

From: Michael Kane mkane@health.saisystems.com
Subject: Medical record request
Date: Jan 3, 2020 at 1:20:32 PM
To: Dr.Gary miller
drgmiller@health.saisystems.com
Cc: Sheila Young syoung@health.saisystems.com

Dear Dr. Miller,

As we discussed, here are the patients where we would require the Medicaid records.

Location Name	Patient Name	DOB	CPT	Encounter ID	DOS
Bristol Wound Care	MICHAEL MCPHEE	5/23/1961	99213	6768	11/19/2019
Bristol Wound Care	MICHAEL MCPHEE	5/23/1961	99213	6700	11/12/2019
Bristol Wound Care	MICHAEL MCPHEE	5/23/1961	99214	6653	11/5/2019
Bristol Wound Care	ANTHONY COVERTY	4/8/1974	99183	6637	11/7/2019
Bristol Wound Care	ANTHONY COVERTY	4/8/1974	99183	6691	11/12/2019
Bristol Wound Care	ANTHONY COVERTY	4/8/1974	99183	6766	11/19/2019

Thanks & Regards,

Michael Kane

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Certified Minority and Women Owned Business Enterprise (M/WBE)

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Progress Note Details

Patient Name:	MCPHEE, MICHAEL	Date:	11/5/2019
Patient Number:	M000028826	Clinician:	Holloway, Gretchen
Patient Date of Birth:	5/23/1961	Physician / Extender:	Miller, Gary
Patient Account Number:	BH0019906734		

Subjective

Chief Complaint

This information was obtained from the patient
On 10/26 patient got a wire stuck in finger and it became infected

Allergies

Naprosyn (Reaction: dizzy)

HPI

This information was obtained from the patient
58 yo m w/ peronychia right index dt foreign body puncture

Family History

This information was obtained from the patient
Cancer - Mother, Diabetes - Father

Social History

This information was obtained from the patient
Never smoker, Marital Status - married, Occupation - set up spring coilers, Children - 3, Caffeine Use - yes, Alcohol Use - minimal, Lives with - family, No Signs/Symptoms of Abuse, (Ask Privately) Are you being hurt or frightened by anyone in your life or at home? - no

Medical History

This information was obtained from the patient
Patient has a medical history of:
seasonal allergies
Type II Diabetes (diet controlled)

Surgical History

This information was obtained from the patient
Patient has a surgical history of:
meniscus repair - right and left

Review of Systems (ROS)

This information was obtained from the patient

Immunizations

DTaP-Hib-IPV (diphtheria, tetanus toxoids and acellular pertussis vaccine, Haemophilus influenzae type b conjugate, and poliovirus vaccine, inactivated (DTaP-Hib-IPV)[120])

Medications

Zyrtec-D - oral 5 mg-120 mg tablet extended release 12 hr once daily
Bactrim DS - oral 800 mg-160 mg 1 tablet twice daily for 10 days
Flonase Allergy Relief - nasal 50 mcg/actuation spray,suspension once daily
Aleve - oral 220 mg capsule once daily

58 yo m w/ injury at work metal piece thru r index tip. seen at medhelp,the, ed no i+d done, till today here. will irrigate ns iodofoor packing then wrap.

Objective

Wound Assessment(s)

Wound #1 Right Finger(s) is an acute Full Thickness Infectious and has received a status of Not Healed. Initial wound encounter measurements are 1cm length x 0.3cm width x 0.2cm depth, with an area of 0.3 sq cm and a volume of 0.06 cubic cm. Adipose is exposed. No tunneling has been noted. No sinus tract has been noted. No undermining has been noted. There is a small amount of purulent drainage noted which has no odor. The patient reports a wound pain of level 7/10. The wound margin is irregular. Wound bed has No epithelialization, No eschar, No slough, Yes bright red, firm granulation.

The periwound skin texture is normal. The periwound skin moisture is normal. The periwound skin color is normal. The temperature of the periwound skin is Warm. Periwound skin presents with s/s of infection. Confirmation Description & Treatment Plan is: Signs & Symptoms Present, Systemic Antibiotics Prescribed. Local Pulse is Palpable.

Vitals

Height/Length: 67 in (170.18 cm), Weight: 260 lbs (118.18 kgs), BMI: 40.7.

Physical Exam**Integumentary (Hair, Skin)**

right index finger tip w/ tender purulent paronychia. i+d performed.

Assessment

Active Problems**ICD-10**

(Encounter Diagnosis) S61.240S - Puncture wound with foreign body of right index finger without damage to nail, sequela

(Encounter Diagnosis) S61.200A - Unspecified open wound of right index finger without damage to nail, initial encounter

Procedures

Wound #1

Wound #1 (Infectious) is located on the right finger(s). Incision and drainage (Single) was provided by Miller, Gary, MD. The skin was cleansed and prepped with anti-septic. Pain control was achieved using Local % Inj.. An incision was made in the right finger with the following instrument(s): blade. There was an immediate release of bloody and purulent fluid. A moderate amount of bleeding was controlled with pressure. A time out was conducted prior to the start of the procedure. The procedure was tolerated well with a pain level of 0 throughout and a pain level of 0 following the procedure.

Plan

Wound Orders:**Wound #1 Right Finger(s)****Dressings**

Other: - Irrigate with normal saline- pack with 1/4" iodoform gauze-change daily. On Friday-pack with sorbact for the weekend. Follow up with Dr. Miller on Tuesday.

Follow-Up Appointments

Return Appointment # weeks: - one week

Return for Nurse visit: - daily

Scribing Attestation

I attest, as the nurse, that I scribed these orders for the physician.

Electronic Signature(s)

Signed By:

Miller, Gary

Date:

11/12/2019 07:13:55

Entered By: Miller, Gary on 11/07/2019 09:51:33