

Dr. Brenda Carter

200 Division Street Markham ON, Canada L3B 4A2
TEL: (905) 735-5697 FAX: (905) 735-4895

Patient's Name: **John Davis**

DOB: **June 22, 1954**

Assessment Date:

Dear Dr. :

CC:

STUDY:

History of Problems

2014-Jul-24 ANKYLOSING SPONDYLITIS

Active Medications (3/3)

2014-Jul-24 NAPROXEN 500 MG TABLET 1 TAB Tablet(s) Tw o times daily x 4 Mth30

2014-Jul-24 METHOTREXATE 2.5 MG TABLET 1 TAB Tablet(s) Once daily x 2 Mth30

Interval History:

External Medications

JANUVIA 100 MG TABLET []

Co-Morbidities & Serious Events

Cardiovascular - Arrhythmia
Autoimmune Disease - Vasculitis

B/P: / Weight: lb

Height: Ft In | cm

Physical Examination:

Pain Score: [] /10



AM Stiffness = [] none

Fatigue Score = []



Patient Global Assessment



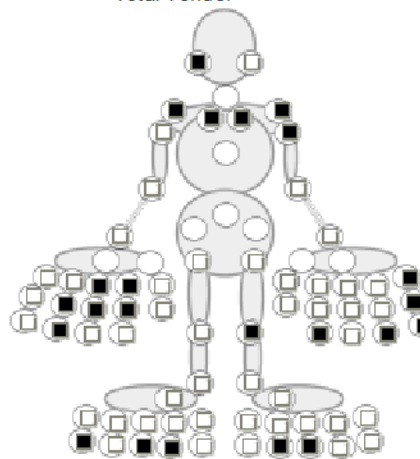
ESR RF
CRP CCP
DAS28 ESR = CDAI = 15
DAS28 CRP = SDAI =

HAQ []

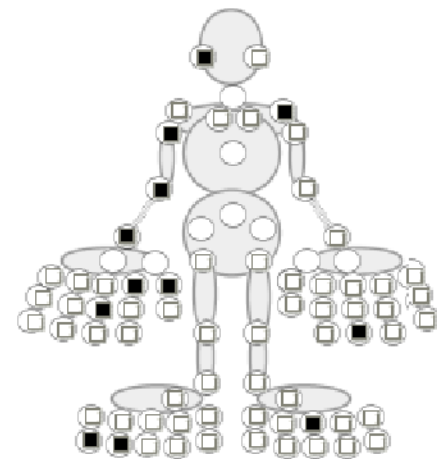
Erosions on:

X-Ray U/S MRI
 No Unsure No Unsure No Unsure
 Yes MM/DD/YYYY Yes MM/DD/YYYY Yes MM/DD/YYYY
 Not done Not done Not done

DAS 28 Tender 9.0
Total Tender 23.0



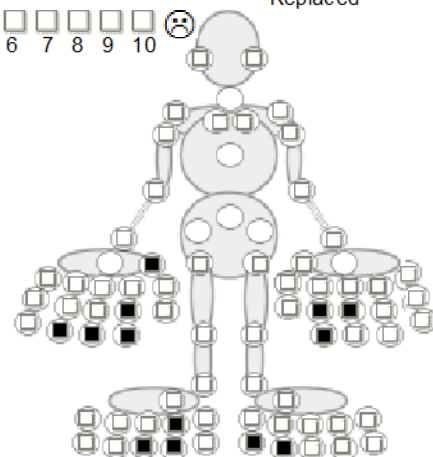
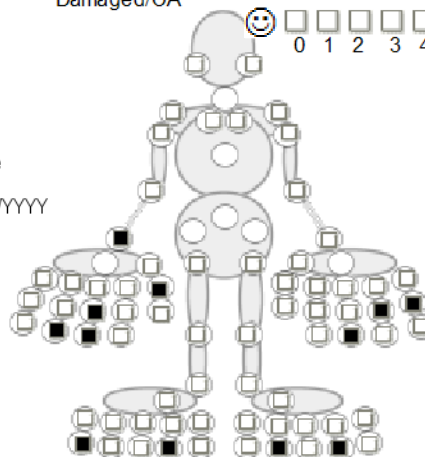
DAS 28 Swollen 6.0
Total swollen 12.0



Damaged/OA

MD Global Assessment

Replaced



Impression and Plan:

Return to Office:
days