

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

Date: **26 Feb 2013 1530 EST**
Clinic: **ORTHOPEDIC CLINIC 200H**

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

Reason for Appointment:

SECOND APPOINTMENT FOR THIS REFERRAL

A/P Written by DOCTOR,ALPHA @ 26 Feb 2013 1524 EST

1. ANKLE SPRAIN LATERAL LIGAMENT

Disposition Written by DOCTOR,ALPHA @ 26 Feb 2013 1524 EST

Released w/o Limitations

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. - Comments: No follow up needed

Note Written by DOCTOR,ALPHA @ 26 Feb 2013 1525 EST

Second note entered for this referral