ATTACHMENT 1

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
GABAPENTIN, 300MG, CAPSULE, ORAL	Active	T1 CAP PO 1-3X	2 of 2	24 Jun 2008
OXYCODONE HCL/ACETAMINOPHEN, 5MG-325MG, TABLET, ORAL	Active	TAKE 1 TABLET EVERY 4-6 HOURS PRN #30 RF0	NR	24 Jun 2008
VALACYCLOVIR HCL, 500MG, TABLET, ORAL	Active	TAKE 1 TAB DAILY #90 RF3	1 of 3	10 Jun 2008
IBUPROFEN, 800MG, TABLET, ORAL	Active	T1 TAB TID WF FOR PAIN/INFLAMMATION #90 RF2	0 of 2	29 May 2008
CETIRIZINE HCL, 10MG, TABLET, ORAL	Refill	T1 TAB QD #90 RF3	2 of 3	29 May 2008
AQUATAB DM (GUAIFENESIN/D-METHORPHAN HB), 835MG-28MG, TAB SR 12H, ORAL, DESTON THERAPEU, 100 ea, BOTTLE	Active		1 of 3	13 Nov 2007
NASONEX (MOMETASONE FUROATE), 50MCG, SPRAY, NASAL, SCHERING CORP., 17 g CANISTER	Active		1 of 3	13 Nov 2007
ZYRTEC (CETIRIZINE HCL), 10MG, TABLET, ORAL, PFIZER US PHARM, 100 ea, BOTTLE	Active		2 of 3	13 Nov 2007
RANITIDINE HCL, 150MG, TABLET, ORAL	Active	TBD #60 RF1	1 of 1	24 Oct 2007
DOCUSATE SODIUM, 100MG, CAPSULE, ORAL	Active	CB #60 RF1	0 of 1	18 Sep 2007
Sodium Phosphate, Monobasic-dibasic, (Fleet Enema), Enema, Rectal	Active	USE AS DIRECTED #2 RF3	2 of 3	10 Sep 2007
AMOXICILLIN TRIHYDRATE, 500MG, CAPSULE, ORAL	Active	T4 CAP ONE HOUR BEFORE DENTAL TREATMENT FOR SBE PROPHYLAXIS #16 RF1	1 of 1	18 Jul 2007

LMP: 11 Oct 2006.

A/P Written by KOEBBE, CHRISTOPHER @ 03 Jul 2008 1137 CDT
1. HERNIATED INTERVERTEBRAL DISC CERVICAL

Disposition Written by KOEBBE, CHRISTOPHER @ 03 Jul 2008 1137 CDT
Released w/o Limitations
Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. 60 minutes face-to-face/floor time. >50% of appointment time spent counseling and/or coordinating care.

Note Written by @ 02 Jul 2008 1408 CDT

NEUROSURGICAL CONSULTATION

DATE OF CONSULTATION: 30 June 2008

CHIEF COMPLAINT: This is a 49-year-old active duty woman who presents with a chief complaint of neck pain.

HISTORY OF PRESENT ILLNESS: This is a 49-year-old active duty woman who presents with a 10-year history of neck pain and bilateral hand numbness in the upper extremities. She states that her most significant symptoms are radiating pain and paresthesias associated with numbness in her left upper extremity that radiate down the lateral aspect of the forearm into the first through third digits. She also states that in her right upper extremity she has had some radiating numbness in the lateral aspect of her forearm into the first and second digits. She states that with exertion and certain neck movements she does get a numbness sensation in all fingertips of both upper extremities. She has no focal areas of weakness in her upper extremities. She denies any episodes of bowel or bladder incontinence. She denies any difficulty in ambulation. She did undergo physical therapy with traction a few

years ago and got only minimal relief. She states that the current symptoms are limiting her lifestyle and that she is not able to be as active as she previously has in the past. She is currently taking Percocet once per week and Neurontin 300 mg three times a day with only moderate control of her symptoms.

REVIEW OF SYSTEMS: All other review of systems is negative.

PAST MEDICAL HISTORY: Hypertension, palpitations, and arthritis.

PAST SURGICAL HISTORY: ASD repair and right elbow surgery.

CURRENT MEDICATIONS: Neurontin, Percocet, Motrin, Zyrtec, [redacted]

ALLERGIES: LORTAB.

SOCIAL HISTORY: Denies use of tobacco or alcohol.

FAMILY HISTORY: Hypertension.

PHYSICAL EXAM: VITAL SIGNS: Blood pressure 131/85, heart rate 76, height 68-1/2 inches, weight 180 pounds. NEUROLOGICAL: Awake, alert, and oriented times three out of three with intact speech and repetition function. Pupils equal, round, and reactive to light. Extraocular movements intact. Facial sensation is normal to light touch throughout. Face is symmetric. Normal strength throughout. Hearing is intact to finger rub bilaterally. Uvula elevates to midline. Tongue protrudes to midline. Motor strength is 5/5 in all four extremities including bilateral deltoids, biceps, triceps, wrist extensors, finger flexors. Sensation to light touch is decreased over the lateral aspect of the forearm into the first and second digits in the left upper extremity. This is also decreased to pinprick. She has no evidence of clonus with 2+ reflexes throughout. Her gait is steady with no evidence of spasticity or dysmetria. Peripheral vascular exam shows 2+ dorsalis pedal pulses. Musculoskeletal exam shows some mild tenderness over her mid-cervical spinal region.

LAB AND XRAY DATA: She underwent an MRI of the cervical spine on the day of evaluation that showed evidence of degenerative disc disease and herniation at C5-C6 and C6-C7 causing moderate canal stenosis as well as bilateral foraminal stenosis at C5-C6 as well as severe left foraminal stenosis at C6-C7.

IMPRESSION AND PLAN: I do think that her radiographic findings are consistent with her clinical picture and that she would be an appropriate surgical candidate at this point given that she has failed physical therapy in the past. However, she is currently stationed in Turkey and we will make arrangements for her to undergo the surgical procedure at a time which is appropriate at some point over the next six months. Certainly, if her symptoms are exacerbated in that interim, then she would require more urgent surgical intervention.

DICTATOR SIGNATURE: CHRISTOPHER KOEBBE, MAJ, USAF, MC

STAFF PROVIDER:

Name:	[redacted]	Sex:	F	Sponsor/SSN:	[redacted]
EMP/SSN:	[redacted]	Tel H:		Rank:	CHIEF MASTER SERGEANT
DOB:	[redacted]	Tel W:	676-6258	Unit:	FFFNX (39CMNSQ00000000)
'Cat:	F11 USAF ACTIVE DUTY	CS:		Outpt Rec. Rm:	INCIRLIK OUTPATIENT RECORDS
MC Status:	TRICARE PRIME (ACTIVE DUTY)	SWS:		PCM:	JENNY,ANGELA S
Insurance:	No			Tel. PCM:	676-3141

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