42135 10th Street West Ste 301 LANCASTER, CA 93534-6093 (661) 945-6931 Fax: (661) 945-4592

July 1, 2025 Page 1 Office Visit

DARLEAN SCOTT

Female DOB: 06/12/1964 144349 Ins: Medicare Southern Region

11/20/2024 - Office Visit Provider: Mukesh Misra MD

Location of Care: Antelope Valley Neuroscience Medical Group

History of Present Illness:

I saw DARLEAN SCOTT in the office today for a followup consultation. She is a 60 year old woman with the complaint of neck pain. bilateral shoulder pain. low back pain. bilateral buttock pain. I saw Darlene in the office today she is a 6-year-old patient follow-up ongoing neck and back issues. Patient had a lumbar block a few weeks ago with much relief. Tells me her neck is bothering her most of the time at this time. She last fairly decent amount of weight following her surgery. She otherwise denies any new issues. Examination remains unchanged. Plan to schedule patient for cervical block under medication before and then follow-up per appointment plan and risks and benefit discussed with patient she understands follow accordingly because of acute event she has been instructed to go to urgent care and or emergency room.

Patient complies with the 4 A's of opioid treatment.

ADL's: Patient is able to perform activities of daily living with the aid of the medications.

Adverse side effects: No side effects noted including cognitive/somnolence/respiratory depression and constipation.

Abuse: No signs of abuse, misuse or diversion

Associations: No worsening depression or anxiety.

A CURES report from the Department of Justice - Bureau of Narcotic Enforcement was reviewed and is consistent with the medications we are prescribing. Patient would recommend to continue decreasing medication for his pain. Adverse of medication discussed with patient as well.

Certain portion of the progress note may have findings and information retrieved from the previous office visit note. This is a part of this progress note

Active Medications:

Percocet 10 mg-325 mg tablet (oxycodone-acetaminophen) Take 1 tablet by mouth every six hours as needed for pain

IBU 800 mg tablet (ibuprofen) Take 1 tablet by mouth twice a day as needed for pain carisoprodol 350 mg tablet (carisoprodol) Take 1 tablet by mouth three times a day as needed as directed for spasms

gabapentin 100 mg capsule (gabapentin) Take 1 capsule by mouth three times a day as directed Percocet 10-325 mg tablet (oxycodone-acetaminophen) Take 1 tablet by mouth every six hours as needed for pain

carisoprodol 350 mg tablet (carisoprodol) Take 1 tablet by mouth three times a day as needed for spasms

Current Allergies (reviewed this update):

No known allergies

Radiology Impression

Review of Records

Past Medical History:

Reviewed history from 10/03/2024 and no changes required:

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July 1, 2025 Page 2 Office Visit

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No hypertension, diabetes, MI, or cancer.

PHARMACY: Next Rx 38900 Trade center Dr Palmdale, CA 93551

Past Surgical History:

Reviewed history from 10/03/2024 and no changes required: Statys post L3-L5 Lumbar Laminectomy/Laminotomy. Status post Left CTR. Status post Right CTR. Status post C4-C7 ACDF by Dr Misra on 12/12/16. Status post L3-S1 ALIF by Dr. Misra on 05/08/17.

Family History Summary:

Family History Reviewed: 11/20/2024

Legacy Family History Notes: Family History of Tuberculosis Family History of Bleeding Disorders Family History of High Blood Pressure Family History of Diabetes Family History of Heart Disease

Social History Summary:

Social History Reviewed: 11/20/2024

Previous Social History:

Patient currently smokes every day. She smokes 6 cigarettes a day

Alcohol Use - yes Moderate.

Drug Use - no HIV/High Risk - no Regular Exercise - no

Risk Factors-CCC:

Smoked Tobacco Use: current every day smoker

Counseled to Quit/Cut Down: yes

HIV High Risk Behavior: no

Exercise: no

Drug Use: no

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July 1, 2025 Page 3 Office Visit

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Vital Signs:

Patient Profile: 60 Years Old Female

Height: 64 inches Weight: 143 pounds BMI: 24.54 kg/m2

O2 Sat: 99 %

Temp: 97.1 degrees F temporal

Pulse rate: 77 / minute BP Sitting: 110 / 66 (left arm)

Cuff size: large Patient in pain? Yes

Location: lower back, right knee

Intensity: 8

Allergies: Allergies were reviewed with the patient during this visit.

Physical Exam

Msk:

cervical and lumbar tenderness

Neurologic:

Awake and alert
II-XII normal
grip better 5/5
rt PF 4/5
decreased rt L5 sensations
absent rt AJ and rt BJ rest DTRs normal
No cerebellar
gait cannot do tandem
positive SLR

Impression & Recommendations:

Problem #1: Spinal stenosis, lumbar region with neurogenic claudication (ICD10-M48.062)

Assessment: Unchanged

Problem # 2: Neck Pain (ICD-723.1) (ICD10-M54.2)

Assessment: Deteriorated

Her updated medication list for this problem includes:

Percocet 10 Mg-325 Mg Tablet (Oxycodone-acetaminophen) Take 1 tablet by mouth every six hours as needed for pain

Ibu 800 Mg Tablet (Ibuprofen) Take 1 tablet by mouth twice a day as needed for pain

Carisoprodol 350 Mg Tablet (Carisoprodol) Take 1 tablet by mouth three times a day as needed as

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July 1, 2025 Page 4 Office Visit

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directed for spasms

Percocet 10-325 Mg Tablet (Oxycodone-acetaminophen) Take 1 tablet by mouth every six hours as needed for pain

Carisoprodol 350 Mg Tablet (Carisoprodol) Take 1 tablet by mouth three times a day as needed for spasms

Other Orders:

99214-FU, DETAILED (CPT-99214) FACET BLOCK CERVICAL (FB CX)

Patient Instructions:

- 1) Please schedule a follow-up appointment in 1 month.
- 2) Discussed importance of regular exercise and recommended starting or continuing a regular exercise program for good health.
- 3) Most patients (90%) of patients with low back pain will improve with time (2-6 weeks). Limit activity to comfort and avoid activities that increase discomfort. Apply moist heat and/or ice to lower back and take medication as instructed for pain relief. Please read the Back Pain Handout and start Physical Therapy as directed.
- 4) Limit activity to comfort and avoid activities that increase discomfort. Apply moist heat and/or ice to neck and take medication as instructed for pain relief. Please read the Neck Pain Handout and start Physical Therapy as directed. Plan is to schedule patient for cervical block and continue medication before then follow-up per appointment plan and risks were discussed with patient family than sent follow accordingly because of acute events she has been instructed to go to urgent care and or emergency room.

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Electronically signed by Mukesh Misra MD on 11/20/2024 at 9:39 AM