his foot on the table at home

Plantar surface wound looks great new break to the skin lateral surface

Follow up to the above he looks good we are healing every week

Follow-up today he missed his appointment last week has been also not wearing compression. Wound looks okay today he does have some hyperkeratosis periwound

Here today follow-up he works great he has been compliant with offloading and staying off this foot this week significantly less hyperkeratosis than normal. His heel is also completely closed and dry

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Follow-up to the above-mentioned he looks great has been compliant with knee scooter and dressing change protocol depth has filled in since last week very minimal hyperkeratosis periwound today as well.

Here today follow-up to the above doing well some hyperkeratosis around the wound he is on the knee scooter today.

Follow-up to the above-mentioned continues to heal doing well significantly less hyperkeratosis than previous.

Here today doing well wound continues to decrease in size he is compliant with the cam boot and the knee scooter. Minimal amount of hyperkeratosis periwound today.

Follow-up to the above-mentioned we are nearing the finish line.

Here today for follow-up to the above-mentioned we are 99% closed.

Here today follow-up to the above-mentioned plantar wound is completely closed today. He does have a new break to skin integument left lateral foot from a dropfoot brace.

Here today follow-up of the above-mentioned plantar wound is completely healed looks great. Left lateral wound stable unchanged from previous visit. He is wearing the postop shoe as directed

Here today follow-up to the above-mentioned wound looks good ready to receive skin graft today.

Here today follow-up to the above-mentioned he does have some hyperkeratosis periwound today he does state that he has been compliant with the postop shoe

Follow-up to the above-mentioned today wound has decreased in size from previous visit doing well with dressing changes and offload instructions.

Here today follow-up for the above-mentioned doing well compliant with offloaded postop shoe and dressing changes.

ROS

Patient reports no significant weight change, good appetite, no fever, normal activity level, no fatigue, and no acute distress. He reports no pain, no blurry vision, no redness, no itchiness, no swelling, no discharge, and normal movement. He reports no ear pain, no ear discharge, no hearing loss, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports no chest pain and normal heart rate. He reports no lumps, no tenderness, and no discharge. He reports no cough, no wheezing, no chest tightness, no pain with respiration, and normal respiration. He reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stool, and no mucous in stool. He reports no discharge, no blood in urine, no pain with urination, no increase in frequency of urination, no voiding urgency, no testicular pain, no swelling, no redness, no itching, and no masses. He reports no soft tissue swelling, no joint swelling, no myalgia, moves all extremities well, no previous injuries, and no trauma. He reports no pain, no itchiness, no skin dryness, no flaking, no redness, no rash, no hives, no skin lesions, no skin lumps, no swelling, no bruising, and no insect bites. He reports no numbness, no weakness, no tingling, no burning, no shooting pain, no headache, no dizziness, and no loss of consciousness. He reports no depression, no anxiety, no insomnia, no stress, and no loss of interest. He reports normal drinking and no temperature intolerance. He reports no sneezing, no runny nose, no sinus pressure, and no post-nasal drip.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished**. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: **dry** and **atrophic**. Foot Left: **dry** and **atrophic**. Great Toe Nail Right: **pain with and without pressure**. Great Toe Nail Left: **pain with and without pressure**.

Neurological: Neurological Right: **gross sensation diminished**. Neurological Left: **gross sensation diminished**.

Musculoskeletal: Muscle Strength and Tone Right: **hypotonicity**. Muscle Strength and Tone Left: **hypotonicity**. Joints, Bones, and Muscles Right: **contractures** and **limited ROM**. Joints, Bones, and Muscles Left: **contractures** and **limited ROM**.

Class: Class B Right: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**. Class B Left: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**.

Plantar wound is closed today.

Left lateral wound full-thickness ulceration midfoot approximately .8 cm x 0.6 cm x 0.4 cm. No signs of infection

Procedure Documentation**Skin Graft-AmnioCore Pro:**

Skin Graft To advance wound healing, an appropriate skin substitute was selected and applied to wound after debridement.

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Skin Substitute: AmnioCore Pro
Size-- 2x2 cm
Product ID-- AMP-5220
Serial Number-- SB25-1947AMP-00307928
Expiration Date--2028-02-26
Application number--4
Zero graft wastage.

Assessment / Plan

Diabetic ulcer of other part of left foot associated with type 2 diabetes mellitus, with fat layer

1. exposed

E11.621: Type 2 diabetes mellitus with foot ulcer
L97.522: Non-pressure chronic ulcer of other part of left foot with fat layer exposed

Antalgic

2. gait

R26.89: Other abnormalities of gait and mobility

Disability of

3. walking

R26.2: Difficulty in walking, not elsewhere classified

4. Onychomycosis

B35.1: Tinea unguium

Disorder of nervous system due to type 2 diabetes

5. mellitus

E11.69: Type 2 diabetes mellitus with other specified complication
G98.8: Other disorders of nervous system

Amputation of left great

6. toe

S98.112A: Complete traumatic amputation of left great toe, initial encounter

Discussion Notes

Skin graft application #4 today continue skin graft dressing change protocol he looks great wound is healing no concerns I will see him back next week.

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 06/18/2025 at 08:15 AM
- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 06/25/2025 at 08:15 AM
- Christopher Bowlin, DPM for PROSTHETIC 15 at KNOXVILLE on 07/30/2025 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 06/11/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 06/11/2025 at 09:38 AM

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Encounter Date: 06/04/2025

Patient

Name	CLEGG, GARY (65yo, M) ID# 26931	Appt. Date/Time	06/04/2025 08:30AM
DOB	12/14/1959	Service Dept.	KNOXVILLE
Provider	MITCHELL PEARCE, PA		
Insurance	Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN) Insurance # : 023547327 Prescription: check now		

Chief Complaint

Wound Care Follow-up

Patient's Care Team

Other: VETERANS AFFAIR: 1320 DECATUR PK, ATHENS, TN 37303, Ph (423) 746-1405, Fax (629) 224-5059
Podiatrist: MITCHELL PEARCE, PA
Primary Care Provider: VETERAN AFFAIRS KNOXVILLE: 8033 RAY MEARS BLVD, KNOXVILLE, TN 37919, Ph (865) 545-4592, Fax (901) 259-3189

Patient's Pharmacies

DEPARTMENT OF VETERANS: 8033 RAY MEARS BLVD, KNOXVILLE, TN 37923, Ph (865) 545-4592, Fax (865) 539-5219

Vitals

None recorded.

Allergies

Reviewed Allergies

SULFA (SULFONAMIDE ANTIBIOTICS)

Medications

Reviewed Medications

Jardiance 10/25/24 entered**NovoLIN 70-30 FlexPen U-100 Insulin 100 unit/mL (70-30) subcutaneous** 10/25/24 entered
Inject by subcutaneous route.cholesterol meds
BP meds
B-12
Fish oil

Vaccines

None recorded.

Problems

Reviewed Problems

- Onychomycosis - Onset: 05/22/2025
- Disorder of nervous system due to type 2 diabetes mellitus - Onset: 05/22/2025
- Walking disability - Onset: 05/22/2025
- Antalgic gait - Onset: 05/22/2025
- Amputated big toe - Onset: 04/16/2025, Left
- Ulcer of left foot due to type 2 diabetes mellitus - Onset: 05/22/2025

Family History

Reviewed Family History

Unspecified Relation - Hypertensive disorder
- Kidney disease

Social History

Reviewed Social History

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)**Advance Directive**

Do you have an advance directive?: No

Do you have a medical power of attorney?: Yes

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 10/25/2024

Has tobacco cessation counseling been provided?: No

What is your level of alcohol consumption?: None

Do you use any illicit or recreational drugs?: No

How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?: 0

What is your level of caffeine consumption?: None

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you able to walk?: Yes: walks without restrictions

Surgical & Procedure History

Reviewed Surgical & Procedure History

- Amputation of toe

Past Medical History

Reviewed Past Medical History

Diabetes: **Y**Dyslipidemia: **Y**Hypertension: **Y****HPI**

Pleasant 64 y/o diabetic male sent from VA new wound left foot long history of diabetes current A1c 7.8 per patient report previous left hallux and left third digit amputations. He has finished a course of Keflex this new wound has been present for about two weeks he works 65+ hour weeks but is at a desk for most of this.

Here today follow up start skin graft study today wound start date approximately 10/8/24.

Here today follow up to the above continue skin graft today InnovaMatrix

Follow up to the above wound is smaller than last visit he is compliant with dressing and offload

Here today follow up skin grafting he is doing well wound continues to decrease in size

Follow up to the above wound continues to decrease in size no signs of infection today he is planning to schedule ABI in the next week

Follow up to the above still no ABI wound has decreased some in size no signs of infection

Doing well today ABI is finally scheduled wound has decreased slightly in size no signs of infection today

Here today follow up to the above also discuss ABI wound is doing well decreased from previous visit

Follow up doing well today wound has decreased in size

Here today follow up to the above mentioned some hyperkeratosis around the wound today

Follow up to the above mentioned doing well today stable from previous no concerns

Some HK around the wound today it is smaller

Here today follow up to the above doing well no callus wound looks good decreased in size

Follow up to the above he continues to heal he does have new break to the skin left heel where he has been resting his foot on the table at home

Plantar surface wound looks great new break to the skin lateral surface

Follow up to the above he looks good we are healing every week

Follow-up today he missed his appointment last week has been also not wearing compression. Wound looks okay today he does have some hyperkeratosis periwound

Here today follow-up he works great he has been compliant with offloading and staying off this foot this week significantly less hyperkeratosis than normal. His heel is also completely closed and dry

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Follow-up to the above-mentioned he looks great has been compliant with knee scooter and dressing change protocol depth has filled in since last week very minimal hyperkeratosis periwound today as well.

Here today follow-up to the above doing well some hyperkeratosis around the wound he is on the knee scooter today.

Follow-up to the above-mentioned continues to heal doing well significantly less hyperkeratosis than previous.

Here today doing well wound continues to decrease in size he is compliant with the cam boot and the knee scooter. Minimal amount of hyperkeratosis periwound today.

Follow-up to the above-mentioned we are nearing the finish line.

Here today for follow-up to the above-mentioned we are 99% closed.

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Here today follow-up of the above-mentioned plantar wound is completely healed looks great. Left lateral wound stable unchanged from previous visit. He is wearing the postop shoe as directed

Here today follow-up to the above-mentioned wound looks good ready to receive skin graft today.

Here today follow-up to the above-mentioned he does have some hyperkeratosis periwound today he does state that he has been compliant with the postop shoe

Follow-up to the above-mentioned today wound has decreased in size from previous visit doing well with dressing changes and offload instructions.

ROS

Patient reports no significant weight change, good appetite, no fever, normal activity level, no fatigue, and no acute distress. He reports no pain, no blurry vision, no redness, no itchiness, no swelling, no discharge, and normal movement. He reports no ear pain, no ear discharge, no hearing loss, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports no chest pain and normal heart rate. He reports no lumps, no tenderness, and no discharge. He reports no cough, no wheezing, no chest tightness, no pain with respiration, and normal respiration. He reports no difficulty swallowing, no abdominal pain, no nausea, no vomiting, no diarrhea, no constipation, no blood in stool, and no mucous in stool. He reports no discharge, no blood in urine, no pain with urination, no increase in frequency of urination, no voiding urgency, no testicular pain, no swelling, no redness, no itching, and no masses. He reports no soft tissue swelling, no joint swelling, no myalgia, moves all extremities well, no previous injuries, and no trauma. He reports no pain, no itchiness, no skin dryness, no flaking, no redness, no rash, no hives, no skin lesions, no skin lumps, no swelling, no bruising, and no insect bites. He reports no numbness, no weakness, no tingling, no burning, no shooting pain, no headache, no dizziness, and no loss of consciousness. He reports no depression, no anxiety, no insomnia, no stress, and no loss of interest. He reports normal drinking and no temperature intolerance. He reports no sneezing, no runny nose, no sinus pressure, and no post-nasal drip.

Physical Exam

Constitutional: General Appearance: well-developed. Level of Distress: NAD.

Cardiovascular: Arterial Pulses Right: **dorsalis pedis diminished** and **posterior tibialis diminished**. Arterial Pulses Left: **dorsalis pedis diminished** and **posterior tibialis diminished**. Varicosities Right: **varicosities**. Varicosities Left: **varicosities**.

Integumentary: Foot Right: **dry** and **atrophic**. Foot Left: **dry** and **atrophic**. Great Toe Nail Right: **pain with and without pressure**. Great Toe Nail Left: **pain with and without pressure**.

Neurological: Neurological Right: **gross sensation diminished**. Neurological Left: **gross sensation diminished**.

Musculoskeletal: Muscle Strength and Tone Right: **hypotonicity**. Muscle Strength and Tone Left: **hypotonicity**. Joints, Bones, and Muscles Right: **contractures** and **limited ROM**. Joints, Bones, and Muscles Left: **contractures** and **limited ROM**.

Class: Class B Right: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**. Class B Left: **dorsalis pedis pulse diminished, posterior tibial pulse diminished, hair growth decrease, nail changes, pigmentary changes**, and **skin texture thin**.

Plantar wound is closed today.

Left lateral wound full-thickness ulceration midfoot approximately .8 cm x 1.2 cm x 0.4 cm. No signs of infection

Procedure Documentation**Skin Graft-AmnioCore Pro:**

Skin Graft To advance wound healing, an appropriate skin substitute was selected and applied to wound after debridement.
Skin Substitute:AmnioCore Pro
Size-- 2x2 cm

CLEGG, Gary JAMES (id #26931, dob: 12/14/1959)

Product ID--AMP-5220
Serial Number--SB25-1947AMP-00307931
Expiration Date--2028-02-26
Application number--3
Zero graft wastage.

Assessment / Plan

Diabetic ulcer of other part of left foot associated with type 2 diabetes mellitus, with fat layer

1. exposed

E11.621: Type 2 diabetes mellitus with foot ulcer
L97.522: Non-pressure chronic ulcer of other part of left foot with fat layer exposed

Antalgic

2. gait

R26.89: Other abnormalities of gait and mobility

Disability of

3. walking

R26.2: Difficulty in walking, not elsewhere classified

4. Onychomycosis

B35.1: Tinea unguium

Disorder of nervous system due to type 2 diabetes

5. mellitus

E11.69: Type 2 diabetes mellitus with other specified complication
G98.8: Other disorders of nervous system

Amputation of left great

6. toe

S98.112A: Complete traumatic amputation of left great toe, initial encounter

Discussion Notes

Skin graft application #3 today he looks wonderful continue skin graft dressing change protocol we will see him back next week he is compliant with dressing changes and offloaded postop shoe. He knows to call with any questions or concerns

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 06/11/2025 at 08:15 AM
- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 06/18/2025 at 08:15 AM
- Christopher Bowlin, DPM for PROSTHETIC 15 at KNOXVILLE on 07/30/2025 at 08:30 AM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 06/04/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 06/04/2025 at 09:05 AM