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 4 Nevada Bar No. 11218
 5 NETTLES LAW FIRM
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 7 Henderson, Nevada 89014
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 11 christian@nettleslawfirm.com
 12 Attorneys for Plaintiff

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DISTRICT COURT
 CLARK COUNTY, NEVADA

YVONNE O'CONNELL, an individual,
 Plaintiff,

vs.

WYNN LAS VEGAS, LLC, a Nevada Limited
 Liability Company, doing business as WYNN
 LAS VEGAS; DOES I through X; and ROE
 CORPORATIONS I through X, inclusive,
 Defendants.

CASE NO. A-12-655992-C

DEPARTMENT NO. V

PLAINTIFF'S FOURTH SUPPLEMENT
 TO INITIAL 16.1 DISCLOSURES

Plaintiff, YVONNE O'CONNELL, by and through her attorneys of record BRIAN D. NETTLES, ESQ. and CHRISTIAN M. MORRIS, ESQ. of the NETTLES LAW FIRM, hereby submits her Fourth Supplement to Early Case Conference Disclosures pursuant to NRCP 16.1, as follows (**supplemented documents are in bold**):

I. **WITNESSES**

Pursuant to NRCP 161 (a) (1) (A), the name and, if known, the address and telephone number of each individual likely to have information discoverable under Rule 26(b), including for impeachment or rebuttal, identifying the subjects of the information:

1. Yvonne O'Connell
c/o Nettles Law Firm
1389 Galleria Drive, Suite 200
Henderson, NV 89014

This witness, Plaintiff, is expected to testify regarding the facts and circumstances contained in the Complaint on file herein.

2. Person Most Knowledgeable
Wynn Las Vegas, LLC
c/o Lawrence J. Semenza, III, Esq.
LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

This witness is expected to testify regarding the facts and circumstances contained in the Complaint on file herein.

3. Jon Sorelle, M.D. and/or
Person Most Knowledgeable/Custodian of Records
The Minimally Invasive Hand Institute
8960 W. Tropicana Ave.
Las Vegas, NV 89147
Phone:(702) 739-4263

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

4. Person Most Knowledgeable/Custodian of Records
Steinberg Diagnostics
2950 S. Maryland Pkwy.
Las Vegas, NV

Phone: (702) 732-6000

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

5. Person Most Knowledgeable/Custodian of Records
UMC Quickcare
1800 West Charleston Blvd.
Las Vegas, NV 89102
Phone: (702) 383-2000

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

6. Person Most Knowledgeable/Custodian of Records
Matt Smith Physical Therapy
9499 W. Charleston Blvd., Suite 220
Las Vegas, NV 89117
Phone: (702) 933-9394

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
4 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
5 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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11 other incidents having relevance to this action. The facts and opinions to which the expert is
12 expected to testify include any and all facts and opinions in the said medical records, and that the
13 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

- 10 7. Timothy Trainor, M.D. and/or
11 Person Most Knowledgeable/Custodian of Records
12 Advanced Orthopedic & Sports Medicine
13 8420 W. Warm Springs Rd.
14 Las Vegas, NV
15 Phone: (702) 740-5327

15 This individual is expected to testify as a treating physician and as an expert regarding
16 the injuries sustained, past present and future medical treatment and impairment, prognosis,
17 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
18 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
19 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
20 also a treating physician and thereby not retained or specially employed to provide expert
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25 other incidents having relevance to this action. The facts and opinions to which the expert is
26 expected to testify include any and all facts and opinions in the said medical records, and that the
27 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
28 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

- 24 8. John A. Thompson, M.D. and/or
25 Person Most Knowledgeable/Custodian of Records
26 Desert Oasis Clinic
27 6316 S. Rainbow Blvd., Suite 100
28 Las Vegas, NV 89118
Phone: (702) 310-9350

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
4 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
5 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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11 other incidents having relevance to this action. The facts and opinions to which the expert is
12 expected to testify include any and all facts and opinions in the said medical records, and that the
13 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

- 10 9. Christopher Milford, M.D., P.C. and/or
11 Person Most Knowledgeable/Custodian of Records
12 Silver State Neurology
13 9811 W. Charleston Blvd., Ste. 2-357
14 Las Vegas, NV 89117
15 Phone: (702) 256-3637

15 This individual is expected to testify as a treating physician and as an expert regarding
16 the injuries sustained, past present and future medical treatment and impairment, prognosis,
17 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
18 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
19 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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23 documents are not required under the rule. Further, this expert is expected to testify consistent
24 with the medical records related to the treatment of the Plaintiff for the subject incident, and
25 other incidents having relevance to this action. The facts and opinions to which the expert is
26 expected to testify include any and all facts and opinions in the said medical records, and that the
27 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
28 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

- 25 10. Person Most Knowledgeable/Custodian of Records
26 Edwin Suarez Physical Therapy
27 4955 S. Durango Dr. #100
28 Las Vegas, NV 89113
Phone: (702) 489-9785

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
4 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
5 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
6 also a treating physician and thereby not retained or specially employed to provide expert
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11 other incidents having relevance to this action. The facts and opinions to which the expert is
12 expected to testify include any and all facts and opinions in the said medical records, and that the
13 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

11. Edson Erkulvrawatr, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Southern Nevada Pain Center
6950 W. Desert Inn Rd., Ste. 110
Las Vegas, NV 89117
Phone: (702) 259-5550

15 This individual is expected to testify as a treating physician and as an expert regarding
16 the injuries sustained, past present and future medical treatment and impairment, prognosis,
17 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
18 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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20 also a treating physician and thereby not retained or specially employed to provide expert
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24 with the medical records related to the treatment of the Plaintiff for the subject incident, and
25 other incidents having relevance to this action. The facts and opinions to which the expert is
26 expected to testify include any and all facts and opinions in the said medical records, and that the
27 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
28 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

12. Leo Germin, M.D.
Person Most Knowledgeable/Custodian of Records
Clinical Neurology Specialists
1691 W. Horizon Ridge Pkwy., Ste. 100
Henderson, NV 89012
Phone: (702) 804-1212

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
4 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
5 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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12 expected to testify include any and all facts and opinions in the said medical records, and that the
13 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

13. Andrew Cash, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Institute of Spine Care
9339 W. Sunset Road, Ste. 100
Las Vegas, NV89148
Phone: (702) 630-3472

15 This individual is expected to testify as a treating physician and as an expert regarding
16 the injuries sustained, past present and future medical treatment and impairment, prognosis,
17 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
18 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
19 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
20 also a treating physician and thereby not retained or specially employed to provide expert
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25 other incidents having relevance to this action. The facts and opinions to which the expert is
26 expected to testify include any and all facts and opinions in the said medical records, and that the
27 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
28 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

14. Lee Wittenberg, DPM and/or
Person Most Knowledgeable/Custodian of Records
Apache Foot & Ankle Specialist LLC
9710W. Tropicana Ave., Ste. 115
Las Vegas, NV 89147
Phone: (702) 362-2622

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
4 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
5 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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12 expected to testify include any and all facts and opinions in the said medical records, and that the
13 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

15. Suresh Prahbu, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Ascent Primary Care
653 N. Town Center Dr., Ste. 217
Las Vegas, NV 89144
Phone: (702) 545-0751

16 This individual is expected to testify as a treating physician and as an expert regarding
17 the injuries sustained, past present and future medical treatment and impairment, prognosis,
18 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
19 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
20 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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28 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

16. Person Most Knowledgeable/Custodian of Records
University Medical Center
1800 West Charleston Blvd.
Las Vegas, NV 89102
Phone: (702) 383-2000

This individual is expected to testify as a treating physician and as an expert regarding
the injuries sustained, past present and future medical treatment and impairment, prognosis,

disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

17. Thomas Dunn, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Desert Othopaedic Center
2800 East Desert Inn Road, Suite 100
Las Vegas, NV 89121-3609
Phone: (702) 731-1616

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

18. Yakov Shaposhnikov, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Gastrointestinal and Liver Diseases
2020 Goldring Avenue
Las Vegas, NV 89106

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records

1 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
2 also a treating physician and thereby not retained or specially employed to provide expert
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7 other incidents having relevance to this action. The facts and opinions to which the expert is
8 expected to testify include any and all facts and opinions in the said medical records, and that the
9 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
10 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
11 any party in this action that contradict the same.

12 17. Enrique Lacayo, M.D. and/or
13 Person Most Knowledgeable/Custodian of Records
14 2020 Goldring Avenue
15 Las Vegas, NV 89106

16 This individual is expected to testify as a treating physician and as an expert regarding
17 the injuries sustained, past present and future medical treatment and impairment, prognosis,
18 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
19 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
20 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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26 other incidents having relevance to this action. The facts and opinions to which the expert is
27 expected to testify include any and all facts and opinions in the said medical records, and that the
28 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

18. Nanjunda Subramanyam, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Heart and Vascular Center
1820 Desert Inn Rd., Suite A
Las Vegas, NV 89169

This individual is expected to testify as a treating physician and as an expert regarding
the injuries sustained, past present and future medical treatment and impairment, prognosis,
disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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19. Scott Manthei, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Eye and Ear
2598 Windmill Pkwy.
Henderson, NV 89074

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

20. Tyree Carr, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Institute of Ophthalmology
2800 N. Tenaya Way, #102
Las Vegas, NV 89128

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is

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2 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
3 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
4 any party in this action that contradict the same.

5 21. Troy Valdez – brother
6 4 Starling Lane
7 Aliso Viejo, CA 92656
8 (949) 254-4550
9 (949) 228-0959

10 This witness is expected to testify concerning his knowledge of Plaintiff's health and
11 circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
12 Complaint on file herein.

13 22. Holly Valdez – sister in law
14 4 Starling Lane
15 Aliso Viejo, CA 92656
16 (949) 254-4550
17 (949) 228-0959

18 This witness is expected to testify concerning her knowledge of Plaintiff's health and
19 circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
20 Complaint on file herein.

21 23. Dave Brobeck – Holly Valdez' father
22 217 Monarch Bay Drive
23 Dana Point, CA 92629
24 (949) 499-9811

25 This witness is expected to testify concerning his knowledge of Plaintiff's health and
26 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
27 on file herein.

28 24. Gaye Brobeck – Holly Valdez' mother
217 Monarch Bay Drive
Dana Point, CA 92629
(949) 499-9811

This witness is expected to testify concerning her knowledge of Plaintiff's health and
circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
Complaint on file herein.

25. David Brobeck – Holly Valdez' brother
20 Blue Heron Lane
Aliso Viejo, CA 92656
(949) 859-3793

1 This witness is expected to testify concerning his knowledge of Plaintiff's health and
2 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
3 on file herein.

4 26. Mele Brobeck – Holly Valdez' sister in law
5 20 Blue Heron Lane
6 Aliso Viejo, CA 92656
7 (949) 859-3793

8 This witness is expected to testify concerning her knowledge of Plaintiff's health and
9 circumstances prior to and after the incident surrounding Plaintiff's allegations contained in the
10 Complaint on file herein.

11 27. Larry Muro – Troy Valdez' friend
12 4739 Mascagni St.
13 Ventura, CA 93003
14 (805) 616-0274

15 This witness is expected to testify concerning his knowledge of Plaintiff's health and
16 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
17 on file herein.

18 28. Janine Muro – Troy Valdez' friend
19 4739 Mascagni St.
20 Ventura, CA 93003
21 (805) 616-0274

22 This witness is expected to testify concerning her knowledge of Plaintiff's health and
23 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
24 on file herein.

25 29. Jim Holloway – Troy Valdez' friend
26 2834 Serang Place
27 Costa Mesa, CA 92626
28 (714) 241-7777

This witness is expected to testify concerning his knowledge of Plaintiff's health and
circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

30. Renee Holloway – Troy Valdez' friend
2834 Serang Place
Costa Mesa, CA 92626
(714) 241-7777

1 This witness is expected to testify concerning her knowledge of Plaintiff's health and
2 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

3 31. Allen Stroub – Plaintiff's Cousin
4 7009 Bandolero Way
5 Bakersfield, CA
(805) 838-7187

6 This witness is expected to testify concerning his knowledge of Plaintiff's health and
7 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

8 32. Helen Stroub – Plaintiff's Cousin
9 7009 Bandolero Way
10 Bakersfield, CA
11 (805) 838-7187

12 This witness is expected to testify concerning her knowledge of Plaintiff's health and
13 circumstances prior to the incident surrounding Plaintiff's allegations contained in the Complaint
on file herein.

14 33. Person Most Knowledgeable/Custodian of Records
15 Las Vegas Radiology
16 7500 Smoke Ranch Road, Suite 100
17 Las Vegas, Nevada 89128
(702) 254-5004

18 This individual is expected to testify as a treating physician and as an expert regarding
19 the injuries sustained, past present and future medical treatment and impairment, prognosis,
20 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
21 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
22 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
23 also a treating physician and thereby not retained or specially employed to provide expert
24 testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
25 let us know immediately or your failure to object will be deemed a stipulation that said
26 documents are not required under the rule. Further, this expert is expected to testify consistent
27 with the medical records related to the treatment of the Plaintiff for the subject incident, and
28 other incidents having relevance to this action. The facts and opinions to which the expert is
expected to testify include any and all facts and opinions in the said medical records, and that the
medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

34. Person Most Knowledgeable/Custodian of Records
Open Sided MRI of Las Vegas

630 South Rancho, Suite G
Las Vegas, Nevada 89106
(702) 932-2740

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

Plaintiff reserves the right to call any witness designated by any other party to this proceeding.

Discovery is continuing and Plaintiff reserves the right to supplement this list as additional information becomes available.

II. DOCUMENTS, DATA COMPILATIONS AND TANGIBLE THINGS

Pursuant to NRCP 161 (a)(1)(B), a copy of or a description by category and location of all documents, data compilations, and tangible things that are in the possession, custody, or control of the party and which are discoverable under Rule 26(b):

1. Medical Records and Billing Statement
Jon Sorelle, M.D.
The Minimally Invasive Hand Institute
8960 W. Tropicana Ave.
Las Vegas, NV 89147
Bate numbered PLTF000001 through PLTF000018 and attached hereto.
2. Diagnostic Records and Billing Statement
Steinberg Diagnostics
2950 S. Maryland Pkwy.
Las Vegas, NV

- 1 Bate numbered PLTF000019 through PLTF000033 and attached hereto.
- 2 3. Medical Records and Billing Statement
- 3 UMC Quickcare
- 4 1800 West Charleston Blvd.
- 5 Las Vegas, NV 89102
- 6 Bate numbered PLTF000034 through PLTF000289 and attached hereto.
- 7 4. Physical Therapy Records and Billing Statement
- 8 Matt Smith Physical Therapy
- 9 9499 W. Charleston Blvd., Suite 220
- 10 Las Vegas, NV 89117
- 11 Bate numbered PLTF000290 through PLTF000374 and attached hereto.
- 12 5. Medical Records and Billing Statement
- 13 Timothy Trainor, M.D.
- 14 Advanced Orthopedic & Sports Medicine
- 15 8420 W. Warm Springs Rd.
- 16 Las Vegas, NV
- 17 Bate numbered PLTF000375 through PLTF000396 and attached hereto.
- 18 6. Medical Records and Billing Statement
- 19 John A. Thompson, M.D.
- 20 Desert Oasis Clinic
- 21 6316 S. Rainbow Blvd., Suite 100
- 22 Las Vegas, NV 89118
- 23 Bate numbered PLTF000397 through PLTF000407 and attached hereto.
- 24 7. Medical Records and Billing Statement
- 25 Christopher Milford, M.D., P.C.
- 26 Silver State Neurology
- 27 9811 W. Charleston Blvd., Ste. 2-357
- 28 Las Vegas, NV 89117
- Bate numbered PLTF000408 through PLTF000431 and attached hereto.
8. Physical Therapy and Billing Statement
- Edwin Suarez Physical Therapy
- 4955 S. Durango Dr. #100
- Las Vegas, NV 89113
- Bate numbered PLTF000432 through PLTF000443 and attached hereto.
9. Medical Records and Billing Statement
- Edson Erkulvrawatr, M.D.
- Southern Nevada Pain Center
- 6950 W. Desert Inn Rd., Ste. 110
- Las Vegas, NV 89117
- Phone: (702) 259-5550

- 1 Bate numbered PLTF000444 through PLTF000526 and attached hereto.
- 2
- 3 10. Medical Records and Billing Statement
- 4 Leo Germin, M.D.
- 5 Clinical Neurology Specialists
- 6 1691 W. Horizon Ridge Pkwy., Ste. 100
- 7 Henderson, NV 89012
- 8 Bate numbered PLTF000527 through PLTF000535 and attached hereto.
- 9
- 10 11. Medical Records and Billing Statement
- 11 Andrew Cash, M.D.
- 12 Nevada Institute of Spine Care
- 13 9339 W. Sunset Road, Ste. 100
- 14 Las Vegas, NV89148
- 15 Bate numbered PLTF000536 through PLTF000584 and attached hereto.
- 16
- 17 12. Medical Records and Billing Statement
- 18 Lee Wittenberg, DPM
- 19 Apache Foot & Ankle Specialist LLC
- 20 9710W. Tropicana Ave., Ste. 115
- 21 Las Vegas, NV 89147
- 22 Bate numbered PLTF000585 through PLTF000598 and attached hereto.
- 23
- 24 13. Medical Records and Billing Statement
- 25 Suresh Prahbu, M.D.
- 26 Ascent Primary Care
- 27 653 N. Town Center Dr., Ste. 217
- 28 Las Vegas, NV 89144
- Bate numbered PLTF000594 through PLTF000598 and attached hereto.
14. Medical Records
- Thomas Dunn, M.D. and/or
- Desert Othopaedic Center
- 2800 East Desert Inn Road, Suite 100
- Las Vegas, NV 89121-3609
- Bate numbered PLTF000599 through PLTF000627 and attached hereto.
15. Medical Records and Billing Statement
- Yakov Shaposhnikov, M.D. and/or
- Gastrointestinal and Liver Diseases
- 2020 Goldring Avenue
- Las Vegas, NV 89106
- Bate numbered PLTF000628 through PLTF000649 and attached hereto.
16. Medical Records and Billing Statement
- Enrique Lacayo, M.D.
- 2020 Goldring Avenue

- 1 Las Vegas, NV 89106
- 2 Bate numbered PLTF000650 through PLTF000677 and attached hereto.
- 3
- 4 17. Medical Records and Billing Statement
- 5 Nanjunda Subramanyam, M.D.
- 6 Nevada Heart and Vascular Center
- 7 1820 Desert Inn Rd., Suite A
- 8 Las Vegas, NV 89169
- 9 Bate numbered PLTF000678 through PLTF000683 and attached hereto.
- 10
- 11 19. Medical Records and Billing Statement
- 12 Scott Manthei, M.D.
- 13 Nevada Eye and Ear
- 14 2598 Windmill Pkwy.
- 15 Henderson, NV 89074
- 16 Bate numbered PLTF000684 through PLTF000699 and attached hereto.
- 17
- 18 20. Medical Records and Billing Statement
- 19 Tyree Carr, M.D.
- 20 Nevada Institute of Ophthalmology
- 21 2800 N. Tenaya Way, #102
- 22 Las Vegas, NV 89128
- 23 Bate numbered PLTF000700 through PLTF000716 and attached hereto.
- 24
- 25 21. Photograph of Plaintiff and friend dancing pre-accident
- 26 Bate numbered PLTF000717 and attached hereto.
- 27
- 28 22. Photographs of Plaintiff and her brother, Troy Valdez, her sister-in-law, Holly
- Valdez and her niece pre-accident
- Bate numbered PLTF000718 and attached hereto.
- 23
- 24 23. Photograph of Plaintiff and her cousins, Allen and Helen Stroub pre-accident
- 25 Bate numbered PLTF000719 and attached hereto.
- 26
- 27 24. Photographs of Plaintiff's injury area and bruising
- 28 Bate numbered PLTF 000720 and PLTF 721
- 25
- 26 25. Authorization for the Release of Protected Health Information executed by
- 27 Plaintiff for benefit of Defendant
- 28
26. Medical Records and Billing Statement
- Las Vegas Radiology
- 8530 W. Sunset Road
- Las Vegas, Nevada 89113
- (702) 254-5004
- Bate numbered PLTF000722 through PLTF000728 are attached hereto.

1 27. **Medical Billing Statement**
2 **Thomas Dunn, M.D.**
3 **Desert Orthopedic Center**
4 **2930 W. Horizon Ridge Pkwy, #100**
5 **Henderson, Nevada 89052**
6 **(702) 731-1616**
7 **Bate numbered PLTF000729 through PLTF000748 are attached hereto.**

8 28. **Medical Records and Billing Statement**
9 **Open Sided MRI**
10 **630 South Rancho, Suite G**
11 **Las Vegas, Nevada 89106**
12 **(702) 932-2740**
13 **Bate numbered PLTF000749 through PLTF000752 are attached hereto.**

14 Plaintiff reserves the right to offer any document(s) produced during this litigation
15 including, but not limited to, documents produced by other parties and document attached as
16 exhibits to pleadings and depositions.

17 Discovery is continuing and Plaintiff reserves the right to supplement this list as
18 additional information becomes available.

19 **III. COMPUTATION OF DAMAGES**

20 *Pursuant to NRCP 16 I(a)(1)(C), a computation of any category of damages claimed by*
21 *the disclosing party, making available for inspection and copying as under Rule 34 the*
22 *documents or other evidentiary matter, not privileged or protected from disclosure, on which*
23 *such computation is based, including materials bearing on the nature and extent of injuries*
24 *suffered:*

25 A. **MEDICAL DAMAGES:**

PROVIDER	AMOUNT
Jon Sorelle, M.D. The Minimally Invasive Hand Institute	\$ 2,625.00
Steinberg Diagnostics	\$ 2,605.00
UMC – Quick Care	\$ 7,783.56
Matt Smith Physical Therapy	\$ 3,235.00

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

Timothy J. Trainor, M.D. Advanced Orthopedic & Sports Medicine	\$ 181.00
John A. Thompson, M.D. Desert Oasis Clinic	\$ 250.00
Christopher Milford, M.D., P.C. Silver State Neurology	\$ 1,580.00
Edwin Suarez Physical Therapy	\$ 670.00
Southern Nevada Pain Center	\$ 680.00
Leo Germin, M.D. Clinical Neurology Specialists	\$ 2,510.00
Andrew Cash, M.D. Desert Institute of Spine Care	\$ 3,034.42
Lee Wittenberg, DPM Apache Foot & Ankle	\$ 310.00
Suresh Prahbu, M.D. Ascent Primary Care	\$ 270.00
Thomas Dunn, M.D. Desert Orthopaedic Center	\$ 1,640.00
Yakov Shaposhnikov, M.D. Gastrointestinal and Liver Diseases	\$ 828.00
Enrique Lacayo, M.D.	\$ 175.00
Nanjunda Subramanyam, M.D. Nevada Heart and Vascular Center	\$ 1,440.00
Scott Manthei, M.D. Nevada Eye and Ear	\$ 750.00
Tyree Carr, M.D. Nevada Institute of Ophthalmology	\$ 790.00
Las Vegas Radiology	\$ 3,300.00
Open Sided MRI of Las Vegas	\$ 3,290.00
TOTAL	\$ 37,946.98

Plaintiff has also suffered loss of enjoyment of life due to ongoing pain, in an amount to be proved at trial.

Pursuant to NRC 161(a) (1) (D), for inspection and copying as under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment and any disclaimer or limitation of coverage or reservation of rights under any such insurance agreement:

DATED this 14th day of July, 2015.

/s/ Christian Morris

BRIAN D. NETTLES, ESQ.
Nevada Bar No. 7462
CHRISTIAN M. MORRIS, ESQ.
Nevada Bar No. 11218
1389 Galleria Drive, Suite 200
Henderson, Nevada 89014
Attorneys for Plaintiff

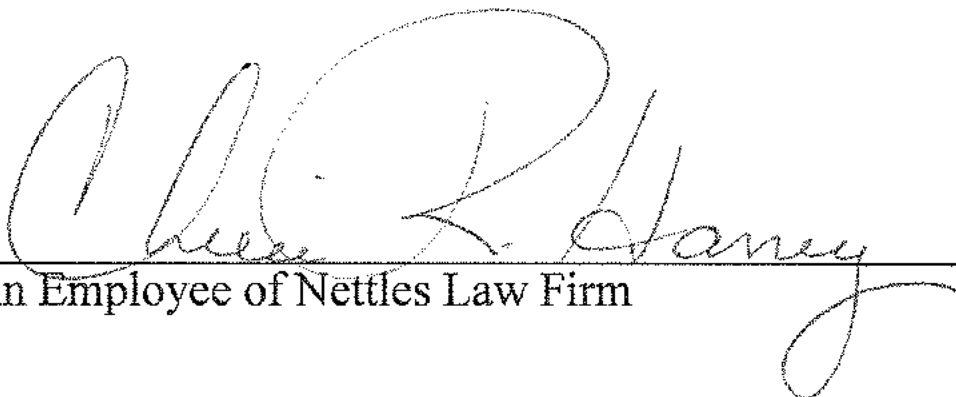
NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

CERTIFICATE OF SERVICE

Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this 14th day of July, 2015, I served the foregoing *Plaintiff's Fourth Supplement To Initial Disclosures* to the following parties by electronic transmission through the Wiznet system:

Lawrence J. Semenza, III, Esq.
Christopher D. Kircher, Esq.
Lawrence J. Semenza, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
(702) 835-6803
Fax: (702) 920-8669
Attorneys for Defendant
Wynn Las Vegas, LLC dba
Wynn Las Vegas


An Employee of Nettles Law Firm

06/10/2015 12:51

(FAX)

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Brian D. Nettles, Esq.

Christian M. Morris, Esq.*

*Also licensed in California and New Jersey



William R. Killip, Jr., Esq.

Joel S. Hengstler, Esq.

Janice L. Madrid, J.D.

Exclusively representing injured victims and their families.

June 10, 2015

Via facsimile Only: 731-0741
(702) 697-7202****URGENT REQUEST****

Thomas Dunn, M.D.
Desert Orthopaedic Center
2930 W. Horizon Ridge Pkwy., #100
Henderson, NV 89052
Attention: Records & Billing Dept.

Re: My client : Yvonne O'Connell
DOB : 8/18/1951
Date of Loss : 2/8/2010
Dates of Service : 06-16-14 to 10-13-14

Dear Sir or Madam:

This firm represents Yvonne O'Connell for damages arising from personal injuries sustained in the above-referenced accident.

Our records indicate that we received the medical records for Ms. O'Connell's treatment at your facility but we have not yet received the itemized billing statement. This itemized billing must be submitted in this case no later than Friday, June 12, 2015. Would you kindly "fax" to our office the complete itemized billing for the above referenced dates of service, to include any amounts paid as soon as conveniently possible so that we may submit the same by or before our deadline of June 12, 2015. I have enclosed a fully executed authorization by our client permitting us to obtain this information.

Also, to avoid an appearance in court at the time of trial herein, please sign the enclosed Certificates of Custodian of Medical and Billing Records and attach the same to the copies so they may be admitted into court.

I apologize for this last minute request, however your assistance in this matter is greatly appreciated. In the interim should you have any questions, do not hesitate to contact me.

Sincerely yours,
NETTLES LAW FIRM

Michelle Haney
MH/ch

Thank you!

www.nettleslawfirm.com
1388 GALLERIA DR. STE. 200 • HENDERSON, NV 89014
O. 702.434.8282 F. 702.434.1488

06/10/2015 12:52

(FAX)

P.002/003

NETTLES LAW FIRM1389 Galleria Drive, Suite 200
Henderson, Nevada 89014

Telephone: (702) 434.8282

Facsimile: (702) 434.1488

AUTHORIZATION FOR MEDICAL AND EMPLOYMENT INFORMATION
(HIPAA Compliant)TO: THOMAS DUNN, M.D. - DESERT ORTHOPAEDIC CENTER

This is to authorize, for use and disclosure, my physician, hospital, medical attendant, pharmacist, pharmacy, employer or others to furnish my attorneys, Nettles Law Firm, and my attorneys' representatives and/or medical consultants, upon presentation of this authorization, whether an original or a copy, any and all information or opinions they may request regarding the undersigned's physical condition and treatment rendered therefore, and/or employment records, and to allow them to see or copy any records, including diagnostic testing, pharmaceutical records, and all itemized billing in your possession regarding the undersigned's condition or treatment, with the understanding that this is protected health information regarding myself. My said attorneys have been retained by the undersigned to prosecute a claim against the insurance carrier or others for injuries sustained and your full cooperation with my attorneys is respectfully requested.

I understand that the information used or disclosed may be subject to re-disclosure by the person, class of persons and/or facility receiving such, and would then no longer be protected by federal privacy regulations. I further understand that the records may include information about mental health, substance abuse/treatment records and HIV/AIDS testing or treatment.

I may revoke this Authorization by notifying the above office in writing of my desire to revoke such. However, I understand that any action already taken in reliance on this Authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this Authorization is furnished may not condition its treatment of me on whether not I sign the Authorization.

You are further requested to disclose no information to any insurance representative or other persons without written authority from me to do so (pursuant to privileged and confidential communications statutes, codes and/or regulations). All authorizations previously given are hereby canceled and withdrawn. I hereby waive any privileges and confidentiality to my attorneys.

This Authorization expires within two (2) years of the date hereof, OR upon the resolution of the matter that underlies this Authorization.

YVONNE O'CONNELL
PRINTED NAME

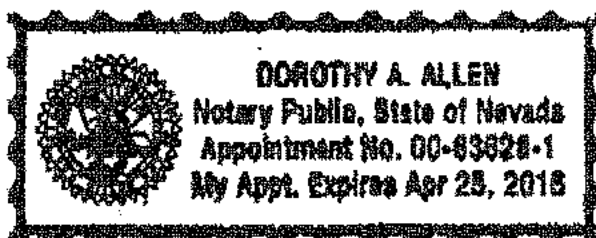
Yvonne O'Connell
SIGNATURE

6-10-15
DATE

08/18/1951
DATE OF BIRTH

Dorothy A. Allen
NOTARY PUBLIC STATE OF NEVADA
COUNTY OF CLARK

6-16-14 to 10-13-14
DATES OF SERVICE



www.nettleslawfirm.com

CERTIFICATE OF CUSTODIAN OF BILLING RECORDS

Under penalty of perjury, the undersigned deposes and says:

1. That the deponent is the Custodian of Billing Records of Thomas Dunn, M.D. and in such capacity is the custodian of the billing records of the office or institution.
2. That the deponent has examined the original of the billing records of Yvonne O'Connell and has made a true and exact copy thereof; that the reproduction of said billing records attached hereto is true and correct.
3. That the originals of those records were made at or near the time of the acts, events, conditions, opinions and diagnosis recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of the deponent or the office or institution in which the deponent is engaged.

STATE OF _____)
) ss.
COUNTY OF _____)

On this _____ day of _____, 2015, then and there personally appeared before me, the undersigned, a Notary Public in and for said County, State and Country, known to me to be the person described in and who executed the foregoing instrument and who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

NOTARY PUBLIC

Transaction Search Results

Account: Yvonne Louise O'Connell, 2742716					Demographics Transactions Eligibility			
P Bal	I Bal	W Bal	C Bal	Total	Appointments	Documents	Comments	Referrals
.00	17.77	.00	.00	17.77				
					New Search Cancel Help			

Search criteria: DOC; Account: 2742716; Date of Service: Ending 10/14/2014; All; Payer Status: All; Pymt Status: All; Summary; Sort by: Date of Service, Ascending; Separate Open and Paid; Exclude Corrections, ATR0;

Change Search

Transactions

Charge #	Date	Patient	Prov	POS	Trans/Mod	Pri Dx	Amount	P/A Total	Due	Due From	Set/Hist	Cur C
<u>2725704</u>	06/16/2014	Yvonne	70	4	99245	7243	452.00	<u>452.00</u>	.00	/PS	1/1	
<u>2725705</u>	06/16/2014	Yvonne	70	4	72114	7243	220.00	<u>220.00</u>	.00	/PS	1/1	
<u>2725706</u>	06/16/2014	Yvonne	70	4	72050	7234	180.00	<u>180.00</u>	.00	/PS	1/1	
<u>2740572</u>	07/14/2014	Yvonne	70	4	99214	7224	161.00	<u>161.00</u>	.00	2693/IB	1/1	08/19/
<u>2758377</u>	08/13/2014	Yvonne	40	4	73562/RT	8360	109.00	<u>109.00</u>	.00	/PS	1/8	
<u>2758378</u>	08/13/2014	Yvonne	40	4	73510/RT	8360	141.00	<u>141.00</u>	.00	/PS	1/8	
<u>2758379</u>	08/13/2014	Yvonne	40	4	99213	7243	108.00	<u>108.00</u>	.00	/PS	1/8	
<u>2775083</u>	09/10/2014	Yvonne	40	4	99213	8360	108.00	<u>108.00</u>	.00	/PS	1/8	
<u>2794782</u>	10/13/2014	Yvonne	70	4	99214	7224	161.00	<u>161.00</u>	.00	2693/IB	1/8	11/18/
Totals							1640.00	1640.00	.00			

9 matches found

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

05/11/2015 - Office Visit: 15th Room, Complete

Provider: Craig T Tingey MD

Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

Chief Complaint Bilateral knee pain.

History of Present Illness

Referred by: Thomas Dunn

Previous Studies: X-rays, MRI

Yvonne Louise O'Connell is a 63 year old female who comes in for a new problem today. The patient is retired. She presents for evaluation of bilateral knee pain after a slip/fall injury. Her symptoms have been present for 5 years. Her injury occurred on 2/08/2010, when walking she slipped on a liquid and fell backwards. She states she twisted to the right with parts of her body striking a raised divider. This happened on the Las Vegas Strip. Her pain was immediate. She describes the pain as being specifically located in the anterior and medial region of her knees. She has pain when twisting, going from sitting to standing, or climbing stairs. She experiences locking and swelling in the knees. She has undergone physical therapy without improvement. Patient denies any past problems to her knees before the slip and fall in 2010. Other physicians the patient has seen for this problem include another Dr. Andrew Martin. Previous studies performed to evaluate this condition include X-rays and MRI's done at Las Vegas radiology.

She describes her pain as sore, sharp, throbbing, stabbing and severe. Her pain is worse with activities, and since acknowledging the onset, her pain level has worsened. On a scale of 0-10, with 0 being no pain and 10 being the worst pain imaginable, her pain level today is a 10. She is also experiencing clicking, instability, locking, catching, snapping/popping, swelling, pain with sports/activities, radiating pain, and daytime pain with rest. Her symptoms are worse when driving, squatting, kneeling, bending lying supine, lifting, standing from sitting, when twisting the knees, and walking up and down steps.

Treatments tried previously to relieve symptoms include rest, elevation, physical therapy, assistive device, immobilization, and home exercise.

Allergies

ANTIBIOTICS (Moderate)

Medications

CVS OMEGA-3 CAPS (FLAX OIL-FISH OIL-BORAGE OIL)
A THRU Z ADVANCED TABS (MULTIPLE VITAMINS-MINERALS)
VITAMIN C

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Past Medical History

Past medical history noted by patient includes depression
She states she had a mini-stroke 2 days after the slip and fall.

Problems recorded as Dx. codes:

TEAR MEDIAL CARTILAGE OR MENISCUS KNEE CURRENT (ICD-836.0)
PAIN IN JOINT, LOWER LEG (ICD-719.46) (ICD10-M79.606)
SCIATICA (ICD-724.3) (ICD10-M54.30)
DEGEN LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC (ICD-722.52)
BRACHIAL NEURITIS OR RADICULITIS NOS (ICD-723.4) (ICD10-M54.13)
DEGENERATION OF CERVICAL INTERVERTEBRAL DISC (ICD-722.4) (ICD10-M50.30)

Information obtained by patient via web portal: depression, neuropathy, stroke, Mini-stroke after accident, not stroke. Other immediate injuries and pain, head and neck, back to foot, right buttocks, hip, down leg still hurt, arms and hands.

Past Surgical History

Patient denies any problems related to previous surgery
Information obtained by patient via web portal: removal of wisdom teeth, removal of tonsils, Breast biopsy. Okay.

Family Medical History

There is a reported family history of cancer
Mother (biol.): Deceased
Father (biol.): Cancer; Deceased
Information obtained by patient via web portal: diabetes, cancer

Social History

Tobacco use: never smoker
Alcohol Use: (occasional (weekly 1-6 drinks))
Does patient live alone: yes
Drug Use: (no)

Marital Status: widowed
Number of children: none
Occupation: retired
Work Status: retired

Review of Systems

General: none
Cardiovascular: murmur
Respiratory: cough
Ears/Nose/Throat: dizziness
Gastrointestinal: nausea, abdominal pain
Skin: none
Neurologic: weakness, numbness, headache
Genitourinary: night time urination
Endocrine: cold intolerance

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Heme/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: none

Psychiatric: anxiety, depression, difficulty sleeping

Musculoskeletal: stiffness, joint pain or swelling, back pain, weakness, muscle cramping, arthritis

Possibly Pregnant: no

Pregnant: no

Infectious Diseases None

Physical Exam

Vital Signs

Height: 64 in Weight: 155 lb Pulse rate: 65 Rhythm: regular

BP: 137/83 **Possibly Pregnant:** no

Pregnant: no

Body Mass Index: 26.70

Right Knee Exam

Inspection

Effusion: none

Pain/Tenderness:

medial joint line

Active Range of Motion

Flexion: 120°

Extension: 0

Stability

Lachman test: normal

Anterior drawer sign: normal

Medial/MCL: normal

Lateral/LCL: normal

Posterior drawer: normal

Ext Rotation Dial Test:

Left knee exam is symmetric

Magnetic Resonance Imaging * RIGHT KNEE* was performed on 08/29/2014

Tear of the posterior horn of the medial meniscus.

Magnetic Resonance Imaging * LEFT KNEE* was performed on 09/22/2014

Truncated appearance of the body and posterior horn of the medial and lateral menisci consistent with tears.

Right Knee X-ray

Radiographs of the right knee reviewed today reveal minimal joint-space narrowing.

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 4
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Impression

Bilateral knee meniscus tears

Plan

Explanation and reassurance were provided to the patient. I discussed a treatment plan in detail with patient. All of the patient's questions were answered. I discussed all treatment options including non-surgical and surgical interventions.

After discussion with the patient, I have recommended bilateral knee arthroscopy with partial medial meniscectomy of the right knee and partial medial and lateral meniscectomy of the left knee. She understands that surgery is not a guarantee for cure of her symptoms, and specifically arthroscopic surgery cannot cure arthritis. The patient would like to review their options and will contact us if they wish to move forward with the procedure.

Follow up

Patient will follow up for pre-operative visit.

Electronically Signed by Craig T Tingey MD on 05/11/2015 at 6:53 PM

Desert Orthopaedic Center2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900Page 1
Transcription**Yvonne Louise O'Connell**

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

05/09/2015 - Transcription: (P) DOC History and Review of Systems

Provider: Craig T Tingey MD

Location of Care: Desert Orthopaedic Center

DOC HISTORY AND REVIEW OF SYSTEMS	
GENERAL	
Visit due to injury	Yes
Visit due to injury (Yes) Injury description	Walking, slipped and fell backwards on liquid, twisted to the right, with parts of my body striking a raised divider before my head hit the ground. Immediate injuries and pain.
Visit due to injury (Yes) Injury	Slip or fall
Visit due to injury (Yes) Date of injury	Feb 8th 2010
Is injury/problem on the right or left side of the body?	Left
Length of symptoms	1-12 Years
Length of symptoms (1-12 Years) Years	5
Previous procedure to treat chief complaint or problem	No
Experiencing pain or discomfort due to your chief complaint or problem	Yes
Experiencing pain or discomfort due to your chief complaint or problem (Yes) Characteristics of pain or discomfort	Sore, Sharp, Throbbing, Stabbing
Experiencing pain or discomfort due to your chief complaint or problem (Yes) Intensity of pain or discomfort	Severe
Experiencing pain or discomfort due to your chief complaint or problem (Yes) Frequency of pain or discomfort	Worse with activities
Experiencing pain or discomfort due to your chief complaint or problem (Yes) Current level of pain or discomfort	
Experiencing pain or discomfort due to your chief complaint or problem (Yes) Average level of pain or discomfort	
Experiencing pain or discomfort due to your chief complaint or problem (Yes) Lowest level of pain or discomfort	
Experiencing pain or discomfort due to your chief complaint or problem (Yes) Highest level of pain or discomfort	
Experiencing pain or discomfort due to your chief complaint or problem (Yes) Level of pain or discomfort as compared to originally noticing the problem	Worsened
Pharmacy	Tricare, CVS?
Appointment today to remove the following	No
Procedures undergone related to the chief	X-rays, MRI

DOC History and Review of Systems

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
 (702)731-1616 Fax: (702)734-4900

Page 2
 Transcription

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

complaint or problem	
Seen another physician for this problem	Yes
Seen another physician for this problem (Yes) Other physician seen	another orthopaedic surgeon
Tried treatments for this problem	Yes
Tried treatments for this problem (Yes) Treatments tried	Rest, Elevation, Physical therapy, Assistive device, Immobilization, Home exercise
SOCIAL HISTORY	
Work status and occupation	Retired
Marital status	Widowed
Live alone	Yes
Children	None
Tobacco use	Never smoker
Alcohol	Occasional (weekly 1-6 drinks)
Recreational drug use	No
Currently pregnant	No
MEDICAL CONDITIONS	
Hx	
Alcohol abuse	No
Anemia	No
Asthma	No
Bleeding Disorder	No
Blood clots/DVT	No
Breastfeeding	No
Cancer	No
Cerebral Palsy	No
Chronic Bronchitis	No
COPD	No
Dementia	No
Depression	
Diabetes	No
Drug Abuse	No
Fracture/Broken Bone	No
Gout	No
Heart Disease	No
Hepatitis	No
High Blood Pressure	No
High Cholesterol	No
HIV/AIDS	No
Kidney Disease	No
Liver Disease	No
MRSA	No
Neuropathy	
Osteoarthritis	No
Osteoporosis	No
Pregnant	No
Pulmonary Embolism	No
Rheumatoid Arthritis	No
Scoliosis	No
Seizure Disorder	No

DOC History and Review of Systems

Desert Orthopaedic Center2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900Page 3
Transcription**Yvonne Louise O'Connell**

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Sickle Cell Trait/Disease	No
Stroke	
Thyroid Disorder	No
Other:	
Other: (Yes) Please specify "other" condition.	Mini-stroke after accident, not stroke. Other immediate injuries and pain, head and neck, back to foot, right buttocks, hip, down leg still hurt, arms and hands.
SURGICAL HISTORY	
Please indicate if you have had any of the following surgeries. If none apply, select "continue."	
Removal of Appendix	No
Removal of Lump from Breast	No
Breast Surgery	No
Brain Surgery	No
Removal of Wisdom Teeth	
Cosmetic Surgery	No
Tubes in Ears	No
Removal of Gall Bladder	No
Removal of Cataract from eye	No
Hernia Repair	No
Hemorrhoidectomy	No
Lasik Eye Surgery	No
Heart Surgery	No
Pacemaker Placement	No
Gastric Surgery	No
Colon Surgery	No
Kidney Stone Removal	No
Removal of Tonsils	
Removal of Tonsils and Adenoids	No
Thyroid Surgery	No
Female Surgery - Tubes Tied	No
Female Surgery - Dilation & Curettage	No
Female Surgery - Hysterectomy	No
Female Surgery - Cesarean Section	No
Male Surgery - Vasectomy	No
Male Surgery - Prostate Surgery	No
Other	
Other (Yes) Please specify "other" surgery.	Breast biopsy. Okay.
FAMILY HISTORY	
Please let us know if you have or have had immediate family (parents, siblings, or children) with any of the following conditions. Please check all that apply. If none apply, select "continue."	
Bleeding disorders	No
Cancer	
Connective tissue disorder	No
Diabetes	

DOC History and Review of Systems

Desert Orthopaedic Center

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Page 4
 Transcription

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Heart disease	No
Muscular dystrophy	No
Rheumatoid arthritis	No
REVIEW OF SYSTEMS	
Please indicate if you currently have any of the following conditions. Select all that apply. If none apply, select "None."	
Fever	No
Chills	No
Fatigue	No
Weight gain	No
Weight loss	No
Sweating	No
None	
Eye symptoms. Select all that apply. If none apply, select "None."	
Discharge	No
Irritation	No
Light sensitivity	
Pain	
Vision change	
None	No
Ears, Nose, Throat symptoms. Select all that apply. If none apply, select "None."	
Impaired hearing	No
Nosebleeds	No
Sneezing	No
Dizziness	
None	No
Cardiovascular symptoms. Select all that apply. If none apply, select "None."	
Fainting	No
Ankle swelling	No
Leg swelling	No
Shortness of breath with exercise	No
Murmur	
None	No
Respiratory symptoms. Select all that apply. If none apply, select "None."	
Cough	
Cold	No
Wheezing	No
Painful breathing	No
Tuberculosis	No
Asthma	No
None	No
Digestive symptoms. Select all that apply. If none apply, select "None."	
Nausea	
Vomiting	No
Changes in bowel movements	No

DOC History and Review of Systems

Desert Orthopaedic Center

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 Transcription

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Blood in stool	No
Black stool	No
Hemorrhoids	No
Diarrhea	No
Ulcer	No
Heartburn	No
Painful bowel movements	No
Abdominal pain	
None	No
Musculoskeletal symptoms. Select all that apply. If none apply, select "None."	
Stiffness	
Joint pain or swelling	
Back pain	
Weakness	
Muscle cramping	
Arthritis	
Fracture	No
Sprain	No
None	No
Urinary symptoms. Select all that apply. If none apply, select "None."	
Loss of urine	No
Frequent urination	No
Painful urination	No
Blood in urine	No
Kidney stones	No
Night time urination	
None	No
Endocrine symptoms. Select all that apply. If none apply, select "None."	
Cold intolerance	
Heat intolerance	No
Weight change	No
Excessive urination	No
Diabetes	No
Fatigue	No
Thyroid problems	No
None	No
Blood/Lymphatic symptoms. Select all that apply. If none apply, select "None."	
Slow healing cuts	No
Anemia	No
Abnormal bruising	No
Bleeding	No
Enlarged lymph nodes	No
None	No
Allergic/Immunologic symptoms. Select all that apply. If none apply, select "None."	
Hives	No
Persistent infections	No

DOC History and Review of Systems

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
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Transcription

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

HIV exposure	No
Past blood transfusion	No
None	
Skin symptoms. Select all that apply. If none apply, select "None."	
Changing moles	No
Rash	No
Itching	No
Dryness	No
Yellowing of skin	No
Hives	No
Discoloration	No
None	
Emotional symptoms. Select all that apply. If none apply, select "None."	
Anxiety	
Depression	
Tension	No
Memory loss	No
Difficulty sleeping	
None	No
Neurologic symptoms. Select all that apply. If none apply, select "None."	
Weakness	
Numbness	
Temporary paralysis	No
Fainting	No
Seizures	No
Stroke	No
Blackout	No
Headache	
Tremor	No
Slurred speech	No
None	No

Electronically Signed by Lisa M Henry on 05/11/2015 at 3:00 PM

DOC History and Review of Systems

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
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Page 1
 Lab Report

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

05/09/2015 - Lab Report: (P) DOC History and Review of Systems

Provider: Craig T Tingey MD

Location of Care: Desert Orthopaedic Center

Patient: YVONNE LOUISE O'CONNELL

ID: OBERD 4026785

Note: All result statuses are Final unless otherwise noted.

Tests: (1) DOC History and Review of Systems (7_27168667)

WORK STATUS	retired
WKRELINJURY	<No Reported Value>
HPISPORTMED	<No Reported Value>
HX FALLS	yes
ACCT TYPE	<No Reported Value>
TRAINERNAME	<No Reported Value>
DO SPORTS	<No Reported Value>
DATEOFINJURY	Feb 8th 2010
PAINSIDE	left
MECHANISM	"Result Below..."

RESULT: Walking, slipped and fell backwards on liquid, twisted to the right, with parts of my body striking a raised divider before my head hit the ground. Immediate injuries and pain.

ACTIVITYASSM	<No Reported Value>
PAIN DURATIO	year
HPI DURATION	5
NOPAIN	<No Reported Value>
HPI QUALITY	"Result Below..."

RESULT: sore, sharp, throbbing, stabbing

PREVTRTMNTRC	<No Reported Value>
DATEOFSURG	<No Reported Value>
PAINPOSTOP	<No Reported Value>
REMOVALOF	<No Reported Value>
PREV STUDIES	X-rays, MRI
HPI SEVERITY	severe
HPI TIMING	"Result Below..."

RESULT: worse with activities

PAINASSESMNT	10
AVERAGE PAIN	5
PAINBEST	1
PAINWORST	10
PAIN STATUS	worsened
OTHRMD#1 NAM	"Result Below..."

RESULT: another orthopaedic surgeon

COM PT	"Result Below..."
--------	-------------------

RESULT: rest, elevation, physical therapy, assistive device, immobilization, home exercise

PHARM NAME	Tricare, CVS?
SCHOOL	<No Reported Value>
OCCUPATION#1	<No Reported Value>
PREGNANT	no
MARITAL STAT	widowed
LIVE ALONE	yes
# CHILDREN	none
SMOK STATUS	never smoker
SMKYRSTRT	<No Reported Value>

Desert Orthopaedic Center2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900Page 2
Lab Report**Yvonne Louise O'Connell**

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

CIGARET SMK	<No Reported Value>
CIGAR USE	<No Reported Value>
ORALTOBACUSE	<No Reported Value>
SMOK HX PFD	<No Reported Value>
CIGARS WEEK	<No Reported Value>
ORAL TOBAC/D	<No Reported Value>
SMOK YR Q	<No Reported Value>
HX CIGARETTE	<No Reported Value>
ETOH ABUSE	"Result Below..."
RESULT: occasional (weekly 1-6 drinks)	
DRUG USE	no
DRUGAB HOW	<No Reported Value>
LSTDUGUSE	<No Reported Value>
DRUGAB WHAT	<No Reported Value>
DEP PMH	"Result Below..."
RESULT: depression, neuropathy, stroke, Mini-stroke after accident, not stroke. Other immediate injuries and pain, head and neck, back to foot, right buttocks, hip, down leg still hurt, arms and hands.	
DEP SURGERY	"Result Below..."
RESULT: removal of wisdom teeth, removal of tonsils, Breast biopsy.	

Okay.

FH COMMENTS	<No Reported Value>
DEP FAM PMH	diabetes, cancer
ROS:GENERAL	none
ROS EYES	"Result Below..."
RESULT: light sensitivity, pain, vision change	
ROS ENT	dizziness
ROS: CARDIAC	murmur
ROS:PULMON	cough
ROS: GI	"Result Below..."
RESULT: nausea, abdominal pain	
ROS:MUSCSKEL	"Result Below..."
RESULT: stiffness, joint pain or swelling, back pain, weakness, muscle cramping, arthritis	
ROS: GU	"Result Below..."
RESULT: night time urination	
ROS ENDO	cold intolerance
ROS HEME	<No Reported Value>
ROS ALLERG	none
ROS SKIN	none
ROS: PSYCH	"Result Below..."
RESULT: anxiety, depression, difficulty sleeping	
ROS: NEURO	"Result Below..."
RESULT: weakness, numbness, headache	
SPORT LEVEL	<No Reported Value>
SURGOUTCOME	<No Reported Value>

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 05/10/2015 12:46 AM

(1) Order result status: Preliminary

Collection or observation date-time: 05/09/2015 23:40:09

Requested date-time: 05/10/2015 02:46:02

Receipt date-time: 05/09/2015 23:40:09

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Lab Report

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Reported date-time:
Referring Physician:
Ordering Physician:
Specimen Source:
Source: OBERD
Filler Order Number: 198556-2854001
Lab site:

The following tests had no related values for dispersal to the flowsheet:

MLI-91192, [No Value Reported], (F)
MLI-137094, [No Value Reported], (F)
MLI-36127, [No Value Reported], (F)
MLI-113812, [No Value Reported], (F)
MLI-31798.21, [No Value Reported], (F)
MLI-53484, [No Value Reported], (F)
MLI-161429, [No Value Reported], (F)
MLI-153254, [No Value Reported], (F)
MLI-4003.38, [No Value Reported], (F)
MLI-161426, [No Value Reported], (F)
MLI-161428, [No Value Reported], (F)
LOC-200211, [No Value Reported], (F)
LOC-360035, [No Value Reported], (F)
MLI-161453, [No Value Reported], (F)
SNO-S-32030, [No Value Reported], (F)
SNO-S-32020, [No Value Reported], (F)
SNO-S-32060, [No Value Reported], (F)
AS4-2000.31, [No Value Reported], (F)
MLI-43531, [No Value Reported], (F)
MLI-16032, [No Value Reported], (F)
RHS-11, [No Value Reported], (F)
MLI-16025, [No Value Reported], (F)
MLI-156242, [No Value Reported], (F)
MLI-27580, [No Value Reported], (F)
MLI-156243, [No Value Reported], (F)
MLI-18874, [No Value Reported], (F)
MLI-4398.95, [No Value Reported], (F)
MLI-67111, [No Value Reported], (F)
MLI-161427, [No Value Reported], (F)

The following non-numeric lab results were dispersed to
the flowsheet even though numeric results were expected:

MLI-111197.2, none

Electronically Signed by Lisa M Henry on 05/11/2015 at 3:00 PM

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
 (702)731-1616 Fax: (702)734-4900

Page 1
 Transcription

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

05/08/2015 - Transcription: (P) DOC History of Present Illness

Provider: Craig T Tingey MD

Location of Care: Desert Orthopaedic Center

PATIENT HISTORY OF PRESENT ILLNESS	
CHIEF COMPLAINT	
Current problem	Knee
Knee	
What is your specific location of pain in your knee?	Anterior (in front of, towards the front of the body)
What other symptoms are you experiencing in your knee?	Clicking, Instability, Locking, Catching, Snapping/popping, Swelling, Pain with sports/activities, Radiating pain (radiating or spreading from a common point)
Is your problem in your knee related to a prior injury?	Yes
Additional knee complaints	Yes
Additional knee complaints (Yes)Additional knee complaint	Both knees were injured in the same accident. I must move carefully, straight and not twist. Knees hurt when I sit and get up, and climb up and down my stairs. If I move wrong, my knees hurt so much that I can't walk until I rest and let the pain subside. Knees (and leg) give out on me. They hurt at night if I don't move and position them carefully. Pain is also on the side.

Electronically Signed by Lisa M Henry on 05/11/2015 at 3:00 PM

DOC History of Present Illness

Desert Orthopaedic Center2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900Page 1
Lab Report**Yvonne Louise O'Connell**

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

05/08/2015 - Lab Report: (P) DOC History of Present Illness**Provider: Craig T Tingey MD****Location of Care: Desert Orthopaedic Center**

Patient: YVONNE LOUISE O'CONNELL

ID: OBERD 4026785

Note: All result statuses are Final unless otherwise noted.

Tests: (1) DOC History of Present Illness (7 27168665)

CHIEF CMPL#4 "Result Below..."

RESULT: anterior, clicking, instability, locking, catching, snapping/popping, swelling, pain with sports/activities, radiating pain, Both knees were injured in the same accident. I must move carefully, straight and not twist. Knees hurt when I sit and get up, and climb up and down my stairs. If I move wrong, my knees hurt so much that I can't walk until I rest and let the pain subside. Knees (and leg) give out on me. They hurt at night if I don't move and position them carefully. Pain is also on the side.

HANDEDNESS	<No Reported Value>
PRIORINJ	yes
PMH DISCLOC	<No Reported Value>
REDUCEDBY	<No Reported Value>
NUMDISLOC	<No Reported Value>
LOCDISLOC	<No Reported Value>
PAINRADIATIO	<No Reported Value>
PAINRADTO	<No Reported Value>
PMHNECKSURG	<No Reported Value>
PMH HIP SURG	<No Reported Value>
DIGITPAIN	<No Reported Value>
OTHERPAIN	<No Reported Value>

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 05/09/2015 11:42 PM

(1) Order result status: Preliminary

Collection or observation date-time: 05/08/2015 14:08:14

Requested date-time: 05/10/2015 01:42:02

Receipt date-time: 05/08/2015 14:08:14

Reported date-time:

Referring Physician:

Ordering Physician:

Specimen Source:

Source: OBERD

Filler Order Number: 198556-2854001

Lab site:

The following tests had no related values for dispersal to the flowsheet:

MAY-1319, [No Value Reported], (F)
MLI-124599, [No Value Reported], (F)
MLI-246936, [No Value Reported], (F)

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

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Lab Report

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

MLI-246937, [No Value Reported], (F)
MLI-246935, [No Value Reported], (F)
MLI-125444, [No Value Reported], (F)
MLI-247443, [No Value Reported], (F)
MLI-29737, [No Value Reported], (F)
MLI-14337, [No Value Reported], (F)
MLI-246939, [No Value Reported], (F)
MLI-161421, [No Value Reported], (F)

Electronically Signed by Lisa M Henry on 05/11/2015 at 3:00 PM

CMF
OPENSIDED MRI OF LAS VEGAS
PO BOX 505244
ST LOUIS MO 63150-5224
PHONE#: 877/411-8753
TAX ID#: 54-1783059

***** S P E C I A L S T A T E M E N T *****
RESPONSIBLE PARTY: -----

YVONNE OCONNELL
8764 CAPTAINS PLACE
LAS VEGAS NV 89117

DATE...: 07-01-15
ACCOUNT BALANCE: 0.00
SELPAY BALANCE: 0.00

PATIENT NAME: ----- ACCOUNT NO. -----
YVONNE OCONNELL 2820-81149.1

PLACE OF SERVICE: ----- REFERRING DOCTOR: -----
OPENSIDED OF LAS VEGAS THOMAS DUNN

DATE	QTY	CODE	SITE	DESCRIPTION	CHARGES
06-27-14	1	72148	O	MRI L-SPINE	1645.00
06-27-14	1	72141	O	DR: SCOTT C CHANG, MD MRI C-SPINE	1645.00
08-11-14	1	2251	P	DR: SCOTT C CHANG, MD TRICARE PAYMENT	-385.17
08-11-14	1	2299	P	DR: SCOTT C CHANG, MD CHAMPUS LIMIT OF ALLOWANCE	-2776.44
01-06-15	1	0101	P	DR: SCOTT C CHANG, MD SELF PAY	-128.39
** ENCOUNTER TOTAL					0.00

----- BALANCE: 0.00 -----



630 S. Rancho, Suite G
Las Vegas, Nevada 89106
(702) 932-2740 • Fax (702) 932-2739
www.osimri.com

Patient: OCONNELL YVONNE
X-Ray #: 10006581
DOB: 08/18/1951
Outside Mrno: F00R24152PMI2M
Referring Doctor: THOMAS DUNN MD

Exam Date: 06/27/2014
Accession #: 10006774

PROCEDURE: MRI L-SPINE WITHOUT CONTRAST

3
72148 724.2

EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: History of injury to lower back 2/8/2010. Low back pain radiating into both legs.

COMPARISON: None

TECHNIQUE: The following sequences were performed on a open Tesla magnet: Sagittal T1 and T2. Axial T2.

FINDINGS: There is no acute fracture or pathologic osseous lesions. There is disc desiccation extending from L2/L3-L5/S1. Severe disc height loss at L3/L4. Mild disc height loss at L4/L5. Moderate to severe disc height loss at L5/S1.

The conus medullaris terminates at inferior L1. No evidence of obvious abnormal cord signal or a cord mass.

L1/L2: Normal.

L2/L3: Minimal posterior disc bulge. No central canal or neuroforaminal stenosis.

L3/L4: Mild bilateral paracentral and foraminal disc bulge. However, there is no central canal or significant neuroforaminal stenosis.

L4/L5: Mild bilateral paracentral and left foraminal disc bulge. No central canal stenosis. Mild left neuroforaminal narrowing.

L5/S1: No significant posterior disc bulge. There is no central canal or neuroforaminal stenosis.

IMPRESSION:

1. No acute fracture.
2. Mild left neuroforaminal stenosis at L4/L5.
3. There is no central canal stenosis of the lumbar spine.

Dictated By: Scott Chang M.D. at 2014-06-28 07:59

Electronically Signed By: Scott Chang M.D. at 2014-06-28 08:01

Professionally interpreted by Radiology Associates of Nevada



630 S. Rancho, Suite G
Las Vegas, Nevada 89106
(702) 932-2740 • Fax (702) 932-2739
www.osmri.com

Patient: OCONNELL YVONNE
X-Ray #: 10006581
DOB: 08/18/1951
Outside Mrno: F00R24152PMT2M
Referring Doctor: THOMAS DUNN MD

Exam Date: 06/27/2014
Accession #: 10008773

PROCEDURE: MRI C-SPINE WITHOUT CONTRAST

4

72141 723.1

EXAMINATION: MRI CERVICAL SPINE WITHOUT CONTRAST

HISTORY: History of injury 2010. Neck pain radiating down to both upper extremities.

COMPARISON: None

TECHNIQUE: The following sequences were performed on an open Tesla magnet: Sagittal T1 and T2. Axial T2.

FINDINGS: There is no acute fracture or pathologic osseous lesions. There is disc desiccation noted throughout the cervical spine. Disc height loss is seen extending from C3/C4-C6/C7. No prevertebral soft tissue swelling.

The cervical medullary junction is visualized. No herniation or evidence of abnormal cord signal.

C2/C3: No significant disc bulge. No canal or neuroforaminal stenosis.

C3/C4: There is mild posterior disc osteophyte formation. This causes mild central canal stenosis. There is no significant neuroforaminal narrowing.

C4/C5: There is mild posterior disc osteophyte formation. This causes mild central canal stenosis. There is severe bilateral neuroforaminal stenosis secondary to foraminal disc osteophyte formation and uncovertebral hypertrophy.

C5/C6: There is posterior disc osteophyte formation. This is more prominent along the right paracentral region where it measures approximately 4 mm in AP dimension. There is a moderate central canal stenosis. The central canal measures approximately 7 mm in AP dimension. There is severe bilateral neuroforaminal stenosis secondary to foraminal disc osteophyte formation and uncovertebral hypertrophy.

C6/C7: There is mild posterior disc osteophyte formation causing mild central canal stenosis. There is mild bilateral neuroforaminal stenosis secondary to foraminal disc osteophyte formation and uncovertebral hypertrophy.

C7/T1: Minimal posterior disc bulge. No central canal or neuroforaminal stenosis.

IMPRESSION:

1. Mild central canal stenosis at C3/C4.
2. Mild central canal stenosis at C4/C5 with severe bilateral neuroforaminal stenosis.
3. Moderate central canal stenosis at C5/C6 with severe bilateral neuroforaminal stenosis.
4. Mild central canal stenosis at C6/C7 with mild bilateral neuroforaminal stenosis.



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Patient: OCONNELL YVONNE
X-Ray #: 10006581
DOB: 08/18/1951
Outside Mrno: F00R24152PMI2M
Referring Doctor: THOMAS DUNN MD

Exam Date: 06/27/2014
Accession #: 10008773

PROCEDURE: MRI C-SPINE WITHOUT CONTRAST

Dictated By: Scott Chang M.D. at 2014-06-28 07:53

Electronically Signed By: Scott Chang M.D. at 2014-06-28 07:57

Professionally interpreted by Radiology Associates of Nevada

INCIDENT DATA

Date/Time Occurred: February 8 2010 14:40
Date/Time Created: February 8 2010 14:40
Secondary Operator: cpowell
Property: WLV Sec
Incident Status: Open
Created By: eslaubaugh
Location: Cartier
Sublocation:

Type: Medical
Specific: Non- Registered Guest
Category: Guest Injury
Details:

On 02/08/2010 at approximately 1435 hours, I, Security Officer Corey Prowell (employee #019063), responded to the Front Atrium (adjacent to Dior) in regards to a guest injury. Upon arrival I met with Public Area Manager Yanet Elias, who was assisting non guest Yvonne O'Connell.

Ms O'Connell stated while rounding the corner at the Front Atrium she slipped and fell into the indoor landscaping; after she recovered, she noticed a large liquid substance on the floor, appearing to be green in color. Ms O'Connell stated she had moderate to severe pain in her right shoulder, right ankle and right buttock. I was unable to observe Ms O'Connell's injuries due to restrictive clothing; however, I noticed Ms O'Connell appeared to have limited mobility in her right arm. When asked, Ms O'Connell declined further medical attention to include the assistance of paramedics.

Due to the apparent pain in her shoulder, I completed the guest injury report on her behalf of Ms O'Connell. Ms O'Connell reviewed and endorsed the completed document. Ms O'Connell declined to endorse the refusal of medical assistance form (attached) and further declined a wheelchair assist to her vehicle. After speaking with Ms O'Connell, she departed the scene under her own power.

I spoke with Manager Elias, who stated upon her arrival she noticed the liquid substance on the floor, she immediately assigned an attendant to clean up the area in order to prevent further incidents; the area was cleaned by Attendant Terry Ruby (employee #035821, statement attached). Upon my observation of the scene (after it was cleaned), I noticed no unsafe conditions (pictures attached).

Due to the position of the cameras during the incident, a video review was met with negative results.

Security Assistant Manager Eddie Hoang was notified of the incident.

Daily Log #: DL20100034078

Synopsis: Officer Prowell en route to South Entrance for report of a guest that slipped and fell inside between Cartier and Dior. Officer on scene 1424 hours.



Reporting Party

Supervisor

Printed: February 09, 2010

8:39

Page 1 of 3

JOINT STIPULATED EXHIBIT 0001

1 RA 129

PARTICIPANT DATA

Full Name: Ruby, Terry	Company: WLV Sec
Primary Role: Employee	Participant Type: Personnel
Secondary Role:	Taken From Scene: No
Police Contacted: No	Police Contacted Result:
Full Name: Elias, Yanet	Company: WLV Sec
Primary Role: Manager	Participant Type: Personnel
Secondary Role:	Taken From Scene: No
Police Contacted: No	Police Contacted Result:
Full Name: Hoang, Eddie	Company: WLV Sec
Primary Role: Notified	Participant Type: Personnel
Secondary Role:	Taken From Scene: No
Police Contacted: No	Police Contacted Result:
Full Name: Oconnell, Yvonne	Company:
Primary Role: Patron	Participant Type: Subject
Secondary Role:	Taken From Scene: No
Police Contacted: No	Police Contacted Result:
Address: 8764 Captains Place Las Vegas Nevada 89117 USA	
Contact Info: Tel: declined	

Reporting Party

Supervisor

List Of Attached Forms

Prefix	FormName
--------	----------

Reporting Party:

Supervisor

Printed: February 09, 2010

8:39

Page 3 of 3

JOINT STIPULATED EXHIBIT 0003

1 RA 131



**GUEST ACCIDENT
OR ILLNESS REPORT**
TO BE COMPLETED BY THE GUEST
please print

☐ Wynn
☐ Encore

OR: 2011 7 4

Name: John A. Smith Date of Birth: 11/11/1955

Room: 1012 Suite: 101 Zip: 02115

Company: ABC Corp Business Phone: 617 555 1234

Home Phone: 617 555 5678

Time of Accident: 2:15 PM Day: 7/4/11

Location: Room 1012

Did you examine the premises in the area of your accident? ☒ Yes ☐ No

If yes, what did you find that would be a contributing factor in your accident? Loose tile on floor

When do you consider the blame for the accident? The hotel

Why? They didn't clean the room properly

Why not? They were supposed to clean the room before we checked in

Names, addresses, and phone numbers of witnesses: None

Signature: John A. Smith Date: 7/4/11

Title:

Original Filename:

twain.jpg

Date Attached:

02/08/2010 04:49:25PM

Attached Size:

189,195





240 2152

GUEST REFUSAL OF MEDICAL ASSISTANCE

I, the undersigned, have been offered emergency medical services and understand that refusal of such care and/or transport to a hospital facility could result in death, or impair my health by increasing the opportunity for consequences or complications.

I refuse to accept emergency medical care and assume all risk and consequences resulting from my decision, and release Wynn Resorts and all personnel directly or indirectly involved in my care from any and all liability resulting from my refusal.

I was given the opportunity to ask the questions I felt necessary to provide this informed refusal.

The reason for this refusal is as follows: (to be completed by guest)

Name: _____ State: _____ DOB: _____

Address: _____

City: _____

Zip: _____

Witness: _____

Witness: _____

Time: _____ AM PM Day: _____

Refusal to Sign: _____

Title:

Original Filename:

twain.jpg

Date Attached:

02/08/2010 04:53:00PM

Attached Size:

154,240





LAS VEGAS

GUEST/EMPLOYEE
VOLUNTARY STATEMENTName Janet Elias
ID # 004878
Address 2209 E. Bonanza Rd.

SECURITY DEPARTMENT

DR # _____

Date _____

S M T W T F S

On Monday 2/8/10 around 2³⁰ pm, I receive a call per one paid employee is let me know that lady fell in the South entrance between Corridor and channel area. I go to see what happened and I see a lady stand-up close to the Garden area and a employee using a spill with a Sweeper Machine. I call the person working in this area and ask if she the spill and when she clean the area is nothing in this moment, she attend the call, to sweep. Person-up Bar left the area in a good condition, when I check the spill is something like syrup not to liquid. I call security because she want to make a report when security show up ask the lady what happened and she explained how she feel. Security offer to take her to the clinic to check is something serious because she said her arm is in pain. She decline the assistance tell the security officer maybe because is happen in this moment to feel as later she be OK. after she sign some paper she left.

Security Officer's Signature and ID # _____

Guest/Employee Signature _____

00-000 000



JOINT STIPULATED EXHIBIT 0006

RA 134



GUEST/EMPLOYEE VOLUNTARY STATEMENT

☐ Wynn
☐ Encore

Name: ERRY, M. P. SECURITY DEPARTMENT
ID #: 301 OR # 2154
Address: 101 Lander Ave Date: 4/4/10
City/State/Zip: Las Vegas NV 89119 S M T W T F S
Phone #: 702 2438 Email Address: _____
I was working the Bridway Casino during a
dark shift towards the South Entrance.
When I was approaching the South Entrance
I noticed a group of people (approx. 5) helping
a guest & that they were in the park.
I heard a security officer call out to the
group and to the help. I called the group and
they started singing. I noticed the group
was singing and there was a lot of noise.
I approached to see what was going on and
my supervisor called, I went back to
work.

Security Officer's Signature and ID # _____

Guest/Employee Signature _____

Wynn Encore

Title:

Original Filename:

twain.jpg

Date Attached:

02/08/2010 04:48:32PM

Attached Size:

215.902





Title:

Original Filename:

Date Attached:

Attached Size:

#2152-8.jpg

02/08/2010 04:15:04PM

643,197





Title:

Original Filename:

#2152-3.jpg

Date Attached:

02/08/2010 04:15:38PM

Attached Size:

675,640





Title:

Original Filename:

#2152-7.jpg

Date Attached:

02/08/2010 04:14:59PM

Attached Size:

625,636





Title:

Original Filename:

#2152-5.jpg

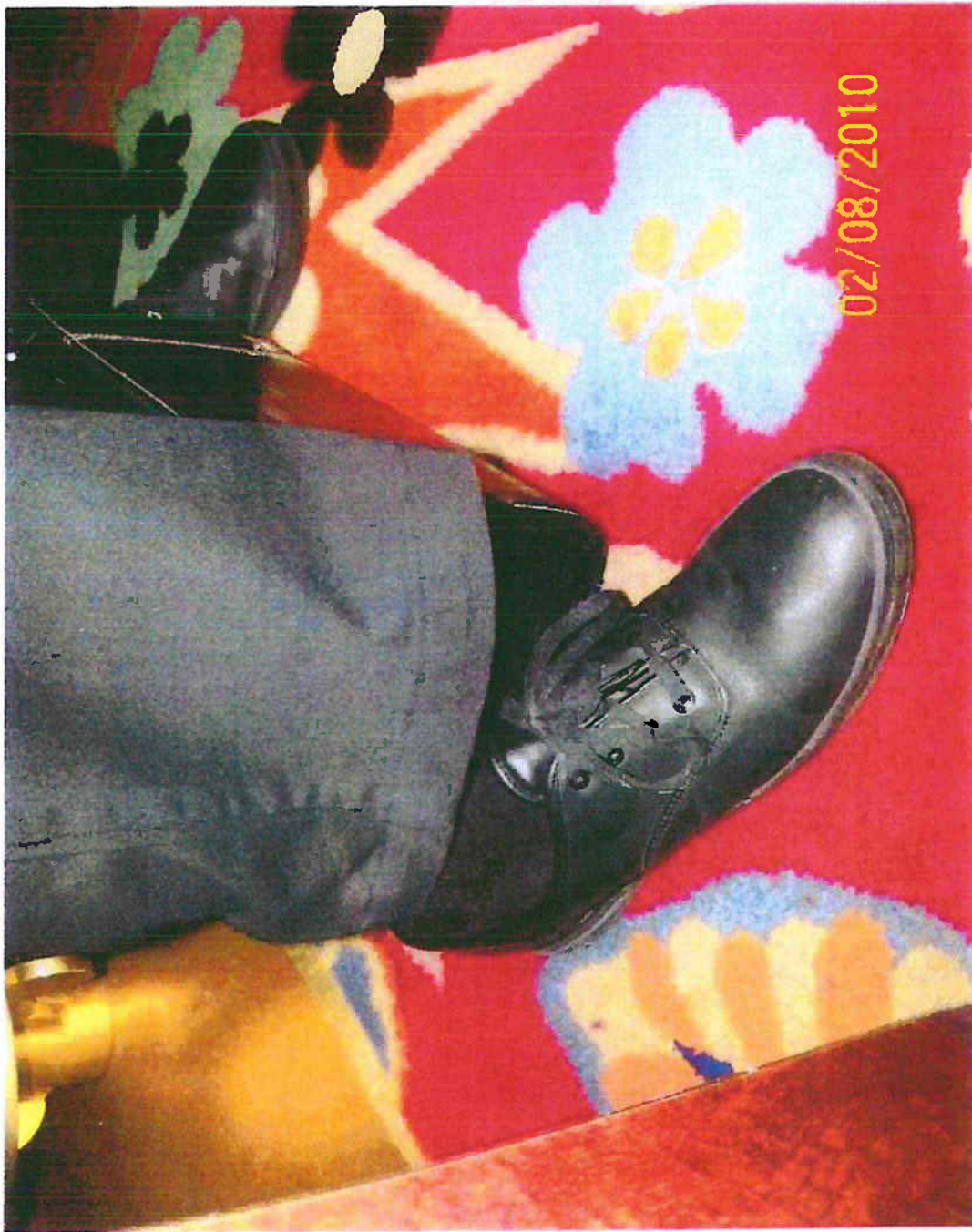
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02/08/2010 04:15:47PM

Attached Size:

703,998





Title:

Original Filename:

#2152-2.jpg

Date Attached:

02/08/2010 04:15:32PM

Attached Size:

905,613





Title:

Original Filename:

Date Attached:

Attached Size:

#2152-1.jpg

02/08/2010 04:15:11PM

813.532





Title:

Original Filename:

#2152-6.jpg

Date Attached:

02/08/2010 04:15:52PM

Attached Size:

634,470





Title:

Original Filename:

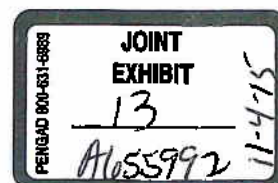
Date Attached:

Attached Size:

#2152-4.jpg

02/08/2010 04:15:43PM

645.698



INCIDENT DATA

Date/Time Occurred: February 8, 2010 14:40
Date/Time Created: February 8, 2010 14:40
Secondary Operator: cpowell
Property: WLV Sec
Incident Status: Open
Created By: eslabagh
Location: Cartier
Sublocation:
Type: Medical
Specific: Non- Registered Guest
Category: Guest Injury
Details:

On 02/08/2010 at approximately 1435 hours, I, Security Officer Corey Prowell (employee #019063), responded to the Front Atrium (adjacent to Dior) in regards to a guest injury. Upon arrival I met with Public Area Manager Yanet Elias, who was assisting non guest Yvonne O'Connell.

Ms O'Connell stated while rounding the corner at the Front Atrium she slipped and fell into the indoor landscaping; after she recovered, she noticed a large liquid substance on the floor, appearing to be green in color. Ms O'Connell stated she had moderate to severe pain in her right shoulder, right ankle and right buttock. I was unable to observe Ms O'Connell's injuries due to restrictive clothing; however, I noticed Ms O'Connell appeared to have limited mobility in her right arm. When asked, Ms O'Connell declined further medical attention, to include the assistance of paramedics.

Due to the apparent pain in her shoulder, I completed the guest injury report on her behalf of Ms O'Connell. Ms O'Connell reviewed and endorsed the completed document. Ms O'Connell declined to endorse the refusal of medical assistance form (attached) and further declined a wheelchair assist to her vehicle. After speaking with Ms O'Connell, she departed the scene under her own power.

I spoke with Manager Elias, who stated upon her arrival, she noticed the liquid substance on the floor; she immediately assigned an attendant to clean up the area in order to prevent further incidents; the area was cleaned by Attendant Terry Ruby (employee #035821, statement attached). Upon my observation of the scene (after it was cleaned), I noticed no unsafe conditions (pictures attached).

Due to the position of the cameras during the incident, a video review was met with negative results.

Security Assistant Manager Eddie Hoang was notified of the incident.

Daily Log #:

DL20100034078

Synopsis:

Officer Prowell en route to South Entrance for report of a guest that slipped and fell inside, between Cartier and Dior. Officer on scene 1424 hours.

Reporting Party:

Supervisor:

PARTICIPANT DATA

Full Name: Ruby, Terry
Primary Role: Employee
Secondary Role:
Police Contacted: No

Company: WLV Sec
Participant Type: Personnel
Taken From Scene: No
Police Contacted Result:

Full Name: Elias, Yanet
Primary Role: Manager
Secondary Role:
Police Contacted: No

Company: WLV Sec
Participant Type: Personnel
Taken From Scene: No
Police Contacted Result:

Full Name: Hoang, Eddie
Primary Role: Notified
Secondary Role:
Police Contacted: No

Company: WLV Sec
Participant Type: Personnel
Taken From Scene: No
Police Contacted Result:

Full Name: Oconnell, Yvonne
Primary Role: Patron
Secondary Role:
Police Contacted: No

Company:
Participant Type: Subject
Taken From Scene: No
Police Contacted Result:

Address: 8764 Captains Place Las Vegas Nevada 89117 USA

Contact Info: Tel: declined

Reporting Party:

Supervisor:

List Of Attached Forms

Prefix

FormName

Reporting Party:

Supervisor:



GUEST ACCIDENT OR ILLNESS REPORT

☐ Wynn
☐ Encore

TO BE COMPLETED BY THE GUEST
please print

DR # 2010-2154

Name YVONNE O'CONNELL Date of Birth _____

Home Address 8764 CAPTAIN'S PLACE

City L.V. State NV Zip 89117

Occupation _____ Business Phone _____

Employer _____ Social Security # _____

Local Address _____ Home Phone _____

Date of Accident 2/8/10 Time of Accident 2:00 ☐ AM ☒ PM

Location of accident (be specific) ATRIUM BY POOL

Please state in your own words what you were doing at the time of your accident: POUNCE
DOWN, PASSING THROUGH SIGN, SLIPPED AND FELL.
NOTICED A METAL LIQUID SUBSTANCE

What, if any, alcoholic beverages have you had to drink? NO

Did you examine the premises in the area of your accident? ☒ Yes ☐ No

If Yes, what did you find that would be a contributing factor in your accident? LOTS OF METAL LIQUID

Whom do you consider the blame for the accident? THE (GREEN LEAFS)

Why? _____

What, if any, injuries did you sustain? RIGHT SHOULDER, RIGHT ANKLE, BUTTOCKS

What, if any, property damage did you sustain? NO

Names, addresses and phone numbers of any witnesses: _____

Reporting Officer's Signature [Signature] Date 2/8/10

Guest's Signature [Signature] Date 2/8/10

22-014 Rev 1000

Title:

Original Filename:
twain.jpg

Date Attached:
02/08/2010 04:49:25PM

Attached Size:
189,195



#2010-2152
**GUEST REFUSAL
 OF MEDICAL ASSISTANCE**

DECLINED BY GUEST

I, the undersigned, have been offered emergency medical services and understand that refusal of such care and/or transport to a hospital facility could result in death, or imperil my health by increasing the opportunity for consequences or complications.

I refuse to accept emergency medical care and assume all risks and consequences resulting from my decision, and release Wynn Resorts and all personnel directly or indirectly involved in my care from any and all liability resulting from my refusal.

I was given the opportunity to ask the questions I felt necessary to provide this informed refusal.

The reason for this refusal is as follows: (to be completed by guest)

Name _____ SSAN _____ DOB _____

Address _____

Telephone _____

Signature _____

Witness _____

Witness _____

Date _____ Time _____ ☐ AM ☐ PM OR# _____

Refusal to Sign _____

SE-013 Rev 10/05

Title:

Original Filename:

twain.jpg

Date Attached:

02/08/2010 04:53:00PM

Attached Size:

154,240



GUEST/EMPLOYEE
VOLUNTARY STATEMENT

Name Yanet Elias
ID # 004878
Address 2209 E. Bonanza Rd.

SECURITY DEPARTMENT

DR # _____

Date _____

S M T W T F S

On Monday 2/8/10 around 2³⁰pm, I receive a Call for one pad employee to let me know that lady fell in the South entrance between Cartier and Chanel store. I go to see what Happend and I see a lady stand-up close to the Garden area and a employee cover a spill with a Supper Machine. I call the persone working in this area, and ask if she the spill and when she clean the area is nothing in this moment, she attend the call, to sweep Parand-up Bar, left the area in a good condition, when I check the spil is something like syrup, not to liquid, I call security Because she want to make a report when security show up. ask the lady what Happend and she Splend How she feel, Security offer to take Her to the clinic to check is something serious. Because she said Her arm is in pain. She "decline" the assistance. tell the security officer mayb because is Happen in this moment to tell as later she be OK. after she sing same paper she left.

Security Officer's Signature and ID #

 019063

Guest/Employee Signature

Yanet Elias 004878



GUEST/EMPLOYEE VOLUNTARY STATEMENT

☐ Wynn
☐ Encore

Name TERRY M RUBY SECURITY DEPARTMENT
ID # 358231 CR # 2010-2154
Address 761 London Eye CT Date 2/6/11
City/State/Zip LAS VEGAS NV 89179 S M T W T F S
Phone # 270-0437 Email Address -

I WAS VACUUMING THE PATHWAY CARPET GOING
PAST BLUSH TOWARD THE SOUTH ENTRANCE.
WHEN I WAS APPROACHING THE SOUTH ENTRANCE
I NOTICED A GROUP OF PEOPLE (APPROX 4) HELPING
A GUEST ~~UP~~ UP THAT HAD FALLEN IN THE PLANTS.
I WENT TO SEE IF SHE WAS OK - SHE
ASKED ME TO CALL FOR HELP. I CALLED DISPATCH, WHO
THEN NOTIFIED SECURITY. I INFORMED OUR GUEST
THAT SOMEONE WOULD COME & TAKE HER REPORT.
I APOLOGIZED TO OUR GUEST FOR HER MISHAP
& WHEN MY SUPERVISOR ARRIVED, I WENT BACK TO
WORK.

Security Officer's Signature and ID #

Guest/Employee signature

SS-025 Rev 10/08

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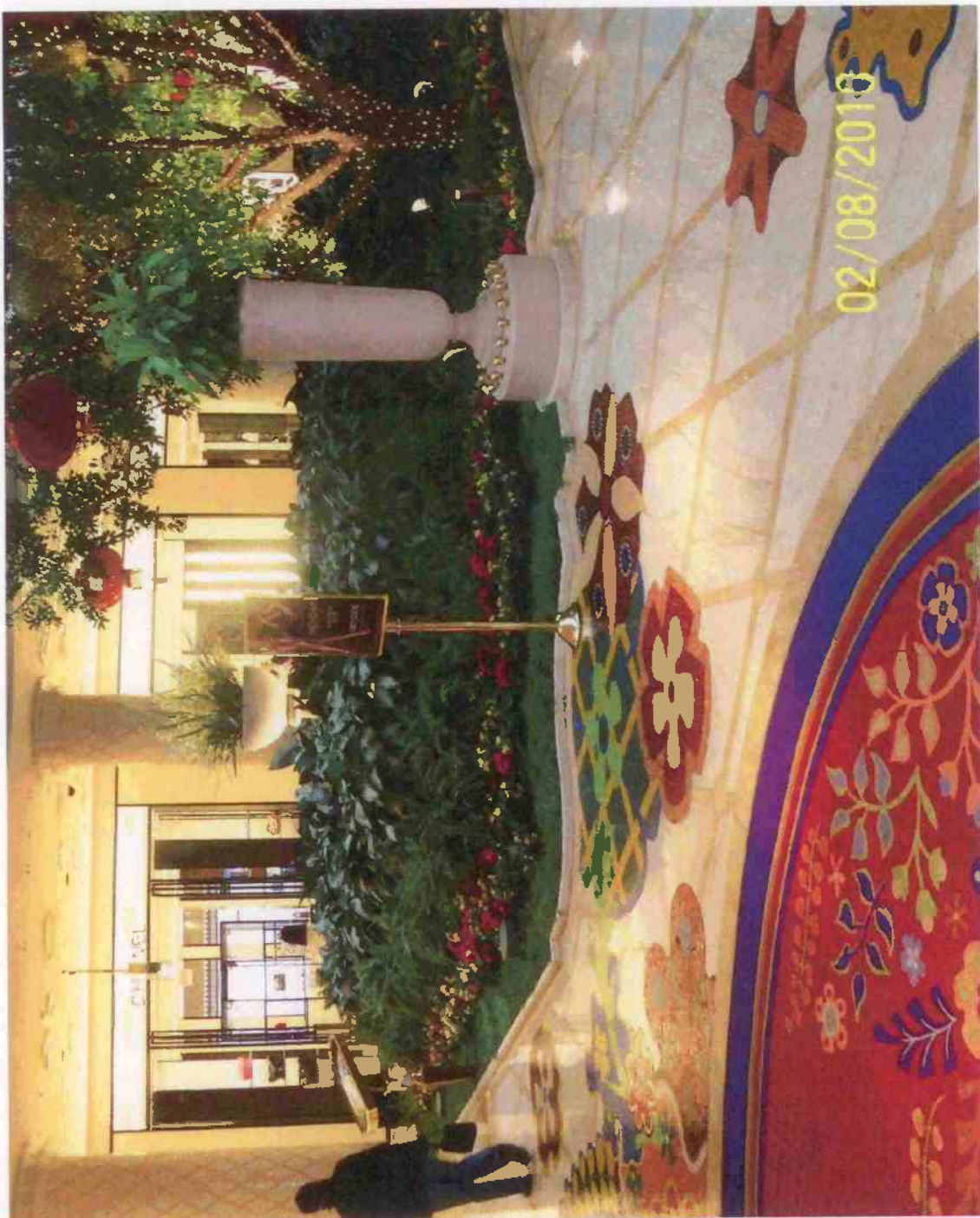
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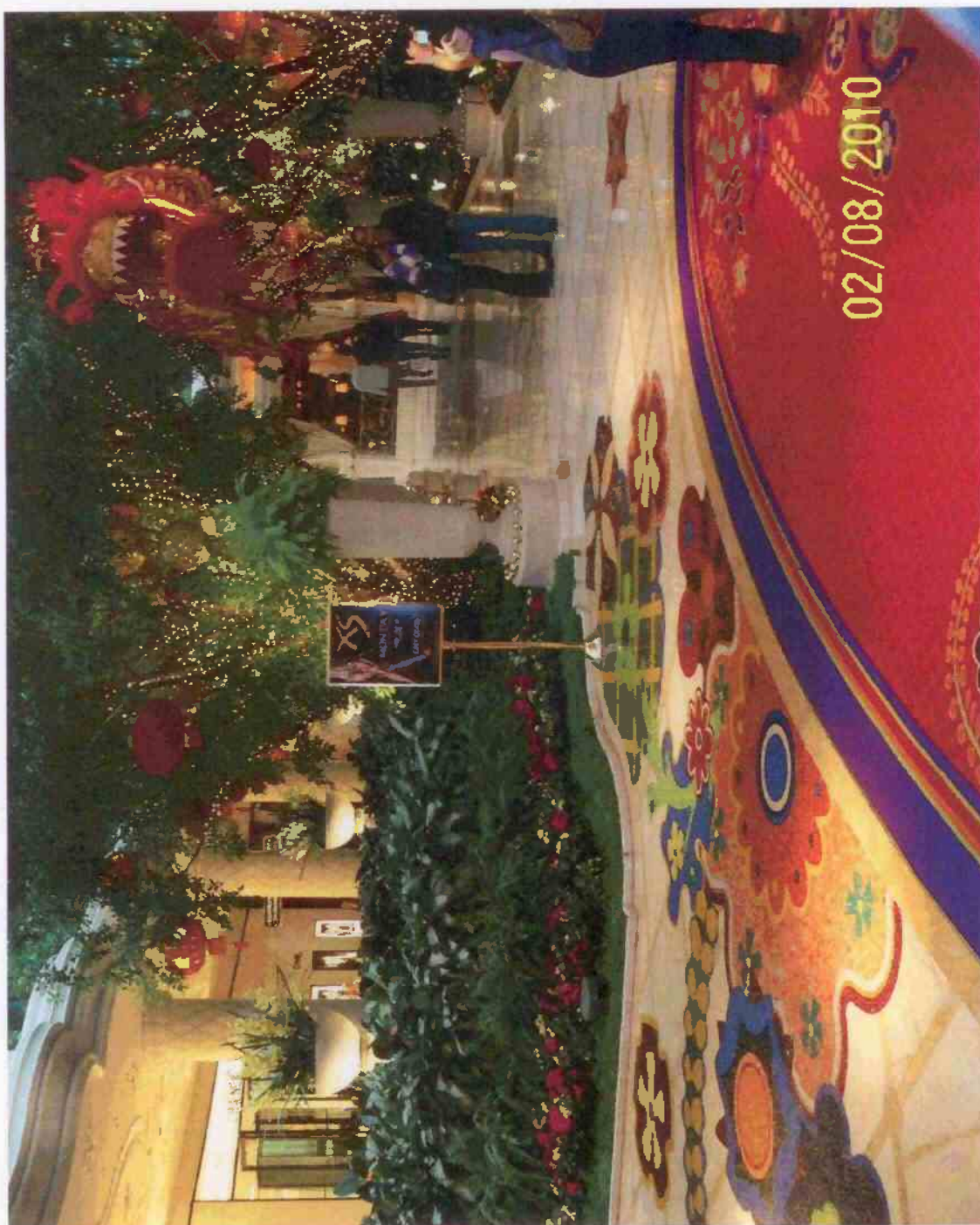
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02/08/2010 04:15:04PM

643,197

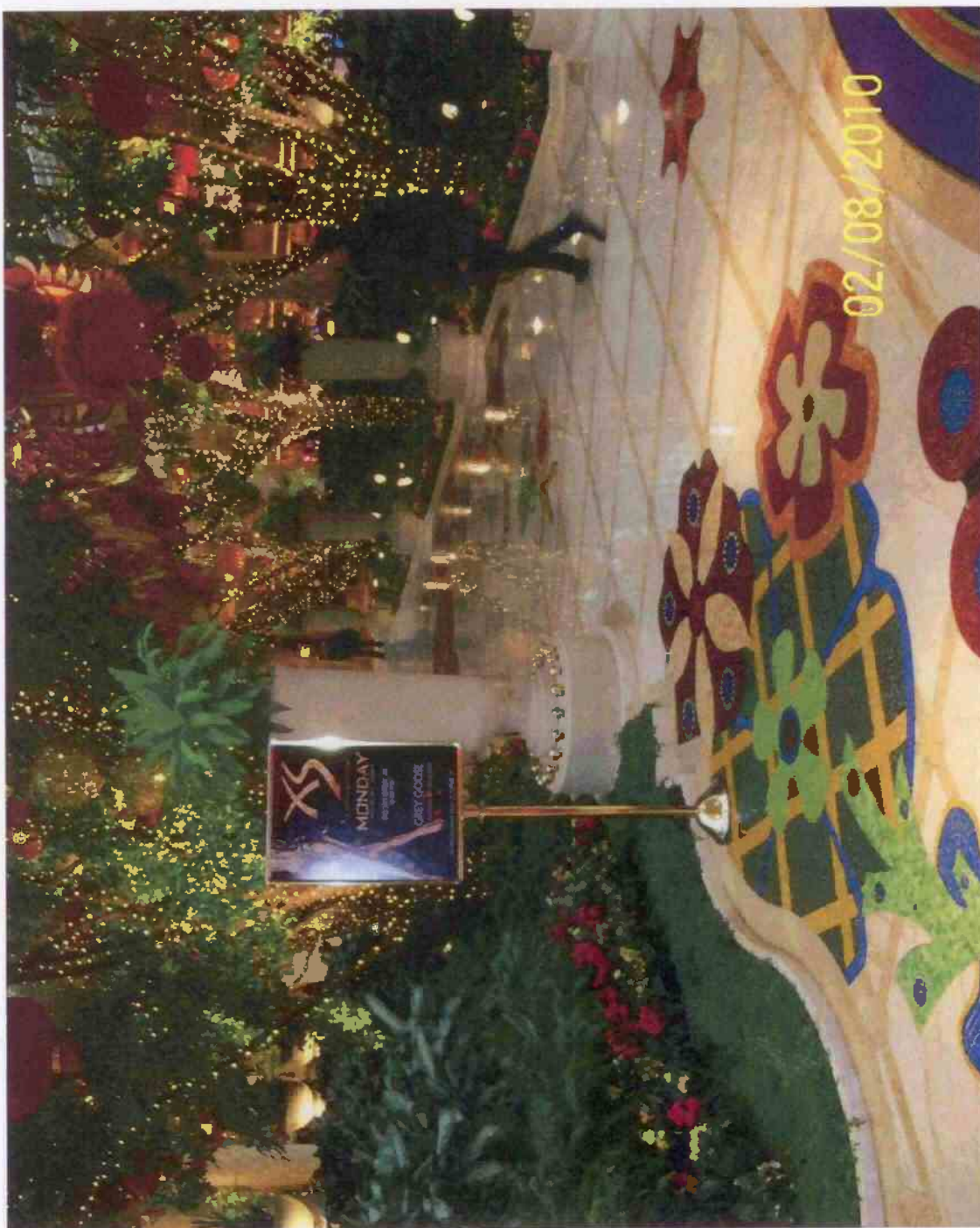


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Attached Size:
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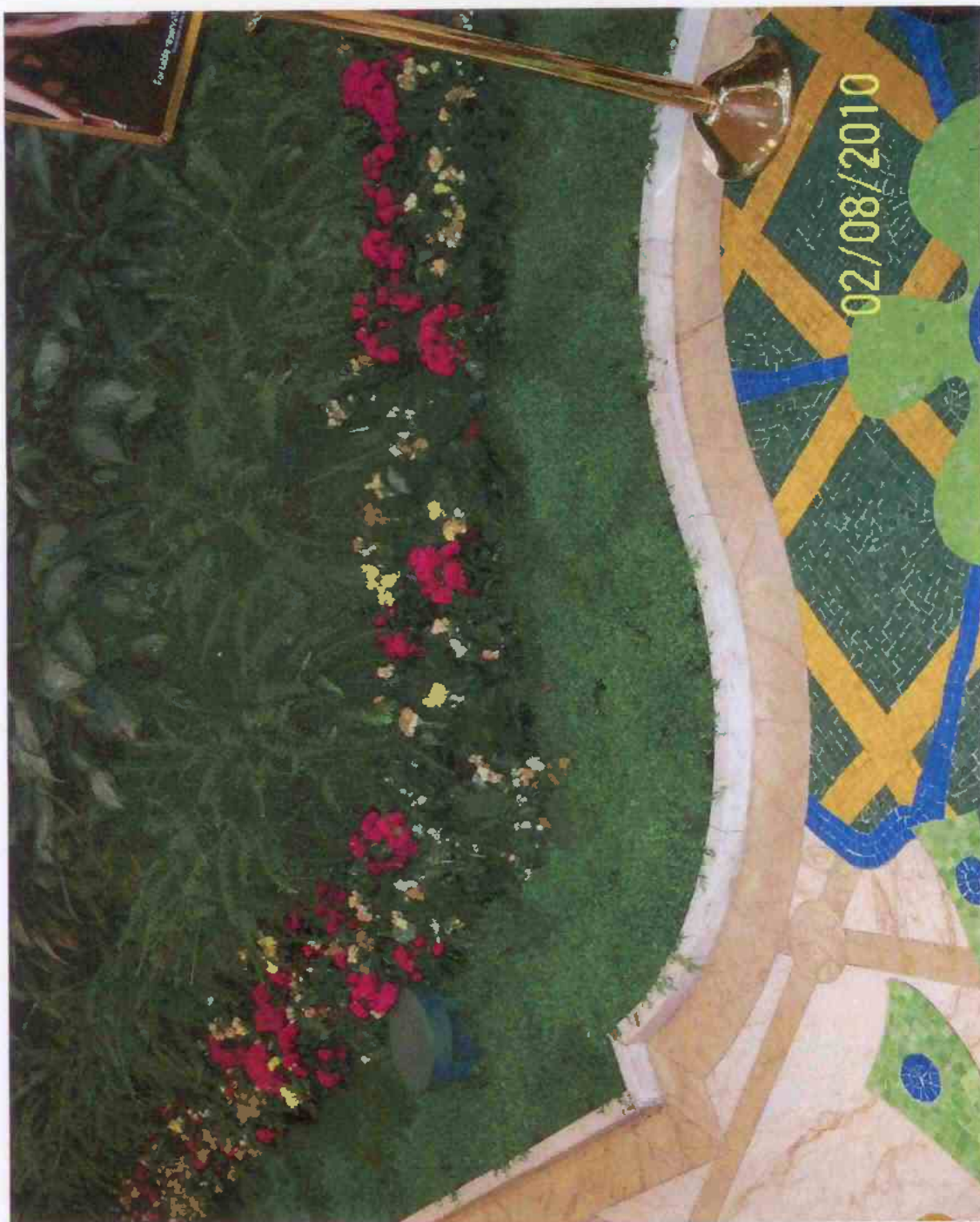
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625,636



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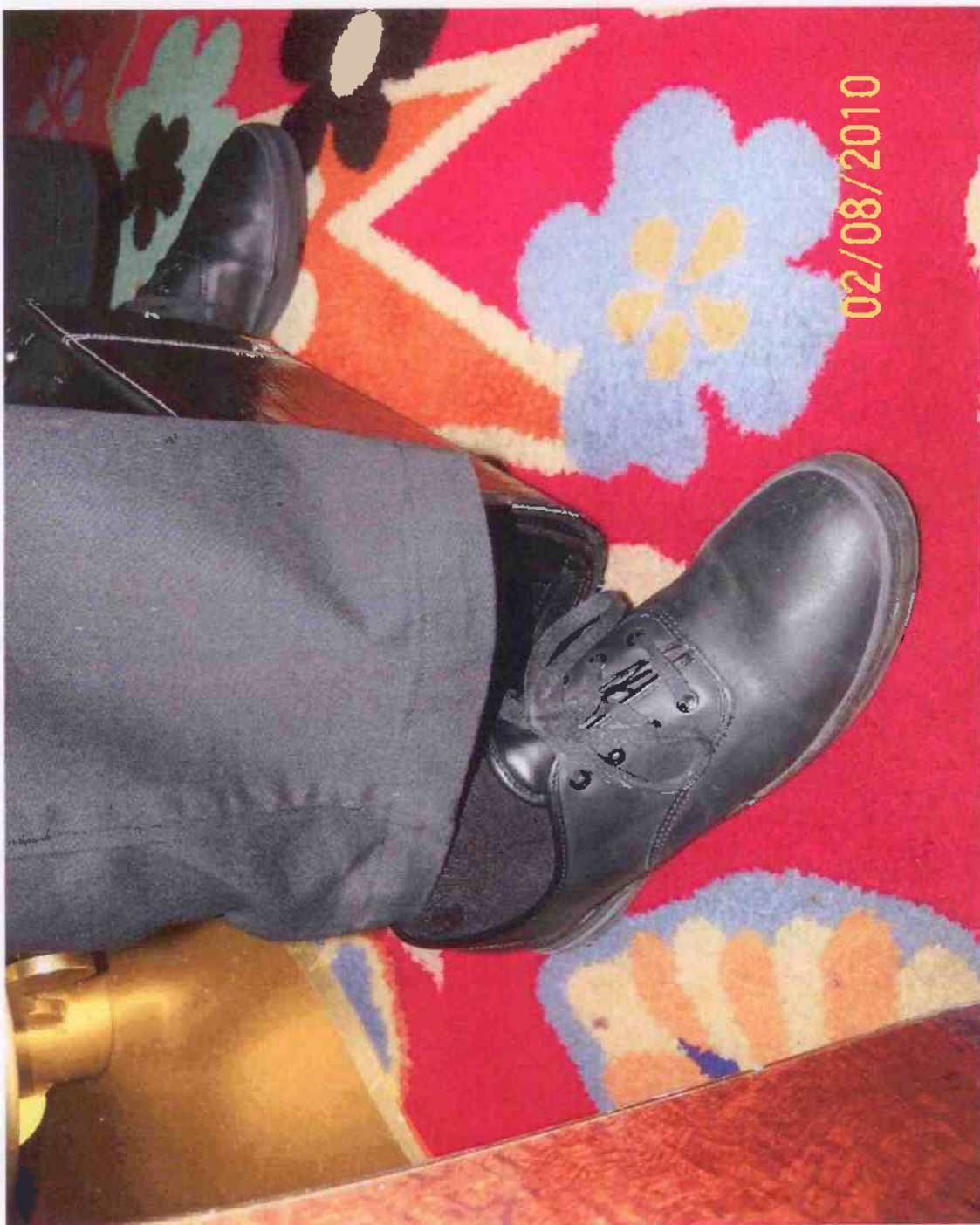
Date Attached:

Attached Size:

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02/08/2010 04:15:47PM

703,998



Title:

Original Filename:

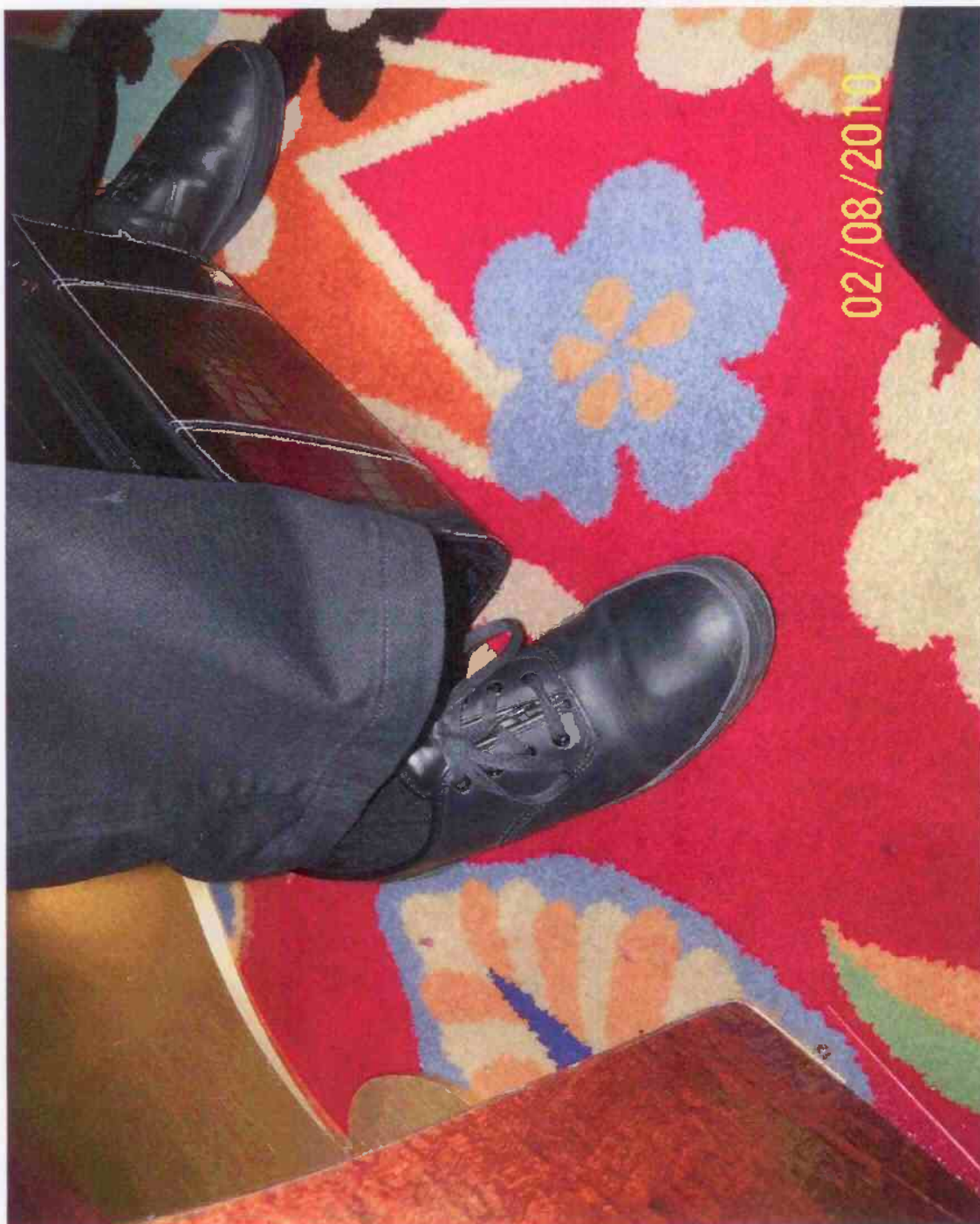
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905,613



Title:

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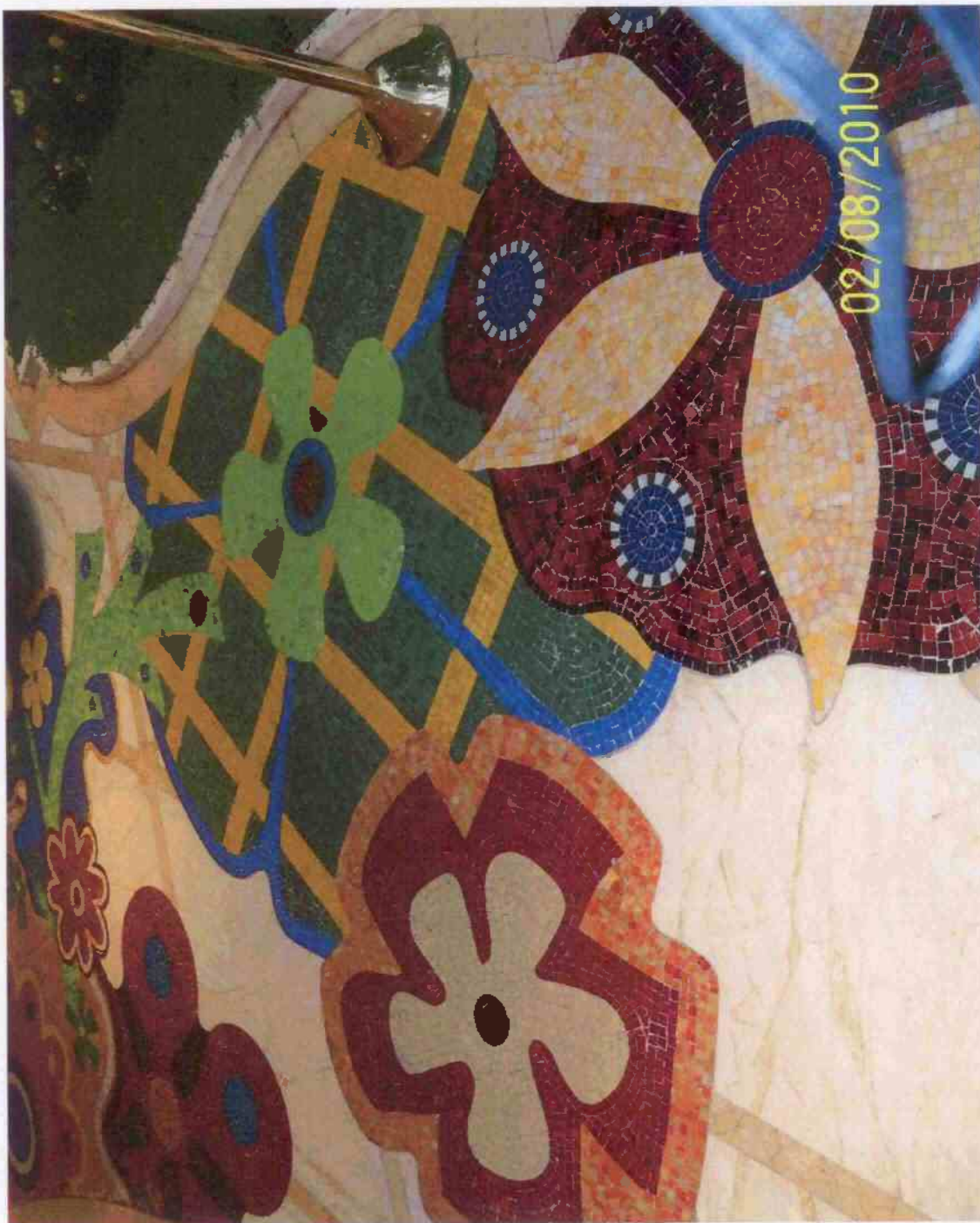
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Date Attached:

02/08/2010 04:15:11PM

Attached Size:

813,532



Title:

Original Filename:

#2152-6.jpg

Date Attached:

02/08/2010 04:15:52PM

Attached Size:

634,470



Title:

Original Filename:

Date Attached:

Attached Size:

#2152-4.jpg

02/08/2010 04:15:43PM

645.698

PLAINTIFF'S PROPOSED EXHIBITS

YVONNE O'CONNELL vs. WYNN LAS VEGAS, LLC					
Case Number A-12-655992					
	Description	Bate Numbers	Offered	Objected	Admitted
1	Picture of Plaintiff (far right) with her Cousins – pre- accident	00001			
2	Picture of Plaintiff (far left) with her nephew and his family – pre- accident	00002			
3	Picture of Plaintiff (far left) with her nephew and his family – pre- accident	00003			
4	Unredacted photograph of Plaintiff's buttocks showing bruising from fall	00004	11/12	NO	11/12/15
5	Redacted photograph of Plaintiff's buttocks showing bruising from fall	00005			
6	Unredacted photograph of Plaintiff's buttocks showing bruising from fall	00006	11/12	NO	11/12/15
7	Redacted photograph of Plaintiff's buttocks showing bruising from fall	00007			
8	Unredacted photograph of Plaintiff's buttocks showing bruising from fall	00008	11/12/15	NO	11/12/15
9	Redacted photograph of Plaintiff's buttocks showing bruising from fall	00009	11/12	withdrawn obj	
10	Unredacted photograph (close-up) of Plaintiff's buttocks showing bruising from fall	00010			
11	Redacted photograph (close-up) of Plaintiff's buttocks showing bruising from fall	00011			
12	Curriculum Vitae; Fee Schedule and Trial Testimony List – Thomas Dunn, M.D.	00012 - 00015			

YVONNE O'CONNELL vs. WYNN LAS VEGAS, LLC

Case Number A-12-655992

13	Plaintiff's Medical Records and Billing Statement for treatment rendered by Thomas Dunn, M.D.	00016 - 00048			
14	Curriculum Vitae; Fee Schedule and Trial Testimon List - Craig T. Tingey, M.D.	00049 - 00056			
15	Plaintiff's Medical Records and Billing Statement for treatment rendered by Craig T. Tingey, M.D.	00057 - 00076			
16	Wynn Las Vegas, LLC Answer to Amended Complaint	00077 - 00082			
17	Wynn Las Vegas Dust Mop/Damp Mop Policy dated 1/28/2005	00083 - 00084			
18	Wynn Las Vegas Dust Mop/Damp Mop Policy dated 8/1/07	00085 - 00086			
19	Wynn Las Vegas Dust Mopping/Damp Mopping Power Point Presentation - undated	00087 - 00090			
20	Wynn Las Vegas Wet Floor Signs and Spills Power Point Presentation - undated	00091 - 0092			
21	Wynn Las Vegas Wet Floor Signs & Spills Policy	00093			
22	Wynn Las Vegas Signs and Spills Power Point - undated	00094 - 00095			
23	Wynn Las Vegas Marble Care Policy	00096 - 00097			
24	Wynn Las Vegas Marble Care Power Point Presentation - undated	00098 - 00099			
25	Affidavit/Declaration of Custodian of Records for Desert Orthopedic/Dr Tingey	00100 - 00101			

YVONNE O'CONNELL vs. WYNN LAS VEGAS, LLC**Case No. A-12-655992-C, Dept. No. V****Wynn's Proposed Exhibit List**

<u>EX No.</u>	<u>DOCUMENT/BATES NUMBERS</u>	<u>OFFERED</u>	<u>OBJECTED</u>	<u>ADMITTED</u>
A. (1-11)	Color Pictures of Incident and Guest Statements WYNN-O'CONNELL 00001 - 00011			
B. (1-66)	UMC Records WYNN-O'CONNELL 00012, 00016, 00024, 00032, 00039 - 00040, 00047 - 00053, 00060 - 0067, 00075 - 00077, 00079 - 00080, 00090, 00099 - 00101, 00111, 00120 - 000122, 00126, 00135 - 00138, 00150, 00163, 00168 - 00169, 00175, 00184, 00193, 00201 - 00203, 00214, 00216, 00230, 00232, 00234 - 00235, 00239, 00241 - 00244, 00252, 00254 - 00258			
C. (1-11)	Apache Foot & Ankle Specialist (Lee Wittenberg DPM) WYNN-O'CONNELL00262 - WYNN-O'CONNELL00272			
D.	Ascent Primary Care (Suresh Prahbu MD) WYNN-O'CONNELL00277 - WYNN-O'CONNELL00278			
E. (1-5)	Clinical Neurology Specialists (Leo Germin MD) WYNN-O'CONNELL 00290 - 00291, 00296 - 00298			
F.	Desert Institute of Spine Care - Dr. Cash WYNN-O'CONNELL00302 - WYNN-O'CONNELL00303			
G. (1-15)	Ed Suarez WYNN-O'CONNELL 00307 - 00321			
H.	Matt Smith PT 5/3/10 WYNN-O'CONNELL00398 - WYNN-O'CONNELL00399			

YVONNE O'CONNELL vs. WYNN LAS VEGAS, LLC**Case No. A-12-655992-C, Dept. No. V****Wynn's Proposed Exhibit List**

<u>Ex No.</u>	<u>DOCUMENT/BATES NUMBERS</u>	<u>OFFERED</u>	<u>OBJECTED</u>	<u>ADMITTED</u>
I. (1-4)	Southern Nevada Pain Center WYNN-O'CONNELL 00418, 00420, 00426 -00427	11/10/15	NO	11/10/15
J. (1-12)	Steinberg Diagnostic WYNN-O'CONNELL 00428 - 00438, 00442			
K.	Yanet Elias Statement WYNN-O'CONNELL00481			
L. (1-19)	Wynn Las Vegas Policies WYNN-O'CONNELL 00483 - 00489, 00491 - 00502			
M.	Incident Report WYNN-O'CONNELL00511 - WYNN- O'CONNELL00513			
N. (1-5)	Advanced Ortho - Timothy Trainor WYNN-O'CONNELL 00522 - 00526			
O.	Minimally Invasive Hand Institute 3/8/12 WYNN-O'CONNELL00548 - WYNN- O'CONNELL00550			
P. (1-18)	Dr. Cash intake form 3/23/10 WYNN-O'CONNELL 00562 - 00571, 00586-588, 00593 - 00597			
Q.	Silver State Neurology (Christopher Millford MD) WYNN-O'CONNELL00599			
R. (1-6)	Desert Oasis Clinic 2/17/10 WYNN-O'CONNELL00607 - WYNN- O'CONNELL00612	11/10/15	NO	11/10/15

YVONNE O'CONNELL vs. WYNN LAS VEGAS, LLC**Case No. A-12-655992-C, Dept. No. V****Wynn's Proposed Exhibit List**

<u>Ex No.</u>	<u>DOCUMENT/BATES NUMBERS</u>	<u>OFFERED</u>	<u>OBJECTED</u>	<u>ADMITTED</u>
S.	Apache Foot & Ankle Specialist (Lee Wittenberg DPM) WYNN-O'CONNELL 00621 - 00623			
T.	Ascent Primary Care (Suresh Prahbu MD) WYNN-O'CONNELL 00638 - 00639			
U. (1-16)	Southern Nevada Pain Center WYNN-O'CONNELL 00774 - 00789			
V. (1-4)	Dr. Yakov Shaposhnikov, M.D., Gastrointestinal and Liver Diseases Medical Records/Bills WYNN-O'CONNELL 01192 - 01195			
W.	Dr. Enrique Lacayo, M.D. Medical Records WYNN-O'CONNELL 01210 - 01211			
X. (1-11)	Yvonne O'Connell Player Report for Wynn Las Vegas WYNN-O'CONNELL 01225 - 01235			
Y. (1-3)	Yvonne O'Connell Patron Information for Wynn Las Vegas WYNN-O'CONNELL 01236 - 01238	11/12/15	obj	11/12/15
Z. (1-10)	Wynn Las Vegas Atrium Log WYNN-O'CONNELL 01239 - 01248	11/12/15	NO	11/12/15
AA. (1-2)	Color Photos of Bruising PLTF000720- 000721			
BB.	Defendant's Disclosure of Initial Expert Witness and Report Pursuant to NRCF 26(e) - Victor B. Klausner, D.O. filed on 4/13/15 DEFT. EXPERT01 (1 DOCUMENT-25 PAGES)			

YVONNE O'CONNELL vs. WYNN LAS VEGAS, LLC**Case No. A-12-655992-C, Dept. No. V****Wynn's Proposed Exhibit List**

<u>Ex No.</u>	<u>DOCUMENT/BATES NUMBERS</u>	<u>OFFERED</u>	<u>OBJECTED</u>	<u>ADMITTED</u>
CC.	Defendant's Disclosure of Rebuttal Expert Witness and Report Pursuant to NRCP 26(e) - Neil D. Opfer filed on 5/13/15 DEFT. EXPERT02 (1 DOCUMENT – 96 PAGES)			
DD. (1-13)	Deposition Transcript of Corey Powell DEFT. DEPO01			
EE. (1-24)	Deposition Transcript of Yanet Elias DEFT. DEPO02			
FF. (1-78)	Deposition Transcripts of Plaintiff Yvonne O'Connell (and Exhibit 1 Pages 1-4) DEFT. DEPO03			
GG. (1-53)	Deposition Transcript of Sal Risco DEFT. DEPO04			
HH. (1-24)	Deposition Transcripts of NRCP 30(b)(6) Witnesses DEFT. DEPO05			
II. (1-15)	Plaintiff's Responses to Defendant's First Set of Interrogatories with Verification DEFT. DISC01			
JJ. (1-7)	Plaintiff's Responses to Defendants' First Set of Requests for the Production of Documents DEFT. DISC02			
KK.	Plaintiff's Amended Complaint DEFT. PLDG01 (1 DOCUMENT – 4 PAGES)			
LL.	Defendant's Answer to Amended Complaint DEFT. PLDG02 (1 DOCUMENT – 5 PAGES)			

CASE NO. A-655992

EXHIBIT LIST.doc4/9/2012

1 RA 165

JOINT STIPULATED EXHIBITS OF THE PARTIES

YVONNE O'CONNELL vs. WYNN LAS VEGAS, LLC					
Case Number A-12-655992					
	Description	Bate Numbers	Offered	Objected	Admitted
1	Wynn Incident File Full Report	JOINT STIPULATED EXHIBIT 001 – 003		<i>STP</i>	NOV - 4 2015
2	Wynn Guest Accident or Illness Report – Yvonne O'Connell	JOINT STIPULATED EXHIBIT 004			
3	Wynn – Guest Refusal of Medical Assistance	JOINT STIPULATED EXHIBIT 005			
4	Wynn- Guest/Employee Voluntary Statement – Yanet Elias	JOINT STIPULATED EXHIBIT 006			
5	Wynn – Guest/Employee Voluntary Statement – Terry M. Ruby	JOINT STIPULATED EXHIBIT 007			
6	Wynn – File Photograph Of Area of Incident - #2152-8	JOINT STIPULATED EXHIBIT 008			
7	Wynn – File Photograph Of Area of Incident - #2152-3	JOINT STIPULATED EXHIBIT 009			
8	Wynn – File Photograph Of Area of Incident - #2152-7	JOINT STIPULATED EXHIBIT 010			
9	Wynn – File Photograph Of Area of Incident - #2152-5	JOINT STIPULATED EXHIBIT 011			
10	Wynn – File Photograph Of Area of Incident - #2152-2	JOINT STIPULATED EXHIBIT 012			
11	Wynn – File Photograph Of Area of Incident - #2152-1	JOINT STIPULATED EXHIBIT 013			
12	Wynn – File Photograph Of Area of Incident - #2152-6	JOINT STIPULATED EXHIBIT 0014			
13	Wynn – File Photograph Of Area of Incident - #2152-4	JOINT STIPULATED EXHIBIT 015		<i>✓</i>	NOV - 4 2015

Court

CASE NO.

[illegible]



A1655992
MARKED FOR IDENTIFICATION
PROPOSED EXHIBIT

4

PLAINTIFF'S PROPOSED EXHIBIT 00004
Case No. A-12-655992-C



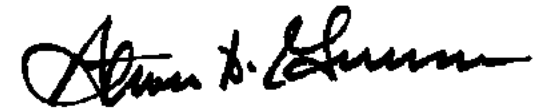
A655992
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PROPOSED EXHIBIT

L6

PLAINTIFF'S PROPOSED EXHIBIT 00006
Case No. A-12-655992-C



PLAINTIFF'S PROPOSED EXHIBIT 00008
Case No. A-12-655992-C



CLERK OF THE COURT

1 BRIAN D. NETTLES, ESQ.
2 Nevada Bar No. 7462
3 CHRISTIAN M. MORRIS, ESQ.
4 Nevada Bar No. 11218
5 NETTLES LAW FIRM
6 1389 Galleria Drive, Suite 200
7 Henderson, Nevada 89014
8 Telephone: (702) 434-8282
9 Facsimile: (702) 434-1488
10 briannettles@nettlawfirm.com
11 christianmorris@nettlawfirm.com
12 *Attorneys for Plaintiff*

13 **DISTRICT COURT**

14 **CLARK COUNTY, NEVADA**

15 YVONNE O'CONNELL, an individual,
16
17 Plaintiff,

18 vs.

19 WYNN LAS VEGAS, LLC, a Nevada
20 Limited Liability Company, doing business
21 as WYNN LAS VEGAS; DOES I through
22 X; and ROE CORPORATIONS I through X,
23 inclusive,

24 Defendants.

CASE NO. A-12-655992-C
DEPT NO. V

**PLAINTIFF'S APPLICATION FOR
FEES, COSTS AND PRE-JUDGMENT
INTEREST**

25 Plaintiff Yvonne O'Connell ("Plaintiff") by and through her counsel, Brian D. Nettles,
26 Esq. and Christian M. Morris, Esq., of Nettles Law Firm, hereby submits her timely application
27 for costs and attorney's fees pursuant to NRC 68, and seeks this honorable Court to award costs
28 and attorney's fees based upon an award in excess of the Plaintiff's Offer of Judgment to

///

///

///

Defendant served September 3, 2015.

DATED this 25th day of November, 2015.

NETTLES LAW FIRM

By 
BRIAN D. NETTLES, ESQ.
Nevada Bar No. 7462
CHRISTIAN M. MORRIS, ESQ.
Nevada Bar No. 11218
1389 Galleria Drive, Suite 200
Henderson, Nevada 89014
Attorneys for Plaintiff

I. POINTS AND AUTHORITIES

A. Plaintiff Should Be Awarded Attorneys Fees.

In this case, Plaintiff is the prevailing party. See, *Verdict Form filed November 16, 2015* attached hereto as Exhibit 1. Defendant refused to acknowledge the weakness of its defense. Defendant also denied reasonable responsibility and forced Plaintiff to litigate the instant action. Defendant never offered more than \$3,000.00, in the form of an Offer of Judgment served on May 5, 2014, to resolve this matter. See, *Defendant's Offer of Judgment* attached hereto as Exhibit 2. In an effort to be fair and reasonable, Plaintiff also filed an Offer of Judgment in in the amount of \$49,999.00, "**inclusive of all accrued interest, costs and attorney fees,**" on September 3, 2015. See, *Plaintiff's Offer of Judgment* attached hereto as Exhibit 3. Plaintiff subsequently beat both Offers of Judgments when she was awarded \$240,000.00 at the trial by the jury for this matter which started on November 6, 2015. See, Exhibit 1.

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The law on this topic is clear; attorney's fees, costs and pre-judgment interest are warranted in this matter.

Rule 68 of the N.R.C.P. states, in pertinent part:

(f) Penalties for Rejection of Offer. If the offeree rejects an offer and fails to obtain a more favorable judgment,

....

(2) the offeree shall pay the offeror's post-offer costs, applicable interest on the judgment from the time of the offer to the time of entry of the judgment and reasonable attorney's fees, if any be allowed, actually incurred by the offeror from the time of the offer. If the offeror's attorney is collecting a contingent fee, the amount of any attorney's fees awarded to the party for whom the offer is made must be deducted from that contingent fee.

The instant case involves valid Offers of Judgments from Defendant to Plaintiff and from Plaintiff to Defendant. The failure of Defendant to beat its Offer of Judgment is confirms that Plaintiff should be entitled to an award of attorney fees. The failure to award fees in this case would be a path in the opposite direction that the Nevada Supreme Court has taken with Offers of Judgment and the fundamental policy to encourage good faith settlement negotiations prior to trial.

NRS 17.115 states that a party who rejects an offer of judgment, and fails to obtain a more favorable judgment, may be ordered to pay interest on the judgment from the period from the date of service of the offer to the date of entry of the judgment and reasonable attorney's fees incurred by the party who made the offer for the period from the date of service of the offer to the date of entry of the judgment. The entire fee was incurred when the jury returned the verdict. In this case the attorney contingency fee was 40% of the award/verdict. See, *Retainer Agreement signed by Plaintiff* attached hereto as Exhibit 4.

As such, Plaintiff is entitled to recover the amounts authorized by the provisions of both NRC 17.115 and NRCP 68. Although the statute and rule speak to such entitlements, the

1 Nevada Supreme Court has set forth a few elements for the Court's consideration prior to
2 enacting the same.

3 The Nevada Supreme Court set forth four (4) factors to be considered in allowing fees
4 under NRCP 68. *Beattie v. Thomas*, 99 Nev. 579, 668 P.2d 268 (1983). Those factors include:

- 5 (1) Whether the claim was brought in good faith;
6 (2) Whether the Offer of Judgment was reasonable in good faith in both its timing and
7 amount;
8 (3) Whether the decision to reject the offer and proceed to trial was reasonable; and
9 (4) Whether the fees sought are reasonable and justified in amount.
10

11 As demonstrated below, when applying these factors to the instant case, it is clear that
12 discretion should be exercised in favor of Plaintiff allowing a full award of attorneys fees, costs
13 and interest.

14 **(1) Plaintiff's Claim was Brought in Good Faith**

15 There is no doubt that Plaintiff's claims were brought in good faith. As this Court is well
16 aware, the evidence at trial and the resulting verdict proved that this case was brought in good
17 faith.

18 **(2) The Offer of Judgment was Reasonable and Served in Good Faith**

19 The present case arises out of an incident on or about February 8, 2010, where Plaintiff
20 Yvonne O'Connell was a guest at Wynn Las Vegas. When Plaintiff was passing through the
21 Atrium Walkway, an area with a high amount of foot traffic, she slipped and fell in a pool of
22 liquid present on the multi-colored tile floor. As a result of the fall the Plaintiff sustained
23 injuries.

24 The pool of liquid which caused the fall was approximately seven (7) feet long and had
25 been on the floor long enough that it had begun to dry. The portion that was dry was sticky and
26 have visible footprints in it. The substance was observed by Plaintiff and multiple employees of
27 Wynn. Following Plaintiff's fall, Defendant Wynn's employee(s) observed the liquid, but
28 cleaned the area without first taking photographs.

1 Despite the fact that liability was in dispute Plaintiff's Offer of Judgment in the amount
2 of \$49,999.00 was more than reasonable in light of Plaintiff's injuries and medical expenses. At
3 the time of rejecting the Offer, Defendant was aware that Plaintiff had medical expenses in
4 excess of \$60,000 and was a surgical candidate for a 3 level anterior surgical fusion and right
5 knee meniscus repair.

6 **(3) The Decision to Reject the Offer and Proceed to Trial was Unreasonable**

7 Despite the evidence, Defendant insisted on trying this matter despite the serious nature
8 of Plaintiff injuries. The Supreme Court also confirms the seriousness of the parties to take
9 offers more serious when requiring the District Court to state reasons why it did not grant an
10 award of fees. This suggests it should grant fees unless there is a compelling reasons not to do
11 so. Here, Defendant cannot demonstrate a basis for the court to deny attorney's fees. If this
12 court does not award full attorney's fees, it would be in the opposite path that the Supreme Court
13 has taken to use NRCP 68 as an effective tool for settlement.

14 **(4) The Fees Sought are Reasonable and Justified in Amount**

15 The State Bar of Nevada has approved contingency fee agreements. In fact, it is the
16 industry standard to charge 40% for attorneys fees when a complaint is filed, and in certain cases
17 in excess of that amount when a case is tried to a jury. This fee is nationally recognized as a
18 reasonable fee. The fees sought here are greatly limited to the statute and the courts inquiry
19 should not take long to realize that a full fee agreement pursuant to this statute is more than
20 reasonable in light of the work done in this case. The Plaintiff's counsel expended substantial
21 time and incurred costs to try this matter through a full jury trial.

22 If this honorable Court denies attorneys fees, such will undermine the purpose of
23 settlement. Recently, the Nevada Supreme Court amended N.R.C.P. 68 in several ways which
24 broadened the scope of offers in a clear attempt to make them more effective tools for settlement.
25 These changes indicate the importance that the Nevada Supreme Court has placed on this tool in
26 litigation, and the significance of parties failure to take offers seriously. The instant case
27 involves valid Offers of Judgment from Defendant to Plaintiff and from Plaintiff to Defendant,
28

1 which Defendant did not beat either. The failure to award fees in this case would be a path in
2 the opposite direction that the Nevada Supreme Court has taken with Offers of Judgment and the
3 fundamental policy to encourage good faith settlement negotiations prior to trial.

4 In Nevada, "the method upon which a reasonable fee is determined is subject to the
5 discretion of the court," which is tempered only by reason and fairness. *Shuette v. Beazer Homes*
6 *Holdings Corp.*, 121 Nev. 837, 124 P.3d 530 (2005). Accordingly, in determining the amount
7 of fees to award, the court may calculate a reasonable amount to be that of the contingency fee.
8 *Shuette* at 863. Looking at the factors enumerated by the Supreme Court in *Brunzell v. Golden*
9 *Gate National Bank*, namely, the advocate's professional qualities, the nature of the litigation,
10 the work performed, and the result; it is clear that an award of \$96,000.00 in attorneys fees is
11 reasonable. Under the circumstances of this case, there is no good reason why Plaintiff should
12 not be awarded attorneys fees as the prevailing party in the amount of Ninety-six Thousand
13 Dollars \$96,000.00.

14
15 **B. Plaintiff Must Be Awarded Attorney Costs and Interest.**

16 **INTEREST:**

17 Pursuant to NRS 17.115 (4)(d)(2) and NRCP 68, Plaintiff is allowed interest on the
18 judgment from the time of the Offer of Judgment. NRS 17.130 sets forth how that interest is
19 computed: "at a rate equal to the prime rate at the largest bank in Nevada as ascertained by the
20 commissioner of financial institutions on January 1 or July 1, as the case may be, immediately
21 preceding the date of the judgment, plus 2 percent." (Emphasis added).

22 Plaintiff respectfully requests an award of pre-judgment interest damages pursuant to the
23 offer of Judgment in the sum of \$2,589.00.

24 **COSTS:**

25 Pursuant to NRCP 68(f)(2), Plaintiff is entitled to recover various costs. Attached hereto
26 as Exhibit 5 is a verified Memorandum of Costs totaling \$24,969.26 and pre-judgment interest in
27 the amount of \$2,589.00. Plaintiff must be awarded these costs and interest as the letter of law
28 the makes an award of costs and interest mandatory, and not discretionary, in this case.

II.

CONCLUSION

Pursuant to statute and Nevada Rules of Civil Procedure, Plaintiff respectfully requests a total judgment award as follows:

Judgment on Verdict	\$240,000.00
Attorney's Fees @ 40%	\$ 96,000.00
Costs Incurred Herein	\$ 24,969.26
Pre-Judgment Interest	\$ 2,589.00
TOTAL JUDGMENT ON VERDICT	\$363,558.26

DATED this 25th day of November, 2015.

NETTLES LAW FIRM



BRIAN D. NETTLES, ESQ.

Nevada Bar No. 7462

CHRISTIAN M. MORRIS, ESQ.

Nevada Bar No. 11218

NETTLES LAW FIRM

1389 Galleria Drive, Suite 200

Henderson, Nevada 89014

Attorneys for Plaintiff

NETTLES LAW FIRM

1389 Galleria Drive, Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

CERTIFICATE OF SERVICE

Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this 25th day of ~~October~~ ^{November}, 2015, I served the foregoing *Plaintiff's Application for Fees, Costs and Pre-Judgment*

Interest to the following party by electronic transmission through the Wiznet system:

Lawrence J. Semenza, III, Esq.
Christopher D. Kircher, Esq.
Lawrence J. Semenza, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
(702) 835-6803
Fax: (702) 920-8669
Attorneys for Defendant
Wynn Las Vegas, LLC dba
Wynn Las Vegas

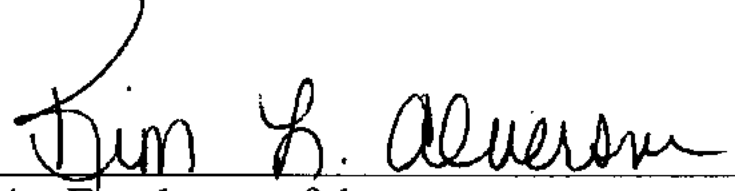

An Employee of the
NETTLES LAW FIRM

EXHIBIT 1

ORIGINAL

FILED IN OPEN COURT
STEVEN D. GRIERSON
CLERK OF THE COURT

NOV 16 2015 12:15 PM

DISTRICT COURT
CLARK COUNTY, NEVADA

BY Denise Trujillo
DENISE TRUJILLO, DEPUTY

YVONNE O'CONNELL, individually,
Plaintiff,

Case No. A-12-655992-C
Dept. No. V

A 655992

v.

VERDICT FORM

WYNN LAS VEGAS, LLC, a Nevada
Limited Liability Company, doing business as
WYNN LAS VEGAS; DOES I through X;
and ROE CORPORATIONS I through X;
inclusive;
Defendants.

We, the jury in the above entitled action, find for the Plaintiff Yvonne O'Connell ("Plaintiff") and against Defendant Wynn Las Vegas, LLC d/b/a Wynn Las Vegas ("Defendant") and, without reduction for Plaintiff's comparative negligence, if any, assess the total amount of the Plaintiff's damages at \$ 400,000.00, which are assessed as follows:

Past pain and suffering \$ 150,000.00

Future pain and suffering \$ 250,000.00

Having found for the Plaintiff and against the Defendant, we further find:

1. The percentage of negligence on the part of the Plaintiff, which was a proximate cause of the Plaintiff's injury was 40 %

2. The percentage of negligence, on the part of the Defendant, which was proximate cause of the Plaintiff's injury was 60 %

TOTAL 100%

DATED this 16th day of November, 2015.

[Signature]
FOREPERSON

A-12-655992-C
VER
Verdict
4602364



EXHIBIT 2

LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

OFFER

Lawrence J. Semenza, III, Esq., Bar No. 7174

Email: ljs@semenzalaw.com

Christopher D. Kircher, Esq., Bar No. 11176

Email: cdk@semenzalaw.com

LAWRENCE J. SEMENZA, III, P.C.

10161 Park Run Drive, Suite 150

Las Vegas, Nevada 89145

Telephone: (702) 835-6803

Facsimile: (702) 920-8669

Attorneys for Defendant Wynn Las Vegas, LLC

d/b/a Wynn Las Vegas

DISTRICT COURT

CLARK COUNTY, NEVADA

YVONNE O'CONNELL, individually,

Plaintiff,

v.

WYNN LAS VEGAS, LLC, a Nevada
Limited Liability Company, doing business as
WYNN LAS VEGAS; DOES I through X;
and ROE CORPORATIONS I through X;
inclusive;

Defendants.

Case No. A-12-655992-C
Dept. No. V

OFFER OF JUDGMENT

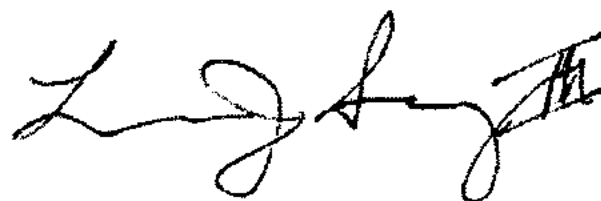
Defendant Wynn Las Vegas, LLC d/b/a Wynn Las Vegas ("Defendant"), pursuant to Nev. R. Civ. P. 68 and Nev. Rev. Stat. § 17.115, hereby makes the following offer of judgment to Plaintiff Yvonne O'Connell ("Plaintiff"). Defendant offers to pay the sum of Three Thousand Dollars (\$3,000.00) to her as the full and final adjudication of all claims in above-entitled action. This offer is not an admission of any liability, but instead an offer to settle without incurring additional expenses. This offer is inclusive of any and all claims by Plaintiff against Defendant arising out of the subject matter of this action, including damages, penalties, interest, attorney's

///

1 fees, costs, and any and all related expenses. If this offer is not accepted in writing within ten
2 (10) days after it is served, it shall be deemed withdrawn.

3 DATED this 5th day of May, 2014.

4 LAWRENCE J. SEMENZA, III, P.C.

5
6 
7

8 Lawrence J. Semenza, III, Esq., Bar No. 7174
9 Christopher D. Kircher, Esq., Bar No. 11176
10 10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145

11 Attorneys for Defendant Wynn Las Vegas, LLC
12 d/b/a Wynn Las Vegas
13
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19
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LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

CERTIFICATE OF SERVICE

I certify that I am an employee of Lawrence J. Semenza, III, P.C., and that on this 5th day of May, 2014, I sent via e-mail and via U.S. Mail at Las Vegas, Nevada, a true and correct copy of the above and foregoing **OFFER OF JUDGMENT** in a sealed envelope upon which first class postage was prepaid to:

NAIMI, DILBECK & JOHNSON, CHTD.
J. Scott Dilbeck, Esq., Bar No. 10565
5495 S. Rainbow Blvd., Suite 202c
Las Vegas, Nevada 89118
scott@naimidilbeck.com

Attorneys for Plaintiff Yvonne O'Connell

/s/ Olivia A. Rodriguez
Employee of Lawrence J. Semenza, III, P.C.

LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

EXHIBIT 3

NETTLES LAW FIRM
1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 BRIAN D. NETTLES, ESQ.
2 Nevada Bar No. 7462
3 CHRISTIAN M. MORRIS, ESQ.
4 Nevada Bar No. 11218
5 NETTLES LAW FIRM
6 1389 Galleria Drive, Suite 200
7 Henderson, Nevada 89014
8 Telephone: (702) 434-8282
9 Facsimile: (702) 434-1488
10 briannettles@nettlslawfirm.com
11 christianmorris@nettlslawfirm.com
12 Attorneys for Plaintiff

DISTRICT COURT

CLARK COUNTY, NEVADA

13 YVONNE O'CONNELL, an individual,
14 Plaintiff,

15 vs.

16 WYNN LAS VEGAS, LLC, a Nevada Limited
17 Liability Company, doing business as WYNN
18 LAS VEGAS; DOES I through X; and ROE
19 CORPORATIONS I through X, inclusive,
20 Defendants.

CASE NO. A-12-655992-C

DEPARTMENT NO. V

PLAINTIFF'S OFFER OF JUDGMENT
TO DEFENDANT

21 TO: WYNN LAS VEGAS, LLC dba WYNN LAS VEGAS, Defendant; and
22 TO: LAWRENCE J. SEMENZA, III, ESQ. AND CHRISTOPHER D. KIRCHER, ESQ.,
23 ATTORNEYS FOR DEFENDANT.

24 Pursuant to NRCP 68 and NRS 17.115, Plaintiff, YVONNE O'CONNELL, hereby offers
25 to allow judgment to be taken in her favor, only, and against Defendant, WYNN LAS VEGAS,
26 LLC dba WYNN LAS VEGAS, in the above-entitled matter in the total amount of FORTY-
27 NINE THOUSAND NINE HUNDRED NINETY-NINE AND NO/100THS DOLLARS
28 (\$49,999.00), inclusive of all accrued interest, costs, and attorney fees, and any other sums that

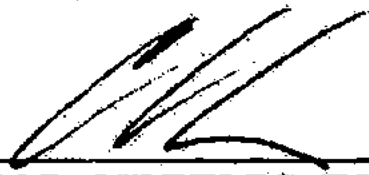
NETTLES LAW FIRM
1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 could be claimed by Plaintiff, YVONNE O'CONNELL, against Defendant, WYNN LAS
2 VEGAS, LLC dba WYNN LAS VEGAS, in the above-captioned action.

3 This Offer of Judgment is made in accordance with NRCP 68 and NRS 17.115 and is not
4 to be construed either as an admission that the Defendant, WYNN LAS VEGAS, LLC dba
5 WYNN LAS VEGAS, is liable in this action, or that Plaintiff, YVONNE O'CONNELL, has
6 suffered any damage. Acceptance of this Offer of Judgment would fully discharge and release
7 Defendant, WYNN LAS VEGAS, LLC dba WYNN LAS VEGAS, from all claims as alleged in
8 the Complaint by Plaintiff, YVONNE O'CONNELL, on file herein against said Defendant,
9 WYNN LAS VEGAS, LLC dba WYNN LAS VEGAS. If this Offer of Judgment is not accepted
10 within ten (10) days from receipt by Defendant, WYNN LAS VEGAS, LLC dba WYNN LAS
11 VEGAS, then it shall be deemed withdrawn

12 DATED this 3rd day of September, 2015.

13 NETTLES LAW FIRM

14 
15 _____
16 BRIAN D. NETTLES, ESQ.
17 Nevada Bar No. 7462
18 CHRISTIAN M. MORRIS, ESQ.
19 Nevada Bar No. 11218
20 1389 Galleria Drive, Suite 200
21 Henderson, Nevada 89014
22 Attorneys for Plaintiff
23
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NETTLES LAW FIRM

1389 Galleria Drive Suite 200

Henderson, NV 89014

(702) 434-8282 / (702) 434-1488 (fax)

CERTIFICATE OF SERVICE

Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this 30th day
September, 2015, I served the foregoing *Plaintiff's Offer of Judgment to Defendant* to the
following parties by electronic transmission through the Wiznet system:

Lawrence J. Semenza, III, Esq.
Christopher D. Kircher, Esq.
Lawrence J. Semenza, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Attorneys for Defendant
Wynn Las Vegas, LLC dba
Wynn Las Vegas

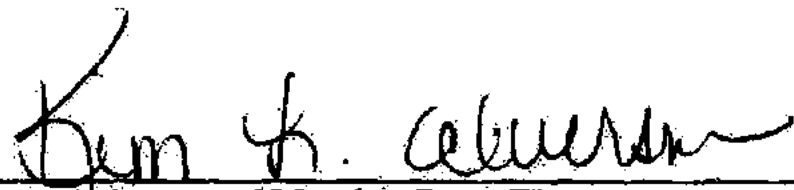

An employee of Nettles Law Firm

EXHIBIT 4

RETAINER AGREEMENT

BE IT REMEMBERED THAT YVONNE O'CONNELL has retained and does by this instrument retain the NETTLES LAW FIRM as her attorneys; said attorneys to handle on her behalf, all claims for damages arising out of and resulting from an incident which occurred on February 8, 2010, which she now has, and which might hereafter accrue against Wynn, filed with the Eighth Judicial District Court entitled *Yvonne O'Connell vs. Wynn Las Vegas, LLC, et al, Case Number A-12-655992-C*, and any entity thereof, for injuries arising out of said incident and that the parties have respectively agreed as follows:

1. The fee for legal services shall be a contingent fee predicated on recovery or recoveries had, whether by way of settlement, arbitration, or trial, as the case may be, and the fees shall be computed as follows:

A. THE CONTINGENT FEE SHALL BE:

- (1) SUBSEQUENT TO THE FILING OF A LAWSUIT, THE FEE SHALL BE 40% OF ANY AMOUNT RECOVERED, OR THE ACTUAL ATTORNEYS FEES RECOVERED, WHICHEVER IS GREATER.**
- (2) IN THE EVENT THAT AN APPEAL FROM THE TRIAL IS NECESSARY, THE FEE SHALL BE 50% OF ANY AMOUNT RECOVERED.**
- (3) IF SETTLEMENT OF THIS CASE IS MADE BY STRUCTURED SETTLEMENT, ATTORNEY'S FEES SHALL BE PAID OUT OF THE INITIAL CASH PAYMENT.**

2. **ALL COSTS, INCLUDING ARBITRATION COSTS, COSTS OF OBTAINING EXPERTS TO ANALYZE AND EVALUATE THE CAUSE OF THE ACCIDENT, COSTS OF MEDICAL DOCTOR'S TESTIMONY, COSTS OF WITNESS FEES, TRAVEL COSTS, DEPOSITION COSTS, COURT COSTS, AND ALL COSTS OF LITIGATION, INCLUDING LONG DISTANCE PHONE CALLS, COPYING EXPENSES,**

1 REGARDSLESS OF THE OUTCOME, ARE TO BE PAID BY THE CLIENT, AND IF ANY OF THEM SHALL
2 HAVE BEEN ADVANCED BY THE ATTORNEY, HE SHALL BE REIMBURSED FOR THE SAME. THE
3 ATTORNEY IS AUTHORIZED TO PAY ANY OF SAID EXPENSES OUT OF THE SHARE OF THE
4 SETTLEMENT ACCRUING TO THE CLIENT.

5
6 IT IS FURTHER UNDERSTOOD THAT THE ATTORNEY MAY ADVANCE COSTS OF
7 LITIGATION WHICH HE, IN HIS DISCRETION, DEEMS TO BE NECESSARY FOR THE PROSECUTION
8 OF THE CLIENT'S CASE.

9 THAT CLIENT ALSO UNDERSTANDS THAT HE MAY BE LIABLE FOR THE OPPOSING
10 PARTIES ATTORNEY'S FEES AND COSTS SHOULD CLIENT NOT PREVAIL IN THE LAWSUIT.

11 It is further understood and agreed that client will maintain contact with attorney's
12 office by telephone or letter at least once per month and shall be responsible for providing
13 attorney with a current address and telephone number where they can be reached at all times. If
14 the client does not maintain contact with the attorneys office and attorney is unable to contact
15 client after reasonable efforts, client hereby authorizes attorney to resolve the case for reasonable
16 settlement value determined by the judgment of the attorney and where all liens can be satisfied
17 and clients share is equal to or greater than the attorneys fee. Client further authorizes attorney to
18 file a Complaint at all times if the case cannot be resolved prior to litigation.

19 3. THAT CLIENT UNDERSTANDS THAT ANY LAWSUIT BROUGHT SOLELY TO HARASS
20 OR COERCE A SETTLEMENT FROM ANOTHER PARTY, MAY RESULT IN THE CLIENT BEING HELD
21 LIABLE IN A COUNTERSUIT FOR MALICIOUS PROSECUTION OR ABUSE OF PROCESS.

22 4. IT IS UNDERSTOOD THAT THE ATTORNEY'S FEES ARE ENTIRELY CONTINGENT
23 AND SHALL BE OBTAINED FROM THE RECOVERY PROCEEDS ONLY WITH THE EXCEPTION THAT
24 ALL COSTS, INCLUDING THE COSTS ADVANCED BY THE ATTORNEY, WHETHER THERE IS A
25 RECOVERY OR NOT, SHALL BE PAID BY THE CLIENT.

26
27 It is agreed that no settlement shall be made without full discussion and
28 agreement between the parties. However, in the event the parties cannot agree, the client shall
have the right to obtain other counsel to pursue this case or to pursue the case on his/her own,

1 and NETTLES LAW FIRM shall have the right to withdraw as attorney for the client. In either
2 event, the attorney's fees of the NETTLES LAW FIRM shall be computed as forty percent (40%)
3 or fifty percent (50%), whichever is higher in accordance with the provisions of paragraph 1(A)
4 herein, of the amount which has been offered to settle the case at the time the plaintiff either
5 elects to obtain other counsel or NETTLES LAW FIRM elects to withdraw from the case and the
6 NETTLES LAW FIRM shall retain a lien upon any proceeds of settlement or judgment for that
7 amount, plus any and all costs expended to date.
8

9 In the event of either of the above-mentioned elections, it is further agreed that
10 NETTLES LAW FIRM fees and costs shall be deemed to have been earned and shall be due and
11 owing regardless of the outcome of any action or the recovery of any settlement.

12 If the client elects to obtain other counsel prior to any settlement offer having
13 been made or terminates the services of NETTLES LAW FIRM, the client agrees to pay to
14 NETTLES LAW FIRM the sum of \$300.00 per hour for the time expended on his/her case in
15 addition to costs incurred or the sum equivalent of 40% or 50% pursuant to Paragraph 1 (a)
16 above plus costs incurred as quantum merit, whichever is greater, which is subject to a lien on
17 the case. Amounts owed pursuant to this paragraph 4 are not contingent on the outcome of any
18 action or the recovery of any settlement.

19 5. It is understood that NETTLES LAW FIRM shall have the right to withdraw from
20 the case upon notice to the client if, in the attorney's opinion, investigation disclosed that the case
21 has no merit or that it is not economically feasible to pursue.
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Nettles Law Firm

1389 Galleria Drive, Suite 200

Henderson, NV 89014

702-434-8282 / 702-434-1488 (fax)

1 6. Client acknowledges that attorneys have not made any guarantees or assurances
2 regarding the success of pursuing client's claim. Attorneys shall not be liable for any error or
3 judgment, actions or omissions, unless the same shall be shown to be reckless, willful, or grossly
4 negligent.

5 SIGNED this 17 day of February, 2015.

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9 NETTLES LAW FIRM

Yvonne O'Connell
CLIENT - YVONNE O'CONNELL

EXHIBIT 5

BRIAN D. NETTLES, ESQ.
 Nevada Bar No. 7462
 CHRISTIAN M. MORRIS, ESQ.
 Nevada Bar No. 11218
 NETTLES LAW FIRM
 1389 Galleria Drive, Suite 200
 Henderson, Nevada 89014
 Telephone: (702) 434-8282
 Facsimile: (702) 434-1488
briannettles@nettlslawfirm.com
christianmorris@nettlslawfirm.com
Attorneys for Plaintiff

DISTRICT COURT

CLARK COUNTY, NEVADA

YVONNE O'CONNELL, an individual,

 Plaintiff,

vs.

WYNN LAS VEGAS, LLC, a Nevada
 Limited Liability Company, doing business
 as WYNN LAS VEGAS; DOES I through
 X; and ROE CORPORATIONS I through X,
 inclusive,

Defendants.

CASE NO. A-12-655992-C
 DEPT NO. V

**MEMORANDUM OF COSTS AND
 DISBURSEMENTS AND
 CALCULATION OF PRE-JUDGMENT
 INTEREST**

Filings Fees – Clark County Wiznet through 11/16/15:

Filing Fees at \$3.50 x 29 entries \$ 101.50

Medical Record Copy Charges:

Radiology Associates \$ 4.98

Service Fees:

Subpoena Duces Tecum – Sal Risco – Trial Testimony \$ 171.20

1	Subpoena Duces Tecum – Yanet Elias – Trial Testimony	\$ 80.00
2	Subpoena Duces Tecum – Corey Prowell – Trial Testimony	\$ 110.00
3	<u>Copy Charges and Facsimile Charges:</u>	
4	2480 pages at .08¢ per page	\$ 198.40
5	<u>Witness Fees:</u>	
6	Yanet Elias – Trial Appearance	\$ 30.00
7	Corey Prowell – Trial Appearance	\$ 30.00
8	<u>Runner Service Fees:</u>	
9	09/01/2015 OST	\$ 20.00
10	10/05/2015 Expert Report Pick-up/ Pre-trial Memo hand delivery to dept	\$ 153.50
11	11/3/2015 Hand Delivery to Court	\$ 36.00
12	<u>Investigator Fee:</u>	
13	Skip Trace – witness Terry Ruby	\$ 150.00
14	<u>Expert Witness Fees:</u>	
15	Gary Presswood	\$ 3,699.00
16	Craig Tingey, M.D. Trial Preparation/Trial Testimony	\$ 6,000.00
17	Thomas Dunn, M.D. – Trial Testimony	\$10,000.00
18	<u>Deposition Fees/Transcript Copy Charges:</u>	
19	Yanet Elias 3/24/2015	\$ 845.00
20	Yvonne O’Connell 3/19/15 and 6/9/2015	\$ 904.20
21	Corey Prowell 5/26/2015	\$ 599.42
22	Trevor Maxwell 10/07/2015	\$ 640.50
23	Trish Matthieu 10/07/2015	\$ 304.81
24	Salvatore Risco 4/29/2015	\$ 160.75
25	<u>Interpreter Fees:</u>	
26	Yanet Elias – Trial Testimony	\$ 160.00
27		
28		

Clark County Clerk:

Trial Transcription Service \$ 560.00

TOTAL COSTS EXPENDED \$

CALCULATION OF PRE-JUDGMENT INTEREST

Total award subject to interest \$ 240,000.00

Date of Offer of Judgment 9/3/2015 / Date of Verdict 11/16/2015

\$240,000.00 x 5.25% (Prime Rate Plus 2) ÷ 365 = \$34.52 (Daily Rate) x 75 days

TOTAL PRE-JUDGMENT INTEREST \$ **2,589.00**

DATED this 25th day of November, 2015.

NETTLES LAW FIRM


BRIAN D. NETTLES, ESQ.

Nevada Bar No. 7462

CHRISTIAN M. MORRIS, ESQ.

Nevada Bar No. 11218

NETTLES LAW FIRM

1389 Galleria Drive, Suite 200

Henderson, Nevada 89014

Attorneys for Plaintiff

STATE OF NEVADA)
) ss.:
COUNTY OF CLARK)

CHRISTIAN M. MORRIS, ESQ., being first duly sworn, deposes and says as follows:

Affiant is an attorney duly licensed to practice law in the State of Nevada and is the counsel of record for the Plaintiff in the above-entitled matter; I have read the above and foregoing *Plaintiff's Memorandum of Costs and Disbursements and Calculation of Pre-Judgment Interest*, and know the contents thereof; that to the best of my knowledge and belief the items listed are correct, and that the costs have been reasonably and necessarily incurred in

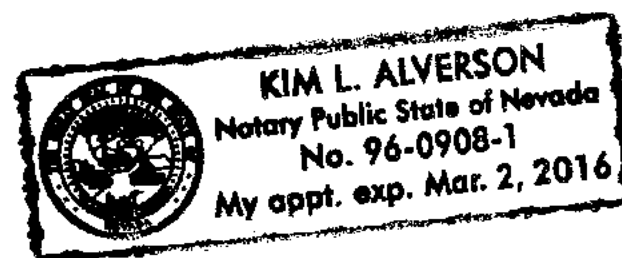
NETTLES LAW FIRM

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Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1 this action; that the memorandum is true and correct of my own knowledge, except for any
2 matters therein stated upon information and belief, and as to those matters therein stated, I
3 believe them to be true.


CHRISTIAN M. MORRIS

4
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8 SUBSCRIBED AND SWORN to before
9 me this 25th day of November, 2015.



10 
11 NOTARY PUBLIC in and for said
12 County and State
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Filer's Name	Filing Title	Case Number	Case Name	Date Filed	Amount	Court Fee	Card Fee
Brian D. Nett	Notice of Entry of Discovery	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	11/17/15	0 \$3.50	0	0
Brian D. Nett	Notice of Entry of Discovery	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	11/17/15	0 \$3.50	0	0
Brian D. Nett	Discovery Commissioner	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	11/17/15	0 \$3.50	0	0
Brian D. Nett	Plaintiff's Brief As To Con	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	11/12/15	1 \$3.50	0	0
Brian D. Nett	Plaintiff's Brief Regarding	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	11/09/15	0 \$3.50	0	0
Brian D. Nett	Plaintiff's Brief as to Testi	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	11/09/15	1 \$3.50	0	0
Brian D. Nett	Notice of Entry of Order	GA-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	11/05/15	0 \$3.50	0	0
Brian D. Nett	Order Granting Plaintiff's	(A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	11/05/15	0 \$3.50	0	0
Brian D. Nett	Plaintiff's Proposed Verdic	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	10/28/15	0 \$3.50	0	0
Brian D. Nett	Plaintiff's Proposed Voir D	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	10/28/15	0 \$3.50	0	0
Brian D. Nett	Plaintiff's Pretrial Disclosu	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	10/28/15	0 \$3.50	0	0
Brian D. Nett	Supplement	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	10/27/15	0 \$3.50	0	0
Brian D. Nett	Notice of Entry of Order	DA-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	10/12/15	0 \$3.50	0	0
Brian D. Nett	Order Denying Defendant	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	10/09/15	1 \$3.50	0	0
Brian D. Nett	Fifth Amended Notice of T	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	10/02/15	0 \$0.00	0	0
Brian D. Nett	Fourth Amended Notice o	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	10/02/15	1 \$0.00	0	0
Brian D. Nett	PLAINTIFF'S SIXTH SUP	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	09/28/15	0 \$0.00	0	0
Brian D. Nett	Joint Pre-Trial Memorand	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	09/28/15	1 \$3.50	0	0
Brian D. Nett	Notice of Entry of Discovery	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	09/24/15	0 \$3.50	0	0
Brian D. Nett	Discovery Commissioner	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	09/23/15	0 \$3.50	0	0
Brian D. Nett	PLAINTIFF'S FIFTH SUP	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	09/18/15	1 \$0.00	0	0
Brian D. Nett	Plaintiff's Reply to Defend	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	09/17/15	1 \$3.50	0	0
Brian D. Nett	Plaintiff's Motion to Re-Op	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	09/09/15	1 \$3.50	0	0
Brian D. Nett	Plaintiff's Offer of Judgme	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	09/03/15	0 \$0.00	0	0
Brian D. Nett	Supplemental Affidavit an	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	09/03/15	0 \$3.50	0	0
Brian D. Nett	PLAINTIFF'S AMENDED	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	08/27/15	0 \$0.00	0	0
Brian D. Nett	Plaintiff's Opposition to W	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	08/27/15	0 \$3.50	0	0
Brian D. Nett	Plaintiff's Opposition to W	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	08/27/15	1 \$3.50	0	0
Brian D. Nett	Plaintiff's Opposition to W	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	08/27/15	1 \$3.50	0	0
Brian D. Nett	Supplemental Affidavit an	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	08/18/15	0 \$3.50	0	0
Brian D. Nett	Plaintiff's Omnibus Motion	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	08/13/15	0 \$3.50	0	0
Brian D. Nett	Plaintiff's Errata to Opposi	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	08/11/15	1 \$3.50	0	0
Brian D. Nett	Plaintiff's Opposition to D	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	08/04/15	0 \$3.50	0	0
Brian D. Nett	Plaintiff's Opposition to D	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	07/27/15	0 \$3.50	0	0
Brian D. Nett	Third Amended Notice of	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	07/24/15	0 \$0.00	0	0
Brian D. Nett	PLAINTIFF'S FOURTH SI	A-12-655992-C	Yvonne O'Connell, Plaintiff(s) vs. Wy	07/14/15	1 \$0.00	0	0

Brian D. Nett Second Amended Notice	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	07/13/15	1	\$0.00	0	0
Brian D. Nett Notice Vacating 30(b)(6)	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	06/23/15	0	\$0.00	0	0
Brian D. Nett PLAINTIFF'S THIRD SUP	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	06/12/15	0	\$0.00	0	0
Brian D. Nett Notice of Taking 30(b)(6)	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	06/05/15	0	\$0.00	0	0
Brian D. Nett Plaintiff, Yvonne O'Conne	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	05/21/15	0	\$0.00	0	0
Brian D. Nett Amended Notice of Taking	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	05/14/15	0	\$0.00	0	0
Brian D. Nett Notice of Taking Depositio	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	05/13/15	1	\$0.00	0	0
Brian D. Nett Plaintiff's Initial Expert Dis	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	04/13/15	0	\$0.00	0	0
Brian D. Nett Plaintiff's Offer of Judgme	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	03/26/15	1	\$0.00	0	0
Brian D. Nett Amended Notice of Site Ir	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	03/26/15	1	\$0.00	0	0
Brian D. Nett Plaintiff's Second Supplen	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	03/18/15	0	\$0.00	0	0
Brian D. Nett Plaintiff's First Supplemen	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	03/16/15	1	\$0.00	0	0
Brian D. Nett Second Amended Notice	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	03/10/15	0	\$0.00	0	0
Brian D. Nett Amended Notice of Taking	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	03/10/15	0	\$0.00	0	0
Brian D. Nett Notice of Site Inspection	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	03/10/15	0	\$0.00	0	0
Brian D. Nett Notice of Taking Depositio	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	03/10/15	0	\$0.00	0	0
Brian D. Nett Notice of Appearance	A-12-655992-C	Yvonne O'Connell, Plaintiff(s)vs.Wy	02/18/15	1	\$3.50	0	0

IN THE SUPREME COURT OF THE STATE OF NEVADA

WYNN LAS VEGAS, LLC d/b/a WYNN
LAS VEGAS,

Appellant,

vs.

YVONNE O'CONNELL, an individual,

Respondent.

YVONNE O'CONNELL, an individual,

Appellant,

vs.

WYNN LAS VEGAS, LLC d/b/a WYNN
LAS VEGAS,

Respondent.

Supreme Court Case No.: 70583(L)

Consolidated with Case No.: 71789

Electronically Filed

Jul 31 2017 02:36 p.m.

Eighth Jud. Dist. Ct.

Elizabeth A. Brown

Case No.: A-12-555992-C
Clerk of Supreme Court

Supreme Court Case No.: 71789

RESPONDENT/APPELLANT'S APPENDIX ("RA")
Vol. 1; 1 RA 001-200

Brian D. Nettles, Esq. (7462)
Christian M. Morris, Esq. (11218)
Jon J. Carlston, Esq. (10869)
NETTLES LAW FIRM
1389 Galleria Drive, Suite 200
Henderson, Nevada 89014
Telephone: (702) 434-8282
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Attorneys for Respondent/Appellant
YVONNE O'CONNELL

CHRONOLOGICAL INDEX

Volume 1: 1 RA 001-200

Volume 2: 2 RA 201-400

Volume 3: 3 RA 401-607

Description	Date	Pages
Plaintiff's First Supplement to and Amendment of Initial 16.1 Disclosures: Medical Records from Desert Orthopaedic Center (PLTF000600-627)	March 16, 2015	1 RA 001- 1 RA 046
Defendant's Ninth Supplemental Disclosures Pursuant to NRCP 16.1: Medical Records from Desert Orthopaedic Center (Wynn-O'Connell01296-01328)	March 28, 2015	1 RA 047- 1 RA 082
Plaintiff's Fourth Supplement to and Amendment of Initial 16.1 Disclosures: Medical Records from Desert Orthopaedic Center (PLTF 000729-752)	July 14, 2015	1 RA 082- 1 RA 128
Joint Stipulated Exhibit 1-13 (0001-0015) entered at trial	November 4, 2015	1 RA 129- 1 RA 143
Copy of Joint Stipulated Exhibit 1-13 (0001-0015) entered at trial (more legible copy)	November 4, 2015	1 RA 144- 1 RA 158
The Clerk/Parties' Exhibit List from the November 2015 Trial	November 16, 2015	1 RA 159- 1 RA 167
Plaintiff's Trial Exhibit 4	November 12, 2016	1 RA 168
Plaintiff's Trial Exhibit 6	November 12, 2016	1 RA 169
Plaintiff's Trial Exhibit 8	November 12, 2016	1 RA 170
Plaintiff's Application for Fees, Costs and Pre-Judgment Interest	November 25, 2016	1 RA 171- 1 RA 200
Plaintiff's Amended Application for Fees, Costs and Pre-Judgment Interest	December 7, 2015	1 RA 201- 2 RA 221
Defendant's Opposition to Plaintiff's Application for Fees, Costs and Pre-Judgment Interest and Motion to Retax Costs	December 21, 2015	2 RA 222- 2 RA 245
Plaintiff's Amended Verified Memorandum of Costs	December 21, 2015	2 RA 246- 2 RA 324

Defendant's Supplement to Motion to Retax Costs and Opposition to Plaintiff's Application for Fees, Costs and Pre-Judgment Interest	December 28, 2015	2 RA 325- 3 RA 421
Plaintiff's Opposition to Defendant's Motion to Retax Costs And Reply to Defendant's Opposition to Plaintiff's Motion and Notice of Motion to Tax Costs and For Fees and Post-Judgment Interest	January 14, 2016	3 RA 422- 3 RA 435
MINUTE ORDER	June 29, 2016	3 RA 436- 3 RA 437
Supplemental Brief Regarding Deviating above NRS 18.005(5)'s Expert Witness Statutory Cap Pursuant to the <i>Frazier v. Duke</i> Factors	July 13, 2016	3 RA 438- 3 RA 512
Errata to Supplemental Brief Regarding Deviating above NRS 18.005(5)'s Expert Witness Statutory Cap Pursuant to the <i>Frazier v. Duke</i> Factors	July 13, 2016	3 RA 513- 3 RA 527
Defendant's Supplemental Response Brief Regarding <i>Frazier v. Duke</i>	July 26, 2016	3 RA 528- 3 RA 559
Count Minutes	August 12, 2016	3 RA 560- 3 RA 561
Transcript from the August 12, 2015, hearing	September 13, 2016	3 RA 562- 3 RA 569
Order Partially Granting and Partially Denying Defendant's Motion to Retax Costs and Plaintiff's Motion to Tax Costs and for Fees, Costs and Post-Judgment Interest	November 9, 2016	3 RA 570- 3 RA 586

Notice of Entry of Order	November 10, 2016	3 RA 587- 3 RA 605
Notice of Appeal	November 17, 2016	3 RA 606- 3 RA 607

DATED this 21st day of July, 2017.

NETTLES LAW FIRM

/s/ Jon J. Carlston

BRIAN D. NETTLES, ESQ. (7462)

CHRISTIAN M. MORRIS, ESQ. (11218)

JON J. CARLSTON, ESQ. (10869)

Attorneys for Respondent/Appellant

YVONNE O'CONNELL

CERTIFICATE OF SERVICE

I certify that on the 21th day of July 2017, I electronically filed **RESPONDENT/APPELLANT'S APPENDIX** with the Supreme Court of Nevada by using the Court's eFlex electronic filing system to the following parties.

Lawrence J. Semenza, III, Esq.

Christopher D. Kircher, Esq.

Jarrold L. Rickard, Esq.

SEMENZA KIRCHER RICKARD

Attorneys for Appellant/Respondent

WYNN LAS VEGAS, LLC d/b/a WYNN LAS VEGAS

/s/ Jenn Alexy

An employee of the NETTLES LAW FIRM

NETTLES LAW FIRM

1389 Galleria Drive Suite 200

Henderson, NV 89014

(702) 434-8282 / (702) 434-1488 (fax)

1 BRIAN D. NETTLES, ESQ.
2 Nevada Bar No. 7462
3 CHRISTIAN M. MORRIS, ESQ.
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5 NETTLES LAW FIRM
6 1389 Galleria Drive, Suite 200
7 Henderson, Nevada 89014
8 Telephone: (702) 434-8282
9 Facsimile: (702) 434-1488
10 brian@nettleslawfirm.com
11 christian@nettleslawfirm.com
12 Attorneys for Plaintiff

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DISTRICT COURT
CLARK COUNTY, NEVADA

YVONNE O'CONNELL, an individual,

Plaintiff,

vs.

WYNN LAS VEGAS, LLC, a Nevada Limited
Liability Company, doing business as WYNN
LAS VEGAS; DOES I through X; and ROE
CORPORATIONS I through X, inclusive,

Defendants.

CASE NO. A-12-655992-C

DEPARTMENT NO. V

PLAINTIFF'S FIRST SUPPLEMENT
TO AND AMENDMENT OF INITIAL
16.1 DISCLOSURES

Plaintiff, YVONNE O'CONNELL, by and through her attorneys of record BRIAN D. NETTLES, ESQ. and CHRISTIAN M. MORRIS, ESQ. of the NETTLES LAW FIRM, hereby submits her First Supplement to Early Case Conference Disclosures pursuant to NRCP 16. 1, as follows:

I. WITNESSES

Pursuant to NRCP 161 (a) (1) (A), the name and, if known, the address and telephone number of each individual likely to have information discoverable under Rule 26(b), including

for impeachment or rebuttal, identifying the subjects of the information:

1. Yvonne O'Connell
c/o Nettles Law Firm
1389 Galleria Drive, Suite 200
Henderson, NV 89014

This witness, Plaintiff, is expected to testify regarding the facts and circumstances contained in the Complaint on file herein.

2. Person Most Knowledgeable
Wynn Las Vegas, LLC
c/o Lawrence J. Semenza, III, Esq.
LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

This witness is expected to testify regarding the facts and circumstances contained in the Complaint on file herein.

3. Jon Sorelle, M.D. and/or
Person Most Knowledgeable/Custodian of Records
The Minimally Invasive Hand Institute
8960 W. Tropicana Ave.
Las Vegas, NV 89147
Phone:(702) 739-4263

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

4. Person Most Knowledgeable/Custodian of Records
Steinberg Diagnostics
2950 S. Maryland Pkwy.
Las Vegas, NV
Phone: (702) 732-6000

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

5. Person Most Knowledgeable/Custodian of Records
UMC Quickcare
1800 West Charleston Blvd.
Las Vegas, NV 89102
Phone: (702) 383-2000

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

6. Person Most Knowledgeable/Custodian of Records
Matt Smith Physical Therapy
9499 W. Charleston Blvd., Suite 220
Las Vegas, NV 89117
Phone: (702) 933-9394

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

7. Timothy Trainor, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Advanced Orthopedic & Sports Medicine
8420 W. Warm Springs Rd.
Las Vegas, NV
Phone: (702) 740-5327

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

- 1 8. John A. Thompson, M.D. and/or
2 Person Most Knowledgeable/Custodian of Records
3 Desert Oasis Clinic
4 6316 S. Rainbow Blvd., Suite 100
5 Las Vegas, NV 89118
6 Phone: (702) 310-9350

7 This individual is expected to testify as a treating physician and as an expert regarding
8 the injuries sustained, past present and future medical treatment and impairment, prognosis,
9 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
10 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
11 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
12 also a treating physician and thereby not retained or specially employed to provide expert
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17 other incidents having relevance to this action. The facts and opinions to which the expert is
18 expected to testify include any and all facts and opinions in the said medical records, and that the
19 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
20 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
21 any party in this action that contradict the same.

- 22 9. Christopher Milford, M.D., P.C. and/or
23 Person Most Knowledgeable/Custodian of Records
24 Silver State Neurology
25 9811 W. Charleston Blvd., Ste. 2-357
26 Las Vegas, NV 89117
27 Phone: (702) 256-3637

28 This individual is expected to testify as a treating physician and as an expert regarding
the injuries sustained, past present and future medical treatment and impairment, prognosis,
disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

- 1 10. Person Most Knowledgeable/Custodian of Records
2 Edwin Suarez Physical Therapy
3 4955 S. Durango Dr. #100
4 Las Vegas, NV 89113
5 Phone: (702) 489-9785

6 This individual is expected to testify as a treating physician and as an expert regarding
7 the injuries sustained, past present and future medical treatment and impairment, prognosis,
8 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
9 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
10 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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16 other incidents having relevance to this action. The facts and opinions to which the expert is
17 expected to testify include any and all facts and opinions in the said medical records, and that the
18 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
19 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
20 any party in this action that contradict the same.

- 21 11. Edson Erkulvrawatr, M.D. and/or
22 Person Most Knowledgeable/Custodian of Records
23 Southern Nevada Pain Center
24 6950 W. Desert Inn Rd., Ste. 110
25 Las Vegas, NV 89117
26 Phone: (702) 259-5550

27 This individual is expected to testify as a treating physician and as an expert regarding
28 the injuries sustained, past present and future medical treatment and impairment, prognosis,
disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
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other incidents having relevance to this action. The facts and opinions to which the expert is
expected to testify include any and all facts and opinions in the said medical records, and that the
medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

- 1 12. Leo Germin, M.D.
2 Person Most Knowledgeable/Custodian of Records
3 Clinical Neurology Specialists
4 1691 W. Horizon Ridge Pkwy., Ste. 100
5 Henderson, NV 89012
6 Phone: (702) 804-1212

7 This individual is expected to testify as a treating physician and as an expert regarding
8 the injuries sustained, past present and future medical treatment and impairment, prognosis,
9 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
10 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
11 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
12 also a treating physician and thereby not retained or specially employed to provide expert
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14 let us know immediately or your failure to object will be deemed a stipulation that said
15 documents are not required under the rule. Further, this expert is expected to testify consistent
16 with the medical records related to the treatment of the Plaintiff for the subject incident, and
17 other incidents having relevance to this action. The facts and opinions to which the expert is
18 expected to testify include any and all facts and opinions in the said medical records, and that the
19 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
20 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
21 any party in this action that contradict the same.

- 22 13. Andrew Cash, M.D. and/or
23 Person Most Knowledgeable/Custodian of Records
24 Nevada Institute of Spine Care
25 9339 W. Sunset Road, Ste. 100
26 Las Vegas, NV89148
27 Phone: (702) 630-3472

28 This individual is expected to testify as a treating physician and as an expert regarding
the injuries sustained, past present and future medical treatment and impairment, prognosis,
disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
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expected to testify include any and all facts and opinions in the said medical records, and that the
medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
any party in this action that contradict the same.

14. Lee Wittenberg, DPM and/or
Person Most Knowledgeable/Custodian of Records
Apache Foot & Ankle Specialist LLC
9710W. Tropicana Ave., Ste. 115
Las Vegas, NV 89147
Phone: (702) 362-2622

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

15. Suresh Prahbu, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Ascent Primary Care
653 N. Town Center Dr., Ste. 217
Las Vegas, NV 89144
Phone: (702) 545-0751

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

16. Person Most Knowledgeable/Custodian of Records
University Medical Center
1800 West Charleston Blvd.
Las Vegas, NV 89102
Phone: (702) 383-2000

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

17. Thomas Dunn, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Desert Othopaedic Center
2800 East Desert Inn Road, Suite 100
Las Vegas, NV 89121-3609
Phone: (702) 731-1616

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

18. Yakov Shaposhnikov, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Gastrointestinal and Liver Diseases
2020 Goldring Avenue
Las Vegas, NV 89106

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

17. Enrique Lacayo, M.D. and/or
Person Most Knowledgeable/Custodian of Records
2020 Goldring Avenue
Las Vegas, NV 89106

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

18. Nanjunda Subramanyam, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Heart and Vascular Center
1820 Desert Inn Rd., Suite A

Las Vegas, NV 89169

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

19. Scott Manthei, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Eye and Ear
2598 Windmill Pkwy.
Henderson, NV 89074

This individual is expected to testify as a treating physician and as an expert regarding the injuries sustained, past present and future medical treatment and impairment, prognosis, disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is also a treating physician and thereby not retained or specially employed to provide expert testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree, let us know immediately or your failure to object will be deemed a stipulation that said documents are not required under the rule. Further, this expert is expected to testify consistent with the medical records related to the treatment of the Plaintiff for the subject incident, and other incidents having relevance to this action. The facts and opinions to which the expert is expected to testify include any and all facts and opinions in the said medical records, and that the medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by any party in this action that contradict the same.

20. Tyree Carr, M.D. and/or
Person Most Knowledgeable/Custodian of Records
Nevada Institute of Ophthalmology
2800 N. Tenaya Way, #102
Las Vegas, NV 89128

1 This individual is expected to testify as a treating physician and as an expert regarding
2 the injuries sustained, past present and future medical treatment and impairment, prognosis,
3 disability, pain and suffering, disfigurement, causation, and the reasonableness and necessity of
4 all care and billing as it relates to the Plaintiff, and to authenticate and verify the medical records
5 and bills. Pursuant to Nev.R.Civ.P. 16.1 (2)(b), the said witness, being an expert witness who is
6 also a treating physician and thereby not retained or specially employed to provide expert
7 testimony will not be submitting a C.V., Fee Schedule, Report or Trial History. If you disagree,
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9 documents are not required under the rule. Further, this expert is expected to testify consistent
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11 other incidents having relevance to this action. The facts and opinions to which the expert is
12 expected to testify include any and all facts and opinions in the said medical records, and that the
13 medical treatment the Plaintiff received was reasonable, necessary, and caused by the incident
14 set forth in the Complaint, and would rebut any opinions rendered by any witness disclosed by
15 any party in this action that contradict the same.

16 Plaintiff reserves the right to call any witness designated by any other party to this
17 proceeding.

18 Discovery is continuing and Plaintiff reserves the right to supplement this list as
19 additional information becomes available.

20 II. DOCUMENTS, DATA COMPILATIONS AND TANGIBLE THINGS

21 *Pursuant to NRCP 161 (a)(1)(B), a copy of or a description by category and location of*
22 *all documents, data compilations, and tangible things that are in the possession, custody, or*
23 *control of the party and which are discoverable under Rule 26(b):*

- 24 1. Medical Records and Billing Statement
25 Jon Sorelle, M.D.
26 The Minimally Invasive Hand Institute
27 8960 W. Tropicana Ave.
28 Las Vegas, NV 89147
Bate numbered PLTF000001 through PLTF000018 and attached hereto.
2. Diagnostic Records and Billing Statement
Steinberg Diagnostics
2950 S. Maryland Pkwy.
Las Vegas, NV
Bate numbered PLTF000019 through PLTF000033 and attached hereto.
3. Medical Records and Billing Statement
UMC Quickcare
1800 West Charleston Blvd.
Las Vegas, NV 89102

NETTLES LAW FIRM

1389 Galleria Drive Suite 200

Henderson, NV 89014

(702) 434-8282 / (702) 434-1488 (fax)

- 1 Bate numbered PLTF000034 through PLTF000289 and attached hereto.
- 2 4. Physical Therapy Records and Billing Statement
- 3 Matt Smith Physical Therapy
- 4 9499 W. Charleston Blvd., Suite 220
- 5 Las Vegas, NV 89117
- 6 Bate numbered PLTF000290 through PLTF000374 and attached hereto.
- 7 5. Medical Records and Billing Statement
- 8 Timothy Trainor, M.D.
- 9 Advanced Orthopedic & Sports Medicine
- 10 8420 W. Warm Springs Rd.
- 11 Las Vegas, NV
- 12 Bate numbered PLTF000375 through PLTF000396 and attached hereto.
- 13 6. Medical Records and Billing Statement
- 14 John A. Thompson, M.D.
- 15 Desert Oasis Clinic
- 16 6316 S. Rainbow Blvd., Suite 100
- 17 Las Vegas, NV 89118
- 18 Bate numbered PLTF000397 through PLTF000407 and attached hereto.
- 19 7. Medical Records and Billing Statement
- 20 Christopher Milford, M.D., P.C.
- 21 Silver State Neurology
- 22 9811 W. Charleston Blvd., Ste. 2-357
- 23 Las Vegas, NV 89117
- 24 Bate numbered PLTF000408 through PLTF000431 and attached hereto.
- 25 8. Physical Therapy and Billing Statement
- 26 Edwin Suarez Physical Therapy
- 27 4955 S. Durango Dr. #100
- 28 Las Vegas, NV 89113
- 29 Bate numbered PLTF000432 through PLTF000443 and attached hereto.
- 30 9. Medical Records and Billing Statement
- 31 Edson Erkulvrawatr, M.D.
- 32 Southern Nevada Pain Center
- 33 6950 W. Desert Inn Rd., Ste. 110
- 34 Las Vegas, NV 89117
- 35 Phone: (702) 259-5550
- 36 Bate numbered PLTF000444 through PLTF000526 and attached hereto.
- 37 10. Medical Records and Billing Statement
- 38 Leo Germin, M.D.
- 39 Clinical Neurology Specialists
- 40 1691 W. Horizon Ridge Pkwy., Ste. 100

NETTLES LAW FIRM

1389 Galleria Drive Suite 200

Henderson, NV 89014

(702) 434-8282 / (702) 434-1488 (fax)

Henderson, NV 89012

Bate numbered PLTF000527 through PLTF000535 and attached hereto.

11. Medical Records and Billing Statement

Andrew Cash, M.D.

Nevada Institute of Spine Care

9339 W. Sunset Road, Ste. 100

Las Vegas, NV89148

Bate numbered PLTF000536 through PLTF000584 and attached hereto.

12. Medical Records and Billing Statement

Lee Wittenberg, DPM

Apache Foot & Ankle Specialist LLC

9710W. Tropicana Ave., Ste. 115

Las Vegas, NV 89147

Bate numbered PLTF000585 through PLTF000598 and attached hereto.

13. Medical Records and Billing Statement

Suresh Prahbu, M.D.

Ascent Primary Care

653 N. Town Center Dr., Ste. 217

Las Vegas, NV 89144

Bate numbered PLTF000594 through PLTF000598 and attached hereto.

14. Medical Records

Thomas Dunn, M.D. and/or

Desert Othopaedic Center

2800 East Desert Inn Road, Suite 100

Las Vegas, NV 89121-3609

Bate numbered PLTF000599 through PLTF000627 and attached hereto.

15. Medical Records and Billing Statement

Yakov Shaposhnikov, M.D. and/or

Gastrointestinal and Liver Diseases

2020 Goldring Avenue

Las Vegas, NV 89106

Bate numbered PLTF000628 through PLTF000649 and attached hereto.

16. Medical Records and Billing Statement

Enrique Lacayo, M.D.

2020 Goldring Avenue

Las Vegas, NV 89106

Bate numbered PLTF000650 through PLTF000677 and attached hereto.

17. Medical Records and Billing Statement
Nanjunda Subramanyam, M.D.
Nevada Heart and Vascular Center
1820 Desert Inn Rd., Suite A
Las Vegas, NV 89169
Bate numbered PLTF000678 through PLTF000683 and attached hereto.
19. Medical Records and Billing Statement
Scott Manthei, M.D.
Nevada Eye and Ear
2598 Windmill Pkwy.
Henderson, NV 89074
Bate numbered PLTF000684 through PLTF000699 and attached hereto.
20. Medical Records and Billing Statement
Tyree Carr, M.D.
Nevada Institute of Ophthalmology
2800 N. Tenaya Way, #102
Las Vegas, NV 89128
Bate numbered PLTF000700 through PLTF000716 and attached hereto.

Plaintiff reserves the right to offer any document(s) produced during this litigation including, but not limited to, documents produced by other parties and document attached as exhibits to pleadings and depositions.

Discovery is continuing and Plaintiff reserves the right to supplement this list as additional information becomes available.

III. COMPUTATION OF DAMAGES

Pursuant to NRCP 16 1(a)(1)(C), a computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary matter, not privileged or protected from disclosure, on which such computation is based, including materials bearing on the nature and extent of injuries suffered:

A. MEDICAL DAMAGES:

PROVIDER	AMOUNT
Jon Sorelle, M.D. The Minimally Invasive Hand Institute	\$ 2,625.00

NETTLES LAW FIRM

1389 Galleria Drive Suite 200
Henderson, NV 89014
(702) 434-8282 / (702) 434-1488 (fax)

1	Steinberg Diagnostics	\$ 2,605.00
2	UMC – Quick Care	\$ 7,783.56
3	Matt Smith Physical Therapy	\$ 3,235.00
4	Timothy J. Trainor, M.D. Advanced Orthopedic & Sports Medicine	\$ 181.00
5	John A. Thompson, M.D. Desert Oasis Clinic	\$ 250.00
6	Christopher Milford, M.D., P.C. Silver State Neurology	\$ 1,580.00
7	Edwin Suarez Physical Therapy	\$ 670.00
8	Southern Nevada Pain Center	\$ 680.00
9	Leo Germin, M.D. Clinical Neurology Specialists	\$ 2,510.00
10	Andrew Cash, M.D. Desert Institute of Spine Care	\$ 3,034.42
11	Lee Wittenberg, DPM Apache Foot & Ankle	\$ 310.00
12	Suresh Prahbu, M.D. Ascent Primary Care	\$ 270.00
13	Thomas Dunn, M.D. Desert Orthopaedic Center	\$ TBD
14	Yakov Shaposhnikov, M.D. Gastrointestinal and Liver Diseases	\$ 828.00
15	Enrique Lacayo, M.D.	\$ 175.00
16	Nanjunda Subramanyam, M.D. Nevada Heart and Vascular Center	\$ 1,440.00
17	Scott Manthei, M.D. Nevada Eye and Ear	\$ 750.00
18	Tyree Carr, M.D.	

Nevada Institute of Ophthalmology	\$ 790.00
TOTAL	\$ 29,716.98

B. ADDITIONAL DAMAGES:

Plaintiff has also suffered loss of enjoyment of life due to ongoing pain, in an amount to be proved at trial.

IV. INSURANCE POLICY

Pursuant to NRCF 161(a) (1) (D), for inspection and copying as under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment and any disclaimer or limitation of coverage or reservation of rights under any such insurance agreement:

Plaintiff is unaware of any insurance agreement(s).

DATED this 16th day of March, 2015.

NETTLES LAW FIRM

/s/ Christian Morris

BRIAN D. NETTLES, ESQ.

Nevada Bar No. 7462

CHRISTIAN M. MORRIS, ESQ.

Nevada Bar No. 11218

1389 Galleria Drive, Suite 200

Henderson, Nevada 89014

Attorneys for Plaintiff

NETTLES LAW FIRM

1389 Galleria Drive Suite 200

Henderson, NV 89014

(702) 434-8282 / (702) 434-1488 (fax)

CERTIFICATE OF SERVICE

Pursuant to NEFCR 9, NRCP 5(b) and EDCR 7.26, I certify that on this 16th day of March, 2015, I served the foregoing *Plaintiff's First Supplement To Initial Disclosures* to the following parties by electronic transmission through the Wiznet system:

Lawrence J. Semenza, III, Esq.
Christopher D. Kircher, Esq.
Lawrence J. Semenza, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
(702) 835-6803
Fax: (702) 920-8669
Attorneys for Defendant
Wynn Las Vegas, LLC dba
Wynn Las Vegas


An Employee of Nettles Law Firm

MEDICAL RECORDS REQUEST

2742716

Fax completed form to: (702) 734-4900

Submission date: 12-2-14

Purpose: This form is used for an individual's request to inspect and/or obtain copies of the patient's protected health information or records in our designated records sets or the designated record sets of our business associates. Please provide a legal document.

SECTION A: Patient Name.

Name: YVONNE O'CONNELL

Also known as or previous legal name:

Address: 8764 CAPTAINS PLACE, LAS VEGAS, NV 89117

Telephone: 702-228 4424

DOB: 8-18-51

Social Security Number: 547-74-4669

DOC Practitioner: DR DUNN + DR MARTIN

Last Seen: 10-13-14

SECTION B: To the Patient - Please read the following and complete the information requested.

You have the right to inspect and obtain a copy of your protected health information in designated record sets we or our business associates maintain. You are not, however, entitled to inspect or obtain a copy of any psychotherapy notes we may have; any information we may have compiled in anticipation of or for use in any civil, criminal, or administrative action or proceeding; any information not subject to disclosure to you under the Clinical Laboratory Improvements Amendments of 1988 (42 U.S.C. § 263a) and certain other records. To exercise your right of access, please complete this Section B.

Records You Wish to Inspect or Obtain Reproductions:

Paper Records in Chart ALL

Images including X-Ray, MRI, CT films, etc. ALL

Do you wish to: Inspect these records?

Obtain copies of these records? YES

We will charge you .60¢ per page to copy paper records and \$15 per film or CD for medical images.

What office address would you like to pick up the records at?

Desert Inn Office _____ Centennial Office _____ Horizon Ridge Office _____ Fort Apache Office X

Do you want us to mail the copies? NO - PICK UP

We will charge you for the postage. Please call when ready.

Please list the name and address of each person, including yourself or your personal representatives, for whom you want us to make and/or mail copies.

YVONNE O'CONNELL

If you want to provide access to or copies of your records to any person other than you or your personal representative, you must provide us with a signed authorization. We can supply you with the appropriate authorization form.

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE:

Yvonne O'Connell

Date: 12-2-14

If this request is by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: _____

Relationship to Patient: _____

YOU ARE ENTITLED TO A COPY OF THIS REQUEST.

(PID: _____ for internal use only)

12/02/2014 1:26PM (GMT-08:00)

1 RA 019

PLTF000600

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

06/16/2014 - Office Visit: 2nd Room, Complete

Provider: Thomas Dunn MD

Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

Chief Complaint pain in the low back radiating to the butt and the right leg to the heel & pain in the neck radiating to bilateral arms down to the hands . She is also having in the chest area

History of Present Illness

Referred by: Andrew Cash MD

Previous Studies: X-rays, CT scan, MRI

Yvonne O'Connell is a 62 year old right had dominant female who comes in for evaluation of left neck and low back pain after a slip/fall injury on 02/08/2010. While walking in the Wynn Hotel and Casino, she slipped and fell backwards, twisting to the right, striking her right buttock and leg on a raised divider before hitting the ground. She did not lose consciousness. After the fall she was picked up by bystanders and taken to a slot machine to sit down. Security came over and a report was taken. She did not go to the hospital and did not see any doctors until 2 days later on 02/10/2010 at UMC Quick Care. .She describes the pain as being specifically located in the posterior region of her neck. The pain radiates to her right arm. Other physicians the patient has seen for this problem include a primary care physician, a neurologist, a spine surgeon, and a pain management physician. Previous studies performed to evaluate this condition include X-rays, CT scan, and MRI.

She describes her pain as sore sharp burning stabbing and severe. Her pain is intermittent, and since acknowledging the onset, her pain level has worsened. On a scale of 0-10, with 0 being no pain and 10 being the worst pain imaginable, her pain level today is a 9. At its least, her pain is a 2, and at its worst it is a 10. Her average pain is 8. She is also experiencing numbness, night pain, daytime pain with rest, and radiating pain down right arm. Her symptoms are worse when driving, turning head side to side, moving head up or down, lifting, typing, and reaching. She has done her best to endure symptoms over the years but expresses increasing difficulty and enduring symptoms of both neck and low back pain.

Treatments tried previously to relieve symptoms include ice, heat, muscle relaxants, physical therapy, narcotic medication, NSAIDS, TENS unit, and home exercise.

The patient is retired.

Her principle problem is that of neck pain that rates down her left arm, ongoing right-sided chest pain along the breast bone and low back pain with intermittent "jolts" down the right buttock and leg.

Allergies

ANTIBIOTICS (Moderate)

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Medications**Past Medical History**

Past medical history noted by patient includes diabetes, depression
She states she had a mini-stroke 2 days after the slip and fall.

Past Surgical History

Patient denies any problems related to previous surgery

Family Medical History

There is a reported family history of cancer

Social History

Tobacco use: never smoker

Alcohol Use: (never)

Does patient live alone: yes

Drug Use: (no)

Marital Status: widowed

Number of children: none

Occupation: retired

Work Status: retired

Review of Systems

General: fatigue

Cardiovascular: denies fainting, ankle swelling, leg swelling, shortness of breath with exercise or murmur

Respiratory: cough

Ears/Nose/Throat: dizziness

Gastrointestinal: nausea

Skin: denies rash, itching, dryness, mole changes, jaundice, hives or abnormal pigmentation

Neurologic: weakness numbness headache

Genitourinary: night time urination

Endocrine: cold intolerance

Heme/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies hives, persistent infections, HIV exposure

Psychiatric: anxiety depression difficulty sleeping

Musculoskeletal: stiffness joint pain or swelling back pain weakness

Pregnant: no

Physical Exam**Vital Signs**

Height: 68 in Weight: 155 lb Pulse rate: 60 BP: 151/86 Body Mass Index: 23.65

Constitutional:

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Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

General appearance: moderate distress

Comments: Complaining of neck pain.

Cardiovascular:

Pedal pulses: pulses 2+, symmetric

Periph. circulation: no cyanosis, clubbing or edema

Skin:

Skin Inspection: no rashes, lesions in area of examination

Skin Palpation: no subcutaneous nodules or induration in area of examination

Neurologic:

Cranial nerves: II-XII grossly intact

Reflexes grossly intact, symmetric

Sensation: intact to touch

Psychiatric:

Orientation: oriented to person, place and time

Mood and affect: no depression, anxiety

Lumbar Spine Exam

Coordination/balance: normal

Posture: standing erect

Assistive Device: walker

Tenderness to palpation: bilateral

Radiates down: left

Facet tenderness: none

Spasms: mild

Spurling Test: negative

L'Hermitte Sign: negative

Hoffman's Sign: negative

Cervical ROM

Flexion: decreased

Extension: decreased

Rotation: Right: decreased Left: decreased

Lateral Flexion: Right: decreased Left: decreased

Sensation to touch is normal from C2-C8. Motor function is normal in the deltoid, elbow flexors, elbow extensors and finger flexors. Reflexes intact and symmetrical in the biceps, triceps and supinator.

Positive Tinel's at the wrist bilaterally.

Examination of the anterior chest over the area of the patient indicates that the source of the pain demonstrates tenderness to the costal manubrial joints on the right.

Magnetic Resonance Imaging cervical was performed on 05/08/2010

Cervical spondylosis C4-C7 without significant neural compression.

Magnetic Resonance Imaging lumbar was performed on 04/08/2010

Degenerative disc disease with collapse at L3-4 and moderate at L4-5 and L5-S1

RAD Spine Cervical Complete Min 4 Views [72050]

Desert Orthopaedic Center

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Page 4
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

There is severe disc space narrowing at C4-5, C5-6, and C7-T1. There is severe facet joint arthritis at C4-5, C5-6, and C6-7.

RAD Spine LS w/Bending Views [72114]

There is severe disc space narrowing at L3-4 and L5-S1. There is severe facet joint arthritis at L3-4 and L5-S1.

Lumbar Spine Exam

Coordination/balance: normal

Posture: normal

Assistive Device: walker

Tenderness to palpation: bilateral Radiates down: right Facet tenderness: bilateral Pain to straight leg raise: none

Femoral stretch test: none

Weakness: no

Heel Walk: yes

Toe Walk: yes

Faber Test: negative

Babinski: negative

Clonus: negative

Lumbar ROM

Flexion: decreased

Extension: decreased

Rotation: Left: decreased

Lateral Flexion: Left: decreased

Sensation to touch is normal from L1-S1. Motor function is normal in the hip flexors, knee extensors, ankle dorsiflexors, long toe extensors and ankle plantar flexors. Reflexes intact and symmetrical in the knee and ankle.

Full ROM of hips, knees, and ankles.

No pain produced with internal rotation or external rotation of the hips bilaterally.

Negative nerve test signs include straight leg raise, Laseques flip text and femoral stretch test.

Palpable pulses bilaterally. Tenderness noted about the right piriformis region.

Impression

degenerative disc disease of the cervical spine, and cervical radiculopathy, and lumbar disc disease, and sciatica

Bilateral carpal tunnel syndrome per history

Plan

I reviewed the patient's X-rays and MRI. Explanation and reassurance were provided to the patient. I discussed a treatment plan in detail with patient. All of the patient's questions were answered. She has failed all non-surgical treatment.

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
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Page 5
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

A lumbar spine MRI without contrast was ordered. A cervical spine MRI without contrast was ordered.

If the patient continues to remain symptomatic, I may consider the following for the patient: surgery and injection.

Follow up

The patient will follow up in 3 weeks. Patient was instructed to follow up after receiving their MRI.

Electronically Signed by Thomas Dunn MD on 06/18/2014 at 12:17 PM

Desert Orthopaedic Center

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Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

07/14/2014 - Office Visit: 1st Room, Complete

Provider: Thomas Dunn MD

Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

Physical Exam**Vital Signs**

Height: 68 in Weight: 155 lb Body Mass Index: 23.65

History of Present Illness

Yvonne O'Connell presents for result of MRI cervica, lumbar. Test was performed at Open Sided MRI of Las Vegas on 06/27/2014.

She complains of neck pain radiating down right arm and lower back pain radiating down both legs.

She describes her pain as throbbing/stabbing, sharp and severe. Her pain is continuous, and since her last visit her pain level has remained the same. On a scale of 1-10, with 1 being no pain and 10 being the worst pain imaginable, her pain level today is a 10. She is able to walk for less than 5 minutes without having to stop due to pain. Previous studies performed to evaluate this condition include MRI.

Allergies

ANTIBIOTICS (Moderate)

Medications

LOVAZA 1 GM CAPS (OMEGA-3-ACID ETHYL ESTERS) Take 2 tablets twice a day

Last Refill: #120 x 5, 07/14/2014, Thomas Dunn MD

Past Medical History

Past medical history noted by patient includes diabetes, depression

She states she had a mini-stroke 2 days after the slip and fall.

Problems recorded as Dx. codes:

SCIATICA (ICD-724.3)

DEGEN LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC (ICD-722.52)

BRACHIAL NEURITIS OR RADICULITIS NOS (ICD-723.4)

DEGENERATION OF CERVICAL INTERVERTEBRAL DISC (ICD-722.4)

Information obtained by patient via web portal: I was very healthy and athletic until I slipped and fell. I had immediate injuries and pain, which I still have. My arms and hands hurt, it hurt to sit, my right foot hurt and I was dazed.

Desert Orthopaedic Center

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(702)731-1616 Fax: (702)734-4900

Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424
Patient ID: 198556-2854001

Past Surgical History

Patient denies any problems related to previous surgery
Information obtained by patient via web portal: Tonsillectomy, 1955?

Family Medical History

There is a reported family history of cancer

Social History

Tobacco use: never smoker
Alcohol Use: (never)
Does patient live alone: yes
Drug Use: (no)

Marital Status: widowed
Number of children: none

Physical Exam**Vital Signs**

Height: 68 in **Weight:** 155 lb **Body Mass Index:** 23.65

Constitutional:

General appearance: moderate distress

Cardiovascular:

Periph. circulation: no cyanosis, clubbing or edema

Neurologic:

Cranial nerves: II-XII grossly intact
Reflexes grossly intact, symmetric
Sensation: intact to touch

No acute changes

Cervical

No acute changes.

Magnetic Resonance Imaging-Cervical was performed on 06/27/2014

Open-sided MRI

Mild central canal stenosis at C3-C4

Mild central canal stenosis C4-C5 with severe bilateral neuroforaminal stenosis.

Moderate central canal stenosis at C5-C6 with severe bilateral neuroforaminal stenosis

Mild central canal stenosis at C6-C7 with mild bilateral neuroforaminal stenosis

Magnetic Resonance Imaging-Lumbar was performed on 06/27/2014

Open-sided MRI

Desert Orthopaedic Center

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Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Mild left neuroforaminal stenosis L4-L5.

Lumbar

No acute changes.

Impression

degenerative disc disease of the cervical spine, and cervical radiculopathy, and lumbar disc disease, and sciatica

Bilateral carpal tunnel syndrome per history

Plan

I reviewed the patient's MRI. Explanation and reassurance were provided to the patient.

She was given a prescription for LOVAZA 1 GM CAPS Take 2 tablets twice a day.

I am referring her to my colleague, Andrew S Martin MD for further evaluation.

Follow up

The patient was advised to return if symptoms worsen.

Electronically Signed by Thomas Dunn MD on 07/14/2014 at 1:08 PM

Desert Orthopaedic Center

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Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

08/13/2014 - Office Visit: 5th Room, Complete
Provider: Andrew S Martin MD
Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

Chief Complaint right hip and right knee**History of Present Illness**

Referred by: Andrew Cash MD

Previous Studies: X-rays, CT scan, MRI

The patient is a 62 year old female who comes in for a new problem today. The patients work status is retired. She presents for evaluation of left hip and left knee pain after a slip/fall injury. Her symptoms have been present for 4 years. Her injury occurred , when she walking, slipped and fell backwards, twisting to the right, right gluteal and leg struck raised divider, then head struck the ground. She describes the pain as being specifically located in the posterior region of her hip and knee. Other physicians the patient has seen for this problem include a primary care physician, another orthopedic surgeon, a spine surgeon, and a pain management physician. Previous studies performed to evaluate this condition include X-rays and CT scan

She describes her pain as throbbing/stabbing, sharp and severe. Her pain is continuous, and since acknowledging the onset, her pain level has remained the same. On a scale of 0-10, with 0 being no pain and 10 being the worst pain imaginable, her pain level today is a 10. At its least, her pain is a 2, and at its worst it is a 10. Her average pain is 8. She is also experiencing clicking, snapping/popping, swelling, night pain, pain with activities, radiating pain, and daytime pain with rest.

Treatments tried previously to relieve symptoms include ice, heat, muscle relaxants, physical therapy, narcotic medication, NSAIDS, TENS unit, and home exercise.

Allergies

ANTIBIOTICS (Moderate)

Medications

LOVAZA 1 GM CAPS (OMEGA-3-ACID ETHYL ESTERS) Take 2 tablets twice a day
Last Refill: #120 x 5, 07/14/2014, Thomas Dunn MD

Past Medical History

Past medical history noted by patient includes diabetes, depression
She states she had a mini-stroke 2 days after the slip and fall.

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Problems recorded as Dx. codes:

DIABETES (ICD-250.00)
SCIATICA (ICD-724.3)
DEGEN LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC (ICD-722.52)
BRACHIAL NEURITIS OR RADICULITIS NOS (ICD-723.4)
DEGENERATION OF CERVICAL INTERVERTEBRAL DISC (ICD-722.4)

Information obtained by patient via web portal: I was very healthy and athletic until I slipped and fell. I had immediate injuries and pain, which I still have. My arms and hands hurt, it hurt to sit, my right foot hurt and I was dazed.

Past Surgical History

Patient denies any problems related to previous surgery
Information obtained by patient via web portal: Tonsillectomy, 1955?

Family Medical History

There is a reported family history of cancer
Information obtained by patient via web portal: diabetes connective tissue disorder cancer

Social History

Tobacco use: never smoker
Alcohol Use: (never)
Does patient live alone: yes
Drug Use: (no)

Marital Status: widowed
Number of children: none
Work Status: retired

Review of Systems

General: fatigue
Cardiovascular: denies fainting, ankle swelling, leg swelling, shortness of breath with exercise or murmur
Respiratory: cough
Ears/Nose/Throat: dizziness
Gastrointestinal: nausea
Skin: denies rash, itching, dryness, mole changes, jaundice, hives or abnormal pigmentation
Neurologic: weakness numbness headache
Genitourinary: night time urination
Endocrine: cold intolerance
Heme/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes
Allergic/Immunologic: denies hives, persistent infections, HIV exposure
Psychiatric: anxiety depression difficulty sleeping
Musculoskeletal: stiffness joint pain or swelling back pain weakness
Pregnant: no

Physical Exam

Vital Signs

Desert Orthopaedic Center

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(702)731-1616 Fax: (702)734-4900

Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Body Mass Index: 23.65

Right Knee Exam**Pain/Tenderness:**

diffuse, medial joint line, with range of motion

Neurovascularly intact

Active Range of Motion

Flexion: 130

Extension: 0

Crepitus with range of motion

Stability

Medial/MCL: normal

Lateral/LCL: normal

Ext Rotation Dial Test:

Meniscus

Flexion McMurray Test: positive

Patella

Patellofemoral Crepitus: yes

Right Knee X-ray

RAD Knee 3 Views [73562], CR Rt Knee; AP WB Lat & Sunrise [CR-rkawls]

There is moderate tricompartmental arthritis noted.

Right Hip Exam**Inspection**

Pain/Tenderness: greater trochanter

Gait: with walker

Neurovascularly intact

Passive ROM

Abduction: normal

Adduction: normal

Flexion: normal

Extension: normal

Internal rotation: normal

External rotation: normal

Impression

She is here today for follow up of her right knee pain rule out medial meniscus tear. Right hip trochanteric burisits

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 4
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Plan

I reviewed the patient's X-rays. Explanation and reassurance were provided to the patient. I discussed a treatment plan in detail with patient. All of the patient's questions were answered.

A MRI of the right knee without contrast was ordered. Test was ordered to rule out medial meniscus tear.

Activities/Work status

The patient may continue protected activity.

Follow up

Patient was instructed to follow up after receiving their MRI.

Electronically Signed by Andrew S Martin MD on 08/14/2014 at 9:29 AM

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

09/10/2014 - Office Visit: 2nd Room, Complete
Provider: Andrew S Martin MD
Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

Physical Exam**Vital Signs**

Body Mass Index: 23.65

History of Present Illness

Patient presents for result of MRI right knee. Test was performed at Las Vegas Radiology on 08/29/2014.

She describes her pain as sharp and severe. Her pain is worse with activities, and since her last visit her pain level has remained the same. On a scale of 1-10, with 1 being no pain and 10 being the worst pain imaginable, her pain level today is a 10. Patient also complaining of left knee pain.

Allergies

ANTIBIOTICS (Moderate)

Medications

LOVAZA 1 GM CAPS (OMEGA-3-ACID ETHYL ESTERS) Take 2 tablets twice a day
Last Refill: #120 x 5, 07/14/2014, Thomas Dunn MD

Past Medical History

Past medical history noted by patient includes diabetes, depression
She states she had a mini-stroke 2 days after the slip and fall.

Problems recorded as Dx. codes:

TEAR MEDIAL CARTILAGE OR MENISCUS KNEE CURRENT (ICD-836.0)
PAIN IN JOINT, LOWER LEG (ICD-719.46)
DIABETES (ICD-250.00)
SCIATICA (ICD-724.3)
DEGEN LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC (ICD-722.52)
BRACHIAL NEURITIS OR RADICULITIS NOS (ICD-723.4)
DEGENERATION OF CERVICAL INTERVERTEBRAL DISC (ICD-722.4)

Information obtained by patient via web portal: I was very healthy and athletic until I slipped and fell. I had immediate injuries and pain, which I still have. My arms and hands hurt, it hurt to sit, my right foot hurt and I was dazed.

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Past Surgical History

Patient denies any problems related to previous surgery
Information obtained by patient via web portal: Tonsillectomy, 1955?

Family Medical History

There is a reported family history of cancer

Social History

Tobacco use: never smoker

Alcohol Use: (never)

Does patient live alone: yes

Drug Use: (no)

Marital Status: widowed

Number of children: none

Physical Exam**Vital Signs**

Body Mass Index: 23.65

Constitutional:

General appearance: well nourished, well hydrated, no acute distress

Eyes:

External: conjunctivae and lids normal

Ears/Nose/Throat:

External ears: normal, no lesions or deformities

External nose: normal, no lesions or deformities

Pharynx: tongue normal, protrudes midline, posterior pharynx without erythema or exudate

Neck:

Neck: supple, no masses, trachea midline

Respiratory:

Auscultation: no rales, rhonchi or wheezes

Cardiovascular:

Auscultation: S1, S2, no murmur, rub or gallop

Gastrointestinal:

Abdominal/GI: normal active bowel sound, nontender, nondistended

Lymphatic:

Neck: no cervical adenopathy

Skin:

Skin Inspection: no rashes, lesions in area of examination

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Neurologic:

Sensation: intact to touch

Psychiatric:

Orientation: oriented to person, place and time

Right Knee Exam

Pain/Tenderness:

diffuse, patella, medial joint line, with range of motion

Neurovascularly intact

Active Range of Motion

Flexion: 130

Extension: 0

Crepitus with range of motion

Stability

Medial/MCL: normal

Lateral/LCL: normal

Ext Rotation Dial Test:

Meniscus

Flexion McMurray Test: positive

Magnetic Resonance Imaging Tear of the posterior one third of the medial meniscus.

2. Chondromalacia patellae

3. Mild osteoarthritic changes

Left Knee Exam

Inspection

Pain/Tenderness:

diffuse, patella

Neurovascularly intact

Active Range of Motion

Flexion: 130

Extension: 0

Crepitus with range of motion

Stability

Medial/MCL: normal

Lateral/LCL: normal

Ext Rotation Dial Test:

Patella

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 4
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424
Patient ID: 198556-2854001

Patellofemoral Crepitus: yes

Impression

She is here today for follow up of her bilateral knee arthrosis rule medial meniscus tear on the left

Plan

I reviewed the patient's X-rays and MRI. Explanation and reassurance were provided to the patient.

A MRI of the left knee without contrast was ordered. Test was ordered to rule out meniscus tear.

Activities/Work status

The patient may gradually return to activity as tolerated.

Follow up

Patient was instructed to follow up after receiving their MRI.

Electronically Signed by Andrew S Martin MD on 09/11/2014 at 3:56 PM

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

10/13/2014 - Office Visit: 1st Room, Complete

Provider: Thomas Dunn MD

Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

History of Present Illness

Ms. O'Connell returns today for lumbar back pain and states that the pain has become worse and states that she still has radiating pain down both legs along with numbness and tingling. My patient indicates that since her last visit her symptoms have worsened. Her current pain level, on a scale from 0-10, is 10. She notes that the medication prescribed has unchanged her symptoms.

The patient is also returns for cervical spine pain which predominates with numbness, tingling, and pain radiating down both arm.

Allergies

ANTIBIOTICS (Moderate)

Medications

LOVAZA 1 GM CAPS (OMEGA-3-ACID ETHYL ESTERS) Take 2 tablets twice a day

Last Refill: #120 x 5, 07/14/2014, Thomas Dunn MD

Past Medical History

Past medical history noted by patient includes depression

She states she had a mini-stroke 2 days after the slip and fall.

Problems recorded as Dx. codes:

TEAR MEDIAL CARTILAGE OR MENISCUS KNEE CURRENT (ICD-836.0)

PAIN IN JOINT, LOWER LEG (ICD-719.46)

DIABETES (ICD-250.00)

SCIATICA (ICD-724.3)

DEGEN LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC (ICD-722.52)

BRACHIAL NEURITIS OR RADICULITIS NOS (ICD-723.4)

DEGENERATION OF CERVICAL INTERVERTEBRAL DISCL (ICD-722.4)

Information obtained by patient via web portal: I was very healthy and athletic until I slipped and fell. I had immediate injuries and pain, which I still have. My arms and hands hurt, it hurt to sit, my right foot hurt and I was dazed.

Past Surgical History

Patient denies any problems related to previous surgery

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Information obtained by patient via web portal: Tonsillectomy, 1955?

Family Medical History

There is a reported family history of cancer

Social History

Tobacco use: never smoker

Alcohol Use: (never)

Does patient live alone: yes

Drug Use: (no)

Marital Status: widowed

Number of children: none

Physical Exam**Vital Signs**

Height: 64 in Weight: 155 lb Body Mass Index: 26.70

Constitutional:

General appearance: moderate distress

Cardiovascular:

Pedal pulses: pulses 2+, symmetric

Periph. circulation: no cyanosis, clubbing or edema

Neurologic:

Cranial nerves: II-XII grossly intact

Reflexes grossly intact, symmetric

Sensation: intact to touch

Psychiatric:

Orientation: oriented to person, place and time

Mood and affect: no depression, anxiety

Cervical

No acute changes. Neuro intact.

Impression

degenerative disc disease of the cervical spine, and cervical radiculopathy, and lumbar disc disease, and

Desert Orthopaedic Center

2800 East Desert Inn Road Suite 100 Las Vegas, NV 89121-3609
(702)731-1616 Fax: (702)734-4900

Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

sciatica

Bilateral carpal tunnel syndrome per history

Plan

I reviewed the patient's MRI. Explanation and reassurance were provided to the patient. I discussed a treatment plan in detail with patient. All of the patient's questions were answered. I discussed all treatment options including non-surgical and surgical interventions.

After discussion with the patient, I have recommended anterior cervical decompression and fusion at C4-C5, C5-C6 and C6-C7 with allograft. I have offered non-operative options consisting of physical therapy, pain management and epidural steroid injections.

Follow up

The patient was advised to return if symptoms worsen. She has no history of diabetes.

Lumbar

No acute changes.

Electronically Signed by Thomas Dunn MD on 10/13/2014 at 1:36 PM

Las Vegas Radiology

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113
3175 St. Rose Pkwy, Suite 130, Henderson, Nevada 89052
3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109
4640 W. Craig Rd, North Las Vegas, Nevada 89032
Phone: 702-254-5004 Fax: 702-432-4005

Exam Date: September 22, 2014

REFERRED BY

ANDREW SCOTT MARTIN,

PATIENT INFORMATION

Patient: OCONNELL, YVONNE DOB: 08/18/51
MRN: 165910-1 Accession #: 330564
Exam: MRI LT KNEE W/O

Examination: Magnetic resonance scan of the left knee.
Noncontrast, multisequence, multiplanar.

History: Question of meniscus tear.

Findings: Quadriceps tendon and infrapatellar tendon are normal in appearance. The patella and retropatellar articular cartilaginous tissues appear within normal limits.

Anterior cruciate and posterior cruciate ligaments appear intact.

Medial and lateral collateral ligaments show no abnormality.

No joint effusion is visible.

No popliteal cyst is visible.

No joint effusion is present.

At the mid body of the medial meniscus, the apex of the meniscus appears to have been amputated.
The body of the meniscus is extruded from the joint space.

OCONNELL, YVONNE MRN: 165910-1 Exam Date: September 22, 2014 (page 1 of 2)

The lateral meniscus shows similar changes without a well configured meniscal apex and partial extrusion of the meniscus from the joint space.

I can identify no meniscal tears in the meniscal remnants.

Impression:

1. Amputation of the apices of the medial and lateral menisci with extrusion of the meniscal remnant from the joint space.

Electronically signed by:	RICHARD KREMP MD
Date:	Sep 28, 2014
Time:	12:11

OCONEILL, YVONNE MRN: 165910-1 Exam Date: September 22, 2014 (page 2 of 2)

09/29/2014 9:21AM (GMT-07:00)

PLTF000621

1 RA 040

Las Vegas Radiology

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113
3175 St. Rose Pkwy, Suite 130, Henderson, Nevada 89052
3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109
4640 W. Craig Rd, North Las Vegas, Nevada 89032
Phone: 702-254-5004 Fax: 702-432-4005

Exam Date: August 29, 2014

REFERRED BY

ANDREW SCOTT MARTIN,

PATIENT INFORMATION

Patient: OCONNELL, YVONNE DOB: 08/18/51
MRN: 165910-1 Accession #: 326768
Exam: MRI RT KNEE W/O

Procedure: MRI right knee without contrast

Clinical history: Medial meniscal tear

Technique: Multiplanar, multisequence imaging of the right knee performed.

Findings: There is a small amount of joint fluid. Chondromalacia patellae is noted, with subchondral changes. Medial and lateral patellar retinacula are intact. Patellar tendon and quadriceps tendon appear intact. There is marginal osteophyte formation associated with the patella and with the femorotibial articulations. Signal is identified within the posterior one third of the medial meniscus which extends to the surface, and is consistent with tear. The lateral meniscus demonstrates grade 1 signal within the anterior one third. The PCL and ACL are intact.

The lateral collateral ligament complex, and the medial collateral ligament are intact. No significant amount of fluid within the gastrocnemius-semimembranosus bursa.

Impression: Tear of the posterior one third of the medial

OCONNELL, YVONNE MRN: 165910-1 Exam Date: August 29, 2014 (page 1 of 2)

meniscus.

2. Chondromalacia patellae

3. Mild osteoarthritic changes

Electronically signed by:
Date:
Time:

JAMES BALODIMAS, MD
Sep 02, 2014
10:16

CONNELL, YVONNE MRN: 165910-1 Exam Date: August 29, 2014 (page 2 of 2)

09/02/2014 10:20AM (GMT-07:00)

PLTF000623

1 RA 042

Desert Orthopaedic Center

5546 South Fort Apache Road Suite 100 Las Vegas, NV 89148
(702) 731-1616 Fax: (702) 734-4900

August 13, 2014

Dear Nanjunda Subramanyam MD

Yvonne Louise O'Connell was in my office for evaluation. The patient is a 62 year old female who comes in for a new problem today. The patients work status is retired. She presents for evaluation of left hip and left knee pain after a slip/fall injury. Her symptoms have been present for 4 years. Her injury occurred , when she walking, slipped and fell backwards, twisting to the right, right gluteal and leg struck raised divider, then head struck the ground. She describes the pain as being specifically located in the posterior region of her hip and knee. Other physicians the patient has seen for this problem include a primary care physician, another orthopedic surgeon, a spine surgeon, and a pain management physician. Previous studies performed to evaluate this condition include X-rays and CT scan. She describes her pain as throbbing/stabbing, sharp and severe. Her pain is continuous, and since acknowledging the onset, her pain level has remained the same. On a scale of 0-10, with 0 being no pain and 10 being the worst pain imaginable, her pain level today is a 10. At its least, her pain is a 2, and at its worst it is a 10. Her average pain is 8. She is also experiencing clicking, snapping/popping, swelling, night pain, pain with activities, radiating pain, and daytime pain with rest. Treatments tried previously to relieve symptoms include ice, heat, muscle relaxants, physical therapy, narcotic medication, NSAIDS, TENS unit, and home exercise.

My diagnosis is She is here today for follow up of her right knee pain rule out medial meniscus tear. Right hip trochanteric bursitis

I reviewed the patient's X-rays. Explanation and reassurance were provided to the patient. I discussed a treatment plan in detail with patient. All of the patient's questions were answered.

The patient may continue protected activity.

A MRI of the right knee without contrast was ordered. Test was ordered to rule out medial meniscus tear.

Patient was instructed to follow up after receiving their MRI.

Thank you.

Signed
Thomas Dunn MD

2742716



630 S. Rancho, Suite G
Las Vegas, Nevada 89106
(702) 932-2740 • Fax (702) 932-2739
www.osmri.com

Patient: OCONNELL YVONNE
X-Ray #: 10006581
DOB: 06/18/1951
Outside Mrno: F00R24152PMI2M
Referring Doctor: THOMAS DUNN MD

Exam Date: 06/27/2014
Accession #: 10008773

PROCEDURE: MRI C-SPINE WITHOUT CONTRAST

EXAMINATION: MRI CERVICAL SPINE WITHOUT CONTRAST

HISTORY: History of injury 2010. Neck pain radiating down to both upper extremities.

COMPARISON: None

TECHNIQUE: The following sequences were performed on an open Tesla magnet: Sagittal T1 and T2. Axial T2.

FINDINGS: There is no acute fracture or pathologic osseous lesions. There is disc desiccation noted throughout the cervical spine. Disc height loss is seen extending from C3/C4-C6/C7. No prevertebral soft tissue swelling.

The cervical medullary junction is visualized. No herniation or evidence of abnormal cord signal.

C2/C3: No significant disc bulge. No canal or neuroforaminal stenosis.

C3/C4: There is mild posterior disc osteophyte formation. This causes mild central canal stenosis. There is no significant neuroforaminal narrowing.

C4/C5: There is mild posterior disc osteophyte formation. This causes mild central canal stenosis. There is severe bilateral neuroforaminal stenosis secondary to foraminal disc osteophyte formation and uncovertebral hypertrophy.

C5/C6: There is posterior disc osteophyte formation. This is more prominent along the right paracentral region where it measures approximately 4 mm in AP dimension. There is a moderate central canal stenosis. The central canal measures approximately 7 mm in AP dimension. There is severe bilateral neuroforaminal stenosis secondary to foraminal disc osteophyte formation and uncovertebral hypertrophy.

C6/C7: There is mild posterior disc osteophyte formation causing mild central canal stenosis. There is mild bilateral neuroforaminal stenosis secondary to foraminal disc osteophyte formation and uncovertebral hypertrophy.

C7/T1: Minimal posterior disc bulge. No central canal or neuroforaminal stenosis.

IMPRESSION:

1. Mild central canal stenosis at C3/C4.
2. Mild central canal stenosis at C4/C5 with severe bilateral neuroforaminal stenosis.
3. Moderate central canal stenosis at C5/C6 with severe bilateral neuroforaminal stenosis.
4. Mild central canal stenosis at C6/C7 with mild bilateral neuroforaminal stenosis.



630 S. Rancho, Suite G
Las Vegas, Nevada 89106
(702) 932-2740 • Fax (702) 932-2739
www.osmri.com

Patient: OCONNELL YVONNE
X-Ray #: 10006581
DOB: 08/18/1951
Outside Mrno: F00R24152PMI2M
Referring Doctor: THOMAS DUNN MD

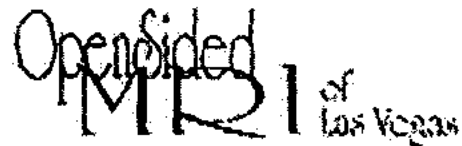
Exam Date: 06/27/2014
Accession #: 10008773

PROCEDURE: MRI C-SPINE WITHOUT CONTRAST

Dictated By: Scott Chang M.D. at 2014-06-28 07:53

Electronically Signed By: Scott Chang M.D. at 2014-06-28 07:57

Professionally interpreted by Radiology Associates of Nevada



630 S. Rancho, Suite G
Las Vegas, Nevada 89106
(702) 932-2740 • Fax (702) 932-2739
www.osmri.com

Patient: OCONNELL YVONNE
X-Ray #: 10006581
DOB: 08/18/1951
Outside Mrno: F00R24152PMI2M
Referring Doctor: THOMAS DUNN MD

Exam Date: 06/27/2014
Accession #: 10008774

PROCEDURE: MRI L-SPINE WITHOUT CONTRAST

EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: History of injury to lower back 2/8/2010. Low back pain radiating into both legs.

COMPARISON: None

TECHNIQUE: The following sequences were performed on a open Tesla magnet: Sagittal T1 and T2. Axial T2.

FINDINGS: There is no acute fracture or pathologic osseous lesions. There is disc desiccation extending from L2/L3-L5/S1. Severe disc height loss at L3/L4. Mild disc height loss at L4/L5. Moderate to severe disc height loss at L5/S1.

The conus medullaris terminates at inferior L1. No evidence of obvious abnormal cord signal or a cord mass.

L1/L2: Normal.

L2/L3: Minimal posterior disc bulge. No central canal or neuroforaminal stenosis.

L3/L4: Mild bilateral paracentral and foraminal disc bulge. However, there is no central canal or significant neuroforaminal stenosis.

L4/L5: Mild bilateral paracentral and left foraminal disc bulge. No central canal stenosis. Mild left neuroforaminal narrowing.

L5/S1: No significant posterior disc bulge. There is no central canal or neuroforaminal stenosis.

IMPRESSION:

1. No acute fracture.
2. Mild left neuroforaminal stenosis at L4/L5.
3. There is no central canal stenosis of the lumbar spine.

Dictated By: Scott Chang M.D. at 2014-06-28 07:59

Electronically Signed By: Scott Chang M.D. at 2014-06-28 08:01

Professionally interpreted by Radiology Associates of Nevada

DISC

Lawrence J. Semenza, III, Esq., Bar No. 7174

Email: ljs@semenzalaw.com

Christopher D. Kircher, Esq., Bar No. 11176

Email: cdk@semenzalaw.com

LAWRENCE J. SEMENZA, III, P.C.

10161 Park Run Drive, Suite 150

Las Vegas, Nevada 89145

Telephone: (702) 835-6803

Facsimile: (702) 920-8669

Attorneys for Defendant Wynn Las Vegas, LLC

d/b/a Wynn Las Vegas

DISTRICT COURT

CLARK COUNTY, NEVADA

YVONNE O'CONNELL, individually,

Plaintiff,

v.

WYNN LAS VEGAS, LLC, a Nevada
Limited Liability Company, doing business as
WYNN LAS VEGAS; DOES I through X;
and ROE CORPORATIONS I through X;
inclusive;

Defendants.

Case No. A-12-655992-C

Dept. No. V

**DEFENDANT'S NINTH
SUPPLEMENTAL DISCLOSURES
PURSUANT TO NRCP 16.1**

Pursuant to Nev. R. Civ. P. 16.1, Defendant Wynn Las Vegas, LLC d/b/a Wynn Las Vegas ("Wynn") hereby submits the following Ninth Supplemental Disclosures.

B. DOCUMENTS

Wynn is producing and/or are identifying, the following for disclosure on the enclosed disc:

1. Nevada Heart & Vascular Center Medical Records, Custodian of Records Affidavit and bill – Documents numbered WYNN-O'CONNELL01249 - WYNN-O'CONNELL01295;

2. Desert Orthopedic Center Medical Records, Custodian of Records Affidavit and bill – Documents numbered WYNN-O'CONNELL01296 - WYNN-O'CONNELL01328;

3. Yvonne O'Connell Patron Records from Rampart Casino and Custodian of Records Affidavit - Documents numbered WYNN-O'CONNELL01329 - WYNN-O'CONNELL01427;

4. Affidavit of Custodian of Records for Enrique Lacayo, M.D. - Documents numbered WYNN-O'CONNELL01428 - WYNN-O'CONNELL01429;

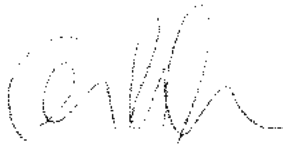
5. Affidavit of Custodian of Records for Nevada Eye & Ear - Documents numbered WYNN-O'CONNELL01430 - WYNN-O'CONNELL01432;

6. Affidavit of Custodian of Records for Yakov Shaposhnikov, M.D., Gastrointestinal and Liver Diseases - Documents numbered WYNN-O'CONNELL01433 - WYNN-O'CONNELL01435.

Wynn reserves the right to supplement this list of witnesses and documents to add additional documents and names of persons who may have relevant information, including expert witnesses, if subsequent information and investigation so warrant. Wynn also reserves the right to call any witness or use any document identified by the Plaintiff.

DATED this 28th day of May, 2015.

LAWRENCE J. SEMENZA, III, P.C.



Lawrence J. Semenza, III, Esq., Bar No. 7174
Christopher D. Kircher, Esq., Bar No. 11176
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145

Attorneys for Defendant Wynn Las Vegas, LLC
d/b/a Wynn Las Vegas

1 **CERTIFICATE OF SERVICE**

2 I certify that I am an employee of Lawrence J. Semenza, III, P.C., and that on this 28th
3 day of May, 2015, I sent via U.S. Mail at Las Vegas, Nevada, a true and correct copy of the
4 above and foregoing **DEFENDANT'S NINTH SUPPLEMENTAL DISCLOSURES**
5 **PURSUANT TO NRCP 16.1** in a sealed envelope upon which first class postage was prepaid
6 to:

7 Brian D. Nettles, Esq.
8 Christian M. Morris, Esq.
9 **NETTLES LAW FIRM**
10 1389 Galleria Drive, Suite 200
11 Henderson, Nevada 89014

12 *Attorneys for Plaintiff*

13
14
15 /s/ Olivia A. Rodriguez
16 An Employee of Lawrence J. Semenza, III, P.C.
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LAWRENCE J. SEMENZA, III, P.C.
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
Telephone: (702) 835-6803

2742716
RFAOF**LAWRENCE J. SEMENZA, III, P.C.**

10161 Park Run Drive, Suite 150
Las Vegas, NV 89145
Telephone (702) 835-6803
Facsimile (702) 920-8669

Lawrence J. Semenza, III, Esq.
ljs@semenzalaw.com

Christopher D. Kircher, Esq.
cdk@semenzalaw.com

March 24, 2015

VIA FACSIMILE ONLY (702-734-4900)

ATTN: Medical Records and Billing Departments**Thomas Dunn, M.D.**

Desert Orthopaedic Center
2800 East Desert Inn Road, Suite 100
Las Vegas, NV 89121-3609

Re: Yvonne O'Connell
Date of Birth: 08/18/1951
Date of Injury: 02/08/2010

To Whom It May Concern:

We understand that the above named patient has received medical treatment at your facility.

We would appreciate receiving a copy of all medical records and an itemized bill for all treatment rendered to Ms. O'Connell.

Please find attached the HIPAA authorization properly signed by Ms. O'Connell for your file which will allow you to release information to us. In addition please have the attached Affidavit of the Custodian of Records executed and faxed back to our office as well. The original can be mailed back to our office.

Please feel free to fax the records to our office to expedite the process at (702) 920-8669, as well as a bill for any charges.

Thank you for your cooperation.

Sincerely,

Olivia A. Rodriguez

Olivia A. Rodriguez
Paralegal

Attachments as stated

03/24/2015 12:15PM (GMT-07:00)

1 RA 050

WYNN-O'CONNELL01296

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

This Authorization authorizes the release of Protected Health Information pursuant to 45 CFR Parts 160 and 164.

PROVIDER: Thomas Dunn, M.D., Desert Orthopaedic Center
PATIENT NAME: Y'VONNE O'CONNELL
PATIENT'S DOB: 08/18/1951
PATIENT'S SS#: XXX-XX-4669
D.O.I.: 02/08/10
DATES OF SERVICE REQUESTED: Treatment from 02/08/10 through present

The Patient authorizes the above-named Provider to release any and all information (including billing statements) regarding the Patient's condition when under your observation or treatment, including history, findings and observations, conclusions, x-ray readings and diagnoses, and your prognoses as to subsequent or future development. You may also release any and all myelograms, x-rays, CAT Scans, or MRI images for independent examination.

The information may be disclosed by employees or business associates of Provider.

The information may be disclosed to Lawrence J. Semenza, III, P.C., their representatives, employees, business associates, and contractors for independent examination. Disclosure may be made orally or in writing and you may allow them to photocopy the Patient's records.

I understand and agree that the information to be disclosed may include the following types of information, which are either protected under Nevada or other federal law; blood, breath or urine test results, communicable disease information, including information about sexually transmitted disease, including HIV and AIDS, information about mental health treatment I have sought and/or received, and information about drug and/or alcohol abuse treatment I have sought and/or received.

The disclosure is made at my request for the purpose of litigation.

This authorization will expire one year from the date that this authorization is signed or at the end of the litigation, whichever is last to occur.

I hereby acknowledge: (i) that I have the right to revoke this authorization at any time, and (ii) that I understand that once information is disclosed hereunder, it may no longer be protected by federal law, and may be subject to redisclosure for the purpose of litigation. I understand that I may revoke this authorization only in a writing sent by certified mail to the Provider at the address above. The revocation will be effective only upon receipt, except (i) to the extent the Provider has acted in reliance on the authorization, or (ii) the authorization was obtained as a condition of obtaining insurance coverage and the insurer wishes to use the protected health information to lawfully contest a claim. Further information on the right to revoke may be provided from time to time in the Provider's Notice of Privacy Practices.

I understand that treatment by the Provider is not conditioned on my signing this authorization.

It is agreed that a photocopy of this Authorization is to have the same force and effect as the original.

DATED: 3-18-15

SIGNED: Yvonne O'Connell

APPROVED BY:

[Signature]
Attorney's information

SUBSCRIBED and SWORN to before me
this 18th day of March, 2015.

Dorothy A. Allen
NOTARY PUBLIC in and for said County and State



AFFT

Lawrence J. Semenza, III, Esq., Bar No. 7174

Email: ljs@semenzalaw.com

Christopher D. Kircher, Esq., Bar No. 11176

Email: cdk@semenzalaw.com

LAWRENCE J. SEMENZA, III, P.C.

10161 Park Run Drive, Suite 150

Las Vegas, Nevada 89145

Telephone: (702) 835-6803

Facsimile: (702) 920-8669

Attorneys for Defendant Wynn Las Vegas, LLC

d/b/a Wynn Las Vegas

DISTRICT COURT**CLARK COUNTY, NEVADA**

YVONNE O'CONNELL, individually,

Plaintiff,

v.

WYNN LAS VEGAS, LLC, a Nevada
 Limited Liability Company, doing business as
 WYNN LAS VEGAS, DOES I through X;
 and ROE CORPORATIONS I through X;
 inclusive.

Defendants.

Case No. A-12-655992-C
 Dept. No. V

LAWRENCE J. SEMENZA, III, P.C.
 10161 Park Run Drive, Suite 150
 Las Vegas, Nevada 89145
 Telephone: (702) 835-6803

AFFIDAVIT OF CUSTODIAN OF RECORDSSTATE OF Nevada)COUNTY OF Clark) ss:

Luís Marquez, being first sworn, states:
 (Name of Custodian)

1. I am the Scan Tech for Thomas Dunn, M.D., Desert Orthopaedic Center and, as such, I act as a custodian of records for my employer.

2. On the 31 day of March, 2015, Thomas Dunn, M.D., Desert Orthopaedic Center received a request for medical records in connection with the matter entitled

1 *Fyonne O'Connell vs. Wynn Las Vegas, LLC*, Case number A-12-655992-C, requesting medical
2 records/billing relating to Ms. O'Connell.

3 3. I and/or persons acting under my supervision and control made a complete search
4 of all available records.

5 4. Thomas Dunn, M.D., Desert Orthopaedic Center maintains records for ____
6 years

7 5. Thomas Dunn, M.D., Desert Orthopaedic Center has located the records and
8 things, copies of which have been produced with this Affidavit. The reproduction of the
9 materials provided with this Affidavit is true and complete and is an exact copy of the original.

10 6. The original of those records was made at or near the time of the act, event,
11 condition, opinion or diagnosis recited therein by or from information transmitted by a person
12 with knowledge, in the course of a regularly conducted activity of Thomas Dunn, M.D., Desert
13 Orthopaedic Center.

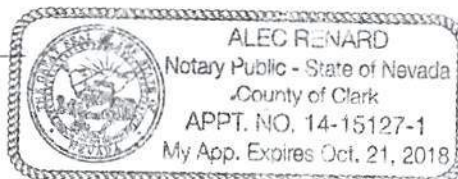
14 DATED this 31 day of March, 2015

15
16 [Signature]

17
18 [Printed name]

19 SUBSCRIBED and SWORN to before me
20 on this 31 day of March, 2015

21
22 NOTARY PUBLIC



FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	17027344900
FROM	Lawrence J. Semenza, III
DATE	2015-03-24 19:11:40 GMT
RE	Yvonne O'Connell Medical Records/Bill Request - Thomas Dunn, M.D., Desert Orthopaedic Center

COVER MESSAGE

Please find attached medical request letter, executed HIPAA release and
custodian of records affidavit form.

Olivia A. Rodriguez

Paralegal

Lawrence J. Semenza, III, P.C.

10161 Park Run Drive, Suite 150

Las Vegas, Nevada 89145

Email: <mailto:oar@semenzalaw.com> oar@semenzalaw.com

Telephone: 702-835-6803

Facsimile: 702-920-8669

To ensure compliance with requirements imposed by the IRS, we inform you
that any federal tax advice contained in this communication (including any

attachments) is not intended or written to be used, and cannot be used, for
purposes of (i) avoiding penalties under the Internal Revenue Code, or (ii)

promoting, marketing or recommending to another party any transaction or tax-related matter addressed herein.

This transmission and any attachment is attorney privileged and confidential. Any dissemination or copying of this communication is prohibited. If you are not the intended recipient, please notify us immediately by replying and delete the message. Thank you.

Account: Yvonne Louise O'Connell, 2742716

P Bal	I Bal	W Bal	C Bal	Total
.00	.00	.00	.00	.00

Demographics Transactions Eligibility
Appointments Documents Comments Referrals

[New Search](#) [Cancel](#) [Help](#)

Search criteria: DOC; Account: 2742716; All; Payer Status: All; Pymt Status: All;
 Summary; Sort by: Date of Service, Ascending; Separate Open and Paid; Exclude
 Corrections, ATR0;

[Change Search](#)

Transactions

Charge #	Date	Patient	Prov	POS	Trans/Mod	Pri Dx	Amount	P/A Total	Due	Due From	Set/Hist	Cur C
<u>2725704</u>	06/16/2014	Yvonne	70	4	99245	7243	452.00	<u>452.00</u>	.00	/PS		1/1
<u>2725705</u>	06/16/2014	Yvonne	70	4	72114	7243	220.00	<u>220.00</u>	.00	/PS		1/1
<u>2725706</u>	06/16/2014	Yvonne	70	4	72050	7234	180.00	<u>180.00</u>	.00	/PS		1/1
<u>2740572</u>	07/14/2014	Yvonne	70	4	99214	7224	161.00	<u>161.00</u>	.00	2693/IB		1/1 <u>08/19/</u>
<u>2758377</u>	08/13/2014	Yvonne	40	4	73562/RT	8360	109.00	<u>109.00</u>	.00	/PS		1/8*
<u>2758378</u>	08/13/2014	Yvonne	40	4	73510/RT	8360	141.00	<u>141.00</u>	.00	/PS		1/8*
<u>2758379</u>	08/13/2014	Yvonne	40	4	99213	7243	108.00	<u>108.00</u>	.00	/PS		1/8*
<u>2775083</u>	09/10/2014	Yvonne	40	4	99213	8360	108.00	<u>108.00</u>	.00	/PS		1/8*
<u>2794782</u>	10/13/2014	Yvonne	70	4	99214	7224	161.00	<u>161.00</u>	.00	2693/IB		1/8* <u>11/18/</u>
Totals							1640.00	1640.00	.00			

9 matches found

Desert Orthopaedic Center

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Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

10/13/2014 - Office Visit: 1st Room, Complete

Provider: Thomas Dunn MD

Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

History of Present Illness

Ms. O'Connell returns today for lumbar back pain and states that the pain has become worse and states that she still has radiating pain down both legs along with numbness and tingling. My patient indicates that since her last visit her symptoms have worsened. Her current pain level, on a scale from 0-10, is 10. She notes that the medication prescribed has unchanged her symptoms.

The patient is also returns for cervical spine pain which predominates with numbness, tingling, and pain radiating down both arm.

Allergies

ANTIBIOTICS (Moderate)

Medications

LOVAZA 1 GM CAPS (OMEGA-3-ACID ETHYL ESTERS) Take 2 tablets twice a day
Last Refill: #120 x 5, 07/14/2014, Thomas Dunn MD

Past Medical History

Past medical history noted by patient includes depression
She states she had a mini-stroke 2 days after the slip and fall.

Problems recorded as Dx. codes:

TEAR MEDIAL CARTILAGE OR MENISCUS KNEE CURRENT (ICD-836.0)
PAIN IN JOINT, LOWER LEG (ICD-719.46)
DIABETES (ICD-250.00)
SCIATICA (ICD-724.3)
DEGEN LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC (ICD-722.52)
BRACHIAL NEURITIS OR RADICULITIS NOS (ICD-723.4)
DEGENERATION OF CERVICAL INTERVERTEBRAL DISC (ICD-722.4)

Information obtained by patient via web portal: I was very healthy and athletic until I slipped and fell. I had immediate injuries and pain, which I still have. My arms and hands hurt, it hurt to sit, my right foot hurt and I was dazed.

Past Surgical History

Patient denies any problems related to previous surgery

Desert Orthopaedic Center

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Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Information obtained by patient via web portal: Tonsillectomy. 1955?

Family Medical History

There is a reported family history of cancer

Social History

Tobacco use: never smoker

Alcohol Use: (never)

Does patient live alone: yes

Drug Use: (no)

Marital Status: widowed

Number of children: none

Physical Exam**Vital Signs**

Height: 64 in Weight: 155 lb Body Mass Index: 26.70

Constitutional:

General appearance: moderate distress

Cardiovascular:

Pedal pulses: pulses 2+, symmetric

Periph. circulation: no cyanosis, clubbing or edema

Neurologic:

Cranial nerves: II-XII grossly intact

Reflexes grossly intact, symmetric

Sensation: intact to touch

Psychiatric:

Orientation: oriented to person, place and time

Mood and affect: no depression, anxiety

Cervical

No acute changes. Neuro intact.

Impression

degenerative disc disease of the cervical spine, and cervical radiculopathy, and lumbar disc disease, and

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Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

sciatica

Bilateral carpal tunnel syndrome per history

Plan

I reviewed the patient's MRI. Explanation and reassurance were provided to the patient. I discussed a treatment plan in detail with patient. All of the patient's questions were answered. I discussed all treatment options including non-surgical and surgical interventions.

After discussion with the patient, I have recommended anterior cervical decompression and fusion at C4-C5, C5-C6 and C6-C7 with allograft. I have offered non-operative options consisting of physical therapy, pain management and epidural steroid injections.

Follow up

The patient was advised to return if symptoms worsen. She has no history of diabetes.

Lumbar

No acute changes.

Electronically Signed by Thomas Dunn MD on 10/13/2014 at 1:36 PM

Las Vegas Radiology

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113
3175 St. Rose Pkwy, Suite 130, Henderson, Nevada 89052
3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109
4640 W. Craig Rd, North Las Vegas, Nevada 89032
Phone: 702-254-5004 Fax: 702-432-4005

Exam Date: September 22, 2014

REFERRED BY

ANDREW SCOTT HARRIS,

PATIENT INFORMATION

Patient: OCONNELL, YVONNE DOB: 08/18/87
MRN: 165910-1 Accession #: 330566
Exam: MRI LT KNEE W/O

Examination: Magnetic resonance scan of the left knee.
Noncontrast, multisequence, multiplanar.

History: Question of meniscus tear.

Findings: Quadriceps tendon and infrapatellar tendon are normal in appearance. The patella and retropatellar articular cartilaginous masses appear within normal limits.

Anterior cruciate and posterior cruciate ligaments appear intact.

Medial and lateral collateral ligaments show no abnormality.

No joint effusion is visible.

No popliteal cyst is visible.

No joint effusion is present.

At the mid body of the medial meniscus, the apex of the meniscus appears to have been angulated.
The body of the meniscus is extruded from the joint space.

OCONNELL, YVONNE MRN: 165910-1 Exam Date: September 22, 2014 (page 1 of 2)

09/29/2014 9:21AM (GMT-07:00)

1 RA 060

WYNN-O'CONNELL01306

The lateral meniscus shows similar changes without a well-configured meniscal apex and partial extrusion of the meniscus from the joint space.

I can identify no meniscal tears in the meniscal remnants.

Impression:

1. Amputation of the apices of the medial and lateral menisci with extrusion of the meniscal remnant from the joint space.

Electronically signed by: RICHARD KREMF MD
Date: Sep 23, 2014
Time: 12:00

Desert Orthopaedic Center

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Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

09/10/2014 - Office Visit: 2nd Room, Complete

Provider: Andrew S Martin MD

Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

Physical Exam

Vital Signs

Body Mass Index: 23.65

History of Present Illness

Patient presents for result of MRI right knee. Test was performed at Las Vegas Radiology on 08/29/2014

She describes her pain as sharp and severe. Her pain is worse with activities, and since her last visit her pain level has remained the same. On a scale of 1-10, with 1 being no pain and 10 being the worst pain imaginable, her pain level today is a 10. Patient also complaining of left knee pain.

Allergies

ANTIBIOTICS (Moderate)

Medications

LOVAZA 1 GM CAPS (OMEGA-3-ACID ETHYL ESTERS) Take 2 tablets twice a day
Last Refill: #120 x 5, 07/14/2014, Thomas Dunn MD

Past Medical History

Past medical history noted by patient includes diabetes, depression
She states she had a mini-stroke 2 days after the slip and fall.

Problems recorded as Dx. codes:

TEAR MEDIAL CARTILAGE OR MENISCUS KNEE CURRENT (ICD-836.0)
PAIN IN JOINT, LOWER LEG (ICD-719.46)
DIABETES (ICD-250.00)
SCIATICA (ICD-724.3)
DEGEN LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC (ICD-722.52)
BRACHIAL NEURITIS OR RADICULITIS NOS (ICD-723.4)
DEGENERATION OF CERVICAL INTERVERTEBRAL DISC (ICD-722.4)

Information obtained by patient via web portal: I was very healthy and athletic until I slipped and fell. I had immediate injuries and pain, which I still have. My arms and hands hurt, it hurt to sit, my right foot hurt and I was dazed.

Desert Orthopaedic Center

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Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Past Surgical History

Patient denies any problems related to previous surgery
Information obtained by patient via web portal. Tonsillectomy. 1955?

Family Medical History

There is a reported family history of cancer

Social History

Tobacco use: never smoker

Alcohol Use: (never)

Does patient live alone: yes

Drug Use: (no)

Marital Status: widowed

Number of children: none

Physical Exam

Vital Signs

Body Mass Index: 23.65

Constitutional:

General appearance: well nourished, well hydrated, no acute distress

Eyes:

External: conjunctivae and lids normal

Ears/Nose/Throat:

External ears: normal, no lesions or deformities

External nose: normal, no lesions or deformities

Pharynx: tongue normal, protrudes midline, posterior pharynx without erythema or exudate

Neck:

Neck: supple, no masses, trachea midline

Respiratory:

Auscultation: no rales, rhonchi or wheezes

Cardiovascular:

Auscultation: S1, S2, no murmur, rub or gallop

Gastrointestinal:

Abdominal/GI: normal active bowel sound, nontender, nondistended

Lymphatic:

Neck: no cervical adenopathy

Skin:

Skin Inspection: no rashes, lesions in area of examination

Desert Orthopaedic Center

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Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Neurologic:

Sensation: intact to touch

Psychiatric:

Orientation: oriented to person, place and time

Right Knee Exam

Pain/Tenderness:

diffuse, patella, medial joint line, with range of motion
Neurovascularly intact

Active Range of Motion

Flexion: 130
Extension: 0
Crepitus with range of motion

Stability

Medial/MCL: normal
Lateral/LCL: normal
Ext Rotation Dial Test:

Meniscus

Flexion McMurray Test: positive

Magnetic Resonance Imaging Tear of the posterior one third of the medial meniscus.

2. Chondromalacia patellae
3. Mild osteoarthritic changes

Left Knee Exam

Inspection

Pain/Tenderness:

diffuse, patella
Neurovascularly intact

Active Range of Motion

Flexion: 130
Extension: 0
Crepitus with range of motion

Stability

Medial/MCL: normal
Lateral/LCL: normal
Ext Rotation Dial Test:

Patella

Desert Orthopaedic Center

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Page 4
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home (702)228-4424

Patient ID: 198556-2854001

Patellofemoral Crepitus yes

Impression

She is here today for follow up of her bilateral knee arthrosis rule medial meniscus tear on the left

Plan

I reviewed the patient's X-rays and MRI. Explanation and reassurance were provided to the patient.

A MRI of the left knee without contrast was ordered. Test was ordered to rule out meniscus tear.

Activities/Work status

The patient may gradually return to activity as tolerated.

Follow up

Patient was instructed to follow up after receiving their MRI.

Electronically Signed by Andrew S Martin MD on 09/11/2014 at 3:56 PM

Las Vegas Radiology

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113
3175 St. Rose Pkwy, Suite 130, Henderson, Nevada 89052
3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109
4640 W. Craig Rd, North Las Vegas, Nevada 89032
Phone: 702-254-5004 Fax: 702-432-4005

Exam Date: August 29, 2014

REFERRED BY

ANDREW SCOTT MARLIN,

PATIENT INFORMATION

Patient: OCONNELL, YVONNE DOB: 06/14/81
MRN: 165910-1 Accession #: 326765
Exam: MRI RT KNEE W/O

Procedure: MRI right knee without contrast

Clinical history: Medial meniscal tear

Technique: Multiplanar, real-time sequence imaging of the right knee performed.

Findings: There is a small amount of joint fluid. Chondromalacia patellae is noted, with subchondral changes. Medial and lateral patellar retinacula are intact. Patellar tendon and quadriceps tendon appear intact. There is marginal osteophyte formation associated with the patella and with the femerotibial articulations. Signal is identified within the posterior one third of the medial meniscus which extends to the surface, and is consistent with tear. The lateral meniscus demonstrates grade 1 signal within the anterior one third. The PCL and ACL are intact.

The lateral collateral ligament complex, and the medial collateral ligament are intact. No significant amount of fluid within the gastrocnemius-semimembranosus bursa.

Impression: Tear of the posterior one third of the medial

OCONNELL, YVONNE MRN: 165910-1 Exam Date: August 29, 2014 (page 1 of 2)

meniscus.

2. Chondromalacia patellae

3. Mild osteoarthritic changes

Electronically signed by:

JAMES BALOGH, MD

Date:

Sep 02, 2014

Time:

10:10

O'CONNELL, YVONNE MRN: 165910-1 Exam Date: August 29, 2014 (page 2 of 2)

09/02/2014 10:20AM (GMT-07:00)

1 RA 067

WYNN-O'CONNELL01313

Desert Orthopaedic Center

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Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home (702)228-4424

Patient ID: 198556-2854001

08/13/2014 - Office Visit: 5th Room, Complete

Provider: Andrew S Martin MD

Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

Chief Complaint right hip and right knee**History of Present Illness**

Referred by: Andrew Cash MD

Previous Studies: X-rays, CT scan, MRI

The patient is a 62 year old female who comes in for a new problem today. The patients work status is retired. She presents for evaluation of left hip and left knee pain after a slip/fall injury. Her symptoms have been present for 4 years. Her injury occurred , when she walking, slipped and fell backwards twisting to the right, right gluteal and leg struck raised divider, then head struck the ground. She describes the pain as being specifically located in the posterior region of her hip and knee. Other physicians the patient has seen for this problem include a primary care physician, another orthopedic surgeon, a spine surgeon, and a pain management physician. Previous studies performed to evaluate this condition include X-rays and CT scan

She describes her pain as throbbing/stabbing, sharp and severe. Her pain is continuous, and since acknowledging the onset, her pain level has remained the same. On a scale of 0-10, with 0 being no pain and 10 being the worst pain imaginable, her pain level today is a 10. At its least, her pain is a 2, and at its worst it is a 10. Her average pain is 8. She is also experiencing clicking, snapping/popping, swelling, night pain, pain with activities, radiating pain, and daytime pain with rest.

Treatments tried previously to relieve symptoms include ice, heat, muscle relaxants, physical therapy, narcotic medication, NSAIDS, TENS unit, and home exercise.

Allergies

ANTIBIOTICS (Moderate)

Medications

LOVAZA 1 GM CAPS (OMEGA-3-ACID ETHYL ESTERS) Take 2 tablets twice a day
Last Refill: #120 x 5, 07/14/2014, Thomas Dunn MD

Past Medical History

Past medical history noted by patient includes diabetes, depression
She states she had a mini-stroke 2 days after the slip and fall.

Desert Orthopaedic Center

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(702)731-1616 Fax: (702)734-4900

Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Problems recorded as Dx. codes:

DIABETES (ICD-250.00)

SCIATICA (ICD-724.3)

DEGEN LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC (ICD-722.52)

BRACHIAL NEURITIS OR RADICULITIS NOS (ICD-723.4)

DEGENERATION OF CERVICAL INTERVERTEBRAL DISC (ICD-722.4)

Information obtained by patient via web portal: I was very healthy and athletic until I slipped and fell. I had immediate injuries and pain, which I still have. My arms and hands hurt, it hurt to sit, my right foot hurt and I was dazed.

Past Surgical History

Patient denies any problems related to previous surgery

Information obtained by patient via web portal: Tonsillectomy, 1955?

Family Medical History

There is a reported family history of cancer

Information obtained by patient via web portal: diabetes connective tissue disorder cancer

Social History

Tobacco use: never smoker

Alcohol Use: (never)

Does patient live alone: yes

Drug Use: (no)

Marital Status: widowed

Number of children: none

Work Status: retired

Review of Systems

General: fatigue

Cardiovascular: denies fainting, ankle swelling, leg swelling, shortness of breath with exercise or murmur

Respiratory: cough

Ears/Nose/Throat: dizziness

Gastrointestinal: nausea

Skin: denies rash, itching, dryness, mole changes, jaundice, hives or abnormal pigmentation

Neurologic: weakness numbness headache

Genitourinary: night time urination

Endocrine: cold intolerance

Heme/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies hives, persistent infections, HIV exposure

Psychiatric: anxiety depression difficulty sleeping

Musculoskeletal: stiffness joint pain or swelling back pain weakness

Pregnant: no

Physical Exam

Vital Signs

Desert Orthopaedic Center

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Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Body Mass Index: 23.65

Right Knee Exam

Pain/Tenderness:

diffuse, medial joint line, with range of motion

Neurovascularly intact

Active Range of Motion

Flexion: 130

Extension: 0

Crepitus with range of motion

Stability

Medial/MCL: normal

Lateral/LCL: normal

Ext Rotation Dial Test:

Meniscus

Flexion McMurray Test: positive

Patella

Patellofemoral Crepitus: yes

Right Knee X-ray

RAD Knee 3 Views [73562]. CR Rt Knee; AP WB Lat & Sunrise [CR-rkawls]

There is moderate tricompartmental arthritis noted

Right Hip Exam

Inspection

Pain/Tenderness: greater trochanter

Gait: with walker

Neurovascularly intact

Passive ROM

Abduction: normal

Adduction: normal

Flexion: normal

Extension: normal

Internal rotation: normal

External rotation: normal

Impression

She is here today for follow up of her right knee pain rule out medial meniscus tear. Right hip trochanteric bursitis

Desert Orthopaedic Center

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(702)731-1616 Fax: (702)734-4900

Page 4
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home (702)228-4424

Patient ID: 198556-2854001

Plan

I reviewed the patient's X-rays. Explanation and reassurance were provided to the patient. I discussed a treatment plan in detail with patient. All of the patient's questions were answered.

A MRI of the right knee without contrast was ordered. Test was ordered to rule out medial meniscus tear.

Activities/Work status

The patient may continue protected activity

Follow up

Patient was instructed to follow up after receiving their MRI.

Electronically Signed by Andrew S Martin MD on 08/14/2014 at 9:29 AM

Desert Orthopaedic Center

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(702)731-1616 Fax: (702)734-4900

Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

07/14/2014 - Office Visit: 1st Room, Complete

Provider: Thomas Dunn MD

Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate
- The medication list was reviewed and updated as appropriate

Physical Exam**Vital Signs**

Height: 68 in Weight: 155 lb Body Mass Index: 23.65

History of Present Illness

Yvonne O'Connell presents for result of MRI cervica, lumbar. Test was performed at Open Sided MRI of Las Vegas on 06/27/2014.

She complains of neck pain radiating down right arm and lower back pain radiating down both legs.

She describes her pain as throbbing/stabbing, sharp and severe. Her pain is continuous, and since her last visit her pain level has remained the same. On a scale of 1-10, with 1 being no pain and 10 being the worst pain imaginable, her pain level today is a 10. She is able to walk for less than 5 minutes without having to stop due to pain. Previous studies performed to evaluate this condition include MRI.

Allergies

ANTIBIOTICS (Moderate)

Medications

LOVAZA 1 GM CAPS (OMEGA-3-ACID ETHYL ESTERS) Take 2 tablets twice a day

Last Refill: #120 x 5, 07/14/2014, Thomas Dunn MD

Past Medical History

Past medical history noted by patient includes diabetes, depression

She states she had a mini-stroke 2 days after the slip and fall.

Problems recorded as Dx. codes:

SCIATICA (ICD-724.3)

DEGEN LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC (ICD-722.52)

BRACHIAL NEURITIS OR RADICULITIS NOS (ICD-723.4)

DEGENERATION OF CERVICAL INTERVERTEBRAL DISC (ICD-722.4)

Information obtained by patient via web portal: I was very healthy and athletic until I slipped and fell. I had immediate injuries and pain, which I still have. My arms and hands hurt, it hurt to sit, my right foot hurt and I was dazed.

Desert Orthopaedic Center

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Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Past Surgical History

Patient denies any problems related to previous surgery
Information obtained by patient via web portal: Tonsillectomy, 1955?

Family Medical History

There is a reported family history of cancer

Social History

Tobacco use: never smoker

Alcohol Use: (never)

Does patient live alone: yes

Drug Use: (no)

Marital Status: widowed

Number of children: none

Physical Exam**Vital Signs**

Height: 68 in Weight: 155 lb Body Mass Index: 23.65

Constitutional:

General appearance: moderate distress

Cardiovascular:

Periph. circulation: no cyanosis, clubbing or edema

Neurologic:

Cranial nerves: II-XII grossly intact

Reflexes grossly intact, symmetric

Sensation: intact to touch

No acute changes

Cervical

No acute changes.

Magnetic Resonance Imaging-Cervical was performed on 06/27/2014

Open-sided MRI

Mild central canal stenosis at C3-C4

Mild central canal stenosis C4-C5 with severe bilateral neuroforaminal stenosis

Moderate central canal stenosis at C5-C6 with severe bilateral neuroforaminal stenosis

Mild central canal stenosis at C6-C7 with mild bilateral neuroforaminal stenosis

Magnetic Resonance Imaging-Lumbar was performed on 06/27/2014

Open-sided MRI

Desert Orthopaedic Center

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Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home (702)228-4424

Patient ID: 198556-2854001

Mild left neuroforaminal stenosis L4-L5

Lumbar

No acute changes.

Impression

degenerative disc disease of the cervical spine, and cervical radiculopathy, and lumbar disc disease, and sciatica

Bilateral carpal tunnel syndrome per history

Plan

I reviewed the patient's MRI. Explanation and reassurance were provided to the patient.

She was given a prescription for LOVAZA 1 GM CAPS Take 2 tablets twice a day.

I am referring her to my colleague, Andrew S Martin MD for further evaluation.

Follow up

The patient was advised to return if symptoms worsen.

Electronically Signed by Thomas Dunn MD on 07/14/2014 at 1:08 PM

1 RA 074

WYNN-O'CONNELL01320



630 S. Ranchito, Suite G
Las Vegas, Nevada 89106
(702) 932-2740 • Fax (702) 932-2739
www.osmri.com

Patient: O'CONNELL YVONNE
X-Ray #: 10000001
DOB: 06/16/1951
Outside Mnemonic: F01R04152PM12X
Referring Doctor: THOMAS CUNO MD

Exam Date: 06/27/2014
Accession #: 10008773

PROCEDURE: MRI C-SPINE WITHOUT CONTRAST

EXAMINATION: MRI CERVICAL SPINE WITHOUT CONTRAST

HISTORY: History of injury 2010. Neck pain radiating down to both upper extremities.

COMPARISON: None

TECHNIQUE: The following sequences were performed on an open Tesla magnet: Sagittal T1 and T2. Axial T2.

FINDINGS: There is no acute fracture or pathologic osseous lesions. There is disc desiccation noted throughout the cervical spine. Disc height loss is seen extending from C3/C4-C6/C7. No prevertebral soft tissue swelling.

The cervical medullary junction is visualized. No herniation or evidence of abnormal cord signal.

C2/C3: No significant disc bulge. No canal or neuroforaminal stenosis.

C3/C4: There is mild posterior disc osteophyte formation. This causes mild central canal stenosis. There is no significant neuroforaminal narrowing.

C4/C5: There is mild posterior disc osteophyte formation. This causes mild central canal stenosis. There is severe bilateral neuroforaminal stenosis secondary to foraminal disc osteophyte formation and uncovertebral hypertrophy.

C5/C6: There is posterior disc osteophyte formation. This is more prominent along the right paracentral region where it measures approximately 4 mm in AP dimension. There is a moderate central canal stenosis. The central canal measures approximately 7 mm in AP dimension. There is severe bilateral neuroforaminal stenosis secondary to foraminal disc osteophyte formation and uncovertebral hypertrophy.

C6/C7: There is mild posterior disc osteophyte formation causing mild central canal stenosis. There is mild bilateral neuroforaminal stenosis secondary to foraminal disc osteophyte formation and uncovertebral hypertrophy.

C7/T1: Minimal posterior disc bulge. No central canal or neuroforaminal stenosis.

IMPRESSION:

1. Mild central canal stenosis at C3/C4.
2. Mild central canal stenosis at C4/C5 with severe bilateral neuroforaminal stenosis.
3. Moderate central canal stenosis at C5/C6 with severe bilateral neuroforaminal stenosis.
4. Mild central canal stenosis at C6/C7 with mild bilateral neuroforaminal stenosis.

OpenSided
MRI of Las Vegas

630 S. Rancho, Suite G
Las Vegas, Nevada 89105
(702) 932-2749 • Fax (702) 932-2739
www.osmri.com

Patient: O'CONNELL YVONNE
X-Ray #: 10006331
DOB: 08/18/1951
Outside Mnco: F01R24152PM12X
Referring Doctor: THOMAS JOHN MD

Exam Date: 06/27/2014
Accession #: 10008773

PROCEDURE: MRI C-SPINE WITHOUT CONTRAST

Dictated By: Scott Chang M.D. at 2014-06-28 07:53

Electronically Signed By: Scott Chang M.D. at 2014-06-28 07:57

Professionally interpreted by Radiology Associates of Nevada



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www.osmri.com

Patient: O'CONNELL YVONNE
X-Ray #: 10014581
DOB: 08/16/1951
Outside X-ray: P01824152PMISM
Referring Doctor: THOMAS DUNN MD

Exam Date: 06/27/2014
Accession #: 10009774

PROCEDURE: MRI L-SPINE WITHOUT CONTRAST

EXAMINATION: MRI LUMBAR SPINE WITHOUT CONTRAST

HISTORY: History of injury to lower back 2/8/2010. Low back pain radiating into both legs.

COMPARISON: None

TECHNIQUE: The following sequences were performed on a open Tesla magnet: Sagittal T1 and T2. Axial T2.

FINDINGS: There is no acute fracture or pathologic osseous lesions. There is disc desiccation extending from L2/L3-L5/S1. Severe disc height loss at L3/L4. Mild disc height loss at L4/L5. Moderate to severe disc height loss at L5/S1.

The conus medullaris terminates at inferior L1. No evidence of obvious abnormal cord signal or a cord mass.

L1/L2: Normal.

L2/L3: Minimal posterior disc bulge. No central canal or neuroforaminal stenosis.

L3/L4: Mild bilateral paracentral and foraminal disc bulge. However, there is no central canal or significant neuroforaminal stenosis.

L4/L5: Mild bilateral paracentral and left foraminal disc bulge. No central canal stenosis. Mild left neuroforaminal narrowing.

L5/S1: No significant posterior disc bulge. There is no central canal or neuroforaminal stenosis.

IMPRESSION:

1. No acute fracture.
2. Mild left neuroforaminal stenosis at L4/L5.
3. There is no central canal stenosis of the lumbar spine.

Dictated By: Scott Chang M.D. at 2014-06-28 07:59
Electronically Signed By: Scott Chang M.D. at 2014-06-28 08:01

Professionally interpreted by Radiology Associates of Nevada

Desert Orthopaedic Center

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Page 1
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

06/16/2014 - Office Visit: 2nd Room, Complete

Provider: Thomas Dunn MD

Location of Care: Desert Orthopaedic Center

Clinical List(s) Reviewed

- The allergy list was reviewed and updated as appropriate.
- The problem list was reviewed and updated as appropriate.
- The medication list was reviewed and updated as appropriate.

Chief Complaint pain in the low back radiating to the butt and the right leg to the heel & pain in the neck radiating to bilateral arms down to the hands. She is also having in the chest area

History of Present Illness

Referred by: Andrew Cash MD

Previous Studies: X-rays, CT scan, MRI

Yvonne O'Connell is a 62 year old right had dominant female who comes in for evaluation of left neck and low back pain after a slip/fall injury on 02/08/2010. While walking in the Wynn Hotel and Casino, she slipped and fell backwards, twisting to the right, striking her right buttock and leg on a raised divider before hitting the ground. She did not lose consciousness. After the fall she was picked up by bystanders and taken to a slot machine to sit down. Security came over and a report was taken. She did not go to the hospital and did not see any doctors until 2 days later on 02/10/2010 at UMC Quick Care. She describes the pain as being specifically located in the posterior region of her neck. The pain radiates to her right arm. Other physicians the patient has seen for this problem include a primary care physician, a neurologist, a spine surgeon, and a pain management physician. Previous studies performed to evaluate this condition include X-rays, CT scan, and MRI.

She describes her pain as sore sharp burning stabbing and severe. Her pain is intermittent, and since acknowledging the onset, her pain level has worsened. On a scale of 0-10, with 0 being no pain and 10 being the worst pain imaginable, her pain level today is a 9. At its least, her pain is a 2, and at its worst it is a 10. Her average pain is 8. She is also experiencing numbness, night pain, daytime pain with rest, and radiating pain down right arm. Her symptoms are worse when driving, turning head side to side, moving head up or down, lifting, typing, and reaching. She has done her best to endure symptoms over the years but expresses increasing difficulty and enduring symptoms of both neck and low back pain.

Treatments tried previously to relieve symptoms include ice, heat, muscle relaxants, physical therapy, narcotic medication, NSAIDS, TENS unit, and home exercise.

The patient is retired.

Her principle problem is that of neck pain that rates down her left arm, ongoing right-sided chest pain along the breast bone and low back pain with intermittent "jolts" down the right buttock and leg.

Allergies

ANTIBIOTICS (Moderate)

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Page 2
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

Medications**Past Medical History**

Past medical history noted by patient includes diabetes, depression
She states she had a mini-stroke 2 days after the slip and fall.

Past Surgical History

Patient denies any problems related to previous surgery

Family Medical History

There is a reported family history of cancer

Social History

Tobacco use: never smoker

Alcohol Use: (never)

Does patient live alone: yes

Drug Use: (no)

Marital Status: widowed

Number of children: none

Occupation: retired

Work Status: retired

Review of Systems

General: fatigue

Cardiovascular: denies fainting, ankle swelling, leg swelling, shortness of breath with exercise or murmur

Respiratory: cough

Ears/Nose/Throat: dizziness

Gastrointestinal: nausea

Skin: denies rash, itching, dryness, mole changes, jaundice, hives or abnormal pigmentation

Neurologic: weakness numbness headache

Genitourinary: night time urination

Endocrine: cold intolerance

Heme/Lymphatic: denies abnormal bruising, bleeding, enlarged lymph nodes

Allergic/Immunologic: denies hives, persistent infections, HIV exposure

Psychiatric: anxiety depression difficulty sleeping

Musculoskeletal: stiffness joint pain or swelling back pain weakness

Pregnant: no

Physical Exam**Vital Signs**

Height: 68 in Weight: 155 lb Pulse rate: 60 BP: 151/86 Body Mass Index: 23.65

Constitutional:

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Page 3
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

General appearance: moderate distress

Comments: Complaining of neck pain.

Cardiovascular:

Pedal pulses: pulses 2+, symmetric

Periph. circulation: no cyanosis, clubbing or edema

Skin:

Skin Inspection: no rashes, lesions in area of examination

Skin Palpation: no subcutaneous nodules or induration in area of examination

Neurologic:

Cranial nerves: II-XII grossly intact

Reflexes grossly intact, symmetric

Sensation: intact to touch

Psychiatric:

Orientation: oriented to person, place and time

Mood and affect: no depression, anxiety

Lumbar Spine Exam

Coordination/balance: normal

Posture: standing erect

Assistive Device: walker

Tenderness to palpation: bilateral

Radiates down: left

Facet tenderness: none

Spasms: mild

Spurling Test: negative

L'Hermitte Sign: negative

Hoffman's Sign: negative

Cervical ROM

Flexion: decreased

Extension: decreased

Rotation: Right: decreased Left: decreased

Lateral Flexion: Right: decreased Left: decreased

Sensation to touch is normal from C2-C8. Motor function is normal in the deltoid, elbow flexors, elbow extensors and finger flexors. Reflexes intact and symmetrical in the biceps, triceps and supinator.

Positive Tinel's at the wrist bilaterally.

Examination of the anterior chest over the area of the patient indicates that the source of the pain demonstrates tenderness to the costal manubrial joints on the right.

Magnetic Resonance Imaging cervical was performed on 05/08/2010

Cervical spondylosis C4-C7 without significant neural compression.

Magnetic Resonance Imaging lumbar was performed on 04/08/2010

Degenerative disc disease with collapse at L3-4 and moderate at L4-5 and L5-S1

RAD Spine Cervical Complete Min 4 Views [72050]

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Page 4
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

There is severe disc space narrowing at C4-5, C5-6, and C7-T1. There is severe facet joint arthritis at C4-5, C5-6, and C6-7.

RAD Spine LS w/Bending Views [72114]

There is severe disc space narrowing at L3-4 and L5-S1. There is severe facet joint arthritis at L3-4 and L5-S1.

Lumbar Spine Exam

Coordination/balance: normal

Posture: normal

Assistive Device: walker

Tenderness to palpation: bilateral Radiates down: right Facet tenderness: bilateral Pain to straight leg raise: none

Femoral stretch test: none

Weakness: no

Heel Walk: yes

Toe Walk: yes

Faber Test: negative

Babinski: negative

Clonus: negative

Lumbar ROM

Flexion: decreased

Extension: decreased

Rotation: Left: decreased

Lateral Flexion: Left: decreased

Sensation to touch is normal from L1-S1. Motor function is normal in the hip flexors, knee extensors, ankle dorsiflexors, long toe extensors and ankle plantar flexors. Reflexes intact and symmetrical in the knee and ankle.

Full ROM of hips, knees, and ankles.

No pain produced with internal rotation or external rotation of the hips bilaterally.

Negative nerve test signs include straight leg raise, Laseques flip text and femoral stretch test.

Palpable pulses bilaterally. Tenderness noted about the right piriformis region.

Impression

degenerative disc disease of the cervical spine, and cervical radiculopathy, and lumbar disc disease, and sciatica

Bilateral carpal tunnel syndrome per history

Plan

I reviewed the patient's X-rays and MRI. Explanation and reassurance were provided to the patient. I discussed a treatment plan in detail with patient. All of the patient's questions were answered. She has failed all non-surgical treatment.

Desert Orthopaedic Center

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Page 5
Office Visit

Yvonne Louise O'Connell

Female DOB: 08/18/1951

Home: (702)228-4424

Patient ID: 198556-2854001

A lumbar spine MRI without contrast was ordered. A cervical spine MRI without contrast was ordered.

If the patient continues to remain symptomatic, I may consider the following for the patient: surgery and injection.

Follow up

The patient will follow up in 3 weeks. Patient was instructed to follow up after receiving their MRI.

Electronically Signed by Thomas Dunn MD on 06/18/2014 at 12:17 PM
