

Office Visit - Sep 30, 2025

with Luke Stanisce at COOPER OTOLARYNGOLOGY AT MOORESTOWN CAMPUS



Notes from Care Team



Progress Notes

Luke Stanisce at 9/30/2025 2:30 PM

OTOLARYNGOLOGY INITIAL VISIT

9/30/2025

PATIENT DEMOGRAPHICS

PCP: Not On File Physician MD

Referring: No ref. provider found

Patient Name: Justin Horn

Date of Birth: 2/6/1984

MRN: 04033610

HISTORY OF PRESENT ILLNESS

Subjective

Justin Horn is a 41 y.o. male who presents today for New Patient (41 yo presents for nasal fracture)

Was assaulted on 8/22. Went to Jefferson ER where a CT was performed and was found to have bilateral nasal bone fracture. Initially had peri-nasal pain and shooting headaches into the forehead. The nose was very sensitive to touch. As his swelling improved, so has the pain and headaches. He is still experiencing some sensitivity and reports nasal obstruction (right worse than left). Also reports mild facial pressure. Denies any changes in the sense of smell or nasal discharge.

States the external appearance of his nose is slightly different. Specifically, the left nares is more narrow and irregular.

No prior nasal surgery. Uses CPAP for OSA. Has not used since the assault.

ADDITIONAL PATIENT INFORMATION

Past Medical History:

Diagnosis

Date

- HIV (human immunodeficiency virus infection) (HCC)
- Opiate dependence (HCC)
- SVT (supraventricular tachycardia) (HCC)
as child had ablation no cardiologist

Past Surgical History:

Procedure

Laterality

Date

- HX HERNIA REPAIR

Social History

Socioeconomic History

- Marital status: Single
Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Occupation: DJ currently unemployed

Tobacco Use

- Smoking status: Every Day
Types: Cigarettes
- Smokeless tobacco: Never
- Tobacco comments:
vapes

Substance and Sexual Activity

- Alcohol use: No
- Drug use: Yes
Types: Marijuana
Comment: pt states medical
- Sexual activity: Not Currently

Other Topics

Concern

- Not on file

Social History Narrative

- Not on file

Social Drivers of Health

Financial Resource Strain: Not on file

Food Insecurity: Food Insecurity Present (8/25/2025)

Received from Virtua Health

Food Insecurity

- Within the past 12 months the food we bought just didn't last and we didn't have money to get more.: Sometimes true
- Within the past 12 months we worried whether our food would run out before we got money to buy more.: Sometimes true

Transportation Needs: Unmet Transportation Needs (1/26/2023)

PRAPARE - Transportation

- Lack of Transportation (Medical): Yes
- Lack of Transportation (Non-Medical): Yes

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Housing Stability: High Risk (1/26/2023)

Housing Stability Vital Sign

- Unable to Pay for Housing in the Last Year: No
- Number of Places Lived in the Last Year: 2
- Unstable Housing in the Last Year: Yes

Family History

Problem

Relation

Age of Onset

- Non-Contributory

Neg Hx

Allergies: Ceclor [cefaclor], Gabapentin, Lyrica [pregabalin], and Buprenorphine-naloxone

Current Medications:

Current Medications

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• amphetamine-dextroamphetamine XR (ADDERALL XR) 15 mg Oral capsule	take 10 mg by mouth.		
• QUetiapine (SEROQUEL) 25 mg	TAKE 2 TO 4		

Oral tablet	TABLETS BY MOUTH AT BEDTIME	
• clonazepam (KLOPIN) 2 mg Oral tablet	THREE TIMES A DAY	0
• elvitegravir-cobicistat-emtricitabine- tenofovir disoproxil fumarate (STRIBILD) 150-150-200-300 mg Oral tab	TAKE 1 TABLET DAILY (Patient not taking: Reported on 9/30/2025)	5

No current facility-administered medications for this visit.

Objective

REVIEW OF SYSTEMS

Items are noted in the HPI and all other systems were reviewed and were negative.

PHYSICAL EXAM

Vitals:

Vitals:

09/30/25 1439

BP: (!) 159/89
Pulse: 94
Resp: 16
Weight: 82.1 kg (181 lb)
Height: 1.626 m (5' 4")
PainSc: 4
PainLoc: Nose

General: Appears well. No obvious distress.

Neuro: Normal orientation to time, place, person. V1-V3 symmetric. Following commands.

Eyes: No periorbital edema or proptosis.

Head/Face: No gross craniofacial abnormalities. No facial asymmetry or swelling.

Ears: Pinna normal bilaterally. No otorrhea.

Nose: **Symmetric nasal dorsum, straight. No palpable step offs of nasal bones.**

Caudal septal spur to the left. Right dynamic external nasal valve collapse. + modified cottle. No rhinorrhea.

Oral Cavity/Oropharynx: Lips appear normal. Normal saliva. No pharyngeal erythema/exudate.

Larynx/Pharynx: Indirect mirror examination not tolerated secondary to hyperactive gag reflex.

Neck: Supple. No neck masses. Laryngotracheal complex midline.

PROCEDURE

Nasal Endoscopy (CPT: 31231)

Indication: Nasal fracture

Consent: verbal consent was obtained from the patient with the risks of discomfort, bleeding, and need for further evaluation explained

Preparation: after consent was obtained, the nasal cavity was anesthetized using lidocaine sprays. Time was allowed for effect.

Procedure: The scope was passed into the nasal cavities bilaterally. After the examination was complete, the scope was slowly withdrawn and sent for reprocessing. The patient tolerated the procedure well without any difficulty or concern.

Findings:

Septum – **Midline with left caudal spur.** Healthy pink, moist mucosa without signs of perforation, trauma, prominent vessels, hemorrhage, or lesion

Floor of nasal cavity – healthy pink, moist mucosa

Inferior turbinates – normal size and shape with pink, moist mucosa

Middle meatus – no purulence, polyps, or tumors

Sphenoethmoidal recess – no purulence, polyps, or tumors

Nasopharynx – no significant adenoid tissue, normal torus tubarius bilaterally without Eustachian tube orifice obstruction

DATA REVIEWED

Relevant portions of epic chart reviewed.

CT Facial Bones w/o contrast 8/23/25

Impression

1. Acute inferior orbital rim fracture adjacent to the inferior rectus muscle. Correlate clinically for possible entrapment.
2. Bilateral nasal bone and left maxillary frontal process fractures.
3. Left preseptal soft tissue swelling.
4. Equivocal nondisplaced fractures of the anterior and posterior walls of the left maxillary sinuses.
5. No acute intracranial hemorrhage, mass effect, or territorial infarction.

Assessment

ASSESSMENT / PLAN

Assessment

Justin Horn with history of bilateral nasal bone fractures following an assault on 08/22/25, now with persistent nasal obstruction. On exam, there are no appreciable step offs or deformities of his nasal bones. He does have a left sided caudal septal deviation, and right sided dynamic external nasal valve collapse.

Plan

- Counseled on expected improvement of symptoms
- Ok to resume CPAP
- Try breath Right strips at night
- If nasal obstruction is bothersome, recommend he follow up with my partner Dr. Landers to discuss septoplasty, repair of nasal valve, possible cartilage grafting.

Follow-up: I would like to re-evaluate Justin Horn as needed.

Luke Stanisce, MD

Exclusive of any other services or procedures performed, I, Luke Stanisce MD, spent 45 minutes in duration for this visit today. This time consisted of chart review, obtaining history, and/or performing the exam as documented above as well as documenting the clinical information for the encounter in the electronic record, discussing treatment options, plans, and/or goals with patient, family, and/or caregiver, and reviewing external medical records, with greater than 50% of this total time spent on coordinating care for the patient and/or counseling.