

Dang, Chin Thi

MRN: 4001047332

Office Visit 9/30/2025
UofL Physicians - Orthopedics

Provider: Victor Anciano Granadillo, MD (Orthopaedic Surgery).
Primary diagnosis: Pain in right lower leg
Reason for Visit: Right Lower Leg - Follow-up

Progress Notes

Victor Anciano Granadillo, MD (Physician) • Orthopaedic Surgery

CC:**Chief Complaint**

Patient presents with:

- Right Lower Leg - Follow-up

HPI:

Chin is a 78 y.o. female who presents for a postop visit after right foot revisional transmetatarsal amputation with irrigation debridement and complex wound closure on 9/19/2025. She previously had transverse tibial osteotomy for transport to aid in wound healing.

She has been having pain at her osteotomy site and foot. She has been treated with local wound care. She has completed her bone transport adjustments. She denies fevers and drainage from her foot. She is still living in a rehab facility at the moment.

Past Medical History:**Active Ambulatory Problems**

Diagnosis	Date Noted
• Type 2 diabetes mellitus	12/03/2016
• Osteoarthritis	06/05/2020
• Pure hypercholesterolemia	07/25/2022
• Mitral valve regurgitation	11/16/2022
• Hypertension	07/25/2022
• Gastroesophageal reflux disease	07/25/2022
• Coronary atherosclerosis	01/23/2017
• Chronic kidney disease stage 3 (CMS/HCC)	07/10/2023
• Polyneuropathy due to type 2 diabetes mellitus	08/01/2023
• Echocardiogram abnormal	06/17/2024
• History of coronary artery bypass grafting	06/17/2024
• History of peripheral vascular angioplasty	05/15/2024
• Chronic combined systolic and diastolic heart failure	06/25/2025
• Disorder of amputation stump	11/20/2024
• Heart failure	12/05/2024
• Ulcer of right foot	04/09/2025
• Critical lower limb ischemia	06/25/2025
• Abnormal gait	08/25/2025
• Anemia	08/25/2025
• Coronary artery bypass graft operation planned	08/25/2025
• Depressive disorder	08/25/2025
• Neuropathy	08/25/2025
• Wheelchair dependence	08/25/2025

- Coronary arteriosclerosis
- Congestive heart failure
- Diabetes mellitus

08/25/2025

08/25/2025

08/25/2025

Resolved Ambulatory Problems

Diagnosis	Date Noted
• Myocardial infarction	01/23/2017
• H/O: fracture	10/18/2016

No Additional Past Medical History**Surgical History:**

Surgical History

Past Surgical History:

Procedure	Laterality	Date
• AMPUTATION		
• CORONARY ARTERY BYPASS GRAFT		

Meds:

Current Medications

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• Accu-Chek Softclix Lancets lancets	1 each by Other route 3 times a day.		
• acetaminophen (Tylenol) 500 MG tablet	Take 1,000 mg by mouth every 8 (eight) hours.		
• Alcohol Swabs (Alcohol Prep) 70 % pads	1 each.		
• amlODIPine (Norvasc) 5 MG tablet	Take 5 mg by mouth 1 (one) time each day.		
• amoxicillin-clavulanate (Augmentin) 875-125 MG tablet			
• aspirin 81 MG EC tablet	81 mg.		
• Betadine 10 % external solution	Apply 1 drop topically 1 (one) time each day.		
• Blood Glucose Monitoring Suppl (Accu-Chek Guide) w/Device kit	1 each 3 times a day.		
• carvedilol (Coreg) 3.125 MG tablet	Take 1 tablet (3.125 mg total) by mouth 2 (two) times a day with meals.	180 tablet	3

• cefdinir (Omnicef) 300 MG capsule			
• clopidogrel (Plavix) 75 MG tablet	Take 75 mg by mouth 1 (one) time each day.		
• Continuous Blood Gluc Receiver (Dexcom G7 Receiver) device	Use to check sugars	1 each	1
• Continuous Glucose Sensor (Dexcom G7 Sensor) misc	1 each every 10 (ten) days.	9 each	3
• dapagliflozin (Farxiga) 10 MG	10 mg.		
• dapagliflozin (Farxiga) 10 MG	10 mg.		
• ferrous sulfate (Fe Tabs) 325 (65 Fe) MG EC tablet	Take 1 tablet by mouth 1 (one) time each day with dinner for 90 days. Do not crush, chew, or split.	90 tablet	0
• furosemide (Lasix) 40 MG tablet	40 mg.		
• furosemide (Lasix) 40 MG tablet	40 mg.		
• gabapentin (Neurontin) 100 MG capsule	Take 1 capsule by mouth every night for 30 days.	30 capsule	0
• glucose blood (Accu-Chek Guide) test strip	1 strip by Other route 3 times a day.		
• insulin glargine (Toujeo SoloStar) 300 UNIT/ML injection	Inject 74 Units under the skin 1 (one) time each day in the morning.	22.2 mL	1
• insulin glargine (Toujeo SoloStar) 300 UNIT/ML injection	SubCutaneous, Daily, changes depending on glucose, 0 Refill(s)		
• isosorbide mononitrate ER (Imdur) 30 MG 24 hr tablet	Take 30 mg by mouth 1 (one) time each day.		
• lidocaine (Lidoderm) 5 % patch	Apply 3 patches topically 1 (one) time each day. APPLY 1 PATCH TO LOWER BACK AND BOTH KNEES FOR 12 HOURS AND OFF FOR 12 HOURS.	90 patch	11
• magnesium oxide 400 (240 Mg) MG tablet	Take 400 mg by mouth 1 (one) time each day.		
• metFORMIN (Glucophage) 1000 MG tablet	Take 1 tablet (1,000 mg total) by mouth 2 (two) times a day.	180 tablet	3

- | | | | |
|---|---|-----------|---|
| • metFORMIN (Glucophage)
1000 MG tablet | 500 mg. | | |
| • pantoprazole (ProtoNix) 40 MG
EC tablet | Take 1 tablet (40 mg
total) by mouth 1
(one) time each day.
Do not crush, chew,
or split. | 30 tablet | 3 |
| • pen needle, diabetic (Novofine
Pen Needle) 32G X 6 MM misc | Use to inject insulin
daily | 100 each | 3 |
| • Percocet 5-325 MG tablet | 1 tablet. | | |
| • polyethylene glycol (Glycolax)
17 g packet | Take 17 g by mouth
2 (two) times a day. | | |
| • rosuvastatin (Crestor) 40 MG
tablet | Take 1 tablet (40 mg
total) by mouth 1
(one) time each day. | 90 tablet | 3 |
| • Vitamin D, Ergocalciferol, 50000
units capsule | Take 1 capsule by
mouth 1 (one) time
per week. | | |

No current facility-administered medications for this visit.

Allergies:

Allergies

No Known Allergies

Social History:

Social History

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping status: Not on file

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Never
- Sexual activity: Not Currently
- Partners: Male

Family History:

Family History

Family History

Problem	Relation	Name	Age of Onset
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- Colon Neg Hx

- cancer
- Colon Neg Hx
- polyps

ROS:

Constitutional: No fevers, chills, sweats

Eye: No recent visual problems

HEENT: No ear pain, nasal congestion, sore throat, voice changes

Respiratory: No shortness of breath, cough, pain on breathing

Cardiovascular: No Chest pain, palpitations, syncope

Gastrointestinal: No nausea, vomiting, diarrhea, constipation

Genitourinary: No hematuria, dysuria

Hema/Lymph: Negative for bruising tendency, swollen lymph glands, nosebleeds, history of anticoagulation

Endocrine: Negative for excessive thirst, excessive hunger, excessive urination, heat or cold intolerance

Musculoskeletal: per HPI, otherwise unremarkable

Integumentary: per HPI, otherwise no rash, pruritus, abrasions, lesions

Neurologic: per HPI, otherwise no weakness, numbness, frequent headaches, tremors, blackouts

Psychiatric: No anxiety, depression, mood changes, hallucinations

Physical Exam:

General: Awake, alert, and oriented appropriately

HEENT: NCAT, PERRL

Pulmonary: Non-labored breathing, symmetric chest rise

Skin: No rashes or other lesions noted

Lymphatic: No lymphedema or lymphangitis

Vascular: right leg is warm and perfused

Neurologic: No motor or sensory deficits.

Musculoskeletal: Patient has previous right foot amputation and external fixator in place on the right tibia. There is a wound on the anterior portion of the right foot with a large eschar. No drainage or purulence present. There is no drainage from the external fixator pin sites.

Radiology:

XR tibia fibula 2 views right 73590

Result Date: 9/16/2025

Narrative: Right tib-fib x-ray 2 views: Distraction osteotomy noted, hardware intact and in correct anatomical alignment, no complications noted

XR tibia fibula 2 views right 73590

Result Date: 9/9/2025

Narrative: 2 views of the tib/fib showed distraction of osteotomy. No hardware complications.

X-rays of the right tibia were taken in clinic today. These demonstrate external fixator in expected position in the tibia with no signs of failure. Transverse tibial osteotomy appears reduced to its original position.

Procedure:

Procedures**Assessment:****1. Pain in right lower leg****Plan:**

Chin presents for a postop visit 11 days after right foot TMA revision with irrigation debridement and complex wound closure. She has an eschar over the wound on the anterior portion of her foot, and we will refer her to wound care for hyperbaric treatment to assist with further healing. Her transverse tibial osteotomy has been reduced to its original position. We will keep her external fixator in place for 4 weeks and plan for removal at that time.

Joseph Kitchen, MD

I saw and examined the patient independently of the resident/fellow/mid-level provider. A resident/fellow/mid-level provider may have been part of the care, including documentation acting as a scribe. All/any procedures were performed by either myself or resident/fellow/mid-level provider under my direct supervision. I agree with their management plan as it was presented and I have edited this note to include all my revisions.

Victor Anciano, MD

Follow-up:

No follow-ups on file.

I appreciate the referral by No ref. provider found. This note and a letter will be sent to the referring provider to update them in our assessment of the patient.

Instructions

AVS - Outpatient (Vietnamese Snapshot) - Automatic Snapshot taken 10/1/2025

Additional Documentation

Flowsheets: Fall Risk Assessment

Communications

No questionnaires available.

Care Plans

No modifications were made to relevant care plans during this encounter.

Primary Visit Coverage

Payer	Plan	Sponsor Code	Group Number	Group Name
MEDICARE	MEDICARE A&B			

Primary Visit Coverage Subscriber

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
8VT5JN2JD55	DANG,CHIN THI	xxx-xx-1157	4822 SOUTH 2ND STREET LOUISVILLE, KY 40214

Orders Placed

XR tibia fibula 2 views right 73590 (Resulted 9/30/2025)

Medication Changes

As of 9/30/2025 9:23 AM

None

Medication List at End of Visit

As of 9/30/2025 9:23 AM

	Refills	Start Date	End Date
acetaminophen (Tylenol) 500 MG tablet Take 1,000 mg by mouth every 8 (eight) hours. - Oral Patient-reported medication	—	4/14/2024	—
amLODIPine (Norvasc) 5 MG tablet Take 5 mg by mouth 1 (one) time each day. - Oral Patient-reported medication	—	7/18/2024	—
amoxicillin-clavulanate (Augmentin) 875-125 MG tablet Patient-reported medication	—	8/8/2025	—
aspirin 81 MG EC tablet 81 mg. Patient-reported medication	—	12/24/2024	—
carvedilol (Coreg) 3.125 MG tablet Take 1 tablet (3.125 mg total) by mouth 2 (two) times a day with meals. - Oral	3	12/12/2024	12/7/2025
cefdinir (Omnicef) 300 MG capsule Patient-reported medication	—	6/2/2025	—
clopidogrel (Plavix) 75 MG tablet Take 75 mg by mouth 1 (one) time each day. - Oral Patient-reported medication	—	6/18/2024	—
Dapagliflozin Propanediol dapagliflozin (Farxiga) 10 MG 10 mg. Patient-reported medication	—	2/19/2025	—
dapagliflozin (Farxiga) 10 MG 10 mg. Patient-reported medication	—	2/19/2025	—
Vitamin D, Ergocalciferol, 50000 units capsule Take 1 capsule by mouth 1 (one) time per week. - Oral Patient-reported medication	—	3/8/2024	—
ferrous sulfate (Fe Tabs) 325 (65 Fe) MG EC tablet Take 1 tablet by mouth 1 (one) time each day with dinner for 90 days. Do not crush, chew, or split. - Oral	0	7/22/2025	10/20/2025

Furosemide

	Refills	Start Date	End Date
furosemide (Lasix) 40 MG tablet 40 mg. Patient-reported medication	—	2/19/2025	—
furosemide (Lasix) 40 MG tablet 40 mg. Patient-reported medication	—	8/18/2025	—
gabapentin (Neurontin) 100 MG capsule Take 1 capsule by mouth every night for 30 days. - Oral	0	9/9/2025	10/9/2025
Insulin Glargine insulin glargine (Toujeo SoloStar) 300 UNIT/ML injection Inject 74 Units under the skin 1 (one) time each day in the morning. - Subcutaneous No prior authorization was found for this prescription. Found prior authorization for another prescription for the same medication: Canceled - Other (Pt insurance not found)	1	4/14/2025	10/11/2025
insulin glargine (Toujeo SoloStar) 300 UNIT/ML injection SubCutaneous, Daily, changes depending on glucose, 0 Refill(s) No prior authorization was found for this prescription. Found prior authorization for another prescription for the same medication: Canceled - Other (Pt insurance not found) Patient-reported medication	—	8/18/2025	—
isosorbide mononitrate ER (Imdur) 30 MG 24 hr tablet Take 30 mg by mouth 1 (one) time each day. - Oral Patient-reported medication	—	6/21/2024	—
lidocaine (Lidoderm) 5 % patch Apply 3 patches topically 1 (one) time each day. APPLY 1 PATCH TO LOWER BACK AND BOTH KNEES FOR 12 HOURS AND OFF FOR 12 HOURS. - Apply externally Notes to Pharmacy: Authorization starting on 01/01/2023 and ending on 12/31/2024. Prior authorization: Approved	11	12/10/2024	12/5/2025
magnesium oxide 400 (240 Mg) MG tablet Take 400 mg by mouth 1 (one) time each day. - Oral Patient-reported medication	—	7/18/2024	—
metFORMIN HCl metFORMIN (Glucophage) 1000 MG tablet Take 1 tablet (1,000 mg total) by mouth 2 (two) times a day. - Oral	3	2/13/2025	2/8/2026
metFORMIN (Glucophage) 1000 MG tablet 500 mg. Patient-reported medication	—	12/24/2024	—
Percocet 5-325 MG tablet 1 tablet. Patient-reported medication	—	8/8/2025	—
pantoprazole (ProtoNix) 40 MG EC tablet Take 1 tablet (40 mg total) by mouth 1 (one) time each day. Do not crush, chew, or split. - Oral	3	11/13/2024	11/13/2025
polyethylene glycol (Glycolax) 17 g packet Take 17 g by mouth 2 (two) times a day. - Oral Patient-reported medication	—	7/17/2024	—
Betadine 10 % external solution Apply 1 drop topically 1 (one) time each day. - Topical Patient-reported medication	—	3/22/2024	—
rosuvastatin (Crestor) 40 MG tablet Take 1 tablet (40 mg total) by mouth 1 (one) time each day. - Oral	3	11/5/2024	10/31/2025

Visit Diagnoses

Primary: Pain in right lower leg M79.661