Premier Orthopaedics & Sports Medicine
Masoud Hamidian, MD

PROGRESS NOTE

Date	04/08/2024	Time		Location		Svr Provider		PT NO	
PT NAME (L, F, M)								EXAM ROOM	
PREFRD		SEX		DOB		AGE		MRN	

VITALS/HEALTH HX

Height		Weight		BMI	
Tobacco					
Flu Oct-Mar		Pneu >65			

POSM PROCEDURES & DME

POSM IMAGING

ACCT INFORMATION

MRN	Vt Ctgr
AM Ins $	AMBal $
MM Ins $	MMBal $
PCE $	
Ins1	ID
Ins2	ID

PAYMENTS

CP/CI:	AMPrv Bal:
Inj:	MM Prv Bal:
SX:	DME:
FRMS:	OTHER:

CURRENT PROBLEM & MEDICAL HISTORY

Established Patient Follow Up

REASON

		Year(s)	Moth(s)	Day(s)
LV	12/07/2023	0	4	1
	Time Elapsed Since			
DOI				
	Time Elapsed Since			
SX				
	Time Elapsed Since			

GP		CPT	

Misc:

EXAM IMPRESSION & DIAGNOSIS

OUT GOING ORDERS/TREATMENT PLAN

F/U:	PWC	WWC	AT	PRN	DY	WK	MO	YR

REQUESTED F/U APPOINTMENT(S)

DATE:	TIME:	LCTN:
DATE:	TIME:	LCTN: