

**BURNICK, Ann (id #372, dob: 12/24/1945)**

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](http://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:15938-H-30847]

## Referral Order

08/22/2025

To Provider	From Provider
<b>MCGARTH PODIATRY AND WOUND CARE</b>  <b>1648 ALEXANDRIA DR</b> <b>LEXINGTON, KY 40504</b> <b>Phone:</b> <b>Phone: (859) 285-9562</b> <b>Fax:</b> <b>Fax: (859) 399-6697</b>	<b>LAUREN CASEY, APRN</b> <b>Alford's Care2U</b> <b>255 OVERLOOK LN</b> <b>SMITHS GROVE, KY 42171-8322</b> <b>Phone: (270) 780-4755</b> <b>Fax: (833) 973-3689</b>

### Referral Order Information

<b>Diagnosis</b>	<b>Corns/callosities</b> <b>ICD-10: L84: Corns and callosities</b>
<b>Order Name</b>	<b>Orders included: 1</b>  <b>Corns/callosities</b> <b>ICD-10: L84: Corns and callosities</b> • <b>PODIATRIST REFERRAL</b> Schedule Within: provider's discretion
<b>Notes</b>	<b>Place of service: OFFICE</b> <b>Procedure code: 99499</b> <b>Authorization: Aetna (Medicare Replacement/Advantage - PPO)   NOTREQUIRED   Not Required for 99499</b>

### Patient Information

<b>Patient Name</b>	<b>BURNICK, ANN</b>
<b>Sex - DOB - Age</b>	<b>F 12/24/1945 79yo</b>
<b>Address</b>	<b>2643 CHANDLER DR/APT 98</b> <b>BOWLING GREEN, KY 42104-6256</b>
<b>Phone</b>	<b>H: (608) 516-9215</b> <b>M: (608) 516-9215</b>
<b>Primary Insurance</b>	<b>Aetna (Medicare Replacement/Advantage - PPO)</b> <b>ID: 101364044100</b> <b>Group: 100008-02</b> <b>Policy Holder: BURNICK, ANN L</b>
<b>Secondary Insurance</b>	<b>None recorded.</b>

Electronically Signed by: LAUREN CASEY, APRN

*Lauren Casey, APRN*

---

LAUREN CASEY, APRN

**BURNICK, Ann (id #372, dob: 12/24/1945)**

---

Alford's Care2U • 255 OVERLOOK LN, SMITHS GROVE KY 42171-8322

**BURNICK, Ann (id #372, dob: 12/24/1945)**



## **Alford's Care2U, LLC**

255 Overlook Lane  
Smiths Grove, KY 42171  
(270) 780-4755

Alford's Care2U, LLC  
255 OVERLOOK LN  
SMITHS GROVE, KY 42171-8322  
Phone: (270) 780-4755, Fax: (833) 973-3689

Date: 08/22/2025

RE: Ann Burnick, DOB: 12/24/1945, PT ID #372

Dear McGarth Podiatry And Wound Care,

The following is a summary of the care this patient has received at our practice. If you have questions, please contact our office.

Sincerely,

Electronically Signed by: LAUREN CASEY, APRN

*Lauren Casey, APRN*

## **Referral Note for Ann Burnick**

### **Encounter Details**

Lauren Casey: 255 OVERLOOK LN , SMITHS GROVE, KY 42171-8322, USA, Ph. tel: (270) 780-4755

## Table of Contents

Demographics  
Reason for Referral  
Reason for Visit  
Assessment  
Plan of Treatment  
Results  
Problems  
Procedures  
Medical Equipment  
Allergies  
Medications  
History of Present Illness  
Physical Exam  
Review of Systems  
Vitals  
Social History  
Functional Status  
Mental Status  
Family History  
Medical History  
Immunizations  
Past Encounters  
Goals Section  
Health Concerns Section  
Notes  
Payers

---

## Demographics

Sex:	Female	Ethnicity:	Not Hispanic or Latino
DOB:	12/24/1945	Race:	White
Preferred language:	English	Marital status:	Married
Previous Name:			
Contact:	2643 CHANDLER DR, APT 98, BOWLING GREEN, KY 42104-6256, USA, Ph. tel:+1-(608) 516-9215 (Primary Home) tel:+1-(608) 516-9215 (Mobile)		
Other Addresses:	2643 CHANDLER DR, APT 98, BOWLING GREEN, KY 42104-6256, USA (Current Billing Address)		

---

## Reason for Referral

### Reason for Visit

None recorded.

---

### Assessment

No assessment recorded.

---

Alford's Care2U • 255 OVERLOOK LN, SMITHS GROVE KY 42171-8322  
**BURNICK, Ann (id #372, dob: 12/24/1945)**

## Plan of Treatment

Reminders	Order Date	Submit Date	Provider	Last Modified By	Organization Details	Details	Last Modified Time
<b>Appointments</b>	None	recorded.					
<b>Lab</b>	None	recorded.					
<b>Referral</b>	podiatrist	08/22/2025	referral	08/22/2025	ATHENAFAX McGARTH Podiatry And Wound Care, 1648 Alexandria Dr, Lexington, KY, 40504, Ph (859) 285-9562	08/22/2025	08:16:25
<b>Procedures</b>	None	recorded.					
<b>Surgeries</b>	None	recorded.					
<b>Imaging</b>	None	recorded.					
<b>Medication Orders</b>	None	recorded.					

Patient Targets No targets recorded.

Patient Instructions No instructions recorded.

## Results

None recorded.

## Problems

None Reported

## Procedures

Surgical History

None recorded.

Imaging Results

None recorded.

Procedure Notes

None recorded.

## Medical Equipment

None Reported.

## Allergies

No known drug allergies

Alford's Care2U • 255 OVERLOOK LN, SMITHS GROVE KY 42171-8322

**BURNICK, Ann (id #372, dob: 12/24/1945)****Medications**

Name	Sig	Start Date	Stop Date	Status	Note by	Last Modified Details	Organization	Last Modified Time
meclizine 12.5 mg tablet	Take 1 tablet twice a day by oral route as needed for 30 days.			active	cfazel	Not Available	Not Available	
levothyroxine 88 mcg tablet	Take 1 tablet every day by oral route for 30 days.			active	cfazel	Not Available	Not Available	
mirtazapine 30 mg tablet	Take 1 tablet every day by oral route at bedtime for 30 days.			active	cfazel	Not Available	Not Available	
esomeprazole magnesium 40 mg capsule,delayed release	Take 1 capsule every day by oral route for 30 days.			active	cfazel	Not Available	Not Available	
Sennalax-S 8.6 mg-50 mg tablet	Take 1 tablet every day by oral route as needed for 30 days.			active	cfazel	Not Available	Not Available	
rosuvastatin 40 mg tablet	Take 1 tablet every day by oral route at bedtime for 30 days.			active	cfazel	Not Available	Not Available	
Wellbutrin XL 300 mg 24 hr tablet, extended release	Take 1 tablet every day by oral route for 30 days.			active	cfazel	Not Available	Not Available	
oxycodone 20 mg tablet	Take 1 tablet every 6 hours by oral route as needed for 30 days.			active	cfazel	Not Available	Not Available	
buspirone 7.5 mg capsule	Take 1 capsule twice a day by oral route for 30 days.			active	cfazel	Not Available	Not Available	

**History of Present Illness**

None recorded.

**Physical Exam****Notes:**

None recorded.

**Review of Systems**

None recorded.

**Vitals**

None Recorded

Alford's Care2U • 255 OVERLOOK LN, SMITHS GROVE KY 42171-8322

**BURNICK, Ann (id #372, dob: 12/24/1945)****Social History**

Question	Answer	Notes	LastModified by	Organization Details	LastModified Time
Are You Sexually Active?	No		cfazel	Information not available	08/21/2025
Do You Or Your Partner(s) Currently Have Other Sex Partners?	No		cfazel	Information not available	08/21/2025
Have You Or Any Of Your Partners Used Drugs?	No		cfazel	Information not available	08/21/2025
Have You Received HPV, Hepatitis A, And/or Hepatitis B Shots?	No		cfazel	Information not available	08/21/2025
Have You Been Diagnosed With STI In The Past?	No		cfazel	Information not available	08/21/2025

**Birth Sex: Unknown****Functional Status**

None recorded.

**Mental Status**

None recorded.

**Family History**

Nothing Reported.

**Medical History**

No medical history recorded.

Gynecological History No gynecological history recorded.

Obstetrics History

GPAL:  
G 0 P 0 0 0 0**Immunizations**

None recorded.

**Past Encounters**

None Reported.

**Goals Section**

None Recorded

**Health Concerns Section**

Related Observation	LastModified by	Organization Details	LastModified Time	
None Recorded				
Concern	Status	LastModified by	Organization Details	LastModified Time
None Recorded				

**Notes**

None Recorded

---

**BURNICK, Ann (id #372, dob: 12/24/1945)****Payers**

None recorded.