

CONFIDENTIAL PATIENT MASTER RECORD

PATIENT ID: 234 | MRN: MRN-234-2025

I. REGISTRATION FACE SHEET

PATIENT IDENTITY	
Name:	James McGill
DOB:	1960-11-12
Gender:	male
Race:	Caucasian
Height:	5 ft 9 in
Weight:	175 lbs
Telecom:	505-842-5662
Address:	160 Juan Tabo Blvd NE, Albuquerque, NM 87111
Marital Status:	Divorced
Multiple Birth:	No (Order: 1)
COMMUNICATION	
Language:	English
Preferred:	Yes
EMERGENCY CONTACT	
Relationship:	Brother
Name:	Charles McGill
Telecom:	505-555-1234
Address:	10210 Montgomery Blvd NE, Albuquerque, NM 87111
Gender:	male
Organization:	N/A
Period Start:	1960-11-12
Period End:	ongoing
PRIMARY PROVIDER	
General Practitioner:	Dr. Stephanie Harper, MD
Managing Organization:	Lovelace Medical Center
INSURANCE / PAYER	
Payer ID:	BCBSNM-001
Payer Name:	Blue Cross Blue Shield of New Mexico
Plan Name:	Blue Community Gold PPO

Plan Type:	PPO
Group ID:	HHM-LAW-93
Group Name:	Hamlin, Hamlin & McGill
Member ID:	JMM-11121960
Policy Number:	BCBSNM-POL-98765
Effective Date:	2023-01-01
Termination Date:	ongoing
Copay:	\$40
Deductible:	\$2000
SUBSCRIBER	
Subscriber ID:	JMM-11121960
Subscriber Name:	James McGill
Relationship:	Self
Subscriber DOB:	1960-11-12
Subscriber Address:	160 Juan Tabo Blvd NE, Albuquerque, NM 87111

II. MEDICAL BIOGRAPHY & HISTORY

James 'Jimmy' McGill is a 64-year-old defense attorney with a high-stress occupation and a lifestyle to match. His medical history is notable for long-standing, moderately controlled essential hypertension and generalized anxiety disorder, for which he takes daily medication. He has a significant smoking history, consuming about half a pack of cigarettes per day for the last 40 years, a habit that has contributed to chronic periodontal issues. His social history is significant for being divorced and living alone, with occasional social alcohol use.

The current clinical scenario began following a fall approximately two weeks ago, where Mr. McGill sustained direct trauma to his face. This event led to a fracture of his upper right first molar. The tooth has since become symptomatic with severe, persistent pain, indicating a non-restorable condition complicated by a dental abscess. The resulting infection has caused significant destruction of the surrounding jawbone, specifically the buccal plate. This bone loss makes a straightforward tooth replacement with a dental implant impossible without first rebuilding the foundation. The proposed treatment plan involves extracting the fractured tooth and performing a medically necessary bone graft to restore the alveolar ridge, which is a critical step to ensure future functional and aesthetic rehabilitation.

III. CLINICAL REPORTS & IMAGING

■ ORAL SURGERY CONSULT NOTE

Report Text:

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Oral & Maxillofacial Surgery Consultation Note

PATIENT: James McGill (MRN: MRN-234)

DATE OF CONSULT: 2025-05-28

REFERRING PROVIDER: Dr. Stephanie Harper, MD

CONSULTING PROVIDER: Dr. Robert Martinez, DDS

CHIEF COMPLAINT: Severe pain in the upper right jaw, evaluation for extraction.

HISTORY OF PRESENT ILLNESS: Mr. McGill is a 64-year-old male with a history of hypertension and anxiety who presents for evaluation of his upper right first molar (tooth #3). The patient reports that approximately two weeks ago, he slipped and fell, striking his face on a coffee table. He initially experienced moderate pain and swelling, which was managed with Ibuprofen. However, over the past week, the pain has become sharp, constant, and severe, rated 8/10, particularly with chewing. He also notes a bad taste in his mouth. He saw his primary care physician, Dr. Harper, who referred him for dental evaluation. A subsequent CBCT scan was performed, and he was referred to our clinic for surgical consultation.

The patient denies fever or chills. He has been taking Amoxicillin 500mg prescribed by his dentist for the past three days, with minimal improvement in symptoms. He is concerned about losing the tooth and wants to discuss replacement options.

PAST MEDICAL HISTORY:

- Essential Hypertension, diagnosed ~10 years ago.
- Generalized Anxiety Disorder.
- Hyperlipidemia.
- History of tobacco use, reports smoking 0.5 packs per day for 40 years.

PAST SURGICAL HISTORY:

- Colonoscopy (2020), normal.

MEDICATIONS:

- Lisinopril 10mg daily
- Amlodipine 5mg daily
- Atorvastatin 20mg daily
- Alprazolam 0.5mg as needed
- Ibuprofen 600mg as needed for pain
- Amoxicillin 500mg three times a day (current)

ALLERGIES: No Known Drug Allergies.

SOCIAL HISTORY: Patient is an attorney. He is divorced and lives alone. Reports significant occupational stress. Smokes approximately 10 cigarettes per day. Drinks alcohol so...

■ **DENTAL CBCT IMAGING REPORT**

Report Text:

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Dental Imaging Report - Cone Beam Computed Tomography (CBCT)

PATIENT: James McGill (MRN: MRN-234)

DATE OF SERVICE: 2025-05-20

REFERRING PROVIDER: Dr. Stephanie Harper, MD

ACCESSION NUMBER: ACC-2025-39981

EXAMINATION: CBCT of the maxilla, limited field of view.

TECHNIQUE: A limited field of view (8x8 cm) cone beam computed tomography scan of the maxillary arch was acquired using an i-CAT FLX V8 scanner. Axial, sagittal, and coronal slices were reconstructed at 0.25mm intervals for multi-planar review. 3D volumetric renderings were also generated.

FINDINGS:

- **Tooth #3 (Maxillary Right First Molar):** Multi-planar reconstructions demonstrate a clear, non-displaced vertical fracture line extending from the occlusal surface through the mesiobuccal root and terminating at the apex. The fracture is best visualized on the sagittal and axial planes.
- **Periapical and Periradicular Structures:** A large, irregular, and poorly-defined radiolucency is noted encompassing the apices of both the mesiobuccal and distobuccal roots of tooth #3. The lesion extends into the furcation area. The overall size of the lucency is approximately 10mm (mesio-distal) x 8mm (bucco-lingual) x 9mm (apico-coronal). The findings are consistent with a chronic inflammatory process and abscess formation secondary to the root fracture.
- **Alveolar Bone:** There is severe bone loss associated with tooth #3. Specifically, there is a catastrophic loss of the buccal cortical plate. The buccal bone height is reduced by approximately 70% compared to the adjacent palatal plate. The remaining buccal bone is less than 1mm thick for a significant portion of the root length. The maxillary sinus floor appears intact, though there is slight mucositis noted superior to the apex of tooth #3, likely inflammatory in nature.
- **Maxillary Sinus:** The right maxillary sinus is clear of significant fluid levels, but there is mild mucositis al...

■ **PREOPERATIVE LAB RESULTS**

Report Text:

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Laboratory Report

PATIENT: James McGill (MRN: MRN-234)

DOB: 1960-11-12

COLLECTION DATE: 2025-06-02 09:30

REPORT DATE: 2025-06-02 11:30

ORDERING PROVIDER: Dr. Robert Martinez, DDS

ACCESSION: QST-4588102

Test Name Result Flag Reference Range Units

COMPLETE BLOOD COUNT (CBC)

WHITE BLOOD CELL COUNT 8.9 4.0 - 11.0 x10(3)/uL

RED BLOOD CELL COUNT 4.81 4.20 - 5.80 x10(6)/uL

HEMOGLOBIN 15.2 13.2 - 17.1 g/dL

HEMATOCRIT 45.8 38.5 - 50.0 %
MCV 95.2 80.0 - 98.0 fL
PLATELET COUNT 255 140 - 400 x10(3)/uL

COMPREHENSIVE METABOLIC PANEL

SODIUM 140 136 - 145 mmol/L
POTASSIUM 4.1 3.5 - 5.1 mmol/L
CHLORIDE 101 98 - 107 mmol/L
CARBON DIOXIDE 25 21 - 32 mmol/L
GLUCOSE, SERUM 102 H 70 - 99 mg/dL
BUN 18 7 - 20 mg/dL
CREATININE 0.9 0.6 - 1.2 mg/dL
CALCIUM 9.5 8.5 - 10.2 mg/dL

LIPID PANEL

CHOLESTEROL, TOTAL 215 H <200 mg/dL
TRIGLYCERIDES 160 H <150 mg/dL
HDL CHOLESTEROL 42 >39 mg/dL
LDL CHOLESTEROL, CALCULATED 141 H <100 mg/dL

HEMOGLOBIN A1c

HEMOGLOBIN A1C 5.8 H 4.0 - 5.6 %
ESTIMATED AVG GLUCOSE 120...

■ PRIMARY CARE PROGRESS NOTE

Report Text:

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Primary Care Progress Note

PATIENT: James McGill (MRN: MRN-234)

DATE OF VISIT: 2025-05-15

SUBJECTIVE:

Mr. McGill presents to the clinic today with a chief complaint of right-sided facial and tooth pain. He states he had a minor fall about a week ago and hit the right side of his face. At the time, he had some bruising but didn't seek care. Over the last 2-3 days, the pain has localized to his upper right molar area and has become progressively worse, now a 7/10. He describes it as a constant, throbbing ache. He has been taking Ibuprofen with some relief. He denies fever, but notes a
