

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

Medical Records - CONFIDENTIAL

FROM: TN - Faculty Physicians

Tina W
1415 OLD WEISGARBER RD SUITE 350, KNOXVILLE, TN 37909-1381
Phone: (865) 588-1605
Fax: (865) 588-1608

TO:

Name: DUNCAN, HAROLD D

DOB: 11/17/1935

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

This document contains the following records of the patient:

- **Encounters and Procedures**

This fax may contain sensitive and confidential personal health information that is being sent for the sole use of the intended recipient. Unintended recipients are directed to securely destroy any materials received. You are hereby notified that the unauthorized disclosure or other unlawful use of this fax or any personal health information is prohibited. To the extent patient information contained in this fax is subject to 42 CFR Part 2, this regulation prohibits unauthorized disclosure of these records.

If you received this fax in error, please visit www.athenahealth.com/NotMyFax to notify the sender and confirm that the information will be destroyed. If you do not have internet access, please call 1-888-482-8436 to notify the sender and confirm that the information will be destroyed. Thank you for your attention and cooperation. [ID:28708-A-25546]

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

Encounters and Procedures

Clinical Encounter Summaries

DUNCAN, Harold D (id #28708, dob: 11/17/1935)**Encounter Date: 06/11/2025**

Patient

Name	DUNCAN, HAROLD (89yo, M) ID# 28708	Appt. Date/Time	06/11/2025 02:30PM
-------------	------------------------------------	------------------------	--------------------

DOB	11/17/1935	Service Dept.	LAFOLLETTE
------------	------------	----------------------	------------

Provider	WILLIAM NORRIS, FNP-BC
-----------------	------------------------

Insurance	Med Primary: MEDICARE-TN (MEDICARE) Insurance # : 6M84QR5MM06 Med Secondary: UMR (MEDICARE SUPPLEMENT) Insurance # : 334000282689 Policy/Group # : 76413423 Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN) Insurance # : 412564864 Prescription: check now
------------------	--

Chief Complaint

Wound Care Follow-up

Patient's Care Team

Primary Care Provider: JOSH THOMPSON: 17941 ALBERTA ST, ONEIDA, TN 37841, Ph (423) 569-7750, Fax (423) 569-7751
NPI: 1710372032

Patient's Pharmacies

WALMART PHARMACY 583 (ERX): 19740 ALBERTA STREET, ONEIDA, TN 37841, Ph (423) 569-6633, Fax (423) 569-6927

Vitals

2025-06-11 14:27

Ht: 6 ft 1 in**Wt:** 197 lbs**BMI:** 26

Allergies

Reviewed Allergies

PENICILLINS

Medications

Reviewed Medications

citalopram 20 mg tablet

Take 1 tablet(s) every day by oral route.

04/09/25 entered

COMPOUNDED MEDICATIONMeloxicam .09%, Gabapentin 2.5%, Lidocaine 2.15%, Prilocaine 2.15%
apply 2-4 grams to affected area 3-4 times daily as directed

05/16/25 prescribed

gabapentin 800 mg tablet

Take 1 tablet(s) twice a day by oral route.

04/09/25 entered

Vaccines

Reviewed Vaccines

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, bivalent, PF, 50 mcg/0.5 mL dose (Moderna)	10/06/22	0.5 mL	Intramuscular	Arm, Right Upper		AS7145B	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	05/19/22	0.25 mL	Intramuscular	Arm, Left Upper		056M21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	10/27/21	0.25 mL	Intramuscular	Arm, Left Upper		939906	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	02/01/21					043L20A	Moderna US, Inc.	07/07/21			
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	01/02/21					025L20A	Moderna US, Inc.	06/25/21			
Diphtheria, Tetanus											
Td(adult)	08/22/08										
Diphtheria, Tetanus, Pertussis											
Tdap	04/07/22										
Influenza											
influenza, trivalent, adjuvanted	08/05/24	0.5 mL	Intramuscular	Arm, Left Upper		388464	Seqirus				
Influenza vaccine, quadrivalent, adjuvanted	09/13/23	0.5 mL	Intramuscular	Arm, Left Upper		370677	Seqirus				
influenza, high-dose, quadrivalent	10/11/22	0.7 mL	Intramuscular	Arm, Left Upper		UT7733AA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/23/21	0.7 mL	Intramuscular	Arm, Right Upper		UJ730AB	Sanofi Pasteur				
influenza, high dose seasonal	10/21/19	0.5 mL	Intramuscular	Arm, Right Upper		UJ285AA	Sanofi Pasteur				
influenza, seasonal, injectable, preservative free	10/12/15	0.5 mL	Intramuscular	Arm, Right Upper		1515101					
influenza, seasonal, injectable	11/13/06										
Pneumococcal											
Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF	09/13/23	0.5 mL	Intramuscular	Arm, Left Upper		GT6702	Pfizer, Inc				
pneumococcal polysaccharide PPV23	01/24/17										
pneumococcal conjugate PCV 13	07/21/15										
Varicella											
varicella	03/08/12										
Zoster											
zoster recombinant	04/07/22										
zoster recombinant	12/03/21										
zoster live	03/08/12										

Problems

- Reviewed Problems
- Type 2 diabetes mellitus - Onset: 04/09/2025
 - Hypertensive disorder - Onset: 04/09/2025
 - Kidney disease - Onset: 04/09/2025

Family History

- Reviewed Family History
- Unspecified Relation
 - Hypertensive disorder
 - Kidney disease

Social History

- Reviewed Social History
- Advance Directive**
Do you have an advance directive?: No
Do you have a medical power of attorney?: No
- Substance Use**

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

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?: 06/11/2025

Has tobacco cessation counseling been provided?: No

What is your level of alcohol consumption?: None

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: No

Are you able to walk?: Yes: walks with assistive device(s) (Notes: walker)

Surgical & Procedure History

Reviewed Surgical & Procedure History

- Arthroplasty of knee - 10/10/2021
- Placement of stent in pulmonary artery - 10/10/2019

Past Medical History

Reviewed Past Medical History

HPI

Very pleasant 89-year-old male diabetic veteran here with daughter to establish care sent by Dr. Reiter VA podiatrist here in Knoxville. He has had a skilled nursing facility in Oneida secondary to a number of falls and he has developed a diabetic foot ulcer on the lateral aspect of his left foot. Mr. Duncan states that it has been there for a few weeks and states that he does not remember any trauma or cause to the ulcer. He does admit to resting in bed with his leg out to the left and does appear to apply pressure to the ulceration site. He has been receiving care for this at the nursing facility which includes various dressing changes antibiotic ointments but denies having a foot pillow or any other offload mechanism. He states he has not had his hemoglobin A1c drawn in 2 to 3 months but his last one was 7.2. He also states he is unsure if he has ever had an ankle-brachial index in the past. He also denies any constitutional symptoms of a soft tissue infection.

Here today follow-up the above-mentioned. Skin graft application #1

Here today follow-up the above-mentioned. Skin graft application #2. He states he has been doing well continues to use pillows to offload the lateral aspect of his left foot. He states the wound care at his skilled nursing facility is doing a great job. I would agree. No new complaints today

of the good here today follow-up the above-mentioned. He states that the wound care only did 1 dressing change since our last visit on Saturday as requested. There is evidence today that his left lateral lower extremity wound has continued to bear weight. My hypothesis is that his foot is hitting the footboard at his nursing facility. I have sent new orders with him today to remove the foot board and make sure that this foot is not touching anything at all.

Here today follow-up the above mentioned with one of his daughters. SSTI resolved with clear evidence tha the footboard has been removed from his bed at the nursing home and the pressure has been resolved. Graft application #3 today.

Here today follow-up the above mentioned. Wound is still red and granular with no signs of infection. Graft application #4 today

Here today follow-up the above mentioned. Wound is still red and granular with no signs of infection. Continuing to decrease in size and thickness. Graft application #5 today

Here today follow-up the above-mentioned with one of his daughters. Wound continues to decrease in size and depth. He does state that he is no longer eating low Debbie cakes at all they have removed all processed sugar from his diet. This wound looks fantastic. Graft application #6.

Graft application #7 today.

Here today follow-up the above-mentioned. He has been discharged from the skilled nursing facility and is now at home. Continuing to properly maintain his wound no little depth he is continuing to maintain proper blood sugar control maintaining offload status. States he is doing well eager to get back on his feet

ROS

Patient reports **snoring**. He reports **muscle aches, muscle weakness, arthralgias/joint pain, back pain, and swelling in the extremities**. He reports **restless legs**. He reports **increased thirst**. He reports **easy bruising and excessive bleeding**.

Physical Exam

Nails bilaterally 1 through 5 thick elongated dystrophic clinically onychomycotic
 DP PT palpable but diminished bilaterally
 +1 pitting edema bilateral lower extremity

Full-thickness ulceration to the plantar aspect of the left fifth met head -no erythema edema odor or warmth or drainage red granular base appreciated today - just under 2x2cm - negative probe to bone - Continuing to decrease in size

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

Procedure Documentation

Skin Graft-Innovamatrix:

Skin Graft To advance wound healing, an appropriate skin substitute was selected and applied to wound after debridement.
Skin Substitute: InnovaMatrix AC
Size-- 2x2cm
Product ID-- IMX0202-01
Lot Number-- 061224-1
Expiration Date-- 2026-06-12
Application number-- 8
Zero graft wastage.

Assessment / Plan

Diabetic ulcer of left midfoot associated with type 2 diabetes mellitus, with fat layer

1. exposed

E11.621: Type 2 diabetes mellitus with foot ulcer
L97.422: Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

2. Onychomycosis

B35.1: Tinea unguium

Antalgic

3. gait

R26.89: Other abnormalities of gait and mobility

Disability of

4. walking

R26.2: Difficulty in walking, not elsewhere classified

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

Discussion Notes

Maintain offload status
Use offload boot at all times
Keep dressing in place until Saturday 1 dressing change keep Adaptic in place secure with dry gauze roll gauze tape 4 inch Ace wrap from foot to tibial tuberosity
Call with any questions or concerns+

Return to Office

Patient will return to the office as needed.

Encounter Sign-Off

Encounter signed-off by WILLIAM NORRIS, FNP-BC, 06/12/2025.

Encounter performed and documented by WILLIAM NORRIS, FNP-BC
Encounter reviewed & signed by WILLIAM NORRIS, FNP-BC on 06/12/2025 at 08:51 AM

DUNCAN, Harold D (id #28708, dob: 11/17/1935)**Encounter Date: 06/04/2025**

Patient

Name	DUNCAN, HAROLD (89yo, M) ID# 28708	Appt. Date/Time	06/04/2025 03:00PM
-------------	------------------------------------	------------------------	--------------------

DOB	11/17/1935	Service Dept.	LAFOLLETTE
------------	------------	----------------------	------------

Provider	WILLIAM NORRIS, FNP-BC
-----------------	------------------------

Insurance	Med Primary: MEDICARE-TN (MEDICARE) Insurance # : 6M84QR5MM06 Med Secondary: UMR (MEDICARE SUPPLEMENT) Insurance # : 334000282689 Policy/Group # : 76413423 Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN) Insurance # : 412564864 Prescription: check now
------------------	--

Chief Complaint

Wound Care Follow-up

Patient's Care Team

Primary Care Provider: JOSH THOMPSON: 17941 ALBERTA ST, ONEIDA, TN 37841, Ph (423) 569-7750, Fax (423) 569-7751
NPI: 1710372032

Patient's Pharmacies

WALMART PHARMACY 583 (ERX): 19740 ALBERTA STREET, ONEIDA, TN 37841, Ph (423) 569-6633, Fax (423) 569-6927

Vitals

2025-06-04 15:21

Ht: 6 ft 1 in

Allergies

Reviewed Allergies

PENICILLINS

Medications

Reviewed Medications

citalopram 20 mg tablet Take 1 tablet(s) every day by oral route.	04/09/25 entered
---	------------------

COMPOUNDED MEDICATION Meloxicam .09%, Gabapentin 2.5%, Lidocaine 2.15%, Prilocaine 2.15% apply 2-4 grams to affected area 3-4 times daily as directed	05/16/25 prescribed
--	---------------------

gabapentin 800 mg tablet Take 1 tablet(s) twice a day by oral route.	04/09/25 entered
--	------------------

Vaccines

Reviewed Vaccines

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, bivalent, PF, 50 mcg/0.5 mL dose (Moderna)	10/06/22	0.5 mL	Intramuscular	Arm, Right Upper		AS7145B	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	05/19/22	0.25 mL	Intramuscular	Arm, Left Upper		056M21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	10/27/21	0.25 mL	Intramuscular	Arm, Left Upper		939906	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	02/01/21					043L20A	Moderna US, Inc.	07/07/21			
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	01/02/21					025L20A	Moderna US, Inc.	06/25/21			
Diphtheria, Tetanus											
Td(adult)	08/22/08										
Diphtheria, Tetanus, Pertussis											
Tdap	04/07/22										
Influenza											
influenza, trivalent, adjuvanted	08/05/24	0.5 mL	Intramuscular	Arm, Left Upper		388464	Seqirus				
Influenza vaccine, quadrivalent, adjuvanted	09/13/23	0.5 mL	Intramuscular	Arm, Left Upper		370677	Seqirus				
influenza, high-dose, quadrivalent	10/11/22	0.7 mL	Intramuscular	Arm, Left Upper		UT7733AA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/23/21	0.7 mL	Intramuscular	Arm, Right Upper		UJ730AB	Sanofi Pasteur				
influenza, high dose seasonal	10/21/19	0.5 mL	Intramuscular	Arm, Right Upper		UJ285AA	Sanofi Pasteur				
influenza, seasonal, injectable, preservative free	10/12/15	0.5 mL	Intramuscular	Arm, Right Upper		1515101					
influenza, seasonal, injectable	11/13/06										
Pneumococcal											
Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF	09/13/23	0.5 mL	Intramuscular	Arm, Left Upper		GT6702	Pfizer, Inc				
pneumococcal polysaccharide PPV23	01/24/17										
pneumococcal conjugate PCV 13	07/21/15										
Varicella											
varicella	03/08/12										
Zoster											
zoster recombinant	04/07/22										
zoster recombinant	12/03/21										
zoster live	03/08/12										

Problems

- Reviewed Problems
- Type 2 diabetes mellitus - Onset: 04/09/2025
 - Hypertensive disorder - Onset: 04/09/2025
 - Kidney disease - Onset: 04/09/2025

Family History

- Reviewed Family History
- Unspecified Relation
 - Hypertensive disorder
 - Kidney disease

Social History

- Reviewed Social History
- Advance Directive**
Do you have an advance directive?: No
Do you have a medical power of attorney?: No
- Substance Use**

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

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?: 06/04/2025

Has tobacco cessation counseling been provided?: No

What is your level of alcohol consumption?: None

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: No

Are you able to walk?: Yes: walks with assistive device(s) (Notes: walker)

Surgical & Procedure History

Reviewed Surgical & Procedure History

- Arthroplasty of knee - 10/10/2021
- Placement of stent in pulmonary artery - 10/10/2019

Past Medical History

Reviewed Past Medical History

HPI

Very pleasant 89-year-old male diabetic veteran here with daughter to establish care sent by Dr. Reiter VA podiatrist here in Knoxville. He has had a skilled nursing facility in Oneida secondary to a number of falls and he has developed a diabetic foot ulcer on the lateral aspect of his left foot. Mr. Duncan states that it has been there for a few weeks and states that he does not remember any trauma or cause to the ulcer. He does admit to resting in bed with his leg out to the left and does appear to apply pressure to the ulceration site. He has been receiving care for this at the nursing facility which includes various dressing changes antibiotic ointments but denies having a foot pillow or any other offload mechanism. He states he has not had his hemoglobin A1c drawn in 2 to 3 months but his last one was 7.2. He also states he is unsure if he has ever had an ankle-brachial index in the past. He also denies any constitutional symptoms of a soft tissue infection.

Here today follow-up the above-mentioned. Skin graft application #1

Here today follow-up the above-mentioned. Skin graft application #2. He states he has been doing well continues to use pillows to offload the lateral aspect of his left foot. He states the wound care at his skilled nursing facility is doing a great job. I would agree. No new complaints today

of the good here today follow-up the above-mentioned. He states that the wound care only did 1 dressing change since our last visit on Saturday as requested. There is evidence today that his left lateral lower extremity wound has continued to bear weight. My hypothesis is that his foot is hitting the footboard at his nursing facility. I have sent new orders with him today to remove the foot board and make sure that this foot is not touching anything at all.

Here today follow-up the above mentioned with one of his daughters. SSTI resolved with clear evidence tha the footboard has been removed from his bed at the nursing home and the pressure has been resolved. Graft application #3 today.

Here today follow-up the above mentioned. Wound is still red and granular with no signs of infection. Graft application #4 today

Here today follow-up the above mentioned. Wound is still red and granular with no signs of infection. Continuing to decrease in size and thickness. Graft application #5 today

Here today follow-up the above-mentioned with one of his daughters. Wound continues to decrease in size and depth. He does state that he is no longer eating low Debbie cakes at all they have removed all processed sugar from his diet. This wound looks fantastic. Graft application #6.

Graft application #7 today.

ROS

Patient reports **snoring**. He reports **muscle aches, muscle weakness, arthralgias/joint pain, back pain, and swelling in the extremities**. He reports **restless legs**. He reports **increased thirst**. He reports **easy bruising and excessive bleeding**.

Physical Exam

Nails bilaterally 1 through 5 thick elongated dystrophic clinically onychomycotic
 DP PT palpable but diminished bilaterally
 +1 pitting edema bilateral lower extremity

Full-thickness ulceration to the plantar aspect of the left fifth met head -no erythema edema odor or warmth or drainage red granular base appreciated today - just under 2x2cm - negative probe to bone - Continuing to decrease in size

Procedure Documentation**Skin Graft-Innovamatrix:**

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

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

Size-- 2x2cm
Product ID-- IMX-0202-01
Lot Number-- 061224-1
Expiration Date-- 2026-06-12
Application number-- 7
Zero graft wastage.

Assessment / Plan

Diabetic ulcer of left midfoot associated with type 2 diabetes mellitus, with fat layer

1. exposed

E11.621: Type 2 diabetes mellitus with foot ulcer
L97.422: Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

2. Onychomycosis

B35.1: Tinea unguium

Antalgic

3. gait

R26.89: Other abnormalities of gait and mobility

Disability of

4. walking

R26.2: Difficulty in walking, not elsewhere classified

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

Discussion Notes

wound care orders given for nursing facility
1 dressing change on Saturday to leave Adaptic in place
Adaptic on top of skin graft three 4 x 4's over the lateral aspect left lower extremity secured with rolled gauze and 4 inch Ace wrap with light compression
Mr. Duncan knows to call with any questions or concerns between now and his next visit

Return to Office

Patient will return to the office as needed.

Encounter Sign-Off

Encounter signed-off by WILLIAM NORRIS, FNP-BC, 06/05/2025.

Encounter performed and documented by WILLIAM NORRIS, FNP-BC

Encounter reviewed & signed by WILLIAM NORRIS, FNP-BC on 06/05/2025 at 06:45 AM

DUNCAN, Harold D (id #28708, dob: 11/17/1935)**Encounter Date: 05/28/2025****Patient**

Name	DUNCAN, HAROLD (89yo, M) ID# 28708	Appt. Date/Time	05/28/2025 03:30PM
-------------	------------------------------------	------------------------	--------------------

DOB	11/17/1935	Service Dept.	LAFOLLETTE
------------	------------	----------------------	------------

Provider	WILLIAM NORRIS, FNP-BC
-----------------	------------------------

Insurance	Med Primary: MEDICARE-TN (MEDICARE) Insurance # : 6M84QR5MM06 Med Secondary: UMR (MEDICARE SUPPLEMENT) Insurance # : 334000282689 Policy/Group # : 76413423 Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN) Insurance # : 412564864 Prescription: check now
------------------	--

Chief Complaint

Wound Care Follow-up

Patient's Care Team**Primary Care Provider:** JOSH THOMPSON: 17941 ALBERTA ST, ONEIDA, TN 37841, Ph (423) 569-7750, Fax (423) 569-7751
NPI: 1710372032**Patient's Pharmacies****WALMART PHARMACY 583 (ERX): 19740 ALBERTA STREET, ONEIDA, TN 37841, Ph (423) 569-6633, Fax (423) 569-6927****Vitals**

2025-05-28 15:09

Ht: 6 ft 1 in**Wt:** 197 lbs**BMI:** 26**Allergies**

Reviewed Allergies

PENICILLINS**Medications**

Reviewed Medications

citalopram 20 mg tablet

04/09/25 entered

Take 1 tablet(s) every day by oral route.

COMPOUNDED MEDICATION

05/16/25 prescribed

Meloxicam .09%, Gabapentin 2.5%, Lidocaine 2.15%, Prilocaine 2.15%
apply 2-4 grams to affected area 3-4 times daily as directed**gabapentin 800 mg tablet**

04/09/25 entered

Take 1 tablet(s) twice a day by oral route.

Vaccines

Reviewed Vaccines

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, bivalent, PF, 50 mcg/0.5 mL dose (Moderna)	10/06/22	0.5 mL	Intramuscular	Arm, Right Upper		AS7145B	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	05/19/22	0.25 mL	Intramuscular	Arm, Left Upper		056M21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	10/27/21	0.25 mL	Intramuscular	Arm, Left Upper		939906	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	02/01/21					043L20A	Moderna US, Inc.	07/07/21			
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	01/02/21					025L20A	Moderna US, Inc.	06/25/21			
Diphtheria, Tetanus											
Td(adult)	08/22/08										
Diphtheria, Tetanus, Pertussis											
Tdap	04/07/22										
Influenza											
influenza, trivalent, adjuvanted	08/05/24	0.5 mL	Intramuscular	Arm, Left Upper		388464	Seqirus				
Influenza vaccine, quadrivalent, adjuvanted	09/13/23	0.5 mL	Intramuscular	Arm, Left Upper		370677	Seqirus				
influenza, high-dose, quadrivalent	10/11/22	0.7 mL	Intramuscular	Arm, Left Upper		UT7733AA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/23/21	0.7 mL	Intramuscular	Arm, Right Upper		UJ730AB	Sanofi Pasteur				
influenza, high dose seasonal	10/21/19	0.5 mL	Intramuscular	Arm, Right Upper		UJ285AA	Sanofi Pasteur				
influenza, seasonal, injectable, preservative free	10/12/15	0.5 mL	Intramuscular	Arm, Right Upper		1515101					
influenza, seasonal, injectable	11/13/06										
Pneumococcal											
Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF	09/13/23	0.5 mL	Intramuscular	Arm, Left Upper		GT6702	Pfizer, Inc				
pneumococcal polysaccharide PPV23	01/24/17										
pneumococcal conjugate PCV 13	07/21/15										
Varicella											
varicella	03/08/12										
Zoster											
zoster recombinant	04/07/22										
zoster recombinant	12/03/21										
zoster live	03/08/12										

Problems

- Reviewed Problems
- Type 2 diabetes mellitus - Onset: 04/09/2025
 - Hypertensive disorder - Onset: 04/09/2025
 - Kidney disease - Onset: 04/09/2025

Family History

- Reviewed Family History
- Unspecified Relation
 - Hypertensive disorder
 - Kidney disease

Social History

- Reviewed Social History
- Advance Directive**
Do you have an advance directive?: No
Do you have a medical power of attorney?: No
- Substance Use**

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

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?: 05/28/2025

Has tobacco cessation counseling been provided?: No

What is your level of alcohol consumption?: None

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: No

Are you able to walk?: Yes: walks with assistive device(s) (Notes: walker)

Surgical & Procedure History

Reviewed Surgical & Procedure History

- Arthroplasty of knee - 10/10/2021
- Placement of stent in pulmonary artery - 10/10/2019

Past Medical History

Reviewed Past Medical History

HPI

Very pleasant 89-year-old male diabetic veteran here with daughter to establish care sent by Dr. Reiter VA podiatrist here in Knoxville. He has had a skilled nursing facility in Oneida secondary to a number of falls and he has developed a diabetic foot ulcer on the lateral aspect of his left foot. Mr. Duncan states that it has been there for a few weeks and states that he does not remember any trauma or cause to the ulcer. He does admit to resting in bed with his leg out to the left and does appear to apply pressure to the ulceration site. He has been receiving care for this at the nursing facility which includes various dressing changes antibiotic ointments but denies having a foot pillow or any other offload mechanism. He states he has not had his hemoglobin A1c drawn in 2 to 3 months but his last one was 7.2. He also states he is unsure if he has ever had an ankle-brachial index in the past. He also denies any constitutional symptoms of a soft tissue infection.

Here today follow-up the above-mentioned. Skin graft application #1

Here today follow-up the above-mentioned. Skin graft application #2. He states he has been doing well continues to use pillows to offload the lateral aspect of his left foot. He states the wound care at his skilled nursing facility is doing a great job. I would agree. No new complaints today

of the good here today follow-up the above-mentioned. He states that the wound care only did 1 dressing change since our last visit on Saturday as requested. There is evidence today that his left lateral lower extremity wound has continued to bear weight. My hypothesis is that his foot is hitting the footboard at his nursing facility. I have sent new orders with him today to remove the foot board and make sure that this foot is not touching anything at all.

Here today follow-up the above mentioned with one of his daughters. SSTI resolved with clear evidence tha the footboard has been removed from his bed at the nursing home and the pressure has been resolved. Graft application #3 today.

Here today follow-up the above mentioned. Wound is still red and granular with no signs of infection. Graft application #4 today

Here today follow-up the above mentioned. Wound is still red and granular with no signs of infection. Continuing to decrease in size and thickness. Graft application #5 today

Here today follow-up the above-mentioned with one of his daughters. Wound continues to decrease in size and depth. He does state that he is no longer eating low Debbie cakes at all they have removed all processed sugar from his diet. This wound looks fantastic. Graft application #6.

ROS

Patient reports **snoring**. He reports **muscle aches, muscle weakness, arthralgias/joint pain, back pain, and swelling in the extremities**. He reports **restless legs**. He reports **increased thirst**. He reports **easy bruising and excessive bleeding**.

Physical Exam

Nails bilaterally 1 through 5 thick elongated dystrophic clinically onychomycotic

DP PT palpable but diminished bilaterally

+1 pitting edema bilateral lower extremity

Full-thickness ulceration to the plantar aspect of the left fifth met head -no erythema edema odor or warmth or drainage red granular base appreciated today - 2x2cm - negative probe to bone - Continuing to decrease in size

Procedure Documentation**Skin Graft-Innovamatrix:**

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

Skin Substitute: InnovaMatrix AC

Size-- 2x2cm

Product ID-- IMX-0202-01

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

Lot Number-- 061224-1
Expiration Date-- 2026-06-12
Application number-- 6
Zero graft wastage.

Assessment / Plan

Diabetic ulcer of left midfoot associated with type 2 diabetes mellitus, with fat layer

1. exposed

E11.621: Type 2 diabetes mellitus with foot ulcer
L97.422: Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

2. Onychomycosis

B35.1: Tinea unguium

Antalgic

3. gait

R26.89: Other abnormalities of gait and mobility

Disability of

4. walking

R26.2: Difficulty in walking, not elsewhere classified

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

Discussion Notes

wound care orders given for nursing facility
1 dressing change on Saturday to leave Adaptic in place
Adaptic on top of skin graft three 4 x 4's over the lateral aspect left lower extremity secured with rolled gauze and 4 inch Ace wrap with light compression
Mr. Duncan knows to call with any questions or concerns between now and his next visit

Return to Office

Patient will return to the office as needed.

Encounter Sign-Off

Encounter signed-off by WILLIAM NORRIS, FNP-BC, 05/28/2025.

Encounter performed and documented by WILLIAM NORRIS, FNP-BC

Encounter reviewed & signed by WILLIAM NORRIS, FNP-BC on 05/28/2025 at 03:38 PM

DUNCAN, Harold D (id #28708, dob: 11/17/1935)**Encounter Date: 05/21/2025**

Patient

Name	DUNCAN, HAROLD (89yo, M) ID# 28708	Appt. Date/Time	05/21/2025 02:45PM
-------------	------------------------------------	------------------------	--------------------

DOB	11/17/1935	Service Dept.	LAFOLLETTE
------------	------------	----------------------	------------

Provider	WILLIAM NORRIS, FNP-BC
-----------------	------------------------

Insurance	Med Primary: MEDICARE-TN (MEDICARE) Insurance # : 6M84QR5MM06 Med Secondary: UMR (MEDICARE SUPPLEMENT) Insurance # : 334000282689 Policy/Group # : 76413423 Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN) Insurance # : 412564864 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

Wound Care Follow-up

Patient's Care Team

Primary Care Provider: JOSH THOMPSON: 17941 ALBERTA ST, ONEIDA, TN 37841, Ph (423) 569-7750, Fax (423) 569-7751
NPI: 1710372032

Patient's Pharmacies

WALMART PHARMACY 583 (ERX): 19740 ALBERTA STREET, ONEIDA, TN 37841, Ph (423) 569-6633, Fax (423) 569-6927

Vitals

2025-05-21 14:34

Ht: 6 ft 1 in**Wt:** 197 lbs**BMI:** 26

Allergies

Reviewed Allergies

PENICILLINS

Medications

Reviewed Medications

citalopram 20 mg tablet Take 1 tablet(s) every day by oral route.	04/09/25 entered
---	------------------

COMPOUNDED MEDICATION Meloxicam .09%, Gabapentin 2.5%, Lidocaine 2.15%, Prilocaine 2.15% apply 2-4 grams to affected area 3-4 times daily as directed	05/16/25 prescribed
--	---------------------

gabapentin 800 mg tablet Take 1 tablet(s) twice a day by oral route.	04/09/25 entered
--	------------------

Vaccines

Reviewed Vaccines

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, bivalent, PF, 50 mcg/0.5 mL dose (Moderna)	10/06/22	0.5 mL	Intramuscular	Arm, Right Upper		AS7145B	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	05/19/22	0.25 mL	Intramuscular	Arm, Left Upper		056M21A	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	10/27/21	0.25 mL	Intramuscular	Arm, Left Upper		939906	Moderna US, Inc.				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	02/01/21					043L20A	Moderna US, Inc.	07/07/21			
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	01/02/21					025L20A	Moderna US, Inc.	06/25/21			
Diphtheria, Tetanus											
Td(adult)	08/22/08										
Diphtheria, Tetanus, Pertussis											
Tdap	04/07/22										
Influenza											
influenza, trivalent, adjuvanted	08/05/24	0.5 mL	Intramuscular	Arm, Left Upper		388464	Seqirus				
Influenza vaccine, quadrivalent, adjuvanted	09/13/23	0.5 mL	Intramuscular	Arm, Left Upper		370677	Seqirus				
influenza, high-dose, quadrivalent	10/11/22	0.7 mL	Intramuscular	Arm, Left Upper		UT7733AA	Sanofi Pasteur				
influenza, high-dose, quadrivalent	09/23/21	0.7 mL	Intramuscular	Arm, Right Upper		UJ730AB	Sanofi Pasteur				
influenza, high dose seasonal	10/21/19	0.5 mL	Intramuscular	Arm, Right Upper		UJ285AA	Sanofi Pasteur				
influenza, seasonal, injectable, preservative free	10/12/15	0.5 mL	Intramuscular	Arm, Right Upper		1515101					
influenza, seasonal, injectable	11/13/06										
Pneumococcal											
Pneumococcal conjugate PCV20, polysaccharide CRM197 conjugate, adjuvant, PF	09/13/23	0.5 mL	Intramuscular	Arm, Left Upper		GT6702	Pfizer, Inc				
pneumococcal polysaccharide PPV23	01/24/17										
pneumococcal conjugate PCV 13	07/21/15										
Varicella											
varicella	03/08/12										
Zoster											
zoster recombinant	04/07/22										
zoster recombinant	12/03/21										
zoster live	03/08/12										

Problems

- Reviewed Problems
- Type 2 diabetes mellitus - Onset: 04/09/2025
 - Hypertensive disorder - Onset: 04/09/2025
 - Kidney disease - Onset: 04/09/2025

Family History

- Reviewed Family History
- Unspecified Relation
 - Hypertensive disorder
 - Kidney disease

Social History

- Reviewed Social History
- Advance Directive**
Do you have an advance directive?: No
Do you have a medical power of attorney?: No
- Substance Use**

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

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?: 05/21/2025
 Has tobacco cessation counseling been provided?: No
 What is your level of alcohol consumption?: None

Diet and Exercise

What is your exercise level?: None

Activities of Daily Living

Are you able to care for yourself?: No
 Are you able to walk?: Yes: walks with assistive device(s) (Notes: walker)

Surgical & Procedure History

Reviewed Surgical & Procedure History

- Arthroplasty of knee - 10/10/2021
- Placement of stent in pulmonary artery - 10/10/2019

Past Medical History

Reviewed Past Medical History

HPI

Very pleasant 89-year-old male diabetic veteran here with daughter to establish care sent by Dr. Reiter VA podiatrist here in Knoxville. He has had a skilled nursing facility in Oneida secondary to a number of falls and he has developed a diabetic foot ulcer on the lateral aspect of his left foot. Mr. Duncan states that it has been there for a few weeks and states that he does not remember any trauma or cause to the ulcer. He does admit to resting in bed with his leg out to the left and does appear to apply pressure to the ulceration site. He has been receiving care for this at the nursing facility which includes various dressing changes antibiotic ointments but denies having a foot pillow or any other offload mechanism. He states he has not had his hemoglobin A1c drawn in 2 to 3 months but his last one was 7.2. He also states he is unsure if he has ever had an ankle-brachial index in the past. He also denies any constitutional symptoms of a soft tissue infection.

Here today follow-up the above-mentioned. Skin graft application #1

Here today follow-up the above-mentioned. Skin graft application #2. He states he has been doing well continues to use pillows to offload the lateral aspect of his left foot. He states the wound care at his skilled nursing facility is doing a great job. I would agree. No new complaints today

of the good here today follow-up the above-mentioned. He states that the wound care only did 1 dressing change since our last visit on Saturday as requested. There is evidence today that his left lateral lower extremity wound has continued to bear weight. My hypothesis is that his foot is hitting the footboard at his nursing facility. I have sent new orders with him today to remove the foot board and make sure that this foot is not touching anything at all.

Here today follow-up the above mentioned with one of his daughters. SSTI resolved with clear evidence tha the footboard has been removed from his bed at the nursing home and the pressure has been resolved. Graft application #3 today.

Here today follow-up the above mentioned. Wound is still red and granular with no signs of infection. Graft application #4 today

Here today follow-up the above mentioned. Wound is still red and granular with no signs of infection. Continuing to decrease in size and thickness. Graft application #5 today

ROS

Patient reports **snoring**. He reports **muscle aches, muscle weakness, arthralgias/joint pain, back pain, and swelling in the extremities**. He reports **restless legs**. He reports **increased thirst**. He reports **easy bruising and excessive bleeding**.

Physical Exam

Nails bilaterally 1 through 5 thick elongated dystrophic clinically onychomycotic
 DP PT palpable but diminished bilaterally
 +1 pitting edema bilateral lower extremity

Full-thickness ulceration to the plantar aspect of the left fifth met head -no erythema edema odor or warmth or drainage red granular base appreciated today - 2x2cm - negative probe to bone

Procedure Documentation**Skin Graft-Innovamatrix:**

Skin Graft To advance wound healing, an appropriate skin substitute was selected and applied to wound after debridement.
 Skin Substitute: InnovaMatrix AC
 Size-- 2x2cm
 Product ID-- IMX-0202-01
 Lot Number-- 061224-1
 Expiration Date-- 2026-06-12
 Application number-- 5
 Zero graft wastage.

DUNCAN, Harold D (id #28708, dob: 11/17/1935)

Assessment / Plan

Diabetic ulcer of left midfoot associated with type 2 diabetes mellitus, with fat layer

1. exposed

E11.621: Type 2 diabetes mellitus with foot ulcer

L97.422: Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed

2. Onychomycosis

B35.1: Tinea unguium

Antalgic

3. gait

R26.89: Other abnormalities of gait and mobility

Disability of

4. walking

R26.2: Difficulty in walking, not elsewhere classified

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

Discussion Notes

wound care orders given for nursing facility

1 dressing change on Saturday to leave Adaptic in place

Adaptic on top of skin graft three 4 x 4's over the lateral aspect left lower extremity secured with rolled gauze and 4 inch Ace wrap with light compression

Mr. Duncan knows to call with any questions or concerns between now and his next visit

Return to Office

Patient will return to the office as needed.

Encounter Sign-Off

Encounter signed-off by WILLIAM NORRIS, FNP-BC, 05/22/2025.

Encounter performed and documented by WILLIAM NORRIS, FNP-BC

Encounter reviewed & signed by WILLIAM NORRIS, FNP-BC on 05/22/2025 at 08:18 AM