

# ALL COUNTRY Orthotics & Prosthetics

MEDICAL CENTER  
4242 Medical Dr. Bldg. 2  
Suite 2100  
San Antonio, Texas 78220  
Office: 210-614-8777  
Fax: 210-314-8795

**CORPUS CHRISTI**  
226 South Enterprise, Suite 110  
Corpus Christi, TX 78406  
Office: 361-448-3588  
Fax: 361-582-1049

**HARLINGEN**  
1821 Hale Ave Ste #17  
Harlingen, Texas 78560  
Office: 366-429-3049  
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**EL PASO**  
2260 Trewood Dr  
El Paso, Texas 79936  
Office: 915-619-3707  
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**AUSTIN**  
111 W. Anderson LN, Suite A102  
Austin, Texas 78760  
Office: 512-490-1288  
Fax: 512-490-1287

**McALLEN**  
600 N. McColl, Suite 602  
McAllen, TX 78501  
Office: 360-217-6015  
Fax: 360-800-1881

Please fax to: 210-694-4581

Patient Name: Juan Nunez Jr. Date of Birth: 04/17/47

ICD-10 Diagnosis: E11.65

Length of Need: 12 (# of months/lifetime) Start Date: 6/23/23

Items Needed:

- Diabetic Shoes A5500 Bilateral with (3) pairs Diabetic Inserts, heat molded A5512
- Diabetic Shoes A5600 Bilateral with (3) pairs Diabetic Inserts, custom A5513/A5514
- Diabetic Shoes A5600 Bilateral with (3) A5513/A5514 Diabetic Inserts  RT  LT (please select) and (1) L5000 Toe Filler  RT  LT (please select)
- Diabetic Shoes A5600 Bilateral with L5000 Toe Filler Bilateral

\*Other services include but are not limited to upper and lower extremity prosthetics, custom / off the shelf upper and lower extremity orthoses, custom and prefabricated lumbar orthosis.

\*To prescribe any additional items not listed above, please fully describe items below: Include quantity, left, right, bilateral...

P.O. Box 722  
Edcouch TX. 73538  
956-272-5779

The above patient has been under my care and is in need of the prescribed orthotic/prosthetic product. This product was prescribed to aid and/or accelerate the rehabilitation process and is deemed medically necessary.

Physician Name: Hector G Amaya NPI: 1366690588

Physician Signature: [Signature] Date: 06/25/23

\*\*Medicare Requires Hand Written Signature and Date\*\*

### Statement of Certifying Physician for Therapeutic Shoes

Patient Name: Juan Nunez Jr.  
HIC #: 95357101601

I certify that all of the following statements are true:

1. This patient has diabetes mellitus,
2. This patient has one or more of the following conditions. (Circle all that apply):
  - a) History of partial or complete amputation of the foot
  - b) History of previous foot ulceration
  - c) History of pre-ulcerative callus
  - d) Peripheral neuropathy with evidence of callus formation
  - e) Foot deformity
  - f) Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: [Signature]

Date Signed: 06/25/23

Physician name (printed - MUST BE AN M.D. OR D.O.):  
Hector G. Amaya M.D.

Physician address:  
1502 E. 8th st.  
Westlake TX. 78596

Physician NPI: 1366690588

# Hector G. Amaya M.D. PA

## ANNUAL DIABETES FOOT EXAM FORM

**Note placement of**

- calluses,
- pre-ulceration areas,
- ulceration areas, or
- areas lacking sensitivity.

NAME: Juan Nunez

DOB: 4/17/1947

MR#:

\*Circle or check findings as they apply

Hx of amputation? Right / Left

Hx of ulceration?

Right: No Yes Date: \_\_\_\_\_

Left: No Yes Date: \_\_\_\_\_

Pt able to see bottom of feet? No Yes

Pt wearing properly fitting shoes? No Yes

**FOOT EXAM**

Foot exam WNL

PAD exam WNL

(If abnormal-circle which foot)

Foot ulcer? No / Right / Left

Abnormal shape? No / Right / Left

Charcot foot? No / Right / Left

Toe deformity? No / Right / Left

Thick or ingrown toenails? No / Right / Left

Callus build-up? No / Right / Left

Edema? No / Right / Left

Elevated skin temp? No / Right / Left

Decreased circulation? No / Right / Left

Loss of sensation? No / Right / Left

Muscle weakness? No / Right / Left

**PERIPHERAL ARTERY DISEASE (PAD) SCREEN**

History of claudication? No Yes

Pedal pulses present? No Yes

Notes:

Faint

Ankle Brachial Index (ABI) obtained? No Yes

Results:

NOTES:

REFERRAL MADE TO:

To:

Appt Date:

Exam Date: 6/27/2023

Signature: Z F M R

*Onychomycosis*

*CALLUS*

**Comments:**

- 1.) ↓ Pedal Pulses
- 2.) ↓ tactile sensation
- 3.) Onychomycosis
- 4.) ↓ hair presence to foot
- 5.) Callus

**Right foot**

*Onychomycosis*

*CALLUS*

**Comments:**

- 1.) ↓ Pedal Pulses
- 2.) ↓ tactile sensation
- 3.) Onychomycosis
- 4.) ↓ hair presence to foot
- 5.) Callus

**Left foot**

**Order Form**

**Hector G Amaya MD PA**

1502 E 8TH ST,  
WESLACO TX, 78596-6614  
956-351-5949 956-351-5946

Req/Ctrl# (CD-): 515229  
**Hector Gerardo Amaya**  
**Chinchilla, M.D.**  
NPI: 1366690588  
Internal Medicine

**GERMAIN, HERIBERTO, Male, 02/04/1971** ID: 15871  
956-375-4381 115 N LIBERTY , , WESLACO, TX, US 78596

Today: 06/22/2023 08:00 AM  
Order Date: 06/22/2023 07:39 AM

Primary Insurance Name: Blue Cross and Blue Shield of Texas  
Insurance Address: PO BOX 660044 , DALLAS , TX , 75266-0019  
Subscriber Number: ZGZ828955145  
Insured Name: GERMAIN, HERIBERTO  
Address: 115 N LIBERTY , , WESLACO, TX, US 78596

Priority	Diagnostic Name	Assessment(s)	Instructions
Routine	CT Scan : Brain, without contrast	- G45.9, TIA (transient ischemic attack)	

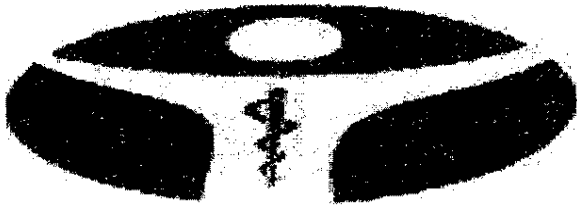
Electronically Signed By:  
**Hector Gerardo Amaya**  
**Chinchilla, M.D.**

Signature of  
Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

**GERMAIN, HERIBERTO, Unknown, 02/04/1971**

NUNEZ JR, JUAN DOB: 04/17/1947 (76 yo M) Acc No. 17556 DOS: 06/21/2023



## NUNEZ JR, JUAN

76 Y old Male, DOB: 04/17/1947

Account Number: 17556

P O BOX 722, EDCOUCH, TX-78538

Home: 956-272-5779

Guarantor: NUNEZ JR, JUAN Insurance: WELLMED

CLAIMS

PCP: Hector G AmayaChinchilla

Appointment Facility: Hector G Amaya MD PA

06/21/2023

Progress Notes: Luis E Luna, FNP-C

### Current Medications

#### Taking

- Simvastatin 20 MG Tablet 1 TAB Orally Once a day
  - Aspir-Low 81 MG Tablet Delayed Release 1 tablet Orally Once a day
  - Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day
  - metFORMIN HCl 500 MG Tablet 1 tablet with meals Orally twice a day
  - Gabapentin 100 MG Capsule 1 capsule Orally Twice a day
  - Not-Taking
  - Vitamin D (Ergocalciferol) 50 MCG (2000 UT) Capsule 1 capsule Orally Once a day
  - Mupirocin 2 % Ointment 1 application to affected area Externally Three times a day
  - FreeStyle Lite Test - Strip USAR UNA VEZ AL DIA.
  - Gabapentin 100 MG Capsule TOME UNA -1 CAPSULA(S) POR LA BOCA DOS VECES AL DIA. Orally Once a day
  - Naproxen 250 MG Tablet 1 tablet with food or milk as needed Orally every 12 hrs
  - Vitamin D3 2000 UNIT Capsule 1 capsule Orally Once a day
  - tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally Three times a day
  - Omeprazole 20 MG Capsule Delayed Release 1 capsule Orally Once a day
  - tiZANidine HCl 4 MG Tablet 1 tablet as needed Orally two times a day
  - Megace Oral 40 MG/ML Suspension 10 ml Orally once
- Medication List reviewed and reconciled with the patient

### Past Medical History

- Last a1c:.
- Last Colonoscopy:.
- Last eye exam:.

### Reason for Appointment

1. PATIENT IS HERE FOR FOOT EXAM

### Assessments

1. Type 2 diabetes mellitus with hyperglycemia, without long-term current use of insulin - E11.65
2. Diabetic foot - E11.8
3. Essential (primary) hypertension - I10

### Treatment

#### 1. Type 2 diabetes mellitus with hyperglycemia, without long-term current use of insulin

Refill metFORMIN HCl Tablet, 500 MG, 1 tablet with meals, Orally, twice a day, 90 days, 180, Refills 0

Notes: continue with along with diet modification and exercise as tolerated, patient's preference considered, goal is to maintain A1C below 9, preferably closer to 7, Barriers such as cost, side effects, and diet compliance discussed with patient.

#### 2. Diabetic foot

Notes: Order for diabetic shoes issued out today.

#### 3. Essential (primary) hypertension

Notes: Hypertension, recognize that hypertension is well known as a silent killer, recommended low salt diet less than 2 g of salt per day, salt consumption lower than 1.5 g per day is recommended in hypertension and chronic kidney disease. Recommended healthy diet with vegetables and plenty of exercise and also DASH diet, exercise every day is encourage. Healthy blood pressure is 120/80 or less, when you have hypertension it should be less than 130/80.

### Preventive Medicine

#### Counseling:

Care goal follow-up plan:

BMI management provided *Yes Normal BMI*

Above Normal BMI Follow-up *Weight monitoring*

Progress Note: Luis E Luna, FNP-C 06/21/2023

NUNEZ JR, JUAN DOB: 04/17/1947 (76 yo M) Acc No. 17556 DOS: 06/21/2023

Last flu vaccination:  
Last FOBT:  
Last LDL:

**Surgical History**

Denies Past Surgical History

**Family History**

Father: deceased, diagnosed with Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled, Other malignant neoplasm of unspecified site  
Mother: deceased, diagnosed with Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled  
FATHER UNKNOWN TYPE OF CANCER  
SISTER BREAST CANCER.

**Social History**

Tobacco Use:  
Tobacco Use/Smoking  
Are you a nonsmoker

**Allergies**

N.K.D.A.

**Hospitalization/Major Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**

General/Constitutional:  
Denies Change in appetite.  
Denies Chills.  
Denies Fatigue, denies.  
Denies Fever. Denies Headache.  
Denies Lightheadedness. Sleep disturbance denies. Weight loss denies.

Allergy/Immunology:

Denies Congestion.  
Denies Cough.

Ophthalmologic:

Blurred vision denies.

ENT:

Difficulty swallowing denies.  
Ringing in the ears denies.

Respiratory:

Cough denies. Shortness of breath at rest denies. Shortness of breath with exertion denies.  
Wheezing denies.

Cardiovascular:

Chest pain at rest denies. Chest pain with exertion denies. Dyspnea on exertion denies. Irregular

**Follow Up**

3 Months (Reason: f/u)

**History of Present Illness**

Constitutional:

this is a 76 y/o Hispanic male that is here today for diabetic foot exam. Patient with chronic conditions: htn, dmii, hdl. diabetic foot exam performed in office today. see addendum for diabetic foot exam documentation. Patient will get order for diabetic shoes + 3 inserts. Patient has no other complaints or concerns today.

**Vital Signs**

Temp 97.7 F, HR 85 /min, BP 118/80 mm Hg, Wt 144 lbs, BMI 23.24 Index, Ht 66 in, RR 16 /min, Oxygen sat % 94 %, Pain scale 0 1-10, Ht-cm 167.64 cm, Wt-kg 65.32 kg.

**Examination**

General Examination:

GENERAL APPEARANCE: well developed, well nourished.  
HEAD: normocephalic, atraumatic.  
EYES: extra ocular movements intact (EOMI), pupils equal, round, reactive to light and accommodation.  
EARS: tympanic membrane intact, clear, BOTH EARS.  
NOSE: nares patent.  
ORAL CAVITY: normal.  
THROAT: pharynx normal, tonsils normal.  
NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.  
LYMPH NODES: no palpable adenopathy.  
SKIN: normal, no rashes.  
HEART: regular rate and rhythm, S1, S2 normal, no murmurs.  
LUNGS: clear to auscultation bilaterally, good air movement.  
ABDOMEN: soft, nontender, nondistended, bowel sounds present, no masses palpable, no hepatosplenomegaly.  
EXTREMITIES: normal.  
PERIPHERAL PULSES: normal.  
NEUROLOGIC: nonfocal.

Electronically signed by Luis Luna , FNP-BC on 06/23/2023 at 02:23 PM CDT

Sign off status: Pending

Hector G Amaya MD PA  
1502 E 8TH ST  
WESLACO, TX 78596-6614  
Tel: 956-351-5949  
Fax: 956-351-5946

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heartbeat denies.

Gastrointestinal:

Denies Abdominal  
pain, denies. Blood in  
stool denies. Change in bowel  
habits denies.

Constipation denies.

Heartburn denies.

Musculoskeletal:

Joint stiffness denies. Painful  
joints denies. Weakness denies.

Skin:

Rash denies.

Neurologic:

Coordination \_\_\_\_\_.

Memory loss denies.

Tingling/Numbness denies.

Psychiatric:

Depressed mood denies.

Mental or Physical abuse denies.

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Progress Note: Luis E Luna, FNP-C 06/21/2023

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