



Fax - Important Notice

August 8, 2023
NEXT SCIENCE
Fax: (888) 919-3083

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CRAMER, STEVEN

PMS ID: Sex: DOB: Phone: MRN:
56567 Male 10/01/1962 (828) 640-0663 56567

August 8, 2023

NEXT SCIENCE
Fax: (888) 919-3083

Dear NEXT SCIENCE,

Please find the attached documents.

Regards,

Allison Bumgarner

Carolina Foot & Ankle Associates

Carolina Foot & Ankle Associates - HKY

Appointment: 08/18/2023 9:30 AM

Provider: Eldridge, Stephanie DPM

Patient Information

Name:	STEVEN CRAMER	Home Phone:	(828) 640-0663
D.O.B:	10/01/1962	Work Phone:	
Sex:	Male	Mobile Phone:	(828) 640-0663
SSN:	XXX-XX-3670	Email:	svc3000@yahoo.com
MRN:	56567	Preferred Contact Method:	Unspecified
PMS ID:	56567	Language:	English
Marital Status:	Married	Emergency Contact:	
Race:	White	Emergency Contact Phone:	
Ethnicity:	Unspecified	Employer:	
Address:	110 BLANKENSHIP RD TAYLORSVILLE, NC 28681	Primary Care Provider:	Coffey, David
		Referring Providers:	

Primary Insurance Information

Carrier:	Blue Cross Blue Shield Blue Value	Address:	PO BOX 35 DURHAM, NC 27702
Policy #:	YPJ10143668300	Phone Number:	(800) 214-4844
Group ID/Name:	B0000002		

Pharmacy Information

Name:	People's Drug Store	Address:	255 NC HWY16S Taylorsville, NC 28681
Phone Number:	8286322271		
Fax Number:	8286322220		

Visit Note - August 4, 2023

PMS ID: Sex: DOB: Phone: MRN:
56567 Male 10/01/1962 (828) 640-0663 56567

Alerts

Diabetes mellitus.

No fever, no chills, no allergy- new, and no adverse reaction.

Allergies

No known drug allergies

Medications

amoxicillin-pot clavulanate 875-125 mg Oral - tablet
atorvastatin 80 mg Oral - Dose: 1 tablet Frequency: QD
doxycycline hyclate 100 mg Oral - capsule
glipizide 10 mg Oral - Dose: 1 tablet extended release 24hr Frequency: QD
lisinopril 5 mg Oral - Dose: 1 tablet Frequency: QD
pantoprazole 40 mg Oral - Dose: 1 tablet, delayed release (DR/EC) Frequency: QD
pioglitazone 15 mg Oral - Dose: 1 tablet Frequency: QD
Semglee (insulin glarg-yfqn) Pen 100 unit/mL (3 mL)
Subcutaneous - Dose: 50 units Frequency: BID

Medical History

Diabetes mellitus

Surgical History

None

Social History

EtOH none
Smoking status - Former smoker
Packs per day: < 1
Years smoking: 2

ROS

Provider reviewed on Aug 04, 2023.

A focused review of systems was performed including Musculoskeletal and Neurological.

No Tingling And No Joint Pains.

Chief Complaint: Follow up 1 week ulcer

HPI: This is a 60 year old male who is being seen for a chief complaint of Follow up 1 week ulcer . Patient states no pain . He reports that his toe is doing much better, he has 1 pill left of the antibiotic, he did get a call about 15 minutes ago regarding the new antibiotic that I sent in.

He was referred by David Coffey (Family Medicine).

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
08/04/23 11:16	Hickmon, Deandra						70.0 in	200.0 lbs	28.7	2.1
	FIQ2									

* Patient Reported

Exam:

Focused Foot Exam

Left Foot

Additional Notes: Denies any other dermatological or musculoskeletal complaints other than noted above. Denies constitutional symptoms. Patient is pleasant, awake, alert and in no acute distress. Pedal pulses are palpable at 2 out of 4. Pedal hair growth present. No notable peripheral edema. There is sensation that is abnormal, absent to gross touch. Patient has equinus. There is a semirigid left hallux IPJ hammertoe deformity. There is partial thickness ulceration seen to the left plantar hallux. No active drainage today. The wound base is largely granular but dry with overlying thin layer of fibrous slough. The edges are intact. There is surrounding hyperkeratotic medially that extends dorsally extending to the nail plate affecting the toenail. The toenail is severely thickened and dystrophic with yellow discoloration. There is resolved maceration. No malodor. The ulcer does not appear acutely infected. The distal aspect of the toe is still slightly bulbous appearing.

Additional Exam Findings:

left medial plantar 1st toe: Units: cm

left medial plantar 1st toe: Pre-debridement
Wound Length: .4

left medial plantar 1st toe: Pre-debridement
Wound Width: .5

left medial plantar 1st toe: Pre-debridement
Wound Depth: .1

Data Reviewed:

1 Review of the result(s) of each unique test (Biopsy/Pathology Results Reviewed)

Impression/Plan:

Overall significant improvement, the maceration has resolved and now he is recommended Blastx and

collagen, discussed goals of regular debridements and the use of this topical dressing. He is finishing the doxycycline and is started on oral Augmentin.

- 1. Type 2 Diabetes Mellitus with foot ulcer, Left**
Type 2 diabetes mellitus with foot ulcer (E11.621)
located on the left medial plantar 1st toe.

Plan: Counseling - Diabetic Foot Ulcer.

Suspect that patient's hammertoe deformity contributed to excessive pressure and therefore callus at the left plantar hallux ultimately contributing to a blister and now ulcer. It is likely that this also continued to extend medially and causing lifting of the nail plate.

Plan: Prescription Medication Management.

Initiate Treatment: Initiate treatment with prescription medication.

Custom Patient Rx Plan: BLASTX and collagen

Patient will also be picking up the prescribed new antibiotic

Plan: Biopsy/Pathology Results Reviewed.

Results reviewed, all questions answered.

Plan: OTC Medication Management.

Discontinue OTC Regimen: Discontinue current OTC medication.

Custom Patient OTC Plan: Betadine

Plan: Excisional Debridement - No Pathology.

Specific Location of Wound Debrided: LEFT MEDIAL PLANTAR 1ST TOE

Medical Necessity for Excisional Debridement: Excisional debridement is medically necessary due to the presence and extent of devitalized and necrotic tissue noted in this wound examination. This type of tissue requires sharp instrumentation excision because it prevents and interferes with optimal wound healing.

Wound Characteristics:

Pre-debridement Wound Measurements:

- Length: .4 cm
- Width: .5 cm
- Depth: .1 cm
- Area: 0.20 cm²
- Volume: 0.02 cm³

Wound Base: slough

- Tunneling: Not Present
- Undermining: Not Present

Post-debridement Wound Measurements:

- Length: .5 cm
- Width: .7 cm
- Depth: .2 cm
- Area: 0.35 cm²
- Volume: 0.07 cm³

Upon completion of debridement, the wound bed was notable for optimal degree of epithelialization visible at the base.

Level/depth of tissue debrided: Debridement of the the wound on the left medial plantar 1st toe was carried into SKIN AND SUBCUTANEOUS TISSUE layer.

Nature of tissues removed and selective surgical debridement of devitalized tissue, fibrinous exudate, necrosis, and slough.

Method: Excisional surgical debridement was accomplished using scalpel to remove the tissues. Surgical debridement performed to extent of necrotic, devitalized, non-viable and/or infected tissue, or other nonviable material in the wound. Hemostasis was accomplished with the use of compression. Satisfactory hemostasis was noted. Complications: None. Bandaging included dry sterile dressing.

Goals: If goals are not being met in a period of 4 weeks since the date of initial evaluation, we will therefore proceed to other advanced skin therapies, substitutes, and/or modalities. The plan of care was adjusted to reflect any of the issues described to

reach the goals.

Follow up care and Post-op Instructions:

-Appropriate Care Note: Care has been performed in accordance with accepted standards for medical and surgical treatment of wounds of this type. The appropriate interval and frequency of debridement is adequate on this individual clinical characteristics and the extent of the wound. and The extent and number of services provided is medically necessary and reasonable based on the documented medical evaluation of the patient's condition, diagnosis, and plan.

2. Hammertoe

Other hammer toe(s) (acquired), unspecified foot (M20.40)

Plan: Counseling - Hammertoe.

Patient should continue to utilize a supportive shoe, he was advised on this hammertoe contributing to excessive pressure at the plantar hallux and therefore his ulcer. Attempt continued conservative care. This is why he was recommended diabetic shoes and inserts.

MIPS

1. MIPS

Plan: MIPS Quality.

Quality 1 (Diabetes Hemoglobin A1C Poor Control): Does Hb1 A1c not recorded

Quality 126 (Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation): Lower extremity neurological exam performed and documented.

Quality 127 (Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear): Footwear evaluation performed and documented. The foot was measured using a standard measuring device and appropriate foot-wear was recommended based on the risk categorization.

Quality 226 (Tobacco Use Screening and Cessation Intervention): Patient screened for tobacco use and is an ex/non-smoker

Quality 130 (Documentation of Current Medications in the Medical Record): Current Medications Documented

Quality 128 (Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan): BMI is documented above normal parameters and a follow-up plan is documented

Follow up in 12 days for: Wound Check/Follow Up

Staff:

Stephanie Eldridge, DPM (Primary Provider) (Bill Under)

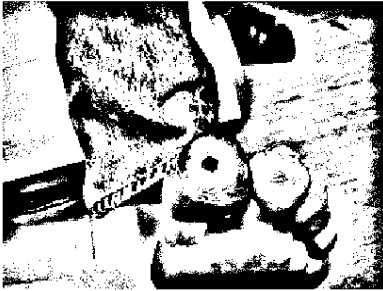
Jade Callahan (scribe)

Deandra Hickmon

Patient Referrals:

Coffey, David - Primary Care Provider (PCP)

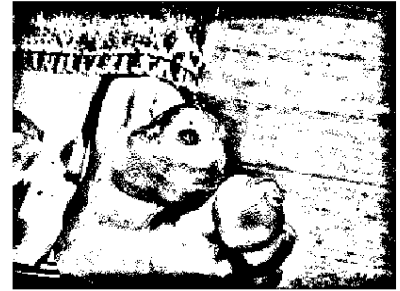
Other Photos



Fri 08/04/2023 11:18:58.653



Fri 08/04/2023 11:42:23.429



Fri 08/04/2023 11:42:23.716

I, Jade Callahan am scribing for, and in the presence of Stephanie Eldridge, DPM.

Electronically Signed By: Jade Callahan, 08/04/2023 12:07 PM EDT

I, Stephanie Eldridge, DPM, personally performed the services described in the documentation as scribed by Jade Callahan in my presence, and confirm it is both accurate and complete.

Electronically Signed By: Stephanie Eldridge, DPM, 08/04/2023 12:07 PM EDT

Patient Name: Steven Cramer
 Cell Phone: _____ Date of Birth: 10/1/62
 Ship to Address: _____
 City: _____ State: _____ Zip: _____

NEXT SCIENCE



DEPENDER

Is patient currently receiving home health, inpatient care, hospice, physical therapy, or any other clinical assistance in the home?

☐ Yes ☒ No If Yes, Release Date _____

PLEASE FAX ORDER FORM WITH PATIENT DEMOGRAPHICS & CHART NOTES (Min Previous two visits) TO (888) 919-3083 or EMAIL TO 8889193083@nextscience.com

Sales Rep: Jon Holloway

Sales Rep Cell: 310-210-0357

Wound (WMD) #	Location	Length (cm)	Width (cm)	Depth (cm)	Wound Stage	Drainage	Debrided	ICD-10 Code
1	<input checked="" type="checkbox"/> LT <input type="checkbox"/> RT	0.5	0.7	0.2	<input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VIII <input type="checkbox"/> IX <input type="checkbox"/> X <input type="checkbox"/> XI <input type="checkbox"/> XII	<input type="checkbox"/> Dry <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2	<input type="checkbox"/> LT <input type="checkbox"/> RT				<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VIII <input type="checkbox"/> IX <input type="checkbox"/> X <input type="checkbox"/> XI <input type="checkbox"/> XII	<input type="checkbox"/> Dry <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	<input type="checkbox"/> LT <input type="checkbox"/> RT				<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VIII <input type="checkbox"/> IX <input type="checkbox"/> X <input type="checkbox"/> XI <input type="checkbox"/> XII	<input type="checkbox"/> Dry <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	<input type="checkbox"/> LT <input type="checkbox"/> RT				<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VIII <input type="checkbox"/> IX <input type="checkbox"/> X <input type="checkbox"/> XI <input type="checkbox"/> XII	<input type="checkbox"/> Dry <input type="checkbox"/> Min <input type="checkbox"/> Mod <input type="checkbox"/> Hvy	<input type="checkbox"/> Yes <input type="checkbox"/> No	

WND #1 Debridement Date/Type Sharp / 8/4/23

WND #3 Debridement Date/Type _____

Presence of Infection: ☐ Yes ☒ No

WND #2 Debridement Date/Type _____

WND #4 Debridement Date/Type _____

Presence of Tunneling/Undermining: ☐ Yes ☒ No

Kit Number	Collagen Only	Kit Number	Collagen and BlastX	Quantity	Codes	WMD1	WMD2	WMD3	WMD4
WK-0002	2"x2" (25.81 sq cm) Collagen Sheet	WK-0002BX	2"x2" (25.81 sq cm) Collagen Sheet	30ea	A6021				
<input type="checkbox"/>	8oz Wound Cleanser	<input checked="" type="checkbox"/>	8oz Wound Cleanser	1ea	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4"x4" (103.23 sq cm) Bordered Gauze Dressing	<input type="checkbox"/>	4"x4" (103.23 sq cm) Bordered Gauze Dressing	30ea	A6219				
			1oz BlastX Wound Gel	1ea	A6248				
WK-0003	7"x7" (316.13 sq cm) Collagen Sheet	WK-0003BX	7"x7" (316.13 sq cm) Collagen Sheet	30ea	A6023				
<input type="checkbox"/>	8oz Wound Cleanser	<input type="checkbox"/>	8oz Wound Cleanser	1ea	N/A				
	1" x 10yd Paper Tape		1" x 10yd Paper Tape	2 ea	A4450	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4"x4.1yds Conforming Gauze, Sterile		4"x4.1yds Conforming Gauze, Sterile	24ea	A6446				
			1oz BlastX Wound Gel	3ea	A6248				
WK-0005	Collagen 1 gram powder	WK-0005BX	Collagen 1 gram powder	30ea	A6010				
<input type="checkbox"/>	8oz Wound Cleanser	<input type="checkbox"/>	8oz Wound Cleanser	1ea	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4"x4" (103.23 sq cm) Bordered Gauze Dressing		4"x4" (103.23 sq cm) Bordered Gauze Dressing	30ea	A6219				
			1oz BlastX Wound Gel	1ea	A6248				
WK-0006	Collagen 1 gram powder	WK-0006BX	Collagen 1 gram powder	30ea	A6010				
<input type="checkbox"/>	4"x4" (103.23 sq cm) Superabsorbent Dressing	<input type="checkbox"/>	4"x4" (103.23 sq cm) Superabsorbent Dressing	30ea	A6196				
	8oz Wound Cleanser		8oz Wound Cleanser	1ea	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1" x 10yd Paper Tape		1" x 10yd Paper Tape	2 ea	A4450				
	4"x4.1yds Conforming Gauze, Sterile		4"x4.1yds Conforming Gauze, Sterile	24ea	A6446				
			1oz BlastX Wound Gel	1ea	A6248				
WK-0007	2"x2" (25.81 sq cm) Collagen Sheet	WK-0007BX	2"x2" (25.81 sq cm) Collagen Sheet	30ea	A6021				
<input type="checkbox"/>	4"x4" (103.23 sq cm) Superabsorbent Dressing	<input type="checkbox"/>	4"x4" (103.23 sq cm) Superabsorbent Dressing	30ea	A6196	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8oz Wound Cleanser		8oz Wound Cleanser	1ea	N/A				
	1" x 10yd Paper Tape		1" x 10yd Paper Tape	2 ea	A4450				
	4"x4.1yds Conforming Gauze, Sterile		4"x4.1yds Conforming Gauze, Sterile	24ea	A6446				
			1oz BlastX Wound Gel	1ea	A6248				

Foot Defender - Protective Boot (HCPCS - L4361) (Indicate Size)

☐ Small (Men's 5-7 Women's 7-9) ☐ Medium (Men's 7.5-9.5 Women's 9.5-11.5) ☐ Large (Men's 10-13 Women's 12-14)

ICD-10 Code: _____ (Primary Ortho Diagnosis when Foot Defender Boot is Ordered)

PHYSICIAN APPROVAL: I certify that I am treating the patient named above and am ordering these supplies based on my exam and treatment of the patient. I affirm the supplies are medically reasonable and necessary. Patient confirms that they are not already on Hospice or Home health care services. The physician's progress note documents the medical necessity to dispense these wound care supplies consistent with the size, depth, and drainage noted. Complete instructions to perform dressing changes were provided to patient and/or caregiver. Pt. was advised that they may either rent or purchase inexpensive durable medical equipment elsewhere. All products dispensed were sterile. Duration of treatment will be 30 days unless specified.

Prescriber Signature: _____

Date: 8/4/23

☐ Provider Name: Randall Eldridge NPI 1497195341
☐ Provider Name: Stephanie Eldridge NPI 1134282544
☐ Provider Name: Robert Kukla NPI 1871570697
☐ Provider Name: _____ NPI _____
☐ Provider Name: _____ NPI _____

Office Name: Carolina Foot & Ankle

Office Email: _____

Office Address: 1501 Tate Blvd SE # 203

Office Phone: 878-304-0400

Hickory, NC 28602

