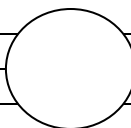


Patient Name: _____			DOB _____			Date _____			Age _____		
Height: _____			Weight: _____ lbs.			BP: _____ / _____			P: _____ bpm		
Temp: _____			RR: _____								
L3: (1-ROS + 1HPI) + 6 elements total + MDM ^{2 of 3} or L4: (2-ROS + 4-HPI + 1-PFSH) + 12 elements total] + MDM ^{2 of 3} High Risk-L5: <input type="checkbox"/> MSM, HGSIL, or High Risk HPV <input type="checkbox"/> Illness threat to life, e.g. BP=180/120 ; then 99215 Upgrade											
HPI: 1. location 2. quality 3. severity 4. duration 5. timing 6. context 7. modifying factors 8. associated symptoms PAIN: Severity: 0 _____ 5 _____ 10 Quality: Sharp, Dull, Ache, Irritating, Burning, Itching, _____											
Date of earlier PSFH& ROS: _____ Family history update: <input type="checkbox"/> None <input type="checkbox"/> Yes											
<input type="checkbox"/> ROS 1: Allergies reviewed and remain unchanged, or: <input type="checkbox"/> New Allergies (if so, prepare sticker for chart):											
<input type="checkbox"/> ROS 2: Proctology/GI history reviewed and updated below, or: <input type="checkbox"/> No Updates											
Problem Points: <input type="checkbox"/> L5-New lesion w/work-up, then 99215 Upgrade <input type="checkbox"/> L4-New <input type="checkbox"/> L3-Worse <input type="checkbox"/> L2 Same/Improved											
Data Points-2pts: Summary of old records/diagnoses or EMR: <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Prolapse <input type="checkbox"/> GI/Rectal Bleeding											
<input type="checkbox"/> Fissure <input type="checkbox"/> Tags/Papillae <input type="checkbox"/> Stenosis/Spasm <input type="checkbox"/> Pruritus Ani <input type="checkbox"/> Constipation <input type="checkbox"/> Warts/Lesions <input type="checkbox"/> Fistula <input type="checkbox"/> Abscess											
<input type="checkbox"/> MSM, HGSIL, or High Risk HPV <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____											
3-Inactive or chronic (controlled or managed) conditions; or 4 HPIs:											
Location: _____											
Duration: _____											
Context: _____											
Modifying factors & Associated symptoms: _____											
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 7. Gastrointestinal: <input type="checkbox"/> Negative stool occult blood test <input type="checkbox"/> Positive FOBT <input type="checkbox"/> Sphincter tone WNL, no hemorrhoids or masses <input type="checkbox"/> Anoscopy findings recorded below 1. Musculoskeletal: <input type="checkbox"/> Gait and station is symmetrical & balanced <input type="checkbox"/> Digits and nails show no clubbing, cyanosis, infections, petechiae, ischemia, or nodes) </div> <div style="width: 30%;"> Exam Elements 2. Constitutional: <input type="checkbox"/> Well developed, well nourished, NAD <input type="checkbox"/> Vitals 3. Eyes: <input type="checkbox"/> Conjunctiva clear, no lid lag & deformity 4. Ears, Nose, Mouth and Throat: <input type="checkbox"/> External ears & nose w/out scars, lesions, or masses <input type="checkbox"/> Hearing grossly intact </div> <div style="width: 30%;"> 5. Respiratory: <input type="checkbox"/> Respiration is diaphragmatic & even; accessory muscles not used 6. Psychiatric: <input type="checkbox"/> Alert and oriented to time, place, and person <input type="checkbox"/> Mood and affect appropriate <input type="checkbox"/> Judgment & insight WNL <input type="checkbox"/> Recent and remote memory intact </div> </div>											
<input type="checkbox"/> Anal TPI for Myalgia: Pain complaint, sphincter muscle with taunt palpable band, alleviated by lidocaine injected* area											
<input type="checkbox"/> Anoscopy Dx ⇒ <input type="checkbox"/> HRA enhanced w/chem agnts ⇒ <input type="checkbox"/> w/Identified Risk Factors: High Risk-L5 A											
<input type="checkbox"/> Hemorrhoid Treated ⇒ <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Full excision <input type="checkbox"/> Subdermal/mucosal excision											
<input type="checkbox"/> PO5 Sclerosant <input type="checkbox"/> Banding <input type="checkbox"/> Ligature <input type="checkbox"/> IRC <input type="checkbox"/> OMT pelvic rgn - Somatic dysfunc/spasm ○ R  L											
<input type="checkbox"/> Hemorrhoids - areas <input type="checkbox"/> Grade - <input type="checkbox"/> Thrombosed, strangulated, tender ►											
<input type="checkbox"/> Laser destruction anal lesion (s): <input type="checkbox"/> extensive <input type="checkbox"/> Transanal Destruction Rectal Tumor/polyp ►											
<input type="checkbox"/> Dilation Anoscopy for Stenosis: <input type="checkbox"/> 26.7mm <input type="checkbox"/> _____ mm <input type="checkbox"/> 31mm <input type="checkbox"/> Anal Pap P											
<input type="checkbox"/> BIOPSIES: <input type="checkbox"/> Anorectal-wall no scope, and <input type="checkbox"/> w/Anoscope, and <input type="checkbox"/> w/HRA enhanced w/chem agnts											
<input type="checkbox"/> Anesthesia for pain-discomfort w/exam <input type="checkbox"/> Marcaine 0.25% wEpi + Lidocaine 2% wEpi _____ cc											
Data Points-2pts: Review of Image/Specimen ⇒ <input type="checkbox"/> FOBT + - <input type="checkbox"/> Path-image = / /											
Assessment: <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> GI/Rectal Bleeding (date _____) <input type="checkbox"/> Anal Tags/Papillae <input type="checkbox"/> Anal Fissure											
<input type="checkbox"/> Prolapse <input type="checkbox"/> Stenosis/Spasm <input type="checkbox"/> Pruritus Ani <input type="checkbox"/> Constipation <input type="checkbox"/> Warts/Lesions <input type="checkbox"/> Anal Fistula <input type="checkbox"/> Anal Abscess											
<input type="checkbox"/> High Risk HPV, HGSIL or MSM <input type="checkbox"/> _____ <input type="checkbox"/> _____											
Rx Moderate Risk-L4: <input type="checkbox"/> HC Cream 2.5% <input type="checkbox"/> HC Suppositories <input type="checkbox"/> Anal Hygiene Brochure <input type="checkbox"/> Vicodin <input type="checkbox"/> Fiber Sup.											
<input type="checkbox"/> Percocet <input type="checkbox"/> Metronidazole <input type="checkbox"/> MiraLAX Prep <input type="checkbox"/> Anti-Itch/Fissure Protocol <input type="checkbox"/> High Fiber Diet <input type="checkbox"/> Fodmap Diet											
<input type="checkbox"/> Preoperative Rx(s) <input type="checkbox"/> Postoperative Rx(s) <input type="checkbox"/> Augmentin <input type="checkbox"/> Bactrim DS <input type="checkbox"/> Cipro <input type="checkbox"/> Calmoseptine <input type="checkbox"/> Align											
<input type="checkbox"/> 3x Antibiotic oint. <input type="checkbox"/> _____ <input type="checkbox"/> _____											
Plan: <input type="checkbox"/> RTO: _____ D Wk 100-days <input type="checkbox"/> Sooner if Sx stall or worsen <input type="checkbox"/> Office Tx <input type="checkbox"/> Surgery <input type="checkbox"/> Colonoscopy											
<input type="checkbox"/> FOBT <input type="checkbox"/> Second Opinion: _____ <input type="checkbox"/> Discuss today's path report:											

Patient Name: _____ DOB _____ Date _____ Age _____

- ☐ - 57 Modifier: Initial decision for 90-day global same day surgery
- ☐ 46040 An abscessed area is noted in the deep perirectal tissues surrounding the anus. A small incision < 1cm is made over an area of pronounced fluctuance. A milking of the perirectal tissue is performed to drain as much pus as possible through the incision site, which relieves the pain. The area is then covered by a thick gauze pad and left to heal by secondary intention.
- ☐ 46200 A fissure, crack, or tear is noted in the distal anal canal, lined with grey fibrous tissue. With a palmar surface against the gluteal wall, the fissure was pulled outward. The entire pathologic tissue was vaporized and excised and the fissure base was cauterized.
- ☐ 46250 External hemorrhoidectomy ≥ 2 columns: A small excision of anoderm (about 5-10 mm round) is made with a scissors or CO2 laser. The hemorrhoid is then cored out sub-dermally (underneath the skin). The skin edges are trimmed to reduce skin tag formation. The area is then covered by a gauze pad and left to heal by secondary intention.
- ☐ 46255 Internal & external hemorrhoidectomy 1 column: ↓ see below
- ☐ 46260 Internal & external hemorrhoidectomy ≥ 2 columns:
 - In the hemorrhoid areas treated, a small excision of anoderm (about 5-10 mm round) is made with a scissors or a CO2 laser.
 - ☐ SUBDERMAL EXCISION: The hemorrhoid is then excised, cored out sub-dermally from underneath the skin and mucosa using a blunt dissection technique.
 - ☐ FULL EXCISION: The hemorrhoid is then excised completely, including the skin and mucosa using a blunt dissection technique.
 - Electro and or laser cautery is applied. A pressure dressing is then applied to compress dead space and prevent hematoma and seroma formation. The wound heals by secondary intention
- ☐ 46270 Fistulotomy Subcutaneous: A probe is inserted into an infected tunnel between the skin and the muscular opening at the end of the digestive tract (anus). A lengthwise incision is made along the top of the probe to open the anal fistula, draining any pus or other fluid, and merging the fistula tract with the anal canal to allow the fistula to heal. The area is then covered by a gauze pad and left to heal by secondary intention.
 - ☐ 46275 Fistulotomy Submuscular: Same as the above↑, with the difference being the depth of the probe insertion and incision, which included a small amount of sphincter muscle fibers.
- ☐ 46930 Destruction of internal hemorrhoid by thermal energy: CO2 infrared laser light is used as a heat source to quickly coagulate, or clot, vessels supplying blood to the hemorrhoid causing it to shrink and recede.
- ☐ 46945 Internal hemorrhoid vascular ligation through anoscope using 3-0 chromic, 1 column.
- ☐ 20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s): Multiple trigger point injections to Sphincter muscle with taunt palpable band (Subcutaneous, Superficialis & Profundis) alleviated Myalgia by injection to area. 1cc*
- ☐ 98925 Osteopathic manipulative treatment (OMT); 1-2 body regions involved: Physician applied Manual treatment to eliminate or alleviate somatic dysfunction. OMT to Pelvis with good results.

Rick Shacket, DO MD (H) _____