

Medical Records For : Scanlon, Graham
Date of Birth : 05/22/1999
Date of Service : 05/30/2024
Electronically signed by : Dr. Schembri, OD, Lisa 05/30/2024
Tabs Filled Out : Pretest [pages:1]
: Chief Complaint [pages:1]
: Exam [pages:2]
: A & P [pages:1]
: ARRA [pages:4]

Reason for exam today:

VTPE

Family Eye Doctor:

Last Eye Exam:

If not your family eye doctor, whom can we thank for the referral?

CHIEF COMPLAINT

here for VT PE

Location:

Severity:

Quality: Feel so much better! see so much more depth

Duration: 8 weeks VT

Timing:

Context: likes the Sync Lenses, less eye strain, less dry eye too

Secondary Complaints:

NOTES:

REVIEW OF OCULAR SYSTEM:

Any history of the following?

Strabismus Amblyopia Cataracts Eye trauma Glaucoma Macular Degeneration

Have you ever had eye surgery? If so, please list type of surgery and date(s):

Do you wear glasses or contacts? Yes No

Have you ever been prescribed glasses or contacts? Yes No

Eye Meds:

Last Eye Exam:

Doctor:

PREVIOUS VISION CORRECTION

Primary Vision Correction:

Back up specs?

Planning to get new glasses?

Type of CLs worn in past:

Wear Time:

Cleaner:

Disposal:

Mental Assessment

Time, Place, Person

Mood and Affect

Addendum:

Unaided Visual Acuity Dist		Acuity with Glasses Dist		Acuity with Contacts Dist		Near
sc OD: 20/	sc OS: 20/	cc OD: 20/ 20	cc OS: 20/ 20	cc OD: 20/ 25	cc OS: 20/ 25-1	cc OD: 20/
sc OS: 20/	sc OU: 20/	cc OS: 20/ 20	cc OU: 20/ 15-	cc OU: 20/ 25	cc OU: 20/ 25	cc OS: 20/
sc OU: 20/	sc OU: 20/	cc OU: 20/ 20		cc OU: 20/ 25	cc OU: 20/ 25	cc OU: 20/

Visual Field OD	OS	K's OD:	@	/	@
Pupils OD:PERRLA -APD	Dim	Light	K's OS:	@	/
Pupils OS:PERRLA -APD	Dim	Light			@

Notes:

Cover Test

Distance CT without Rx	Distance CT with Rx	Ortho	CT with Probe +KCT
Near CT without Rx	Near CT with Rx	Ortho x9	9 Gaze

EOM: Full and Smooth

NPC: TTN x3

NSUCO Pursuits	5	5	5
NSUCO Saccades	5	5	5

Midine Shift

Notes:

Hab Rx OD: -2.50	-1.00	180	AR OD:	Ret OD:
Hab Rx OS: -3.00	sph		AR OS:	Ret OS:
Add: Sync III 9		Prism		
Sub OD	20/		FCC	Add:
Sub OS	20/	Dist OU: 20/	plano to -0.25	Near OD: 20/
				Near OS: 20/
				Near OU: 20/ 20

Notes:

Near Ret OD	Cyclo AR OD	Cyclo Ret OD	Cyclo Ref OD
Near Ret OS	Cyclo AR OS	Cyclo Ret OS	Cyclo Ref OS

Dist Phoria H: 2 XP ortho V: Dx	vg	Distance BI: Distance BO:		NRA: +2.00	/
Near Phoria H: 9 XP' V: 2 BU	vg Near	Near BI: Near BO:	18 24	16 16	PRA: -3.00 Acc Facility CPM: Verg Facilities

Phoria Add:
Near
V:

Notes

Final Rx OD:	H Prism	V Prism
Final Rx OS:		

Add: Use No charge dr remake

Recom

H Prism V Prism

Final Rx 2 OD:

Final Rx 2 OS:

Add: Use

Recom

H Prism V Prism

Final Rx 3 OD:

Final Rx 3 OS:

Add: Use

Recom

Addendum:

CHIEF COMPLAINT

Primary

Secondary

ASSESSMENT

- 1 H51.11 Convergence insufficiency
2 H50.53 Vertical heterophoria
3 H55.82 Deficient smooth pursuit eye movements
4 H55.81 Saccadic eye movements
5 H52.13 Myopia, bilateral
6 H52.221 Regular astigmatism, right eye

7

8

9

10

11

12

PLAN

Sensorimotor eval

Cont Sync III 13

graduate OVT, continue HVT

RTC 2 months for BV F/U

Class/work recom

NOTES

31 min with patient
VT Codes 92066, 92499, and 97530

Patient Education

Return Visit

Reason:

 FILLED OUT DL FORM, GAVE TO PATIENT, UPLOADED TO "FILES"

BILLING

- 1 99214 99214 Est. Patient Comp Medical
2 92060 92060 Sensorimotor/BV Eval Level 1

3

4

5

6

 CODE BY TIME (see Code By Time Tab)

Addendum:

Ignore this record for Meaningful Use

Field Color Guide MU3 CQMs Multiple Reporting Agencies

Notes

Status - Allergy Agent - Reaction - Severity
- Empty List - -

No known drug allergies

Is Primary Care Provider?

Prescribed Date - Medication Name - Status - Form
05/30/2024 - Ritalin - Active -

- Transitioned In Referred In
- Patient Transferred In/Referred To This Provider
- Medication Reconciliation performed
- Summary of care provided for transfer
- Received Consultant Rpt
- Asked for electronic copy
- Received electronic copy
- E-Prescribed medication
- Patient has received clinical summary of this v
- Patient was provided education resource
- (By checking this box, you agree that Crystal
was used to determine proper resource)

Medications Documented Reason Current Medications Not Documented

Reason Current Medications Not Documented (AOA)

Pharmacy

Race Ethnicity Preferred Language Sexual Orientation

Race (More Granular) Ethnicity (More Granular) Gender Identity

Height ft	Weight in	Blood Pressure lbs /	Body Temperature	BMI	BMI Percentile	BMI Followup?	Counseling Physical Activity
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Reason Diastolic Blood Pressure Not Taken Hypertension? Reason BMI Not Done Counseling Nutrition

Reason Systolic Blood Pressure Not Taken HbA1c Lab Test Result Recvd Flu Immun.

Heart Rate Respiratory Rate Pulse Oximetry

Smoking Status Discussed Cessation

Tobacco Use Tobacco Non-User

Tobacco Use Screening Reason Tobacco Use Screening Not Done

Tobacco Use Cessation Counseling Reason Tobacco Use Cessation Counseling Not Done

Cup to Disc ratio OD H	Cup to Disc ratio OS V	Reason Cup to Disc Ratio Not Done
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Optic Nerve Evaluation Optic disc or retinal nerve abnormalities:
OD OS

Reason Optic Disc Exam for Struct. Abnorm. Not Done

Optic Disc Exam for Structural Abnormalities - Result - Right Eye

Optic Disc Exam for Structural Abnormalities - Result - Left Eye

Dilated Macular/Fundus Exam Macular Edema Reason Macular Exam Not Done

Macular Edema Findings Present Type

Macular Edema Findings Present Type Communicated

Reason Not Communicated - Macular Edem

Macular Edema Findings Absent Type

Macular Edema Findings Absent Type Communicated

Reason Not Communicated - Macular Edem

Communicated to Diabetes Care Provider:
Exam Findings Severity of Retinopathy

Retinopathy Severity Level

Level of Severity of Retinopathy Type Communicated

Retinal or Dilated Exam Negative Finding

Reason Not Communicated - Level of Severity of Retin

Retinal/Dilated Eye Exam Retinal or Dilated Eye Exam Type (AOA)

Retinal or Dilated Eye Exam Type

Fall Screening

Depression Screening Result

Reason Depression Screening not taken

 Depression Screening

Diagnosis Code	Description	Bill ID	CPT	Description
H51.11	Convergence insufficiency	99214	99214	Est. Patient Comp Medical
H50.53	Vertical heterophoria	92060	92060	Sensorimotor/BV Eval Level 1
H55.82	Deficient smooth pursuit eye movements			
H55.81	Saccadic eye movements			
H52.13	Myopia, bilateral			Billing Modifiers Description
H52.221	Regular astigmatism, right eye			

Date - Type - Primary - Status - Code - Problem - Code System - Nullflavor - Value Set - Start Date - End Date - Notes MU Measures Outside Of Crystal PM
Medication Orders

Lab Orders

Radiology Orders

Imaging Orders (non-Radiology)

Linked Images

Relationship - Disease or Condition
Empty List - Unknown family history PQRS Billing Grid

Chief Complaint (SNOMED)

Bill ID - CPT - Bill Description - Modifier Code - Modifier Description

Code:

Description:

System:

Participants

Informant - Title - First - Middle - Last - Relation - Area Code - Phone - Address1 - Address2 - City - State - Zip - Country

Care Team

Employee - Data Enterer - Participation Function - Taxonomy - Title - First - Middle - Last

Procedures

Date - Code - Description - Code System - Nullflavor - TS Code - TS Description - TS Code System - Start Date - End Date - Reason Done - Reason Not Done - Discharge Disposition - Performer

Vital Signs

Code - Value - Unit - Start Date - End Date

Smoking Status

Date - Code - Code (AOA) - Obs. Start Date - Obs. End Date - Start Date - End Date

Implantable Devices

Show Inactive

Date - Status - Start Date - End Date - Description-GMDN - Brand Name - Version or Model Number - Company Name - Device Identifier - UDI - Lot-Batch - Serial Number - Contains NRL

Type - Plan

Interventions

Date - Code - Nullflavor - Category - Reason Done - Reason Not Done - Start Date - End Date - Performed Start Date - Performed End Date

Diagnostic Study Grid

Date - Code - Description - Code System - Value Set - Nullflavor - Reason Not Done - Order Date - Performed Start Date - Performed End Date

Addendum: