

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Medical Records - CONFIDENTIAL

FROM: TN - Faculty Physicians

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

Name: REAGAN, JACK D

DOB: 03/01/1956

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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REAGAN, Jack D (id #26004, dob: 03/01/1956)

Encounters and Procedures

Clinical Encounter Summaries

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Encounter Date: 09/10/2025

Patient

Name	REAGAN, JACK (69yo, M) ID# 26004	Appt. Date/Time	09/10/2025 08:45AM
DOB	03/01/1956	Service Dept.	KNOXVILLE
Provider	MITCHELL PEARCE, PA		
Insurance	Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN) Insurance # : 261315669 Prescription: check now		

Chief Complaint

Wound Care Follow-up

Patient's Care Team

Podiatrist: CHRISTOPHER BOWLIN, MD
Primary Care Provider: JAMES H QUILLEN VA: 68 DOGWOOD DR, MOUNTAIN HOME, TN 37684, Ph (423) 926-1171, Fax (423) 979-3017

Vitals

2025-09-10 09:05
Ht: 6 ft

Allergies

Reviewed Allergies
PENICILLINS

Medications

[illegible]

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Problems

Reviewed Problems

- Disorder of the peripheral nervous system - Onset: 04/16/2025
- Peripheral vascular disease - Onset: 03/19/2025
- Onychomycosis - Onset: 04/16/2025
- Foot callus - Onset: 04/16/2025
- Antalgic gait - Onset: 04/16/2025
- Walking disability - Onset: 04/16/2025
- Ulcer of left foot - Onset: 06/12/2025
- Corns and callus - Onset: 06/12/2025
- Neuropathy - Onset: 08/09/2024
- Hypertensive disorder - Onset: 08/09/2024

Family History

Reviewed Family History

Father - Hypertensive disorder

Social History

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?: 06/12/2025

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 06/12/2025

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?: Occasional

Diet and Exercise

What is your exercise level?: Occasional

How many times per week do you exercise?: 1-2 times per week

Activities of Daily Living

Are you able to care for yourself independently?: Yes

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

Surgical & Procedure History

Reviewed Surgical & Procedure History

Left shoulder , Left wrist , right wrist and elbow

Past Medical History

Reviewed Past Medical History

Diabetes: Y

Dyslipidemia: Y

Hypertension: Y

Screening

Name	Score	Notes
Steady Fall Risk - 3 item	0	

HPI

68 y/o nondiabetic new patient here with his wife sent from the VA for multiple wounds left sub1st mtp ongoing about five months and right dorsal/later mtp ulcer about three weeks old. Hx neuropathy.

Here today we had some break to compliance he removed the offloaded insert from left shoe and applied his own dressing to the right.

Here today follow up to the above he missed his appointment last week has been putting some betadine on right foot

***68-year-old veteran male who is healed plantar subfirst metatarsal phalangeal joint ulcer.

Reulceration today same plantar subfirst left mtpj he has been wearing his diabetic shoes and inserts needs offload adjustment

Follow up to the above start skin grafting today wound is clean he is compliant with offload

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Follow up to the above mentioned wound is clean he does have some hyperkeratosis periwound

Follow up to the above doing well today

Here today wound is doing well decreased in size and depth from previous he is compliant with dressing and inserts.

Follow up to the above wound has decreased in size he is doing well

Here today doing well less hyperkeratosis today

Follow up to the above he has been on his feet more hosting family for the holidays

Follow up to the above mentioned some breaks in compliance with the boot and insert since last visit

Doing well today less HK than previous

Follow up above mentioned closed skin integument today

Remained healed looks great transition to tennis shoes today

2-week surveillance visit today he looks great. Skin integument remained closed he is compliant with his inserts and shoes. We are getting close to transitioning him into routine footcare.

4-week follow-up to the above-mentioned and he has had a reulceration today left subfirst MTP he is unsure how long this has been open. He has significant hyperkeratosis today. He is compliant with his diabetic shoes and inserts reports 0 barefoot walking

Follow-up to the above-mentioned today he is 98% closed. Looks great compliant with his inserts and offload

Completely closed and dry today he looks great.

Healed +2 weeks today. Compliant with shoes and inserts he looks wonderful

Completely closed he looks great ready to transition back into routine footcare.

Here today for his routine nail care appointment with new wound left subfirst MTP. This has been present for 1 to 1.5 weeks he was doing some home callus care and accidentally cut himself.

Here today follow-up to the above mentioned improvement from previous he is on the antibiotic that we prescribed to him and has been compliant with offloading dressing changes

Follow-up to the above-mentioned doing well today continued skin grafting

Here today follow-up of the above-mentioned doing well

Follow-up the above-mentioned doing well wound continues to heal.

Here today for continued wound care doing well wound is decreased in size from previous.

Here today follow-up of the above-mentioned continued wound care doing well. He did report today that he only slept for 2 hours last night and then further revealed that he usually only gets about 4 hours of sleep per night.

Here today follow-up of the above mentioned he has started on his antibiotic. Wound unchanged from previous visit

Here today continued wound care doing well.

Here today for continued wound care he presented today with no dressing on and also admits to noncompliance with the boot as he has been going to multiple doctors appointments past week. Wound unchanged

Here today for continued wound care doing well depths filled and wound continues to heal. Less hyperkeratosis than previous

Here today for continued wound care. He reports a long drive to Ohio and he was unable to wear his boot.

Continue wound care today doing well he is infection free he is offloaded ready to resume skin grafting.

ROS

Patient reports **hearing loss** but reports no ear pain, no ear discharge, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports **depression** but reports no anxiety, no insomnia, no stress, and no loss of interest. He 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 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

REAGAN, Jack D (id #26004, dob: 03/01/1956)

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 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**.

Onychomycotic digits bilaterally

Full-thickness ulceration left subfirst MTP approximately 0.5 cm x 0.3 cm x 0.3 cm No signs of infection. There is no tunneling or undermining today. Fully granular wound bed. No exposed bone or tendon

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-- SB24-2058AMP-00214991
 Expiration Date--2027-07-24
 Application number--6
 Zero graft wastage. Folded.

Assessment / Plan**Ulcer of left foot with fat layer****1. exposed**

Additional diagnosis detail: Ulcer of left foot with fat layer exposed

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

2. Corns and callus

L84: Corns and callosities

3. Onychomycosis

B35.1: Tinea unguium

4. Disorder of the peripheral nervous system-

Additional diagnosis detail: Other disorders of peripheral nervous system

G64: Other disorders of peripheral nervous system

5. Foot callus -

Additional diagnosis detail: Callus of foot

L84: Corns and callosities

6. Antalgic gait

R26.89: Other abnormalities of gait and mobility

REAGAN, Jack D (id #26004, dob: 03/01/1956)

7. Walking disability -

Additional diagnosis detail: Disability of walking

R26.2: Difficulty in walking, not elsewhere classified

Discussion Notes

Skin graft application #6 today we discussed skin graft dressing change protocol he understands this we will see him next week. He has his offloading and is compliant with dressing changes.

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 09/17/2025 at 09:45 AM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 09/10/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 09/10/2025 at 09:46 AM

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Encounter Date: 07/16/2025

Patient

Name	REAGAN, JACK (69yo, M) ID# 26004	Appt. Date/Time	07/16/2025 09:30AM
DOB	03/01/1956	Service Dept.	KNOXVILLE
Provider	MITCHELL PEARCE, PA		
Insurance	Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN) Insurance # : 261315669 Prescription: check now		

Chief Complaint

Wound Care Follow-up

Patient's Care Team

Referring Provider: JAMES A QUILLIN VA MEDICAL CENTER: 8033 RAYMEARS BLVD, KNOXVILLE, TN 37919, Ph (865) 694-7109, Fax (423) 979-3036 Podiatrist: CHRISTOPHER BOWLIN, MD

Patient's Pharmacies

MOUNTAIN HOME VA MEDICAL CENTER: 8033 RAY MEARS ROAD, KNOXVILLE, TN 37919, Ph (865) 545-4592, Fax (901) 259-3189
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Vitals

2025-07-16 08:51
Ht: 6 ft

Allergies

Reviewed Allergies
PENICILLINS

Medications

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Reviewed Medications

amLODIPine 10 mg tablet TAKE 1 TABLET BY MOUTH DAILY	10/26/24	filled
ARIPiprazole	08/09/24	entered
busPIRone	08/09/24	entered
cloNIDine HCL 0.2 mg tablet	10/26/24	filled
diclofenac 50 mg tablet del.rel-capsai 0.025%-m-salic 25%-ment 6% liqd	08/09/24	entered
doxycycline hyclate 100 mg capsule Take 1 capsule(s) twice a day by oral route with meal(s) for 10 days.	06/12/25	prescribed
DULoxetine	08/09/24	entered
gabapentin	08/09/24	entered
lisinopriL	08/09/24	entered
melatonin	08/09/24	entered
prazosin	08/09/24	entered
Superior Prostate	08/09/24	entered
temazepam 30 mg capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP	10/26/24	filled
tiZANidine	08/09/24	entered
traZODone	08/09/24	entered
vitamin B complex	08/09/24	entered

Vaccines

Reviewed Vaccines											
Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	04/09/21	0.5 mL	Intramuscular	Arm, Left Upper		020B21A	Moderna US, Inc.	12/31/69			
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	03/09/21	0.5 mL	Intramuscular	Arm, Left Upper		036A21A	Moderna US, Inc.	08/26/21			
Diphtheria, Tetanus, Pertussis											
Tdap	09/13/17										

Problems

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Reviewed Problems

- Onychomycosis - Onset: 04/16/2025
- Disorder of the peripheral nervous system - Onset: 04/16/2025
- Peripheral vascular disease - Onset: 03/19/2025
- Foot callus - Onset: 04/16/2025
- Corns and callus - Onset: 06/12/2025
- Walking disability - Onset: 04/16/2025
- Antalgic gait - Onset: 04/16/2025
- Ulcer of left foot - Onset: 06/12/2025
- Neuropathy - Onset: 08/09/2024
- Hypertensive disorder - Onset: 08/09/2024

Family History

Reviewed Family History

Father - Hypertensive disorder

Social History

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?: 06/12/2025

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 06/12/2025

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?: Occasional

Diet and Exercise

What is your exercise level?: Occasional

How many times per week do you exercise?: 1-2 times per week

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

Left shoulder , Left wrist , right wrist and elbow

Past Medical History

Reviewed Past Medical History

Diabetes: Y

Dyslipidemia: Y

Hypertension: Y

Screening

Name	Score	Notes
Steady Fall Risk - 3 item	0	

HPI

68 y/o nondiabetic new patient here with his wife sent from the VA for multiple wounds left sub1st mtp ongoing about five months and right dorsal/later mtp ulcer about three weeks old. Hx neuropathy.

Here today we had some break to compliance he removed the offloaded insert from left shoe and applied his own dressing to the right.

Here today follow up to the above he missed his appointment last week has been putting some betadine on right foot

***68-year-old veteran male who is healed plantar subfirst metatarsal phalangeal joint ulcer.

Reulceration today same plantar subfirst left mtpj he has been wearing his diabetic shoes and inserts needs offload adjustment

Follow up to the above start skin grafting today wound is clean he is compliant with offload

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Follow up to the above mentioned wound is clean he does have some hyperkeratosis periwound

Follow up to the above doing well today

Here today wound is doing well decreased in size and depth from previous he is compliant with dressing and inserts.

Follow up to the above wound has decreased in size he is doing well

Here today doing well less hyperkeratosis today

Follow up to the above he has been on his feet more hosting family for the holidays

Follow up to the above mentioned some breaks in compliance with the boot and insert since last visit

Doing well today less HK than previous

Follow up above mentioned closed skin integument today

Remained healed looks great transition to tennis shoes today

2-week surveillance visit today he looks great. Skin integument remained closed he is compliant with his inserts and shoes. We are getting close to transitioning him into routine footcare.

4-week follow-up to the above-mentioned and he has had a reulceration today left subfirst MTP he is unsure how long this has been open. He has significant hyperkeratosis today. He is compliant with his diabetic shoes and inserts reports 0 barefoot walking

Follow-up to the above-mentioned today he is 98% closed. Looks great compliant with his inserts and offload

Completely closed and dry today he looks great.

Healed +2 weeks today. Compliant with shoes and inserts he looks wonderful

Completely closed he looks great ready to transition back into routine footcare.

Here today for his routine nail care appointment with new wound left subfirst MTP. This has been present for 1 to 1.5 weeks he was doing some home callus care and accidentally cut himself.

Here today follow-up to the above mentioned improvement from previous he is on the antibiotic that we prescribed to him and has been compliant with offloading dressing changes

Follow-up to the above-mentioned doing well today continued skin grafting

Here today follow-up of the above-mentioned doing well

Follow-up the above-mentioned doing well wound continues to heal.

Here today for continued wound care doing well wound is decreased in size from previous.

ROS

Patient reports **hearing loss** but reports no ear pain, no ear discharge, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports **depression** but reports no anxiety, no insomnia, no stress, and no loss of interest. He 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 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 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**.

REAGAN, Jack D (id #26004, dob: 03/01/1956)**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**.

Onychomycotic digits bilaterally

Full-thickness ulceration left subfirst MTP approximately 0.7 cm x .5 cm x 0.3 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--SB25-0970AMP-00298197

Expiration Date--2028-02-09

Application number--5

Zero graft wastage.

Assessment / Plan**Ulcer of left foot with fat layer****1. exposed**

Additional diagnosis detail: Ulcer of left foot with fat layer exposed

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

2. Corns and callus

L84: Corns and callosities

3. Onychomycosis

B35.1: Tinea unguium

4. Disorder of the peripheral nervous system-

Additional diagnosis detail: Other disorders of peripheral nervous system

G64: Other disorders of peripheral nervous system

5. Foot callus -

Additional diagnosis detail: Callus of foot

L84: Corns and callosities

6. Antalgic gait

R26.89: Other abnormalities of gait and mobility

7. Walking disability -

Additional diagnosis detail: Disability of walking

R26.2: Difficulty in walking, not elsewhere classified

Discussion Notes

Skin graft application #5 today. Continue doing a dressing change protocol he is compliant with the offloading cam boot. Will see him back next week he knows to call with any concerns.

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 07/23/2025 at 09:30 AM
- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 07/30/2025 at 10:15 AM

Encounter Sign-Off

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Encounter signed-off by MITCHELL PEARCE, PA, 07/16/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 07/16/2025 at 11:59 AM

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Encounter Date: 07/09/2025

Patient

Name REAGAN, JACK (69yo, M) ID# 26004 Appt. Date/Time 07/09/2025 09:30AM

DOB 03/01/1956 Service Dept. KNOXVILLE

Provider MITCHELL PEARCE, PA

Insurance Med Contracts: OPTUM - VA COMMUNITY CARE NETWORK (VA CCN)
Insurance # : 261315669
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

Referring Provider: JAMES A QUILLIN VA MEDICAL CENTER: 8033 RAYMEARS BLVD, KNOXVILLE, TN 37919, Ph (865) 694-7109, Fax (423) 979-3036
Podiatrist: CHRISTOPHER BOWLIN, MD

Patient's Pharmacies

MOUNTAIN HOME VA MEDICAL CENTER: 8033 RAY MEARS ROAD, KNOXVILLE, TN 37919, Ph (865) 545-4592, Fax (901) 259-3189

Vitals

2025-07-09 09:46
Ht: 6 ft

Allergies

Reviewed Allergies
PENICILLINS

Medications

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Reviewed Medications

amLODIPine 10 mg tablet TAKE 1 TABLET BY MOUTH DAILY	10/26/24	filled
ARIPiprazole	08/09/24	entered
busPIRone	08/09/24	entered
cloNIDine HCL 0.2 mg tablet	10/26/24	filled
diclofenac 50 mg tablet del.rel-capsai 0.025%-m-salic 25%-ment 6% liqd	08/09/24	entered
doxycycline hyclate 100 mg capsule Take 1 capsule(s) twice a day by oral route with meal(s) for 10 days.	06/12/25	prescribed
DULoxetine	08/09/24	entered
gabapentin	08/09/24	entered
lisinopriL	08/09/24	entered
melatonin	08/09/24	entered
prazosin	08/09/24	entered
Superior Prostate	08/09/24	entered
temazepam 30 mg capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP	10/26/24	filled
tiZANidine	08/09/24	entered
traZODone	08/09/24	entered
vitamin B complex	08/09/24	entered

Vaccines

Reviewed Vaccines											
Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
COVID-19											
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	04/09/21	0.5 mL	Intramuscular	Arm, Left Upper		020B21A	Moderna US, Inc.	12/31/69			
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	03/09/21	0.5 mL	Intramuscular	Arm, Left Upper		036A21A	Moderna US, Inc.	08/26/21			
Diphtheria, Tetanus, Pertussis											
Tdap	09/13/17										

Problems

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Reviewed Problems

- Onychomycosis - Onset: 04/16/2025
- Disorder of the peripheral nervous system - Onset: 04/16/2025
- Peripheral vascular disease - Onset: 03/19/2025
- Foot callus - Onset: 04/16/2025
- Corns and callus - Onset: 06/12/2025
- Walking disability - Onset: 04/16/2025
- Antalgic gait - Onset: 04/16/2025
- Ulcer of left foot - Onset: 06/12/2025
- Neuropathy - Onset: 08/09/2024
- Hypertensive disorder - Onset: 08/09/2024

Family History

Reviewed Family History

Father - Hypertensive disorder

Social History

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?: 06/12/2025

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 06/12/2025

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?: Occasional

Diet and Exercise

What is your exercise level?: Occasional

How many times per week do you exercise?: 1-2 times per week

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

Left shoulder , Left wrist , right wrist and elbow

Past Medical History

Reviewed Past Medical History

Diabetes: Y

Dyslipidemia: Y

Hypertension: Y

Screening

Name	Score	Notes
Steady Fall Risk - 3 item	0	

HPI

68 y/o nondiabetic new patient here with his wife sent from the VA for multiple wounds left sub1st mtp ongoing about five months and right dorsal/later mtp ulcer about three weeks old. Hx neuropathy.

Here today we had some break to compliance he removed the offloaded insert from left shoe and applied his own dressing to the right.

Here today follow up to the above he missed his appointment last week has been putting some betadine on right foot

***68-year-old veteran male who is healed plantar subfirst metatarsal phalangeal joint ulcer.

Reulceration today same plantar subfirst left mtpj he has been wearing his diabetic shoes and inserts needs offload adjustment

Follow up to the above start skin grafting today wound is clean he is compliant with offload

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Follow up to the above mentioned wound is clean he does have some hyperkeratosis periwound

Follow up to the above doing well today

Here today wound is doing well decreased in size and depth from previous he is compliant with dressing and inserts.

Follow up to the above wound has decreased in size he is doing well

Here today doing well less hyperkeratosis today

Follow up to the above he has been on his feet more hosting family for the holidays

Follow up to the above mentioned some breaks in compliance with the boot and insert since last visit

Doing well today less HK than previous

Follow up above mentioned closed skin integument today

Remained healed looks great transition to tennis shoes today

2-week surveillance visit today he looks great. Skin integument remained closed he is compliant with his inserts and shoes. We are getting close to transitioning him into routine footcare.

4-week follow-up to the above-mentioned and he has had a reulceration today left subfirst MTP he is unsure how long this has been open. He has significant hyperkeratosis today. He is compliant with his diabetic shoes and inserts reports 0 barefoot walking

Follow-up to the above-mentioned today he is 98% closed. Looks great compliant with his inserts and offload

Completely closed and dry today he looks great.

Healed +2 weeks today. Compliant with shoes and inserts he looks wonderful

Completely closed he looks great ready to transition back into routine footcare.

Here today for his routine nail care appointment with new wound left subfirst MTP. This has been present for 1 to 1.5 weeks he was doing some home callus care and accidentally cut himself.

Here today follow-up to the above mentioned improvement from previous he is on the antibiotic that we prescribed to him and has been compliant with offloading dressing changes

Follow-up to the above-mentioned doing well today continued skin grafting

Here today follow-up of the above-mentioned doing well

Follow-up the above-mentioned doing well wound continues to heal.

ROS

Patient reports **hearing loss** but reports no ear pain, no ear discharge, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports **depression** but reports no anxiety, no insomnia, no stress, and no loss of interest. He 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 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 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**.

REAGAN, Jack D (id #26004, dob: 03/01/1956)

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**.

Onychomycotic digits bilaterally

Full-thickness ulceration left subfirst MTP approximately 0.8 cm x .6 cm x 0.3 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--SB25-0507MP-00292623

Expiration Date--2028-01-29

Application number--4

Zero graft wastage.

Assessment / Plan**Ulcer of left foot with fat layer****1. exposed**

Additional diagnosis detail: Ulcer of left foot with fat layer exposed

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

2. Corns and callus

L84: Corns and callosities

3. Onychomycosis

B35.1: Tinea unguium

4. Disorder of the peripheral nervous system -

Additional diagnosis detail: Other disorders of peripheral nervous system

G64: Other disorders of peripheral nervous system

5. Foot callus -

Additional diagnosis detail: Callus of foot

L84: Corns and callosities

6. Antalgic gait

R26.89: Other abnormalities of gait and mobility

7. Walking disability -

Additional diagnosis detail: Disability of walking

R26.2: Difficulty in walking, not elsewhere classified

Discussion Notes

Skin graft application #4 continue skin graft dressing change protocol we will see him back in 1 week. He knows to call with any questions or concerns. He has offloaded cam boot and is compliant with this.

Return to Office

- MITCHELL PEARCE, PA for ESTABLISHED PATIENT 15 at KNOXVILLE on 07/16/2025 at 09:30 AM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 07/09/2025.

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 07/09/2025 at 04:05 PM

REAGAN, Jack D (id #26004, dob: 03/01/1956)**Encounter Date: 07/03/2025****Patient**

Name	REAGAN, JACK (69yo, M) ID# 26004	Appt. Date/Time	07/03/2025 03:15PM
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DOB	03/01/1956	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 # : 261315669 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

Referring Provider: JAMES A QUILLIN VA MEDICAL CENTER: 8033 RAYMEARS BLVD, KNOXVILLE, TN 37919, Ph (865) 694-7109, Fax (423) 979-3036
Podiatrist: CHRISTOPHER BOWLIN, MD

Patient's Pharmacies

MOUNTAIN HOME VA MEDICAL CENTER: 8033 RAY MEARS ROAD, KNOXVILLE, TN 37919, Ph (865) 545-4592, Fax (901) 259-3189

Vitals

None recorded.

Allergies

Reviewed Allergies

PENICILLINS**Medications**

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Reviewed Medications

amLODIPine 10 mg tablet TAKE 1 TABLET BY MOUTH DAILY	10/26/24	filled
ARIPiprazole	08/09/24	entered
busPIRone	08/09/24	entered
cloNIDine HCL 0.2 mg tablet	10/26/24	filled
diclofenac 50 mg tablet del.rel-capsai 0.025%-m-salic 25%-ment 6% liqd	08/09/24	entered
doxycycline hyclate 100 mg capsule Take 1 capsule(s) twice a day by oral route with meal(s) for 10 days.	06/12/25	prescribed
DULoxetine	08/09/24	entered
gabapentin	08/09/24	entered
lisinopriL	08/09/24	entered
melatonin	08/09/24	entered
prazosin	08/09/24	entered
Superior Prostate	08/09/24	entered
temazepam 30 mg capsule TAKE 1 CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SLEEP	10/26/24	filled
tiZANidine	08/09/24	entered
traZODone	08/09/24	entered
vitamin B complex	08/09/24	entered

Vaccines

Reviewed Vaccines												
Vaccine Type	Date	Amt.	Route	Site	NDC	Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator	
COVID-19												
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	04/09/21	0.5 mL	Intramuscular	Arm, Left Upper		020B21A	Moderna US, Inc.	12/31/69				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna)	03/09/21	0.5 mL	Intramuscular	Arm, Left Upper		036A21A	Moderna US, Inc.	08/26/21				
Diphtheria, Tetanus, Pertussis												
Tdap	09/13/17											

Problems

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Reviewed Problems

- Onychomycosis - Onset: 04/16/2025
- Disorder of the peripheral nervous system - Onset: 04/16/2025
- Peripheral vascular disease - Onset: 03/19/2025
- Foot callus - Onset: 04/16/2025
- Corns and callus - Onset: 06/12/2025
- Walking disability - Onset: 04/16/2025
- Antalgic gait - Onset: 04/16/2025
- Ulcer of left foot - Onset: 06/12/2025
- Neuropathy - Onset: 08/09/2024
- Hypertensive disorder - Onset: 08/09/2024

Family History

Reviewed Family History

Father - Hypertensive disorder

Social History

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?: 06/12/2025

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 06/12/2025

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?: Occasional

Diet and Exercise

What is your exercise level?: Occasional

How many times per week do you exercise?: 1-2 times per week

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

Left shoulder , Left wrist , right wrist and elbow

Past Medical History

Reviewed Past Medical History

Diabetes: **Y**

Dyslipidemia: **Y**

Hypertension: **Y**

HPI

68 y/o nondiabetic new patient here with his wife sent from the VA for multiple wounds left sub1st mtp ongoing about five months and right dorsal/later mtp ulcer about three weeks old. Hx neuropathy.

Here today we had some break to compliance he removed the offloaded insert from left shoe and applied his own dressing to the right.

Here today follow up to the above he missed his appointment last week has been putting some betadine on right foot

***68-year-old veteran male who is healed plantar subfirst metatarsal phalangeal joint ulcer.

Reulceration today same plantar subfirst left mtpj he has been wearing his diabetic shoes and inserts needs offload adjustment

Follow up to the above start skin grafting today wound is clean he is compliant with offload

Follow up to the above mentioned wound is clean he does have some hyperkeratosis periwound

Follow up to the above doing well today

Here today wound is doing well decreased in size and depth from previous he is compliant with dressing and inserts.

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Follow up to the above wound has decreased in size he is doing well

Here today doing well less hyperkeratosis today

Follow up to the above he has been on his feet more hosting family for the holidays

Follow up to the above mentioned some breaks in compliance with the boot and insert since last visit

Doing well today less HK than previous

Follow up above mentioned closed skin integument today

Remained healed looks great transition to tennis shoes today

2-week surveillance visit today he looks great. Skin integument remained closed he is compliant with his inserts and shoes. We are getting close to transitioning him into routine footcare.

4-week follow-up to the above-mentioned and he has had a reulceration today left subfirst MTP he is unsure how long this has been open. He has significant hyperkeratosis today. He is compliant with his diabetic shoes and inserts reports 0 barefoot walking

Follow-up to the above-mentioned today he is 98% closed. Looks great compliant with his inserts and offload

Completely closed and dry today he looks great.

Healed +2 weeks today. Compliant with shoes and inserts he looks wonderful

Completely closed he looks great ready to transition back into routine footcare.

Here today for his routine nail care appointment with new wound left subfirst MTP. This has been present for 1 to 1.5 weeks he was doing some home callus care and accidentally cut himself.

Here today follow-up to the above mentioned improvement from previous he is on the antibiotic that we prescribed to him and has been compliant with offloading dressing changes

Follow-up to the above-mentioned doing well today continued skin grafting

Here today follow-up of the above-mentioned doing well

ROS

Patient reports **hearing loss** but reports no ear pain, no ear discharge, no sinus pressure, no drooling, no facial swelling, no congestion, no sore throat, no hoarseness, and no mouth lesions. He reports **depression** but reports no anxiety, no insomnia, no stress, and no loss of interest. He 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 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 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**.

REAGAN, Jack D (id #26004, dob: 03/01/1956)

Onychomycotic digits bilaterally

Full-thickness ulceration left subfirst MTP approximately 1.0 cm x 1 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-- SB25-0507MP-00292624

Expiration Date--2028-01-29

Application number--3

Zero graft wastage.

Assessment / Plan

Ulcer of left foot with fat layer

1. exposed

Additional diagnosis detail: Ulcer of left foot with fat layer exposed

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

2. Corns and callus

L84: Corns and callosities

3. Onychomycosis

B35.1: Tinea unguium

4. Disorder of the peripheral nervous system-

Additional diagnosis detail: Other disorders of peripheral nervous system

G64: Other disorders of peripheral nervous system

5. Foot callus -

Additional diagnosis detail: Callus of foot

L84: Corns and callosities

6. Antalgic gait

R26.89: Other abnormalities of gait and mobility

7. Walking disability -

Additional diagnosis detail: Disability of walking

R26.2: Difficulty in walking, not elsewhere classified

Discussion Notes

Skin graft application #3 today we discussed skin graft dressing change protocol he has the offloaded cam boot 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 07/10/2025 at 01:45 PM

Encounter Sign-Off

Encounter signed-off by MITCHELL PEARCE, PA, 07/03/2025.

Encounter performed and documented by MITCHELL PEARCE, PA

Encounter reviewed & signed by MITCHELL PEARCE, PA on 07/03/2025 at 03:24 PM