

CREASON, David (id #194, dob: 04/15/1959)

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Referral Order

06/23/2025

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

Referral Order Information

| | |
|-------------------|--|
| Diagnosis | Type 2 diabetes mellitus ICD-10: E11.9: Type 2 diabetes mellitus without complications |
| Order Name | Orders included: 1 Type 2 diabetes mellitus ICD-10: E11.9: Type 2 diabetes mellitus without complications • PODIATRIST REFERRAL Schedule Within: provider's discretion Place of service: OFFICE Procedure code: 99499 Authorization: Medicare-KY (Medicare) NOTREQUIRED Not Required for 99499 |
| Notes | |

Patient Information

| | |
|----------------------------|---|
| Patient Name | CREASON, DAVID |
| Sex - DOB - Age | M 04/15/1959 66yo |
| Address | 74 MACK WALTERS RD SHELBYVILLE, KY 40065-1738 |
| Phone | H: (502) 794-7658 M: (502) 794-7658 |
| Primary Insurance | Medicare-KY (Medicare) ID: 1NW0E48KC17 Policy Holder: CREASON, DAVID O |
| Secondary Insurance | None recorded. |

Electronically Signed by: LAUREN CASEY, APRN

CREASON, David (id #194, dob: 04/15/1959)

Lauren Casey, APRN

LAUREN CASEY, APRN

CREASON, David (id #194, dob: 04/15/1959)Alford's Care2U • 255 OVERLOOK LN, SMITHS GROVE KY 42171-8322**CREASON, David (id #194, dob: 04/15/1959)****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: 06/23/2025

RE: David Creason, DOB: 04/15/1959, PT ID #194

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 David Creason**Encounter Details**

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

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Demographics

Sex: Male **Ethnicity:** Not Hispanic or Latino
DOB: 04/15/1959 **Race:** White
Preferred language: English **Marital status:** Information not available

Previous Name:

Contact: 74 MACK WALTERS RD, SHELBYVILLE, KY 40065-1738, USA, Ph. tel:+1-(502) 794-7658 (Primary Home) tel:+1-(502) 794-7658 (Mobile)
Other Addresses: 3081 CEDARMORE RD, BAGDAD, KY 40003-7087, USA (Current Billing Address)
74 MACK WALTERS RD, SHELBYVILLE, KY 40065, USA (Previous Home Address)
3081 CEDARMORE RD, BAGDAD, KY 40003, USA (Previous Billing Address)

Reason for Referral

Reason for Visit

None recorded.

Assessment

No assessment recorded.

CREASON, David (id #194, dob: 04/15/1959)**Plan of Treatment**

| Reminders | Order Date | Submit Date | Provider | Last Modified Organization Details By | Last Modified Time | Details |
|--------------------------|----------------------------|-------------|------------------------|---|------------------------|---------------|
| Appointments | FOLLOW 06/23/2025 UP 30 | 08:00AM | LAUREN CASEY, APRN | Not available Not available | | Not available |
| | FOLLOW 07/28/2025 UP 30 | 09:30AM | LAUREN CASEY, APRN | Not available Not available | | Not available |
| Lab | None recorded. | | | | | |
| Referral | podiatrist | 06/23/2025 | 06/23/2025 referral | ATHENAFAX McGarth Podiatry and Wound Care, 1648 Alexandria Drive, Lexington, KY, 40504, Ph (859) 285-9562 | 06/23/2025 13:07:21 | |
| Procedures | None recorded. | | | | | |
| Surgeries | None recorded. | | | | | |
| Imaging | None recorded. | | | | | |
| Medication Orders | None recorded. | | | | | |

Patient Targets No targets recorded.

Patient Instructions No instructions recorded.

Results

None recorded.

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CREASON, David (id #194, dob: 04/15/1959)**Problems**

| Name | Problem SNOMED Code | Status Onset Date | Resolution Date | Notes | Provider Name and Address | Organization Details | Recorded Time |
|--------------------------|---------------------|-------------------|-----------------|-------|---|--------------------------|------------------------|
| Essential hypertension | 59621000 | Active 01/29/2025 | | | LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US | KY - Alford's Care2U LLC | 01/29/2025 15:12:17 |
| Type 2 diabetes mellitus | 44054006 | Active 01/29/2025 | | | LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US | KY - Alford's Care2U LLC | 01/29/2025 15:12:32 |
| Hyperlipidemia | 55822004 | Active 01/29/2025 | | | LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US | KY - Alford's Care2U LLC | 01/29/2025 15:12:41 |
| Moderate dementia | 430771000124100 | Active 01/29/2025 | | | LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US | KY - Alford's Care2U LLC | 01/29/2025 15:12:50 |
| Chronic back pain | 134407002 | Active 02/03/2025 | | | LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US | KY - Alford's Care2U LLC | 02/03/2025 13:30:37 |

Problem Notes

None recorded.

Procedures**Surgical History**

None recorded.

Imaging Results

None recorded.

Procedure Notes

None recorded.

Medical Equipment

None Reported.

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CREASON, David (id #194, dob: 04/15/1959)**Allergies**

| Allergen ID | Allergen Name | Allergen Category | Reaction Severity | Reaction Criticality | Documentation Date | Start Date | Code Date | Code System | Note by Provider Name and Address | Organization Details | Recorded Time |
|-------------|---|-------------------|-------------------|----------------------|--------------------|------------|-----------|-------------|--|----------------------|---------------------|
| | | | | | | | | | | | Time |
| 361 | Product containing penicillin (product) | medication | Not available | Not available | 01/29/2025 | | 890458001 | SNOMED | LAUREN KY - CASEY, Alford's APRN Care2U LLC 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US | | 01/29/2025 15:11:42 |

Medications

| Name | Sig | Start Date | Stop Date | Status | Note by Last Modified API-1839 | Organization Details | Last Modified Time |
|--|--|------------|------------|-----------|--------------------------------|----------------------|---------------------|
| donepezil 5 mg tablet | TAKE ONE TABLET BY MOUTH IN THE EVENING | | | active | API-1839 | Not Available | Not Available |
| tramadol 50 mg tablet | TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED | | | active | API-1839 | Not Available | Not Available |
| metformin 1,000 mg tablet | TAKE ONE TABLET BY MOUTH TWICE DAILY | | | active | API-1839 | Not Available | Not Available |
| sertraline 25 mg tablet | TAKE ONE TABLET BY MOUTH AT BEDTIME | | | active | API-1839 | Not Available | Not Available |
| pravastatin 20 mg tablet | TAKE ONE TABLET BY MOUTH IN THE EVENING | | | active | API-1839 | Not Available | Not Available |
| gabapentin 100 mg capsule | TAKE ONE CAPSULE BY MOUTH TWICE DAILY | | | active | API-1839 | Not Available | Not Available |
| memantine 5 mg tablet | TAKE ONE TABLET BY MOUTH EVERY DAY | | | active | API-1839 | Not Available | Not Available |
| gabapentin 100 mg tablet | Take 1 tablet twice a day by oral route for 30 days. | 02/03/2025 | 02/24/2025 | completed | ATHENA | Not Available | 04/15/2025 00:00:00 |
| BD Ultra-Fine Mini Pen Needle 31 gauge x 3/16" | USE TO INJECT INSULIN EVERY NIGHT THIS IS A 100 DAY SUPPLY | | | active | API-1839 | Not Available | Not Available |
| amlodipine 10 mg- benazepril 40 mg capsule | TAKE ONE CAPSULE BY MOUTH EVERY DAY | | | active | API-1839 | Not Available | Not Available |
| hydrochlorothiazide 12.5 mg tablet | TAKE ONE TABLET BY MOUTH EVERY DAY | | | active | API-1839 | Not Available | Not Available |
| Faxiga 10 mg tablet | TAKE ONE TABLET BY MOUTH DAILY | | | active | API-1839 | Not Available | Not Available |

History of Present Illness

None recorded.

Physical Exam**Notes:**

None recorded.

CREASON, David (id #194, dob: 04/15/1959)**Review of Systems**

None recorded.

Vitals

| Date Recorded | Body height | Heart rate | Respiratory rate | Body temperature | Oxygen saturation | Oxygen saturation in Arterial blood by Pulse oximetry | Provider Name and Address | Organization Details | Last Updated Date Time |
|---------------|-------------|------------|------------------|------------------|-------------------|---|---------------------------|--------------------------|------------------------|
| 06/23/2025 | 182.88 cm | 69 /min | 16 /min | 98.4 [degF] | 94 % | 94 % | LAUREN CASEY, APRN | KY - Alford's Care2U LLC | 06/23/2025 10:51:12 |

255 Overlook Lane,
Smiths Grove,
KY, 42171-8322,

Social History

| Question | Answer | Notes | Last Modified by | Organization Details | Last Modified Time |
|---|--------|----------|------------------|---------------------------|--------------------|
| Are You Sexually Active? | No | Icasey39 | | Information not available | 04/11/2025 |
| Do You Or Your Partner(s) Currently Have Other Sex Partners? | No | Icasey39 | | Information not available | 04/11/2025 |
| Have You Or Any Of Your Partners Used Drugs? | No | Icasey39 | | Information not available | 04/11/2025 |
| Have You Received HPV, Hepatitis A, And/or Hepatitis B Shots? | No | Icasey39 | | Information not available | 04/11/2025 |
| Have You Been Diagnosed With STI In The Past? | No | Icasey39 | | Information not available | 04/11/2025 |

Birth Sex: Unknown**Functional Status**

None recorded.

Mental Status

None recorded.

Family History

Nothing Reported.

Medical History

No medical history recorded.

Immunizations

None recorded.

CREASON, David (id #194, dob: 04/15/1959)**Past Encounters**

| Encounter ID | Performer | Location | Encounter Start Date | Encounter Closed Date | Diagnosis/Indication | | Diagnosis ICD10 Code | Diagnosis Note |
|--------------|--------------------|--|------------------------|------------------------|--------------------------|-----------------|----------------------|----------------|
| | | | | | SNOMED-CT Code | Code | | |
| 1929 | LAUREN CASEY, APRN | Alford's Care2U 255 OVERLOOK LN SMITHS GROVE, KY 42171-8322 | 05/27/2025 08:27:20 | 05/27/2025 09:35:23 | Essential hypertension | 59621000 | I10 | |
| | | | | | Hyperlipidemia | 55822004 | E78.5 | |
| | | | | | Moderate dementia | 430771000124100 | F03.B0 | |
| | | | | | Type 2 diabetes mellitus | 44054006 | E11.9 | |
| | | | | | Chronic back pain | 134407002 | G89.29 | |
| | | | | | Hypersexuality state | 73744004 | F52.8 | |
| 2197 | LAUREN CASEY, APRN | Alford's Care2U 255 OVERLOOK LN SMITHS GROVE, KY 42171-8322 | 06/23/2025 09:15:43 | 06/23/2025 12:37:15 | Essential hypertension | 59621000 | I10 | |
| | | | | | Hyperlipidemia | 55822004 | E78.5 | |
| | | | | | Moderate dementia | 430771000124100 | F03.B0 | |
| | | | | | Type 2 diabetes mellitus | 44054006 | E11.9 | |
| | | | | | Chronic back pain | 134407002 | G89.29 | |
| | | | | | Hypersexuality state | 73744004 | F52.8 | |

Goals Section

None Recorded

Health Concerns Section

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

Notes

| Date | Note Type | Note | Provider Name and Address | Organization Details | Recorded Time |
|------------|-----------|---|---|--------------------------|---------------------|
| 06/23/2025 | | text/html David was seen today in his home for a routine follow up appointment. He reports that he is doing well and denies any current concerns. Staff also reports that he is doing well and they do not voice any concerns at this time. | LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US | KY - Alford's Care2U LLC | 06/23/2025 12:35:07 |

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CREASON, David (id #194, dob: 04/15/1959)

Payers

None recorded.