Patient Name:				DOB	Date	Age			
Height:  W	Veight: I BP after 10	lbs   BP:	/	P:	bpm   Temp:	RR:			
Consultation report	Second BP after 10 minutes:/  Consultation report to PCP or:								
	Level 4 and 5: $(\ge 4 \text{ HPI} + \text{ROS} \ge 10 + \text{PFSHx3}) + \ge 9 \text{ PE}$ areas 2-elements each area + MDM $^{2 \text{ of } 3}$								
						ociated signs & symptoms			
_	-	-	-						
	PAIN: Severity: 0 ——5——10   Quality: Sharp, Dull, Ache, Irritating, Burning, Itching, Problem Points: □ L5-New w/work-up   3-Inactive or chronic (controlled or managed) conditions; or 4 HPIs:								
		· · · · · · · · · · · · · · · · · · ·		(3	<u> </u>	,			
						oscopy (ordered below)			
					ction e.g. BP=180/120	·			
☐ Female sex started	1 < 16  y/o, > 5	partners, Hx o	of STI, or &	2 Pap in 7yrs	⇒ □ Plan: Advised to	have a yearly Pap exam			
A11									
Allergies:	monts:								
Medications/Supplements:									
DECH 1: Dergonal Me	adical Uv								
FFSII 1. FCISOIIAI IVI	PFSH 1: Personal Medical Hx:								
PFSH 1: Personal Surgical & Endoscopy Hx:									
11 bit 1. 1 cisonal bu	igical & Ella	овсору пл.							
PFSH &		Exam							
ROS review of systems	See Questionnaire	Notes:							
PFSH 2: Family Hx									
PFSH 3: Social Hx									
1. Constitutional									
2. Eyes									
3. ENT & Mouth									
4. Cardiovascular									
5. Respiratory									
6. Gastrointestinal									
7. Genitourinary									
8. Musculoskeletal									
9. Skin									
10. Neurological									
11. Blood/Lymph									
12. Endocrine									
13 Allergy/Immun.									
14. Psychiatric									

Patient Name:	DOB	Date	Age
☐ 11102 Tangential Biopsy: Using a flexible blade the☐ 11103 Tangential Biopsy; each additional lesion X		ed. Tissue Is sent to pat	· ·
□ 11104 Punch Biopsy: Skin stretched with lesion perptissue reached. Biopsy specimen removed and sentences.	pendicular to resting sl		ed until subcutaneous
<ul><li>□ 11300 Shave of epidermal or dermal Lesion, single,</li><li>□ 11301 Shave of epidermal or dermal lesion, single,</li></ul>	runk, arms or legs, .06	6cm to1.0cm	
☐ 11302 Shaving of epidermal or dermal lesion, single			
☐ 11303 Shaving of epidermal or dermal lesion, single			laaa
<ul><li>□ 11305 Shaving of epidermal or dermal lesion, single</li><li>□ 11307 Shaving of epidermal or dermal lesion, single</li></ul>			
☐ 11307 Shaving of epidermal of dermal lesion, single ☐ 11308 Shaving of epidermal or dermal lesion, single			
☐ 11406 Excision, benign lesion including margins, exdiameter over 4.0 cm	-	_	
□ 20552 Injection(s); single or multiple trigger point(s), taunt palpable band (Subcutaneous, Superficialis &			
☐ 45100 Biopsy of anorectal wall, anal approach: Anos the scope, Tissue from anorectal wall removed and	d sent to pathology for	analysis.	
46040 An abscessed area is noted in the deep pering an area of pronounced fluctuance. A milking of the the incision site, which relieves the pain. The area	perirectal tissue is per	formed to drain as muc	ch pus as possible through
intention.  ☐ 46050 Incision & drainage, Perianal abscess, superf ☐ 46221 Hemorrhoidectomy Internal Rubber Band Lig.			
and the hemorrhoid is retracted from the anal wall, ligator and anoscope are removed and the patient	a band is released are	ound the base of the he	
☐ 46230 Excision multiple external papillae/tags, anus			
□ 46250 External hemorrhoidectomy ≥ 2 columns: A s or CO2 laser. The hemorrhoid is then cored out sul skin tag formation. The area is then covered by a g	b-dermally (underneat jauze pad and left to h	h the skin). The skin ed	ges are trimmed to reduce
<ul> <li>46255 Internal &amp; external hemorrhoidectomy 1 colun</li> <li>SUBDERMAL EXCISION: The hemorrh mucosa using a blunt dissection technique</li> </ul>	oid is then excised, co	ored out sub-dermally fro	om underneath the skin an
☐ FULL EXCISION: The hemorrhoid is the dissection technique.		•	_
Electro and or laser cautery is applied. A p prevent hematoma and seroma formation.			dead space and
□ 46500 The lower anus is explored and hemorrhoids hemorrhoid.	_	•	
□ 46604 Anoscope inserted in the anal canal, stricture, Anoscope removed, patient my resume normal active.	vity.		<u> </u>
<ul> <li>46606 Anoscope inserted in the anal canal, abnormal pathology.</li> <li>46607 Anoscope inserted in the anal canal, high residence.</li> </ul>		. ,	
solution/stain applied, tissue examined, abnormalitie pathology.			
☐ 46610 Anoscope inserted through the anal canal, are cauterized. Tissue sent to pathology.			lesion removed and
<ul> <li>□ 46917 Lesions identified on perianal skin, destructio</li> <li>□ 46924 Extensive destruction of &gt;25 anal lesions via</li> </ul>	laser surgery.		
<ul> <li>□ 46930 Destruction of internal hemorrhoid by thermal coagulate, or clot, vessels supplying blood to the her</li> <li>□ 46945 internal hemorrhoid vascular ligature through</li> </ul>	morrhoid causing it to	shrink and recede.	heat source to quickly
☐ 54057 Destruction of lesion(s), Penis, simple; laser s laser. Care taken to ensure protection of the surrou	surgery: Penile lesion(s		I, Lesion(s) destroyed by
☐ 54065 Destruction of lesion(s), penis, extensive; laser. Care taken to ensure protection of the surrout laser.	er surgery: Penile lesio	on(s) identified and marl	ked, lesion(s) destroyed by
<ul><li>□ 54100 Biopsy of penis: Remove small portion of sus</li><li>□ 98925 Osteopathic manipulative treatment (OMT); 1</li></ul>	picious skin lesion on -2 body regions involv	ed: Physician applied	ithology.
Manual treatment to eliminate or alleviate somatic dy	ysfunction. OMT to Pe	elvis with good results	

Patient Name:	DOB	Date	Age
Physical Exam Elements			
1. Constitutional:	4. Neck:	7. Gastrointestinal:	
☐ Well developed, well nourished, NAD	☐ Symmetric and supple; trachea is midline; no masses,	☐ No tenderness or i	masses on palpation
□ Vitals	lymphadenopathy, crepitus	☐No splenomegaly of	or hepatomegaly
2. Eyes:	☐ Thyroid non-enlarged, non-tender, no masses		cult blood test  Positive FOBT
Conjunctiva clear, no lid lag &deformity	5. Respiratory:		NL Sphincter Hypertone
☐ PERRLA, extra-ocular movements intact☐ Optic disks normal in size; normal cup to disk ratio;	☐ Respiration is diaphragmatic & even; accessory muscles not used	8. Musculoskeletal:	or masses
no arteriolar narrowing, AV nicking, exudates, or	☐ Lungs clear to auscultation; no vesicular breather		symmetrical & balanced
hemorrhages	sounds; no adventitious sounds or rubs	Digits and nails sh	now no clubbing, cyanosis,
3. Ears, Nose, Mouth and Throat:	☐ Tactile fremitus equal bilaterally	infections, petechiae	
☐ External ears & nose w/out scars, lesions, or masses	☐ Chest percussion; no dullness, flatness,	ROM WNL, no pa	ain, crepitation or contracture
☐ Hearing grossly intact☐ Pharynx pink, tonsils present, tongue & uvula are	hyperresonance 6. Cardiovascular:		dislocation, subluxation, or laxity asymmetry, crepitation, defects,
midline	RRR; no extra sounds, murmurs, rubs or gallop	tenderness, masses, e	
☐ Lips moist and pink; teeth in good repair; gums	☐ No carotid bruits		/5; normal tone, no flaccidity, cog
pink & firm	☐ Abdominal aorta – no bruits; normal in diameter	wheel or spasticity; r	no atrophy or abnormal movement
☐ Nasal mucosa moist & pink; septum midline;	☐ Extremities, no edema or varicosities	9. Psychiatric:	
turbinates intact	☐ Pedal pulses – intact and equal bilaterally		I to time, place, and person
☐ Ext canals clear, TMs intact & pearly grey	☐ Femoral arteries – pulses intact & equal; no bruits ☐ Palpation of heart WNL; (eg, location, size, thrills)	☐ Mood and affect a☐ Judgment & insign	
	a raipation of heart with, (eg, location, size, tillins)	■ Judgment & msig	iit WILL
☐ Anal TPI for Myalgia: Pain complaint.	sphincter muscle with taunt palpable band,	alleviated by lide	ocaine injected* area
, , ,	chem agnts ⇒ □ w/Identified Risk Factors:		A
	External  Full excision  Subdermal/		
			$\longrightarrow$
	re 🔲 IRC   🔲 OMT pelvic rgn - Somatic d	•	R/ L
☐ Hemorrhoids - areas ☐ Grade -	☐ Thrombosed, strangulated, tender	<b>&gt;</b>	
☐ Laser destruction anal lesion (s): ☐ ext	tensive   $\square$ Transanal Destruction Rectal T	Cumor/polyp	
☐ Dilation Anoscopy for Stenosis: ☐ 26.7			P
	·		
	, and □ w/Anoscope, and □ HRA w/enhan		ıs
•	☐ Marcaine 0.25% wEpi + Lidocaine 2%	•	
<b>Data Points-2pts:</b> Review of Image/Spe	cimen ⇒ □ FOBT + - □ Path-image =	: / /	
		<del> </del>	
Assessment: ☐ Hemorrhoids ☐ GI/R	ectal Bleeding (date) 🗖 Anal T	Γags/Papillae □	Anal Fissure
	uritus Ani		
· · · · · · · · · · · · · · · · · · ·			iii — I iiiii Auseess
☐ High Risk HPV, HGSIL or MSM ☐			
Rx <b>Moderate Risk</b> -L4: HC 2.5% □Crea	am or □Suppositories or □Dressing □ Ar	nal Hygiene Broc	chure
☐ Percocet ☐ Metronidazole ☐ MiraLA	AX Prep Anti-Itch/Fissure Protocol H	igh Fiber Diet 🖵	Fiber Sup.  Align
	Postoperative $Rx(s)$ $\square$ Augmentin $\square$ Ba		
			oro = cannoscpanic
Rx Mupirocin Dressing 3x Antibioti		<u> </u>	
·	☐ Sooner if Sx stall or worsen ☐ Consider		<u> </u>
<b>Reevaluate</b> for: ☐ Track/follow bleeding	w/ FOBT to R/O comorbidity that is not in	<b>icidental</b> to a pri	imary procedure
☐ Hypertone ☐ Myalgia ☐ Somatic dy	s. $\square$ Hem in other areas $\square$ New lesions/a	bscess/papilla [	Granulation Tis.
☐ After a reevaluation treat only if necess			ond Opinion:
- Ther a recvariation treat only it necess	ary - Discuss today's paul report.	<b>—</b> 5000	na Opinion.