

## **99212: Established Patient Visit, Level 2**

### **MEDICAL DECISION MAKING**

**One minor problem (How did the patient get an appointment for this problem? Doesn't anybody screen these appointments?) or One resolved problem (I just want to look at/listen to/check your \_\_\_\_\_ one more time.)**

Established patient visits require 2 of 3 key components.  
All visits require a chief complaint/reason for visit/presenting problem

<p>Chief Complaint: Cellulitis</p> <p>S: Mr. Saxford was seen in the ER with cellulites in his abdominal wall, and started on Keflex. He comes in today for me to check on him. He reports that he is healing well, has no fever or chills.</p>	<p><b>HPI</b></p> <p><i>1-3 Elements</i></p> <p>location modifying factor severity</p> <p><b>ROS</b></p> <p><i>none required</i></p> <p>Constitutional</p>
<p>O: Site looks good.</p>	<p><b>Exam</b></p> <p><i>1 organ system/ body part</i></p>
<p>A: Resolved cellulitis.</p> <p>P: Finish antibiotics. Call if worsening.</p> <p>I reminded him he is overdue for his health maintenance services. He will call.</p>	<p><b>MDM</b></p> <p>1 resolving problem</p>

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<p>Chief complaint: She returns for follow up venous stasis disease and leg recheck.</p> <p>HPI: Decreased tenderness, pain, swelling of her left ankle. She reports wearing her stockings on a regular basis.</p>	<p><b>HPI</b></p> <p><i>1-3 Elements</i></p> <p>location duration modifying factor</p> <p><b>ROS</b></p> <p><i>none required</i></p>
<p>PE: Her weight is down slightly at 235 pounds. Markedly decreased lipodermatosclerosis and hyperpigmentation. Pulses 2+.</p>	<p><b>Exam</b></p> <p><i>1 organ system/ body part</i></p> <p>Constitutional</p> <p>Skin</p> <p>C.V.</p>
<p>Plan: I will see her once more in two weeks.</p>	<p><b>MDM</b></p> <p>Straightforward</p> <p>1 Resolving Problem</p>

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Ms. Piper underwent her MRI on 10/11/07 of the Rt knee and it did show an area of maybe osteo necrosis with focal infaret on the proximal tibia. I do not think that is what is causing her symptoms and is an incidental finding.	<b>HPI</b> <i>1-3 Elements</i> <b>ROS</b> <i>none required</i>
The meniscus and ACL are intact.	<b>Exam</b> <i>1 organ system/ body part</i>  <b>MS</b>
A: We have discussed options of treatment and we would like to try formal PT to work not only on the Rt knee but also the Lt knee, which does have the patella instability.  P: We will see her back in about 1 mo. If there is no significant improvement we may need to consider Cortisone injection.	<b>MDM</b>  Straightforward  1 resolving problem

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<b>History:</b> C/O sore are on labia noted this a.m.	<b>HPI</b> <i>1-3 Elements</i>  <b>ROS</b> <i>none required</i>
Exam: No lesions visible. At base of labia on left, mild tenderness. No erythema.	<b>Exam</b> <i>1 organ system/ body part</i>
A: No lesion seen. P: Call if not improved in two days.	<b>MDM</b>  Straightforward  Minor Problem