

TSIOUTPATIENTNOTE

@DEPARTMENTLOGIN@

**THORACIC SURGERY OUTPATIENT VISIT**

**Pt. Name/Age/DOB:** @NAME@ @AGE@ @DOB@

**Med. Record Number:** @MRN@

**CSN:**@CSN@

**Date of service:** @TD@ @NOW@

**Date of Surgery:** \*\*\*

**Procedure:** \*\*\*

**Assessment:**

Pathologic Stage \*\*\* (AJCC/UICC 8th edition: T\*\*\*N\*\*\*M\*\*\*) of the \*\*\* with an R\*\*\* resection

Recurrence: {yes no:314532}

**Other diagnoses:**

\*\*\*

**Plan:**

We reviewed the {REVIEWED W/PATIENT:24775}. The patient was given copies of each.

Their current treatment plan includes: \*\*\*

Smoking cessation plan: \*\*\*

Time spent solely counseling cessation: \*\*\* minutes

Current pain management plan: \*\*\*

We will follow up with the patient in {Numbers; 1-6:31392}

{WEEKS,MONTHS,YEARS:24776} for {FOLLOW UP REASON:24777}.

Imaging plan prior to next clinic visit: {CXR/CT:24778}.

Patient is participating in the following protocols: \*\*\*

**Subjective:**

The patient returns to clinic today for a {Numbers; 0-15:31392}

{WEEK,MONTH,YEAR:24780} appointment and is doing \*\*\*.

If early postop, the post operative course was {COMPLICATED/UNCOMPLICATED/NA NOT EARLY POSTOP:24792} and the patient was discharged home on post operative day {Numbers; 0-30:31392}.

The patient reports pain is \*\*\*/10 and being currently controlled with \*\*\*.

The patient is walking \*\*\*.

The patient ECOG / Zubrod / WHO Performance Status is: {ECOG/ZUBROD/WHO PERFORMANCE STATUS:24766}

The patient MRC Dyspnea index is: {MRC DYSPNEA INDEX:24767}  
Home oxygen: {YES/NO/N/A :21578}

The patient {IS/IS NOT 2:24794} smoking.

Interval hospital readmission(s): {yes no:314532}

Date: \*\*\*

Cause: \*\*\*

**Medications:**

@CMED@

**Review of Systems:**

The patient denies any recent weight loss, bone pain, new lumps or bumps, neurological changes or respiratory symptoms. 13 organ review of systems is notable for the following positives or pertinent negatives: \*\*\*

**Objective:**

@VITALS@

**Physical Examination:**

**Constitutional:** Well-developed, well-nourished @SEX@, in no distress. \*\*\*

**Eyes:** Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light. No scleral icterus. \*\*\*

**ENMT:** Normocephalic atraumatic; oropharynx clear with moist mucous membranes, no mucosal ulcerations, normal hard and soft palate. \*\*\*

**Neck:** Trachea midline, full range of motion, supple, no thyromegaly, no surgical scars. \*\*\*

**Respiratory:** Normal chest symmetry, clear to auscultation, normal respiratory effort, no intercostal retractions. \*\*\*

**Cardiovascular:** Regular rate & rhythm, no murmurs/rubs/gallops, no peripheral edema, peripheral pulses normal. \*\*\*

**Chest:** No surgical scars present or open wounds, no deformities. \*\*\*

**Gastrointestinal:** Soft, non-tender, no masses, bowel sounds present. \*\*\*

**Lymphatic:** No cervical or supraclavicular adenopathy, \*\*\*

**Musculoskeletal:** Normal range of motion. Exhibits no edema or tenderness. \*\*\*

**Skin:** Warm and dry without any erythema, rashes or obvious lesions. \*\*\*

**Neurologic:** Alert and oriented to person, place, and time. No cranial nerve deficit. Gait normal. \*\*\*

**Psychiatric:** Mood, affect and judgment normal. \*\*\*

**Labs:** I reviewed the patient's laboratory studies available and they are notable for {Blank single:19197::"no recent labs", "no abnormalities", "\*\*\*"}

**Diagnostic studies:** I personally reviewed the patient's previous imaging, pertinently the \*\*\* from \*\*\* and compared to previous imaging from \*\*\* which demonstrates \*\*\*

**Electronically signed by:** @MECRED@, @TD@ @NOW@  
@LOCATION@

cc:

@NAME@

Participating care providers: \*\*\*

This note was transcribed using speech recognition software. As a result there may be unintended grammatical and/or spelling errors. Every attempt is made to have correct dictation. If there are any questions or errors please contact our office.