

Note for John Doe on 02/08/2005 - Chart 17492

Chief Complaint (1/1): This 35-year-old male presents today for evaluation of acne.

Acne HPI: Patient indicates acne is located on the dorsum of nose and manifest as blackheads. Right malar crescent and manifest as whiteheads. Left lower cheek and manifest as cysts. Chin and manifest as deep, inflamed, pus-filled lesions. Symptoms began 2 years ago. Condition is aggravated by stress. Severity of acne described as severe. John also indicates that the acne lesions often cause tenderness.

Allergies: No known medical allergies.

Medication History: None.

Past Medical History: Childhood Illnesses: (+) chickenpox.

Past Surgical History: No previous surgeries.

Family History: Patient admits a family history of Alzheimer's disease associated with maternal grandmother.

Social History: Patient admits caffeine use. He consumes 6-10 servings per day, Patient denies illegal drug use, Patient denies STD history, Patient denies alcohol use, and patient denies tobacco use.

Review of Systems: Respiratory: (+) unremarkable, **Psychiatric:** (+) anxious feelings, **Neurological:** (+) vertigo, **Musculoskeletal:** (+) unremarkable, **Integumentary:** (+) acne problems, **Hematologic / Lymphatic:** (+) unremarkable, **Genitourinary:** (+) unremarkable, **Gastrointestinal:** (+) unremarkable, **Eyes:** (+) unremarkable, **Endocrine:** (+) weight change, **Ears, Nose, Mouth, Throat:** (+) unremarkable, **Constitutional Symptoms:** (+) anxiety, **Cardiovascular:** (+) unremarkable, **Allergic / Immunologic:** (+) seasonal allergies.

Physical Exam:

BP Sitting: 120/80 HR: 72 Temp: 98.6

Patient is a 40 year old male who appears pleasant, in no apparent distress, his given age, well developed, well nourished and with good attention to hygiene and body habitus.

Oriented to person, place and time.

Mood and affect normal, appropriate to situation.

Skin:

Chin shows erythematous. Dorsum of nose shows erythematous pustule(s), open comedone(s).

Glabella, upper right forehead, right lower forehead shows erythematous open comedone(s).

Acne is classified as moderate.

Inspection of skin outside of areas listed shows no significant abnormalities.

Palpation of skin shows no abnormalities.

Examination of scalp shows no abnormalities.

Inspection of eccrine and apocrine glands shows no evidence of hyperhidrosis, chromhidroses or bromhidrosis.

Test Results:

No tests to report at this time

Impression:

Acne vulgaris.

Procedures:

Performed acne cryotherapy using carbon dioxide slush.

After the patient was informed of risks, benefits and side effects of intralesional steroid injection, the patient elected to undergo injection. Informed verbal consent was obtained. Risk of atrophy with injection was explained. Kenalog at a concentration of 4% was injected locally into the lesion in a clean fashion. The total volume injected was 2.5 cc. Wound care was explained to the patient.

Plan:

The recommended acne therapy is add a topical keratolytic and a topical antibiotic.

The patient was counseled regarding acne. The patient was educated regarding myths surrounding acne as well as realistic expectations with acne treatment. Patient was educated regarding sensitive skin care treatment, washing techniques and avoidance of picking or scratching lesions. Patient was informed scarring may result from picking or scratching. Patient was informed of risks, benefits and side effects of all medications being used.

Extensively discussed with patient the etiologies, natural history, pathogenesis and treatment options regarding acne.

Orders:

Follow-up:

Scheduling: Return to clinic in 3 week(s).

Patient Instructions:

Patient received literature regarding acne vulgaris.

Prescriptions:

Erythromycin topical Dosage: 1.5% solution Sig: Apply to affected area BID Dispense: 1 gram tube Refills: 2 Allow Generic: Yes

_____, A. Dermatologist, M.D.
Digitally Signed on 02/08/2005 By: A. Dermatologist, M.D.

Medical Clinic

1025 Ashworth Road, Suite 222
West Des Moines IA 50265

PRESCRIBER: A. Dermatologist, M.D.

TELEPHONE: (515)327-8850

DEA: 123456789

PATIENT: John Doe
ADDRESS: 123 Main Street
West Des Moines, IA 50265

TELEPHONE: 515-327-8854
DOB: 11-30-1969
DATE: 02/08/2005

R_x

erythromycin topical 1.5% solution

Disp: 1 gram tube

Sig: Apply to affected area BID

Refills: 2

DISPENSE AS WRITTEN
 GENERIC SUBSTITUTION PERMITTED

SIGNATURE OF PRESCRIBER



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7/22/05

A. General Practitioner, M.D.
1025 Ashworth Road, Suite 222
West Des Moines, IA 50265

Dear Dr. General Practitioner:

John Doe was seen in my office for follow-up after your initial referral. Thank you again for allowing me to participate in the care of your patients. In an attempt to provide your patients with quality patient care through improved communication, the following represents my notes from their last office visit:

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Refills: 2 Allow Generic: Yes

If I may be of any further assistance in the care of your patient, please let me know.

Sincerely,

A. Dermatologist, M.D.

Patient Instructions for John Doe on 02/08/2005

ACNE VULGARIS

What is it?

Acne vulgaris, commonly referred to as just acne, is a chronic inflammation of the skin that occurs most often during adolescence but can occur off and on throughout life. The skin eruptions most often appear on the face, chest, back and upper arms and are more common in males than females.

Signs and symptoms:

- * Blackheads the size of a pinhead.
- * Whiteheads similar to blackheads.
- * Pustules - lesions filled with pus.
- * Redness and inflamed skin.
- * Cysts - large, firm swollen lesions in severe acne.
- * Abscess - infected lesion that is swollen, tender, inflamed, filled with pus, also seen in severe acne.

Causes:

Oil glands in the skin become plugged for reasons unknown but during adolescence, sex-hormone changes play some role. When oil backs up in the plugged gland, a bacteria normally present on skin causes an infection. Acne is NOT caused by foods, uncleanliness or masturbation. Cleaning the skin can decrease its severity but sexual activity has no effect on it. A family history of acne can indicate if an individual will get acne and how severe it might be. Currently, acne can't be prevented.

Acne can be brought on or made worse by:

- * Hot or cold temperatures.
- * Emotional stress.
- * Oily skin.
- * Endocrine (hormone) disorder.
- * Drugs such as cortisones, male hormones, or oral contraceptives.
- * Some cosmetics.
- * Food sensitivities. Again, foods do not cause acne but some certain ones may make it worse. To discover any food sensitivities, eliminate suspicious foods from your diet and then start eating them again one at a time. If acne worsens 2-3 days after consumption, then avoid this food. Acne usually improves in summer so some foods may be tolerated in summer that can't be eaten in winter.

Treatment:

- * Most cases of acne respond well to treatment and will likely disappear once adolescence is over. Even with adequate treatment, acne will tend to flare up from time to time and sometimes permanent facial scars or pitting of the skin may occur.
- * If your skin is oily, gently clean face with a fresh, clean washcloth using unscented soap for 3-5 minutes; an antibacterial soap may work better. A previously used wet washcloth will harbor bacteria. Don't aggressively scrub tender lesions as this may spread infection; be gentle. Rinse the soap off for a good 1-2 minutes. Dry face carefully with a clean towel and use an astringent such as rubbing alcohol, which will remove the skin oil.

Other tips that may help acne:

- * Shampoo hair at least twice a week. Keep hair off of face even while sleeping as hair can spread oil and bacteria. If you have dandruff, use a dandruff shampoo. Avoid cream hair rinses.
- * Wash sweat and skin oil off as soon as possible after sweating and exercising.

- * Use thinner, water-based cosmetics instead of the heavier oil-based ones.
- * Avoid skin moisturizers unless recommended by your doctor.
- * Do not squeeze, pick, rub or scratch your skin or the acne lesions. This may damage the skin causing scarring and delay healing of acne. Only a doctor should remove blackheads.
- * Keep from resting face on hands while reading, studying or watching TV.
- * Try to avoid pressing the phone receiver on your chin while talking on the phone.
- * Ultraviolet light may be a treatment recommended by your doctor but this is by no means a license to sunbathe! Don't use the sun to treat acne.
- * Dermabrasion may be another option to treat acne scars. This is a type of cosmetic surgery to help remove unsightly scars.

Medications that may be prescribed to help acne include:

- * Oral or topical antibiotics.
- * Cortisone injections into acne lesions.
- * Oral contraceptives.
- * Tretinoin, which may increase sun sensitivity and excessive dryness, is not recommended during pregnancy.
- * Accutane (isotretinoin) is a powerful drug to treat acne but causes birth defects. A woman taking this drug must be on two types of birth control and have negative pregnancy tests. This drug also increases sun sensitivity. Other more serious side effects can occur and your doctor will discuss those with you if Accutane is to be prescribed.

_____ A. Dermatologist, M.D.

Billing Statement - Tuesday, February 08, 2005

Provider: A. Dermatologist, M.D.
Patient: John Doe, Chart 17492

Clive, IA 50325

Diagnoses

1. 706.1 Other Acne

Treatments

1. 17340 Cryotherapy (CO2 Slush, Liquid N2) For Acne
 Related Diagnoses: acne vulgaris
 Modifiers:
 Units:

Referring Physician: Kevin Johnson, M.D.

Date Last Seen: