

Auburn Montgomery Warhawk Health Services

7461 East Dr STE 102
Montgomery AL, 36117-8092
(334) 244-3281

Date: 02/01/24

PATIENT: PARRISH, NICOLETTE **DOB:** 12/29/1995 **Gender:** FEMALE **MRN:** 2696 **AGE:** 28 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Patient presents to clinic with c/o right ear pain. She reports her right ear began hurting "a month or two ago, but would go and come". She reports the discomfort became more consistent and noticeable in the past 2 week. She reports a sore throat, however she vomited several times last night, from "food poisoning" and thinks the throat pain is just from the vomiting. Patient denies any fever, nasal congestion, cough or body aches.

VITALS: BP: 155/101 **Site:** LEFT ARM **Position:** SITTING **Pulse:** 117 **BP2:** 134/89 **Site2:** LEFT ARM **Position2:** SITTING **Pulse2:** 108; **Temp:** 97.3; **Resp:** 18; **Ht:** 67 in.; **Wt:** 265.3 lbs.; **BMI:** 41.55; **Pulse Oximetry:** 98%

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Clindagel 1 % topical gel, once daily (APPLY A THIN LAYER TO THE AFFECTED AREA(S) BY TOPICAL ROUTE ONCE DAILY)

Lo Loestrin Fe 1 mg-10 mcg (24)/10 mcg (2) tablet

PAST MEDICAL HISTORY: ?asthma, chronic back pain

PAST SURGICAL HISTORY: Wisdom tooth removal

SOCIAL HISTORY: Denies the use of tobacco, ETOH or recreational drugs.

REVIEW OF SYSTEMS:

CONSTITUTIONALS: All 14 point review of systems negative except those listed in HPI.

PHYSICAL EXAMINATION:

GENERAL: No apparent distress noted; Well developed; Pleasant.

HEENT: Head- normocephalic; atraumatic. Eyes- sclera white, conjunctiva pink, EOMI. Ears- left tympanic membranes clear. Right TM with slightly bulging, some redness around the edges of TM. Ear canals are patent. Nose- septum-midline; No maxillary or frontal sinus tenderness. Throat- pink without exudates. TMJ: palpation to bilateral TMJ does reveal a moderate clicking with open and closing mouth. Patient states her dentist has told her she may have mild TMJ, and she reports a history of tooth grinding in her sleep. She does not use any device to alleviate the grinding or clenching at this time.

CARDIOVASCULAR: S1 S2; Regular rate and rhythm; No systolic ejection murmurs noted; No carotid bruits noted. No peripheral edema bilateral lower extremities.

RESPIRATORY: Breath sounds equal and unlabored. Clear to auscultation bilaterally without wheezes, rales, or rhonchi.

GASTROINTESTINAL: Abdomen is soft; Nontender; Nondistended. Bowel sounds present x 4 quadrants. No masses or organomegaly noted.

MUSCULOSKELETAL: Normal range of movement x 4 extremities; 2+ DP and PT pulses bilaterally

INTEGUMENTARY: Warm, dry, intact. No lesions or rash noted.

NEUROLOGIC: Alert and Oriented X3. CN II-XII intact. Sensation intact. Speech clear. Ambulates with steady gait.

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PSYCHIATRIC: Appropriate mood and affect.

ORDERS:

STREP A (1 unit(s)): In-House Lab

ASSESSMENT:

M26.609 - Unspecified temporomandibular joint disorder, unspecified side (PRIMARY)

H92.01 - Otolgia, right ear

R07.0 - PAIN IN THROAT

PLAN:

Patient was educated on ways to decrease TMJ symptoms. Patient states she has a dentist appointment soon and will discuss it with him as well. I have advised patient to take OTC Ibuprofen prior to bedtime, and will send in a muscle relaxer for the TMJ flare. Patient verbalized understanding and agreement to this plan.

ciprofloxacin 0.3 %-dexamethasone 0.1 % ear drops,suspension

Refills: 0 Qty: 7.5 ML(S)

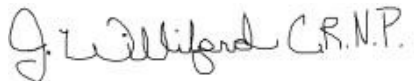
Instructions: INSTILL 4 DROPS INTO AFFECTED EAR(S) BY OTIC ROUTE 2 TIMES PER DAY FOR 7 DAYS

cyclobenzaprine 10 mg tablet

Refills: 0 Qty: 25 TABLET(S)

Instructions: TAKE 1 TABLET (10 MG) BY ORAL ROUTE AT BEDTIME AS NEEDED FOR MUSCLE TENSION.

Electronically signed by Joyce Williford, CRNP on 02/01/24 11:48 AM

Handwritten signature of J. Williford CRNP in black ink.