

Patient: **VHAPATIENT, AMANDA**  
Treatment Facility: **JAMES A LOVELL**  
**FED HEALTH CARE CENTER**  
Patient Status: **Outpatient**

Date: **26 Feb 2013 1515 EST**  
Clinic: **ORTHOPEDIC CLINIC 200H**

Appt Type: **SPEC**  
Provider: **DOCTOR,ALPHA**

**Reason for Appointment:**  
TWISTED ANKLE, VISIT #1

A/P Written by DOCTOR,ALPHA @ 26 Feb 2013 1520 EST  
**1. LEG STRAIN LEFT PERONEUS BREVIS TENDON**

Disposition Written by DOCTOR,ALPHA @ 26 Feb 2013 1521 EST  
**Released w/o Limitations**

**Follow up:** 30 day(s) with PCM for therapy 2 day(s) or sooner if there are problems. - Comments: see follow up notes  
**Discussed:** Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Note Written by DOCTOR,ALPHA @ 26 Feb 2013 1519 EST

**Consult Order**

**Referring Provider:** QQQTESTGREAT, DOC B  
**Date of Request:** 26 Feb 2013  
**Priority:** Routine

**Provisional Diagnosis:**

TWISTED ANKLE

**Reason for Request:**

PLEASE SCHEDULE TESTING FROM CHCS ONLY

Note Written by DOCTOR,ALPHA @ 26 Feb 2013 1521 EST  
Note entered in AHLTA