

Patient: **CCTEST, CHARLOTTE**  
Treatment Facility: **LANDSTUHL**  
**REGIONAL MEDCEN**  
Patient Status: **Outpatient**

Date: **10 Dec 2012 0855 EST**  
Clinic: **LSL CARDIOLOGY**

Appt Type: **OPAC\$**  
Provider: **LANF,FOUR**

**Reason for Appointment:** Written by LANF,FOUR @ 10 Dec 2012 0855 EST  
finger broken

**Injury/Accident** Written by LANF,FOUR @ 10 Dec 2012 0957 EST

**Injury Cause/Activity:** E887 RECENT FRACTURE

**Date of Injury/Accident:** 10 Dec 2012

**Status at Time of Injury/Accident:** E000.8 OTHER EXTERNAL CAUSE STATUS

**Mechanism of Injury/Accident:** E887 RECENT FRACTURE

**Place of Occurrence:** E849.1 FARM

**Injury Category for Compensation Code(s):** AP-Another Party Responsible

**S/O Note** Written by LANF,FOUR @ 10 Dec 2012 0955 EST

**Chief complaint**

The Chief Complaint is: Broken finger.

**A/P** Written by LANF,FOUR @ 10 Dec 2012 0957 EST

**1. CLOSED FRACTURE DISTAL PHALANX 4TH FINGER**

**2. OPEN FRACTURE FIFTH METACARPAL BONE**

Injury -E887 RECENT FRACTURE

Cause(s)/Activity(ies):

**Disposition** Written by LANF,FOUR @ 10 Dec 2012 0957 EST

**Released w/o Limitations**

**Follow up:** as needed .

**Discussed:** Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

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**Signed By LANF, FOUR** (Physician/Workstation) @ 10 Dec 2012 1002

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