RE: [redacted]P
[redacted]

INVOICE
QTC MEDICAL SERVICES
P.O. BOX 5679
Diamond Bar, CA 91765

Page 1 of 1

7/7/2008
DEPARTMENT OF VETERANS AFFAIR REGIONAL OFFICE
[redacted]
CAMP [redacted]

Claim #: [redacted]

---

VETERAN'S NAME: [redacted]
SSN: [redacted]

ACCOUNT NUMER: [redacted]1

APPOINTMENT: 06/25/2008 11:15 am

PHYSICIAN: QTC CAMP [redacted] CLINIC ([redacted]

SPECIALTY: Internal Medicine

---

| SERVICE DATE | PROCEDURE CODE | DESCRIPTION | AMOUNT |
|---|---|---|---|
| 06/25/2008 | 0006AD | GENERAL MEDICAL EXAM - BDD PR | $ 462.28 |
| | | Total | $ 462.28 |

[redacted] M.D.

CAMP [redacted]

---

RE: [redacted] DATE OF EXAM: June 25, 2008

ACCOUNT #: [redacted]9

---

**IDENTIFYING DATA:**

This is a 22-year-old man, who has been over 3 years in the Marine Corps. He served in the Iraqi War.

**CLAIMED CONDITIONS:**

1. Migraine headache conditions.
2. Concussion symptoms.
3. Bilateral foot skin condition.

**PERTINENT HISTORY:**

1. **For the specific history of migraine headaches condition:**

   The veteran has migraine headache condition. It has started about 16 months ago after an IED blast. Headaches are throbbing, usually starts on the left side. He is sensitive to light and noise.

   Q1. When the headache occurs what is done?
   A1. He has to stay in bed unable to do anything. Headaches comes four times per week, lasts for about four hours and besides the pain, the vision gets blurry, and leaves him with no energy. The veteran takes Fioricet for this migraine and Topamax.

2. **For the specific history of concussion symptoms:**

   The veteran had two IEDs in Iraq on November 9, 2006, in Fallujah and again in February 2007 in Fallujah. This was a blast IED and a land mine.
   Q1. Did the injury result in any other following?

A1. Being dazed, not remembering having an injury, or having any symptoms of concussion afterwards. He lost consciousness for more than 20 minutes. The veteran developed migraines headaches after that four times per week, last for about fours hours.

Q2. Any numbness?
A2. No.

Q3. Any tingling?
A3. No.

Q4. Any burning sensation?
A4. No.

Q5. Any history of weakness or paralysis?
A5. No.

Q6. Generalized symptoms?
A6. There is fatigue, confusion, memory problems, slowness of thought problems with attention and concentration, difficulty understanding directions, vision problems, hearing problems or ringing in the ears, anxiety, depression, sensitive to light and sensitive to sound, irritability, and restlessness.

A7. Did the veteran have pain?
A7. His major pain is in the head.

A8. Any problems during sleeping
A8. The veteran has problem during sleeping, he cannot sleep during the headache.

Q9. Any lightheadedness?
A9. Yes, 20 times per week.

Q10. Any spinning sensation?
A10. 15 per week.

Q11. Seizures?
A11. No.

Q12. Mouth and speech issues?
A12. No.

Q13. Speech difficulty?
A13. No.

Q14. Swallowing difficulties?
A14. No.

Q15. Any urination issues?
A15. No.

Q16. Rectal issues?
A16. No.

Q17. Additional symptoms due to TBI history?
A17. He feels wobbly when he runs, like he is intoxicated. He feels that he is going to fall. Also, when he exercises intensely, he gets bad headaches, so he has to take it easy. During the course of all TBI symptoms, the veteran is worsening. Is repeatedly referring to the headaches that is getting worse.

Q18. History of stroke?
A18. No.

Q19. Treatment?
A19. Treatment is Topamax, Fioricet, and Midrin.

Q20. Please indicate any additional history below?
A20. Duradrin was previously prescribed to me, but it does not work well.

Q21. Any functional impairment?
A21. No.

Q22. Sexual functioning?
A22. Yes, problems with achieving and maintaining erection. The veteran has started to use Levitra, which helps. He mentions he has been taking Celexa, had been discontinued, and has less of sex.

**3. For the specific history of bilateral foot skin condition:**

The veteran has athletes foot over nine months.

Q1. Do the skin disease involve any areas exposed to sun?
A1. No.

Q2. Any other following symptoms as a result of the skin condition?
A2. There was some itching and hurts to spread toes and rash between them. This is constant.

Q3. Any treatment for the past 12 months?
A3. Topical cream and cortical steroids.

Q4. Any side effects?
A4. No.

Q5. Using any of the following therapies?
A5. No.

Q6. Please indicate any additional history below?
A6. No.

Q7. Is there any functional impairment from the above condition?
A7. Condition worsen when the feet sweat or when there are covered for an extended period.

Q8. Other history?
A8. None.

**HISTORY OF ACTIVITIES AND FUNCTIONS:**

The claimant is able to brush teeth, take a shower, vacuum, drive a car, cook, climb stairs, dress self, take out the trash, walk, shop, perform gardening activities and push a lawn mower.

**USUAL OCCUPATION:**

He is an Artilleryman. The veteran is currently employed by the Marines, but he is not doing the same job.

**REVIEW OF SYSTEMS:**

The review of systems is negative other than the history of present illnesses as noted above.

**PHYSICAL EXAMINATION:**

This is a 22-year-old man.

GENERAL APPEARANCE:

The general appearance is within normal limits. There are no signs of malaise.

VITAL SIGNS:

| | |
|---|---|
| Height: | 72 inches tall |
| Weight: | 162 pounds |
| Pulse: | 60 beats per minute |
| Blood Pressures: | Lying down 110/68 mmHg |
| | Sitting 112/72 mmHg |
| | Standing 114/78 mmHg |

EYES:

The eye examination is within normal limits. Visual acuity test: Without glasses: both eyes 20/20, right eye 20/20, and left eye 20/20. The member does not own any prescription glasses and he can visually move around the office without any help.

HEAD, EARS, NOSE, AND THROAT:

The head is normocephalic and atraumatic. Nose, there is no disfigurement. Mouth, there are no lesions. The dentition is grossly intact. Throat mucosa is intact. There is no pharyngeal edema or exudates. Uvula is in the midline. Earlobe is intact. Ear cartilage is normal. Ear canal, there is no exudate, no lesion. Ear drums: Tympanic membranes are normal. Mouth examination is within normal limits. There is no problem with his mandible. Teeth are all normal.

SKIN:

The skin examination is within normal limits. On the right lower arm he has eagle, globe, and anchor. On the right shoulder blade he has two women. On the left upper arm, is Cerberus from Greek mythology. There are no scars.

The veteran has tenia pedis. Ulceration is absent.

Exfoliation is present. Crusting is present. Disfigurement is present. It is 0% of the exposed are and 1% of the whole body. The veteran has some rash between the toes.

Q1. Tissue loss?
A1. No.

Q2. Induration?
A2. No.

Q3. Inflexibility?
A3. No.

Q4. Hypopigmented?
A4. No.

Q5. Hyperpigmented?
A5. No.

Q6. Abnormal texture?
A6. Yes.

Q7. More than six square inches?
A7. No.

Q8. Limitation of motion?
A8. No.

Q9. Are the skin lesions associated with systemic disease?
A9. Due to fungal infection.

Q10. Do the skin lesion manifest any connection with the nervous condition?
A10. No.

LYMPHATIC SYSTEM:

The lymphatic system examination is within normal limits.

NECK:

The neck examination is within normal limits.

BREASTS:

The breast examination is within normal limits.

ENDOCRINE:

Endocrine examination is within normal limits.

LUNGS:

Breath sounds are clear. No rales or rhonchi.

HEART:

Regular rate and rhythm. There are no murmurs.

ABDOMEN:

The abdominal examination is within normal limits.

EXTREMITIES:

The extremities examination is within normal limits. There is no edema. There is no hand tremor.

RECTAL:

The rectal examination is done and is within normal limits.

MALE GENITALIA:

The male genital examination is also done and is within normal limits.

The member has signed the waiver form stating that he did not want a chaperone present during the examination.

PERIPHERAL PULSES:

Pulses 2+ on both sides in femoralis, popliteal, dorsalis pedis and posterior tibialis.

**MUSCULOSKELETAL SYSTEM EXAMINATION:**

The leg length from anterior superior iliac spine to medial malleolus is 96 cm on both sides.

Examination of the feet does not reveal any signs of abnormal weight bearing.

Q. Which hand is dominant?
A. It is the right hand. He writes, eats, and combs his hair with his right hand.

POSTURE:

The claimant's posture is normal.

GAIT:

The claimant's gait is normal.

Q. Does the claimant require any device for mobilization?
A. No.

CEREBELLAR SIGNS:

There is no fasciculation, rigidity, or spasticity.

**NEUROLOGICAL EXAMINATION:**

Cranial nerve examination is within normal limits. Coordination examination is within normal limits.

UPPER EXTREMITIES:

Motor function is normal. Sensory is normal. Reflex is normal. Right and left biceps and triceps are 1+.

LOWER EXTREMITIES:

Motor function is normal. Sensory function is normal. Reflexes in the right and left knee and ankle are 1+.

The veteran has never had paralysis or hemiparesis.

Autonomic nervous system is normal.

**MENTAL STATUS EXAMINATION:**

The veteran is alert. His orientation is normal. Attention is normal. Mild memory loss forgets names, directions, and recent events. The claimant has had a mental health evaluation.

DIAGNOSES:

1. **For the claimant's claimed condition of migraine headaches:**

   DIAGNOSIS: Posttraumatic headaches with migraine characteristics.

   Subjective: Bouts of headaches treated with Midrin and Topamax.

   Objective: Normal neurological exam. The number of prostrating attacks is 4 times per week lasting 4 hours.

2. **For the claimant's claimed condition of concession syndrome:**

   DIAGNOSIS: Traumatic brain injury with post concussion syndrome and migraine headaches, and erectile dysfunction (with etiology as least as likely as not related to the TBI).

   Subjective: Headaches, memory loss, and erectile dysfunction.

   Objective: Normal neurological exam. The claimant has had a TBI classified as a diffuse axonal injury. The severity is mild. The condition has stabilized. He has post concussion syndrome. There are no problems with smell or taste, infections, damage to cranial nerves, endocrine complications, paralysis, impairment of senses, language or communication problems, impairment of hand-eye coordination, seizures, or neuropathy.

3. **For the claimant's claimed condition of bilateral foot skin condition:**

   DIAGNOSIS: Tinea pedis.

   Subjective: The veteran has some rash between the toes.

   Objective: Tinea pedis visible on physical examination.

June 25, 2008
**RE:** [redacted]
**ACCOUNT #:** [redacted]

Submitted by,

[redacted], M.D.
Board Eligible, Internal Medicine

GB/sd:0625-037

DATE OF DICTATION: June 25, 2008