

HAZLEWOOD, Betty B (id #160, dob: 02/18/1929)

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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	Type 2 diabetes mellitus without complication, unspecified whether long term insulin use ICD-10: E11.9: Type 2 diabetes mellitus without complications
Order Name	Orders included: 1 Type 2 diabetes mellitus without complication, unspecified whether long term insulin use 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: Humana (Medicare Replacement/Advantage - PPO) NOTREQUIRED Not Required for 99499
Notes	

Patient Information

Patient Name	HAZLEWOOD, BETTY B
Sex - DOB - Age	F 02/18/1929 96yo
Address	101 HAWKINS ST #4 LAWRENCEBURG, KY 40342-1343
Phone	H: (502) 839-3253 M: (727) 804-6220
Primary Insurance	Humana (Medicare Replacement/Advantage - PPO) ID: H79449347 Group: 80840 Policy Holder: HAZLEWOOD, BETTY B
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

HAZLEWOOD, Betty B (id #160, dob: 02/18/1929)

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

HAZLEWOOD, Betty B (id #160, dob: 02/18/1929)



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: Betty Hazlewood, DOB: 02/18/1929, PT ID #160

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 Betty B Hazlewood

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:	02/18/1929	Race:	White
Preferred language:	English	Marital status:	Widowed
Previous Name:			

Contact: 101 HAWKINS ST #4, LAWRENCEBURG, KY 40342-1343, USA, Ph. tel: +1-(502) 839-3253 (Primary Home) tel: +1-(727) 804-6220 (Mobile)
Other Addresses: 101 HAWKINS ST #4, LAWRENCEBURG, KY 40342-1343, USA (Current Billing Address)
 410 FORREST DR, LAWRENCEBURG, KY 40342-1343, USA (Previous Home Address)
 410 FORREST DR, LAWRENCEBURG, KY 40342-1343, USA (Previous Billing Address)

Care Team Members**Primary Care Provider**

LAUREN CASEY 255 OVERLOOK LANE, SMITHS GROVE, KY 42171, Ph. tel: (270) 780-4755

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	08:00AM	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 13:53:48
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Procedures
None recorded.

Surgeries
None recorded.

Imaging
None recorded.

Medication Orders
None recorded.

Patient Targets No targets recorded.

Patient Instructions No instructions recorded.

Results

Created Date	Observation Date	Name	Description	Value	Unit	Range	Abnormal Flag	Note	Last Modified By	Organization Detail	Last Modified Time
06/21/2025	06/21/2025	XR, chest, 2 view		No observation recorded.					lcasey39	Express Mobile Diagnostic Services 2030 Ader Rd, Jeannette, PA, 15644, Ph (877) 602-2847	06/23/2025 09:47:50

Result Notes

None recorded.

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HAZLEWOOD, Betty B (id #160, dob: 02/18/1929)

Problems

Name	Problem SNOMED Code	Status	Onset Date	Resolution Date	Notes	Provider Name and Address	Organization Details	Recorded Time
Essential hypertension	59621000	Active	10/24/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/24/2024 13:30:34
Vitamin D deficiency	34713006	Active	10/24/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/24/2024 13:31:37
Hyperlipidemia	55822004	Active	10/24/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/24/2024 13:31:42
Gastroesophageal reflux disease without esophagitis	266435005	Active	10/24/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/24/2024 13:31:49
Dementia	52448006	Active	10/24/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/24/2024 13:32:07
Dry eyes	162290004	Active	10/24/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove, KY, 42171-8322, US	KY - Alford's Care2U LLC	10/24/2024 13:32:19
Vitamin deficiency	85670002	Active	10/24/2024			LAUREN CASEY, APRN 255 Overlook Lane, Smiths Grove,	KY - Alford's Care2U LLC	10/24/2024 13:32:45

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KY, 42171-8322,
US

Hyponatremia 89627008 Active 03/11/2025

LAUREN CASEY, APRN KY - Alford's Care2U LLC 03/11/2025 16:38:53

255 Overlook
Lane, Smiths
Grove,

KY, 42171-8322,
US

Type 2 diabetes mellitus 44054006 Active 03/11/2025

LAUREN CASEY, APRN KY - Alford's Care2U LLC 03/11/2025 16:39:13

255 Overlook
Lane, Smiths
Grove,

KY, 42171-8322,
US

Iron deficiency 35240004 Active 03/11/2025

LAUREN CASEY, APRN KY - Alford's Care2U LLC 03/11/2025 16:39:21

255 Overlook
Lane, Smiths
Grove,

KY, 42171-8322,
US

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

HAZLEWOOD, Betty B (id #160, dob: 02/18/1929)**Medications**

Name	Sig	Start Date	Stop Date	Status	NoteLastModified by	OrganizationLastModified Details Time
Delsym 12 hour 30 mg/5 mL oral suspension,extended release	Take 10 mL twice a day by oral route as needed for 10 days, for cough.	06/20/2025		active	ATHENA	Not Available 06/20/2025 00:00:00
carvedilol 12.5 mg tablet	TAKE ONE TABLET BY MOUTH TWICE DAILY			active	API-1839	Not Available Not Available
pravastatin 40 mg tablet	TAKE ONE TABLET BY MOUTH IN THE EVENING			active	API-1839	Not Available Not Available
benzonatate 200 mg capsule	TAKE 1 CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS AS NEEDED		03/10/2025	completed	lcasey39	Not Available 03/10/2025 00:00:00
ondansetron HCl 4 mg tablet	TAKE 1 TABLET BY MOUTH EVERY 8 HOURS FOR 7 DAYS AS NEEDED		03/10/2025	completed	lcasey39	Not Available 03/10/2025 00:00:00
amlodipine 5 mg tablet	TAKE ONE TABLET BY MOUTH EVERY DAY	06/23/2025		active	ATHENA	Not Available 06/23/2025 00:00:00
amlodipine 10 mg tablet	TAKE ONE TABLET BY MOUTH EVERY MORNING		03/10/2025	completed	lcasey39	Not Available 03/10/2025 00:00:00
ferrous sulfate 325 mg (65 mg iron) tablet	TAKE ONE TABLET BY MOUTH EVERY DAY	06/23/2025		active	ATHENA	Not Available 06/23/2025 00:00:00
ibuprofen 200 mg tablet	Take 1 tablet every 6 hours by oral route as needed for 90 days.			active	lcasey39	Not Available Not Available
omeprazole 20 mg capsule,delayed release	TAKE ONE CAPSULE BY MOUTH EVERY MORNING			active	API-1839	Not Available Not Available
Tylenol 325 mg tablet	Take 2 tablets every 6 hours by oral route as needed for 90 days.			active	lcasey39	Not Available Not Available
losartan 100 mg tablet	TAKE ONE TABLET BY MOUTH EVERY MORNING			active	API-1839	Not Available Not Available
doxycycline hyclate 100 mg tablet	Take 1 tablet twice a day by oral route for 10 days.	06/23/2025		active	ATHENA	Not Available 06/23/2025 00:00:00
ipratropium bromide 21 mcg (0.03 %) nasal spray				active	INTERFACE	Not Available Not Available
esomeprazole magnesium 20 mg capsule,delayed release	TAKE 1 CAPSULE BY MOUTH EVERY MORNING BEFORE		10/24/2024	completed	lcasey39	Not Available 10/24/2024 00:00:00

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BREAKFAST

memantine 10 mg tablet	TAKE ONE TABLET BY MOUTH IN THE EVENING	active	API-1839	Not Available	Not Available
cholecalciferol (vitamin D3) 50 mcg (2,000 unit) tablet	TAKE ONE TABLET BY MOUTH EVERY MORNING	active	API-1839	Not Available	Not Available
Adult Multivitamin Gummies	2 gummies every day	active	lcasey39	Not Available	Not Available
Robitussin Cough-Chest Congestion DM 5 mg-100 mg/5 mL oral liquid	Take 10 mL every 4 hours by oral route as needed for 7 days.	active	ATHENA	Not Available	06/20/2025 00:00:00
Systane Complete 0.6 % eye drops	INSTILL 1 DROP IN EACH EYE DAILY	active	API-1839	Not Available	Not Available

History of Present Illness

None recorded.

Physical Exam

Notes: None recorded.

Review of Systems

None recorded.

Vitals

None Recorded

Social History

Question	Answer	Notes	Last Modified by	Organization Details	Last Modified Time
Are You Sexually Active?	No		tmayfield8	Information not available	11/22/2024
Do You Or Your Partner(s) Currently Have Other Sex Partners?	No		tmayfield8	Information not available	11/22/2024
Have You Or Any Of Your Partners Used Drugs?	No		tmayfield8	Information not available	11/22/2024
Have You Received HPV, Hepatitis A, And/or Hepatitis B Shots?	No		tmayfield8	Information not available	11/22/2024
Have You Been Diagnosed With STI In The Past?	No		tmayfield8	Information not available	11/22/2024
Did You Get Treatment?	No		tmayfield8	Information not available	11/22/2024
Are You Or Your Partner Using Contraception Or Practicing Any Form Of Birth Control?	No		tmayfield8	Information not available	11/22/2024

Birth Sex: Female

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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

Immunizations

None recorded.

Past Encounters

Encounter ID	Performer	Location	Encounter Start Date	Encounter Closed Date	Diagnosis/Indication	Diagnosis SNOMED-CT Code	Diagnosis ICD10 Code	Diagnosis Note
2047	LAUREN CASEY, APRN	Alford's Care2U 255 OVERLOOK LN SMITHS GROVE, KY 42171-8322	06/09/2025 08:11:02	06/09/2025 09:46:41	Dementia	52448006	F03.90	
Essential hypertension								
						59621000	I10	
Prediabetes								
						714628002	R73.03	
Hyperlipidemia								
						55822004	E78.5	
Vitamin deficiency								
						85670002	E56.9	
Dry eyes								
						162290004	H04.123	
Gastroesophageal reflux disease without esophagitis								
						266435005	K21.9	
Vitamin D deficiency								
						34713006	E55.9	

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				

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Notes

None Recorded

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Payers

None recorded.