

Patient: **BBTEST, BETTIE**
Treatment Facility: **4TH MEDICAL GROUP**
Patient Status: **Outpatient**

Date: **11 Jun 2013 0825 EDT**
Clinic: **SJ MENTAL HEALTH CLINIC**

Appt Type: **ACUT**
Provider: **HAIMSOTHERUSER,QUAZI**

AutoCites Refreshed by HAIMSOTHERUSER,QUAZI @ 11 Jun 2013 0825 EDT

Problems

- (Lower) Leg Localized Swelling
- CLOSED FRACTURE HAND DISTAL PHALANX
- ATYPICAL FACE PAIN

Family History

No Family History Found.

Allergies

No Allergies Found.

Active Medications

No Active Medications Found.

Reason for Appointment: Written by HAIMSOTHERUSER,QUAZI @ 11 Jun 2013 0825 EDT
toe nail pain

A/P Written by HAIMSOTHERUSER,QUAZI @ 11 Jun 2013 0832 EDT
1. Ingrowing nail

Disposition Written by HAIMSOTHERUSER,QUAZI @ 11 Jun 2013 0832 EDT

Released w/o Limitations

Follow up: with PCM.

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

Signed By HAIMSOTHERUSER, QUAZI (Physician/Workstation) @ 11 Jun 2013 0832
