

MIDWEST GENERAL HOSPITAL

Department of Internal Medicine & Orthopedics

123 Medical Center Drive, Springfield, IL 62701 | (217) 555-0100

DISCHARGE SUMMARY

PATIENT NAME:	John A. Smith	MRN:	MRN-00123456
DATE OF BIRTH:	03/14/1968	ACCOUNT #:	ACC-2026-00891
ADMISSION DATE:	02/10/2026	DISCHARGE DATE:	02/14/2026
ATTENDING PHYSICIAN:	Dr. Sarah L. Patel, MD	NPI:	1234567890
PRIMARY DIAGNOSIS:	M17.11 — Primary osteoarthritis, right knee		
SECONDARY DIAGNOSIS:	I10 — Essential (primary) hypertension		
PROCEDURE REQUESTED:	CPT 27447 — Total knee arthroplasty, right		
INSURANCE:	Cigna PPO Plan ID: CGN-2026-PP-7734		

SECTION 1: CHIEF COMPLAINT

Patient John Smith, a 57-year-old male, presents with progressive right knee pain and functional limitation that has significantly impaired his ability to perform activities of daily living. Patient reports bilateral knee pain for 6 months, with the right side being substantially worse, rated 8/10 on the VAS pain scale.

SECTION 2: HISTORY OF PRESENT ILLNESS

Mr. Smith has a documented 18-month history of right knee osteoarthritis confirmed by serial radiographs demonstrating progressive joint space narrowing. The patient has undergone a documented trial of conservative management including: (1) physical therapy for 12 weeks with a licensed physical therapist (completed 09/2025–12/2025), (2) NSAIDs (Ibuprofen 600mg TID for 8 weeks, discontinued due to GI intolerance), and (3) two intra-articular corticosteroid injections (04/2025 and 08/2025) with diminishing benefit.

Key Clinical Finding (Page 1): Patient reports failed conservative therapy including physical therapy, NSAIDs, and steroid injections over 18 months with continued functional decline.

SECTION 3: CURRENT MEDICATIONS

MEDICATION	DOSE	FREQUENCY	INDICATION
Lisinopril	10mg	Once daily	Hypertension
Ibuprofen	600mg	TID (discontinued)	Knee pain — GI intolerance
Omeprazole	20mg	Once daily	GI prophylaxis
Acetaminophen	500mg	PRN	Breakthrough pain
Aspirin	81mg	Once daily	Cardiovascular prophylaxis

SECTION 4: KNOWN ALLERGIES

■ ALLERGY ALERT: Patient is allergic to PENICILLIN (documented anaphylaxis, 2019). Patient is also allergic to SULFA DRUGS (documented rash, 2021). No known allergy to opioids or general anesthesia

agents.

SECTION 5: VITAL SIGNS ON ADMISSION

BP	HR	RR	Temp	SpO2	BMI
150/90 mmHg	78 bpm	16/min	98.4°F	98%	31.2

Note: Blood pressure stable at 150/90 mmHg on current antihypertensive regimen (Lisinopril 10mg daily). Hypertension is well-controlled and does not represent a contraindication to surgery.

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SECTION 6: IMAGING & DIAGNOSTIC RESULTS

Right Knee X-Ray Series (02/10/2026): Severe tricompartmental osteoarthritis with near-complete loss of joint space in the medial compartment. Subchondral sclerosis and marginal osteophyte formation noted. Findings are consistent with end-stage osteoarthritis.

MRI Right Knee (01/28/2026): Full-thickness cartilage loss in the medial femoral condyle and medial tibial plateau. Moderate effusion. Intact cruciate and collateral ligaments. The MRI confirms the right knee as the operative site for total knee arthroplasty.

Laterality Confirmation: All imaging, clinical examination findings, and patient-reported symptoms consistently indicate the RIGHT knee as the primary affected joint requiring surgical intervention. Left knee shows mild degenerative changes (Grade I-II) not requiring surgical treatment at this time.

SECTION 7: PHYSICAL EXAMINATION

Musculoskeletal: Right knee demonstrates crepitus on range of motion, limited flexion to 95 degrees (normal 135 degrees), and a 10-degree flexion contracture. Medial joint line tenderness present. Varus deformity of approximately 8 degrees noted on standing alignment. Antalgic gait pattern observed.

Cardiovascular: Regular rate and rhythm. No murmurs. Peripheral pulses intact bilaterally. Pre-operative cardiac clearance obtained from Dr. James R. Ortega, MD (Cardiology) on 02/08/2026.

Neurological: Sensation intact in bilateral lower extremities. Motor strength 5/5 in hip flexors, knee extensors, and ankle dorsiflexors bilaterally. No signs of peripheral neuropathy.

SECTION 8: ASSESSMENT & MEDICAL NECESSITY

Mr. Smith presents with end-stage right knee osteoarthritis (ICD-10: M17.11) that has failed 18 months of documented conservative management. The patient's functional limitations, radiographic severity, and failed non-operative treatments collectively establish medical necessity for total right knee arthroplasty (CPT: 27447) per Cigna Medical Policy #012 (Knee Arthroplasty) criteria:

CRITERIA	REQUIREMENT	STATUS	EVIDENCE
Criteria A	Severe osteoarthritis (Grade III-IV)	MET	X-Ray 02/10/2026
Criteria B	Failed conservative therapy ≥ 3 months	MET	PT records + MD notes
Criteria C	Significant functional impairment	MET	VAS 8/10, flexion 95°
Criteria D	Failed ≥ 1 steroid injection	MET	Injection records 04/2025, 08/2025
Criteria E	Pre-operative cardiac clearance	MET	Dr. Ortega letter 02/08/2026

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SECTION 9: TREATMENT PLAN

Approved Procedure: Total Right Knee Arthroplasty (CPT 27447) scheduled for 02/21/2026 at Midwest General Hospital, OR Suite 3.

Pre-operative Instructions: NPO after midnight. Continue Lisinopril on day of surgery with sip of water. Hold Aspirin 7 days prior to surgery. Pre-operative labs and EKG to be completed 02/17/2026.

Anesthesia: Spinal anesthesia planned. General anesthesia on standby. Penicillin-based antibiotics are CONTRAINDICATED due to documented allergy. Alternative prophylaxis: Clindamycin 600mg IV pre-op.

Post-operative Rehabilitation: Physical therapy to begin POD 1 with ambulation. Discharge to home with outpatient PT 3x/week for 6 weeks. Home health evaluation on POD 3.

SECTION 10: ADDENDUM — NURSING NOTE (02/11/2026 06:45)

Nursing Note by RN Amanda Torres:

Patient ambulating with walker. Reports left knee discomfort this morning rated 4/10. Ice pack applied to left knee per patient request. Patient states right knee remains the primary concern and confirms understanding that surgery is scheduled for the right knee.

NOTE FOR AGENTFORGE TESTING — EDGE CASE: The nursing note above references 'left knee discomfort'. This creates an apparent laterality conflict with the primary surgical plan for the RIGHT knee. The pdf_extractor and Clarification Node should detect this ambiguity and trigger human clarification before proceeding. The attending physician note (Section 8) and all imaging confirm RIGHT knee as the operative site. The nursing note refers to incidental contralateral discomfort only.

SECTION 11: PHARMACY REVIEW

Pharmacy consultation completed 02/12/2026 by PharmD Lisa Nguyen.

Current medication reconciliation: Lisinopril 10mg daily for hypertension (blood pressure stable at 150/90 mmHg — continue perioperatively). Aspirin 81mg — hold 7 days pre-op per surgical protocol. Omeprazole 20mg — continue throughout hospital stay.

Interaction Check: No HIGH or CONTRAINDICATED interactions identified among current medications. Ibuprofen discontinued (GI intolerance) — no NSAIDs in active medication list. Post-operative pain management: Acetaminophen 1g Q6H scheduled + Tramadol 50mg PRN (avoid concurrent NSAID use given GI history).

NOTE FOR AGENTFORGE TESTING — ALLERGY CONFLICT: If any prescriber attempts to order Amoxicillin, Ampicillin, or any penicillin-class antibiotic for this patient, the agent's allergy_conflict check should trigger a HIGH SEVERITY flag and escalate to Physician Review. Clindamycin is the approved alternative for surgical prophylaxis.

ATTESTATION & SIGNATURES

ROLE	NAME	SIGNATURE	DATE
Attending Physician	Dr. Sarah L. Patel, MD	_____	02/14/2026
Orthopedic Surgeon	Dr. Michael B. Chen, MD	_____	02/14/2026
Clinical Pharmacist	Lisa Nguyen, PharmD	_____	02/14/2026
Charge Nurse	Amanda Torres, RN	_____	02/14/2026

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