

**Christy Harris-Miami Reservations 9/1-9/4/2022**

**From** Christy Harris <ccharmesha@yahoo.com>  
**To** <reservations@rooms101.com>  
**Date** 23/08/2022 05:30

Good Morning,

I am requesting to leave my reservations open as unfortunately we are not able to travel at this time due to my husband has a broken/fractured Rib. Our airline has given us a full credit & we are asking for a full credit with your company. Thanks & please see attached documents from his physician.

Light On Clinic PC • 522 North Center St. THOMASTON GA 30286-3695

**WILLIS, Christopher (id #1659504, dob: 07/19/1973)** 08/08/2022

<b>From Provider</b>	<b>To Provider</b>
THE HUGHSTON CLINIC, P.C. 522 North Center St THOMASTON, GA 30286-3695 Phone: (706) 646-4371 Fax: (706) 646-4373	

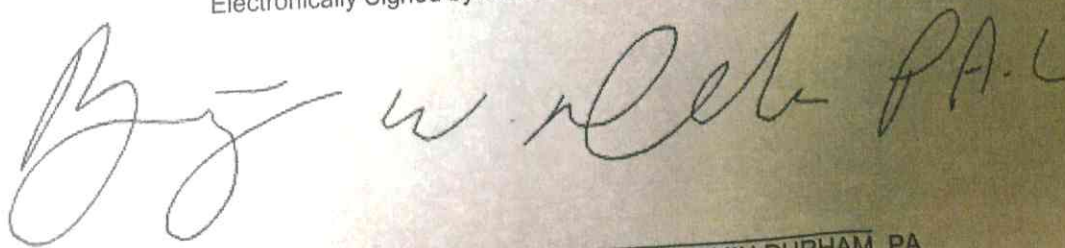
**Order Information**

<b>Diagnosis</b>	Fracture of left rib ICD-10: S22.32XA: Fracture of one rib, left side, initial encounter for closed fracture
<b>Order Name</b>	Orders included: 1 Fracture of left rib ICD-10: S22.32XA: Fracture of one rib, left side, initial encounter for closed fracture • WORK STATUS REPORT* Note to Provider: Patient was seen in office on 8/8/22. Due to his orthopedic condition he is to be off of work for 1 week from today
<b>Notes</b>	Patient was seen in office on 8/8/22. Due to his orthopedic condition he is to be off of work for 1 week from today

**Patient Information**

<b>Patient Name</b>	WILLIS, CHRISTOPER PATIENT ID # 1659504
<b>Sex</b>	M
<b>DOB</b>	07/19/1973
<b>Age</b>	49yo
<b>Address</b>	3 KINNEY BLD MANCHESTER, GA 31816
<b>Phone</b>	H: (678) 621-9345 M: (678) 621-9345
<b>Primary Insurance</b>	BCBS-AR (PPO) ID: WYR07613143W00 Policy Holder: WILLIS, CHRISTOPHER A
<b>Secondary Insurance</b>	None recorded.

Electronically Signed by: BENJAMIN DURHAM, PA, PASUP



Electronically ordered/documentated by: BENJAMIN DURHAM, PA

SEE BACK OF DOCUMENT FOR LISTING OF SECURITY FEATURES