

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

### Referral Order Information

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

### Patient Information

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

Electronically Signed by: LAUREN CASEY, APRN

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

*Lauren Casey, APRN*

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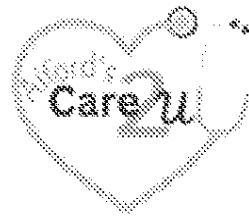
LAUREN CASEY, APRN

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

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

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



## **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)<br>tel:+1-(859) 551-7084 (Mobile) |                 |                        |
| Other Addresses:    | 101 HAWKINS ST, LAWRENCEBURG, KY 40342-1213, USA (Current Billing Address)   |                 |                        |

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## Reason for Referral

### Reason for Visit

None recorded.

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### Assessment

No assessment recorded.

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

| Reminders                | Order Date          | Submit Date        | Provider           | Last Modified By  | Organization Details  | Last Modified Time  | Details       |
|--------------------------|---------------------|--------------------|--------------------|---|---|---------------------|---------------|
| <b>Appointments</b>      | FOLLOW UP 30        | 07/14/2025 09:30AM | LAUREN CASEY, APRN |   | Not available Not available   |                     | Not available |
| <b>Lab</b>               | None recorded.      |                    |                    |   |   |                     |               |
| <b>Referral</b>          | podiatrist referral | 06/23/2025         | 06/23/2025         | ATHENAFAK McGrath Podiatry and Wound Care, 1648 Alexandria Drive, Lexington, KY, 40504, Ph (859) 285-9562 | McGrath Podiatry and Wound Care, 1648 Alexandria Drive, Lexington, KY, 40504, Ph (859) 285-9562 | 06/23/2025 14:01:56 |               |
| <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.

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

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

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

| Name  | Sig                                     | Start Date | Stop Date | Status | Note by | Last Modified | Organization  | Last Details | Modified 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 O P O O O 0

**Immunizations**

None recorded.

**PHILLIPS, Cathrine (Legal name: Anna Phillips) | (id #314, dob: 04/07/1955)****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<br>255 OVERLOOK LN<br><br>SMITHS GROVE,<br>KY 42171-8322 | 06/09/2025<br>08:36:32 | 06/09/2025<br>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.