

GEORGETOWN

REHABILITATION SERVICES

**1138 Lexington Road, Suite 100
Georgetown, Kentucky 40324**
Phone: 502-570-3732
Fax: 502-570-3735

COVER SHEET

TO: _____ McGrath

FAX NO.: _____

FROM: Georgetown Comm Hospital Therapy Dept

PHONE NO.: 502 570-3732

DATE: _____

NO. OF PAGES FOLLOWING: _____

Comments:

Byron, Murphy
-ward Sacral

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MRSA:

GEORGETOWN COMMUNITY HOSPITAL

ADV DIR: N

VRE:

1140 Lexington Road • Georgetown, Kentucky 40324

Telephone Number: (502) 868-1100

ADMIT BY: BRB

PATIENT INFORMATION

ACCOUNT NUMBER	ADMISSION DATE & TIME	FINANCIAL CLASS	ROOM / BED	H&V	DISCHARGE DATE	SOCIAL SECURITY NO.	MEDICAL RECORD NUMBER
1190090	11/18/25 00:00	13	/	PHY		407-04-9818	000248449

PATIENT NAME MURPHY	(FIRST) BYRON	(INITIAL) K	BIRTHDATE 09/28/1962	AGE 63	RACE W	SEX M	MS D	MAIDEN/PREV NAME	REL U	ACC R
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PATIENT ADDRESS 300 HOMESTEAD PARKWAY	GEORGETOWN	KY 40324	COUNTY SCOTT	OCCURRENCE CODE / DATE 35 2025-11-18
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EMPLOYER (Name, Address)	ACCIDENT DATE 00	ACCIDENT HOUR 00	ACCIDENT STATE CODE	ACCIDENT DESCRIPTION	PATIENT TELEPHONE NUMBER (502) 316-4465
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CONTACT INFORMATION

CONTACT ONE (Name, Telephone Number, Work Telephone Number, Relationship) GOINS PAULETTA (502) 316-1101	POWER OF ATTORNEY
CONTACT TWO (Name, Telephone Number, Work Telephone Number, Relationship) MCGEE ROBERT (859) 552-8074	CARE GIVER

GUARANTOR INFORMATION

GUARANTOR NAME (Name, Address) MURPHY BYRON K	300 HOMESTEAD PARKWAY	GEORGETOWN	KY 40324
GUARANTOR TELEPHONE NUMBER (502) 316-4465	GUARANTOR SOCIAL SECURITY NUMBER 407-04-9818	RELATIONSHIP TO PATIENT SELF	
GUARANTOR EMPLOYER (Name, Address)			

PRIMARY INSURANCE ANTHEM	ADDRESS PO BOX 105187	ATLANTA	TELEPHONE NUMBER GA (855) 661-2028 303480000
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INSURED'S NAME MURPHY BYRON K	SEX M	PAT REL 18	POLICY # UIK394A54556	GROUP NAME FORT VALLEY ST BOR330M105	GROUP NUMBER
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SECONDARY INSURANCE	ADDRESS	TELEPHONE NUMBER
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INBURED'S NAME	SEX	PAT REL	POLICY #	GROUP NAME	GROUP NUMBER
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TERtiARY INSURANCE	ADDRESS	TELEPHONE NUMBER
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INSURED'S NAME	SEX	PAT REL	POLICY #	GROUP NAME	GROUP NUMBER
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PHYSICIAN INFORMATION	ATTENDING PHYSICIAN	FAMILY PHYSICIAN
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ADMITTING PHYSICIAN BAILEY BAILI R	ATTENDING PHYSICIAN BAILEY BAILI R	FAMILY PHYSICIAN SMITH BRIAN DOU
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ADMITTING DIAGNOSIS PRESSURE INJURY	PRIMARY INSURANCE TREATMENT AUTHORIZATION NUMBER NR/
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COMMENTS	
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11/7/25, 12:49 PM

Murphy, Byron K (MRN: 8912571737) DOB: 9/28/1962

Date: Nov 7, 2025

BAPTIST HEALTH MEDICAL GROUP FAMILY MEDICINE
210 BEVINS LN STE C
GEORGETOWN KY 40324-6127
Phone: 502-888-0622
Fax: 502-888-9097

Ambulatory Referral to Wound Clinic

Patient: Byron K Murphy
900 HOMESTEAD PKWY
GEORGETOWN KY 40324
Phone: 859-552-8074

MRN: 8912571737
DOB: 9/28/1962
SSN: XXX-XX-9818
Sex: M

INSURANCE	PAYOR	PLAN	GROUP #	SUBSCRIBER ID
Primary:	ANTHEM BLUE CROSS	4050001	B0R330M105	UIK394A64556

Referring Provider Information: BAILEY, BAILI R Phone: 502-868-0622 Fax: 502-868-9097

Referral Information:

Visits: 1 Referral Type: Consultation [3]
Urgency: Routine Referral Reason: Specialty Services Required
Start Date: Nov 7, 2025 End Date: To be determined by Insurer
Diagnosis: Pressure injury of skin of sacral region, unspecified injury stage (L89.159)

Refer to Part: BM LEX OP PT HQSP

Refer to Dept. DR/EEC/CH/PT/EE
Refer to Provider: 100-1 J 16772023 J 1692183 544 P-139 1 6/17/2023
Refer to Provider Phone: _____
Referto Facility: _____

Journal of Health Politics, Policy and Law, Vol. 35, No. 4, December 2010
DOI 10.1215/03616878-35-4 © 2010 by The University of Chicago

This document serves as a request for services and does not constitute insurance authorization or approval of services. To determine eligibility, please contact the member's insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services. Please contact BAPTIST
HEALTH MEDICAL GROUP FAMILY MEDICINE at 502-868-0622 during normal business hours.

Authorizing Provider: Bailey, Baill R, PA-C
Authorizing Provider's NPI: 1760200414
Order Entered By: Bailey, Baill R, PA-C 11/7/2025 12:20 PM

Electronically signed by: Bailey, Baill R, PA-C 11/7/2026 12:20 PM
PAYER

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Ergebnisse der Untersuchungen der Deutschen Gesellschaft für Klimaforschung

After the first few days of the new year, the author has been able to get away from the office and go to the beach. He has been able to get away from the office and go to the beach. He has been able to get away from the office and go to the beach. He has been able to get away from the office and go to the beach.

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www.CourtListener.org (2024/12/24) 11/7/2025 12:49 PM

ited by Polley, Carolyn, Megachile Rep [30-1221] 11/7/2022 12:00:00 AM
The following information is provided by service providers for the above listed
entity. No identifying details are provided to protect the privacy of
individuals and organizations.

A new approach to the treatment of patients with chronic pain: the use of the multidisciplinary family medicine clinic

and the Pecos River, about 10 miles
from the mouth of the Arkansas.
The water is very clear and
is used for drinking purposes.

Journal of Health Politics, Policy and Law, Vol. 36, No. 1, January 2011
DOI 10.1215/03616878-36-1-105 © 2011 by The University of Chicago

GEORGETOWN COMMUNITY HOSPITAL

Name	MURPHY BYRON K	Admitted	Nov-18-2025	DOB	Sep-28-1962
Attending	BAILEY BAILI R	Discharged	-	Encounter	1190090
Primary	SMITH BRIAN DOUGLAS	Chief Complaint	PRESSURE INJURY	MRN	248449

Allergies Flagyl, FENTANYL, BACLOFEN, Penicillin, PCN, Methadone, Ocrelizumab

PT Wound Evaluation and Treatment Note * Nov-18-2025 1346 (Signed)

Electronically signed by Meagan Wilson PT on 2025-11-18 1846

Question	Response	User
Inpatient or Outpatient?	Outpatient	KBI3953
Was the Infectious Disease Screening Completed? 1. Have you or someone in your household tested positive for COVID-19 or are currently awaiting lab results for COVID-19? 2. Have you had a fever and cough, or a new rash in the past week? 3. Has the patient traveled outside the US in the last 30 days or had contact with someone that has traveled outside the US and is sick in the past 30 days?	No - Screening not performed	KBI3953
Evaluation Type	Initial Evaluation	KBI3953
Outpatient Suicide Screening Initial		
In the past 12 months, have you wished you were dead or wished you could go to sleep and not wake up?	No	KBI3953
If yes; notify House Supervisor for further assessment unless the patient has been assessed at a previous visit and has no new thoughts or wishes of suicide with a safety plan.		
In the past 12 months, have you actually had thoughts of killing yourself?	No	KBI3953
If yes, notify House Supervisor for further assessment unless the patient has been assessed at a previous visit and has no new thoughts or wishes of suicide with a safety plan.		
Does patient feel safe at home?	Yes	KBI3953
Is the patient a possible victim of Physical, Psychological, Sexual, Financial or Emotional Abuse or Neglect?	DENIES he/she is a victim of Abuse or Neglect	KBI3953
Has your safety or thoughts of harming yourself changed since your last visit?	No	KBI3953
Rehab Outpatient Summary List		
Diagnosis and Precautions	Sacral wound MS	KBI3953
Medical and Surgical History	Past Medical History Seizure	KBI3953

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Medical and Surgical History	Decreased renal function Chronic obstructive lung disease Multiple sclerosis H/O: depression Anxiety Seasonal allergy Chronic sinusitis Diabetes mellitus Past Surgical History Colonoscopy in 2019 Operation on accessory sinus Functional endoscopic sinus surgery Operation on testis, removal of tumor from testicle Tonsillectomy and adenoidectomy	KBI3953
Medications	Medication List in Chart	KBI3953
Allergies	Penicillin, flaggil Pt denies allergies to latex or tape adhesives	KBI3953
Subjective	Patient arrives with CG, requires Mod A to wheel back. He reports a sacral/pressure wound that has been on his bottom for several months. He has been applying Neosporin on the area and sleeping with his skin exposed to open air at night. He offloads his bottom due to pain. He can walk at home with an AD and complete his own transfers. Per patient and CG home health/home wound services would be more convenient for them due to his type of MS and difficulty for getting rides. Denies smoking Patient has DM.	KBI3953
Occupation	Disabled*	KBI3953
Functional Status	WC for community outings Rollator for home ambulation	KBI3953

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Do you want to document pain details?		No	KBI3953
Type of Wound		Pressure Ulcer	KBI3953
Stage of Wound - Please describe in Comments		Stage 2	KBI3953
*PUSH Tool 3.0 (Standard)			
Length x Width (in cm2) 3 (Corresponds with Site on the Anatomical Man)		(07) 4.1 to 8.0 Entire red area is 6x7 cm 2 Small "raw" open wound scattered throughout	KBI3953
Exudate Amount 3		(00) None	KBI3953
Tissue Type 3		(02) Granulation Tissue	KBI3953
PUSH Score Total 3		Score Total: 2	KBI3953
PUSH Score Total - Site 1		Score Total: 9	KBI3953
Is there granulation of the wound?		Yes*	KBI3953
Granulation %		100 after debridement	KBI3953
Patient Goals		heal wound completely	KBI3953
Problem List		DM MS WC for community outing	KBI3953
Comments		Measures approximately 6x7 cm2 Small "raw" open areas, fully epithelialized Dried skin/slough adherent in small patches throughout	KBI3953
Is the Patient Being Seen for Non-Wound Physical Therapy?		No	KBI3953
Short Term Goals		1) Patient will have 100% granulation tissue in open wound 2) Decrease of wound surface area by at least 50%. 3) Patient will maintain clean environment to promote wound healing	KBI3953
Long Term Goals		1) Patient will demonstrate full wound closure 2) Patient will be independent with dressing changes in preparation for discharge home.	KBI3953
Assessment Patient Would Benefit from Skilled Physical Therapy to address-(Check all that Apply)		Dressing Changes; Non Selective Debridement; Wound Cleansing; Selective Debridement; Physical Agents Modalities; Other* unna boot	KBI3953
Patients Response to Treatment		Pain is not the focus of Treatment session	KBI3953
Planned Treatment Frequency		1-3 times per week	KBI3953

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Planned Treatment Frequency		
Planned Treatment Duration		Until Goals Achieved
Describe any treatment that was separate and distinct from the Evaluation_Re-assessment.		<p>Patient dependently wheeled back to room in WC. CG sat in chair for entire treatment.</p> <p>Patient able to transfer to from WC to mat with CGA. Patient required Mod A to transition from sit to supine then to roll onto his R shoulder.</p> <p>Patient given a sheet and towels to cover his backside for discretion. Pants dependently pulled down. Patient demonstrates a Stage 2 pressure wound. There are some open and red epithelialized tissues. Area of redness measured, see comments. There is dried slough. Sterile forceps and scalpel used to debride dry skin. Skin is 100% epithelialized after debridement. Minimal bleeding noted, resolved with blotting of 4x4 gauze.</p> <p>Silvabsorb applied to entire red area and Sacral mepilex topped over entire area.</p> <p>CG observed and educated on how to apply mepilex.</p> <p>CG educated to keep bottom covered night and day for next 7 day to help mitigate soreness/redness.</p> <p>Patient is a good candidate for home wound care services.</p> <p>Patient and CG agree to wound home services. PT will follow up with patient in 1 week to ensure home health.</p> <p>Follow up appointment set of Monday 11/24/25.</p>
Rehabilitation Fall Risk Assessment		
Rehabilitation Fall Risk Assessment (Check all that apply)		Unsteady Gait (With or Without Assistive Device); Current Complaint of Weakness
Fall Risk Interventions		Recommend Use of Assistive Device (Wheelchair, Walker, etc.); Supervision will be provided during Treatment; Hands on Assistance will be provided with Ambulation
Thank you for the referral. Should you have questions, please do not hesitate to contact us at 502-570-3732.		Thank You Baili Bailey, PA-C
Thank you for the referral. For any questions or concerns please call (502) 570-3732 Physician Signature indicates Review and Agreement with Plan of Care and Need for Skilled Therapy Services.		Physician Signature _____ Date _____ Baili Bailey, PA-C

Meagan Wm PT,DPT 11/8/20