

COASTE, Shane S (Legal name: Roller Coaste) | (id #17806, dob: 10/06/1967)

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[ID:2784838-H-17263]

Referral Order

05/08/2025

To Provider	From Provider
ORTHOSOUTH - SOUTHAVEN 7580 CLARINGTON CV SOUTHAVEN, MS 38671 Phone: Phone: (901) 261-7828 Fax: Fax: (901) 259-7616	MICHAEL B. BAGWELL, DO Hernando office 2416 Mt. Pleasant Road HERNANDO, MS 38632-8632 Phone: (662) 560-5966 Fax: (662) 560-5969

Referral Order Information

Diagnosis	• Bilateral foot pain - Bilateral ICD-10: M79.671: Pain in right foot; M79.672: Pain in left foot
Order Name	Orders included: 1 Bilateral foot pain - Bilateral ICD-10: M79.671: Pain in right foot; M79.672: Pain in left foot • ORTHOPEDIC SURGEON REFERRAL Schedule Within: provider's discretion CC Results To: MICHAEL B BAGWELL DO ((662) 560-5969) Note to Provider: hernando
Notes	hernando

Patient Information

Patient Name	Coaste Shane
Sex - DOB - Age	
Address	
Phone	(901) 123-4567 -)
Primary Insurance	U4737519802 up: 3214368 icy Holder:
Secondary Insurance	ne recorded.

Electronically Signed by: MICHAEL B. BAGWELL, DO

Facesheet**Demographics**

Patient Name Coaste, Shane
Sex M
DOB 10/06/1967
Address 403 Memphis River St
City/State/Zip SENATOBIA, MS 38668
Home Phone (901)488-5772
Work Phone
Mobile Phone
Insurance Med Primary: CIGNA
Insurance # : U4735719802
Policy/Group # : 3214368
Prescription: OPTUM_IRX - Member is eligible. details

Patient Privacy

Default Pharmacy WALGREENS DRUG STORE #12308 (ERX)
5148 HIGHWAY 51 N
SENATOBIA
MS 386681720
Ph (662) 562-9366
Fax (662) 562-9353
Preferred Lab BAGWELL MEDICAL CLINIC
2416 MOUNT PLEASANT RD
HERNANDO
Ph (662) 560-5966
Fax (662) 560-5969
Preferred Imaging Facility DESOTO IMAGING SPECIALISTS
7420 GUTHRIE DR
SOUTHAVEN
Ph (662) 349-4321
Fax (662) 349-3263

Height / Weight / BMI / BP

Height 6 ft 1 in 05/08/2025
Weight 285 lbs 05/08/2025
BMI 37.6 05/08/2025
Blood Pressure 109 / 66 05/08/2025

Problems

- Type 2 diabetes mellitus - Onset: 08/08/2024
- Mixed hyperlipidemia - Onset: 04/16/2023
- Leukocytosis - Onset: 02/17/2025
- Erectile dysfunction - Onset: 08/30/2022
- Ulnar neuropathy - Onset: 08/30/2022, Right - gun shot wound
- Essential hypertension - Onset: 08/30/2022
- Coronary atherosclerosis - Onset: 10/18/2023
- Left ventricular hypertrophy - Onset: 05/06/2024
- Peripheral vascular disease - Onset: 12/29/2022 - left sfa from us 12/2022, cta 12/2024 no flow limiting lesions
- Osteoarthritis - Onset: 08/30/2022
- Degeneration of lumbar intervertebral disc - Onset: 01/21/2023 - cta 1/2023
- Testosterone level below reference range - Onset: 08/30/2022
- Metabolic dysfunction-associated steatohepatitis - Onset: 01/21/2023 - cta 1/2023
- Lipoprotein (a) hyperlipoproteinemia - Onset: 08/15/2024

Surgical & Procedure History

- Knee arthroscopy/surgery - right-meniscus repair
- Colonoscopy - 03/28/2024 - f/u in 3 yrs
- Diabetic retinal eye exam - 10/24/2023
- Cataract Removed - 08/30/2022 - right eye

Medications

11/27/24 filled

Inhale 2 puff(s) every 4 hours by inhalation route as needed, for coughing/wheezing/sob.

01/09/23 started

Take 1 tablet(s) every day by oral route., start 01/09/2023

05/08/25 prescribed

Take 1 capsule(s) every day by oral route, for inflammation/pain.

02/10/25 filled

APPLY 1/2 GRAM TO ONE 5 CM AREA OF FOOT TWICE DAILY UP TO 2 MONTHS AS NEEDED
AS DIRECTED

05/08/25 prescribed

Take 1 tablet(s) 3 times a day by oral route, for nerve pain in ulnar nerve and feet.

05/08/25 prescribed

Take 1 tablet(s) every day by oral route.

05/08/25 prescribed

Take 1 tablet(s) every day by oral route.

05/08/25 prescribed

1 shot sq every week

05/08/25 prescribed

Take 1 tablet(s) every day by oral route.

05/08/25 prescribed

Take 1 tablet(s) every day by oral route.

05/08/25 prescribed

TAKE 1 TABLET BY MOUTH AS NEEDED

05/08/25 prescribed

inject .25 cc on Tuesday/Friday im for low testosterone. He needs 1/2 cc syringe, 18 ga needle to draw up and 20 ga to inject 1 inch.

05/08/25 prescribed

Take 1 tablet(s) twice a day by oral route as needed, for pain.

08/30/22 entered

Take 2 tablet(s) every 8 hours by oral route as needed.

Vaccines

[illegible]

Influenza, seasonal, injectable	11/07/24	0.5 mL	Intramuscular: Deltoid, Right	49281064178-UT8423KA	Sanofi Pasteur	06/01/25	Inactivated Influenza	11/07/24	Brittany McKnight
Influenza, injectable, quadrivalent	10/18/23	0.5 mL	Intramuscular: Deltoid, Left	49281063978-u8101aa	Sanofi Pasteur	06/30/24	Inactivated Influenza	10/18/23	Lori Stephens
Influenza, injectable, quadrivalent	09/19/22								
Influenza, injectable, quadrivalent	10/01/21								

• pt has not had shingles or pneumonia vaccine..

Allergies / Adverse Reactions

BENICAR: - felt really fatigued

Past Medical History

Arthritis - Osteo (Age or Injury Related)	Y	Other (1)	Y, low testosterone, R ulnar neuropathy, ED
Diabetes	Y	Skin Problems	Y
High Blood Pressure	Y		

Social History

Substance Use

Do you or have you ever smoked tobacco?: Current every day smoker

How many years have you smoked tobacco?: 40

At what age did you start smoking tobacco?: 15

How much tobacco do you smoke?: 2 packs per week

Do you or have you ever used any other forms of tobacco or nicotine?: No

What was the date of your most recent tobacco screening?: 05/08/2025

Has tobacco cessation counseling been provided?: Yes

On what date was tobacco cessation counseling provided?: 05/08/2025

What is your level of alcohol consumption?: Occasional

Do you use any illicit or recreational drugs?: No

What is your level of caffeine consumption?: Moderate

Activities of Daily Living

Are you able to care for yourself?: Yes

Are you blind or do you have difficulty seeing?: No

Are you deaf or do you have serious difficulty hearing?: No

Do you have difficulty concentrating, remembering or making decisions?: Yes

Do you have difficulty walking or climbing stairs?: Yes

Do you have difficulty dressing or bathing?: No

Do you have difficulty doing errands alone?: No

Are you able to walk?: Yes: walks without restrictions

Do you have transportation difficulties?: No

Education and Occupation

What is your occupation?: Managers, all other

Advance Directive

Do you have an advance directive?: No

Do you have a medical power of attorney?: No

Marriage and Sexuality

What is your relationship status?: Domestic partner

Gender Identity and LGBTQ Identity

First name used: SHANE

Family History

Mother

- Hypertensive disorder
- pt. added directly (08/30/22)
- Alzheimer's disease
- pt. added directly (08/30/22)

Father

- Hypercholesterolemia
- pt. added directly (08/30/22)
- Hypertensive disorder
- pt. added directly (08/30/22)

Patient History - Other

None recorded.

Screening

None recorded.