FIT 401 123 9876

Fm:Tina Rizzo To:[redacted] Physical Therapy ([redacted]) 15:55 05/24/17 ET Pg 6-7

WOODS VALLEY HEALTH CENTER

[redacted]

Order

Date ordered: 05/24/2017

Referrals: Physical Medicine and Rehabilitation. FIT [redacted] Physical Therapy

4 OCEAN

[redacted] Street

Bldg D

Westerly, RI 02891-

Phone: 401[redacted] 123 9876

Fax: (401)[redacted] 123 9999

Insurance/Authorization Information

Insurance: Better [redacted] Healthcare Options

Policy#: [redacted] 098887766

Ordering Provider:

[redacted] PATRICIA PRIMARY, MD

10 [redacted] Main Street

WOODS [redacted] Valley, RI 028321920

Phone: (401)[redacted] 123 4567

Fax: (401)[redacted] 123 4444

PCP: [redacted] PATRICIA PRIMARY, MD

Referral Information

Primary / Billing Diagnosis: Acute pain of right shoulder (M25.511)

Other Assessments at Time of Order:

Pain of right thumb (M79.644)

Current Medications:

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Medication	Dose	Sig Desc
RESTASIS	0.05 %	instill 1 drop by ophthalmic route every 12 hours into affected eye(s)
FISH OIL	360 mg-1,200 mg	take one capsule daily
VITAMIN D3	400 unit	take 1 capsule by oral route every day
SUPER B-50 COMPLEX		take 1 tablet by oral route every day
ZOLPIDEM TARTRATE	5 mg	take 1 tablet by oral route every day at bedtime as needed
[redacted]	[redacted]	[redacted]
LORAZEPAM	0.5 mg	take 1 Tablet by oral route every day prn
NAPROXEN	375 mg	take 1 tablet by oral route 2 times every day with food

PROBLEM LIST:

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Anxiety	05/17/2016			
Dry eyes	05/17/2016			
Insomnia, unspecified type	05/17/2016			
[redacted]	[redacted]			
Allergic rhinitis due to pollen	05/17/2016			

Patient Appointment Information

Appointment date: Time:
Location:

Scheduling Comments:

Instructions:

[redacted]

Patricia Primary

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