

PHILLIPS, Cathrine (Legal name: Anna Phillips) | (id #314, dob: 04/07/1955)

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Referral Order

06/23/2025

To Provider	From Provider
MCGRATH 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	Thickened nail ICD-10: L60.2: Onychogryphosis
Order Name	Orders included: 1 Thickened nail ICD-10: L60.2: Onychogryphosis • PODIATRIST REFERRAL Schedule Within: provider's discretion Place of service: OFFICE Procedure code: 99499 Authorization: BCBS-KY (Medicare Replacement/Advantage - HMO) NOTREQUIRED Not Required for 99499
Notes	

Patient Information

Patient Name	PHILLIPS, ANNA
Sex - DOB - Age	F 04/07/1955 70yo
Address	101 HAWKINS ST LAWRENCEBURG, KY 40342-1213
Phone	H: (859) 551-7084 M: (859) 551-7084
Primary Insurance	BCBS-KY (Medicare Replacement/Advantage - HMO) ID: XTG115W12223 Group: KYMCRWP0 Policy Holder: PHILLIPS, ANNA C
Secondary Insurance	None recorded.

Electronically Signed by: LAUREN CASEY, APRN

Lauren Casey, APRN

LAUREN CASEY, APRN

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

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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: Anna Phillips, DOB: 04/07/1955, PT ID #314

Dear McGrath 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 Anna Phillips

Encounter Details

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

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Demographics

Sex:	Female	Ethnicity:	Not Hispanic or Latino
DOB:	04/07/1955	Race:	White
Preferred language:	English	Marital status:	Never married
Previous Name:			

Contact: 101 HAWKINS ST, LAWRENCEBURG, KY 40342-1213, USA, Ph. tel:+1-(859) 551-7084 (Primary Home)
tel:+1-(859) 551-7084 (Mobile)

Other Addresses: 101 HAWKINS ST, LAWRENCEBURG, KY 40342-1213, USA (Current Billing Address)

Reason for Referral

Reason for Visit

None recorded.

Assessment

No assessment recorded.

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Plan of Treatment

Reminders		Order Date	Submit Date	Provider	Last Modified By	Organization Details	Last Modified Time	Details
Appointments FOLLOW UP 30		07/14/2025 09:30AM		LAUREN CASEY, APRN	Not available	Not available	Not available	

Lab
None recorded.

Referral
podiatrist referral
06/23/2025 06/23/2025
ATHENAFAX McGrath Podiatry and Wound Care, 1648 Alexandria Drive, Lexington, KY, 40504, Ph (859) 285-9562
06/23/2025 14:01:56

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.

Problems

Name	Problem SNOMED Code	Status	Onset Date	Resolution Notes	Provider Name and Address	Organization Details	Recorded Time
Essential hypertension	59621000	Active	06/09/2025		LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	06/09/2025 10:15:09
Hyperlipidemia	55822004	Active	06/09/2025		LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	06/09/2025 10:15:18
Seizure disorder	128613002	Active	06/09/2025		LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	06/09/2025 10:15:27

Problem Notes

None recorded.

Procedures

Surgical History

None recorded.

Imaging Results

None recorded.

Procedure Notes

None recorded.

Medical Equipment

None Reported.

Allergies

No known drug allergies

Medications

Name	Sig	Start Date	Stop Date	Status	Note	LastModified by	Organization Details	LastModified Time
atorvastatin 40 mg tablet	TAKE ONE TABLET BY MOUTH IN THE EVENING	06/06/2025		active		ATHENA	Not Available	06/06/2025 00:00:00
levetiracetam 500 mg tablet	TAKE ONE TABLET BY MOUTH TWICE DAILY	06/06/2025		active		ATHENA	Not Available	06/06/2025 00:00:00
lisinopril 20 mg tablet	TAKE ONE TABLET BY MOUTH DAILY	06/06/2025		active		ATHENA	Not Available	06/06/2025 00:00:00
Enteric Coated Aspirin 81 mg tablet, delayed release	TAKE ONE TABLET BY MOUTH DAILY	06/06/2025		active		ATHENA	Not Available	06/06/2025 00:00:00

History of Present Illness

None recorded.

Physical Exam

Notes: None recorded.

Review of Systems

None recorded.

Vitals

None Recorded

Social History

None recorded.

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.

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Past Encounters

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code	Diagnosis Note
2054	LAUREN CASEY, APRN	Alford's Care2U 255 OVERLOOK LN SMITHS GROVE, KY 42171-8322	06/09/2025 08:36:32	06/09/2025 10:19:25	Essential hypertension	59621000	I10	
					Hyperlipidemia	55822004	E78.5	
					Seizure disorder	128613002	G40.909	

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

Payers

None recorded.