

Miami ENT Associates

Norman Schneider, M.D.

PATIENT ID: 11276
PATIENT NAME: Jane Doe
DATE OF BIRTH: 06/21/58
DATE OF SERVICE: 05/22/09
PHYSICIAN: Norman Schneider, M.D.

COPY TO: Dr. Victor Newman

HISTORY AND PHYSICAL EXAMINATION

Chief complaint: Right mastoiditis.

History of present illness: This is a 50 -year-old white female who was seen back in March. It was felt that she had had mastoiditis however her CT scan was negative and audiogram was within normal limits. Since that time, she has had difficulties with recurrent swelling and pain which is around the right ear. This is in front of and under and sometimes behind the right ear. Her history includes now the fact that this is worse in the evening and it is exacerbated by eating. She is not sure if it is the action of eating or chewing that makes this worse. Between meals it seems to be a little better however. She has used multiple antibiotics since she has been here including Biaxin, Cipro, Rocephin and E-mycin and these have not seemed to help. What has helped was Motrin. She has not had any redness over the face. She wonders if it might be her jaw joint as she does get some popping in this joint. She has had no fever or chills.

Physical Exam: Blood pressure 143/81, 02 98, pulse 69, temperature 97.6. Weight 174. Height 63 inches.

Head and Face: Does have some subluxation of the right TM joint with some tenderness in this area and also some mild tenderness in the masseter area and parotid area on the right. There is no erythema. No focal masses or lesions. No particular swelling is noted.

Eyes: Extra-ocular movements intact.

Ears: Auricles are well formed. Canals are clear. Tympanic membranes are without bulging or retraction. Pneumatic otoscopy shows normal mobility. Tuning fork exam is grossly normal.

Nose: External nose without deformities. Septal mucosa is healthy. No tumors, polyps or masses seen. Turbinates without enlargement or inflammation.

Mouth and Throat: Oral mucosa appears unremarkable. There is diminished salivary flow from both Wharton's and Stensen's ducts however there is salivary flow. There is purulence. Oral pharynx is unremarkable.



Electronically Signed By Norman Schneider, MD