



AH BH Charlotte OMS Medication

501 Billingsley Rd

Charlotte, NC 28211-

Phone:

Fax:

Provider:
Date of Service: 7/18/2019
Visit #:

Pt Name: WILLIAMS III, LEONARD CLINTON
Org MRN#: 0000642066
DOB: 11/1/1980 **Sex:** Male



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BH Clinical Documentation

DOCUMENT NAME:

BH Telephone Contact Form Entered On: 7/18/2019 12:13 EDT
Performed On: 7/18/2019 12:12 EDT by CASSIDY , EDWARD J

Medicaid Number

Medicaid Coverage : No

CASSIDY , EDWARD J - 7/18/2019 12:12 EDT

BH Telephone Contact

Relationship to Patient : Self

Provider : PENISTON , KATHLEEN KELLY NP

Call Type : Medication Refill

Cell Phone Number : 980- [REDACTED]

Reason for call : pt would like a refill of Adderall to be sent to BHC pharmacy

Last Visit Date : 6/24/2019 EDT

Was Appointment Kept? : Show

CASSIDY , EDWARD J - 7/18/2019 12:12 EDT

Follow Up

Phone Msg Communication Grid

1. Communication Date/Time : 7/18/2019 12:25 EDT

Communication Comment : Pt called back and stated that he is completely out of meds. Pt states that he is extremely agitated due to he has no meds.

HORNE , VERONICA - 7/18/2019 12:25 EDT

2. Communication Date/Time : 7/18/2019 12:51 EDT

Communication Comment : checked nccsd and showed no indication of misuse or abuse. sent refills of all meds

GALLET , FRANCIS E NP - 7/18/2019 12:51 EDT

3. Communication Date/Time : 7/18/2019 13:04 EDT

Communication Comment : spoke with pt and informed him that rx sent to pharmacy...will close

WADE , KEISHA RN - 7/18/2019 13:04 EDT

Follow-up Appointment : REFUSED TO SCHEDULE - DUE ACCORDING TO EPIC RECALL

CASSIDY , EDWARD J - 7/18/2019 12:12 EDT

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Visit Information

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Recorded Date	7/18/2019	
Recorded Time	12:12 EDT	
Recorded By	CASSIDY ,EDWARD J	
Procedure		Units
Provider	PENISTON , KATHLEEN KELLY NP	

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