

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

Date: **07 Dec 2012 0928 EST**  
Clinic: **LSL CARDIOLOGY**

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

**Reason for Appointment:**Written by LANF,FOUR @ 07 Dec 2012 0928 EST  
pain in arm

**S/O Note** Written by LANF,FOUR @ 07 Dec 2012 0928 EST  
**Chief complaint**

The Chief Complaint is: Swollen arm.

**A/P** Written by LANF,FOUR @ 07 Dec 2012 0929 EST

**1. Arm Swelling Bilateral**

**Disposition** Written by LANF,FOUR @ 07 Dec 2012 0929 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) @ 07 Dec 2012 0930

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