



**SUMMIT
ORTHOPEDICS**

Vadnais Heights Clinic - Summit Orthopedics
3580 Arcade St
Vadnais Heights, MN, 55127
(651) 968-5200

Patient Information: Ocheng, Hellen A. *MRN:* 1161549
DOB: 01/01/1993 *Gender:* F

Provider: Lindsay K Peterson PA-C *Encounter Date:* 11/20/2015 8:00AM

Patient was seen at Summit Orthopedics clinic for an appointment.

*** Re-disclosure not permitted without the express written permission of the patient***

Order Requisition

Originated From:

Summit Orthopedics Ltd.
Vadnais Heights Clinic - Summit
3580 Arcade St
Vadnais Heights, MN 55127
Phone: (651) 968-5770

Test is Scheduled at:
***PT, Midway, Summit Physical**
Therapy
1661 St Anthony Ave
St Paul-MN 55104-3733
Phone: (651)968-5600
Fax: (651)730-3989

Patient: Hellen Ocheng A 1281 Hazelwood Street Apt 305 St Paul, MN 55106	Patient ID: 1161549
DOB: 01-Jan-1993 Sex: F	Special Billing:
Other #:	Insurance: Gallagher Bassett Services PO Box 23812
Other2 #:	Tucson, AZ 85734 (763)416-8900
Home: (651) 216-2355	Group Number: DOI 05142015
Work:	Policy Number: 011260043138WC01
PCP: NO, Primary Care - [5830]	Name of Insured: Ocheng, Hellen [Self]
OP: Lindsay K Peterson, PA-C - [254]	
NPI: 1407299746	

ORDERED: Physical Therapy Order/ Referral

Date Ordered
20-Nov-2015

To Be Done Date
20 Nov 2015

Ordering Provider
Lindsay K Peterson, PA-C
NPI 1407299746

Lindsay Peterson PA-C
Electronic Signature

Problems

Aftercare following surgery Z48.89

Additional Questions

SO Contact List	Lisa E., Phone (651) 968-5375 Fax (651) 968-5907
Therapy Orders	*PT/ OT: Evaluate/ Treat appropriately: up to 12 visits
Laterality?	Right
Reason for Facility choice (Therapy)	Summit Therapy location ordered.
Scheduler: Therapy location changed?	No

Annotations

Ritt, Leia ~ 11/20/2015 08:27:21AM
ROM
Strengthening
Gait training
toe ROM, great toe active motion, metatarsalgia

Reason

Physical/ Occupational Therapy



**SUMMIT
ORTHOPEDICS**

Vadnais Heights Clinic - Summit Orthopedics
3580 Arcade St
Vadnais Heights, MN, 55127
(651) 968-5200

Patient Information: Ocheng, Hellen A. *MRN:* 1161549
DOB: 01/01/1993 *Gender:* F

Provider: Lindsay K Peterson PA-C *Encounter Date:* 11/20/2015 8:00AM

Diagnosis Summary

1. Aftercare following surgery (V58.89) (Z48.89)

Message

From 11/20/15.
RESTRICTIONS ARE APPLICABLE 24 HOURS PER DAY: None.

Work activity release signed on behalf of Lindsay K. Peterson, PA-C (NPI: 1407299746)

*** Re-disclosure not permitted without the express written permission of the patient***