IN THE SUPREME COURT OF THE STATE OF NEVADA

SUNRISE VILLAS IX HOMEOWNERS ASSOCIATION,

Appellant,

vs.

SIMONE RUSSO,

Respondent.

APPELLANT'S APPENDIX VOLUME 14

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95.	Supplement to Opposition to Motion to Amend and/or Modify Order	5/18/21	13	2781-2784
96.	Defendant Sunrise Villas IX Homeowners Association's Notice of Submission of Competing Order on Defendant's Motion to Set Aside and/or Amend Judgment and Order on Plaintiff's Motion to Enforce Settlement	5/25/21	13	2785-2787
	Exhibit 1: Proposed competing order for Order on Defendant's Motion to Set Aside and/or Amend Judgment and Order on Plaintiff's Motion to Enforce Settlement submitted to the Court for consideration		13	2788-2802
	Exhibit 2: Order on Defendants Motion to Set Aside and/or Amend Judgment and Order on Plaintiff's Motion to Enforce Settlement		13	2803-2816
97.	Order on Defendant's Motion to Set Aside and/or Amend Judgment and Order on Plaintiff's Motion to Enforce Settlement [Denying]	5/26/21	13	2817-2835
98.	Notice of Entry	5/26/21	13	2836-2838

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(Cont. 9	98) Order Defendant's Motion to Set Aside and/or Amend Judgment and Order on Plaintiff's Motion to Enforce Settlement [Denying] [May 26, 2021]		13	2839-2857
99.	Defendant Sunrise Villas IX Homeowners Association's Motion to Release Exhibits from Evidence Vault on Order Shortening Time	6/1/21	13	2858-2864
	<u>Exhibit 1</u> : Court Minutes re Plaintiff's Application for Judgment by Default on December 17, 2019		13	2865-2866
	<u>Exhibit 2</u> : May 17, 2021 Email Correspondence from Shannon Splaine, Esq. to Peggy Ipsom, court reporter		13	2867-2871
100.	Reply to Opposition to Motion to Amend and/or Modify Order	6/1/21	13	2872-2874
101.	Opposition to Sunrise's Motion to Release Exhibits from Evidence Vault on Order Shortening Time	6/2/21	13	2875-2880
	Exhibit 1: Minute Order: Pending Motions on May 3, 2021		13	2881-2883
	Exhibit 2: Notice of Entry for Order on Defendant's Motion to Set Aside and/or Amend Judgment, and Order on Plaintiff's Motion to Enforce Settlement [May 26, 2021]		13	2884-2906
	Exhibit 3: November 7, 2019 Email Correspondence from Sunrise's Counsel re Suslak (sic) And Desman (sic)		13	2907-2908

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102.	Court Minutes Re: Hearing on Defendant Sunrise Villas IX Homeowners Association's Motion to Release Exhibits from Evidence Vault on Order Shortening Time	6/3/21	13	2909
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104.	Opposition to Motion to Hold Counsel in Contempt and Counter-Motion to Strike the Motion per NRS 41.660	6/7/21	13	2918-2924
	Exhibit A: Minute Order: Pending Motions on May 3, 2021		13	2925-2927
	Exhibit B: Order on Defendant's Motion to Set Aside and/or Amend Judgment, and Order on Plaintiff's Motion to Enforce Settlement [May 26, 2021]		13	2928-2947
	Exhibit C: Stipulation between Sunrise Villas IX Homeowners Association and Simone Russo related to case A-17-753606 (Simone Russo v. Cox Communications Las Vegas, Inc.) [November 12, 2019]		13	2948-2950
105.	Notice of Entry of Order Granting Defendant Sunrise Villas IX Homeowners Association's Motion to Release Exhibits from Evidence Vault on Order Shortening Time	6/8/21	13	2951-2952
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106.	Defendant Sunrise Villas IX Homeowners Association's Notice of Filing Exhibits from the Evidence Vault	6/21/21	13	2961-2963
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	Exhibit 3: Medical Records and Billing Records from Center for Disease & Surgery of the Spine		14	2971-3059
	Exhibit 4: Medical Records and Billing Records Kozmary Center for Pain Management		14 15	3060-3210 3211-3235
	Exhibit 5: Medical Records and Billing Records from Pueblo Medical Imaging		15	3236-3246
	Exhibit 6: Medical Records and Billing Records from Desert Radiology		15	3247-3259
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	Exhibit 8: Medical Records and Billing Records from Fyzical Therapy and Balance Centers		15	3264-3285
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107.	Notice of Appeal	6/23/21	15	3288-3290
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114.	Reporter's Transcript of Hearing [E-filed November 7, 2019 Hearing Transcript]	1/25/21	16	3475-3520		
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117.	Plaintiff's Motion to Compel Settlement on Order Shortening Time	11/1/19	17	3751-3770		
	Exhibit 1: Email from Fink (Sunrise) Re: proposed release and waiting for carrier to sign off		17	3762-3768		
	Exhibit 2: Email from Turtzo (Cox) re: also waiting for approval of the release		17	3769-3770		

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Account Inquiry

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11/02/2016	69990		Microsulty To Mcrscp	is Reg Use Op	rating	M54.12	Radiculo region	pathy, c	térvical	SUKGICAL	. 1.00	\$2,200.0	10 \$2,200.0	0 \$0.0
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11/02/2016	22846		Anterior Inst Vertebral S	rumentation 4	-7	M54.12	Radiculo region	pathy, c	ervical	SURGICAL	1.00	\$4,050.0	0 \$4,050.0	0 \$0.0
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11/02/2016	22851	i i i i i i i i i i i i i i i i i i i	Application In	ntervert Biome	chanical	M54.12	Radiculo	pathy, c	ervical	SURGICAL	1.00	\$2,100.0	0 \$2,100.0	0 \$0.0
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11/02/2016	20936		Autograft Spl Same	ne Surgery Lo	cal From	M54.12	Radiculo	pathy, o	ervical	SURGICAL	1.00	\$1,000.0	0 \$1,000.0	\$0.0
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4/10/2017	883411856	Medical	MEDICARE	Médicare Adjustment	\$9,639.97				0410178	PR1 Updab	ed 04/1	6/2017		
10/2017	883411856	Medical	MEDIÇARE	Commercial Insurance Transfer		AMASU	IP \$2,	586.87	0410178	PRI Updati	ed 04/1	6/2017		
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			Refer, Dr.	Batch#	Voucher	Date		Respon	sible	Co-Ins	Co-Ins Paid	Vold Batch#	Date	Voided By
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TTIVIEWI Claim# 175230 Vouche 050520 Dates of iervice 1/02/2016 'ayment jate	CDSS Bill Media Paper er Notes D17 bilked 2 Procedu	Syc IPMINVIE Bill TH/ nd with en re Mods	THALGOTT ng Prov LGOTT obs - Janet Description Arthro Ant In Add	Local Use T terdy Cervel B Transaction	Updated ext etw C2 Ea (12/0 Orig V 17523 Diag1 154.12 mt Train To	7/2016 /oucher# 0 Description Rediculog region	Simone on Trsf B Amt	Orig Pa MEDICA	\$0.00 yor RE TOS	Orig Bill 12/07/20 Units L 2.00 Date Update	5,000.00 Volced Bat	Electron Electron Prots/Adjs \$5,000.00	Ami Duc \$0.04



(FAX)702 878 9642

14A.App.2975 P.007/041

Account Inquiry

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							nsurance													
01/18	/2017	68332804	5 Med	cal	MEDICA	REC	HECK		(\$640.	18)			01181	7dmg	Updat	ed 01	/31/2	017		
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01/12/	2017	44568775	65 Medi	cal i	AMASUP	0	HECK		\$163.	.31			01121	7dmg1	Updat	ed 01,	/31/20	017		
02/01/	2017	88334161	2 Medi	cal I	MEDICA	REC	HECK		(\$540.1	18)			02011	7dmg1	Updat	ed 02,	/28/20	017		
04/10/	2017	88341185	6 Medi	cal I	MEDICA		lédicáré djustmen	t	\$475	.87			04101	7BPR1	Updat	ed 04,	/16/20	017		
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07/17/	2017	w/o adj	Medi	cal /	AMASUP	Ir	commercia nsurance djustmen		\$153.	.31			071713	7slb1	Updat	ed 07,	/18/20	017		
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11/15/20	16	171620	'n	HALGO	Π		\$135.0	Q	\$135	5.00	\$0.0	00 AM	asup	Me	edical		02/03	/2017		Simone Russo
Locatio	on De	epartment	Place Of Svc	Ref	er. Dr.	Bato	;h#	Vouc		Date		Respi	onsible	10	o-Ins Amt		NS Vo		Date Voided	Volded By
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Claim	#	Bill Med	a	Billing	Prov	T	Local Use	Text		Orka	Voucher	r#	Ork	g Payo	r	Örka	BIII Da	ate	Orlg M	edla
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Service D	ate	Voucher	# PI	rovider			Chg Ami		Pmcs/A	djs	Balanç	e Pay	or	Co Ty	verage pe		Billed	Date	Age F	Patient
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Claim#	Bill Me			Prov	Local Use Text		Orig Vouche	and the second second	Payor	Orig Bill		Orig I	
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Payment Date	Referen		Coverage Type	Insurance	Transaction	Pm1 Am1	Transfer To	Trsf Batch# Amt	Status	Date Updated	Vold Batch	1# Voide	d By
12/22/2016			Medical	MEDICAR		\$0.00			ng1 Updated				
01/03/2017			Medical	MEDICAR		\$82.78			ng1 Updated				
01/03/2017	8833134	09 1	Medical	MEDICAR	E Commercial Insurance Adjustment	\$211.10	,	01031/00	ngi Updated	01/10/20	11/		
01/03/2017	8833134	109	Medical	MEDICAR	E Commercial Insurance Transfer		AMASUP	21.12 010317dr	ng1 Updated	01/16/20	017		
2/07/2017	4456888	576	Medical	AMASUP	CHECK	\$21.12	1	020717cm	ngi Updated	02/28/20	017		
						And the second sec		1.	10-	1 BUL	10-1-	Age	Patient
vice Dato	Vouch	er#	Provide	r	Chg Amt	Pmts/Ac			Coverage Type		d Date		
vice Date /19/2017	Vouch		Provide		Chg Amt \$25.00	Pmb/A: \$25.		0 Self-Pay			0/2017	0	Simona Russo
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Paymént Date	Réfèrence	Coverage Туре	Insurance	Transactio	en Print Amt		Trsf Batch Amt	h#	Status	Date Updated	i Void Batc		Voide By
04/27/2017	self pay write-off		Self-Pay	Self Pay Adjustmen	\$25.00 It		0426	17WOA1	Updated	05/01/2	017		
ervice Date	Voucher#	Provider		Chọ Amt	Prits/A	kdjs Bala	nce Payor		Сочегаре Тура	8	iled Date	Age	Patlent
2/21/2017	189400	THALGO	π	\$315.00	\$315	i.00 \$0	.00 Self-Pa	Y	Medical	C	/01/2017		Simone Russo
Location C	epartment Pla SV		er. Dr. Ba		Voucher Status	Date Updated	Responsil	tle	Co-Ins Amt	Co-Ins Paid		Date Voided	Voided
OFFICE C	D\$\$ OF	FICE TH	ALGOTT 02	21178PR1	Updated	02/22/2017	Simone R	1550	\$0.00	\$0.00			
Clalm#	Bill Medla	Gilling	Prov	Local Use	Text	Orlg Vouch	er#	Orlg P	ayor	Orig Bi	II Date	Orig M	edia
189400		THALG	TTO			189400		MEDIC	ARE	02/22/	2017	Electro	nic
Voucher	Notes	an a											
per AMA resp — Ja	pt was not cov inet	rd at the tim	e of service	- transferd	bal to pt								
Dates of	Service Proc	edure Mode	Description	on	Diag1	Descriptio	n		TOS	Units	Fee Amt	Pmts/Adja	Amt D
02/21/20	17 9921	3 25	Office OL	tpt Est15 M	in MS4.10	5 Radiculop	sthy, lumbar	riegion	MEDICAL	1.00	\$180,00	\$180.00	\$0.
L	happed ICD9-1 24.4				Descri	is, Lumbosad	mi blee						
		adura Istada	Torrenter						Tros	Tulalka	Ere Ant	Deskinde	Lamto
Dates of 02/21/20		edure Mode		on ol Crv 2/3 Vie	Diag1	Description	n athy, lumbar	- senion	TOS	Units	\$135.00	1	1
-	lapped ICD9-1				Descri								
1	24.4					is, Lumbosad	ral Nos				Managa di Alemana		
Payment Date	Reference	Coverage Type	Insurance	Transaction	Pm Am	t Transfer t To	Trisf Ba Amt	ith#	Status	Date Update	d Vok		Voide By
	883377148 883377148		MEDICARE		\$78.9 \$215.4				1 Updated 1 Updated				
03/08/2017	883377148	Medkal	MEDICARE			AMASUP	\$20.56 030	0817BPR	1 Updated	03/22/	2017		
03/23/2017	transfer	Medical	amasup	Commercial Insurance Transfer		Self-Pay	\$20.56 033	2317JLG	1 Updated	03/23/3	2017		
03/23/2017 04/17/2017	transfer 4456987262		Self-Pay AMASUP	Rebilled Cla CHECK	lm \$20.5	6			l Updated 1 Updated				
ervice Date	Voucher#	Provider		Chg Amt	Pmts/A	dja Balar	içe Payor		Coverage Type	BI	led Date	Age	Patient
1/06/2017	198590	THALGOT	п	\$435,00	\$135	.00 \$0	00 AMASU	5	Medical	05	/16/2017		Simon a Russo
Location D	epartment Pla Sw		er. Dr. Ba		/oucher Status	Data Updated	Responsib	ke	Co-Ins Amt	Co-Ins Faid	Vold Batch#	Date Voided	Volded By
OFFICE C	DSS OF	FICE THA	LGOTT 04	06178PR3 L	lpdated	04/07/2017	Simone Ru	1650	\$0.00	\$0.00			
Claim#	Bill Media	Billing F	ትው	Local Usa T	fext	Ong Vouch	:r#	Orlg Pa	iyor	Orlg Bil	l Date	Orlg M	edla
198590	Paper	THALGO				198590		MEDIC	II M. ALADIAN, MANUAL	04/07/2	ACCURATE CONTRACTOR	Electro	
	er Notes	and usbin and	- hast										······································
050520	17\ billed 2	and with eobs	a Javer.							and the state of the	-		
	and the second s	and the second se											
Dates of Se 04/06/2017			Description	t Est 25 Min	Diag1	Description Radiculopat			TOS	Units	Fee Amt \$300.00	Pmts/Adjs \$300.00	Interinterest



Page 8 of 14

	iervice	Procedure	Mods	Descrip	tion		Diag1	Description			TOS	Units	Fee Amt	Pmts/A	djs Amt	t Du
04/06/201	7 7	72040	FX	Radex 5	ipi Crv 2/3 Vie	iws 1	454.16	Radiculopath	y, lumb	ar region)	RAY	1.00	\$135.00	\$135	.00	\$0.0
Payment Date	Refere		werage /pe	Insurance	e Transactik	n		Transfer To	Traf Amt	Batch#	Status	Date Update	ed Ba		te Vo Ided By	oldes /
05/01/201	7 883434	1425 M	edical	MEDICA	RE CHECK		\$105.50	5		0501178PR1	Updated	05/05/	2017			
05/01/2013	7 883434	H25 M	edical	MEDICA	RE Medicare Adjustmer	ıt	\$297.60	0		0501176PR1	Updated	05/05/	2017			
05/01/2013	7 883434	1425 Me	edical	MEDICA	RE Sequestra Reduction		\$4.36	5		0501178PR1	Updated	05/05/	2017			
05/01/2017	7 883434	1425 Ma	dical	MEDICA	Transfer	al		AMASUP	\$27.48	050117BPR1	Updated	05/05/	2017			
05/01/2013	7 883434	H25 Me	edical	AMASUP	Rebilled C	alm				0501178PR1	Updated	05/05/	2017			
05/11/2017	7 445702	21017 Me	dical	AMASUP	CHECK		\$27,48	3		051117BPR1	Updated	05/18/	2017			
ervice Date	Vouc	her#	Provide	r	Chg Anti	-	Pmts/Ad	is Balanc	e Payo		overage ype	BI	led Date	Ag	e Patieni	t
8/15/2017	22584	40	THALGO	π	\$25.00)	\$0.0	10 \$25.0	o saif-i	Рау		09	/01/2017	26	5 Šimone Russo	e
Location [Departme	nt Place Svc	Of Re			ouches			Response Party	lible C	o-Ins t Amt	Co-Ins Peld	Vold Batch#	Date	Vold By	led
OFFICE C	DSS	OFFIC	É	08	1517dmg1 U	pdated	08	/17/2017 \$	imone I	Russo	\$0.00	\$0.00			and show	ide.to
Claim#	BIII M	edla	Billing	PTON	Local Use	Text	1	Orlg Voucher	#	Orlg Pay	or	Orlg Bil	I Date	Orlg	Media	
0	<u></u>		THALG	OTT				225840		Self-Pay	J	09/01/2	2017			
Dates of 5	ervice	Proc	edute	Mode	Description	I	01801	Description		TOS	Units	Fee A	unt F	mts/Adja	Amt	Pu
08/15/201	7	NOS	HOW		No show	1	154.5	Low back pa	In	OTHER	1.00	\$25	.00	\$0.00	\$7	25.0
ervice Date	Vouct	her#	Provider	·	Chg Am		Pmts/Ad	Balanc	e Payo		очегаде ура	81	led Date	Age	Patient	t
3/22/2017	22519	90	THALGO	π	\$585.00)	\$585.0	i0 \$0.0	O AMAS	SUP M	edical	Ċð,	/22/2017	(0 Stmone Russo	2
Location C	Departmer	nt Place	or Re	fer. Dr.	Batch#	Vouch		Date Jodated	Respon	isible (Co-Ins Amt	Co-Ins Paid	Vold 8atch∉	Date	Void	led
OFFICE C	055	OFFIC	е тн	ALGOTT	062217dmg1			\$/23/2017	Simone	Russo	\$0.00	\$0.00		1	<u> </u>	
	winit have been						in the second second		line interest		T	Ada Pill			Martin	
Claim#	BILM	edia	Billing	Prov	Local Use	Text	1	Orla Voucher	#	Onla Pays			Date	1 Orla		
Claim# 225190	Bill Me		THALG	R-B-slowerster	Local Use	Text		Orlg Voucher	#	Orig Pays MEDICAR	1. mail	08/22/2	Dale 017	Orlg Elect	tronic	
Laniamenter	Electro	onk	THALG	R-B-slowerster		Text		A		- In man	1. mail		017	Elect	ronic	Du
225190	Electro ervice Pr	onk	THALG	COTT Description		Text	Qlag1	Description	7	- In man	TOS	Units	017	Elect	dja Amt	
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Account Inquiry

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			GOTT	\$585.0	0	\$585.00		DO AMA				30/2017	0	Simone Russo
Location [Separtment	Place Of Syc	Refer, Dr.	atch#	Youcher Status		e lated	Respon	sible (Co-Ins Amt		/old Batch#	Date Voided	Volded By
OFFICE C	DSS	OFFICE	THALGOTT 1	12817sib1	Updated	11/3	30/2017	Simone	Russo	\$0.00	\$0.00			and and another
I dela te	Louis Mand	- Ioui		Lineston		1.	to Manaka		Louis Au		Cola Dill		Tour l	lasta
Claim#	GUI Med		ng Prov	Local Use	Text		ig Vouche	#	Orig Pay		Orig Bill		Orig M	
248670	Electron	C 1MA	LGOTT			29	8670		MEDICA	RE	11/30/20	11	Electro	INC
Dates of Se	ervice Proc	eduire Mods	Description			Diag1	Descriptio	n		TOS	Units	Fee Amt	Pmbs/Adj	Amt D
11/28/2017	9921	4 25	Office Outpl	Est 25 Min		M48.02	Spinal sta	nosis, c	ervical region	MEDICA	L 1.00	\$300.00	\$300.0	3 \$0.
Dates of Se	rvice Proc	edure Mods	Description			Dlag1	Descriptio	n		TÓS	Units	Fee Amt	Pmbs/Ad)	Amt D
11/28/2017	7204	0	Radex Spi C	rv 2/3 View	s	298.1	Arthrodes	ls statu	5	XRAY	1.00	\$135.00	\$135.0	o \$0.
Dates of Se	rvice Proc	edure Mods	Description			Diag1	Descriptk	n1		TOS	Units	Fee Amt	Pmbs/Adj	Amt Di
11/28/2017	7210	0	Radex Spl L	umbosac 2/	3 Views	Z98.1	Arthrodes	is statu	F	XRAY	1,00	\$150.00	\$150,0	\$0.
Payment Date	Reference	Coverage	Insurance	Transactio	m		Transfer	Trsf	Batch#	Status	Date	Vold Batch	Date Voide	d By
12/19/2017	88367858		MEDICARE	EFT Paym	ent i	\$136.40			121917dmg1	Updated	1			
12/19/2017				Commerci Insurance Adjustmen	al i	\$410.30			121917dmg1					
12/19/2017	68367858	3 Medical	MEDICARE	Sequestra		\$2.79			121917dmg1	Updated	12/30/20	017		
12/19/2017	88367655	3 Medical	MEDICARE	Commerci Insurance Transfer	al	1	MASUP	\$35.51	121917dmg1	Updated	12/30/20	D17		
12/21/2017	44572861	64 Medical	AMASUP	CHECK		\$35.51			010318dmg1	Updated	01/10/20	018		
ervice Date	Vouchar	# Provid	ter	Chg Am	t P	mts/Adjs	Balanc	e Payo		overage ype	Bille	d Date	Age	Patient
2/28/2017	256140	THAL	GOTT	\$300.0	0	\$300.00	\$0.0	io ama		lédical	01/0	3/2018		Simon a Russo
Location D	epartment		Refer, Bat Dr.		atus	Date		esponsi arty	ble Co	Amt C	o-Ins Vo Paid Ba		Date Voided	Volded By
OFFICE C	0SS	ÓFFICE	122	817sib1 Up	dated	01/03	/2018 Si	mone P	11550 \$	0.00	\$0.00			
Claim#	Bill Medi	a laut	ng Prov	Local Use	Text	lor	lg Voucher	ż	Orlg Pay	07 1	Orlg Bill ()ate	Ong M	edia
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256140 Voucher per patiri Dates of 12/28/20	Notes cla at 2dary Service P	rocedure M 1214	ods Descript	lon	Di	- seatters	inal stanos	ls, cervi	1					1
256140 Voucher per patiri Dates of 12/28/20	Notes cla at 2dary Service P 17 9	rocedure M 1214	ods Descript	lon	Di	18.02 Spi	inal stanos		1					1
256140 Voucher per patiri Dates of 12/28/20	Notes cla at 2 dary Service P 17 9 Ispped ICD	rocedure (M 1214 +1	ods Descript Office O	lon	Di Min M4	18.02 Spi Descrip Stenosit	tion tion s, Cervical	Spinal	1			\$300,00 \$300,00	\$300.00 Date	\$0.0 Volde
256140 Voucher per path Dates of 12/28/20 K 7 Payment	Notes Cla at 2 clary Service P 17 9: 13pped 1CD 23.0 References	rocedure M 1214 -1 Coverzgo Type	ods Descript Office O	ion utpt Est 25 Transactio	Di Mira M4	18.02 Spi Descrip Stenosis Pmt 1	tion tion s, Cervical	Spinal Traf Amt	cal region	MEDICAL Status	1.00 ; Date Updated	\$300,00 Vold Batch	\$300.00 Date	\$0.0 Volde
256140 Voucher per path Dates of 12/28/20 N 7 Payment Date	Notes cla at 2dary Service P 17 9: Iapped ICD 23.0 Reference 88370709	rocedure M 2214 2-1 Coverzgo Type D Medical	ods Descript Office O	Ion http:Est 25 Transaction EFT Payma Commercia	Di Min M n sat	18.02 Spi Descrip Stenosis Pmt 7 Amt 7	tion tion s, Cervical	Spinal Traf Amt	ical region Batch#	Status Updated	1.00 ; Date Updated 01/19/20	\$300,00 Vold Batch	\$300.00 Date	\$0.1
256140 Voucher per path Dates of 12/28/20 N Payment Date 01/17/2018	Notes Cla at 2 clary Service P 17 9: happed 1 CD: 23.0 References 88370709 88370709	Coverzge Type D Medical	ods Descript Office O	Ion http:Est 25 Transaction EFT Paymix Commercia Insurance Adjustmen	Di Min M-	18.02 Spi Descrip Stenosis Pmt 7 Amt 7 \$83.21	tion tion s, Cervical	Spinal Trsf Amt	Cal region Batch# 011718dnig1	Status Updated	1.00 ; Date Updated 01/19/20 01/19/20	\$300,00 Vold Batch 018	\$300.00 Date	\$0.0 Volde
256140 Voucher per pathi Dates of 12/28/20 R 7 Payment Date 01/17/2018 01/17/2018	Notes cla at 2dary Service P 17 9: Happed ICD 23.0 References 88370709 88370709	Coverzge Type Medical Medical	ods Descript Office O Insultance MEDICARE MEDICARE	In the second se	Di Min M4	48.02 Spl Descrip Stenosis Pmt 7 Amt 7 \$83.21 \$193.43 \$1.70	inal stanos tion s, Cervical fransfer fo	Spinal Trsf Amt	Batch# 011718dmg1 011718dmg1	MEDICAL Status Updated Updated	1.00 + Date Updated 01/19/20 01/19/20	\$300.00 Vold Batch 918 918	\$300.00 Date	\$0.1
256140 Voucher per patiri Dates of 12/28/20 N 7 Payment Date 01/17/2018 01/17/2018	Notes Cla at 2clary Service P 17 9: Iapped ICD 23.0 Reference 88370709 89370709 68370709	Coverzge Type D Medical D Medical D Medical D Medical	ods Descript Office O Insultance MEDICARE MEDICARE	In the second se	Di Min M4	48.02 Spl Descrip Stenosis Pmt 7 Amt 7 \$83.21 \$193.43 \$1.70	inal stanos tion s, Cervical fransfer fo	Spinal Trsf Amt	Batch# 011718dmg1 011718dmg1	Status Updated Updated Updated	1.00 ; Date Updated 01/19/20 01/19/20 01/19/20	\$300.00 Vold Batch 118 118 118	\$300.00 Date	\$0.1

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file:///C:/[Isers/Iessica/AnnData/Local/Temp/csimViewer/csi4A05.tmn

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05/24/2018 12:50 CENTER FOR DISEASES & SURGERY

(FAX)702 878 9642

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				1					Тура				
01/02/2019	257080	GO	DFREY	\$4:	35.00	\$435.00	\$0.00 AM	asup	Medical	0	1/04/2018	D	Simone Russo
Location	Department	Place Of SVC	Refer. Dr.	Batch#	Voucher Status	Date Updated	Respon Party	sible	Co-Ins Amt	Co-Ins Pald	Vold Batch#	Date Volded	Volde By
OFFICE	CDSS	OFFICE	TMG	010218sib)	Updated	01/03/20	018 Simone	Russo	\$0.00	\$0.00			
Claim#	60 Med	a ß	Illing Prov	Local	Use Text	Orig	Voucher#	Orig	9 Payor	Orig B	II) Date	Origh	iedia
257080	Electron	ic G	ODFREY			2570	60	ME	DICARE	01/04/	2018	Electro	onic
01,12.18	3 slb- per pat 3	F. er. #1.14		pd 120.23 c	hk#445309								
Dates 0	of Service	Procedure 99214	Mods 25	Office Outpt	Est 25 Min	Diag1 298.1	Description Arthrodesis		TOS MEDICAL	Units 1.00	Fee Amt \$300.00	Pmts/Adjs \$300.00	Amt C
	Mapped IC	09-1					Description						
	¥45.4						Arthrodesla S	tatus					
Dates o	f Service	Procedure	Mods	Description		Dlag1	Description]	TOS	Units	Fee Amt	Pmts/Adja	Amt D
- 01/02/2	018	72040		Radex Spl C	rv 2/3 Vlews	5 298.1	Arthrodesis	tatus	XRAY	1,00	\$135.00	\$135.00	\$0
	Mapped ICI	19-1			·····		Description						
	¥45.4						Arthrodesis 5	batus					
Payment	Reference	Covera	pe Insun	ance Trans	votion I	Pmt Tran	sfer Trst	Batch#	Status	Date	Void	Oate	Vold
Date		Тура		CARE EFT Pa		Amt To	Amt		Jacus	Updat			
01/10/201	8 31431971	6 Medica	I MEDIO	Adjust									
04 /43 (004)		10. 14. 11		Insura Transf	nce er		SUP \$120.23		mgi Updata				
	8 44573096 Voucher	1	I AMASI	Transfi	nce er \$	120.23	Balance Pay	020218d	mg1 Update	d 02/27,		Agé	Patient
Service Date		# Pro		Transfi UP CHECK	nce er Amt F	120.23		020218d	mg1 Update	d 02/27, Bi	/2018	116	Patlent Simone Lusso
Service Date	Voucher 263650	# Pro THA Place Of	vider	Transfi UP CHECK Chg \$25,92	nce er Amt F 5.00 \$2	120.23 Imts/Adjs 25,644.59 Date	Balance Pay \$80.41 AM	020218d or ASUP	Coverage Type Medical	d 02/27, Bi 01 Co-Ins	/2018 lied Date /28/2018 Vold	116 Date	Simona Ausso Volded
Service Date	Voucher 263650 Department	# Prov THA	ulgott LGOTT Refer. Dr.	Transfi UP CHECK Chg \$25,92	Amt F 5.00 \$2 Voucher Status	120.23 Pmts/Adjs 25,844.59	Balance Pay \$80.41 AM Respon	020216d or ASUP	ngi Update Coverage Type Medical	d 02/27, Bi 01 Co-Ins	/2018 Ned Date /20/2018	116	51mone 1,1550
Service Date 01/12/2018 Location	Voucher 263650 Department	# Prov THA Place Of Svc VHIP	ulgott LGOTT Refer. Dr.	Transfi UP CHECK Chg \$25,92 Batch# T 011218sur	Amt F 5.00 \$2 Voucher Status	120.23 Ints/Adjs 25,844.59 Date Updates 01/28/2	Balance Pay \$80.41 AM Respon	020216d 67 SUP Isble Russo	Coverage Type Medicai	d 02/27, Bi 01 Co-Ins Paid	/2018 Iked Date /28/2018 Vold Batch#	116 Date	Simone Ausso Volded By
Service Date 01/12/2018 Location [VALLEY C	Voucher 263650 Department	# Prov THA Place Of Svc VHIP a 81	Refer. Dr. THALGOT	Transfi UP CHECK Chg \$25,92 Batch# T 011218sur	Amt F 5.00 \$2 Voucher Status 1 Updated	120.23 Ints/Adjs 25,844.59 Date Updates 01/28/2	Balance Pay \$80.41 AM 1 Respon Party 018 Simone	020218d of SUP Istble Russo Orig	Medical Coverage Type Medical Co-Ins Amt \$0.00	d 02/27, 81 01 Co-Ins Paid \$0.00	/2018 Hed Date /28/2018 Vold Batch#	116 Date Voided	Simone Ausso Voided By edia
Service Date 01/12/2018 Location T VALLEY C Claim#	Voucher 263650 Department CDSS Bill Media Electronia	# Prov THA Place Of Svc VHIP a 81	Vider LGOTT Refer. Dr. THALGOT	Transfi UP CHECK Chg \$25,92 Batch# T 011218sur	Amt F 5.00 \$2 Voucher Status 1 Updated	120.23 Phts/Adjs 25,844.59 Date Updates 01/28/2 Orig V	Balance Pay \$80.41 AM 1 Respon Party 018 Simone	020218d of SUP Istble Russo Orig	Coverage Type Medicai Co-Ins Amt \$0.00 Payor	d 02/27, Bi O1 Co-Ins Paid \$0.00 Orig Bi	/2018 Hed Date /28/2018 Vold Batch#	116 Date Voided Orig M	Simone Ausso Volded By edla
Service Date D1/12/2018 Location [] VALLEY C Claim# 263650 Voucher	Voucher 263650 Department DSS Bill Media Electronia	# Prov THA Place Of Svc VHIP a 60 C Th	Vider ILGOTT Refer. Dr. THALGOT Iling Prov IALGOTT	Transfi UP CHECK Chg \$25,92 Batch# T 011218sur	nce er Amt F 5.00 \$1 Voucher Status 1 Updated Use Text	120.23 Phts/Adjs 25,844.59 Date Updates 01/28/2 Orig V	Balance Pay \$80.41 AM 1 Respon Party 018 Simone	020218d of SUP Istble Russo Orig	Coverage Type Medicai Co-Ins Amt \$0.00 Payor	d 02/27, Bi O1 Co-Ins Paid \$0.00 Orig Bi	/2018 Hed Date /28/2018 Vold Batch#	116 Date Voided Orig M	Simone Ausso Voided By edia
Service Date D1/12/2018 Location [] VALLEY C Claim# 263650 Voucher 02.19.18	Voucher 263650 Department DSS Bill Media Electronia	# Prov THA Place Of Svc VHIP a 6i c Tr copeing ha	vider ILGOTT Refer. Dr. THALGOT Hing Prov IALGOTT d to add a	Transfi UP CHECK Chg \$25,92 Batch# T 011218sur Local I modifier to ii	nce er Amt F 5.00 \$1 Voucher Status 1 Updated Use Text	120.23 Phts/Adjs 25,844.59 Date Updates 01/28/2 Orig V	Balance Pay \$80.41 AM 1 Respon Party 018 Simone	020218d of SUP Istble Russo Orig	Coverage Type Medicai Co-Ins Amt \$0.00 Payor	d 02/27, Bi O1 Co-Ins Paid \$0.00 Orig Bi	/2018 Hed Date /28/2018 Vold Batch#	116 Date Voided Orig M	Simone Ausso Voided By edia
Service Date D1/12/2018 Location [] VALLEY C Claim# 263650 Voucher 02.19.18	Voucher 263650 Department DSS Bill Media Electronia Notes 3 silo-did a m 3 silo-conform	# Prov THA Place Of Svc VHIP a Bi c Tr copeling ha vation num	vider ILGOTT Refer. Dr. THALGOT Hing Prov IALGOTT d to add a	Transfi UP CHECK Chg \$25,92 Batch# T 011218sur Local I Local I so490150	nce er Amt F 5.00 \$1 Voucher Status 1 Updated Use Text	120.23 Phts/Adjs 25,844.59 Date Updates 01/28/2 Orig V	Balance Pay \$80.41 AM 1 Respon Party 018 Simone	020218d of SUP Istble Russo Orig	Coverage Type Medicai Co-Ins Amt \$0.00 Payor	d 02/27, Bi O1 Co-Ins Paid \$0.00 Orig Bi	/2018 lied Date /28/2018 Vold Batch# II Date 2018	116 Date Voided Orig M	Simone Ausso Volded By edla nic
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Service Date D1/12/2018 Location II VALLEY C Claim# 263650 Voucher 02.19.16 02.19.16 Dates of Service	Voucher 263650 Department DSS Bill Medik Electrons Notes B silb- did a m B silb- did a m B silb- did a m G solb- did a m B silb- did a m	# Prov THA Place Of Svc VHIP a Bi c Tr copeling ha vation num	vider ILGOTT Refer, Dr. THALGOT Iling Prov IALGOTT d to add a ber 571805 Descriptic Lam W/O	Transfi UP CHECK Chg \$25,92 Batch# T 011218sur Local I Local I incodifier to II incodifier to II incodifier to II incodifier to II incodifier to II incodifier to II incodifier to II	nce er Amt F 5.00 \$1 Voucher Status 1 Updated Use Text ne 22830.	2120.23 Pints/Adjs 25,844.59 Date Updates 01/28/2 01/28/2 26365 Diag1	Balance Pay \$80.41 AM 1 Party 018 Simon /oucher# 0	020216d 6F SUP Russo Orig MED	TOS	ed 02/27, 81 01 Co-Ins Paid \$0.00 Orig Bi 01/28/:	/2018 led Date /28/2018 Vold Batch# II Date 2018 5 Fee Amt 0 \$9,000.00	116 Date Voided Orig M Electro	Simone Russo Volded By edla nic s Ar bu 0 \$0,
Service Date D1/12/2018 Location I VALLEY C Claim# 263650 Voucher 02.19.16 02.19.16 Dates of Service 01/12/2018	Voucher 263650 Department DSS Bill Media Electrons Notes Silo- did a m 3 silo-conform Proced B 63015 Proced	# Prov THA Place Of Svc VHIP a Bi c Tr copeing ha sation num ure Mods	vider ILGOTT Refer, Dr. THALGOT Iling Prov IALGOTT d to add a ber 571803 Descriptic Lam W/O Descriptic	Transfi UP CHECK Chg \$25,92 Batch# T 011218sur Local I Local I interest to II i0490150 int Ffd > 2 Vrt 1	nce er 3. \$ Amt F 5.00 \$ 5.00 \$ 5.00 \$ 1 Updated Use Text ne 22830. Seg Crv	120.23 Ints/Adjs 25,844.59 Date Updates 01/28/2 01/	Balance Pay \$80.41 AM/ d Party 018 Simone foucher# 0 Description Spinal steno region	020216d or SSUP Russo Orlg MED	TOS	d 02/27/ 01 01 01 01/28/2 01/28/2 01/28/2 Unite XAL 1.00	/2018 led Date /28/2018 Vold Batch# II Date 2018 5 Fee Amt 0 \$9,000.00	116 Date Voided Orig M Electro Prnts/Adj \$9,000.0	Elmone lusso Volded By edla nic s Ar bi 0 \$D, s Ar bi

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01/12/2010	8 22830		Exploration	Spinal Fusk	on		M48.02	Spinal region		s, cervical	SURGI	CAL 1.0	\$4,05	0.00	3,969.5	9 \$80.
Dates of Service	Procedum	Mods	Description	1			Diag1	Descr	lption		TOS	Uni	is Fee	Amt	mbs/Ad	s Ar
01/12/2018	8 22842		Posterior S 3-6	egmental In	strumen	tation	M48.02	Spinal region		a, cervica)	SURGIO	CAL 1.0	0 \$4,05	0.00 :	4,050.0	\$0.
Dates of Service	Procedure	Mods	Description	1			Diag1	Descr	lption		TOS	Uni	ts Fee	Amt f	mts/Adj	s An Du
01/12/2010	8 20930		Allograft Fo Morsell	y Spine Surg	gery Onl	Y	M48.02	Spinal region		s, cervical	SURGIO	CAL 1.0	0 \$77	5.00	\$775.0	iQ \$0.0
Dates of Service	Procedure	Mods	Description	1	4.00 M A	i Solite mint	Diag1	Descr	ption	inipanin a di ilini	TOS	Uni	s Fee	Amt	mbs/Adj	AN DL
01/12/2018	3 20936		Autograft S Samo	pine Surger	Local I	rom	M48.02	Spinal region		i, cervical	SURGIO	CAL 1.0	0 \$1,00	0.00	1,000.0	0 \$0.0
Dates of Service	Procedure	Mods	Description)			Diag1	Descri	iption		TOS	Uni	S Fee	Amt P	mts/Adj	S An Du
01/12/2018	20937		Autograft S Sep 1	pine Surgery	Morsel	ized	M48.02	Spinal region		, cervical	SURGIO	CAL 1.0	0 \$1,00	0.00	1,000.0	0 \$0.0
Dates of Service	Procedure	Mods	Description				Diag1	Descri	ption		TOS	Unit	S Fee	Amt P	mts/Adj	s An Du
01/12/2018	76000	26,XS	Fluor Spx - 71023/71	1 Hr Phys T	m Oth/	Thn	M48.02	Spinal		, cervical	XRAY	1.0	0 \$200	0.00	\$200.0	0 \$0.0
Payment Date	Reference	Coveraç Type	pe Insuran	ce Transac	tlon	Pmt	Amt Tr	ansfer	Trsf Amt	Batch#	Statu			Vold Batchi	Date Voide	
02/12/2016	803432343	Medical	MEDICA	RE EFT Pay	ment	\$2,35	2.86			021218dmg	1 Updat	ed 02/1	8/2018			and a second second
02/12/2018	863432343	Medical	MEDICA	RE Comme Insuran Adjustri	08	\$18,86	7.83			021218dmg	1 Updat	zd 02/1	8/2018			
02/12/2018	863432343	Medical	MEDICA	RE Sequest Reductk	notter	\$4	8.02			021218dmg	1 Updat	ed 02/1	8/2018			
02/14/2018	4457344862	Medical	TRANSA	ME CHECK		\$60	5.29			022318dmg	1 Updat	ed 02/2	5/2018			
02/26/2018	883746581	Medical	MEDICA	RE EFT Pay	ment	\$31	2.05			022618dmg	1 Updat	ed 02/2	8/2018			
02/26/2018	8 883746551	Medical	MEDICA	RE Commen Insurans Adjustm	CPE .	\$3,65	1.17			022618dmg	1 Updat	ed 02/2	8/2018			
02/26/2019	693746581	Medical	MÉDICA	RE Sequest Reduction	ration	ş	6.37			022618dmg	1 Updat	ed 02/2	8/2018			
02/26/2018	893746581	Medical	MEDICA	RE Commer Insurans Transfer	œ		AM	ASUP	\$80.41	022618dmg	1 Updat	ed 02/2	8/2018			
05/04/2018	medicare- 883821916		Salf-Pay			\$8	2.42			050418DCM	11 Updat	ed 05/1	4/2018			
05/04/2018	medicare- 883821916		Self-Pay	Medicari Adjustro		(\$82	.42)			050418DCM	1 Updat	ed 05/1	4/2018			
vice Date	Voucher#	Provi	der	Chg A	nst	Pmts/	Adjs	Balance	Payor		overage	81	lled Dato	1	Age	atient
30/2018	263330	THAL	GOTT	\$135.	00	\$13	5.00	\$0.00	AMAS		edical	02	/01/2018	}		Intoné
Location D		ce Of	Refer. Dr.	Batch#	Vouch		Date		tesponal	ble C	o-Ins	Co-Ins			te	Voided
OFFICE CI	DSS OF		THALGOTT	013018slb1	Status	-	Updated		imone R	14550	Amt \$0.00	\$0.00	Batch#	Vo	Ided	бу
Claim#	Bill Media	-	ing Prov	Local Us	a Tast		Toda V	oucheri	1	Orlg Pay	nr.	Orig Bi	Date		Orly Me	dis
263330	Electronic	a sin lains	LGOTT	Little 0	SC TEAL		253330			MEDICAR	and the second second second	02/01/2	and the second second		Electron	
Dates of	Proced	lur a Mo	ds Descript	ion		1	Diegi I	Descript	lon		TOS	Uni		ee Pr	nts/Adjs	Am
Service	18 99024			Vst Related	To Orig	inal I	148.02 5	Spinal si region	tenosis,	cervical	MEDIO	CAL 1.0		00	\$0.00	1
Service 01/30/20	10 33024		PX													
01/30/20	Mapped ICD9-1		Px				Descri	ption						u		

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Dates of Service	Proce	dure Mods	Description		Dlag	1 Descript	lon	TOS	Units	Fee Pr	nts/Adjs	An
01/30/20	18 72040)	Radex Spi C	Trv 2/3 Views	M54	.12 Radiculo region	pathy, cervical	XRAY	1.00	\$135.00	\$135.00	\$0.
Payment Date	Reference	Сочегаде Туре	Insurance	Transaction	Pmt Amt	Transfer To	Ƴrsf Batch# Amt	Status	Date Updated	Void Batch#	Date Voided	Volde By
02/16/2018	883736271	Medical	MEDICARE	EFT Payment	\$25,24		0216180	img1 Updates	d 02/18/201	18		
02/16/2018	883738271	Medical	MEDICARE	Commercial Insurance Adjustment	\$102.73		0216186	img1 Update	d 02/18/201	16		
02/16/2018	883739271	Medical	MEDICARE	Sequestration Reduction	\$0.52		0216180	lmg1 Update	d 02/18/201	8		
02/16/2018	863738271	Medical	MEDICARE	Commercial Insurance Transfer		AMASUP :	6.51 0216184	Img1 Updates	d 02/18/201	8		
02/20/2018	4457351471	Medical	AMASUP	CHECK	\$6.51		0306180	CM1 Updated	d 03/16/201	8		
05/04/2018	883821915		Self-Pby	EFT Payment				XCM1 Updates				
05/04/2018	883821916		Self-Pay	Medicare Adjustment	(\$0.79)			ICM1 Updates				
ervice Date	Voucher#	Provider		Chg Amt	Pmts/Adjs	Balance		Coverage Type	Billed			stient
3/06/2018	272990	THALGO	n	\$25.00	\$0.00	\$25.00	Self-Pay		04/09/	2018	45 Str Ru	mone USSO
Location De	pårtment Pla Svi	ce Of Ref C Dr.		vaur Stati			esponsible aty	Co-Ins Amt	Co-Ins Voic Paid Bate			Volded By
OFFICE CD	OSS OF	FICE	03061	18DCM1 Upda	ted 03/0	8/2018 54	none Russo	\$0.00	\$0.00			
Claim#	Bill Media	Billing	Próv	Local Use Tex	t lo	ig Voucher#	Orig	Payor	Orlg Bill Dat	te I	Orlg Med	fla
0	.I.,	THALGO				2990	Self		04/09/2018			
Dates of S	iervice	Procedure	Moda	Description	Diag1	Description	TOS	Units	Fee Amt	Pmts//	dja	Amt Du
03/06/201	8	NOSHOW		No show	M54,5	Low back pal	n OTHER	1.00	\$25.00	\$0	0.00	\$25.0
I	Mapped ICD9	⊦ 1					Descript		41.) = 11 - 14 164 mm			
	724.2					,	Lumbag	0				
arvice Date	Voucher#	Provider		Chg Amt	Pmts/Adjs	Balance		Coverage Type	Billed C			itlent
/13/2018	272680	THALGOT	п	\$0.00	\$0.00	\$0.00	MEDICARE	Medical	04/05/2	2018	0 Shi Ru	none 1550
Location De	partment Pla	ce Of Refe	r. Botch#		Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Vo Pald Ba		ité ided	Voided By
OFFICE CD	SS OF	FICE	VRE031	L518billing21#	Updated	03/29/2018	Simone Rusz	\$0.00	\$0.00			
Claim#	Bill Media	Billing	Prov	Local Use Tex	t Or	lg Voucher#	Orig	Payor	Orig Bill Dat	ina la	Drig Med	lia
272680	Electronic	THALGO				2680			04/05/2018		lectronic	3
Dates of Service		ture Mods			Diag		-	TOS	Units	Amt	ts/Adjs	An Du
03/13/201	8 99024		Po F-Up Vst 1 PX	Related To Or.	iginal M48,	02 Spinal ste region	enosis, cervical	MEDIC	AL 1.00	\$0.00	\$0.00	\$0.0
Me	epped ICD9-1				Descrip	dia and a second	10 Ale 1 - 10 - 1 - 11 - 11			AL 20.21		
72	3.0				Stenos	s, Cervical S	linal					
	1	Provider	1	Chg Amt	Pmts/Adjs	Balance	Payor	Coverage	Billed D	ata	Age Pat	Hent
rvice Dabe /13/2018	275250	THALGOT		\$285.00	\$285.00		AMASUP	Type Medical	04/20/2		0 Sin	

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Loca	ation [Departme	Int Place Svc	of Re	fer. Dr.	Batch#		Vouk Statu		Date Update		Responsit Party			ns Void Iid Batch	# Volde	d By
OFF	ICE (DSS	OFFIC	CE TH	ALGOTT	VRE03281	billing22	# Upda	ted	04/16/	2018	Simone R	1550 \$0.	00 \$0.	00		
Ca	Im#	BIIM	edia	Billing	Prov	Local	Jse Text		Orig	Vouche	r#	Orig	Payor	Orka Bi	Il Date	Orig	Media
1	5250	Paper		THAL					2752				ICARE	04/18/		Рар	
	ates of ervice		Procedu	Mods	Descrip	itan	*****	Τ	Dlagt	Descri	ption		TOS	Uni		ee Prnts/A	djs Am Du
0	3/13/20	118	99024		Po F-Up Px	vst Relate	i Ta Orlg	Inal I	H-18.02	Spinal	stenos	s, cervical	MED	ICAL 1.	00 \$0.	00 \$0	.00 \$0.0
	T	happed I	CD9-1					De	scriptic	ŝ							
	7	23.0						Ste	enosis,	Cervical	Spinal						
	ates of ervice		Procedur	re Mods	Descrip	tion		1	Dieg1	Descri	ction		TOS	Uni	ts Fe	e Pmts/A	djs Am Dua
03	3/13/20	18	72040		Redex 5	Spl Crv 2/3 '	/iews	1	448.02	Spinal region	stenosi	a, cervical	XRA	Y 1.0	0 \$135.0	\$135	.00 \$0.0
		lapped I	009-1					De	scriptic	'n	····	****					
	7	23.0						Ste	mosls,	Cervical	Spinal						
	ates of ervice		Procedur	e Mods	Descrip	tion		1	Dlag1	Descrip	ottion		TOS	ปกไ	s Fe		dis Am Due
03	3/13/20	16	72100		Radex S	Spl Lumbosa	c 2/3 Vie	ws 1	154.5	Low ba	ck paln		XRAY	1.0	0 \$150.0	10 \$150	.00 \$0.0
		Mapper	ICD9-1									Descript	ión				
		724.2										Lumbage)				
Payr		Refere		lovérage Vpe	Insura	nce Transz	iction		mt Tra	ansfer	Trsf	Batch#	Status	Date Updat	ed Ba		e Volded ded By
04/0	5/2018	803788		ledical	MEDIC	ARE EFT Pa	yment	\$51.	.85	L		040518D	CM2 Updat	ed 04/20	/2018		
04/0	5/2018	683788	075 M	ledical	MEDIC	ARE Comm Insura Adjust	nce	\$218.	.73			040518D	CM2 Updat	ed 04/20,	2018		
04/0	5/2018	893788	075 M	ledical	MEDIC	ARE Sequer		\$1.	.06			C40518D	CM2 Updat	ed 04/20,	2018		
04/0	5/2018	803788	075 M	ledicat	MEDIC	ARE Comm Insum Transf	nce		MA	ASUP	\$13.36	040518D	CM2 Updab	ed 04/20;	2018		
04/0	9/2018	445740	4758 M	ledical	AMASU			\$13.	36			041718D	CM2 Updati	ed 04/20,	2018		
05/0-	4/2018	medica B\$3821			Self-Pa	y EFT Pa	yment	\$1.	60			050418D	CM1 Update	ed 05/14/	2018		
05/04	4/2018	medica 883821			Self-Pa	y Medica Adjusti		(\$1.6	(0)			050418D	CM1 Update	ed 05/14/	2018		
ervice	Date	Vouct	rer#	Provider		Chg A	Imt	Pmts//	djs	Balanc	e Payo	ĸ	Coverage Type	81	ed Date	Aga	Patient
/12/2	018	28207	0	THALGO	Π	\$25	.00	\$0	0.00	\$25.0	0 Self-	Рау		05,	04/2018	20	Simone Russo
Loca	tion O	epartmer	nt Place Svc	Of Re Dr		laich#	Vouché Status		Date Update		tespon Party	sible	Co-Ins Amt	Co-Ins Paid	Vold Batch#	Date Volded	Volded By
OFFI	CE CI	055	OFFIC	E	0	41218DCM	Update	1 1	04/16/2	2018 5	amone	Russo	\$0.00	\$0.00			
Cial	m#	Bill Me	Adia	Billing	Prov	Local	se Text	and the state	Tono	Voucher	ei i	Orig	Pavor	Orlg Bill	Date	Orlà	Media
0		1		THALG		1			28203	- Intelligence		Self-P		05/04/2		1-4	
To:	ates of	Service	IPro	cedure	Mod	s Descrip	tion	Diag1	De	scription		TOS	Units	Fee A	mtl p	mts/Adja	Amt Due
L	/12/20	taining any second	L.	SHOW		No sho		M54.5		/ back p		OTHER	1.00	\$25	and the second	\$0.00	\$25.00
		Mapper	1 ICD9-1				<u></u>					Descripti	on		-		
		724.2										Lumbago					

RUSSO-00261

5/2.4/201 App.2983

05/24/2018 12:52 CENTER FOR DISEASES & SURGERY

(FAX)702 878 9642

14A.App.2984 P.016/041

Account Inquiry

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5/24/2018App.2984

01/18/2019 10:25 CENTER FOR DISEASES & SURGERY

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(FAX)702 878 9642

14A.App.2985 P.003/051

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Center for Disease, Surgery of the Spine

600 S Rancho Dr Sulte 107 Las Vegas NV 891064806 Tel: (702) 971-2343 Fax: (702) 878-9642 Empli:

ACCOUNT INQUIRY

01/18/2019 10:04 AM (PST)

Account# 11130

Guarantor Information:

Simone Russo 4617 Madre Perla Las Vegas, NV 89101

Patient Information: Patient# 11130

Simone Russo 4617 Madre Perla Las Vegas, NV 89101

Home Tel#: (702) 792-4077 Work Tel#:

Home Tel#: (702) 792-4077

Work Tel#:

Payor	Current	31-60 Days	61-90 Days	Over 90	Balance
Self	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insur	\$1,380.00	\$0.00	\$0.00	\$0.00	\$1,380.00
Collect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Unassigned:	\$0.00
				Total Balance:	\$1,380.00

Service Date	Vouch	er#	Provide	2r	Chg Amt	Pmts//	Adjs E	Balance	Payor		Coverage Type	Bille	d Date	Age	Patient
7/03/2018	30689	0	THALG	όττ	\$0.00	\$0	0.00	\$0.00	MEDICA	RE M	fedical			(Simone Russo
Location	Departmer	DI Place		fer. Dr.	Batch#	9	Vouche Status		ite dated	Respon	sible C	15 Ir	o- Void Is Batch	# Data	
OFFICE	COSS	OFFIC	E TH	ALGOTT	VRE091418	Neste2#	Updated New Pm		/14/2018	Simone Russo	\$0.0	00 \$0.0	0		
Claim#	Bill Me	dia	Billing	Prov	Local Use	Text	Orig	Vouche	tr#	Orlg P	ayor	Orlg Bill	Date	Ork	Medla
306890			THALG	OTT		Reference in a b	3065	90		MEDIC	ARE	*******			
Dates o Service		rocedure	Mods	Descrip	otion		Diag1	Descri	ption		TOS	Units	Fee Amt	Pints/A	địs Am Dực
07/03/2	2018 9	9024		Po F-U Origina	o Vst Related I Px	ĩo	M48.02	Spinal region	stenosis,	cervical	MEDIÇAJ	. 1.00	\$0.00	\$0	.00 \$0.0
Dia	1g2 [[Descriptio	חו		Dlag3	Desc	tption					Diag4	1 [Descriptio	in
MS	4.5 1	ow back	paln		M54.16	Radic	ulopathy	lumba	r region						
Map 1	ped ICD9-	Descrip	tion		Mapped 10	:D9- De	scription	Mappi 3	ed ICD9-	Descrip	iton		Mapped 4	ICD9-	Description
723.	D	Stenosi Spinal	s, Cerv	ical	724.2	Lur	nbago	724.4		Neuriti Nos	s, Lumbosad	ral			
Payment Date	Referen	cé Cove Type		Insuranc	e Transact	on Pmt Amt	Transfer To	Trsf	Batch#		Status	Date Upda	ted Bab	d Dai ch# Vol	e Voldeo ded By
08/27/201	8 314539	275 Med	ical I	MEDICAP	E EFT' Payment	\$0.00			VRE0914	18MNesi	e2# Entere	ed .			
	1	1		1	ſ		T			T	and the second	1		1	I

RUSSO-00263

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Account Inquiry

(FAX)702 878 9642

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	e Youd	her#	Provide	er	Chg Amt	Pm	ts/Adjs	Balance	Payor		Coverage Type	BUN	ed Date	Age	Patient
07/26/2018	3123	80	THALGO	тқ	\$135.00		\$0.00	\$135.00	MEDI	CARE	Medical	01/	11/2019		Simone Russo
Location	Departme	ent Place SVC		efer. r.	Batch#	Vouche Status		e lated	Respo	nsible	Co-Ins Amt	Co-Ins Pald	Vold Batch#	Date Volded	Volde By
OFFICE	CDSS	OFFIC	E		072618011	Update	d 08/	16/2018	Simon	e Russo	\$0.00	\$0.00			
Claim#	Bill M	dia	Billing I	Prov	Local Us	Text	0	lg Vouche	r#	QhO	Payor	Orig Bil	1 Date	Orig N	ledia
312380	Paper		THALG	orr			31	2380		MEDI	CARE	08/27/2	2018	Electro	onic
Dates d Sérvice		Procédure	Mods	Descri	ption		Diag1	Descrip	don		TOS	Units	Fee Amt	Pmts/Adjs	Ar
- 07/26/2	2018	99024		Pa F-U Origina	lp Vst Related al Px	d Ta	M48.0	2 Spinal s region	itenosis	i, cervical	MEDICA	L 1.00	\$0.00	\$0.00	\$0.
Dis	g2	Description	n				Dlag3	Des	cription	1		1	Diag4	Descripti	lon
	and the second s	Rediculopa	thy, ce	rvical r	eglon		G82.50	Qua	dripleg	la, unspec	tified				
Map 1	ped ICD9-	Descrip	tion		Mapped I	CD9-	Descriptio	IN .	Map 3	ped ICD9	- Descript	ion	Mapped 4	1009- 0	escription
723.0	0	Stenosli Spinal	s, Cervi	cel	723.4		Neuritis, E Nos	Brachlal	344,	00	Quadrip Nos	legia	J		
Dates o Service		Procedure	Mods	Descri	ption		Diagi	Descrip	tion		TOS	Units	Fee Amt	Pmts/Adjs	An DL
. 07/28/2	2018 7	2040		Radex	Spi Crv 2/3 V	news	M48.0	2 Spinal s region	tenosis	, cervical	XRAY	1.00	\$135.00	\$0.00	\$135.
Dia	102 4.12	Descrip		cervica	l region			Diag3		Descripti	on	Diag4	D	escription	
М5- Марр 723.0	4.12 ped 1009-	Radiculo 1 Descrip Stenosi	opathy, otion is, Cervi	tcal Spli	Mapped nal 723.4		Neuritis	tion , Brachiel]M Nos	tapped IC	D9-3 Des	cription	Mapped I	CD9-4 De	
Мар	4.12 ped 1009-	Radiculo 1 Descrip Stenosi	opathy, otion	tcal Spli	Mapped		- second	tion]M Nos	tapped IC		cription		CD9-4 0	ascription
М5- Марр 723.0	4.12 ped 1009-	Radicule 1 Descrip Stenosi her# F	opathy, otion is, Cervi	tcal Spir	Mapped nal 723.4		Neuritis	tion , Brachial Balance]M Nos	happed IC	D9-3 Desi Coverage	cription	Mapped I	CD9-4 De Age F 0 S	
M5- [Map] 723.0 Service Date 8/09/2018	4.12 ped 1CD9- 0 Vouci 31676	Radicule 1 Descrip Stenosi her# F	opathy, otion is, Cervi Provider HALGQ	tcal Spir	Mapped nal 723.4 Chg Amt		Neuritis s/Adjs \$0.00 her Di	tion , Brachial Balance	Nos Payor MEDIC	happed IC	D9-3 Desi Coveragé Type	Bille	Mapped I d Date	CD9-4 De Age F 0 S	atlent Imone usso
M5- Mapp 723.0 iervice Date 8/09/2018 Location	4.12 ped 1CD9- 0 Vouci 31676	Radiculo 1 Descrip Stenosi her# F 50 T nt Place 0	opathy, otion is, Cervi Provider HALGO Df Rel	tcal Spir	Mapped nal 723.4 Chg Amt \$0.00	Pmb Vouçi Ştatu	Neuritis 5/Adjs \$0.00 her Di s Uj	tion , Brachial Balance \$0.00	Nos Payor MEDIC Resp Party	happed IC	D9-3 Desi Coverage Type Medical	Bille	Mapped I d Date	CD9-4 Ce Age f 0 S R Date	atlent Imone usso Volded
M5- Mapp 723.0 Service Date 8/09/2018	4.12 ped ICD9- 0 Voucl 31676 Departme	Radicule 1 Descrip Stenosi her# F 60 T ht Place 0 Svc OFFICE	opathy, otion is, Cervi Provider HALGO Df Rel	Ical Spir	Mapped nal 723.4 Chg Amt \$0.00 Batch#	Pmt Vouci Statu t Updal	Neuritis s/Adjs \$0.00 her Di s Uj ted OB	tion , Brachiel Balance \$0.00 ste pdated	Nos Payor MEDIC Resp Party Simon	happed IC	D9-3 Desi Coverage Type fedical Co-Ins Amt \$0.00	Eription Bille Co-Ins Pald	Mapped I d Date Vold Batch#	CD9-4 Ce Age f 0 S R Date	atlent Imone usso Volded By
M5- Mapp 723.0 Gervice Date 8/09/2018 Location	4.12 ped ICD9- 0 Vouch 31676 Departme CDSS	Radicule 1 Descrip Stenosi her# F 60 T 100 T Piace C Svc OFFICE dla 1	opathy, otion is, Cervi Provider THALGO Of Rel E TH	fcal Spir	Mapped nal 723.4 Chg Amt \$0.00 Batch# T 0809180ff	Pmt Vouci Statu t Updal	Neuritis s/Adjs \$0.00 her D; s Uj ted OB	tion , Brachiel Balance \$0.00 ate odated 1/23/2018	Nos Payor MEDIC Resp Party Simon	happed IC ARE / onsible ne Russo	D9-3 Desi Coverage Type fedical Co-Ins Amt \$0.00	Co-Ins Paid \$0.00	Mapped I d Date Vold Batch#	CD9-4 De Age F 0 S R Date Vokted	atlent Imone usso Volded By
M5- Mapp 723.0 Fervice Date 8/09/2018 Location OFFICE Claim#	4.12 ped 1CD9- 0 Vouch 31676 Departme CDSS Bill Me	Radicule 1 Descrip Stenosi her# F 60 T 100 T Piace C Svc OFFICE dla 1	opathy, otion is, Cervi Provider THALGO Df Rel E THU Billing P THALGO	fcal Spir	Mapped nal 723.4 Chg Amt \$0.00 Batch# T 0809180ff Local Use	Pmt Vouci Statu t Updal	Neuritis s/Adjs \$0.00 her D; s Uj ted OB	tion , Brachiel Balance \$0.00 ste odated i/23/2018 g Voucher 5760	Nos Payor MEDIC Resp Party Simo	ARE I onsible ne Russo	D9-3 Desi Coverage Type fedical Co-Ins Amt \$0.00	Co-Ins Paid \$0.00	Mapped I d Date Vold Batch# Date	CD9-4 De Age F 0 S R Date Vokted	atlent Imone usso Volded By edla
M5- Mapp 723.0 Gervice Date 8/09/2018 Location 1 OFFICE 0 Cleim# 0 Dates 0	4.12 ped 1CD9- 0 Vouch 31676 Departme CDSS Bill Me f J	Radicula 1 Descrip Stenosi ner# F 60 T nt Piace 0 Svc OFFICE dla 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Distriction Distriction Perovider Provider Provider Provider Rel Rel Rel Rel Rel Rel Rel Rel Rel Rel	Ical Spir	Mapped mal 723.4 Chg Amt \$0.00 Batch# T 0809180ff Local Use ption	Pmb Vouct Statu Updal Text	Neuritis s/Adjs \$0.00 her Dr s Uj tad 08 Orl 310 Diag1	tion , Brachiel Balance \$0.00 ste odated 1/23/2018 g Voucher 5760	Nos Payor MEDIC Party Simon	Aapped IC ARE / onsible ne Russo Orig F MEDIO	Coverage Type Medical Co-Ins Amt \$0.00 Payor CARE	Co-Ins Paild \$0.00 Orig Bill Units	Mapped I d Date Vold Batch# Date	CD9-4 De Age F O S R Date Vokded	atlent Imone usso Volded By edla
M5- Mapp 723.0 Service Date 8/09/2018 Location DifFICE Claim# 0 Dates o Service	4.12 ped 1CD9- 0 Vouck 31676 Departme CDSS Bill Me 6 1 1018 S	Radicule Radicule 1 Descrip Stenosi ner# F 60 T Fice C Svc OFFICE dla 1 7 70ccedure	oppathy, otion Provider Provider Df Rel E TH, E TH, BHIINg P HALGC IMods	Ical Spir	Mapped mal 723.4 Chg Amt \$0.00 Batch# T 0809180ff Local Use ption	Pmb Vouct Statu Updal Text	Neuritis s/Adjs \$0.00 her Di s Uj ted 08 Ori 310 Diag1 M54.1	tion , Brachiel Balance \$0.00 ate odated 1/23/2018 g Voucher 5760 Descrip 5 Radicul	Nos Payor MEDIC Party Simon Simon Simon Simon Simon Simon	Aapped IC ARE / onsible ne Russo Orig F MEDIO	D9-3 Desi Coverage Type fedical Co-Ins Amt \$0.00 Fayor CARE TOS	Co-Ins Paild \$0.00 Orig Bill Units	Mapped I d Date Vold Batch# Date Fee Amt \$0.00	CD9-4 De Age F O S R Date Vokted Orlg M Pmts/Adja	atlent Imone usso Voided By edla Am Duu \$0.0
M5- Mapp 723.0 Fervice Date 8/09/2018 Location 1 OFFICE 0 Claim# 0 Dates 0 Service 08/09/2	4.12 ped 1CD9- 0 Vouch 31676 Departme CDSS Bill Me f [018 9 02	Radicule Radicule 1 Descrip Stenosi ner# F 0 T nt Place C Svc OFFICE dla 1 Procedure 9024	popathy, ation bis, Cervi Provider HALGO DF Rel E TH HALGO IMods	rtcal Spir	Mapped nal 723.4 Chg Amt \$0.00 Batch# T 0809180ff Local Use ption p Vst Related	Pmb Vouct Statu Updal Text	Neuritis s/Adjs \$0.00 her Dis Ui tad 08 Ori 310 Disg1 M54.1	tion , Brachiel Balance \$0.00 ste odated (/23/2018 g Voucher 5760 Descrip 6 Radicul, region	Nos Payor MEDIC Party Simon simon simon party, Descr	ARE /	D9-3 Desi Coverage Type fedical Co-Ins Amt \$0.00 Payor CARE TOS MEDICA	Co-Ins Paid \$0.00 Orig Bill Units L 1.00	Mapped I d Date Vold Batch# Date Fee Amt \$0.00	CD9-4 De Age F 0 S 0 S R Date Vokted Orlg M Pmts/Adja \$0.00	Volded By edla Am Dun \$0.0
M5- Mapp 723.0 ervice Date 8/09/2018 Location 1 OFFICE 0 Claim# 0 Dates 0 Service 08/09/2 Dates 0 Service	4.12 ped 1CD9- 0 Vouch 31676 Departme CDSS Bill Me f [018 9 02	Radicula Radicula 1 Descripto Stenosi ner# F 0 T Place 0 Svc OFFICE dla 1 Procedure 19024	ppathy, ation Provider Provider HALGO Df Rel E TH Billing P HALGC IMods	rtcal Spir	Mapped nal 723.4 Chg Amt \$0.00 Batch# T 0809180ff Local Use ption p Vst Related	Pmb Vouçi Statu L Updal Text	Neuritis s/Adjs \$0.00 her Dis Ui tad 08 Ori 310 Disg1 M54.1	tion , Brachiel Balance \$0.00 ate odated (/23/2018 g Voucher 5760 Descrip 6 Radicul region Diag3 198.1	Nos Payor MEDIC Party Simon Simon Simon Simon Simon Simon Arthr	ARE I onsible ne Russo Orig F MEDIO , lumbar Iption	D9-3 Desi Coverage Type fedical Co-Ins Amt \$0.00 Payor CARE TOS MEDICA	Co-Ins Paid \$0.00 Orig Bill Units L 1.00 Dia	Mapped I d Date Vold Batch# Date Fee Amt \$0.00	CD9-4 De Age F 0 S R Date Volded Orig Mi Pmts/Adja \$0.00 Description	atient Imone usso Voided By edla Am Du \$0.0
M5- Mapp 723.0 Fervice Date 8/09/2018 Location 1 OFFICE 0 Claim# 0 Dates 0 Service 08/09/2 Diate 08/09/2	4.12 ped 1CD9- 0 Vouck 31676 Departme CDSS Bill Me 6 1 1018 5 102 102 102 102 102 102 102 103 105 105 105 105 105 105 105 105	Radicule Radicule 1 Description Stenosi iner# F 0 T int Place 0 Svc OFFICE dla 1 Procedure 19024 Description Spinal ste	oppathy, otion Provider Provid	Ical Spir	Mapped nal 723.4 Chg Amt \$0.00 Batch# T 080918077 Local Use ption p Vst Related il Px region Mapped IC	Pmb Vouçi Statu L Updal Text To D9- D	Neuritis s/Adjs \$0.00 her Di s Uj tad 08 Ori 310 Diag1 M54.1 [Z	tion , Brachiel Balance \$0.00 ate odated (/23/2018 g Voucher 5760 Descrip 6 Radicul region Diag3 198.1	Nos Payor MEDIC Party Simon # Hen opathy, Arthro Map	Aapped IC	D9-3 Desi Coverage Type fedical Co-Ins Amt \$0.00 Payor CARE TOS MEDICA	Co-Ins Paid \$0.00 Orig Bill Units L 1.00 Dia	Mapped I d Date Vold Batch# Date Fee Amt \$0.00 g4 1	CD9-4 De Age F 0 S R Date Volded Orig Mi Pmts/Adja \$0.00 Description	atient Imone usso Voided By edla

RUSSO-00264

Account Inquiry

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	1	1				1			Туре				
9/11/2018	32604	о тн.	ALGOTT	\$300.00	\$300.0	\$0.00	MEDICAL	RE 1	Medica)	01/	11/2019		Simone Russo
Location	Departmen	t Place Of Svc	Refer, Dr.	Batch#	Voucher Status	Date Updated	Respon	sible	Co-Ins Amt	Co-Ins Pald		Date Volded	Voide By
OFFICE	CDSS	OFFICE	THALGOT	T 0911180M	1 Updated	09/19/2018	Simone	Russo	\$0.00	\$0.00		t. Salara anna anna anna	
Claim#	Bill Med	ila Bil	ing Prov	Local Use	Text	Orig Vouche	r#	Orlg F	>ayor	Orlg Bl	li Date	Orig M	ledia
326040	Paper	TH	ALGOTT			326040		MEDI	CARE	09/19/	2018	Electro	nic
Dates a Service		Procedure	Mods Desc	ription	Diagi	Description			TOS	Units	Fee Amt	Pmts/Adjs	AI
. 09/11/	2018 9	9214	Offic Min	e Outpt Est 2	5 M54.12	Radiculopat région	hy, cervica	al	MEDICAL	1.00	\$300.00	\$300.00	\$0.
Die	ag2	Descriptk	n.			Diag3	Descr	iption		Diag4	De	scription	
GB	12.50	Quadriple	gla, unspeci	fled		P.26.0	Ataxle	galt	************	Lighterte		and the second	
Map 1	ped ICD9-	Description	M Z	tapped ICD9-	Description	Mappe 3	ed ICD9-	Descrip	ption		Mapper 4	11CD9- D	escriptio
723.	4	Neuritis, Br Nos	achlal 3	44.00	Quadripleg Nos	ka 781.2		Sympto Galt	om, Abnor	mality,			
Payment Date	Referen	ce Covera Type	ge Insuran	ce Transact	on Pmt Amt		rsf Batch	1#	Status	Date Update	d Void	i Date th# Voide	d By
10/04/201	10 LHELA	Medica	MEDICA	RE INSURAN	CE \$83.75		10041	BCOM1	Updated	12/20/2	2018		
10/04/201	8839855	58 Medical		RE INSURAN PAYMENT RE Commerce Insurance Adjustme	lal \$194.67				Updated				
	8839855 18 CHECK 8839855	58 Medical 58		PAYMENT RE Commerce Insurance	lal \$194.67					12/20/2		Age P	atient
10/04/201	8839855 18 CHECK 8839855	ssa Medical ssa rr# Pro	MEDICA	PAYMENT RE Commerce Insurance Adjustme	lal \$194,67 2 nt	Balance	10041		Updated	12/20/2 Bille	2018	0 5	alient imone usso
10/04/201 ervice Date 0/18/2018 Location	B839855 B8 CHECK B839855 Vouche 339560 Departmen	ss8 medical sr# Pro THA t Place OF Svc	MEDICA Alder LGOTT Refer, Dr,	PAYMENT RE Commerce Insurance Adjustme Chg Amt \$300.00 Batch#	r tal \$194,67 nt Pmbs/Adjs \$300.00 Voucher Status	Balance	10041 Payor		Updated Coverage Type	12/20/2 Bille 01/1 Co-Ins	2018 ed Date	0 5	imone usso
10/04/201 ervice Date 0/18/2018 Location	8839855 18 CHECK 8839855 • Vouche 339560	558 Medical 558 Prov THA t Place Of	MEDICA Alder LGOTT Refer, Dr,	PAYMENT RE Commercial Insurance Adjustme Chg Amt \$300.00	r tal \$194,67 nt Pmbs/Adjs \$300.00 Voucher Status	Balance \$0.00 Date	10041 Payor AMASUP Respons Party	IBCOM1 C T M	Updated Coverage Type Tedical	12/20/2 Bille 01/1 Co-Ins	2018 ed Date 11/2019 Vold	0 S R Date	imone usso Voided
10/04/201 ervice Date 0/18/2018 Location	B839855 B8 CHECK B839855 Vouche 339560 Departmen	ss8 Medical ss8 Prov THA t Place Of Svc OFFICE	MEDICA Alder LGOTT Refer, Dr,	PAYMENT RE Commerce Insurance Adjustme Chg Amt \$300.00 Batch#	rt ent Pmts/Adjs \$300.00 Voucher Status Updated	Balance \$0.00 Date Updated 11/05/2018 Orlg Voucher	10041 Payor AMASUP Respons Party Simone	IBCOM1 C T M	Co-Ins Amt \$0.00	12/20/2 Bille 01/1 Co-Ins Paid \$0.00 Orig Bill	2018 ed Date 11/2019 Vold Batch#	0 S R Date	imone usso Voldec By
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RUSSO-00265

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(FAX)702 878 9642

Account Inquiry

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RUSSO-00266

Account Inquiry

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RUSSO-00267

Center for Disease and Surgery of the Spine 600 South Rancho Drive Suite 107

Simone Russo

Patlent #: 11130

Las Vegas, NV 89106 Phone: (702) 878-8370 Fax: (702) 878-9642 DOB: 09/05/1942 (76 years)

Date of Encounter: 07/03/2018 02:57 PM

History of Present Illness (John Thalgott, MD 07/03/2018 02:58 PM) The patient is a 75 year old male who presents for a follow up visit. The patient feels well with minor complaints. The patient has been compliant with instructions. Note for "Follow up": Patient is here to have his sutures removed.

Allergies (John Thalgott, MD; 07/03/2018 02:58 PM) No Known Drug Allergies 02/02/2016

Past Medical History (John Thalgott, MD; 07/03/2018 02:58 PM) Hypertension (401.9 | 110) Degenerative cervical spinal stenosis (723.0 | M48.02) Low back pain (724.2 | M54.5) Cervical radiculopathy at C6 (723.4 | M54.12) Bilateral lumbar radiculopathy (724.4 | M54.16) Quadriplegia (344.00 | G82.50) Ataxic galt (781.2 | R26.0) S/P cervical spinal fusion (V45.4 | Z98.1)

Social History (John Thelgott, MD; 07/03/2018 02:58 PM) Tobacco use: Former smoker Non Drinker/No Alcohol Use

Medication History (John Thalgott, MD; 07/03/2018 02:58 PM) Medrol (2MG Tablet 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active - Hx Entry, Norvasc (10MG Tablet Oral) Active - Hx Entry. Losartan Potassium (100MG Tablet Oral) Active - Hx Entry. Flomax (0.4MG Capsule Oral) Active - Hx Entry. Hydrochlorothiazide (25MG Tablet Oral) Active - Hx Entry. Elavil (100MG Tablet Oral) Active - Hx Entry. Medications Reconciled Specific strength unknown - Active - Hx Entry.

Past Surgical (John Thalgett, MD; 07/03/2018 02:58 PM) Lumbar Spine surgery Shoulder Surgery

Review of Systems (John Thelgott, MD; 07/03/2018 02:58 PM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Dizziness, Numbness and Weakness. Psychiatric Not Present- Anxlety.

Vitals (John Thalgott, MD; 07/03/2016 02:58 PM)

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (76 years) RUSSO-00268 pe 1/2

07/03/2018 02:58 PM

Weight: 210 lb (Patlent reported) Height: 69 in (Patlent reported) Body Surface Area: 2.11 m² Body Mass Index: 31.01 kg/m²

Physical Exam (John Thalgott, MD; 07/03/2018 03:28 FM)

The physical exam findings are as follows:

The physical exam findings are as follows: stable and unchanged neruo unchanged. now with cervical c6 radiculapthy and weakness in to wrist extensors and limited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and gait is improved . 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and pinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018- Neuro intact, stable. Improved ataxic and antalgic galt. Well-healed surgical incision in posterior cervical incision. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side. 4/5 BLE leg strength. 3/13/2018 stable and unchanged with atrophy of left hand and discordiantion 6/5/2018 stable with weakness in upper and lower ext diffuse and still having clawling of the right hand 6/19/2019 stable with improving hand and lower motor fuction and better sensation 7/3/2018 stable neuro improved wounds clean and healing sutures out motor fuction and better sensation 7/3/2018 stable neuro improved wounds clean and healing sutures out

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Gait - Broad-based.

Musculoskeletal Spine/Ribs/Pelvis - Galt and Station - Abnormal Gait Patterns - antalgic gait and ataxic gait. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tenderness - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - . Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (John Thalgott, MD; 07/03/201803:28 PM)

Cervical radiculopathy at C6 (Working Diagnosis) (723.4 | M54.12) Current Plans:

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) Current Plans:

Ataxic gait (Principal Diagnosis) (781.2 | R26.0) Current Plans:

S/P cervical spinal fusion (Principal Diagnosis) (V45.4 | Z98.1) Current Plans:

John Thalgott MD

P.010/051

Center for Disease and Surgery of the Spine 600 South Rancho Drive Sulte 107

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (76 years)

Las Vegas, NV 89106 Phone: (702) 878-8370 Fax: (702) 878-9642

Date of Encounter: 07/26/2018 04:47 PM

History of Present Illness (John Thalgott, MD 07/26/2018 05:56 PM)

The patient is a 75 year old male who presents for a follow up visit. The patient feels well with minor compliants. The patient has been compliant with instructions. Note for "Follow up": Patient has ulcers on his bottom and they hurt him alot. He does have an appointment with wound specialist and is hoping to go into the hypobarric chamber, xray shows stable spin and is improved alot post op c3 decompresion posterior

Allergies (John Thalgott, MD; 07/25/2018 04:47 PM) No Known Drug Allergies 02/02/2016

Past Medical History (John Thelpott, MD; 07/26/2018 04:47 PM) Hypertension (401.9 | 110) Degenerative cervical spinal stenosis (723.0 | M48.02) Cervical radiculopathy at C6 (723.4 | M54.12) Low back pain (724.2 | M54.5) Bilateral lumbar radiculopathy (724.4 | M54.16) Quadriplegia (344.00 | G82.50) Ataxic galt (781.2 | R26.0) S/P cervical spinal fusion (V45.4 | Z98.1)

Social History (John Thalgott, MD; 07/26/2016 04:47 PM) Tobacco use: Former smoker Non Drinker/No Alcohol Use

Medication History (John Thalgott, MD; 07/26/2018 04:47 PM) Medrol (2MG Tablet 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active - Hx Entry. Norvasc (10MG Tablet Oral) Active - Hx Entry. Losartan Potassium (100MG Tablet Oral) Active - Hx Entry. Flomax (0.4MG Capsule Oral) Active - Hx Entry. Hydrochlorothlazide (25MG Tablet Oral) Active - Hx Entry. Elavil (100MG Tablet Oral) Active - Hx Entry. Medications Reconciled Specific strength unknown - Active - Hx Entry.

Past Surgical (John Thelgott, MD; 07/26/2018 04:47 PM) Lumbar Spine surgery Shoulder Surgery

Review of Systems (John Thalgott, MD; 07/26/2018 04:47 PM) General Not Present- Fatigue and Fever, Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Dizziness, Numbness and Weakness. Psychiatric Not Present- Anxiety.

Simone Russo

Friday, January 18, 2019

Patient #: 11130

DOB: 09/05/1942 (76 years) RUSSO-002709e 1 / 2

Vitals (John Thalgott, MD; 07/26/2018 04:47 PM) 07/26/2018 04:47 PM Weight: 210 lb (Patient reported) Height: 69 In (Patient reported) Body Surface Area: 2.11 m² Body Mass Index: 31.01 kg/m²

Physical Exam (John Thelgott, MD; 07/26/2018 04:47 PM) The physical exam findings are as follows:

The physical exam findings are as follows: stable and unchanged neruo unchanged, now with cervical c6 radiculapthy and weakness in to wrist extensors and limited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and galt is improved . 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and pinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018- Neuro intact, stable. Improved ataxic and antalgic galt. Well-healed surgical incision in posterior cervical incision. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side. 4/5 BLE leg strength. 3/13/2018 stable and unchanged with atrophy of left hand and discordiantion 6/5/2018 stable with weakness in upper and lower ext diffuse and still having clawling of the right hand 6/19/2019 stable with improving hand and lower upper and lower ext diffuse and still having clawling of the right hand 6/19/2019 stable with improving hand and lower motor fuction and better sensation 7/3/2018 stable neuro improved wounds clean and healing sutures out

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right LS and Left L5. Galt - Broad-based.

Musculoskeletal

Spine/Ribs/Pelvis - Galt and Station - Abnormal Galt Patterns - antalgic galt and ataxic galt. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tenderness - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - . Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (John Thelgott, MD; 07/26/201805:57 PM)

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) Current Plans:

Cervical radiculopathy at C6 (Working Diagnosis) (723.4 | M54.12) Current Plans:

Quadriplegia (Established Diagnosis) (344.00 | G82.50) Current Plans:

- X-ray of cervical spine, 2 or 3 views (72040) Routine (stable post op)
- Follow up in 2 months or as needed

John Thalgott MD

P.012/051

Center for Disease and Surgery of the Spine 600 South Rancho Drive Sulte 107 Las Vegas, NV 89106 Phone: (702) 878-8370 Fax: (702) 878-9642

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (76 years)

Date of Encounter: 08/09/2018 03:46 PM

History of Present Illness (John Thalgott, MD 08/09/2018 03:49 PM)

The patient is a 75 year old male who presents for a follow up visit. The patient is gradually improving. The patient has been compliant with instructions, Current medication use: no side effects. The patient sleeps an average of 7 hours per night. Note for "Follow up": pt in today follow up 8 weeks surgery PCF, and doing great. pt is improving, pt had home physical therapy and now has completed, needs new referral for out pt P.T.

Allergies (John Thelgott, MD; 08/09/2018 03:49 PM) No Known Drug Allergies 02/02/2016

Past Medical History (John Thalgott, MD; 09/09/2018 03:49 PM) Hypertension (401.9 | 110) Degenerative cervical spinal stenosis (723.0 | M48.02) Bilateral lumbar radiculopathy (724.4 | M54.16) Low back pain (724.2 | M54.5) Cervical radiculopathy at C6 (723.4 | M54.12) Ataxic galt (781.2 | R26.0) Quadriplegia (344.00 | G82.50) S/P cervical spinal fusion (V45.4 | Z98.1)

Social History (John Thelgott, MD; 08/09/2016 03:49 PM) Tobacco use: Former smoker Non Drinker/No Alcohol Use

Past Surgical (John Thalgott, MD; 08/09/2018 03:49 PM) Lumbar Spine surgery Shoulder Surgery

Review of Systems (John Thalgott, MD; 08/09/2018 03:49 PM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Anxiety.

Vitals (John Thelgott, MD; 08/09/2018 03:49 PM) 08/09/2018 03:49 PM Weight: 210 lb (Patient reported) Height: 69 in (Patient reported) Body Surface Area: 2.11 m² Body Mass Index: 31.01 kg/m²

DOB: 09/05/1942 (76 years) RUSSO-00272e 1/3 Physical Exam (John Thalgott, MD; 08/09/2018 03:53 FM)

The physical exam findings are as follows:

The physical exam findings are as follows: stable and unchanged neruo unchanged, now with cervical c6 radiculapthy and weakness in to wrist extensors and limited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and galt is improved . 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and plinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018- Neuro intact, stable. Improved ataxic and antaigic galt. Well-healed surgical incision in posterior cervical incision. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side. 4/5 BLE leg strength. 3/13/2018 stable and unchanged with atrophy of left hand and discordiantion 6/5/2018 stable with improving hand and lower motor fuction and better sensation 7/3/2018 stable neuro improved wounds clean and healing sutures out 8/9/2018 stable motor fuction and better sensation 7/3/2018 stable neuro improved wounds clean and healing sutures out 8/9/2018 stable and unchanged wound clean and healing neuro much improved with ataxic galt

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Gait - Broad-based.

Musculoskeletal Spine/Ribs/Pelvis - Galt and Station - Abnormal Galt Patterns - antalgic galt and ataxic galt. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tenderness - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - . Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (John Thalgott, MD; 08/09/201803:54 PM)

Low back pain (Principal Diagnosis) (724.2 | M54.5) Current Plans:

Follow up in 1 month or as needed

Bilateral lumbar radiculopathy (Principal Diagnosis) (724.4 | M54.16) Current Plans:

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) Current Plans:

Cervical radiculopathy at C6 (Working Diagnosis) (723.4 | M54.12) Current Plans:

Quadriplegia (Established Diagnosis) (344.00 | G82.50) Current Plans:

Ataxic galt (Principal Diagnosis) (781.2 | R26.0) Current Plans:

S/P cervical spinal fusion (Principal Diagnosis) (V45.4 | 298.1) Current Plans:

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Simone Russo Friday, January 18, 2019

Patient #: 11130

DOB: 09/05/1942 (76 years) RUSSO-00273^{1e 2/3}

14A.App.2996 P.014/051

John Thalgott MD

Center for Disease and Surgery of the Spine 600 South Rancho Drive Suite 107

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (76 years)

Las Vegas, NV 89106 Phone: (702) 878-8370 Fax: (702) 878-9642

Date of Encounter: 09/11/2018 04:12 PM

History of Present Illness (John Thalgor, MD 09/11/2018 04:51 PM)

The patient is a 76 year old male who presents for a follow up visit. The patient feels well with minor complaints. The patient has been compliant with Instructions. Note for "Follow up": Patient is going to PT for 3 times a week for the past couple of weeks, pt is now partially wheelchair depended and has been progressive witgh upper and lower ext. weakness which has waxed and wanned and no w is somewhat stabale but the prognosis is porr and will need constant care in future with possible assisted living situation because of weakness and progressive inability for self care and is highly possible will need home care in near future will skilled nursing and PT/OT. Also is now not a comunity ambulator and requires assistance when outside the home in terms of driving and access to buildings store doctors office and obtaining supplies.

Allergies (John Thalgott, MD; 09/11/2018 04:14 PM) No Known Drug Allergies 02/02/2016

Past Medical History (John Thelgott, MD; 09/11/2018 04:14 PM) Hypertension (401.9 | 110) Degenerative cervical spinal stenosis (723.0 | M48.02) Cervical radiculopathy at C6 (723.4 | M54.12) Low back pain (724.2 | M54.5) Bilateral lumbar radiculopathy (724.4 | M54.16) Ataxle gait (781.2 | R26.0) Quadriplegia (344.00 | G82.50) S/P cervical spinal fusion (V45.4 | Z98.1)

Social History (John Thalgott, MD; 09/11/2018 04:14 PM) Tobacco use: Former smoker Non Drinker/No Alcohol Use

Medication History (John Thelgott, MD; 09/11/2018 04:14 PM) Medrol (2MG Tablet 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active - Hx Entry. Norvasc (10MG Tablet Oral) Active - Hx Entry. Losartan Potasslum (100MG Tablet Oral) Active - Hx Entry. Flomax (0.4MG Capsule Oral) Active - Hx Entry. Hydrochlorothiazide (25MG Tablet Oral) Active - Hx Entry. Elavil (100MG Tablet Oral) Active - Hx Entry. Medications Reconciled Specific strength unknown - Active - Hx Entry.

Past Surgical (John Thelgott, MD; 09/11/2018 04:14 PM) Lumbar Spine surgery Shoulder Surgery

DOB: 09/05/1942 (76 years) RUSSO-002759e 1/3

(FAX)702 878 9642

P.016/051

Review of Systems (John Thalgott, MD; 09/11/2018 04:13 PM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Dizziness, Numbness and Weakness. Psychiatric Not Present- Anxiety.

Vitals (John Thalgott, MD; 09/11/2018 04:14 PM) 09/11/2018 04:14 PM Weight: 210 lb (Patient reported) Height: 69 in (Patient reported) Body Surface Area: 2.11 m² Body Mass Index: 31.01 kg/m²

Physical Exam (John Thalgott, MD; 09/11/2018 04:52 PM) The physical exam findings are as follows:

The physical exam findings are as follows: stable and unchanged neruo unchanged, now with cervical c6 radiculapthy and weakness in to wrist extensors and limited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and galt is improved . 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and plnch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018- Neuro intact, stable. Improved ataxic and antalgic galt. Well-healed surgical incision in posterior cervical incision. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side. 4/5 BLE leg strength. 3/13/2018 stable and unchanged with atrophy of left hand and discordiantion 6/5/2018 stable with weakness in upper and lower ext diffuse and still having clawling of the right hand 6/19/2019 stable with improving hand and lower motor fuction and better sensation 7/3/2018 stable neuro improved wounds clean and healing sutures out 8/9/2018 stable and unchanged wound clean and healing neuro much improved with ataxic gait 9/11/2018 stable with very severe ataxic gait with wheelchair today and diffuse weakness in both lower ext.

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Gait - Broad-based.

Musculoskeletal Spine/Ribs/Pelvis - Gait and Station - Abnormal Gait Patterns - antalgic gait and ataxic gait. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tendemess - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - . Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (John Thalgott, MD; 09/11/201804:53 PM)

Quadriplegia (Established Diagnosis) (344.00 | G82.50) Current Plans:

Cervical radiculopathy at C6 (Working Diagnosis) (723.4 | M54.12) Current Plans:

Ataxic galt (Principal Diagnosis) (781.2 | R26.0)

Current Plans:

Follow up in 1 month or as needed

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Simone Russo Friday, January 18, 2019

Patient #: 11130

DOB: 09/05/1942 (76 years) RUSSO-00276 2/3

01/18/2019 10:31 CENTER FOR DISEASES & SURGERY

(FAX)702 878 9642

14A.App.2999 P.017/051

John Thalgott MD

DOB: 09/05/1942 (76 years) RUSSO-00277^ae 3/3

P.018/051

Center for Disease and Surgery of the Spine 600 South Rancho Drive Sulte 107 Las Vegas, NV 89106 Phone: (702) 878-8370

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (76 years)

Fax: (702) 878-9642

Date of Encounter: 10/18/2018 01:59 PM

History of Present Illness (John Thalgott, MD 10/18/2018 02:01 PM)

The patient is a 76 year old male who presents for a follow up visit. The patient feels well with minor complaints. The patient has been compliant with instructions. Current medication use: no side effects. Note for "Follow up": Patient is having some problems with shortness of breathe. He belives that it is a trachea problem. He is also still having the neuropathic pain. He is not taking any neuontain or pain medications.

Allergies (John Thalpott, MD; 10/18/2018 02:01 FM) No Known Drug Allergies 02/02/2016

Past Medical History (John Thelgott, MD; 10/18/2018 02:01 FM) Hypertension (401.9 | 110) Low back pain (724.2 | M54.5) Bilateral lumbar radiculopathy (724.4 | M54.16) Degenerative cervical spinal stenosis (723.0 | M48.02) Cervical radiculopathy at C6 (723.4 | M54.12) Ataxic gait (781.2 | R26.0) Quadriplegia (344.00 | G82.50) S/P cervical spinal fusion (V45.4 | Z98.1)

Social History (John Thalgott, MD) 10/18/2018 02:01 FM) Tobacco use: Former smoker Non Drinker/No Alcohol Use

Medication History (John Thalgott, MD; 10/18/2018 02:01 FM) Medrol (2MG Tablet 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active - Hx Entry. Norvasc (10MG Tablet Oral) Active - Hx Entry. Losartan Potassium (100MG Tablet Oral) Active - Hx Entry. Flomax (0.4MG Capsule Oral) Active - Hx Entry. Hydrochlorothlazide (25MG Tablet Oral) Active - Hx Entry. Elavil (100MG Tablet Oral) Active - Hx Entry. Medications Reconciled Specific strength unknown - Active - Hx Entry.

Past Surgical (John Thelgott, MD; 10/18/2018 02:01 PM) Lumbar Spine surgery Shoulder Surgery

Review of Systems (John Thalgott, MD; 10/18/2018 02:01 PM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Dizziness, Numbness and Weakness. Psychiatric Not Present- Anxiety.

Simoné Russo

(FAX)702 878 9642

Vitals (John Thalgott, MD; 10/18/2018 02:01 PM) 10/18/2018 02:01 PM Weight: 210 lb (Patient reported) Height: 69 in (Patient reported) Body Surface Area: 2,11 m² Body Mass Index: 31.01 kg/m²

Physical Exam (John Thalgott, MD; 10/18/2018 02:33 PM) The physical exam findings are as follows:

The physical exam findings are as follows: stable and unchanged neruo unchanged, now with cervical c6 radiculapthy and weakness in to wrist extensors and limited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and gait is improved . 2/21/2017 stable and with antialgic and ataxic with decreased sensation at c6 on the left with decreased grip and plinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018- Neuro Intact, stable. Improved ataxic and antalgic gait. Well-healed surgical incision in posterior cervical incision. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side. 4/5 BLE leg strength. 3/13/2018 stable and unchanged with atrophy of left hand and discordiantion 6/5/2018 stable with weakness in upper and lower ext diffuse and still having clawing of the right hand 6/19/2019 stable with improving hand and lower motor fuction and better sensation 7/3/2018 stable neuro improved wounds clean and healing sutures out 8/9/2018 stable and unchanged wound clean and healing neuro much improved with ataxic gait 9/11/2018 stable with very severe ataxic and unchanged wound clean and healing neuro much improved with ataxic gait 9/11/2018 stable with very severe ataxic gait with wheelchair today and diffuse weakness in both lower ext. 10/18/2018 stable and quadrapalegia and ataxic gait and has sob with neck flexion

Neurologic

Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Galt - Broad-based.

Musculoskeletal Spine/Ribs/Pelvis - Gait and Station - Abnormal Gait Patterns - antalgic gait and ataxic gait. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine; Inspection and Palpation - Tenderness - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is _spasm. Strength and Tone - Functional Assessment - . Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (John Thalgolt, MD; 10/18/201802:41 PM)

Cervical radiculopathy at C6 (Working Diagnosis) (723.4 | M54.12) Current Plans

- Referred to Pulmonology, for evaluation and follow up, (Pulmonary Diseases)
- Follow up in 1 month or as needed
- Follow up in 1 month or as needed

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) **Current Plans:**

Ataxic galt (Principal Diagnosis) (781,2 | R26.0) **Current Plans:**

S/P cervical spinal fusion (Principal Diagnosis) (V45,4 | 298,1) Current Plans:

Quadriplegia (Established Diagnosis) (344.00 | G82.50) Current Plans:

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Simone Russo Friday, January 18, 2019 Patient #: 11130

DOB: 09/05/1942 (76 years) RUSSO-00279e2/3

14A.App.3001

01/18/2019 10:32 CENTER FOR DISEASES & SURGERY

(FAX)702 878 9642

14A.App.3002

P.020/051

John Thalgott MD

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Center for Disease and Surgery of the Spine 600 South Rancho Drive Sulte 107

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (76 years)

Las Vegas, NV 89106 Phone: (702) 878-8370 Fax: (702) 878-9642

Date of Encounter: 11/06/2018 12:59 PM

History of Present Illness (John Theigott, MD 11/06/2018 01:20 PM)

The patient is a 76 year old male who presents for a follow up visit. The patient does not feel well. The patient has been compliant with instructions. Note for "Follow up": Patient is having severe pain in the buttocks, and rectum. Neuropathic pain. will get to geppy and valaquez for general medicine. Aslo get in to stewart asap

Allergies (John Thalgott, MD; 11/06/2018 01:00 PM) No Known Drug Allergies 02/02/2016

Past Medical History (John Thelgott, MD; 11/06/2018 01:00 PM) Hypertension (401.9 | 110) Cervical radiculopathy at C6 (723.4 | M54.12) Degenerative cervical spinal stenosis (723.0 | M48.02) Low back pain (724.2 | M54.5) Bilateral lumbar radiculopathy (724.4 | M54.16) Quadriplegia (344.00 | G82.50) Ataxic gait (781.2 | R26.0) S/P cervical spinal fusion (V45.4 | Z98.1)

Social History (John Thelgott, MD; 11/06/2018 01:00 PM) Tobacco use: Former smoker Non Drinker/No Alcohol Use

Medication History (John Thalgott, MD; 11/06/2018 01:01 PM) Medrol (2MG Tablet 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active - Hx Entry. Norvasc (10MG Tablet Oral) Active - Hx Entry. Losartan Potassium (100MG Tablet Oral) Active - Hx Entry. Flomax (0.4MG Capsule Oral) Active - Hx Entry. Hydrochlorothlazide (25MG Tablet Oral) Active - Hx Entry. Elavli (100MG Tablet Oral) Active - Hx Entry. Medications Reconciled Specific strength unknown - Active - Hx Entry.

Past Surgical (John Thalgott, MD; 11/06/2018 01:00 PM) Lumbar Spine surgery Shoulder Surgery

Review of Systems (John Thalgott, MD; 11/06/2018 01:00 PM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Addominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Dizzlness, Numbness and Weakness. Psychiatric Not Present- Anxlety.

Vitals (John Thalgott, MD; 11/05/2018 01:01 PM)

Simone Russo

Friday, January 18, 2019

Patient #: 11130

DOB: 09/05/1942 (76 years)

RUSSO-002879e1/2

11/06/2018 01:01 PM Weight: 210 lb (Patient reported) Height: 69 in (Patient reported) Body Surface Area: 2.11 m² Body Mass Index: 31.01 kg/m²

Physical Exam (John Thalgott, MD; 11/06/2018 01:21 PM)

Physical Exam *(John Thalgot, MD; 11/06/2018 01:21 PM)* The physical exam findings are as follows: stable and unchanged neruo unchanged, now with cervical c6 radiculapthy and weakness in to wrist extensors and limited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and galt is improved . 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and pinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018- Neuro Intact, stable. Improved ataxic and antalgic galt. Well-healed surgical incision in posterior cervical incision. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side. 4/5 BLE leg strength. 3/13/2018 stable and unchanged with atrophy of left hand and discordiantion 6/5/2018 stable with weakness in upper and lower ext diffuse and still having clawling of the right hand 6/19/2019 stable with improving hand and lower motor fuction and better sensation 7/3/2018 stable neuro Improved wounds clean and healing sutures out 8/9/2018 stable and unchanged wound clean and healing neuro much Improved with ataxic gait 9/11/2018 stable with very severe ataxic gait with wheelchair today and diffuse weakness in both lower ext. 10/18/2018 stable and quadrapalegia and ataxic gait and has sob with neck flexion 11/6/2018 stable and unchanged and has sob with neck flexion 11/6/2018 stable and unchanged

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Gait - Broad-based.

Musculoskeletal

Spine/Ribs/Pelvis - Galt and Station - Abnormal Gait Patterns - antalgic gait and ataxic gait. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tenderness - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - . Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (John Thalgott, MD; 11/06/201801:23 PM)

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) Current Plans:

Bilateral lumbar radiculopathy (Principal Diagnosis) (724.4 | M54.16) Current Plans:

Ataxic gait (Principal Diagnosis) (781.2 | R26.0) Current Plans:

Quadriplegia (Established Diagnosis) (344.00 | G82.50)

Current Plans:

- Referred to Pain Management, for evaluation and follow up, (Pain Management)
- Referred to Pulmonology, for evaluation and follow up, (Pulmonary Diseases)
- Follow up as needed

John Thalgott MD

Center for Disease and Surgery of the Spine 600 South Rancho Drive Suite 107

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (76 years)

Las Vegas, NV 89106 Phone: (702) 878-8370 Fax: (702) 878-9642

Date of Encounter: 12/11/2018 04:11 PM

History of Present Illness (John Thalgott, MD 12/11/2018 04:23 PM)

The patient is a 76 year old male who presents for a follow up visit. The patient does not feel well. The patient has been compliant with instructions. Note for "Follow up": Patient is having some spams/right side in the cervical spine.pt has severe right trap spasm and neuro is unchanged and xray show good hardware position and stable upper cervical spine.

Allergies (John Thalgott, MD; 12/11/2018 04:12 PM) No Known Drug Allergies 02/02/2016

Past Medical History (John Thelpott, MD; 12/11/2018 04:12 PM) Hypertension (401.9 | 110) Bilateral lumbar radiculopathy (724.4 | M54.16) Degenerative cervical spinal stenosis (723.0 | M48.02) Cervical radiculopathy at C6 (723.4 | M54.12) Low back pain (724.2 | M54.5) Quadriplegia (344.00 | G82.50) Ataxic gait (781.2 | R26.0) S/P cervical spinal fusion (V45.4 | Z98.1)

Social History (John Thalgott, MD; 12/11/2018 04:12 PM) Tobacco use: Former smoker Non Drinker/No Alcohol Use

Medication History (John Thalgott, MD; 12/11/2018 04:12 PM) Medrol (2MG Tablet 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active - Hx Entry. Norvasc (10MG Tablet Oral) Active - Hx Entry. Losartan Potassium (100MG Tablet Oral) Active - Hx Entry. Flomax (0.4MG Capsule Oral) Active - Hx Entry. Hydrochlorothlazide (25MG Tablet Oral) Active - Hx Entry. Elavil (100MG Tablet Oral) Active - Hx Entry. Medications Reconciled Specific strength unknown - Active - Hx Entry.

Past Surgical (John Thelgott, MD; 12/11/2018 04:12 PM) Lumbar Spine surgery Shoulder Surgery

Review of Systems (John Thalpatt, MD; 12/11/2018 04:12 PM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Diziness, Numbness and Weakness. Psychiatric Not Present- Anxiety.

Vitals (John Thalgott, MD; 12/11/2018 04:12 PM)

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (76 years)

RUSSO-00283e1/3

(FAX)702 878 9642

P.024/051

12/11/2018 04:12 PM Weight: 210 lb (Patient reported) Height: 69 in (Patient reported) Body Surface Area: 2.11 m² Body Mass Index: 31.01 kg/m²

Physical Exam (John Thalgott, MD; 12/11/2018 04:23 PM)

The physical exam findings are as follows:

The physical exam findings are as follows: stable and unchanged neruo unchanged, now with cervical c6 radiculapthy and weakness in to wrist extensors and limited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and gait is improved . 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and pinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018 - Neuro intact, stable. Improved ataxic and antalgic gait, Well-healed surgical incision in posterior cervical incision. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side. 4/5 BLE leg strength. 3/13/2018 stable and unchanged with atrophy of left hand and discordiantion 6/5/2018 stable with weakness in upper and lower ext diffuse and still having clawing of the right hand 6/19/2019 stable with improving hand and lower motor fuction and better sensation 7/3/2018 stable neuro improved wounds clean and healing sutures out 8/9/2018 stable and unchanged wound clean and healing neuro much improved with ataxic gait 9/11/2018 stable with very severe ataxic gait with wheelchair today and diffuse weakness in both lower ext. 10/18/2018 stable and neuro unchanged with severe right trap spasm trap spasm

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Gait - Broad-based.

Musculoskeletal Spine/Ribs/Pelvis - Galt and Station - Abnormal Galt Patterns - antalgic gait and ataxic galt. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tenderness - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - . Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (John Thalgott, MD; 12/11/201604:26 PM)

Bilateral lumbar radiculopathy (Principal Diagnosis) (724.4 | M54.16) Current Plans:

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) Current Plans:

Low back pain (Principal Diagnosis) (724.2 | M54.5) Current Plans:

Ataxic gait (Principal Diagnosis) (781.2 | R26.0) Current Plans:

Trapezius muscle spasm (Established Diagnosis) (728.85 | M62.838) Current Plans:

MRI CERVICAL SPINE W/O CONTRAST (72141) Routine ()

Instructed to make follow-up appointment for office visit following completion of diagnostic tests

AAA

Simone Russo Friday, January 18, 2019

Patient #: 11130

DOB: 09/05/1942 (76 years) RUSSO-002829e 2/3

14A.App.3006

John Thalgott MD

Center for Disease and Surgery of the Spine 600 South Rancho Drive Suite 107

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (76 years)

Las Vegas, NV 89106 Phone: (702) 878-8370 Fax: (702) 878-9642

Date of Encounter: 12/13/2018 11:52 AM

History of Present Illness (John Thalgott, MD 12/13/2018 12:13 PM) The patient is a 76 year old male presenting to discuss diagnostic procedure results. The patient had a CT scan. Note for "Follow up diagnostic procedure": now with stenosis at ant cc3/c4 above level of old fusion with cord changes This shoul be fixed as now having severe c4 symptoms on the right

Allergies (John Thalgott, MD; 12/13/2018 11:52 AM) No Known Drug Allergies 02/02/2016

Past Medical History (John Thelgort, MD; 12/13/2018 11:52 AM) Hypertension (401.9 | 110) Degenerative cervical spinal stenosis (723.0 | M48.02) Bilateral lumbar radiculopathy (724.4 | M54.16) Low back pain (724.2 | M54.5) Cervical radiculopathy at C6 (723.4 | M54.12) Quadriplegia (344.00 | G82.50) Trapezius muscle spasm (728.85 | M62.838) Ataxic gait (781.2 | R26.0) S/P cervical spinal fusion (V45.4 | Z98.1)

Social History (John Thalgott, MD; 12/13/2018 11:52 AM) Tobacco use: Former smoker Non Drinker/No Alcohol Use

Medication History (John Thelaott, MD; 12/13/2018 11:52 AM) Medrol (2MG Tablet 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active - Hx Entry. Norvasc (10MG Tablet Oral) Active - Hx Entry. Losartan Potassium (100MG Tablet, Oral) Active. Flomax (0.4MG Capsule Oral) Active - Hx Entry. Hydrochlorothiazide (25MG Tablet, Oral) Active. Elavil (100MG Tablet Oral) Active - Hx Entry. Medications Reconciled Specific strength unknown - Active - Hx Entry.

Past Surgical (John Thelgott, MD; 12/13/2018 11:52 AM) Lumbar Spine surgery Shoulder Surgery

Review of Systems (John Thalgott, MD; 12/13/2018 11:52 AM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing, Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Dizziness, Numbness and Weakness. Psychiatric Not Present- Anxiety.

Simone Russo

Friday, January 18, 2019

Patient #: 11130

DOB: 09/05/1942 (76 years)

RUSSO-00286 1/3

Vitals (John Thelgott, MD; 12/13/2018 11:53 AM) 12/13/2018 11:53 AM Weight: 210 lb (Patient reported) Height: 69 in (Patient reported) Body Surface Area: 2.11 m² Body Mass Index: 31.01 kg/m²

Physical Exam (John Thalgott, MD; 12/13/2018 12:13 PM)

Physical Exam (John Thalgott, MD; 12/13/2018 12:13 PM) The physical exam findings are as follows; stable and unchanged neruo unchanged. now with cervical c6 radiculapthy and weakness In to wrist extensors and limited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and gait is improved . 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and pinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018- Neuro intact, stable. Improved ataxic and antalgic gait. Well-healed surgical incision in posterior cervical incision. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side. 4/5 BLE leg strength. 3/13/2018 stable and unchanged with atrophy of left hand and discordiantion 6/5/2018 stable with weakness in upper and lower ext diffuse and still having clawing of the right hand 6/19/2019 stable with improving hand and lower motor fuction and better sensation 7/3/2018 stable neuro improved wounds clean and healing sutures out 8/9/2018 stable and unchanged wound clean and healing neuro much improved with ataxic gait 9/11/2018 stable with very severe ataxic gait with wheelchalr today and diffuse weakness in both lower ext. 10/18/2018 stable and quadrapalegia and ataxic gait and has sob with neck flexion 11/6/2018 stable and unchanged 12/11/2018 stable and neuro unchanged with severe right trap spasm 12/13/2018 stable and now with c4 symtpoms as before trap spasm 12/13/2018 stable and now with c4 symptoms as before

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Gait - Broad-based.

Musculoskeletal Spine/Ribs/Pelvis - Gait and Station - Abnormal Gait Patterns - antalgic gait and ataxic gait. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tendemess - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - . Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (John Thalgott, MD; 12/13/201812:14 PM)

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) **Current Plans:**

Cervical radiculopathy at C6 (Working Diagnosis) (723.4 | M54.12) Current Plans:

Trapezius muscle spasm (Established Diagnosis) (728.85 | M62.838) Current Plans:

Quadriplegia (Established Diagnosis) (344.00 | G82.50)

Current Plans:

- ANTERIOR CERVICAL DISCECTOMY (63075) Routine ()
- SPINE INSTRUMENTATION, ANTERIOR, 2-3 SEGMENTS (22845) Routine ()
- SPINE INSTRUMENTATION, ANTERIOR, 2-3 SEGMENTS (22845) Routine ()
 I went over the risks of anterior cervical fusion which include the possibility of esophageal injury, death, carotid artery injury, vocal cord paralysis, graft migration, hematoma, arytenold dislocation, hoarseness, infection, and CSF leak. I have also discussed the possibility of nonunion, screw/plate breakage, and/or removal of hardware; degeneration above or below the operative level; smokers have a significant higher rate of infection, nonunion, wound healing problems, perineural fibrosis, and poorer outcomes; and additional surgeries. Surgery includes incision of the neck, moving of the esophagus and trachea to one side and the jugular veln and carotid artery to the other, identification of the levels radiographically, either removing the disc or replacing it with a piece of bone or removing the disc and vertebral body and replacing it with a cage. That would be a vertebrectomy and afterwards a plate is placed with two screws in each vertebral body. There is the risk of adjacent segment breakdown, death from mediastinitis, and all patients have swallowing problems that may be permanent. This was all discussed with the patient who fully understands and accepts these risks.
- Follow up in 3 weeks or as needed

DOB: 09/05/1942 (76 years) RUSSO-002879e2/3

John Thalgott MD

DOB: 09/05/1942 (76 years) RUSSO-00288

Center for Disease and Surgery of the Spine 600 South Rancho Drive Suite 107

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (76 years)

Las Vegas, NV 89106 Phone: (702) 878-8370 Fax: (702) 878-9642

Date of Encounter: 01/15/2019 04:34 PM

History of Present Illness (John Thalgott, MD 01/15/2019 04:44 PM)

The patient is a 76 year old male who presents for a follow up visit. The patient feels well with minor complaints (neck pain having no complications

bowel issues since the surgery

very difficult to have a bowel movement needs the records/ and needs some type of diagnosis). Note for "Follow up": pt is seeing dr. stone who is GI md who deals with spinal related problems with colon which Sam has related to his spinal and neurologic problems. Pt will need c3/c4 ant cervical fusion as it relates to the prior anterior fusion which was directly related to aug 27 2016 fall.

Allergies (John Thalgott, MD; 01/15/2019 04:37 PM) No Known Drug Allergies 02/02/2016

Past Medical History (John Thalgott, MD; 01/15/2019 04:37 PM) Hypertension (401.9 | 110) Constipation (564.00 | K59.00) Cervical radiculopathy at C6 (723.4 | M54.12) Degenerative cervical spinal stenosis (723.0 | M48.02) Bilateral lumbar radiculopathy (724.4 | M54.16) Low back pain (724.2 | M54.5) Ataxic gait (781.2 | R26.0) Quadriplegia (344.00 | G82.50) Trapezius muscle spasm (728.85 | M62.838) S/P cervical spinal fusion (V45.4 | Z98.1)

Social History (John Thalgott, MD; 01/15/2019 04:37 PM) Tobacco use: Former smoker Non Drinker/No Alcohol Use

Medication History (John Thalgott, MD; 01/15/2019 04:38 PM) Medrol (2MG Tablet, 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active. Norvasc (10MG Tablet, Oral) Active. Flomax (0.4MG Capsule, Oral) Active. Elavil (100MG Tablet, Oral) Active. Medications Reconciled.

Past Surgical (John Thelgott, MD; 01/15/2019 04:37 PM) Lumbar Spine surgery Shoulder Surgery

(FAX)702 878 9642

Review of Systems (John Thalgott, MD; 01/15/2019 04:37 PM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. GastroIntestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Dizziness, Numbress and Weakness. Deschiede Net Bresent- Abdominal Pain and Weakness. Psychlatric Not Present- Anxiety.

Vitals (John Thalgott, MD; 01/15/2019 04:38 FM) 01/15/2019 04:38 PM Weight: 210 lb (Patient reported) Height: 69 In (Patient reported) Body Surface Area: 2.11 m² Body Mass Index: 31.01 kg/m²

Physical Exam (John Thelgott, MD; 01/15/2019 04:46 PM) The physical exam findings are as follows:

The physical exam findings are as follows: stable and unchanged neruo unchanged, now with cervical c6 radiculapthy and weakness in to wrist extensors and limited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and gait is improved . 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and pinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018- Neuro intact, stable. Improved ataxic and antalgic gait. Well-healed surgical incision in posterior cervical Incision. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side. 4/5 BLE leg strength. 3/13/2018 stable and unchanged with atrophy of left hand and discordiantion 6/5/2018 stable with weakness in upper and lower ext diffuse and still having clawing of the right hand 6/19/2019 stable with improving hand and lower motor fuction and better sensation 7/3/2018 stable neuro improved wounds clean and healing sutures out 8/9/2018 stable and unchanged wound clean and healing neuro much improved with ataxic gait 9/11/2018 stable with very severe ataxic gait with wheelchair today and diffuse weakness in both lower ext. 10/18/2018 stable and quadrapalegia and ataxic gait and has sob with neck flexion 11/6/2018 stable and unchanged 12/11/2018 stable and neuro unchanged with ataxia and c4 trap spasm 12/13/2018 stable and now with c4 symtpoms as before 1/15/2019 stable and unchanged with ataxla and c4 radiculapathy

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Gait - Broad-based.

<u>Musculoskeletal</u> Spine/Ribs/Pelvis - Galt and Station - Abnormal Galt Patterns - antalgic galt and ataxic gait. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tenderness - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - . Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (John Thalgott, MD; 01/15/201904:49 PM)

Cervical radiculopathy at C6 (Working Diagnosis) (723.4 | M54.12) Current Plans:

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) Current Plans:

Bilateral lumbar radiculopathy (Principal Diagnosis) (724.4 | M54.16) Current Plans:

Quadriplegia (Established Diagnosis) (344.00 | G82.50) Current Plans:

P.031/051

Ataxic galt (Principal Diagnosis) (781.2 | R26.0) Current Plans:

- Referred to Gastroenterology, for evaluation and follow up, (Gastroenterologist)
- Follow up as needed

AFF

John Thalgott MD

12:52 CENTER FOR DISEASES & SURGERY 05/24/2018

(FAX)702 878 9642

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14A.App.3014 P.017/041

1/12/2018 10:40:34 PM 18:03 PA 1 (888) PAR. RARA ... PAGE A CLE

VHM- Valley Hospital Medical Center 620 Shadow Lane Las Vegas, NV 89108-4194

Pallent: RUSSO, SIMONE F VHM63495207; SVH35440123 MRN: FIN: VHM0000115712267 "DOB/Sax: 9/5/1942 / Male Patient Room: VHM N2; 0217; 01

1/12/2018 Admit: Disch; Disch Time; "Attending: Thalgott MD, John"" Copy To: n/a

Operative Record

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION:

Operative Reports 1/12/2018 12:07 PST Auth (Varified) Thalgott MD, John (1/12/2018 12:18 PST) Thalgolt MD, John (1/12/2018 12:18 PST)

Indication for Surgery Progressive quadriparesis with staxia

Preoperative Plannosis Spinel stenosis status post C4-C6 enterior fusion with subsidence restances weakness of laft upper extremity C6 with discoordination progressive elaxie and epastic weakness in both lower extremities

Postoperative Disgnosis Spinal stenosla C4-5 C5-8 C6-7

Operation

C4 C5-C6-C7 4) hervest right line creat use of local bone graft use of allograft 5) arthrodosis C4-5 C5-6 C8-7 posterior 6) use of fluoroscopy

(a)nosprug Thaigott MD, John (Surgeon)

Analatant P. Davis PAC

Anesthesia Type and Anasthesiologist General

Kieln MD, Ira A (Attending Anesthesiologist)

Estimated Blood Loss 100cc

Uring Output See anesthesia note

Findings High grade stanosis CS-8 CB-7

Specimen(e) None

Complications None

Technique

Risk procedure gone over in detail the patient is a physician and is with his wife by myself and my staff is a large chance without the surgery that he he will be wheelchair bound he is basically limited household ambulator which is progressive over the last month or 2

Transcription

Print Date/Time 1/12/2018 22:45 PST

Report Request ID: 278739397

Page 1 of 2

(FAX)702 878 9642

1/12/2018 10:48:34 PM LHS PA 1 (888) 886-8888 Page 5 of 5

/HM- Valley	Hospitz	I Medical	Center
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Palleni: RUSSO, SIMONE F MRN: VHM63495207; SVH35440123 FIN: VHM0000115712267 Admit: 1/12/2018 Disch: Attending: Thalgott MD,John

Operative Record

the patient was worked up and had a paralyzed disphragm on the right cleared by the pulmonary status he is at high risk for interoperative complications she had E, coli Infection in the past he is more likely for E. coli or M MRSA infection at this point he was placed on a Hildelans regimen 2 days before the day of surgery which he raports being compliant with further risks are decompression operative swalling with vascular sait with a vascular injury to his cord upon 3 mansion postoperative bleeding with epidural hematoma total partial paralysis death patient has a paralyzed disphragm he if he has phrenk neve involvement contralateral side he may need a disphragmatic pacer this may or may not make any difference in his neural status indeed he could be worse to complete completely paralyzed regordless of the technical outcome of the surgery the possibility of CSF leak Mr. malposition of scrows positioning neuropathy not limited to but including Unar neuropathy brachloplexopathy personal neuropathy biladness and on make any difference in his symptoms or his atarta indeed he can be worse as of his progressive neurologic daterioration over the last weeke I feit that decompression postariorly was indicated. Have a morunian and had subsidence of his anterior construct and he is implied or given he understood the Inherent risks banefits and wished to proceed.

Description of procedure after suitable lavel general anesthesia was obtained neuro monitoring was instituted timeout was done neuro monitoring showed some motor deficit in the left side SSEPs were faitly normal prophylaxis thermoregulation padding bony prominence position on the Jackson table was a heropage on by myself the nursing staff and anesthesing great care was taken to make sure his eyes were protected bony prominences were pedded. He was taped in position was checked and image intensification after the Ilmsout was done draping and prepping vancomycin and Ancel were given midline approach was made carried fascia subperiosteal dissection exposed the lamine and princips process on lateral mass at C4-C5-C6 and C7 self-care retractors places was checked and Image intensification once that was completed the unilateral lateral mass instrumentation was begun by drilling lateral mass up and out 20" after description Magro at C4 C6 and C7 the rod was instituted unitateral fixation of each be used because of the anterior fixation and a ease of decompression post anteriorly lumber espects of microscope was then brought into the field and spinous processes and the lamina were debuik with a rondure using a Midas Rex under microscopic control the complete famina was removed to the lateral messes at C4 and C5-C6 and C7 this technique used the Midas Rex to thin the famina and than a neural hook lifted the famina of this dura there were no intrusions into the spinal canal the lateral receives were taken down with a very small Karrison once he is completely decompressed motors appeared to disappear this SSEPs remained there were no interoperative occasions the spinal cord was completely decompressed motors appeared to disappear this SSEPs remained there were no interoperatively than the neurologist was conciled through the monitoring technician who fait that the motors were not reliable once that was completed the decompression was completed the wound was pulse lavaged with protecting spinal cord and a sheet of DuraGen and then DuraSeal was placed over that then a sheet of fibular and FioSeal a small inclaion was made over the right life creat across his open rondure and carina removed bone from list creat during the the decompression phase of bone trap was harvested twice and then the local bone graft harvested bone graft and allograft made and also biologic slurry. Prior to starting the decompression instrumentation the push pull test showed that there was motion at every segment C4-5 C5-8 and C8-7. Once that was completed the lateral mass after the interpretation decompression decorticated and the bone graft placed ground the lateral masses lateral to the instrumentation vancomyoin powder was placed throughout the wound the lascia closed with strate fix subcu drains placed subcu with 2-D Vicryl skin with running Prolene Bioclusive dressing was placed the harvosted bone graft was closed with subcu with 2-0 Vicryl akin with staples Bioclusive dressings placed no interoperative complications noted the this is dictated prior to the patient awakening at 1220

Electronically Signed By: Thelgoll, John MD On: 01.12.2018 12:18 PST

Print Date/Time 1/12/2018 22:45 PST

Transcription

Page 2 of 2

RUSSO-00293

14A.App.3015

14A.App.3016

P.019/041

Center for Disease and Surgery of the Spine

Simone Russo

Patient #: 11130

Las Vegas, NV 89106 Phone: (702) 878-8370 Fax: (702) 878-9642 DOB: 09/05/1942 (75 years)

Date of Encounter: 01/29/2018 12:36 PM

History of Present Illness (John Thalgott, MD 01/30/2018 03:20 PM)

The patient is a 75 year old male who presents for a follow up visit. The patient has been compliant with instructions. Note for "Follow up"; pt has improved and ataxia is improved and now having still 4/ 5 weakness in left upper ext. wounds clean and healing d/c sutures

Past Medical History (John Thalgott, MD; 01/30/2018 03:15 PM) Hypertension (401.9 | 110) Low back pain (724,2 | M54.5) Cervical radiculopathy at C6 (723.4 | M54.12) Degenerative cervical spinal stenosis (723.0 | M48.02) Bilateral lumbar radiculopathy (724.4 | M54.16) Quadriplegia (344.00 | G82.50) Ataxic galt (781.2 | R26.0) S/P cervical spinal fusion (V45.4 | Z98.1)

Medication History (John Thelgott, MD; 01/30/2018 03:15 PM) Medrol (2MG Tablet 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active - Hx Entry. Norvasc (10MG Tablet Oral) Active - Hx Entry. Losartan Potassium (100MG Tablet Oral) Active - Hx Entry. Flomax (0.4MG Capsule Oral) Active - Hx Entry. Hydrochlorothlazide (25MG Tablet Oral) Active - Hx Entry. Elavil (100MG Tablet Oral) Active - Hx Entry. Medications Reconciled Specific strength unknown - Active - Hx Entry.

Review of Systems (John Thalgott, MD; 01/30/2018 03:15 PM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Diziness, Numbress and Weakness. Psychiatric Not Present- Anxiety.

Vitals (John Thelgolt, MD; 01/30/2018 03:16 PM) 01/30/2018 03:16 PM Weight: 210 lb (Patient reported) Height: 69 in (Patient reported) Body Surface Area: 2,11 m² Body Mass Index: 31.01 kg/m²

(FAX)702 878 9642

14A.App.3017 P.020/041

Physical Exam (John Thalgott, MD; 01/30/2018 03:28 PM) The physical exam findings are as follows:

stable and unchanged perup upchanged, now with cervical of radicularity, and weakness in to write ortensors and h rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and gait is improved . 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and pinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of Infection

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Gait - Broad-based.

<u>Musculoskeletal</u> Spine/Ribs/Palvis - Galt and Station - Abnormal Gait Patterns - antalgic gait and ataxic gait. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tenderness - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - , Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative,

Assessment & Plan (John Thalgott, MD; 01/30/201803:31 PM)

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) Current Plans:

Bilateral lumbar radiculopathy (Principal Diagnosis) (724.4 | M54.16) Current Plans:

Cervical radiculopathy at C6 (Working Diagnosis) (723.4 | M54.12) Current Plans:

Ataxic galt (Principal Diagnosis) (781.2 | R26.0) Current Plans:

S/P cervical spinal fusion (Principal Diagnosis) (V45.4 | Z98.1) Current Plans:

- X-ray of cervical spine, 2 or 3 vlews (72040) Routine (stable and unchanged hardware Intact)
- Follow up in 1 week or as needed

John Thalgott MD

Center for Disease and Surgery of the Spine 600 South Rancho Drive Sulte 107 Las Vegas, NV 89106 Phone: (702) 878-8370 Fax: (702) 878-9642

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (75 years)

Date of Encounter: 02/06/2018 04:04 PM

History of Present Illness (Timian Godfrey 02/06/2018 04:24 PM)

The patient is a 75 year old male who presents for a follow up visit. The patient has been compliant with instructions. Note for "Follow up": Almost 4 weeks s/p PCF C4-C7. The patient has one more day of Levaguin. He states incisional pain is almost gone. He has persistent C4-C5 radiculopathy on the left side. He has noticed that his left leg function has improved by about 50%. The patient is getting physical therapy at home now and is doing well.

Allergies (Timian Godfrey; 02/06/2018 04:07 PM) No Known Drug Allergies 02/02/2016

Past Medical History (Timlan Godfrey; 02/05/2018 04:07 PM) Hypertension (401.9 | 110) Bilateral lumbar radiculopathy (724.4 | M54.16) Cervical radiculopathy at C6 (723.4 | M54.12) Low back pain (724.2 | M54.5) Degenerative cervical spinal stenosis (723.0 | M48.02) Quadriplegia (344.00 | G82.50) Ataxic gait (781.2 | R26.0) S/P cervical spinal fusion (V45.4 | Z98.1)

Social History (Timlan Godfrey; 02/06/2018 04:07 PM) Tobacco use: Former smoker Non Drinker/No Alcohol Use

Medication History (Timian Godfrey; 02/06/2018 04:07 PM) Medrol (2MG Tablet 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active - Hx Entry, Norvasc (10MG Tablet Oral) Active - Hx Entry. Losartan Potassium (100MG Tablet Oral) Active - Hx Entry. Flomax (0.4MG Capsule Oral) Active - Hx Entry. Hydrochlorothiazide (25MG Tablet Oral) Active - Hx Entry. Elavil (100MG Tablet Oral) Active - Hx Entry. Medications Reconciled Specific strength unknown - Active - Hx Entry.

Past Surgical (Timian Godiney; 02/06/2018 04:07 PM) Lumbar Spine surgery Shoulder Surgery

Review of Systems (Timian Godiney; 02/06/2018 04:07 PM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Dizziness, Numbness and Weakness. Psychiatric Not Present- Anxlety.

Simone Russo

Thursday, May 24, 2018

Patient #; 11130

DOB: 09/05/1942 (75 years) RUSSO-00296ge 1 / 2

14A.App.3019 P.022/041

Vitals (Timian Godfrey; 02/06/2018 04:07 PM)

Weight: 210 lb (Patient reported) Height: 69 in (Patient reported) Body Surface Area: 2.11 m² Body Mass Index: 31.01 kg/m²

Physical Exam (Timian Godfrey; 02/06/2018 04:26 Pi4)

The physical exam findings are as follows:

stable and unchanged nervo unchanged, now with cervical c6 radiculapthy and weakness in to wrist extensors and limited stable and unchanged neruo unchanged, now with cervical c6 radiculapthy and weakness in to wrist extensors and limited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and gait is improved , 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and pinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release, 1/2/2017- Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018- Neuro Intact, stable, Improved ataxic and antalgic gait. Well-healed surgical incision in posterior cervical incision. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side, 4/5 BLE leg strength.

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Gait - Broad-based.

Musculoskaletal Spine/Ribs/Pelvis - Galt and Station - Abnormal Galt Patterns - antalgic galt and ataxic galt. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild. Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tenderness - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - , Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (Timian Godfrey; 02/05/201804:35 PM)

S/P cervical spinal fusion (Principal Diagnosis) (V45.4 | Z98.1)

- Current Plans:
 - X-ray of cervical spine, 2 or 3 views (72040) Routine (Hardware in good position)
 - Follow up in 1 month or as needed

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) Current Plans:

Ataxic galt (Principal Diagnosis) (781.2 | R26.0) Current Plans:

1. Acception

Timlan Godfrey

Center for Disease and Surgery of the Spine 600 South Rancho Drive Suite 107

Simone Russo

Patient #: 11130

DOB: 09/05/1942 (75 years)

Date of Encounter: 03/13/2018 04:29 PM

History of Present Illness (John Thalgott, MD 03/13/2018 05:01 PM)

The patient is a 75 year old male who presents for a follow up visit. The patient does not feel well. The patient has been compliant with instructions. Note for "Follow up": Pt is having the same problems he was the last time he was here with no changes, now stable and not making progress pt want to get injection and get pain under controopll and may need water therapy

Past Medical History (John Thelgott, MD; 03/13/2018 04:38 PM) Hypertension (401.9 | 110) Bilateral lumbar radiculopathy (724.4 | M54.16) Cervical radiculopathy at C6 (723.4 | M54.12) Degenerative cervical spinal stenosis (723.0 | M48.02) Low back pain (724.2 | M54.5) Quadriplegia (344.00 | G82.50) Ataxic gait (781.2 | R26.0) S/P cervical spinal fusion (V45.4 | Z98.1)

Medication History (John Thalgolt, MD; 03/13/2018 04:38 PM) Medrol (2MG Tablet, 1 (one) Package Oral use as directed, Taken starting 11/28/2017) Active. Norvasc (10MG Tablet, Oral) Active. Losartan Potassium (100MG Tablet, Oral) Active. Fiomax (0.4MG Capsule, Oral) Active. Hydrochlorothiazide (25MG Tablet, Oral) Active. Elavil (100MG Tablet, Oral) Active. Medications Reconciled.

Review of Systems (John Thalgott, MD; 03/13/2018 04:38 PM) General Not Present- Fatigue and Fever. Skin Not Present- Rash. HEENT Not Present- Headache, Hearing Loss and Visual Disturbances. Respiratory Not Present- Cough and Difficulty Breathing. Cardiovascular Not Present- Chest Pain, Shortness of Breath and Swelling of Extremities. Gastrointestinal Not Present- Abdominal Pain and Difficulty Swallowing. Musculoskeletal Present- Back Pain and Leg Pain. Neurological Not Present- Dizziness, Numbness and Weakness. Psychiatric Not Present- Anxiety.

Vitals (John Thelgolt, MD; 03/13/2018 04:38 PM) 03/13/2018 04:38 PM Weight: 210 lb (Patient reported) Height: 69 in (Patient reported) Body Surface Area: 2.11 m² Body Mass Index: 31.01 kg/m²

Patient #: 11130

DOB: 09/05/1942 (75 years) Page 1 / 2 RUSSO-00298

14A.App.3021

P.024/041

Physical Exam (John Thalgott, MD; 03/13/2018 05:04 FM) The physical exam findings are as follows:

stable and Unchanged herdo unchanged, now with cervical to radiculationy and weakness in to whist extensions and minited rom of cervical c6.9/22/2016 now has severe radicular pain and is ataxic and this is a changed and now hypereflexic in knees jerk but is nonreflexic at ankle. 10/20/2016 unchanged ataxia with stable motor 10/27/2016 ataxia is worse and radiculapthys is better today 12/8/2016 neuro unchanged and having left c6 pain and gait is improved . 2/21/2017 stable and with antalgic and ataxic with decreased sensation at c6 on the left with decreased grip and plinch on the left 8/22/2017 stable with weak left upper in c6 and c7 12/28/2017 nwo much more ataxic and worsening of lower ext weakness and has had recent left cts release. 1/2/2017 Ataxic and unsteady gait. 1/30/2018 stable but still ataxic wound is healing and no signs of infection. 2/6/2018- Neuro Intact, stable. Improved ataxic and antalgic gait. Well-healed surgical indsion in posterior cervical inclsion. Left arm strength is 4/5 vs 5/5 on right. Decreased brachial DTR on the left side. 4/5 BLE leg strength. 3/13/2018 stable and unchanged with atrophy of left hand and discordiantion

Neurologic Sensory - Paresthesia - Right hand, Left hand, Right L5 and Left L5. Galt - Broad-based.

Musculoskeletal Spine/Ribs/Pelvis - Gait and Station - Abnormal Gait Patterns - antalgic gait and ataxic gait. Cervical Spine: Assessment of pain reveals the following findings: - The pain is characterized as - mild, Location - upper trapezius area, (R) and upper trapezius area, (L). Lumbosacral Spine: Inspection and Palpation - Tenderness - moderate, flank, (R) and flank, (L). Surrounding tissue tension/texture is - spasm. Strength and Tone - Functional Assessment - . Lumbosacral Spine - Functional Testing - Straight Leg Raising Test negative, Trendelenburg's Sign negative.

Assessment & Plan (John Thalgott, MD; 03/13/201805:24 PM)

Degenerative cervical spinal stenosis (Established Diagnosis) (723.0 | M48.02) Current Plans:

Low back pain (Principal Diagnosis) (724.2 | M54.5) Current Plans:

Cervical radiculopathy at C6 (Working Diagnosis) (723.4 | M54.12) Current Plans:

Ataxic gait (Principal Diagnosis) (781.2 | R26.0) Current Plans:

S/P cervical spinal fusion (Principal Diagnosis) (V45.4 | Z98.1)

Current Plans:

- X-ray of cervical spine, 2 or 3 views (72040) Routine (hardware intact)
- X-ray of lumbar spine, 2 or 3 bending views (72120) Routine (hardare intact)
- Referred to Pain Management, for evaluation and follow up, (Pain Management)
- Follow up in 6 weeks or as needed

to

John Thalgott MD

DOB: 09/05/1942 (75 years) RUSSO-002999 2/2

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	ouysoim (MD)	**************************************
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From Oasis Home Health Inc 1.702.382.9394 Wed Mar 14 19:17:14 2018 EDT Page 3 of 5

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Petient: Russo, Simone F. - 000107195

PHYSICAL THERAPY EVALUATION Home Heelth Provider: Patel, Ashish (PT) Date of Assessment: 02/28/2016

Gait Assessment: Weight bearing status: MR ML LE Assistive Device(s): 4WW Distance weiked: 110 ft Surface type: Level

Additional gait assessment findings;

Galt Deviations: MAtaxic gelt pattern [] Anteloic gelt pattern [] Fastinating [] Shuffling MDecreased gait speed MWidened base of support

Other,

OTHER TESTING PERFORMED (SPECIFY):

This form has been electronicely signed by: Palsi, Ashish (PT) PT 02/28/2018 10:13:35 PM CST

Page < 1 🛱 >

VARIABLE FACTORE/ COND	DITIONS AFFECTING P	ATIENT'S RESPONSE			
	An	licipated Outcomes / Treats	nent Goale	1	1.1.1.1
Frequency/Duration of Treat	ment: PT/PTA: 2 x w	leek for 3 weeks starting	02/25/2018 (week 6)		
		Interventions/Education Pi	ovided		den den
Interventions					
PT TREATMENT PLAN: Instruct Pt/Cg: Posture Treinin Instruct Pt/Pcg: Belance exerci- Instruct Pt/Pcg: Geit Treining Instruct Pt/Pcg: Home Exercis Instruct Pt/Pcg: Lower Body M Instruct Pt/Pcg: Transfer Trein Intervention specifics:	Start Effective Data: 0 Start Effective Data: 0 e Program Start Effect luscle Strangthaning Exc	g. Start Effective Date: 02/ 12/03/2018 ctive Date: 02/03/2018 ercless Start Effective Date			
Continued seated exercise Lumbar stretches x 20 sec Seated apper limb exercise Galt training with 4WW wi Response to interventiona/edu	ond hold x 10 reps fo es x 20 reps for left h th emphasis on incre	r both lower limbs and/arm numbness			
Continues to tolerate all th ambulation and decreased Patient educated to work t this activity.	erapy interventions v risk for falls.				
Supplies Used/lasued:					
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Goals					
	3 TERM GOALS:	n 4 wka Start Effective Dat	e; 02/03/2018 Progress 1	oward Goal: 30%	i i i i i i i i i i i i i i i i i i i

Page 3 of 5

05/24/2018 12:55 CENTER FOR DISEASES & SURGERY

(FAX)702 878 9642

14A.App.3024 P.027/041

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		PHYSICAL THERAPY	EVALUATION	
atient: Russo, Simo	ne F 000107185	,	tome Health Provider; Pa	itel, Ashish (PT) Date of Assessment: 02/20/2018
Improve transfers t independent with to Patient will meet m Return to optimal e	of both iswer limbs to 4-/5 with to Mod I cestst using 4WW with rensfer skills within 4 wks Si nex. reheb potential within 4 wi and sele functionstay within 4.v	hin 4 wks Start Effective tart Effective Dete: 02/03/20 s Stert Effective Dete: 0 vks Stert Effective Dete:	Dele: 02/03/2018 Progress 018 Progress Toward G 2/03/2018 Progress To 02/03/2018 Progress To	ress Toward Goel; 50% tosl: 60% ward Goel; 60% oward Goel; 50%
Ingoing skilled ne	ea (select all that apply an	d describe): M impaired	ROM SIMPARE ADD	TADE LI Impaired sensory function Impaired
		E) Pain	8 Fell risk	cognitive Other
	4			
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Plans for next visit: continue with ne		erapy services for additi	ional 3 waeks thus to) improve functional independence
Date of next physic	lan yisit:			
	eds/ Treatments since last visi	7 OYes ONO	a print in the second	
	mpleted for above changes?	OYes ONo		
hysiclen order con	text to accomplish during the	is course of treatment?	jet stronger and wal	k longer distances, return to PLOF
	tain to be comparent during th	The second s		
What does pl/cg w lehab Potential				
Vhat does pl/cg w lehab Potential 27 REHAB POTEN	ITIAL:	: 02/03/2018	M./BM	
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From Oasis Home Health Inc 1.702.382.9394 Wed Mar 14 19:17:14 2018 EDT Page 5 of 5

	Gals Kaine Heeth, Inc PHYSICAL THERAPY EVALUATION
Patient: Russo, Simone F. + 000107195	Homa Health Provider: Patel, Ashish (PT) Date of Assessment: 02/25/2018
SEE Paper Bigned on 03/07/2018 10:57:05 PM CST	
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This form has been electronical conector; Patel, Ashlah (PT) PT 02/28/1018 10:13:35 PC	Nu

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RUSSO-00303

From Oasis Nome Health Inc 1.702.382.9394 Wed Mar 14 19:17:14 2018 EDT Page 1 of 5

Fax

To: Thalgott, John (MD) From: Oasis Home Health, Inc Fax: 17028789642 Pages; 3 Date: 03/14/2018

Please return fax to 702-382-9394.

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RUSSO-00304

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From Oasis Home Health Inc 1.702.382.9394 Thu Apr 19 12:17:47 2018 PDT Page 1 of 12

Oasis Home Health, Inc. 5010 S Decatur Bivd Las Vegas, NV 89118 702-382-3030 - phone _702-382-9394 - fax_____

Fax

To: Thalgott, John (MD) From: Oasis Home Health, Inc Fax: 17028789842 Pages: 6 Date: 04/19/2018

Please return fax to 702-382-9394.

COMMENTS: We have all order back signed except for these. Please sign and fax back ASAP. Thanks.

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Page 1 of 5

RUSSO-00305

and a

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14A.App.3028 P.031/041

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Potient: Russo, Simone F D			Home Health Provider:	Patel, Ashish (PT)	Dele of Assessme	nt: 02/03/201
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Physician Fax:	Thulgok-John (MD)			DOB; 975/	1942	
Date Physician Contacted;	02/03/2018	vsician Contacted;	2:00 Treating Dx: PM	generalized w	maknass, diffic	ulty
Hx of falls:	No		If Accident:	type Where:		
At risk for falls due to:	NA		Pending litigation	•		
History of current conditi	ion/Reason for referral; C	4-C7 fusion				
Eligibility			·····			
HOMEBOUND STATUS: Requires use of a device a	ind /or the assistance of en o	other person to leav	e home. Patient has fu	nctional deficits m	aking the ability	to leave
home difficult. Start Effe	ctive Date: 01/28/2018					
Prior Level of Function be	ofore this enlands of	Dala	Internative Courts - Trainer			
liness/injury:	NAG AND ADIZODE DI	Pain Assessment:	Intensity Scele = 7/10	pre) a/ 10(post)		
Salf care: g independer	anateleza 🗋 tn	Location:	neck and laft arm			
	nt 🗇 Assistance	Pain Chéracteristics:	Moharp [] duti/achir	g gibuming g	rediating O oth	HET.
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From Oasis Home Health Inc 1.702.382.9394 Thu Apr 19 12:17:47 2018 PDT Page 3 of 12

	Ousis Home Health, Inc
Patient: Russo, Simone F. + 000107195	PHYSICAL THERAPY EVALUATION
	Home Health Provider: Petel, Ashish (PT) Data of Assessment: 02/03/2018
Gait Assessment: Weight bearing status: Full Distance walked: 35 ft Surface type: Level	MRML LE Assistive Device(s): 4WW
Assistance required: Indoors: SBA Exhing hom	e/outdoord: NT
# steps invout of home: 1 step ontry [] w/reil	or m w/o reit
Additional gait assessment findings:	
Galt Deviations: 넓Atexic geit pettern 디 Ante support 미 Other:	algic gait pattern 🗇 Festinating 편 Shuffling 편 Decreased gait speed 服 Widered base of
OTHER TESTING PERFORMED (SPECIFY):	
onici izonno reni onineo (oreciri),	
This form has been electronically algored by: Petel, Ashish (PT) PT 02/03/2018 10:04:10 PM CST	
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nege < 1 zi in	
VARIABLE FACTORS/ CONDITIONS AFFEC	
	Anticipated Outcomes / Treatment Goals
Frequency/Duration of Treatment: PT/PTA: starting 02/04/2018 (week 3)	: 1 x week for 1 week starting 02/03/2018 (week 2), PT/PTA: 2 x week for 3 weeks
	Interventions/Education Provided
A CONTRACTOR OF	

Interventions
PT TREATMENT PLAN:
Access: Evaluation of patient's functional status and home environment. Start Effective Date: 02/03/2018
Instruct Pt/Cg: Posture Training/Exercises Start Effective Date: 02/03/2018
Instruct Pt/Pcg: Balance exercises; sitting and standing. Start Effective Date: 02/03/2015
Instruct PVPcg: Gait Treining Start Effective Date: 02/03/2018
Instruct PUPcg: Home Exercise Program Start Effective Date: 02/03/2018
Instruct Pt/Pcg: Lower Body Muscle Strangthening Exercises Start Effective Date: 02/03/2018 Instruct PT/Pcg: Safety precautions Start Effective Date: 02/03/2018
Instruct PVPog: Transfer Training Start Effective Date: 02/03/2018
Intervention specifics:
bilateral lower leg strangthening, dynamic standing batance, balance exercises, transfer training, functional mobility, fall recovery, energy conservation
Response to Interventions/education:
tolerated well for first visit/evaluation, PT spoke with patient regarding course of action to help improve functional Independence and increased strength for all limbs
Supplies Used/Issued:
Goàl Bratun
Goals

Page 3 of 5

05/24/2018 12:56 CENTER FOR DISEASES & SURGERY

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	Ossis Home Heath, Inc
ellent: Russo, Simons F 000107195	PHYSICAL THERAPY EVALUATION Home Heelth Provider: Petel, Ashleh (PT) Dete of Ascessment: 02/03/2018
PT SHORT TERM AND LONG TERM GOALS: Ambulation andurance will be 3 mins or 300 feet to Demonstrate proper use of 4WW within 4 wits Demonstrates ability to follow home exercise prog Improve strength of both lower fimbs to 4-/5 within Improve transfers to Mod (assist using 4WW with independent with membulation using 4WW within Addependent with transfer skills within 4 wks Patient will meet max, raheb potential within 4 wks Return to optimal and safe functionality within 4 w	Start Effective Date: 02/03/2018 grem by requiring no verbal cues. Start Effective Date: 02/03/2016 h 4 wks. Start Effective Date: 02/03/2016 h 4 wks. Start Effective Date: 02/03/2018 wks. Start Effective Date: 02/03/2018 att Effective Date: 02/03/2018 s. Start Effective Date: 02/03/2018
Ongoing skilled need (select all that apply and	d describe): M Impeired ROM M Impaired ADL/IADL D Impaired sensory function Impaired
	M Pain M Fall risk O Other
Goals discussed as this is first visit since co	ming home with home health PT.
	Care Planning/Coordination
Changes made to Plan of Care (Specify):	er (if any and as appropriate) agreed to and participated in Pien of Care changes
Other: Coordination details: continued PT needs Discharge Plan activities: continue till all goals a Changes made to Discharge Plan (indicate)	Patient, Patient's Representative (if any) and Caregiver were involved in and agreed with nanges Start Effective Date; 02/03/2018
Plans for next visit:	
continue with POC as established by PT	
Date of next physicien visit:	
lew or changed Medel Treatments since last visit	7 C Yas @ No
hysiolan order completed for ebove changes?	© Yes O Na
What does plice want to accomplish during thi	is course of treatment?
Rehab Potential	
PT REHAB POTENTIAL: PT Rehab Potential: Good Start Effective Date:	02/03/2018
afety Measures	
SAFETY MEASURES: Fell Preceutions Start Effective Date: 02/03/201 Keep Pathways Clear Start Effective Date; 02/0	0/2018
Jse of Assistive Devices Start Effective Date: 0	2/05/2018

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From Onst	Home	Health	Inc 1.702	382	9394 1	Thu Apr	19 1	2:17:4	47 2018	PDT Page	5 of	12

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Órs	is Home Health. I	nc				

Patient: Russo, Simone F. - 000107195

PHYSICAL THERAPY EVALUATION Home Health Provider: Patel, Ashish (PT) Data of Assassment: 02/03/2018

		br
	110	
Date:	Month	
	Date:	Date: 4/20/18

Page 5 of 5

RUSSO-00309

Physician Nante;Thalgott; John (MD)	(PT) Dats of Assessment: 02/28/2018
Physician Name:Thalgott; John (MD)	
Mileage: Time) Physician Nante:	
Physician Nante:	
Physician Fax: 702-878-9642	
Physician Fax: 702-878-9642	Duration: 45 Minutes
	9/9/1942
Date Physician Contacted: 02/28/2018 Time Duration Contacted: 1:30 Treating Dx: generaliz	ed weakness, difficulty
Time Physician Contacted: PM ambulat	
Hx of fails: No If Accident; type Wi	ister:
At risk for fells due to: NA . Pending litigetion: O yes 6	no .
History of current condition/Reason for referral: C4-C7 fusion	
Emplatity	
HOMEBOUND STATUS:	N
Requires use of a device and /or the sesistance of an other person to leave home. Patient has functional definement of the definition of the device of the d	cits making the ability to leave
Prior Level of Function before this episode of Pain Intensity Scale = 4/10(pre) 5/10(p	cest)
illness/injury; Assessment:	
Self cere: g Independent Assistance Location: neck and laft arm Frequency;	
Mobility: Mindependent Assistance Pain Disharp Miduli/aching Dibumi	ng 🖸 radiating 💭 othar
Ambulation: grindependent [] Assistance Medications: Sea med profile Device(a) used: 4WW Does pain interfere with activity/movement? @YE:	S O NO describe:
Comments:	
Cognition: gWFL [] impaired Oriented to: greeson gPlace gTime gEvents	
Sonsation: Mintect Cimpaired Tone; Mintect Cimpair@osture: Forward flexed	
Vitals: (Assess if indicated by petient dx/status) BP: Before exercise 124/82 After exercise C R gl.	HR: 81 RESP Rate: 18
Shortness of breath: Mever C At rest O Walking more than 20 feet O With mod exertion O With n	
Functional Assessment. Describe level of physical assistance needed, device (s) need	A REPORT OF
Independent Mr = Modified Independence 8 = Supervision MinA = Minimel Assistance ModA = Moderat	
Ausistance Total Assistance	
Wheelchair Mobility Bed Mobility Transfers W/C NA Rolis/scoots in bed SBA Sil-to-stand	5BA
N/C NA Rolls/scoots in bed SBA Sit-to-stand management Supine-to-sit SBA Sit/Stend/Pivot	\$BA
W/C NA Sit-to-aupine SBA Tollet Transfers	
Sit to EOB SBA Shower/Tub Tra	
Sitte COB SBA Showen Tub Th	
Equipment needs:	
Equipment needs: Strength: 5 = Narmal 4 = Good 3 = Feir 2 = Poor 1 = Trace 0 = Absent	
Equipment needs: Equipment needs: Strength: 5 = Normal 4 = Good 3 = Feir 2 = Poor 1 = Trace 0 = Absent RUE: 4 LUE: + 3 Comments:	
Equipment needs: Equipment needs: Strength: 5 = Normal 4 = Good 3 = Feir 2 = Poor 1 = Trace 0 = Absent RUE: 4 LUE: + 3 Comments:	
Sit to EOG BBA Shower 1 to The Equipment needs: Strength: 5 = Normal 4 = Good 3 = Feir 2 = Poor 1 = Trace 0 = Absent RUE: 4 LUE: + 3 Comments:	
Equipment needs: Strength: 5 = Normal 4 = Good 3 = Feir 2 = Poor 1 = Trace 0 = Absent RUE: 4 LUE: + 3 Comments: RLE: 4 LLE: + 3	
Equipment needs: Strength: 5 = Normal 4 = Good 3 = Feir 2 = Poor 1 = Trace 0 = Absent RUE: 4 LUE: + 3 Comments: RLE: 4 LLE: + 3 ROM: (Specify movement/degree of range/PROM/AROM)	
Equipment needs: Strength: 6 = Narmal 4 = Good 3 = Feir 2 = Poor 1 = Trace 0 = Absent RUE: 4 LUE: + 3 Comments: RLE: 4 LLE: + 3 ROM: (Specify movement/degree of range/PROM/AROM) UE: AROM WFL for both upper limbs, limited to 90 degrees at this time due to carvical surgary	
Equipment needs: Strength: 5 = Narmal 4 = Good 3 = Felr 2 = Poor 1 = Trace 0 = Absent RUE: 4 LUE: + 3 Comments: RLE: 4 LLE: + 3 ROM: (Specify movement/degree of range/PROM/AROM) UE: AROM WFL for both upper limbs, limited to 90 degrees at this time due to carvical surgary LE: AROM WFL for both lower limbs	
Equipment needs: Strength: 5 = Normal 4 = Good 3 = Felr 2 = Poor 1 = Trace 0 = Absent RUE: 4 LUE: + 3 Comments: RLE: 4 LLE: + 3 ROM: (Specify movement/degree of range/PROM/AROM) UE: AROM WFL for both upper limbs, limited to 90 degrees st this time due to carvical surgary LE: AROM WFL for both lower limbs Balance Ascessment:	
Equipment needs: Strength: 5 = Normal 4 = Good 3 = Feir 2 = Poor 1 = Trace 0 = Absent RUE: 4 LUE: + 3 Comments: RLE: 4 LLE: + 3 ROM: (Specify movement/degree of range/PROM/AROM) UE: AROM WFL for both upper limbs, limited to 90 degrees at this time due to cervical surgery LE: AROM WFL for both lower limbs Balance Ascessment: Standing: Static @ Normal © Good © Fair © Poor Dynamic @ Normal © Good © Fair © Poor	
Equipment needs: Strength: 5 = Normal 4 = Good 3 = Feir 2 = Poor 1 = Trece 0 = Absent RUE: 4 LUE: + 3 Comments: RLE: 4 LLE: + 3 ROM: (Specify movement/degree of range/PROM/AROM) UE: AROM WFL for both upper limbs, limited to 90 degrees st this time due to cervical surgery LE: AROM WFL for both lower limbs Balance Assessment: Standing: Static @ Normal () Good () Fair () Poor Dynamic @ Normal () Good () Fair () Poor Sitting: Static @ Normal () Good () Fair () Poor Dynamic @ Normal () Good () Fair () Poor	
Equipment needs: Strength: 5 = Normal 4 = Good 3 = Feir 2 = Poor 1 = Trece 0 = Absent RUE: 4 LUE: + 3 Comments: RLE: 4 LLE: + 3 ROM: (Specify movement/degree of range/PROM/AROM) UE: AROM WFL for both upper limbs, limited to 90 degrees at this time due to cervical surgery LE: AROM WFL for both lower limbs Balance Assessment: Stending: Static @ Normal © Good © Feir © Poor Dynamic @ Normal © Good © Feir © Poor	

Ecom Oasis Home Health	Tor 1 707 382 9394 Thu Ann 19 12:17:47 2018 PDT Pace 7 of 12
	Ostis Home Health, Inc. PHYSICAL THERAPY EVALUATION
Pettent; Russo, Simona F 000107195	Home Health Provider: Petel, Ashish (PT) Data of Assessment: 02/28/2018
Galt Assessment: Weight bearing status: 📷 Distance weiked: 110 ft: Surface type: Lave	
Assistance required: Indoors: SEA Exiling born	18/01doorg: NT
f steps in/out of home: I step entry 🗇 w/rail Additional gait assessment findings:	lor wworall
	algic gait pattern Festinating Shuffling _g Decreased gait speed _gWidened base of
support	
El Other.	
OTHER TESTING PERFORMED (SPECIFY):	
This form has been electronically algoed by:	
Patel, Ashish (PT) PT 02/26/2018 10:19:35 PM CST	
nga < 1 🛱 🦮	
ARIABLE FACTORS/ CONDITIONS AFFEC	TING PATIENT'S RESPONSE
	Anticipated Divicomes / Treatment Boals
Fragmency/Duration of Treatment- PT/PTA	2 x week for 3 weeks starting 02/25/2018 (week 6)
indiana, and a statistic first from the state of the stat	Interventiona/Education Provided
interventions	Inditestates and a second s
PT TREATMENT PLAN:	tion of the second s
nstruct Pt/Cg: Posture Training/Exercises S	ited Effective Date: 02032048
instruct PVPcg: Balance exercises; sitting and	
nstruct Pt/Pcg: Geit Treining Start Effective	Date: 02/03/2018
Instruct Pt/Pcg: Home Exercise Program Sta	art Effective Date: 02/03/2018
nstruct PI/Pcg: Lower Body Muscle Strengthe	ning Exercises Stort Effective Dete: 02/03/2018
Instruct PVPcg: Transfer Training Start Effect	2lve Date: 02/03/2018
ntervention specifics:	
Continued seated exercises for both lowe	ar limbs at 30 reps, all planes of motion.
Lumbar stretches x 20 second hold x 10	
Santad unnar limb avarians y 20 mars for	

Gait training with 4WW with emphasis on increased step length and stance time.

Response to Interventions/education:

Continues to tolerate all therapy interventions well, need to work more balance related exercises to help improve functional ambulation and decreased risk for falls. Patient educated to work more on balance exercises and transitional movements for sit to stand as he has most difficulty with

Supplies Used/Issued:

this activity.

Goal Status

Goals

PT SHORT TERM AND LONG TERM GOALS:

Ambulation endurance will be 3 mins or 300 feet within 4 wka Start Effective Date: 02/03/2018 Progress Toward Goal: 30% Demonstrate proper use of 4WW within 4 wks Start Effective Date: 02/03/2018 Progress Toward Goal: 40% Demonstrates ability to follow home exercise program by requiring no verbal cues. Start Effective Date: 02/03/2018 Progress Toward Goal: 40%

Page 2 of 4

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stient: Russo, Simons F 000107195	PHYSICAL THERAPY EVALUATION Home Health Provider: Petel, Ashigh (PT) Dete of Assessment: 02/28/2016
50%	
mprove strength of both lower limbs to 4-/5 withle improve transfers to Mod I assist using 4WW with ndependent with transfer skills within 4 wks St getlent will meet max, rehab potential within 4 wk teturn to optimal and safe functionality within 4 w	In 4 wks Start Effective Date: 02/03/2018 Progress Toward Goal: 50% hn 4 wks Start Effective Date: 02/03/2018 Progress Toward Goal: 50% tert Effective Date: 02/03/2018 Progress Toward Goal: 60% ks Start Effective Date: 02/03/2018 Progress Toward Goal: 60% wks Start Effective Date: 02/03/2018 Progress Toward Goal: 50% Distribution Content of the Start St
Hand anned these forcer on and oppit of	cognitive
	☐ Pain B Fall dsk □ Other
in the second	Care Planning/Goordination
Changes made to Plan of Care (Specify):	
	er (if any and as appropriate) agreed to and participated in Plan of Care changes lansger _ Clinical Menager _ SN _ PT _ PTA _ OT _ COTA _ ST _ Aide _ MSW
Discharge Plan activities: continue till all goals s	are met retiarding hame DT
Changes made to Discharge Plan (Indicate [Patient, Patient's Representative (if any) and Caregiver were involved in and agreed with hanges
T DISCHARGE PLAN;	
77 DISCHARGE PLAN: Discharge to care of: Self/Caregiver/Physician Discharge when patient/team gools met Start E	
Discharge to care of: Self/Caregiver/Physician	
Discharge to care of: Self/Caregiver/Physician Discharge when patient/team goels met Start E Plans for next visit:	
Discharge to care of: Self/Caregiver/Physician Discharge when patient/team goels met Start E Plans for next visit:	Effective Date: 02/03/2018
Discharge to care of: Self/Caregiver/Physician Discharge when petient/team goals met Start E Plans for next visit: continue with newly established POC for the	Effective Dete: 02/03/2018 erapy services for additional 3 weeks thus to improve functional independence
Discharge to care of: Self/Caregiver/Physician Discharge when petient/team gools met Start E Plans for next visit: continue with newly established POC for the Date of next physician visit: lew or changed Meds/ Treatments since last visit	erapy services for additional 3 weeks thus to improve functional independence 12 Q Yes @No
ischarge to care of: Self/Ceregiver/Physician ischarge when patient/team goals met Start E lans for next visit: ontlinue with newly established POC for the late of next physician visit: ew or changed Meds/ Treatments alone last visit hysician order completed for above changes?	Effective Dete: 02/03/2018 erapy services for additional 3 weeks thus to improve functional independence 17 O Yes @ No @ Yes @ No
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Discharge to care of: Self/Caregiver/Physician Discharge when patient/team goels met Start E Plans for next visit: continue with newly established POC for the Date of next physician visit: lew or changed Meds/ Treatments alone last visit Thysician order completed for above changes?	Effective Dete: 02/03/2018 erapy services for additional 3 weaks thus to improve functional independence 12 O Yes © No © Yes © No is course of treatment? get stronger and walk longer distances, return to PLOF
Discharge to care of: Self/Caregiver/Physician Discharge when patient/team goals met Start E Plans for next visit: continue with newly established POC for the Date of next physician visit: lew or changed Meds/ Treatments aince last visit hysician order completed for above changes? What does pt/cg want to accomplish during the lehab Potential T REHAB POTENTIAL: T Rehab Potential: Good Start Effective Date:	Effective Dete: 02/03/2018 erapy services for additional 3 weaks thus to improve functional independence 12 O Yes © No © Yes © No is course of treatment? get stronger and walk longer distances, return to PLOF
Discharge to care of: Self/Caregiver/Physician Discharge when patient/team goals met Start E Plens for next visit: continue with newly established POC for the Date of next physician visit: lew or changed Meds/ Treatments since last visit invaician order completed for above changes? What does pt/cg want to accomplish during thi tehab Potential PT Rehab Potential PT Rehab Potential: Good Start Effective Date: afety Measures AFETY MEASURES: Clear Pathways Start Effective Date: 01/26/201	erapy services for additional 3 weeks thus to improve functional independence 12 O Yes O No S Yes O No is course of freatment? get stronger and walk longer distances, return to PLOF : 02/03/2018
Discharge to care of: Self/Caregiver/Physician Discharge when petient/team goals met Start E Discharge when petient/team goals met Start E Plans for next visit: continue with newly established POC for the Date of next physician visit: lew or changed Meds/ Treatments aince last visit invaicien order completed for above changes? What does pt/cg want to accomplish during the lehab Potential T REHAB POTENTIAL: T Rehab Potential: Good Start Effective Date: AFETY MEASURES: Dear Pathways Start Effective Date: 01/26/201 all Precedions Start Effective Date: 02/03/201 deep Pathways Clear Start Effective Date: 02/03/201 deep Pathways Clear Start Effective Date: 02/03/201	Effective Dete: 02/03/2018 erapy services for additional 3 weeks thus to improve functional independence 17 OYes ONO OYes ONO is course of treatment? get stronger and walk longer distances, return to PLOF : 02/03/2018
Discharge to care of: Self/Caregiver/Physician Discharge when patient/team goals met Start E Discharge when patient/team goals met Start E Plans for next visit: The senting with newly established POC for the Date of next physician visit: New or changed Meds/ Treatments since last visit Nysician order completed for above changes? What does pt/cg want to accomplish during the Rehab Potential TREHAB POTENTIAL: TREHAB POTENTIAL:	Effective Dete: 02/03/2018 erapy services for additional 3 weeks thus to improve functional independence 17 OYes ONO OYes ONO is course of treatment? get stronger and walk longer distances, return to PLOF : 02/03/2018
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Ingibility	TUS: Mce end	d for the				ater on propose articles in Th	a home. Patient has function						eventing constants
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ROOMING	0	0	Ð	0	M	4WW	TRANSFERS:			l	J		
ATH SHOWER	0	0	ß	0	8		Sit-to-stand	0	0	Ø	0	0	Min A
RESS UPPER	0	0	0	0	D		Sit/ Stand/ Pivot	0	0	0	0		CGA
RESS LOWER	0	0	0	0	×	Max A from spouse	Toilet Transfers	0	0	0	0	M	Min A with 4WW
OMEMAKING	0	0	0	Ø		Dependent on Spouse	Shower/ Tub Transform	0	0	8	0	м	Shower Chair.
CCUPATIONAL/LE omments: quipment in home	: 4WW			r, grab l	bars.						Lav 9444 Marine 1		
quipment needed: hortness of breath	: KNe Impel Mimp ation: E ation.	eired: O WFL WFL) dented iensatio gilmpal	ito: 🖬 In Impa red: FM	Person lead in	EPiaca gi LE's, and min	그 With mod exertion 디 Wit "Ima 퍼튼yonts nimally in L UE, Tone: n red in Moderately in L Uf	Intert	[] Imp		tient de	monst	rates Fair (-)
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(FAX)702 878 9642

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P.041/041

Patient: Russo, Simona F, - 000107195	Casis Home Health, Inc. OCCUPATIONAL THERAPY EVALUATION Home Health Provider: Ndoko, Becky (OT) Dete of Assessment: 02/01/2018
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New or changed Mode/ Treatments since test visi	sil? O'Yes O'No
Physician order completed for above changes?	OYes ONO
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P.038/041

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Patient: Russo, Simona F 000107195	PHYSICAL THERAPY EVALUATION Home Health Provider: Patel, Ashish (PT) Date of Assessment: 02/28/20
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RUSSO-00313

01/18/2019 10:37 CENTER FOR DISEASES & SURGERY



BimonHed-Las Vegas DIAGNOSTIC (MAGING REPORT

Patient: Russo, Simone Sex: M DOB: Sep 05, 1942 Age: 76 Diag. Imaging # 3598769

Status: Outpatient Stat

Referring Physician: JOHN THALGOTT M.D.

Exam # 25286129 - Dec 13, 2018 - MRI 3T - CERVICAL SPINE W/O CONTRAST

Exam Performed at SimonMed-Las Vegas

INDICATION: M54.12 - Radiculopathy, cervical region. M48.02 - Spinal stenosis, cervical region.

COMPARISON: Outside cervical spine MRI from September 21, 2016. Outside cervical spine CT study (report only, no images available for review) from 11/15/2017.

TECHNIQUE: Multiplanar, multisequential MR images of the cervical spine were obtained without contrast.

FINDINGS:

Postoperative changes of anterior cervical fusion from C4 through C6 with a ventral plate and anterior fixation screws, new in comparison to the prior MRI study. Findings consistent with the previously reported partial corpectomy of C5 with intervertebral prosthesis. Apparent postoperative changes of unilateral right posterior fusion with suspected right hemilaminectomy defects, which appears to be from the C3 through C7 levels. Associated magnetic susceptibility artifact limits regional evaluation.

Reversal of the normal cervical lordosis from C4 through C7, new in comparison to the prior MRI study from 2016. Vertebral body heights at the nonoperative levels are maintained. Apparent grade 1 anterolisthesis of C4 on C5, similar in appearance to the prior MRI study from 2016. Multilevel disc dessication. Intervertebral disc heights at the nonoperative levels are preserved. No discrete aggressive bone marrow lesions.

Cerebellar tonails are not low lying. Visualized pons and medulla are unremarkable. Cervicomedullary junction is unremarkable.

Evaluation of the spinal cord signal is slightly limited by motion artifact. Subtle T2/STIR signal hyperintensity within the cord at C3-C4 likely relates to myelomalacia/edema. Apparent signal hyperintensity within the right hemicord at the C5 level also likely relates to myelomalacia/edema, likely with some associated atrophy of the right hemicord.

Patient: Russo, Simono

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RUSSO-00317

P.033/051

C2-C3: Circumferential disc osteophyte complex, right greater than left uncovertebral joint hypertrophy and minimal bilateral facet arthrosis. Moderate to severe right and moderate left neuroforaminal narrowing. Effacement of the ventral CSF space with mild to moderate spinal canal stenosis, Findings appear slightly progressed over the interval.

C3-C4: Circumferential disc osteophyte complex, asymmetric to the right. Right greater than left uncovertebral joint hypertrophy and bilateral facet arthrosis. Bilateral ligamentum flavum redundancy. Severe bilateral neuroforaminal narrowing. Severe spinal canal stenosis with flattening of the ventral and likely dorsal lateral aspects of the cord. Findings appear progressed over the interval.

C4-C5: Evidence of interval postoperative changes in comparison to the prior MRI study. Apparent posterior osteophytic ridging. Bilateral uncovertebral joint hypertrophy and apparent bilateral facet arthrosis. Severe bilateral neuroforaminal narrowing. Near complete effacement of the ventral CSF space with moderate to severe spinal canal stenosis. Apparent flattening of the ventral cord.

C5-C6: Evidence of interval postoperative changes in comparison to the prior MRI study. Posterior osteophytic ridging and bilateral uncovertebral joint hypertrophy. Right greater than left facet arthrosis. Moderate to severe right and severe left neuroforaminal narrowing. Apparent right ligamentum flavum redundancy, resulting in affacement of the right dorsolateral aspect of the thecal sac. Effacement of the ventral thecal sac with borderline spinal canal stenosis.

C6-C7: Evidence of interval postoperative changes in comparison to the prior MRI study. Posterior osteophytic ridging, bilateral uncovertebral joint hypertrophy and bilateral facet arthrosis. Moderate right and severe left neuroforaminal narrowing. No significant spinal canal stenosis.

C7-T1: No significant disc abnormality, spinal canal stenosis, or neural foraminal narrowing. Bilateral uncovertebral joint hypertrophy and bilateral facet arthrosis. Motion artifact limits evaluation for the degree of neuroforaminal narrowing with suspected moderate to severe bilateral neuroforaminal narrowing. No significant spinal canal stenosis. No significant interval change.

Prevertebral, paraspinal and posterior soft tissues are unremarkable.

Visualized thyroid gland is unremarkable. Visualized lung apices are grossly unremarkable. Visualized carotid and vertebral arteries are patent with expected flow-void signal. Suspected polyp or mucosal retention cyst within the inferior right maxillary sinus.

IMPRESSION:

1. Postoperative changes of anterior cervical fusion from C4 through C6 and suspected unilateral right posterior fusion with suspected right hemilaminectomy defects from the C3 through C7 levels, new in comparison to the prior MRI study. Associated magnetic susceptibility artifact limits regional evaluation.

Patent: Russo, Sunone

Page 2

RUSSO-00318

P.034/051

2. Multilevel degenerative changes, worst at C3-C4, where there is resultant severe bilateral neuroforaminal narrowing and severe spinal canal stenosis with flattening of the spinal cord. Please see above for additional details/findings at the individual levels.

3. Signal hyperintensity within the cord at C3-C4 and within the right hemicord at the C5 level likely relates to myelomalacia/edema, likely with some associated atrophy of the right hemicord at the C5 level.

4. Reversal of the normal cervical lordosis from C4 through C7, new in comparison to the prior MRI study from 2016.

5. Apparent grade 1 anterolisthesis of C4 on C5, similar in appearance.

Suspected polyp or mucosal retention cyst within the inferior right maxillary sinus.

The critical findings above have been communicated directly by myself via telephone to Dr. Thalgott on 12/13/2018 at 12:28 PM MST.

ELECTRONICALLY SIGNED BY: Russell D.O., Hannah on Dec 13, 2018

dd: December 13, 2018

Reported by: Hannah Russell D.O. Electronically signed by: Hannah Russell D.O.

Thank you for your kind referral. If you would like to speak with a Radiologist regarding this exam please call 1-855-RAD-TALK.

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Patient: Russo, Simone

Page 3

RUSSO-00319

01/18/2019

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14A.App.3042 P.035/051



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MEDICAL IMAGING REPORT **REPORT STATUS: FINAL**

SIMONE RUSSO Name: Patient ID: 000265079 Exam Date: 5/31/2018 D1:69 PM Age: 75Y 9M Exam Name: MR CERVICAL WO CONTRAST | 72141 Secondary Acc #: 510402337 Pt Status: Referrer: JONATHAN MCKINNON Ref1 Address: 351 N. BUFFALO DR STE B LAS VEGAS, NV 89145

DOB: 9/5/1942 Gender: Male **CENTRA POINT** Site: 610402337 Acc #:

ADDENDUM

Addendum 1

Addendum created by Christina Gestrakes MD on 6/5/2018 9:43:49 AM PDT

8/5/2018 9:36:32 AM PDT - vRad OC Support: The physician's office confirmed they did receive the report and Dr. McKinnon scanned it into the patient's chart. Initial report created on 6/4/2018 11:42:38 AM PDT

EXAM:

MR Cervical Spine Without Intravenous Contrast

EXAM DATE/TIME:

5/31/2018 12:30 PM. The examination was performed on 5/31/2018 but only made available to the interpreting radiologist for review on 6/4/2018.

CLINICAL HISTORY:

75 years old, male; Spinal stenosis, cervical region; Other abnormalities of gelt and mobility; Spinal stenosis, lumbar region without neurogenic claudication Sched w pt spouse, ref pt hc, lbs 200, c and I fusions, prep given, demos/ins ver pain cervical and lumbar spine stenosis. Gait disorder peripheral nerve weakness/ hands. Bilat weakness/numbress to legs. Previous surg. L-sp 2012, c-sp. 2017, 1-2018. Rrj

TECHNIQUE:

Magnetic resonance images of the cervical spine without intravenous contrast in multiple planes.

COMPARISON: XA - XR SPINE CERVICAL 2 OR 3 VIEWS 2018-01-12 09:42, CT CERVICAL SP WO CONTRAST 11/15/2017 2:14:04 PM

Continued...

RUSSO-00320

14A.App.3043 P.036/051

Name: SIMONE RUSSO Patient ID: 000255079 Date of Birth: 9/5/1942 Gonder: Male Location: CP

FINDINGS:

Variabras: Status post ACDF of C4-C6 with C5 corpectomy. Status post interval posterior decompression of C5-C7. A multiloculated fluid collection is present in the operative bed of C5-C7 measuring 6.5 x 1.9 x 3.2 cm. This is confined to the decompression bed and dorsal epidural space. The dura is intact and there is no evidence of direct communication between the thecal sac/CSF space and the collection. Low grade residual postoperative edema of the C3 and C4 spinous processes is demonstrated and there is mild facet periarticular edema on the left at C3-C4.

Vertebral body height is maintained at each level. There is no acute cervical spondylolisthesis.

Spinal cord: See below.

Soft tissues: Prevertebral soft tissues are normal.

DISCS/SPINAL CANAL/NEURAL FORAMINA:

C2-C3; 3 mm disc bulge. Moderate cantral canal stenosis. Severe left and moderate right neural foraminal stenosis.

C3-C4: Signal hyperintensity is seen within the spinal cord at C3-C4. There is severe central canal stenosis with 3 mm disc bulge and ligamentum flavum hypertrophy causing direct mass effect on the spinal cord. The thecal sac is effected. Severe bilateral neural foraminal stenosis secondary to uncovertabrai and facet arthropathy.

C4-C5: Moderate central canal stenosis. No disc hernlation, Severe left and moderate right neural foraminal stenosis.

C5-C6: No disc herniation. The residual vertebral body of C5 demonstrates slight posterior inferior endplate ridging. There is mild bilateral neural foraminal stenosis. No central canal stenosis.

C6-C7: Less than 2 mm disc bulge or focal scar. No central canal stenosis. Moderate left and mild right neural foraminal stenosis.

C7-T1: No disc herniation or central canal stenosis. Severe bilateral neuroforaminal stenosis secondary to uncovertebral and facet arthropathy.

IMPRESSION:

 Severe central canal stenosis at C3-C4 with direct mass effect on the spinal cord demonstrating signal hyperintensity indicative of edema or developing myelomalacia. This is secondary to 3 mm disc bulge and ligamentum flavum hypertrophy. Severe bilateral neural foraminal stenosis is present.
 Moderate central canal stenosis at C4-C5. No disc hernlation. Severe left

and moderate right neural foraminal stenosis. 3. Severe left and moderate right neural foraminal stenosis at C2-C3. Moderate central canal stenosis with 3 mm disc bulge.

4. Severe bilateral neural foraminal stenosis at C7-T1 secondary to

uncovertebral and facet arthropathy.

5. No acute complication of C4-C6 ACDF and C5 corpectomy.

 Interval posterior decompression of C5-C7 with fluid collection in the operative bed abutting the dorsal thecal sac but without communication to the CSF space.

> Addendum Rediologist: CHRISTINA GEATRAKAS Transcribed By: CHRISTINA GEATRAKAS Transcribed Date: 6/5/2018 09:43 AM Electronically Signed by: CHRISTINA GEATRAKAS Signed Date: 6/5/2018 09:43 AM

EXAM:

MR Cervical Spine Without Intravenous Contrast

EXAM DATE/TIME:

5/31/2018 12:30 PM.The examination was performed on 5/31/2018 but only made available to the interpreting radiologist for review on 6/4/2018.

CLINICAL HISTORY:

75 years old, male; Spinal stenosis, cervical region; Other abnormalities of gait and mobility; Spinal stenosis, lumbar region without neurogenic claudication Sched w pt spouse, ref pt hc, ibs 200, c and i fusions, prep given, demos/ins ver pain cervical and lumbar spine stenosis. Gait disorder peripheral nerve weakness/hands. Bilat weakness/numbness to legs. Previous surg. L-sp 2012, c-sp. 2017,1-2018. Rrj

TECHNIQUE:

Magnetic resonance images of the cervical spine without intravenous contrast In multiple planes.

COMPARISON:

XA - XR SPINE CERVICAL 2 OR 3 VIEWS 2018-01-12 09:42, CT CERVICAL SP WO CONTRAST 11/15/2017 2:14:04 PM

FINDINGS:

Vertebrae: Status post ACDF of C4-C6 with C5 corpectomy. Status post interval posterior decompression of C5-C7. A multiloculated fluid collection is present in the operative bed of C5-C7 measuring 6.5 x 1.9 x 3.2 cm. This is confined to the decompression bed and dorsal epidural space. The dura is intact and there is no evidence of direct communication between the thecal sac/CSF space and the collection. Low grade residual postoperative edema of the C3 and C4 spinous processes is demonstrated and there is mild facet periarticular

Continued...

RUSSO-00322

14A.App.3045 P.038/051

Name:	SIMONE RUSSO
Patient ID:	000255079

Date of Birth: 9/5/1942 Gender: Male Location: CP

edema on the left at C3-C4.

Vertebral body height is maintained at each level. There is no acute cervical apondylolisthesis.

Spinal cord: See below.

Soft tissues: Prevertebral soft tissues are normal.

DISCS/SPINAL CANAL/NEURAL FORAMINA:

C2-C3: 3 mm disc bulge. Moderate central canal stenosis. Severe left and moderate right neural foraminal stenosis.

C3-C4: Signal hyperintensity is seen within the spinal cord at C3-C4. There is severe central canal stancels with 3 mm disc bulge and ligamentum flavum hypertrophy causing direct mass effect on the spinal cord. The thecal sec is effected. Severe bilateral neural foreminal stenosis secondary to uncovertebral and facet arthropathy.

C4-C5: Moderate central canal stenosis. No disc hernlation. Severe left and moderate right neural foraminal stenosis.

C5-C6: No disc hemiation. The residual vertebral body of C5 demonstrates slight posterior inferior endplate ridging. There is mild bilateral neural foraminal stenosis. No central canal stenosis.

C6-C7: Less than 2 mm disc bulge or focal scar. No central canal stenosis. Moderate left and mild right neural foraminal stenosis.

C7-T1: No disc hemiation or central canal stenosis. Severe bilateral

neuroforaminal stenosis secondary to uncovertebral and facet arthropathy.

IMPRESSION:

 Severe central canal stenoels at C3-C4 with direct mass effect on the spinal cord demonstrating signal hyperintensity indicative of edema or developing myelomalacia. This is secondary to 3 mm disc bulge and ligamentum flavum hypertrophy. Severe bilateral neural foraminal stenosis is present.
 Moderate central canal stenosis at C4-C5. No disc herniation. Severe left and moderate right neural foraminal stenosis.

 Severe left and moderate right neural foraminal stenosis at C2-C3. Moderate central canal stenosis with 3 mm disc bulge.

4. Severe bilateral neural foraminal stenosis at C7-T1 secondary to

uncovertebral and facet arthropathy.

5. No acute complication of C4-C6 ACDF and C5 corpectomy.

Interval posterior decompression of C5-C7 with fluid collection in the operative bed abutting the dorsal thecal sac but without communication to the CSF space.

> Report Electronically Signed by: CHRISTINA GEATRAKAS Report Electronically Signed on: 6/4/2018 11:42 AM

Transcribed By:

Signed by: CHRISTINA GEATRAKAS Finalized Date: 6/4/2018 11:42 AM

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14A.App.3046 P.039/051



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MEDICAL IMAGING REPORT REPORT STATUS: FINAL

Name: SIMONE RUSSO Patient ID: 000255079 Exam Date: 5/31/2018 02:04 PM Age: 75Y 9M Exam Name: MR LUMBAR WO CONTRAST | 72148 Pt Status: Referrer: JONATHAN MCKINNON Reft Address: 351 N, BUFFALO DR STE B LAS VEGAS, NV 89145
 DOB:
 9/5/1942

 Gender:
 Male

 Site:
 CENTRA POINT

 Acc #:
 510402474

 Secondary Acc #: 610402474

EXAM:

MR Lumber Spine Without Intravenous Contrast

EXAM DATE/TIME: 6/31/2018 1:00 PM

CUNICAL HISTORY: 75 years old, male; Condition or disease; Stenosis, spinal and other: Galt disorder, Lumbar sacrel region

TECHNIQUE:

Magnetic resonance images of the lumber spine without intravenous contrast in multiple planes.

COMPARISON: CT LS SP WO CONTRAST 2017-11-15 14:14

FINDINGS:

Vertebrae: Status post anterior and posterior L2-S1 lumbosacral fusion. There is straightening of the normal lumbar lordosis. Interspinous spacers at L2-L3, L3-L4 and L4-L5. There's been a posterior decompression at L5-S1. The vertebrai body heights are maintained. No compression fracture. Marrow: There is T1 hypointensity within the marrow at the L4 and L6 bodies. Signal abnormality not evident on STIR/T2 images. There is a small amount of fluid within the Intervertebral discs. The findings may represent postsurgical changes. The possibility of a discitis/vertebral body osteomyelitis not excluded. Please correlate with patient's clinical/laboratory findings. Spinal cord: The demonstrated cord is normal in signal intensity. The conus meduliaris teminates at the L1-L2 level. Soft tissues: No paraspinal soft tissue mass.

Continued...

RUSSO-00324

14A.App.3047

P.040/051

Name: SIMONE RUSSO Patlent ID: 000255079	Date of Birth: 9/5/1942 Gender: Male Location: CP
DISCS/SPINAL CANAL/NEURAL FORAMINA T12-L1: No disc hemiation identified. No stand L1-L2: Disc desiccation. Broad-based disc her ventral aspect of the sac. Facet degenerative infolding and moderate to severe central cana demonstrated. L2-L3: Postsurgical changes. No disc hemiation L3-L4: Postsurgical changes. Tosterior disc os the ventral aspect of the sac. Facet degenerat infolding. Moderate central canal narrowing. L4-L5: Postsurgical changes. Thare is a central superiorly impressing on the ventral aspect of flattening the ventral aspect of the sac. There is stenosis. L6-S1: Postsurgical changes. Disc osteophyte ventral epidural fat. Mild central canal stenosis encroachment.	bala. miation impressing on the change with moderate ligamentous I stenosis. The exiting roots are on identified. No stenosis. steophyte complex impresses on ive change with ligamentous al disc herniation migrating the sac. There is some is moderate central canal complex impresses on the
IMPRESSION: Status post anterior and posterior L2-S1 lumbor straightening of the normal lumbar lordosis. Int L3-L4 and L4-L5. There's been a posterior dec There is T1 hypointensity within the marrow at schormality not evident on STIR/T2 images. T within the intervertebrai discs. The findings match changes. The possibility of a discitis/vertebrai i excluded. Please correlate with patient's clinics At L1-L2, there is a broad-based disc hemiatio aspect of the sac. Facet degenerative change infolding and moderate to severe central canal demonstrated. At L3-L4: Posteurgical changes. There is mode At L4-L5: Posteurgical changes. There is a der migrating superiorly impressing on the ventral acome flattening the ventral aspect of the sac. T stenosis. At L5-S1: Postsurgical changes. Disc osteophy ventral epidural fat. Mild central canal stenosis	terspinous spacers at L2-L3, compression at L5-S1. the L4 and L5 bodies. Signal here is a small amount of fluid ay represent postsurgical body osteomyelitis not al/laboratory findings. In impressing on the ventral with moderate ligamentous i stenosis. The exiting roots are erate central canal narrowing. Intral disc herniation aspect of the sac. There is fhere is moderate central canal yle complex impresses on the

Report Electronically Signed by: Mark Giovannetti Report Electronically Signed on: 6/4/2018 04:23 AM

Transcribed By:

Signed by: Mark Glovannetti Finalized Date: 6/4/2018 04:23 AM

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RUSSO-00325

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6/4/2018 8:04:29 PM PAGE

To: 7028789642

Page:2/3

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RUSSO, SIMONE 9/5/1942 75 05/31/2018 MCKINNON, JONATHAN	MRN; Gender Access # of Im	sion: 510402337
	Pri Russo, Simone 9/5/1942 75 05/31/2018 McKinnon, Jonathan	Ori 24/7/365 RUSSO, SIMONE MRN: 9/5/1942 75 Gender 05/31/2018 Access

EXAM:

MR Cervical Spine Without Intravenous Contrast

EXAM DATE/TIME:

5/31/2016 12:30 PM.The examination was performed on 5/31/2016 but only made available to the interpreting radiologist for review on 6/4/2018.

CLINICAL HISTORY:

75 years old, male; Spinel etenosis, cervical region; Other ebnormalities of galt and mobility; Spinel stenosis, lumbar region without neurogenic claudication Sched w pt spouse, ref pt hc, lbs 200, o and I fusions, prep given, demos/ins ver pain cervicel and lumbar spine stenosis. Gait disorder peripheral nerve weakness/ hands. Bilat weakness/numbness to legs, Provious surg. L-sp 2012, c-sp. 2017,1-2018. Rd

TECHNIQUE:

Magnetic resonance images of the cervical spine without intravenous contrast in multiple planes.

COMPARISON:

XA - XR SPINE CERVICAL 2 OR 3 VIEWS 2018-01-12 09:42, CT CERVICAL SP WO CONTRAST 11/15/2017 2:14:04 PM

FINDINGS:

Vertebrae: Status post ACDF of C4-C6 with C5 corpectomy. Status post interval posterior decompression of C5-C7. A multiloculated fluid collection is present in the operative bed of C5-C7 measuring 6.5 x 1.9 x 3.2 cm. This is confined to the decompression bed and doreal epidural epace. The dura is intact and there is no evidence of direct communication between the thecal sac/CSF space and the collection. Low grade residual postoperative edema of the C3 and C4 spinous processes is demonstrated and there is mild facet perioritcular edema on the left at C3-C4. Vertebral body height is maintained at each level. There is no acute carvical spondytolisthesis. Spinal cond: See below,

Soft tissues: Prevertebral soft tissues are normal.

DISCS/SPINAL CANAL/NEURAL FORAMINA:

C2-C3: 3 mm disc bulge, Moderate central canal stenosis. Severe left and moderate right neural foraminal stenoals.

C3-C4: Signal hyperintensity is seen within the spinal cord at C3-C4. There is severe central canal stenosis with 3 mm disc bulge and ligamentum flavum hypertrophy causing direct mass effect on the spinal cord. The thecal sac is effaced. Severe bilateral neural foraminal stanosis secondary to uncovertebral and facet arthropathy.

Page 1 of 2

RUSSO-00326

P.042/051

JUN-04-2018 16:53 From;			Torr	1028789642	Page: 3/3
MNDC-VRAD-RFAX12	6/4/2018 6:04:28 PM	PAGE	2/002	Fax Server	

RUSSO, SIMONE	Accession: 610402337	MRN:000265079	Final Radiology Report

<u>C4-C5</u>: Moderate central canal stenosis. No disc herniation. Severe left and moderate right neural foraminal stenosis.

<u>C5-C5</u>: No disc herniation. The residual vertebral body of C5 demonstrates slight posterior inferior endplate ridging. There is mild bilateral neural foraminal stenosis. No central canal stenosis. <u>C6-C7</u>: Less than 2 mm disc bulge or focal scar, No central canal stenosis. Moderate left and mild right neural foraminal stenosis.

<u>C7-T1</u>: No disc herniation or central canal atenosis. Severe bilateral neuroforaminal stenosis secondary to uncovariabral and facet arthropathy.

IMPRESSION:

J

 Severe central canal stenosis at C3-C4 with direct mass effect on the spinal cord demonstrating signal hyperintensity indicative of edema or developing myelomalacia. This is secondary to 3 mm disc bulge and ligamentum flavum hypertrophy. Severe bilateral neural foraminal stenosis is present.
 Moderate central canal etenosis at C4-C5. No disc hemiation. Severe left and moderate right neural foraminal stenosis.

 Severe left and moderate right neural foraminal stenoals at C2-C3. Moderate central canal stenoals with 3 mm disc bulge.

 Severe bilateral neural foraminal stenosis at C7-T1 secondary to uncovertebral and facet arthropathy.

5. No acute complication of C4-C6 ACDF and C5 corpectomy.

6. Interval posterior decompression of C5-C7 with fluid collection in the operative bed abutting the dorsal thecal sac but without communication to the CSF space.

Thank you for allowing us to participate in the care of your patient.

Dicited and Authenticated by: Geatrakas, Christina, MD 06/04/2018 11:42 AM Pacific Time (US & Canada)

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RUSSO-00327

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1/12/2018 10:49:34 PM UHS_PA 1 (888) 888-8888 Page 4 of 5

VHM- Valley Hospital Medical Center 620 Shadow Lane Las Vegas, NV 89105-4194

Pallent: RUSSO, SIMONE F MRN: VHM63495207; SVH35440123 FIN: VHM0000115712287 DOB/SãX: 9/5/1942 / Male Pallent Room: VHM N2; 0217; 01

Admit: 1/12/2018 Disch: Disch Time: "Attending: Thalgott MD, John*" Copy To: n/a

Operative Record

DOCUMENT NAME: SERVICE DATE/TIME: RESULT STATUS: PERFORM INFORMATION: SIGN INFORMATION: Operative Reports 1/12/2018 12:07 PST Auth (Verified) Thalgott MD, John (1/12/2018 12:18 PST) Thalgott MD, John (1/12/2018 12:18 PST)

Indication for Surgery

Progressive quadriparests with ataxia

Preoperative Diagnosis

Spinal stancels status post C4-C6 anterior fusion with subsidence restances weakness of left upper extremity C6 with discoordination progressive ataxia and spastic weakness in both lower extremities

Postonerative Disgnosis Spinal stenosis C4-5 C5-6 C8-7

Operation

14"12 MI *

1) microscopic complete laminectomy C4-C5-C6 and C7 2) Exploration spinal fusion C4-5 C5-6 C8-7 3) lateral mass instrumentation C4 C5-C6-C7 4) harvest right illec creat use of local bone graft use of allograft 5) arthrodesis C4-5 C5-6 C6-7 posterior 8) use of fluoroscopy

<u>Burgeon/s)</u> Thatjott MD, John (Surgeon)

Assistant

P. Davis PAC

Anesthesia Type and Anesthesiologist General Kisin MD, Ira A (Atlanding Anesthesiologist)

Estimated Blood Loss 100cc

Urine Output See anesthesia note

Findings High grade stonosis C5-8 C6-7

Specimen(s) None

Complications None

Tachnique

Risk procedure gone over in detail the patient is a physician and is with his wife by myself and my staff is a large chance without the surgery that he he will be wheelchair bound he is basically limited household ambulator which is progressive over the last month or 2

Transcription

Print Dete/Time 1/12/2018 22:45 PST

Report Request ID: 278739397

Page 1 of 2

RUSSO-00328

1/12/2018 10:49:34 PM UHS_PA 1 (868) 888-8888 Page 5 of 5

VHM- Valley Hospital Medical Center

Patient:	RUSSO, SIMONE F
MRN:	VHM63495207; SVH35440123
FIN:	VHM0000115712267

Admit: 1/12/2016 Disch; Attending: Thalgott MD,John

Operative Record

the patient was worked up and had a paralyzed diaphragm on the right cleared by the putmonary status he is at high risk for Interoparative complications she had E, coll inflaction in the past he is more likely for E, coll or M MRSA infection at this point he was placed on a Hibbitans are decompression on the right cleared by the putmonary status he is at high risk for operative swelling with vascular sait with a vascular injury to his cord upon 3 mansion packoperative blading with epidural hamstoma total partial paralysis death patient has a paralyzed disphragm he if he has phrenic nerve involvement contralatoral side he may need a disphragmatic pacer this may or may not make any difference in his neural status indeed he could be worse to complete completely paralyzed regardless of the technical outcome of the surgery the possibility of CSF leak Mr. malposition of screws positioning neuropathy not limited to but including unar neuropathy brachlopteropathy perional neuropathy bindness and not make any difference in his symptoms or his atala indeed he con be worse as of his programing neuropathy bindness and not make any difference in his symptoms or bis atala indeed he can be worse as of his programic neuropathy biomode or the last weeks I feit that decompression posteriority was indicated. Have a nonunion and had subsidence of his anterior construct and he is implied or given he understood the inherent risks benefits and wished to proceed.

Description of procedure after suitable level general anesthesia was obtained neuro monitoring was instituted timeout was done neuro monitoring showed some motor deficit in the left side SSEPs were fairly normal prophytexis thermoregulation padding bony prominence position on the Jackson table with a horseshoa was done by myself the nursing staff and anesthesia great care was taken to make sure his eyes were protected bory prominences were padded. He was taped in position was checked and image intensitication after the timeout was done draping and prepping vancomycin and Ancef were given midlina approach was made carried fascia subperiosteal dissection exposed the famina and spinous process on lateral mass at C4-C5-C8 and C7 self-care retractors places was checked and image intensification once that was completed the unilateral lateral mass instrumentation was begun by driting lateral mass up and out 20° after description Magro at C4 C6 and C7 the rod was instituted unilateral fixation of each be used because of the anterior fixation and a ease of decompression post anteriorly lumbar aspects of microscope was then brought into the field and spinous processes and the lamina were debulk with a condure using a Midas Red under microscopic control the complete lamina was removed to the lateral masses at C4 and C5-C6 and C7 this technique used the Midas Rex to thin the lamina and then a neural heak lifted the lamina off this dura there ware no intrusions into the spinal canal the lateral recesses were taken down with a very small Kerrison once he is completely decompressed motors appeared to disappear this SSEPs remained there were no interoperative occasions the spinal cord was completely decompressed appear to be pulsatile the SSEPs did not change preoperatively than the neurologist was consulted through the monitoring technician who fet that the motors was not reliable once that was completed the decompression was completed the wound was pulse laveged with protecting spinel cord and a sheet of DuraGen and then DuraSes was placed over that then a sheet of fibular and FioSeal & smell incision was made over the right flice creat across his open rondure and carina removed bone from illing crost during the the decompression phase of bone trap was harvested twice and then the local bone graft harvested bone graft and allograft made and also biologic stury. Prior to starting the decompression instrumentation the push pull test showed that there was motion at every segment C4-5 C5-8 and C8-7. Once that was completed the lateral mass after the interpretation decompression decorticated and the bone graft placed around the lateral masses lateral to the instrumentation vancomyoin powder was placed throughout the wound the fascia closed with strate fix subcu drains placed subcu with 2-0 Vicryl skin with running Prolene Bioclusive dressing was placed the harvested bone graft was closed with subcu with 2-0 Vicryl skin with staples Bioclusive dressings placed no interoperative complications noted the this is dictated prior to the patient awakening at 1220

Electronically Signed By: Theigolt, John MD On: 01.12.2018 12:18 PST

Print Date/Time 1/12/2018 22:45 PST

Transcription

Page 2 of 2

RUSSO-00329

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29625602						¢1:46:52 p.m.	10-15-2018	
· [H D H			31: Las Phone: 702,9	ntainView I 50 N. Tenoya Vegas, NV 62.7620 Fa meuntainview-ba	Way 89129 xi 702.962.5601		
Physical	Therapy		P	lan of Ca	re (F	c-Evaluation)	Pagi	1 0
Pati	ont Name: RU	SO, SIMONE F			Dat	o; 10/15/2018 03:	31 PM	Contraction of the local division of the loc
Medical	Record #: God	0518062			DOI	3: 9/5/1942		
	Account #: Cloc	018011419			SOC Dat	e: 8/27/2018		
	Providers Mos	antain View						
P	rovider #:							
Treating	Clinician: Den	ise Rendonce, IT						
Referring	Physician: John	S Thalgolt						
M	edicaro #: 9500	92319		Vi	lis From SOC	2: 11		
Certificat	lon From: 10/15	2018		C	ertification T	o; 1/15/2019		
Serv	ice From; 8/27/2	018			Sorvica Te	10/15/2018		
		Onset Date	Code	Description				
I	rimary Diagno	sis: 8/22/2018	A148.02	Spinal stenasis, co	rvical region			
Subje	etive Comments	Patient reports that neurogenic bowel.	if he does no	at move his bowels, he	doct not feel	ablo to participate in	PT as he has a	
Rotalaing f	luid							
		Patient reports that	he is retainin	ig fluid. He has an op	pt with an inte	rnist to attend to his	overall health o	ondition
Prior F	unctional Status:			Itation In ambulation,				
				h and maintain prior l				
Systems	Roview, History:	saly a new nourolog	ist who diag	e during one of the en nosed him w/cervical ed. Patient is hopeful	spinal stonosis	. Laminectomies w	vere performed o	n June
	Cur	rent Level				Goals		
Pain: Back Pa		en 0/10; With Activity	5/10; Dull; Ru	diating				
Epidurals						ow last the province states.		
		Epidurals have been	า อไ ดระโรโลกอ	to with pain.			······································	
				Goals				
Impairm	ent Goals; Short Torms	Patient will perform	15 mln of no REO WNL	EP in 2 wks - Met divity w/o rest in 4 wi in 4 wks - Partially w ad supervision in 4 wk	fct	et		
Functio	na) Goaist Long Torm;	Patient will have 5/. Patient will perform Patient will be mod Patient will negotia	I'll amb w/s	s in <14 sec in 8 wks SPC >200 A in 8 wks	w/SPC			
Transf	er Te/From Bed Comments:	Med I						
Transfer	To/From Chair Commentat	Mod I		*****			unten, statemäär _{17 me} nessionen	
Ambulati	on Even Terrain Comments;	Patient is able to we	tk w/FWW	nod I. He knows his	limitations has	has to sit after wall	king greater than	200 ft.
Ambulation	Uneven Terrain Comments:	NA				4) 		
	bing Commontes					71		
'ntient Gog	(s) and/or Gonl Comments:	Patient wants to wa	k better and	rogain bolance Part	inity Met	and the second	W Trimmet Bet UK, dagen over	

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(FAX)702 878 9642

9625602		c	11:47:27 p.m.	10-16-	2018	
Physical Thereau	Plan of Care	Re	-Evaluatio	m)	Page	2 of
Physical Therapy						
Patient Name: RUSSO, SIMONE F			10/15/2018	03:31 PM		
Medical Record #: G000518062			9/5/1942			
Account#: G00018011419	5	OC Dale:	8/27/2018			
Provider: Mountain View						
Provider #1						
Treating Clinician: Denise Readence, PT						
Referring Physician: John S Thalgott						
Patient / Caregivar concurs with established treatme	ent plan and gaple:				Yes	
Range of Motion						
AROM Is WNL throug	shout all 4 extremities.					
Coordination, Balance, Gnit						
Rombarg	the state of the second se					
Eyes Open: 14 seconds						
Eyes Closed: 0 seconds						
Sharpened Romberg						
Left: Eyes Open: D seconds	Eyes C	bicd; O scc	conds			
Right: Eyes Open: Disconds	Eyes C	osed: 0 sec	enda			
		and Arrest Street and Arrest		and a state of the	Without the local day	
Timed Up and Go: 21.2 seconds						
Assistiva dovico used during FWW	- <u>unras</u> natistra					
Assistiva dovico used during FWW tast:	· · · · · · · · · · · · · · · · · · ·					
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercisis walks steadler with them in place. He has had diffic	cutty waltendance secondary to mul	fficulty don Uplo medic	aling his ankle al Issues but p	supports b uts forth hi	ut definito s best effe	tly ert in PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised walks steadier with them in place. He has had diffic Continued skilled PY Rx is needed to attain goals see Muscle Tone Comments: Muscle tone uppears W Dominance	ulty watendance secondary to mul d upon initial evaluation,	fficulty don Uplo medic	ining his ankła al kaues but p	supports b uts forth hi	ut definite s best stic	ily rt in PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised walks steadier with them in place. He has had diffic Continued skilled PT Rx is needed to attain goals see Muscle Tone Comments: Muscle tone uppears W Dominance Upper Extremity: Loft	ulty watendance secondary to mul d upon initial evaluation,	fficulty don Upto medic	ning his ankla al leaves but p	supports b uts forth his	ut definite s best effe	ely ert in PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised wolks steadier with them in place. He has had diffic Continued skilled PT Rx is needed to attain goals see Muscle Tone Comments: Muscle tone uppears W Dominance Upper Extramity: Loft Strength	sulty w/allendance secondary to mul 4 upon initial evaluation, NL.	Ilplo medic	nl Issues but p	uts forth hi	ut definite s bost effe	ity rt in PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised wolks steadier with them in place. He has had diffe Continued skilled PT Rx is needed to attain geals se Muscle Tone Comments: Muscle tone uppens W Dominance Upper Extramity: Loft Strength is 4+/3 throug	ulty watendance secondary to mul d upon initial evaluation,	Ilplo medic	nl Issues but p	uts forth hi	ut definite s bost effe	sty rt in PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised wolks steadier with them in place. He has had diffic Continued skilled PT Rx is needed to attain goals see Muscle Tone Comments: Muscle tone uppears W Dominance Upper Extramity: Loft Strength	sulty w/allendance secondary to mul 4 upon initial evaluation, NL.	Ilplo medic	nl Issues but p	uts forth hi	ut definite s best effe	ety ert in PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercish walks steadler with them in place. He has hed diffic Continued skilled PT Rx is needed to attain goals se Muscle Tone Comments: Muscle tone uppears W Dominance Upper Extramity: Left Strength Strength is 4+/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around	uity w/aitendance secondary to mul 4 upon initial evaluation, NL,	tiple medic	nl Isaues but p but is Improvin	uts forth hi	s best effe	sty rt in PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised walks steadler with them in place. He has had diffic Continued skilled PT Rx is needed to attain goals see Muscle Tone Comments: Muscle tone uppears W Dominance Upper Extramity: Left Strength Strength is 4+/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around 08978 - Mobility: walking and moving around function	ulty w/attendance secondary to mul d upon initial evaluation, NL. hout the extremities. Trunk weakne al limitation, current status, at therap	tiple medic ss is noted	but is improvin	uts forth hi	s best effe	ity rt in PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercish walks steadler with them in place. He has had diffic Continued skilled PT Rx is needed to attain goals se Muscle Tone Comments: Muscle tone uppears W Dominance Upper Extramity: Left Strength Strength is 4+/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around 08978 - Mobility: walking and moving around function Current Status: Ct At least 60 percent	al limitation, current slatus, at theray bout set than 80 percent impaired, i	tiple medic ss is noted by opisode a inited or re	but is improvin but is improvin putset and ut re	ng porting inte	s best effe	ri In PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercish walks steadler with them in place. He has hed diffic Continued skilled PT Rx is needed to attain goals se Muscle Tone Comments: Muscle tone uppears W Dominance Upper Extramity: Left Strength is 44/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around 08978 - Mobility: walking and moving around functions Current Status: Ct At least 60 percent 68979 - Mobility: walking and moving around functions discharge or to end reporting	al limitation, projected goal status, a	Uplo medic ss is noted ny opisode s influed or re t therapy ef	but is improvin but is improvin putset and ut re estricted plagde outset, a	ng porting inte	s best effe	ri In PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercish walks steadler with them in place. He has had diffic Continued skilled PT Rx is needed to attain goals see Muscle Tone Comments: Muscle tone uppears W Dominance Upper Extramity: Left Strength is 44/5 through Functional Limitation Reporting Mobility: Walking and Moving Around 08978 - Mobility: walking and moving around function Current Status: Ct At least 60 percent	ally w/attendance secondary to mul d upon initial evaluation, NL. hout the extremities. Trunk weakne al limitation, current status, at therag I but less than 80 percent impaired, i al limitation, projected goal status, a put less than 20 percent impaired, in	Uplo medic ss is noted ny opisode s influed or re t therapy ef	but is improvin but is improvin putset and ut re estricted plagde outset, a	ng porting inte	s best effe	ri In PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercish walks steadler with them in place. He has hed diffic Continued skilled PT Rx is needed to attain goals se Muscle Tone Comments: Muscle tone uppears W Dominance Upper Extramity: Left Strength is 44/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around 08978 - Mobility: walking and moving around functions Current Status: Ct At least 60 percent 68979 - Mobility: walking and moving around functions discharge or to end reporting	al limitation, projected goal status, a	Uplo medic ss is noted ny opisode s influed or re t therapy ef	but is improvin but is improvin putset and ut re estricted plagde outset, a	ng porting inte	s best effe	ri In PT.
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Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised wolks steadler with them in place. He is exercised Continued skilled PT Rx is needed to attain goals se Muscle Tone Comments: Muscle tone uppears W Dominance Upper Extramity: Loft Strength Strength Strength is 4+/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around G8978 - Mobility: wolking and moving around function Current Status: Ct At least 60 percent discharge or to end reporting Goal Status: Ct At least 1 percent b	ally w/attendance secondary to mul d upon initial evaluation, NL. hout the extremities. Trunk weakne al limitation, current status, at therag I but less than 80 percent impaired, i al limitation, projected goal status, a put less than 20 percent impaired, in	Uplo medic ss is noted ny opisode s influed or re t therapy ef	but is improvin but is improvin putset and ut re estricted plagde outset, a	ng porting inte	s best effe	ri In PT.
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Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised walks steadier with them in place. He has had diffie Continued skilled PT Rx is needed to attain geals se Muscle Tone Comments: Muscle tone uppens W Dominance Upper Extramity: Left Strength Strength is 4+/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around G8978 - Mobility: walking and moving around function Current Status: CL - At least 60 percent discharge or to end reporting Goal Status: Cl - At least 1 percent b EVAL PT HIGH COMPLEX 97163 GAIT TRAINING 15 MIN PT 97116	ally w/attendance secondary to mul d upon initial evaluation, NL. hout the extremities. Trunk weakne al limitation, current status, at therag I but less than 80 percent impaired, i al limitation, projected goal status, a put less than 20 percent impaired, in	Uplo medic ss is noted ny opisode s influed or re t therapy ef	but is improvin but is improvin putset and ut re estricted plagde outset, a	ng porting inte	s best effe	ri In PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised walks steadier with them in place. He has had diffie Continued skilled PT Rx is needed to attain geals se Muscle Tone Comments: Muscle tone uppens W Dominance Upper Extramity: Left Strength Strength is 4+/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around G8978 - Mobility: walking and moving around function Current Status: CL - At least 60 percent discharge or to end reporting Goal Status: Cl - At least 1 percent b EVAL PT HIGH COMPLEX 97163 GAIT TRAINING 15 MIN PT 97116 MANUAL THER TECH 15M PT 97140	ally w/attendance secondary to mul d upon initial evaluation, NL. hout the extremities. Trunk weakne al limitation, current status, at therag I but less than 80 percent impaired, i al limitation, projected goal status, a put less than 20 percent impaired, in	Uplo medic ss is noted ny opisode s influed or re t therapy ef	but is improvin but is improvin putset and ut re estricted plagde outset, a	ng porting inte	s best effe	ri In PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised walks steadier with them in place. He has had diffie Continued skilled PT Rx is needed to attain geals se Muscle Tone Comments: Muscle tone uppens W Dominance Upper Extramity: Left Strength Strength is 4+/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around G8978 - Mobility: walking and moving around function Current Status: CL - At least 60 percent G8979 - Mobility: walking and moving around function Current Status: Cl - At least 60 percent discharge or to end reporting Goal Status: Cl - At least 1 percent b EVAL PT HIGH COMPLEX 97163 GAIT TRAINING IS MIN PT 97116 MANUAL THER TECH 15M PT 97112	ally w/attendance secondary to mul d upon initial evaluation, NL. hout the extremities. Trunk weakne al limitation, current status, at therag I but less than 80 percent impaired, i al limitation, projected goal status, a put less than 20 percent impaired, in	Uplo medic ss is noted ny opisode s influed or re t therapy ef	but is improvin but is improvin putset and ut re estricted plagde outset, a	ng porting inte	s best effe	ri In PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised walks steadier with them in place. He has had diffie Continued skilled PT Rx is needed to attain geals se Muscle Tone Comments: Muscle tone uppens W Dominance Upper Extramity: Left Strength Strength is 4+/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around G8978 - Mobility: walking and moving around function Current Status: CL - At least 60 percent discharge or to end reporting Goal Status: Cl - At least 1 percent b EVAL PT HIGH COMPLEX 97163 GAIT TRAINING 15 MIN PT 97116 MANUAL THER TECH 15M PT 97112 GAIT TRAINING 15 MIN PT 97116 THER EXERCISES 15 MIN PT 97110 EL ST UN IND NOT WC PT G0283	ally w/attendance secondary to mul d upon initial evaluation, NL. hout the extremities. Trunk weakne al limitation, current status, at therag I but less than 80 percent impaired, i al limitation, projected goal status, a put less than 20 percent impaired, in	Uplo medic ss is noted ny opisode s influed or re t therapy ef	but is improvin but is improvin putset and ut re estricted plagde outset, a	ng porting inte	s best effe	ri In PT.
Assistive device used during FWW test: Impairment Observations Patient continues to be very stressed. He is exercised wolks steadier with them in place. He has had diffe Continued skilled PT Rs is needed to attain geals see Muscle Tone Comments: Muscle tone uppens W Dominance Upper Extramity: Loft Strength Strength is 4+/5 throug Functional Limitation Reporting Mobility: Walking and Moving Around G8978 - Mobility: walking and moving around function Current Status: CL - At least 60 percent discharge or to end reporting Goal Status: Cl - At least 1 percent b EVAL PT HIGH COMPLEX 97163 GAIT TRAINING 15 MIN PT 97116 MANUAL THER TECH 15M PT 97116 NEUROMUSC REEDUCT 15M PT 97116 THER EXERCISES 15 MIN PT 97110	ally w/attendance secondary to mul d upon initial evaluation, NL. hout the extremities. Trunk weakne al limitation, current status, at therag I but less than 80 percent impaired, i al limitation, projected goal status, a put less than 20 percent impaired, in	Uplo medic ss is noted ny opisode s influed or re t therapy ef	but is improvin but is improvin putset and ut re estricted plagde outset, a	ng porting inte	s best effe	ri In PT.

(FAX)702 878 9642

7029625602		01:51:50 p.m.	10-16-2018 3/
	Plan of Care	(Rc-Evaluation)	Page 2 of 3
Physical Therapy	A 1641 OI QUALO		
Patient Name: RUSSO, SIMONE F		Date: 10/15/2018 03:	31 PM
Medical Record #: 0000518062		DOB: 9/5/1942	
Account #: G00018011419	SO	C Date: 8/27/2018	
Provider: Mountain View			
Provider #1			
Treating Clinician: Deniso Readerico, PT			
Referring Physicinn: John S Thaigon			
Patient / Caregiver concurs with established treate	nent plan and gonis;		Yes
Range of Motion	1		
Law provide second s	ighout all 4 extremilies.	 	
Coordination, Balance, Gait			
Romberg			
Eyes Open: 14 seconds			
Eyes Closed: 0 seconds			
Sharponed Rombarg			
LeR: Eyes Opent O seconds		tetli Oseoonda	
Right: Eyes Open: Disconds	Eyes Clo	teds osoconde	
Timed Up and Go: 21.2 seconds			10000000000000000000000000000000000000
Assistive device used during FWW testi			
Impairment Observations			
Continued skilled PT Rx is needed to attain goals a Muscle Tone Comments: Muscle tone appears Dominance		······································	·
Upper Extremity: Left Strength			
and a second sec	ghout the extremities. Trunk weakness	Is noted but is improving.	
Functional Limitation Reporting			
Mobility: Walking and Moving Around			
GB978 - Mobility: walking and moving around function	and limitation ourset status of thereas	enlede buttet and at reno	rting intervals
· Current Status: CL - At least 60 perce			tring and the
GB979 - Mobility: welking and moving around functio discharge or to and reporting			sporting intervals, and at
Goal Status: CI - At least 1 percent	but less than 20 percent impaired, limit	und or restricted	
	Interventions/Plan		
EVAL PT HIGH COMPLEX 97163			
GALT TRAINING 15 MIN PT 97116			
MANUAL THER TECH 15M PT 97140			
NEUROMUSC REEDUCT 15M PT 97112			
OAIT TRAINING 15 MIN PT 97116			
THER EXERCISES 15 MIN PT 97110			
EL ST UN IND NOT WC PT G0283			
Frequency of PT: Three times weekly			
Duration of PTr & weeks	arily bit is an		
Intervention Commonts: Initiated PT Rs on the supports. NuStep use reassessment completi	d at level & resistance x 15 min. Treatm	wided and shoe hain disper ant anded whip abduction	ited to don onklo on hip machine, PT

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9625602				01:52:33 p.m. 10-16-	-2018		4
Physical Therapy		Plan (of Care	(Re-Evaluation)	Page	3 of	• •
Patient Name:	RUSSO, SIMONE F		the second s	Date: 10/15/2018 03:31 PM	1	-14-627	-
Medical Record #:	G000518062			DOB: 9/5/1942			
Account #:	000018011419		50	C Date: 8/27/2018			
Providert	Mountain View						
Provider #;							
Treating Clinician:	Denise Readence, PT						
Referring Physician:	John S Thalgott						
Discharge Plann	ing: D/C to HEP when L'T	G's are achieved.					-
17	1 Kg	9:48 Am 0/83/18	Electror	ically signed by:	10/16/20 11:55:06 /		
John S Thajgott	11 / CA 11	ute/l'ime	Daning Reudence,	PT	Date	-	
I ewilig the feed for these services	farabled upder this plan of irrespond		Sinte License #: 0	047			

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14A.App.3056 P.049/051

29625602						03:57:18 p.m.	8-27-2018	
				MountainV 3150 N. Y Las Vegas, Phone: 702.962.7620 https://mountein	NV 85	Yay 129 702.962.5601		
Physical	Therapy		P	lan of Care	(Ini	tial Evaluation) Page	1 of
Medica	flent Name: RUS I Record #: G00 Account #: G00 Provider: Mou	0518062 017878561	. Line (Li X	SO	DOB:	8/27/2018 03:32 P 9/5/1942 8/27/2018	м	
Treating Roferring	Provider #: g Clinician: Den Physician: John Madienro #: 95008	S Thalgolt		Vielte From		Contraction of the second second		
Certifica	tion From: 8/27/2	2018		Certificat	tion To:	11/27/2018		
		Onset Dute	Code	Description				
	Primary Diagoo		M48.02	Spinal stenosis, cervical r				
	ective Comments:	Patient reports that	the Myasthe	enla Gravis diegnasis was not i	the baue,	he had cervical spins	I sicnosis.	
Surgery								
				clomics, which reduced cervic			018.	
Prior 1	Functional Status:	Independent with n	o pain or lin	nitation in embolation, IADL's	, work or	recreation		
Rehabl	litative Prognasts:	Excellent rehab stot	citial to read	ch and maintain priot level of	Runction			
Decubiti								
HHCADI								
~				bullecks, 2 on R, I on L,				
Jystom	Review, History;	saw a new neurolog	Ist who diag	re during one of the episodes of prosed hint w/cervical spinal a ced. Patient is hopeful the the	ienosis. 1	Laminectomies were	performed on	Juno
Falls								
		Potient is very prote	ctive during	mobility to prevent falls as a	fall could	couse ineversible de	máżć.	
	Ĭni	tial Level				Goals		
Balas Dack D		csi 0/10: With Acifully	tin- Date D	etlating.		GUAIS		
	TU - FOM PORK! VI K	cal of to: while Activity	MIU. DUN: R					
				Goals				
Impairs	noat Gaals; Shart Torm:	Pationt will perform	15 min of a REO WNL	cilvity who rest in 4 wks				
Funct	lonal Goals; Long Term:	Patient will be mod	TUO timin I in amh w/	roughaut in 12 wks g in <14 acc in 12 wks w/SPC SPC >200 A in 12 wks rail mod I in 12 wks				
Tran	sfer To/From Bed Commonts:	Mod I						
Transfe	Commonts:	Mod 1				and the second se		
		and the second second		1 1 11 11	han amount of	norture as possible	He walks wh	dequate
Ambulat	tion Lyes Terrold Commonter	Patient can walk w/ BOS but cannot ach	WW and cl	nike. He does walk w/stap thro	such solt.	Ponuie in ponein		
	tion Even Terroin Commonts: n Uneven Terroin Commonts:	BOS but cannot ach	WW and cl icwe heel str	nose supervision. He waiks w/ fike. He does walk w/step thro	as cicci a			
Ambulatio	Commonte: n Uneven Terrain	BOS but cannot ach	WW and cl icwe heel str	lose supervision, 136 walks w/	as creet a sugh gali.			

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029625502		03	1:57:54 p.m.	08-27-	-2018		3
Physical Therapy	Plan of Care	(Initie	l Evaluati	on)	Page	2 of	3
Patient Name: RUSSO, SIMONE F		Date: B/	27/2018 03:3	PM			-
Viedical Record #: G000518062		DOB: 9/					
Account #: G00017878561	so	C Date: M	27/2018				
Provider: Mountain View							
Provider #:							
Treating Clinician: Denks Readence							
Referring Physiciant John S Thalgott							
Patiant Gosi(s) and/or Goal Patient wants to walk Comments:	better and regala balance.						
Patient / Caregiver concurs with established treatm	cat plan and goals:				Yes		
Range of Mation							
	ghaut all 4 extremities.						
Coordination, Balance, Gait							
Romberg							
Eyes Open: 0 seconds							
Eyna Cloped: O seconda							
Sharpened Romberg							
Left: Eyes Open: O seconds		sed: O second					
Right: Eyes Open: O seconds	ch Gills La union	ecut O second	\$				_
Timed Up and Go Patient was not up to 1 Comments:	UO (caling this date.						
Impairment Observations	A.P. A.L.M.A. Manufacture and an an and an an an						٦
Patient presents w/impalred mobility r/a a long performance of the second state of the	are not an option at a fall could cause	irreversible	lamoga. Patie	nt will be	nalli fron	n n	1
Musele Tone Comments: Musele tono appears V	/NL						_
Dominance							1
Upper Extremity: Left							_
Strength							
Strength is 4+/5 through	hout the oxtremities. Trunk weakness	s is noted.					-
Functional Limitation Reporting							1
Mobility: Walking and Moving Around					and the second		1
OB978 - Mobility: walking and moving bround function	tal limitation, current status, at therapy	cpisode outs	ict and at repor	ting inter	vals		-
Current Status: CM - At least 50 perce	at but less than 100 percent impaired,	limited or res	tricted				
G8979 - Mobility: walking and moving around function discharge or to end reporting	nal limitation, projected goal status, at	therepy episo	de outset, at re	porting in	itervals,	and at	
Goal Status: CI - At least 1 percent	but less than 20 purcent impaired, lim!	ted or restrict	cd				-
	Interventions/Plan						
EVAL PT HIGH COMPLEX 97163							~
GAIT TRAINING 15 MIN PT 97116							
MANUAL THER TECH 15M PT 97140							
NEUROMUSC REEDUCT 15M PT 97112							
THER ACTIV DIR 15 MIN PT 97530							
THER EXERCISES IS MIN PT 97110	yan an a						-
Frequency of PT: Three times weekly							_
Duration of PT: 12 weeks							
Intervention Comments: PT inhial evaluation co	impleted this date. Initiated mat activi	tics. Gali iral	ning W/FWW.				

Discharge Planning: D/C to HEP when LTG's are achieved,

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14A App 3058

029625602			03:58:27 p.m.	08-27-2018		
Physical Therapy	Plan o	of Care	(Initial Evaluatio	on) Pago	3 of	
Patient Name: RUSSO, SIMONE F			Date: 8/27/2018 03:32	PM		-
fedical Record #: G000518062			DOB: 9/5/1942			
Account #: 000017878561		50C	Date: 8/27/2018			
Providers Mountain View						
Provider #:						
Treating Clinician: Donise Readence						
Roferring Physiolon: John & Thalsoll					_	
1 Tul Kes	129/18	Electroni	cally signed by	\$/27/201 4:04:45 I		
	Mie/Time	Dealso Readence		Data		
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RUSSO-00336



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Patient: DOB:	Simone Russo 09/05/1942
Gender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	05/24/2017
Subjective:	
Chief Complaint:	The patient complains of cervical, lumbar, glute and leg pain remains the same.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit. He complains of upper extremity numbness and tingling. He is dropping things like pills. He has been referred by Dr. Thalgott to Dr. Bess Chang for EMG/ NCS of the upper extremities. His sedation has improved with minimizing the gabapentin. He takes the Xanax only as needed for anxiety. He has continued neck, and low back pain. He is taking suboxone 30 mg, max four tablets per day. He is experiencing no constipation. The pain is worse than at the last visit. He denies any fevers or chills. The patient denies any other significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today.
	Location: Pain is located in the neck and low back.
	Quality: Patient describes pain as moves around and is sharp, electric shock, throbbing and pins/needles.
	Severity: Patient describes current pain level as a 6 on a visual analog scale from 1-10
	Duration: Pain since 1/2012.
	Timing: Pain is unpredictable during day and night.
	Context: Sitting to long
	Modifying Factors: None noted.
	Adverse Events: None noted by patient
	Aberrant Drug Related Behavior: None.
	ADL: Uses walker at home. UDT was reviewed.
	NV PMP was reviewed.
	The patient denies the following since the last appointment: Seeing another pain management physician, loss of bladder or bowel control, entry into a drug rehab program or facility, familial/friends concerned about amount of medications taking, use of illegal drugs, obtained pain medications from other physicians, suicidal ideation/attempts, seeing a psychiatrist/psychologist. The patient has attested to the following: They are responsible for all medications, they are abiding by the terms of the narcotic agreement, he has not obtained narcotic, sedative or sleep medications from other sources, awareness of pharmacy profile, understanding of 14 day term of controlled substance prescription, informed consent for pan management therapy.
	NV PMP 03/28/2017 was reviewed. UDT 01/2017 was reviewed.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
none Russo, DOB: 09/05/1	942 Page 1 of 4

Past Medical History:Hypertension Back DiseaseSocial History:Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.Past Treatments:Physical Therapy: Last was on 12/13. Surgery Pramily History:Family History:Diabetes Hypertension Kidney DiseaseAllergies:.No Known Drug AllergiesReview of Systems:The following systems were reviewed: Allergic/Immunologic, Cardiovascular. Constitutional, ENT, Endocrine, Eyes, Gastrointestinal, Respiratory, Genitourinary, Hematological, Integumentary, Musculoskeletal, Neurological, and Psychological. ROS questionnaire is filed in chart. The pertinent positives include limited joint movement, muscle pain, numbness, spine pain, swelling, weakness, loss of balance, muscle pain, pins/needles and problems with balance.	Oswestry Disability Index (ODI):	outcome measu measure of outc	res used in the ma	bility Index (ODI) has become nagement of spinal disorder Nov 1;25(21):2846-52) The te disability, 25-34 severe di	s. It has be e ODI score	en validated and of 0-4 indicates	d is a useful no disability,
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EXTREMITIES: No evidence of trauma or deformity.							
		EXTREMITIES:	No evidence of trau	uma or deformity.			
Assessment:	Assessment						

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Diagnoses:	M96.1 Postlaminectomy syndrome, not elsewhere classified
	M54.14 Radiculopathy, thoracic region
	M54.15 Radiculopathy, thoracolumbar region
	G60.9 Hereditary and idiopathic neuropathy, unspecified
	K59.09 Other constipation
	M47.817 Spondyls w/o myelopathy or radiculopathy, lumbosacr region
	F32.9 Major depressive disorder, single episode, unspecified
	M54.12 Radiculopathy, cervical region
	M48.02 Spinal stenosis, cervical region
	F41.9 Anxiety disorder, unspecified
	F43.21 Adjustment disorder with depressed mood
	F45.21 Aujustinent disorder with depressed mood
Discussion:	1. Continue suboxone
	2. Balance testing
	Requested records from Spring Mountain Hospital, obtained and reviewed today.
	4. No medication side effects
	Constipation is not an issue currently
	6. Continue gabapentin as needed
	 Continue Sanax as needed for anxiety disorder, panic attacks
	 The patient is indicated for ongoing Urine drug testing (UDT) because of chronic pain requiring
	controlled substances for the control of pain. It was inconsistent for oxycodone and
	oxymorphone. He was prescribed oxycodone and Oxycontin in the past. The lab testing was
	marked inconsistent. He is at high risk for opiate adverse effects. The UDT are on a random
	marked inconsistent, he is at night risk to objate duverse effects. The objate down with the marked inconsistent
	basis. The most recent UDT results were reviewed. The testing was done with immunoassay
	on a V-Twin Analyzer which included several drug classes: Amphetamine, barbiturates,
	benzodiazepines, opiates and specific agents: Propoxyphene, methadone, methaqualone,
	ethanol glucuronidate, as well as illicit drugs: Cocaine, and PCP. Pertinent positives and
	negatives were tested with liquid chromatography/mass spectrometry ensuring accuracy and
	minimizing the likelihood of false positives/false negatives inherent in immunoassay testing.
	The UDT results were consistent with the prescribed medication(s). There was no evidence of
	Illicit drug use, drug diversion, additional opiate or other drugs ingested (other than the
	prescribed medications). In summary there was no evidence of aberrant drug behavior that fel
	outside the narcotic agreement.
	9. The Nevada Prescription Monitoring Program (NV PMP) database was queried regarding this
	patient's prescription history. I reviewed the providers. He has not seen any other providers
	other than myself. There is no evidence that the patient is engaging in doctor shopping at this
	time. The PMP Awar _(x) e program has related, interconnected searches in multiple adjacent and
	noncontiguous states including but not limited to Arizona, Utah, Idaho, Colorado. The search is
	unable to query California, or local federal pharmacies including the VA hospital, Nellis Air
	Force base. Queries detail patient information, location, prescriptions filled, pharmacies and
	providers writing prescriptions. The patient's NV PMP was queried and reviewed prior to
	prescribing any controlled substances. The role of the NV PMP is to detect patients obtaining
	simultaneous prescriptions for controlled substances.
and a bar and a bar	The patient is at high risk for adverse opiate events. Risk stratification is unchanged since the last visit
Opiate risk	The patient is indicated for random UDT 1-3 times every 3 months for prescription medications, non-
stratification:	
	prescribed medication that may pose a safety risk if taken with prescribed medications and illicit
	prescribed medication that may pose a safety risk if taken with prescribed medications and illicit substances, based on patient history, clinical presentation and/or community usage. Community drug
	prescribed medication that may pose a safety risk if taken with prescribed medications and illicit substances, based on patient history, clinical presentation and/or community usage. Community drug usage in Nevada and specifically Las Vegas ranks among the worst in the nation. Nevada had the
	prescribed medication that may pose a safety risk if taken with prescribed medications and illicit substances, based on patient history, clinical presentation and/or community usage. Community drug usage in Nevada and specifically Las Vegas ranks among the worst in the nation. Nevada had the second highest rate of illegal drug use, excluding marijuana, with 4.83 percent of those surveyed saying
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	prescribed medication that may pose a safety risk if taken with prescribed medications and illicit substances, based on patient history, clinical presentation and/or community usage. Community drug

¹ https://lasvegassun.com/news/2004/aug/10/study-nevada-ranks-high-in-illegal-drug-use/

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² http://cdclv.unlv.edu/healthnv_2012/substanceabuse.pdf

surprising that Nevada has the fourth highest rate of drug overdose deaths in the country.³Community drug usage in Nevada and specifically ranks among the worst in the nation. Nevada had the second highest rate of illegal drug use, excluding marijuana, with 4.83 percent of those surveyed saying they'd used an illegal drug in the past month. Arizona topped the list, with 4.86 percent.⁴ Nevada youths had a statistically significantly higher past-year nonmedical use of pain relievers rate than U.S. youths (8.34% versus 6.51%, p= 0.033) and were ranked 5th tier (along with Oregon, Washington, Idaho, New Mexico, Oklahoma, Arkansas, Mississippi, Indiana, and Kentucky).⁵ Given these statistics it is not surprising that Nevada has the fourth highest rate of drug overdose deaths in the country⁶ and is a community at high risk for opiate adverse events.

Follow up:

Return to clinic in four weeks.

Prescriptions:

Referrals:

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM. None

S. KORMANY MO

'Steven Kozmary MD'. 05/27/2017 02:54:27 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

³ http://www.lasvegasnow.com/news/report-nevada-fourth-highest-for-drug-overdose-deaths/185717145

- ⁴ https://lasvegassun.com/news/2004/aug/10/study-nevada-ranks-high-in-illegal-drug-use/
- ⁵ http://cdclv.unlv.edu/healthnv_2012/substanceabuse.pdf

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RUSSO-01582

⁶ http://www.lasvegasnow.com/news/report-nevada-fourth-highest-for-drug-overdose-deaths/185717145



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Patient: DOB:	Simone Russo 09/05/1942	
Gender:	Male	
PCP:		
Referring Physician:	John S Thalgott MD Steven Kozmary	
Primary Insurance:	Medicare	
Exam Date:	05/03/2017	
Subjective:		
Chief Complaint:	The patient complains of back and leg pain that has inc	creased.
Reason for Visit:	Simone Russo returns for a follow up evaluation and me	edication refills.
Interim History:	The patient returns for a follow up office visit. He comp He is dropping things ilke pills. He has been referred by the upper extremities. His sedation has improved with r only as needed for anxiety. He has continued neck, an max four tablets per day. He is experiencing no constip denies any fevers or chills. The patient denies any othe prescribed. There have been no recent hospitalizations map was reviewed today. Location: Pain is located in the neck and low back.	r Dr. Thalgott to Dr. Bess Chang for EMG/ NCS o minimizing the gabapentin. He takes the Xanax d low back pain. He is taking suboxone 30 mg, ation. The pain is worse than at the last visit. He r significant adverse effects to the medications
	Quality: Patient describes pain as moves around and is	sharp, electric shock, throbbing and
	pins/needles. Severity: Patient describes current pain level as a 6 on a Duration: Pain since 1/2012. Timing: Pain is unpredictable during day and night.	a visual analog scale from 1-10
	Context: Sitting to long Modifying Factors: None noted.	
	Adverse Events: None noted by patient	
	Aberrant Drug Related Behavior: None. ADL: Uses walker at home.	
	UDT was reviewed.	
	NV PMP was reviewed.	
	The patient denies the following since the last appointment physician, loss of bladder or bowel control, entry into a concerned about amount of medications taking, use of it other physicians, suicidal ideation/attempts, seeing a per- to the following: They are responsible for all medication agreement, he has not obtained narcotic, sedative or slee of pharmacy profile, understanding of 14 day term of co- consent for pan management therapy.	drug rehab program or facility, familial/friends illegal drugs, obtained pain medications from sychiatrist/psychologist. The patient has attested s, they are abiding by the terms of the narcotic eep medications from other sources, awareness
	NV PMP 03/28/2017 was reviewed. UDT 01/2017 was reviewed.	
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, or Disability Index, Pain Diagram and extensive review of s	liagnoses, medications, vital signs, Oswestry systems.
none Russo, DOB: 09/05/1	942	Page 1 of 4

Index (ODI):	outcome measu measure of out	res used in the m come, (Spine 200	ability Index (ODI) has beco anagement of spinal disorde 0 Nov 1;25(21):2846-52) Th ate disability, 25-34 severe d	rs. It has be e ODI score	en validated an of 0-4 indicates	d is a usefi no disabili
Past Medical History:	Hypertension					
	Back Disease					
Social History:	Marital Status: I	Married				
	Children					
		etired: Physician f				
	Education: Grac	luate Degree: 4 ye	ears.			
	Other: Back.					
	Healthy					
		ength and/or endu				
			efore pain: Tennis.			
	Goals: Not note					
Past Treatments:		y: Last was on 12	/13.			
	Surgery					
Family History:	Diabetes					
	Hypertension					
	Kidney Disease					
Allergies:	.No Known Drug					
Allergies: Review of Systems:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po	stems were revieu , Gastrointestinal, , Neurological, and psitives include lim	wed: Allergic/Immunologic, C Respiratory, Genitourinary, I d Psychological. ROS question nited joint movement, muscle e pain, pins/needles and prot	Hematologica nnaire is fileo e pain, numb	l, Integumenta in chart. ness, spine pain	ry,
	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po	stems were revieu , Gastrointestinal, , Neurological, and psitives include lim	Respiratory, Genitourinary, I Psychological. ROS question ited joint movement, muscle	Hematologica nnaire is fileo e pain, numb	l, Integumenta in chart. ness, spine pain	ry,
Review of Systems:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po	stems were revieu , Gastrointestinal, , Neurological, and psitives include lim	Respiratory, Genitourinary, I Psychological. ROS question ited joint movement, muscle	Hematologica nnaire is fileo e pain, numb	l, Integumenta in chart. ness, spine pain	ry,
Review of Systems: Dbjective:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po weakness, loss o	vstems were revieu , Gastrointestinal, , Neurological, and psitives include lim of balance, muscle	Respiratory, Genitourinary, I d Psychological. ROS question hited joint movement, muscle pain, pins/needles and prot	Hematologica nnaire is fileo pain, numb olems with ba	al, Integumentan I in chart. ness, spine pain alance.	ry,
Review of Systems: Dbjective:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po weakness, loss of Height: Weight. 220 The patient is a	ystems were review , Gastrointestinal, , Neurological, and positives include lim of balance, muscle 5'9" pleasant and coo	Respiratory, Genitourinary, I d Psychological. ROS question nited joint movement, muscle pain, pins/needles and prot Blood Pressure: Pulse: perative 74-year-old male in	Hematologica nnaire is filed pain, numb olems with ba 178 / 80 65	al, Integumentan I in chart. ness, spine pain alance. BMI: 32.5 O2 Sat:	ry, a, swelling,
Review of Systems: Dbjective: Vitals:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po weakness, loss of Height: Weight. 220 The patient is a He is seen with	ystems were review , Gastrointestinal, , Neurological, and positives include lim of balance, muscle 5'9" pleasant and coo his wife in the off	Respiratory, Genitourinary, I d Psychological. ROS question nited joint movement, muscle pain, pins/needles and prot Blood Pressure: Pulse: perative 74-year-old male in ice today.	Hematologica nnaire is filed pain, numb olems with ba 178 / 80 65	al, Integumentan I in chart. ness, spine pain alance. BMI: 32.5 O2 Sat:	ry, , swelling,
Review of Systems: Dbjective: Vitals:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po weakness, loss of Height: Weight. 220 The patient is a He is seen with He is awake and	ystems were review , Gastrointestinal, , Neurological, and positives include lim of balance, muscle 5'9" pleasant and coo his wife in the off d alert with norma	Respiratory, Genitourinary, I d Psychological. ROS question nited joint movement, muscle pain, pins/needles and prot Blood Pressure: Pulse: perative 74-year-old male in ice today. Il speech and affect.	Hematologica nnaire is filed pain, numb olems with ba 178 / 80 65 no apparent	al, Integumentan I in chart. ness, spine pain alance. BMI: 32.5 O2 Sat:	ry, , swelling,
Review of Systems: Objective: Vitals:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po weakness, loss of Height: Weight. 220 The patient is a He is seen with He is awake and His gait is antal	ystems were review , Gastrointestinal, , Neurological, and positives include lim of balance, muscle 5'9" pleasant and coo his wife in the off d alert with norma gic and slow. He u	Respiratory, Genitourinary, I d Psychological. ROS question nited joint movement, muscle pain, pins/needles and prot Blood Pressure: Pulse: perative 74-year-old male in ice today. Il speech and affect. uses a wheeled walker for am	Hematologica nnaire is filed pain, numb olems with ba 178 / 80 65 no apparent	al, Integumentan I in chart. ness, spine pain alance. BMI: 32.5 O2 Sat:	ry, , swelling
Review of Systems: Objective: Vitals:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po weakness, loss of Height: Weight. 220 The patient is a He is seen with He is awake and His gait is antal There is no evic	ystems were review , Gastrointestinal, , Neurological, and ositives include lim of balance, muscle 5'9" pleasant and coo his wife in the off d alert with norma gic and slow. He u	Respiratory, Genitourinary, I d Psychological. ROS question nited joint movement, muscle pain, pins/needles and prot Blood Pressure: Pulse: perative 74-year-old male in ice today. If speech and affect. uses a wheeled walker for an magnification.	Hematologica nnaire is filed pain, numb olems with ba 178 / 80 65 no apparent	al, Integumentan I in chart. ness, spine pain alance. BMI: 32.5 O2 Sat:	ry, , swelling
Review of Systems: Objective: Vitals:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po weakness, loss of Height: Weight. 220 The patient is a He is seen with He is awake and His gait is antal There is no evic HEENT: Normoo	ystems were review , Gastrointestinal, , Neurological, and ositives include lim of balance, muscle 5'9" pleasant and coo his wife in the off d alert with norma gic and slow. He u lence of symptom cephalic, and atrace	Respiratory, Genitourinary, I d Psychological. ROS question hited joint movement, muscle pain, pins/needles and prot Blood Pressure: Pulse: perative 74-year-old male in ice today. Il speech and affect. ises a wheeled walker for an magnification.	Hematologica nnaire is filed pain, numb olems with ba 178 / 80 65 no apparent	al, Integumentan I in chart. ness, spine pain alance. BMI: 32.5 O2 Sat:	ry, , swelling
Review of Systems: Objective: Vitals:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po weakness, loss of Height: Weight. 220 The patient is a He is seen with He is awake and His gait is antal There is no evic HEENT: Normoo SKIN: There are	ystems were review , Gastrointestinal, , Neurological, and ositives include lim of balance, muscle 5'9" 5'9" pleasant and coo his wife in the off d alert with norma gic and slow. He u dence of symptom cephalic, and atrace a no rashes, lesion	Respiratory, Genitourinary, I d Psychological. ROS question nited joint movement, muscle e pain, pins/needles and prot Blood Pressure: Pulse: Pulse: perative 74-year-old male in ice today. Il speech and affect. uses a wheeled walker for an magnification. umatic. Is or discolorations.	Hematologica nnaire is filed pain, numb olems with ba 178 / 80 65 no apparent	al, Integumentan I in chart. ness, spine pain alance. BMI: 32.5 O2 Sat:	ry, a, swelling,
Review of Systems: Objective: Vitals:	The following sy Endocrine, Eyes Musculoskeletal, The pertinent po weakness, loss of Height: Weight. 220 The patient is a He is seen with He is awake and His gait is antal There is no evic HEENT: Normoo SKIN: There are	ystems were review , Gastrointestinal, , Neurological, and ositives include lim of balance, muscle 5'9" 5'9" pleasant and coo his wife in the off d alert with norma gic and slow. He u dence of symptom cephalic, and atrace a no rashes, lesion	Respiratory, Genitourinary, I d Psychological. ROS question hited joint movement, muscle pain, pins/needles and prot Blood Pressure: Pulse: perative 74-year-old male in ice today. Il speech and affect. ises a wheeled walker for an magnification.	Hematologica nnaire is filed pain, numb olems with ba 178 / 80 65 no apparent	al, Integumentan I in chart. ness, spine pain alance. BMI: 32.5 O2 Sat:	ry, a, swelling,

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RUSSO-01584

Diagnoses:	M96.1 Postlaminectomy syndrome, not elsewhere classified
	M54.14 Radiculopathy, thoracic region
	M54.15 Radiculopathy, thoracolumbar region
	G60.9 Hereditary and idiopathic neuropathy, unspecified
	K59.09 Other constipation
	M47.817 Spondyls w/o myelopathy or radiculopathy, lumbosacr region
	F32.9 Major depressive disorder, single episode, unspecified
	M54.12 Radiculopathy, cervical region
	M48.02 Spinal stenosis, cervical region
	F41.9 Anxiety disorder, unspecified
	F43.21 Adjustment disorder with depressed mood
Discussion:	1. Continue suboxone
/iscussion.	 Requested records from Spring Mountain Hospital, obtained and reviewed today.
	3. No medication side effects
	4. Constipation is not an issue currently
	5. Continue gabapentin as needed
	 Continue Zanax as needed for anxiety disorder, panic attacks
	7. The patient is indicated for ongoing Urine drug testing (UDT) because of chronic pain requiring controlled substances for the control of pain. It was inconsistent for oxycodone and oxymorphone. He was prescribed oxycodone and oxycontin in the past. The lab testing was marked inconsistent. He is at high risk for opiate adverse effects. The UDT are on a random basis. The most recent UDT results were reviewed. The testing was done with immunoassay on a V-Twin Analyzer which included several drug classes: Amphetamine, barbiturates, benzodiazepines, opiates and specific agents: Propoxyphene, methadone, methaqualone, ethanol glucuronIdate, as well as illicit drugs: Cocaine, and PCP. Pertinent positives and negatives were tested with liquid chromatography/mass spectrometry ensuring accuracy and minimizing the likelihood of false positives/false negatives inherent in immunoassay testing. The UDT results were consistent with the prescribed medication(s). There was no evidence of illicit drug use, drug diversion, additional opiate or other drugs ingested (other than the prescribed medications). In summary there was no evidence of aberrant drug behavior that fe outside the narcotic agreement.
	8. The Nevada Prescription Monitoring Program (NV PMP) database was queried regarding this patient's prescription history. I reviewed the providers. He has not seen any other providers other than myself. There is no evidence that the patient is engaging in doctor shopping at this time. The PMP Awar(x)e program has related, interconnected searches in multiple adjacent and noncontiguous states including but not limited to Arizona, Utah, Idaho, Colorado. The search i unable to query California, or local federal pharmacies including the VA hospital, Nellis Air Force base. Queries detail patient information, location, prescriptions filled, pharmacies and providers writing prescriptions. The patient's NV PMP was queried and reviewed prior to prescribing any controlled substances. The role of the NV PMP is to detect patients obtaining simultaneous prescriptions for controlled substances.
Opiate risk tratification:	The patient is at high risk for adverse opiate events. Risk stratification is unchanged since the last visit The patient is indicated for random UDT 1-3 times every 3 months for prescription medications, non- prescribed medication that may pose a safety risk if taken with prescribed medications and illicit substances, based on patient history, clinical presentation and/or community usage. Community drug usage in Nevada and specifically Las Vegas ranks among the worst in the nation. Nevada had the second highest rate of illegal drug use, excluding marijuana, with 4.83 percent of those surveyed saying they'd used an illegal drug in the past month. Arizona topped the list, with 4.86 percent. ¹ Nevada youth had a statistically significantly higher past-year of nonmedical use of pain relievers rate than U.S. youths (8.34% versus 6.51%, p= 0.033) and were ranked 5 th tier (along with Oregon, Washington, Idaho, New Mexico, Oklahoma, Arkansas, Mississippi, Indiana, and Kentucky). ² Given these statistics it is not

¹ https://lasvegassun.com/news/2004/aug/10/study-nevada-ranks-high-in-illegal-drug-use/

² http://cdclv.unlv.edu/healthnv_2012/substanceabuse.pdf

Simone Russo , DOB : 09/05/1942

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surprising that Nevada has the fourth highest rate of drug overdose deaths in the country.³Community drug usage in Nevada and specifically ranks among the worst in the nation. Nevada had the second highest rate of illegal drug use, excluding marijuana, with 4.83 percent of those surveyed saying they'd used an illegal drug in the past month. Arizona topped the list, with 4.86 percent.⁴ Nevada youths had a statistically significantly higher past-year nonmedical use of pain relievers rate than U.S. youths (8.34% versus 6.51%, p= 0.033) and were ranked 5th tier (along with Oregon, Washington, Idaho, New Mexico, Oklahoma, Arkansas, Mississippi, Indiana, and Kentucky).⁵ Given these statistics it is not surprising that Nevada has the fourth highest rate of drug overdose deaths in the country⁶ and is a community at high risk for opiate adverse events.

Follow up:

Referrals:

Return to clinic in four weeks.

Prescriptions:

Suboxone 8mg-2mg sublingual film, Sig: 1-2 SL qd, discontine oxycodone and oxycontin, 30 Days, Qty: 45 Film, Ref: 0

Trazodone hydrochloride 100mg tablet, Sig: 1 po qhs, 30 Days, Qty: 30 Tablet, Ref: 0

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM. None

S. KOZNANYMO

'Steven Kozmary MD'. 05/03/2017 11:47:41 AM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

³ http://www.lasvegasnow.com/news/report-nevada-fourth-highest-for-drug-overdose-deaths/185717145

- ⁴ https://lasvegassun.com/news/2004/aug/10/study-nevada-ranks-high-In-illegal-drug-use/
- ⁵ http://cdclv.unlv.edu/healthnv_2012/substanceabuse.pdf

⁶ http://www.lasvegasnow.com/news/report-nevada-fourth-highest-for-drug-overdose-deaths/185717145

Simone Russo , DOB : 09/05/1942

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RUSSO-01586



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Patient: DOB:	Simone Russo 09/05/1942
Gender:	Male
PCP:	John C Thalaatt MD
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	03/29/2017
Subjectives	
Subjective: Chief Complaint:	The patient complains of neck and low back pain that has remained the same.
emer complainer	
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit. His sedation has improved. He attributes the sedation to lack of sleep prior to the las visit. He is concerned with gabapentin. He takes the Xanax on an inconsistent basis only as needed for anxiety. He has continued neck, and low back pain. There is left arm and bilateral lower extremity pain. He is taking suboxone 30 mg, max four tablets per day. He is experiencing no constipation. The pain is worse than at the last visit. He denies any fevers or chills. The patient denies any other significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. Location: Pain is located in the neck and low back. Quality: Patient describes pain as moves around and is sharp, electric shock, throbbing and pins/needles. Severity: Patient describes current pain level as a 6 on a visual analog scale from 1-10 Duration: Pain since 1/2012. Timing: Pain is unpredictable during day and night. Context: Sitting to long Modifying Factors: None noted. Adverse Events: None noted by patient Aberrant Drug Related Behavior: None. ADL: Uses walker at home. UDT was reviewed. NV PMP was reviewed.
	The patient denies the following since the last appointment: Seeing another pain management physician, loss of bladder or bowel control, entry into a drug rehab program or facility, familial/friends concerned about amount of medications taking, use of illegal drugs, obtained pain medications from other physicians, suicidal ideation/attempts, seeing a psychiatrist/psychologist. The patient has attested to the following: They are responsible for all medications, they are abiding by the terms of the narcotic agreement, he has not obtained narcotic, sedative or sleep medications from other sources, awareness of pharmacy profile, understanding of 14 day term of controlled substance prescription, informed consent for pan management therapy.
	NV PMP 03/28/2017 was reviewed. UDT 01/2017 was reviewed and is inconsistent from oxycodone.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.

Simone Russo , DOB : 09/05/1942

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Index (ODI):	outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.					
Past Medical History:	Hypertension					
Social History:	Back Disease Marital Status: M	arried				
Bocial History	Children	united				
		tired: Physician for 40	years.			
	Other: Back.	uate Degree: 4 years.				
	Healthy					
	Decrease in stre	ngth and/or endurance	1			
		ional Activities: Before	pain: Tennis.			
Past Treatments:	Goals: Not noted	: Last was on 12/13.				
Past meatments,	Surgery	. LUSE WUS ON 12/15,				
Family History:	Diabetes					
	Hypertension					
Allergies:	Kidney Disease No Known Drug	Allernies				
Allergies	.No known brug	Allergies				
Review of Systems:			Allergic/Immunologic, C			
			iratory, Genitourinary, H			у,
			chological. ROS question			owolling
			joint movement, muscle , pins/needles and prob			, swenny,
			, F,			
bjective:				100 100		
Vitals:	Height:	5'9"	Blood Pressure:	138 / 90	BMI: 30.3	
	Weight. 205		Pulse:	96	O2 Sat:	98
Physical Examination	He is seen with He is awake and His gait is antalg There is no evid HEENT: Normoc SKIN: There are	his wife in the office to alert with normal spec	ech and affect. a wheeled walker for am nification. c. discolorations.		distress.	
Assessment:						
Diagnoses:	M96.1 Postlami	nectomy syndrome, no	ot elsewhere classified	All Ober Trapent Content and a		
	M54.14 Radiculo	opathy, thoracic region	1			
		pathy, thoracolumbar				
	G60.9 Hereditary and idiopathic neuropathy, unspecified K59.09 Other constipation					
			radiculopathy, lumbosa	r region		
	F32.9 Major dep	ressive disorder, sinal	e episode, unspecified	region		
	M54.12 Radiculo	pathy, cervical region				
	M48.02 Spinal stenosis, cervical region					
	F41.9 Anxiety disorder, unspecified F43.21 Adjustment disorder with depressed mood					
	F43.21 Adjustme	ent disorder with depre	essed mood			
Discussion:	1. Continu	e suboxone				
			n no further obstruction	after surger	y, he still self cat	ths as
	needed					
	3. Request	ed records from Spring	g Mountain Hospital, obl	tained and re	eviewed today.	
none Russo , DOB : 09/05/19	942				Page 2 of 4	
	1 D 1 D 1					

RUSSO-01588

	4. No medication side effects
	Constipation is not an issue currently although he has history of OIC.
	Continue gabapentin at the current dosage regimen.
	Continue Xanax as needed for anxiety disorder, panic attacks
	 The patient is indicated for ongoing Urine drug testing (UDT) because of chronic pain requirin controlled substances for the control of pain. It was inconsistent for oxycodone and oxymorphone. He was prescribed oxycodone and oxycontin in the past. The lab testing was marked inconsistent. He is at high risk for opiate adverse effects. The UDT are on a random basis. The most recent UDT results were reviewed. The testing was done with immunoassay on a V-Twin Analyzer which included several drug classes: Amphetamine, barbiturates, benzodiazepines, opiates and specific agents: Propoxyphene, methadone, methaqualone, ethanol glucuronidate, as well as illicit drugs: Cocaine, and PCP. Pertinent positives and negatives were tested with liquid chromatography/mass spectrometry ensuring accuracy and minimizing the likelihood of false positives/false negatives inherent in immunoassay testing. The UDT results were consistent with the prescribed medication(s). There was no evidence of illicit drug use, drug diversion, additional opiate or other drugs ingested (other than the prescribed medications). In summary there was no evidence of aberrant drug behavior that fer outside the narcotic agreement. The Nevada Prescription Monitoring Program (NV PMP) database was queried regarding this
	patient's prescription history. I reviewed the providers. He has not seen any other providers other than myself. There is no evidence that the patient is engaging in doctor shopping at this time. The PMP Awar _(X) e program has related, interconnected searches in multiple adjacent and noncontiguous states including but not limited to Arizona, Utah, Idaho, Colorado. The search i unable to query California, or local federal pharmacies including the VA hospital, Nellis Air Force base. Queries detail patient information, location, prescriptions filled, pharmacies and providers writing prescriptions. The patient's NV PMP was queried and reviewed prior to prescribing any controlled substances. The role of the NV PMP is to detect patients obtaining simultaneous prescriptions for controlled substances.
Opiate risk stratification:	The patient is at high risk for adverse opiate events. Risk stratification is unchanged since the last visit The patient is indicated for random UDT 1-3 times every 3 months for prescription medications, non- prescribed medication that may pose a safety risk if taken with prescribed medications and illicit substances, based on patient history, clinical presentation and/or community usage. Community drug usage in Nevada and specifically Las Vegas ranks among the worst in the nation. Nevada had the second highest rate of illegal drug use, excluding marijuana, with 4.83 percent of those surveyed sayin they'd used an illegal drug in the past month. Arizona topped the list, with 4.86 percent. ¹ Nevada youth had a statistically significantly higher past-year of nonmedical use of pain relievers rate than U.S. youth (8.34% versus 6.51%, p= 0.033) and were ranked 5 th tier (along with Oregon, Washington, Idaho, Ner Mexico, Oklahoma, Arkansas, Mississippi, Indiana, and Kentucky). ² Given these statistics it is not surprising that Nevada has the fourth highest rate of drug overdose deaths in the country. ³ Community drug usage in Nevada and specifically ranks among the worst in the nation. Nevada had the second highest rate of illegal drug use, excluding marijuana, with 4.83 percent of those surveyed saying they'd used an illegal drug in the past month. Arizona topped the list, with 4.86 percent. ⁴ Nevada youths had. statistically significantly higher past-year nonmedical use of pain relievers rate than U.S. youths (8.34% versus 6.51%, p= 0.033) and were ranked 5 th tier (along with Oregon, Washington, Idaho, New Mexico Oklahoma, Arkansas, Mississippi, Indiana, and Kentucky). ⁵ Given these statistics it is not surprising that Nevada has the fourth highest rate of drug overdose deaths in the country ⁶ and is a community at high risk for opiate adverse events.
Follow up:	Return to clinic in four weeks.
-	

² http://cdclv.unlv.edu/healthnv_2012/substanceabuse.pdf

⁵ http://cdclv.unlv.edu/healthnv_2012/substanceabuse.pdf

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³ http://www.lasvegasnow.com/news/report-nevada-fourth-highest-for-drug-overdose-deaths/185717145

⁴ https://lasvegassun.com/news/2004/aug/10/study-nevada-ranks-high-in-illegal-drug-use/

⁶ http://www.lasvegasnow.com/news/report-nevada-fourth-highest-for-drug-overdose-deaths/185717145

Referrals:

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM. None

S. KOBNARYMO

'Steven Kozmary MD'. 03/29/2017 02:25:24 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED More than 25 minutes face to face time

Simone Russo , DOB : 09/05/1942

RUSSO-01590



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m-Maula	Simone Puezo
Patient:	Simone Russo 09/05/1942
DOB: Gender:	Male
Selluer.	
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	03/02/2017
Subjective:	
Chief Complaint:	The patient complains of neck and low back pain remains the same.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit. He has continued neck, and low back pain. There is left arm and bilateral lower extremity pain. He is taking oxycodone 30 mg, max four tablets per day. He is experiencing constipation. He has had two panic attacks and restarted the Prozac. The pain is worse than at the last visit. He has restarted the gabapentin and Xanax. He denies any fevers or chills. The patient denies any other significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. Location: Pain is located in the neck and low back. Quality: Patient describes pain as moves around and is sharp, electric shock, throbbing and
	pins/needles. Severity: Patient describes current pain level as a 6 on a visual analog scale from 1-10 Duration: Pain since 1/2012.
	Timing: Pain is unpredictable during day and night. Context: Sitting to long
	Modifying Factors: None noted.
	Adverse Events: None noted by patient
	Aberrant Drug Related Behavior: None.
	ADL: Uses walker at home.
	UDT was reviewed.
	NV PMP was reviewed.
	The patient denies the following since the last appointment: Seeing another pain management physician, loss of bladder or bowel control, entry into a drug rehab program or facility, familial/friends concerned about amount of medications taking, use of illegal drugs, obtained pain medications from other physicians, suicidal ideation/attempts, seeing a psychiatrist/psychologist. The patient has attested to the following: They are responsible for all medications, they are abiding by the terms of the narcotic agreement, he has not obtained narcotic, sedative or sleep medications from other sources, awareness of pharmacy profile, understanding of 14 day term of controlled substance prescription, informed consent for pan management therapy.
	NV PMP 03/02/2017 was reviewed. UDT 01/2017 was reviewed and is inconsistent from oxycodone.
leviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.

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	measure of outcome. 5-14 mild disability, 1 disability.	(Spine 2000 Nov 5-24 moderate dis	1;25(21):2846-52) Th sability, 25-34 severe o	ne ODI score disability, grea	of 0-4 indicates ater than 34 cor	no disability, nplete
Past Medical History:	Hypertension Back Disease					
Social History:	Marital Status: Marrie Children					
	Employment: Retired Education: Graduate Other: Back. Healthy Decrease in strength Hobbies/Recreational Goals: Not noted.	Degree: 4 years. and/or endurance		1		
Past Treatments:	Physical Therapy: Las Surgery	t was on 12/13.				
Family History:	Diabetes Hypertension Kidney Disease					
Allergies:	.No Known Drug Aller	gies				
Review of Systems:	The following systems were reviewed: Allergic/Immunologic, Cardiovascular. Constitutional, ENT, Endocrine, Eyes, Gastrointestinal, Respiratory, Genitourinary, Hematological, Integumentary, Musculoskeletal, Neurological, and Psychological. ROS questionnaire is filed in chart. The pertinent positives include limited joint movement, muscle pain, numbness, spine pain, swelling, weakness, loss of balance, muscle pain, pins/needles and problems with balance.					
bjective:						
Vitals:	Height:	5'9"	Blood Pressure:	130 / 80	BMI: 30.3	
Vitals:	Height: 205	5'9"	Blood Pressure: Pulse:	130 / 80 77	BMI: 30.3 O2 Sat:	97
	Welght. 205 The patient is a pleas He is seen with his w He is awake and aler	ant and cooperati ife in the office to t with normal spee d slow. He uses a of symptom magr lic, atraumatic. ashes, lesions or d	Pulse: ve 74-year-old male in day. ech and affect. wheeled walker for ar nification. liscolorations.	77 no apparent	O2 Sat:	97
Physical Examination	Weight. 205 The patient is a pleas He is seen with his w He is awake and aler His gait is antalgic an There is no evidence HEENT: Normocepha SKIN: There are no ra	ant and cooperati ife in the office to t with normal spee d slow. He uses a of symptom magr lic, atraumatic. ashes, lesions or d	Pulse: ve 74-year-old male in day. ech and affect. wheeled walker for ar nification. liscolorations.	77 no apparent	O2 Sat:	97
Physical Examination	Weight. 205 The patient is a pleas He is seen with his w He is awake and aler His gait is antalgic an There is no evidence HEENT: Normocepha SKIN: There are no ra EXTREMITIES: No ev	ant and cooperati ife in the office to t with normal spee d slow. He uses a of symptom magr lic, atraumatic. ashes, lesions or d idence of traumation omy syndrome, no	Pulse: ve 74-year-old male in day. ech and affect. wheeled walker for ar nification. liscolorations. or deformity.	77 no apparent	O2 Sat:	97
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Physical Examination Assessment:	Weight. 205 The patient is a pleas He is seen with his w He is awake and aler His gait is antalgic an There is no evidence HEENT: Normocepha SKIN: There are no ra EXTREMITIES: No ev M96.1 Postlaminector M54.14 Radiculopath M54.15 Radiculopath G60.9 Hereditary and K59.09 Other constip	sant and cooperati ife in the office to t with normal spee d slow. He uses a of symptom magr lic, atraumatic. ashes, lesions or d idence of traumato omy syndrome, no ny, thoracic region by, thoracolumbar d idiopathic neurop pation	Pulse: ve 74-year-old male in day. ech and affect. wheeled walker for an infication. liscolorations. or deformity. et elsewhere classified region pathy, unspecified	77 n no apparent mbulation.	O2 Sat:	97
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Physical Examination	Weight. 205 The patient is a pleas He is seen with his w He is awake and aler His gait is antalgic an There is no evidence HEENT: Normocepha SKIN: There are no ra EXTREMITIES: No ev M96.1 Postlaminectr M54.14 Radiculopatr M54.15 Radiculopatr G60.9 Hereditary and K59.09 Other constig M47.817 Spondyls w F32.9 Major depressi	sant and cooperati ife in the office to t with normal spee d slow. He uses a of symptom magr lic, atraumatic. ashes, lesions or d idence of traumatic omy syndrome, no ony, thoracic region y, thoracolumbar d idiopathic neurop pation /o myelopathy or ve disorder, single y, cervical region sis, cervical region	Pulse: ve 74-year-old male in day. ech and affect. wheeled walker for an ification. liscolorations. or deformity. at elsewhere classified region pathy, unspecified radiculopathy, lumbosa e episode, unspecified	77 n no apparent mbulation.	O2 Sat:	97
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- 5. Constipation is not an issue currently although he has history of OIC.
- 6. Continue gabapentin, Xanax at the current dosage regimen.
- 7. Discontinue oxycodone 30 mg four per day and oxycontin
- 8. Start suboxone at 2 8 mg per day. He has taken these in the past and can wean down to one film per day as tolerated.
- 9. The patient is indicated for ongoing Urine drug testing (UDT) because of chronic pain requiring controlled substances for the control of pain. It was inconsistent for oxycodone and oxymorphone. He is prescribed oxycodone and oxycontin. The lab testing was marked inconsistent. He is at high risk for oplate adverse effects. The UDT are on a random basis. The most recent UDT results were reviewed. The testing was done with immunoassay on a V-Twin Analyzer which included several drug classes: Amphetamine, barbiturates, benzodiazepines, oplates and specific agents: Propoxyphene, methadone, methaqualone, ethanol glucuronidate, as well as illicit drugs: Cocaine, and PCP. Pertinent positives and negatives were tested with liquid chromatography/mass spectrometry ensuring accuracy and minimizing the likelihood of false positives/false negatives inherent in immunoassay testing. The UDT results were consistent with the prescribed medication(s). There was no evidence of illicit drug use, drug diversion, additional opiate or other drugs ingested (other than the prescribed medications). In summary there was no evidence of aberrant drug behavior that fell outside the narcotic agreement.
- 10. The Nevada Prescription Monitoring Program (NV PMP) database was queried regarding this patient's prescription history. I reviewed the providers. He has not seen any other providers other than myself. There is no evidence that the patient is engaging in doctor shopping at this time. The PMP Awar(x) e program has related, interconnected searches in multiple adjacent and noncontiguous states including but not limited to Arizona, Utah, Idaho, Colorado. The search is unable to query California, or local federal pharmacies including the VA hospital, Nellis Air Force base. Queries detail patient information, location, prescriptions filled, pharmacies and providers writing prescriptions. The patient's NV PMP was queried and reviewed prior to prescribing any controlled substances. The role of the NV PMP is to detect patients obtaining simultaneous prescriptions for controlled substances.

The patient is at high risk for adverse opiate events. Risk stratification is unchanged since the last visit (The current morphine equivalent dosage is 180 mg per day with Neurontin, Xanax also prescribed) The patient is indicated for random UDT 1-3 times every 3 months for prescription medications, nonprescribed medication that may pose a safety risk if taken with prescribed medications and illicit substances, based on patient history, clinical presentation and/or community usage. Community drug usage in Nevada and specifically Las Vegas ranks among the worst in the nation. Nevada had the second highest rate of illegal drug use, excluding marijuana, with 4.83 percent of those surveyed saying they'd used an illegal drug in the past month. Arizona topped the list, with 4.86 percent.¹ Nevada youths had a statistically significantly higher past-year of nonmedical use of pain relievers rate than U.S. youths (8.34% versus 6.51%, p= 0.033) and were ranked 5th tier (along with Oregon, Washington, Idaho, New Mexico, Oklahoma, Arkansas, Mississippi, Indiana, and Kentucky).² Given these statistics it is not surprising that Nevada has the fourth highest rate of drug overdose deaths in the country.³Community drug usage in Nevada and specifically ranks among the worst in the nation. Nevada had the second highest rate of illegal drug use, excluding marijuana, with 4.83 percent of those surveyed saying they'd used an illegal drug in the past month. Arizona topped the list, with 4.86 percent.⁴ Nevada youths had a statistically significantly higher past-year nonmedical use of pain relievers rate than U.S. youths (8.34% versus 6.51%, p= 0.033) and were ranked 5th tier (along with Oregon, Washington, Idaho, New Mexico, Oklahoma, Arkansas, Mississippi, Indiana, and Kentucky).⁵ Given these statistics it is not surprising that Nevada has the fourth highest rate of drug overdose deaths in the country⁶ and is a community at high risk for opiate adverse events.

Follow up:

Opiate risk

stratification:

Return to clinic in four weeks.

¹ https://lasvegassun.com/news/2004/aug/10/study-nevada-ranks-high-in-illegal-drug-use/

⁵ http://cdclv.unlv.edu/healthnv_2012/substanceabuse.pdf

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² http://cdclv.unlv.edu/healthnv_2012/substanceabuse.pdf

³ http://www.lasvegasnow.com/news/report-nevada-fourth-highest-for-drug-overdose-deaths/185717145

⁴ https://lasvegassun.com/news/2004/aug/10/study-nevada-ranks-high-in-illegal-drug-use/

⁶ http://www.lasvegasnow.com/news/report-nevada-fourth-highest-for-drug-overdose-deaths/185717145

Prescriptions:

Gabapentin 100mg capsule, Sig: 1 po qd, 30 Days, Qty: 30 Capsule, Ref: 0 Suboxone 8mg-2mg sublingual film, Sig: 1-2 SL qd, discontine oxycodone and oxycontin, 30 Days, Qty: 60 Film, Ref: 0

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM. None

Referrals:

KWillett, PA-C

'Katherine Willett '. 03/02/2017 03:24:02 PM (kwillett)

S. KOZMarymo

'Steven Kozmary MD'. 03/02/2017 04:21:44 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

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院会	Kozmary Center	
 \$ W	Steven V. Kozmary, M.D.	

Coldensting 2.5 Gun of Second the Southwest

Maand Certificali American Brasiliat Amerikana aya. Gasiya Lang Caran, Maarar Goor Maraasina, Sarasistan Abademond Paol Marasim rid

Patient:	Simone Russo
DOB:	09/05/1942
Gender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	02/07/2017
Subjective:	
Chief Complaint:	The patient complains of same lumbar and cervical spine pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit. He has difficulty with urinary obstruction and is scheduled for prostatectomy today. He was self cathing for the past two months. He has hematuria. He is taking oxycodone 30 mg and oxycodone 40 ER bid tablets for pain. He is experiencing constipation. He was in bed for five days secondary to pain. He has had two panic attacks and restarted the Prozac. The pain is worse than at the last visit. He has restarted the gabapentin and Xanax. He denies any fevers or chills. The patient denies any other significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. Location: Pain is located in the neck and low back.
	Quality: Patient describes pain as moves around and is sharp, electric shock, throbbing and
	pins/needles. Severity: Patient describes current pain level as a 5-10 on a visual analog scale from 1-10 Duration: Pain since 1/2012.
	Timing: Pain is unpredicatable during day and night.
	Adverse Events: None noted by patient
	Aberrant Drug Related Behavior: None.
	ADL: Uses walker at home.
	UDT was reviewed.
	NV PMP was reviewed. The patient denies the following since the last appointment: Seeing another pain management physician, loss of bladder or bowel control, entry into a drug rehab program or facility, familial/friends concerned about amount of medications taking, use of illegal drugs, obtained pain medications from other physicians, suicidal ideation/attempts, seeing a psychiatrist/psychologist. The patient has attested to the following: They are responsible for all medications, they are abiding by the terms of the narcotic agreement, he has not obtained narcotic, sedative or sleep medications from other sources, awareness of pharmacy profile, understanding of 14 day term of controlled substance prescription, informed consent for pan management therapy.
	NV PMP 2/7/17 was reviewed. UDT 1/17 was reviewed and is inconsistent from oxycodone.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Dswestry Disability Index (ODI):	ODI Score 14 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete

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	disability.					
Past Medical History:	Hypertension					
Conial Winkson	Back Disease Marital Status:	Married				
Social History:	Children	Mallieu				
		etired: Physician for	r 40 vears.			
		duate Degree: 4 yea				
	Other: Back.	-				
	Healthy					
		ength and/or endura				
		ational Activities: Be	fore pain: Tennis.			
	Goals: Not note		12			
Past Treatments:	-	by: Last was on 12/1	13.			
Family History	Surgery Diabetes					
Family History:	Hypertension					
	Kidney Disease					
Allergies:	No Known Drug	g Allergies				
Review of Systems:			ed: Allergic/Immunologic, C			
			Respiratory, Genitourinary, H			ry,
			Psychological. ROS question			
			ted joint movement, muscle pain, pins/needles and prob			, swelling,
	weakness, 1055	or balance, muscle	pain, pinsyneedies and prop	iems with Da	aidhce.	
bjective:	Usisht	5'9"	bleed December	110 / 62	DMT. 20.2	
Vitals:	Height:	5.9.	Blood Pressure:	110 / 62	BMI: 30.3	
Physical Examination			Pulse: erative 74-year-old male.	77	O2 Sat:	94
Physical Examination	The patient is a He is seen with He is awake an His gait is antal There is no evic HEENT: Normo SKIN: There are	his wife in the offic d alert with normal	erative 74-year-old male. te today. speech and affect. tes a wheeled walker for am magnification. to or discolorations.		O2 Sat:	94
	The patient is a He is seen with He is awake an His gait is antal There is no evic HEENT: Normo SKIN: There are	his wife in the offic d alert with normal lgic and slow. He us dence of symptom r cephalic, atraumatic e no rashes, lesions	erative 74-year-old male. te today. speech and affect. tes a wheeled walker for am magnification. to or discolorations.		O2 Sat:	94
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Assessment:	The patient is a He is seen with He is awake and His gait is antal There is no evic HEENT: Normod SKIN: There are EXTREMITIES: M96.1 Postlam M54.14 Radicu M54.15 Radicu	his wife in the offic a alert with normal lgic and slow. He us dence of symptom r cephalic, atraumatic e no rashes, lesions No evidence of trau ninectomy syndrome lopathy, thoracic re lopathy, thoracolum	erative 74-year-old male. se today. speech and affect. ses a wheeled walker for am magnification. c. or discolorations. Ima or deformity. e, not elsewhere classified gion mbar region		O2 Sat:	94
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Physical Examination Assessment: Diagnoses: Discussion:	The patient is a He is seen with He is awake and His gait is antal There is no evid HEENT: Normod SKIN: There are EXTREMITIES: M96.1 Postlam M54.14 Radicu M54.15 Radicu G60.9 Heredita K59.09 Other of M47.817 Spond F32.9 Major de M54.12 Radicul M48.02 Spinal s F41.9 Anxiety of F43.21 Adjustm 1. SP C4- 2. Prostat 3. Continu 4. Continu 5. Follow	his wife in the offic d alert with normal lgic and slow. He us dence of symptom r cephalic, atraumatic e no rashes, lesions No evidence of trau ninectomy syndrome lopathy, thoracic re- lopathy, thoracic re- lopathy, thoracolum ary and idiopathic ne- constipation dyls w/o myelopathy epressive disorder, s lopathy, cervical re- disorder, unspecified nent disorder with d 7 anterior cervical fit tectomy scheduled fi ue gabapentin, Xana ue oxycodone 30 m up with Dr. Thalgot	erative 74-year-old male. see today. speech and affect. ses a wheeled walker for am magnification. or discolorations. ma or deformity. e, not elsewhere classified gion hbar region europathy, unspecified y or radiculopathy, lumbosad ingle episode, unspecified gion d lepressed mood usion for this afternoon ax g four per day tt	bulation.		
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Opiate risk stratification:

Follow up:

Referrals:

Prescriptions:

Oxycodone hydrochloride 30mg tablet, Sig: 1 o q4 prn pain, maximum four tablets per day, discontinue oxycodone 15 mg, 30 Days, Qty: 120 Tablet, Ref: 0

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM. None

with Oregon, Washington, Idaho, New Mexico, Oklahoma, Arkansas, Mississippi, Indiana, and Kentucky).⁵ Given these statistics it is not surprising that Nevada has the fourth highest rate of drug

overdose deaths in the country⁶ and is a community at high risk for opiate adverse events.

sample to test today. The UDT are on a random basis. The most recent UDT results were reviewed. The testing was done with immunoassay on a V-Twin Analyzer which included several drug classes: Amphetamine, barbiturates, benzodiazepines, oplates and specific agents: Propoxyphene, methadone, methaqualone, ethanol glucuronidate, as well as illicit drugs:

chromatography/mass spectrometry ensuring accuracy and minimizing the likelihood of false positives/false negatives inherent in immunoassay testing. The UDT results were consistent with the prescribed medication(s). There was no evidence of illicit drug use, drug diversion, additional opiate or other drugs ingested (other than the prescribed medications). In summary there was no evidence of aberrant drug behavior that fell outside the narcotic agreement. The Nevada Prescription Monitoring Program (NV PMP) database was queried regarding this

patient's prescription history. There is no evidence that the patient is engaging in doctor shopping at this time. The PMP Awar_(x)e program has related, interconnected searches in multiple adjacent and noncontiguous states including but not limited to Arizona, Utah, Idaho, Colorado. The search is unable to query California, or local federal pharmacies including the VA hospital, Nellis Air Force base. Queries detail patient information, location, prescriptions filled, pharmacies and providers writing prescriptions. The patient's NV PMP was queried and reviewed prior to prescribing any controlled substances. The role of the NV PMP is to detect

The patient is at high risk for adverse opiate events. (The current morphine equivalent dosage is 180

mg per day with Neurontin, Xanax also prescribed) The patient is indicated for random UDT 1-3 times every 3 months for prescription medications, non-prescribed medication that may pose a safety risk if taken with prescribed medications and illicit substances, based on patient history, clinical presentation and/or community usage. Community drug usage in Nevada and specifically Las Vegas ranks among the worst in the nation. Nevada had the second highest rate of illegal drug use, excluding marijuana, with 4.83 percent of those surveyed saying they'd used an illegal drug in the past month. Arizona topped the list, with 4.86 percent.¹ Nevada youths had a statistically significantly higher past-year of nonmedical use of pain relievers rate than U.S. youths (8.34% versus 6.51%, p= 0.033) and were ranked 5th tier (along with Oregon, Washington, Idaho, New Mexico, Oklahoma, Arkansas, Mississippi, Indiana, and Kentucky).² Given these statistics it is not surprising that Nevada has the fourth highest rate of drug overdose deaths in the country.³Community drug usage in Nevada and specifically ranks among the worst in the nation. Nevada had the second highest rate of illegal drug use, excluding marijuana, with 4.83 percent of those surveyed saying they'd used an illegal drug in the past month. Arizona topped the list, with 4.86 percent.⁴ Nevada youths had a statistically significantly higher past-year nonmedical use of pain relievers rate than U.S. youths (8.34% versus 6.51%, p= 0.033) and were ranked 5th tier (along

Cocaine, and PCP. Pertinent positives and negatives were tested with liquid

patients obtaining simultaneous prescriptions for controlled substances.

S. KORManyma

'Steven Kozmary MD'. 02/07/2017 10:57:27 AM (SKozmary) Steven Kozmary

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¹ https://lasvegassun.com/news/2004/aug/10/study-nevada-ranks-high-in-Illegal-drug-use/

Return to clinic in four weeks.

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² http://cdclv.unlv.edu/healthnv_2012/substanceabuse.pdf

³ http://www.lasvegasnow.com/news/report-nevada-fourth-highest-for-drug-overdose-deaths/185717145

⁴ https://lasvegassun.com/news/2004/aug/10/study-nevada-ranks-high-in-illegal-drug-use/

⁵ http://cdclv.unlv.edu/healthnv_2012/substanceabuse.pdf

⁶ http://www.lasvegasnow.com/news/report-nevada-fourth-highest-for-drug-overdose-deaths/185717145

 NPI:
 1659337459

 License:
 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

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RUSSO-01598

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Patient:	Simone Russo 09/05/1942
DOB: Gender:	Male
PCP:	John & Thalaott MD
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	01/13/2017
Subjective:	
Chief Complaint:	The patient complains of pain in the upper and low back remain unchanged.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit. He travelled to New York last month and suffered worsening low back, leg and interscapular pain. He has undergone cervical spine surgery for disc hemilation with Dr. Thalgott. He is taking oxycodone 30 mg and oxycodone 40 ER bid tablets for pain. He is experiencing constipation. He was in bed for five days secondary to pain. He has difficulty with urinary retention. He has had two panic attacks and restarted the Xanax. He had a Medrol dosepak witl good relief of his pain and improvement in his walking. The pain is worse than at the last visit. He has restarted the gabapentin and Xanax. He denies any fevers or chills. The patient denies any other significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. Location: Pain is located in the neck and low back. Quality: Patient describes current pain level as a 10 on a visual analog scale from 1-10 Duration: Pain since 1/2012. Timing: Pain is unpredicatable during day and night. Adverse Events: Constipation. Adverse Events: Severy and the following since the last appointment: Seeing another pain management physicians, loss of bladder or bowel control, entry into a drug rehab program or facility, familial/friends concerned about amount of medications taking, use of illegal drugs, obtained pain medications from other polysicians, suicidal Ideation/attempts, seeing a psychiatrist/psychologist. The patient has attested to the following: They are responsible for all medications, they are abiding by the terms of the narcotic agreement, he has not obtained narcotic, sedative or sleep medications from other sources, awareness of pharmacy profile, understanding of 14 day term of controlled substance prescript
	NV PMP 1/12/17 was reviewed. UDT 9/23/16 was reviewed.
	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry
Reviewed Data:	Disability Index, Pain Diagram and extensive review of systems.

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Index (ODI):	outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.					
Past Medical History:	Hypertension	Hypertension Back Disease				
Social History:	Back Disease Marital Status: Married					
	Children		40			
		etired: Physician for luate Degree: 4 yea				
	Other: Back.					
	Healthy	anoth and/or andur	2000			
		ength and/or endurational Activities: Be				
	Goals: Not noted	d.				
Past Treatments:	Physical Therapy Surgery	y: Last was on 12/1	.3.			
Family History:	Diabetes					
	Hypertension					
Allergies:	Kidney Disease .No Known Drug	Allergies				
			adı Allaraia/Termunalasia C	ardiounceule	Constitutions	LENT
Review of Systems:	The following systems were reviewed: Allergic/Immunologic, Cardiovascular. Constitutional, ENT, Endocrine, Eyes, Gastrointestinal, Respiratory, Genitourinary, Hematological, Integumentary, Musculoskeletal, Neurological, and Psychological. ROS questionnaire is filed in chart. The pertinent positives include limited joint movement, muscle pain, numbness, spine pain, swelling, weakness, loss of balance, muscle pain, pins/needles and problems with balance.					
					alance.	
biective:					alance.	
The second se					BMI: 31	
The second se	weakness, loss o	of balance, muscle	pain, pins/needles and prob	lems with ba		94
Vitals:	weakness, loss of Height: Weight. 210 The patient is a He is seen with He is awake and His gait is antalg There is no evid HEENT: Normoo SKIN: There are	of balance, muscle 5'9" pleasant and coop his wife in the offic d alert with normal	Blood Pressure: Pulse: Pulse: erative 74-year-old male. te today. speech and affect. es a wheeled walker for am nagnification.	158 / 88 76	BMI: 31	94
objective: Vitals: Physical Examination Assessment:	weakness, loss of Height: Weight. 210 The patient is a He is seen with He is awake and His gait is antalg There is no evid HEENT: Normoo SKIN: There are	5'9" 5'9" pleasant and coop his wife in the offic d alert with normal gic and slow. He us bence of symptom n cephalic, atraumatic e no rashes, lesions	Blood Pressure: Pulse: Pulse: erative 74-year-old male. te today. speech and affect. es a wheeled walker for am nagnification.	158 / 88 76	BMI: 31	94
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Vitals: Physical Examination Assessment:	weakness, loss of Height: Weight. 210 The patient is a He is seen with He is awake and His gait is antalg There is no evid HEENT: Normod SKIN: There are EXTREMITIES: N M96.1 Postlam M54.14 Radicul M54.15 Radicul G60.9 Hereditar K59.09 Other of M47.817 Spond F32.9 Major deg M54.12 Radicul M48.02 Spinal s	5'9" 5'9" pleasant and coop his wife in the offic d alert with normal gic and slow. He us lence of symptom r cephalic, atraumatic e no rashes, lesions No evidence of trau ninectomy syndrome lopathy, thoracic re- lopathy, thoracic re- lopathy, thoracic re- lopathy, thoracic re- lopathy, thoracic re- lopathy, thoracic re- nonstipation dyls w/o myelopathy pressive disorder, s opathy, cervical re- stenosis, cervical re-	Blood Pressure: Pulse: Pulse: erative 74-year-old male. ee today. speech and affect. es a wheeled walker for am nagnification. or discolorations. ma or deformity. e, not elsewhere classified glon bar region europathy, unspecified y or radiculopathy, lumbosad ingle episode, unspecified glon	158 / 88 76 abulation.	BMI: 31	94
Vitals: Physical Examination Assessment:	weakness, loss of Height: Weight. 210 The patient is a He is seen with He is awake and His gait is antalo There is no evid HEENT: Normoo SKIN: There are EXTREMITIES: M M96.1 Postlam M54.14 Radicul M54.15 Radicul G60.9 Hereditan K59.09 Other of M47.817 Spond F32.9 Major deg M54.12 Radicul M48.02 Spinal s F41.9 Anxiety d	5'9" 5'9" pleasant and coop his wife in the offic d alert with normal gic and slow. He us lence of symptom ri- cephalic, atraumatic e no rashes, lesions No evidence of trau ninectomy syndrome lopathy, thoracic re- lopathy, thoracic re- lopathy, thoracolum ry and idiopathic ne- onstipation dyls w/o myelopathy pressive disorder, s opathy, cervical reg	Blood Pressure: Pulse: Pulse: erative 74-year-old male. te today. speech and affect. es a wheeled walker for am nagnification. or discolorations. ma or deformity. e, not elsewhere classified glon bar region europathy, unspecified y or radiculopathy, lumbosad ingle episode, unspecified glon	158 / 88 76 abulation.	BMI: 31	94
Vitals: Physical Examination Assessment:	weakness, loss of Height: Weight. 210 The patient is a He is seen with He is awake and His gait is antalg There is no evid HEENT: Normoo SKIN: There are EXTREMITIES: M M96.1 Postlam M54.14 Radicul M54.15 Radicul G60.9 Hereditan K59.09 Other of M47.817 Spond F32.9 Major deg M54.12 Radicul M48.02 Spinal s F41.9 Anxiety d F43.21 Adjustm	5'9" 5'9" pleasant and coop his wife in the offic d alert with normal gic and slow. He us dence of symptom r cephalic, atraumatic e no rashes, lesions No evidence of trau ninectomy syndrome lopathy, thoracic re- lopathy, thoracolum ry and idiopathic ne- onstipation dyls w/o myelopathy pressive disorder, s opathy, cervical re- stenosis, cervical re- stenosis, cervical re- stenosis, cervical re- stenosis, cervical re- stenosis, cervical re- tisorder, unspecified nent disorder with d	Blood Pressure: Pulse: Pulse: erative 74-year-old male. exe today. speech and affect. es a wheeled walker for am nagnification. or discolorations. ma or deformity. e, not elsewhere classified glon bar region europathy, unspecified y or radiculopathy, lumbosatingle episode, unspecified gion function of the pisode of the pis	158 / 88 76 abulation.	BMI: 31	94
Vitals: Physical Examination Assessment:	weakness, loss of Height: Weight. 210 The patient is a He is seen with He is awake and His gait is antalo There is no evid HEENT: Normoo SKIN: There are EXTREMITIES: M M96.1 Postlam M54.14 Radicul M54.15 Radicul G60.9 Hereditan K59.09 Other of M47.817 Spond F32.9 Major deg M54.12 Radicul M48.02 Spinal s F41.9 Anxiety d F43.21 Adjustm 1. SP C4-7	5'9" 5'9" pleasant and coop his wife in the offic d alert with normal gic and slow. He us dence of symptom n cephalic, atraumatic e no rashes, lesions No evidence of trau inectomy syndrome lopathy, thoracic re- lopathy, thoracolum ry and idiopathic ne- onstipation dyls w/o myelopathy pressive disorder, s opathy, cervical re- stenosis, cervical re- stenosis, cervical re- isorder, unspecified nent disorder with d 7 anterior cervical field	Blood Pressure: Pulse: Pulse: erative 74-year-old male. te today. speech and affect. es a wheeled walker for am nagnification. or discolorations. ma or deformity. e, not elsewhere classified glon bar region europathy, unspecified y or radiculopathy, lumbosat ingle episode, unspecified glon l epressed mood usion	158 / 88 76 abulation.	BMI: 31	94
Vitals: Physical Examination Assessment:	weakness, loss of Height: Weight. 210 The patient is a He is seen with He is awake and His gait is antalo There is no evid HEENT: Normoo SKIN: There are EXTREMITIES: M M96.1 Postlam M54.14 Radicul M54.15 Radicul G60.9 Hereditan K59.09 Other of M47.817 Spond F32.9 Major deg M54.12 Radicul M48.02 Spinal s F41.9 Anxiety d F43.21 Adjustm 1. SP C4-7 2. Refer to	5'9" pleasant and coop his wife in the offic d alert with normal gic and slow. He us dence of symptom n cephalic, atraumatic e no rashes, lesions No evidence of trau inectomy syndrome lopathy, thoracic re- lopathy, thoracolum ry and idiopathic ne- onstipation lyls w/o myelopathy pressive disorder, s opathy, cervical re- stenosis, cervical re- stenosis, cervical re- isorder, unspecified nent disorder with d 7 anterior cervical file o neurology at Clev	Blood Pressure: Pulse: Pulse: erative 74-year-old male. exe today. speech and affect. es a wheeled walker for am nagnification. or discolorations. ma or deformity. e, not elsewhere classified glon bar region europathy, unspecified y or radiculopathy, lumbosatingle episode, unspecified gion function of the pisode of the pis	158 / 88 76 abulation.	BMI: 31	94

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an and a final second second and a second	5. Discontinue OxyContin
	 Discontinue OxyContin Discontinue steroids
	 Discontinue sterolds Continue oxycodone 30 mg four per day
	 Continue oxycouble so ing four per day Follow up with urologist for urinary retention
	 9. The patient is indicated for ongoing Urine drug testing (UDT) because of chronic pain requiring controlled substances for the control of pain. I will obtain a sample to test today. The UDT are on a random basis. The most recent UDT results were reviewed. The testing was done with immunoassay on a V-Twin Analyzer which included several drug classes: Amphetamine, barbiturates, benzodiazepines, opiates and specific agents: Propoxyphene, methadone, methaqualone, ethanol glucuronidate, as well as illicit drugs: Cocaine, and PCP. Pertinent positives and negatives were tested with liquid chromatography/mass spectrometry ensuring accuracy and minimizing the likelihood of false positives/false negatives inherent in immunoassay testing. The UDT results were consistent with the prescribed medication(s). There was no evidence of illicit drug use, drug diversion, additional opiate or other drugs ingested (other than the prescribed medications). In summary there was no evidence of aberrant drug behavior that fell outside the narcotic agreement. 10. The Nevada Prescription Monitoring Program (NV PMP) database was queried regarding this patient's prescription history. There is no evidence that the patient is engaging in doctor shopping at this time. The PMP Awar_(X)e program has related, interconnected searches in multiple adjacent and noncontiguous states including but not limited to Arizona, Utah, Idaho, Colorado. The search is unable to query California, or local federal pharmacies including the VA hospital, Nellis Air Force base. Queries detail patient information, location, prescriptions filled, pharmacies and providers writing prescriptions. The patient's NV PMP was queried and reviewed prior to prescribing any controlled substances. The role of the NV PMP is to detect patients obtaining simultaneous prescriptions for controlled substances.
Follow up:	Return to clinic in four weeks.
Prescriptions:	Oxycodone hydrochloride 30mg tablet, Sig: 1 po q4 prn pain, maximum four per day, discontinue oxycodoen 15 mg tablets, 30 Days, Qty: 120 Tablet, Ref: 0
	NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM.

Referrals:

S. KORNANG-MO-

'Steven Kozmary MD'. 01/13/2017 02:01:50 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

None

CPT Coding: 99214 OFFICE OUTPT DETAILED

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RUSSO-01601

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Patient: DOB: Gender:	Simone Russo 09/05/1942 Male	
PCP: Referring Physician: Primary Insurance:	John S Thalgott MD Steven Kozmary Medicare	
Exam Date:	11/29/2016	
Subjective:		
Chief Complaint:	The patient complains of the same pain in the	neck and low back.
Reason for Visit:	Simone Russo returns for a follow up evaluation	on.
Interim History:	herniation with Dr. Thalgott. He is recovering had an MRI of the cervical spine which shows severe central canal stenosis. He has some low constipation which seems to be well controlled taking Prozac, and oxycodone 15 mg. He has fevers or chills. The patient denies any other so There have been no recent hospitalizations or reviewed today. Location: Pain is located in the neck and low th Quality: Patient describes pain as throbbing, go Severity: Patient describes current pain level as Duration: Pain since 1/2012. Timing: Pain is intermittent, during day and ni Adverse Events: None. Aberrant Drug Related Behavior: None. ADL: Uses walker at home. UDT was reviewed. The patient denies the following since the last physician, loss of bladder or bowel control, en concerned about amount of medications taking other physicians, suicidal ideation/attempts, se The patient has attested to the following: The the terms of the narcotic agreement, they hav	appointment: Seeing another pain management try into a drug rehab program or facility, familial/friends g, use of illegal drugs, obtained pain medications from teing a psychiatrist/psychologist. y are responsible for all medications, they are abiding by e not obtained narcotic, sedative or sleep medications rofile, understanding of 14 day term of controlled
Reviewed Data:	KCPM follow up questionnaire, last visit progre Disability Index, Pain Diagram and extensive re	ss note, diagnoses, medications, vital signs, Oswestry eview of systems.
)swestry Disability ndex (ODI):	outcome measures used in the management o	(ODI) has become one of the principal condition specific f spinal disorders. It has been validated and is a useful 1):2846-52) The ODI score of 0-4 indicates no disability,

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RUSSO-01602

	disability.					
Past Medical History:	Hypertension Back Disease					
Social History:	Marital Status: Married					
	Children					
	Employment: Retired: Physician for 40 years.					
	Other: Back.	aduate Degree: 4 ye	ars.			
	Healthy					
	Decrease in st	rength and/or endu	rance			
	Hobbies/Recre Goals: Not not	eational Activities: B	efore pain: Tennis.			
Past Treatments:		py: Last was on 12/	13.			
	Surgery					
Family History:	Diabetes					
	Hypertension Kidney Diseas	P				
Allergies:	.No Known Dr					
			unde Allenda (Terrerenalanda, C		. Constitutions	
Review of Systems:			ved: Allergic/Immunologic, C Respiratory, Genitourinary, H			
	Musculoskeleta	al, Neurological, and	Psychological. ROS question	nnaire Is filed	In chart.	
			ited joint movement, muscle			n, swelling,
	weakness, loss	s of balance, muscle	pain, pins/needles and prob	lems with ba	liance.	
bjective:						
Vitals:	Height:	5'9"	Blood Pressure:	122 / 84	BMI: 28.8	
	Weight. 195		Pulse:	70	O2 Sat:	96
Physical Examination Assessment:	The patient is a pleasant and cooperative 74-year-old male. He is seen with his wife in the office today. He is awake and alert with normal speech and affect. His gait is antalgic and slow. He uses a wheeled walker. There is no evidence of symptom magnification. HEENT: Normocephalic, atraumatic. SKIN: There are no rashes, lesions or discolorations. EXTREMITIES: No evidence of trauma or deformity. Cervical spine right dressing in place.					
Diagnoses:	M96.1 Postla	minectomy syndrom	ne, not elsewhere classified			1. 18 (S. 19)
	M54.14 Radio	ulopathy, thoracic re	egion			
		ulopathy, thoracolu				
	M70.60 Trochanteric bursitis, unspecified hip G60.9 Hereditary and idiopathic neuropathy, unspecified					
	K59.09 Other constipation					
	M47.817 Spondyls w/o myelopathy or radiculopathy, lumbosacr region					
	M54.5 Low ba		cingle enicede unenecified			
	K59.00 Consti	ipation, unspecified	single episode, unspecified			
		ulopathy, cervical re	gion			
	MEAD Conton					
	M54.2 Cervica					
		I stenosis, cervical re	egion			
Discussion:	M48.02 Spina	l stenosis, cervical re 1-7 anterior cervical	5360			
Discussion:	M48.02 Spina 1. SP C4 2. Worse	1-7 anterior cervical ening pain after surg	fusion gery			
Discussion:	M48.02 Spina 1. SP C4 2. Worse 3. Contin	1-7 anterior cervical ening pain after surg nue oxycodone 30 m	- fusion gery ng four per day			
Discussion:	M48.02 Spina 1. SP C4 2. Wors: 3. Contin 4. The p	4-7 anterior cervical ening pain after surg nue oxycodone 30 m patient is indicated for	fusion gery	(UDT) beca	use of chronic p	pain requiring

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RUSSO-01603

UDT results were reviewed. The testing was done with immunoassay on a V-Twin Analyzer which included several drug classes: Amphetamine, barbiturates, benzodiazepines, opiates and specific agents: Propoxyphene, methadone, methaqualone, ethanol glucuronidate, as well as illicit drugs: Cocaine, and PCP. Pertinent positives and negatives were tested with liquid chromatography/mass spectrometry ensuring accuracy and minimizing the likelihood of false positives/false negatives inherent in immunoassay testing. The UDT results were consistent with the prescribed medication(s). There was no evidence of illicit drug use, drug diversion, additional opiate or other drugs ingested (other than the prescribed medications). In summary there was no evidence of aberrant drug behavior that fell outside the narcotic agreement.

5. The Nevada Prescription Monitoring Program (NV PMP) database was queried regarding this patient's prescription history. The PMP Awar(x)e program has related, interconnected searches in multiple adjacent and noncontiguous states including but not limited to Arizona, Utah, Idaho, Colorado. The search is unable to query California, or local federal pharmacies including the VA hospital, Nellis Air Force base. Queries detail patient information, location, prescriptions filled, pharmacies and providers writing prescriptions. The patient's NV PMP was queried and reviewed prior to prescribing any controlled substances. The role of the NV PMP is to detect patients obtaining simultaneous prescriptions for controlled substances. There is no evidence that the patient is engaging in doctor shopping at this time.

Follow up:

Prescriptions:

Return to clinic in four weeks.

Oxycodone hydrochloride 30mg tablet, Sig: 1 po q4 prn pain, maximum four per day, discontinue oxycodone 15 mg tablets, 45 Days, Qty: 180 Tablet, Ref: 0 Oxycontin 40mg extended-release tablet, Sig: 1 po qhs, 45 Days, Qty: 45 Tablet, Ref: 0

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM. None

Referrals: None S. KAZMANY MA

 Steven Kozmary MD'. 12/28/2016 09:38:39 AM (SKozmary)

 Steven Kozmary

 NPI:
 1659337459

 License:
 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

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RUSSO-01604

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and the	4 3 4	Steven V. Kozmary, M.D.	

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Patient:	Simone Russo
DOB:	09/05/1942
Gender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	11/08/2016
Subjective:	
Chief Complaint:	The patient complains of same lumbar, cervical and bilateral leg pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit. He has undergone cervical spine surgery for disc herniation with Dr. Thalgott. He had an MRI of the cervical spine which shows multilevel posterior disc osteophytes resulting In mild to severe central canal stenosis. He has some low back and bilateral sciatica pain. He is having some urinary retention secondary to neuropathy and now has to self-cath or occasion. He is experiencing constipation which has improved with Linzess. The pain is the same as the last visit. He taking Prozac, and oxycodone 15 mg. He has discontinued the gabapentin and Xanax. He denies any fevers or chills. The patient denies any other significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. Location: Pain is located in the neck and low back. Quality: Patient describes current pain level as a 8-10 on a visual analog scale from 1-10 Duration: Pain since 1/2012. Timing: Pain is unpredictable during midday and in the evening. Adverse Events: Constipation. Aberrant Drug Related Behavior: None. ADL: Uses walker at home. UDT was reviewed. NV PMP was reviewed. NV PMP was reviewed. The patient denies the following since the last appointment: Seeing another pain management physician, loss of bladder or bowel control, entry into a drug rehab program or facility, familial/friends concerned about amount of medications taking, use of illegal drugs, obtained pain medications from other physicians, suicidal ideation/attempts, seeing a psychiatrist/psychologist. The patient has attested to the following: They are responsible for all medications, they are abiding by the terms of the narcotic agreement, they have not obtained narcotic, sedative or sleep medications from other sources, awareness of pharmacy profile, understanding of 14 day term of controlled substance prescription, informed consent for pan management therapy. NV PMP 11/8/16 was reviewed.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 10 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability,

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	disability.					
Past Medical History:	Hypertension					
	Back Disease					
Social History:	Marital Status: M	larried				
	Children Employment: Retired: Physician for 40 years.					
	Other: Back.	uate Degree: 4 yea	5.			
	Healthy					
		ngth and/or endura	nce			
		ional Activities: Bef				
	Goals: Not noted					
Past Treatments:	Physical Therapy	: Last was on 12/1	3.			
	Surgery					
Family History:	Diabetes					
	Hypertension					
	Kidney Disease	Allowster				
Allergies:	.No Known Drug	Allergies				
Review of Systems:	The following sys	stems were reviewe	ed: Allergic/Immunologic, C	ardiovascula	r. Constitutional	, ENT,
Conservation account?			espiratory, Genitourinary, H			Υ,
			Psychological. ROS question			
			ed joint movement, muscle			, swelling,
	weakness, loss o	r balance, muscle p	ain, pins/needles and prob	iems with ba	liance.	
bjective:						
Vitals:	Height:	5'9"	Blood Pressure:	120 / 76	BMI: 28.8	
Physical Examination			Pulse: erative 74-year-old male.	75	O2 Sat:	92
Physical Examination	The patient is a He is seen with H He is awake and His gait is antalg There is no evide HEENT: Normood SKIN: There are EXTREMITIES: N	his wife in the office l alert with normal s jic and slow. He use ence of symptom m ephalic, atraumatic no rashes, lesions lo evidence of trau	erative 74-year-old male. e today. speech and affect. as a wheeled walker. agnification. or discolorations. ma or deformity.	75	O2 Sat:	92
	The patient is a He is seen with H He is awake and His gait is antalg There is no evide HEENT: Normood SKIN: There are EXTREMITIES: N	his wife in the office l alert with normal s jic and slow. He use ence of symptom m ephalic, atraumatic no rashes, lesions	erative 74-year-old male. e today. speech and affect. as a wheeled walker. agnification. or discolorations. ma or deformity.	75	O2 Sat:	92
Assessment:	The patient is a He is seen with H He is awake and His gait is antalg There is no evide HEENT: Normoco SKIN: There are EXTREMITIES: N Cervical spine rig	his wife in the office l alert with normal s ic and slow. He use ence of symptom m ephalic, atraumatic no rashes, lesions lo evidence of trau ght dressing in plac	erative 74-year-old male. e today. speech and affect. as a wheeled walker. hagnification. or discolorations. na or deformity. e.	75	O2 Sat:	92
Assessment:	The patient is a He is seen with H He is awake and His gait is antalg There is no evide HEENT: Normoco SKIN: There are EXTREMITIES: N Cervical spine rig M96.1 Postlami	his wife in the office l alert with normal s jic and slow. He use ence of symptom m ephalic, atraumatic no rashes, lesions lo evidence of trau ght dressing in plac	erative 74-year-old male. e today. speech and affect. as a wheeled walker. hagnification. or discolorations. ma or deformity. e.	75	O2 Sat:	92
Assessment:	The patient is a He is seen with H He is awake and His gait is antalg There is no evide HEENT: Normoco SKIN: There are EXTREMITIES: N Cervical spine rig M96.1 Postlami M54.14 Radiculo	his wife in the office l alert with normal s ic and slow. He use ence of symptom m ephalic, atraumatic no rashes, lesions to evidence of trau ght dressing in place inectomy syndrome opathy, thoracic reg	erative 74-year-old male. e today. speech and affect. as a wheeled walker. hagnification. or discolorations. ma or deformity. e. , not elsewhere classified jion	75	O2 Sat:	92
Assessment:	The patient is a He is seen with H He is awake and His gait is antalg There is no evide HEENT: Normoco SKIN: There are EXTREMITIES: N Cervical spine rig M96.1 Postlami M54.14 Radiculo M54.15 Radiculo	his wife in the office l alert with normal s pic and slow. He use ence of symptom m ephalic, atraumatic no rashes, lesions to evidence of traug th dressing in place inectomy syndrome opathy, thoracic rego pathy, thoracolum	erative 74-year-old male. e today. speech and affect. as a wheeled walker. hagnification. or discolorations. ma or deformity. e. , not elsewhere classified jion bar region	75	O2 Sat:	92
Assessment:	The patient is a He is seen with H He is awake and His gait is antalg There is no evide HEENT: Normoco SKIN: There are EXTREMITIES: N Cervical spine rig M96.1 Postlami M54.14 Radiculo M54.15 Radiculo M70.60 Trocham	his wife in the office l alert with normal s pic and slow. He use ence of symptom m ephalic, atraumatic no rashes, lesions to evidence of traug th dressing in place inectomy syndrome opathy, thoracic rego opathy, thoracolum interic bursitis, unspin	erative 74-year-old male. e today. speech and affect. as a wheeled walker. hagnification. or discolorations. ma or deformity. e. , not elsewhere classified jion bar region ecified hip	75	O2 Sat:	92
Assessment:	The patient is a He is seen with H He is awake and His gait is antalg There is no evide HEENT: Normoco SKIN: There are EXTREMITIES: N Cervical spine rig M96.1 Postlami M54.14 Radiculo M54.15 Radiculo M70.60 Trochan G60.9 Hereditar	his wife in the office l alert with normal s pic and slow. He use ence of symptom m ephalic, atraumatic no rashes, lesions to evidence of traught dressing in place inectomy syndrome opathy, thoracic rego opathy, thoracolum interic bursitis, unspir y and idiopathic ne	erative 74-year-old male. e today. speech and affect. as a wheeled walker. hagnification. or discolorations. ma or deformity. e. , not elsewhere classified jion bar region	75	O2 Sat:	92
Assessment:	The patient is a He is seen with H He is awake and His gait is antalg There is no evide HEENT: Normoco SKIN: There are EXTREMITIES: N Cervical spine rig M96.1 Postlami M54.14 Radiculo M54.15 Radiculo M54.15 Radiculo M70.60 Trochan G60.9 Hereditar K59.09 Other co	his wife in the office l alert with normal s pic and slow. He use ence of symptom m ephalic, atraumatic no rashes, lesions to evidence of traun ght dressing in place inectomy syndrome opathy, thoracic reg opathy, thoracolum interic bursitis, unspin y and idiopathic ne onstipation	erative 74-year-old male. e today. speech and affect. es a wheeled walker. hagnification. or discolorations. ma or deformity. e. , not elsewhere classified jon bar region ecified hip uropathy, unspecified		O2 Sat:	92
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Page 2 of 3

UDT results were reviewed. The testing was done with immunoassay on a V-Twin Analyzer which included several drug classes: Amphetamine, barbiturates, benzodiazepines, opiates and specific agents: Propoxyphene, methadone, methaqualone, ethanol glucuronidate, as well as illicit drugs: Cocaine, and PCP. Pertinent positives and negatives were tested with liquid chromatography/mass spectrometry ensuring accuracy and minimizing the likelihood of false positives/false negatives inherent in immunoassay testing. The UDT results were consistent with the prescribed medication(s). There was no evidence of illicit drug use, drug diversion, additional opiate or other drugs ingested (other than the prescribed medications). In summary there was no evidence of aberrant drug behavior that fell outside the narcotic agreement.

5. The Nevada Prescription Monitoring Program (NV PMP) database was queried regarding this patient's prescription history. The PMP Awar(x)e program has related, interconnected searches in multiple adjacent and noncontiguous states including but not limited to Arizona, Utah, Idaho, Colorado. The search is unable to query California, or local federal pharmacies including the VA hospital, Nellis Air Force base. Queries detail patient information, location, prescriptions filled, pharmacies and providers writing prescriptions. The patient's NV PMP was queried and reviewed prior to prescribing any controlled substances. The role of the NV PMP is to detect patients obtaining simultaneous prescriptions for controlled substances. There is no evidence that the patient is engaging in doctor shopping at this time.

Follow up:

Return to clinic in four weeks.

Prescriptions:

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM. None

Referrals:

S. Kaznang Moz

 Steven Kozmary MD'. 11/09/2016 06:31:03 AM (SKozmary)

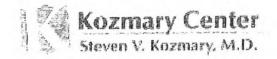
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 NPI:
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RUSSO-01607



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Patient: DOB:	Simone Russo 09/05/1942
Gender:	Male
PCP: Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	10/18/2016
Subjective:	
Chief Complaint:	The patient complains of worsening pain in the neck and low back.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit with continued right neck, interscpualr pain. He has had an MRI of the cervical spine which shows multilevel posterior disc osteophytes resulting in mild to sever central canal stenosis. He has some low back and bilateral sciatica pain. He is having difficulty with urinary retention secondary to neuropathy and now has to self-cath. He is experiencing severe constipation. The pain is worse since the last visit. He taking Prozac and suboxone. He is now using gabapentin on a regular basis rather than an occasional basis for the neuropathic pain. He denies any fevers or chills. The patient denies any other significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. Location: Pain is located in the neck and low back. Quality: Patient describes pain as sharp, electric shock and pins/needles. Severity: Patient describes current pain level as a 8 on a visual analog scale from 1-10 Duration: Pain since 1/2012. Timing: Pain is unpredictable during midday and in the evening. Adverse Events: Constipation. Aberrant Drug Related Behavior: None. ADL: Uses walker at home. UDT was reviewed. NV PMP was reviewed. The patient denies the following since the last appointment: Seeing another pain management physician, loss of bladder or bowel control, entry into a drug rehab program or facility, familial/friends concerned about amount of medications taking, hospitalizations, use of illegal drugs, obtained pain medications from other physicians, suicidal ideation/attempts, seeing a psychiatrist/psychologist. The patient has attested to the following: They are responsible for all medications, they are abiding by the terms of the narcotic agreement, they have not obtained narcotic, sedative or sleep medications from other sources, awareness of pharmacy profile, understanding of 14 day term of controlled substance prescription, informed consent for pan management therapy.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 16 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.

Page 1 of 3

RUSSO-01608

	Hypertension							
Social History:	Back Disease Marital Status: N	Married						
Social History.	Children	hanneu						
		Children Employment: Retired: Physician for 40 years.						
		uate Degree: 4 ye						
	Other: Back.							
	Healthy							
		ngth and/or endu	rance					
	Hobbies/Recreat	ional Activities: Be	efore pain: Tennis.					
	Goals: Not noted							
Past Treatments:	Physical Therapy	: Last was on 12/	13.					
	Surgery							
Family History:	Diabetes							
	Hypertension							
	Kidney Disease	Allergies						
Allergies:	.No Known Drug	Allergies						
Review of Systems:	Endocrine, Eyes, Musculoskeletal, The pertinent po	Gastrointestinal, Neurological, and sitives include lim	ved: Allergic/Immunologic, C Respiratory, Genitourinary, H Psychological. ROS question ited joint movement, muscle pain, pins/needles and prob	Hematologica nnaire is filed pain, numb	al, Integumentar I in chart. ness, spine pain	у,		
Objective:				the second s				
Vitals:	Height:	5'9"	Blood Pressure:	148 / 78	BMI: 29.5			
	Weight. 200		Pulse:	81	O2 Sat:	97		
			Le louay.					
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Page 2 of 3

RUSSO-01609

Qty: 120 Tablet, Ref: 0 Relistor 12mg/0.6ml solution for injection, Sig: 1 SQ qd prn severe constipation, 30 Days, Qty: 30 Milliliter, Ref: 0 Xanax 0.5mg tablet, Sig: 1 po qhs, maximum one tablet per day, 30 Days, Qty: 10 Tablet, Ref: 0

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM. None

Referrals:

S. KOZNANJMO

'Steven Kozmary MD'. 10/29/2016 08:51:35 AM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695 Face to face time greater than 25 minutes CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

RUSSO-01610



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Patient: DOB: Gender:	Simone Russo 09/05/1942 Male
PCP: Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	09/20/2016
Subjective:	
Chief Complaint:	The patient complains of the same pain in the upper back and low back.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit with continued right neck, interscpualr pain. He has had an MRI of the cervical spine. The results are not yet available. He has some low back and bilateral sciatica pain. He is having difficulty with urinary retention secondary to neuropathy and now has to self cath. He is experiencing severe constipation. The pain is worse since the last visit. He taking Prozac an suboxone. He is now using gabapentin on a regular basis rather than an occasional basis for the neuropathic pain. He denies any fevers or chills. The patient denies any other significant adverse effect to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. He denies any fevers or chills. Location: Pain is located in the lower back and bilateral legs. Quality: Patient describes pain as tingling, electric shock and pins/needles. Severity: Patient describes current pain level as a 8 on a visual analog scale from 1-10 Duration: Pain since 1/2012. Timing: Pain is intermittent and unpredictable in the evening. Adverse Events: not noted. Aberrant Drug Related Behavior: None. ADL: Uses walker at home. UDT was reviewed. NV PMP was reviewed. NV PMP was reviewed. NV PMP was reviewed. The patient denies the following since the last appointment: Seeing another pain management physician, loss of bladder or bowel control, entry into a drug rehab program or facility, familial/friends concerned about amount of medications taking, hospitalizations, use of illegal drugs, obtained pain medications from other physicians, suicidal ideation/attempts, seeing a psychiatrist/psychologist. The patient has attested to the following: They are responsible for all medications, they are abiding by the terms of the narcotic agreement, they have not obtained narcotic, sedative or sleep medications from other sources, awareness of pharmacy profile, understanding of 14 day term of controlled substance prescription, informed consent for pan managem
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 15 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.

Simone Russo , DOB : 09/05/1942

Page 1 of 3

RUSSO-01611

Past Medical History:	Hypertension Back Disease							
Social History:	Marital Status							
	Children							
	Employment:	Retired: Physician for	or 40 years.					
	Education: Gr	raduate Degree: 4 ye	ears.					
	Other: Back.							
	Healthy							
		trength and/or endu						
		eational Activities: B	efore pain: Tennis.					
	Goals: Not no		(15					
Past Treatments:		apy: Last was on 12,	/13.					
Family History:	Surgery Diabetes							
Failing History.	Hypertension							
	Kidney Diseas							
Allergies:	.No Known Dr							
Review of Systems:	The following	systems were review	wed: Allergic/Immunologic, C	ardiovascula	r. Constitutional	, ENT,		
	Endocrine, Ey	es, Gastrointestinal,	Respiratory, Genitourinary, H	lematologica	I, Integumentar	у,		
			d Psychological. ROS question					
			nited joint movement, muscle			, swelling,		
	weakness, los	is of balance, muscle	e pain, pins/needles and prob	lems with ba	alance.			
bjective: Vitals:	Height:	5'9"	Blood Pressure:	114 / 62	BMI: 29.5			
VICals:	Height:	59	biobu Pressure.	114/02	DMI: 29.5			
	Weight. 200		Pulse:	85	O2 Sat:	93		
Physical Examination	The nationt is	e a pleasant and coo	perative 74-year-old male.					
Physical Examination		ith his wife in the off						
		and alert with norma						
			uses a wheeled walker.					
		vidence of symptom						
		nocephalic, atraumat						
	SKIN: There are no rashes, lesions or discolorations.							
		S: No evidence of tra						
Assessment:					A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PRO	and its of the second		
Assessment: Diagnoses:	M96.1 Postla	aminectomy syndror	me, not elsewhere classified					
	M54.14 Radio	culopathy, thoracic r	region					
	M54.14 Radio M54.15 Radio	culopathy, thoracic r culopathy, thoracolu	region Imbar region					
Assessment: Diagnoses:	M54.14 Radio M54.15 Radio M70.60 Trock	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, uns	region Imbar region specified hip					
	M54.14 Radio M54.15 Radio M70.60 Trock G60.9 Hered	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, uns litary and idiopathic r	region Imbar region					
	M54.14 Radio M54.15 Radio M70.60 Trock G60.9 Hered K59.09 Other	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, uns litary and idiopathic r r constipation	region Imbar region specified hip neuropathy, unspecified					
	M54.14 Radio M54.15 Radio M70.60 Trock G60.9 Hered K59.09 Other M47.817 Spo	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, uns litary and idiopathic r r constipation ondyls w/o myelopati	region Imbar region specified hip	cr region				
	M54.14 Radio M54.15 Radio M70.60 Trock G60.9 Hered K59.09 Other M47.817 Spo M54.5 Low b	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, uns litary and idiopathic r r constipation ondyls w/o myelopath back pain	region Imbar region specified hip neuropathy, unspecified hy or radiculopathy, lumbosad	cr region				
	M54.14 Radio M54.15 Radio M70.60 Trock G60.9 Hered K59.09 Other M47.817 Spo M54.5 Low b F32.9 Major of	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, uns litary and idiopathic r r constipation ondyls w/o myelopath back pain depressive disorder,	region Imbar region specified hip neuropathy, unspecified hy or radiculopathy, lumbosad single episode, unspecified	cr region				
Diagnoses:	M54.14 Radia M54.15 Radia M70.60 Trock G60.9 Heredi K59.09 Other M47.817 Spo M54.5 Low b F32.9 Major o K59.00 Const	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, uns litary and idiopathic r r constipation ondyls w/o myelopati back pain depressive disorder, tipation, unspecified	region Imbar region specified hip neuropathy, unspecified hy or radiculopathy, lumbosad single episode, unspecified	cr region				
Diagnoses:	M54.14 Radio M54.15 Radio M70.60 Trock G60.9 Heredi K59.09 Other M47.817 Spo M54.5 Low b F32.9 Major o K59.00 Const M54.12 Radio	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, uns litary and idiopathic r r constipation ondyls w/o myelopath ack pain depressive disorder, tipation, unspecified culopathy, cervical re	region Imbar region specified hip neuropathy, unspecified hy or radiculopathy, lumbosad single episode, unspecified	cr region				
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	M54.14 Radia M54.15 Radia M70.60 Trock G60.9 Heredi K59.09 Other M47.817 Spo M54.5 Low b F32.9 Major o K59.00 Const M54.12 Radia M54.12 Radia M54.2 Cervice He has new o	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, uns litary and idiopathic r r constipation ondyls w/o myelopath ack pain depressive disorder, tipation, unspecified culopathy, cervical re calgia	region Imbar region specified hip neuropathy, unspecified hy or radiculopathy, lumbosad single episode, unspecified egion aln and has had an MRI of the	e cervical sp	ne. The results	are not ye		
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Diagnoses: Discussion:	M54.14 Radie M54.15 Radie M70.60 Trock G60.9 Heredi K59.09 Other M47.817 Spo M54.5 Low b F32.9 Major of K59.00 Const M54.12 Radie M54.12 Radie M54.2 Cervice He has new of available. He here 1. 1 2. 1	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, uns litary and idiopathic r r constipation ondyls w/o myelopath ack pain depressive disorder, tipation, unspecified culopathy, cervical re calgia mset interscapular pa has seen Dr. Thalgor	region Imbar region specified hip neuropathy, unspecified hy or radiculopathy, lumbosad single episode, unspecified egion ain and has had an MRI of the tt today. I will start him on ox	e cervical sp	ne. The results and mg.	are not ye		
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Page 2 of 3

RUSSO-01612

Follow up:

Return to clinic in four weeks.

Prescriptions:

Oxycodone hydrochloride 30mg tablet, Sig: 1 o q4 prn pain, maximum four tablets per day, discotinue oxycodoen 15 mg, 30 Days, Qty: 120 Tablet, Ref: 0 NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM.

Referrals:

S. KOZMANYMO

' Steven Kozmary MD'. 09/20/2016 03:46:45 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

None

CPT Coding: 99214 OFFICE OUTPT DETAILED

Addended by - 'Steven Kozmary' 9/20/2016 3:51:09 PM

The patient is indicated for ongoing Urine drug testing (UDT) because of chronic pain requiring controlled substances for the control of pain. The UDT are on a random basis. The most recent UDT results were reviewed. The testing was done with immunoassay on a V-Twin Analyzer which included several drug classes: Amphetamine, barbiturates, benzodiazepines, opiates and specific agents: Propoxyphene, methadone, methaqualone, ethanol glucuronidate, as well as illicit drugs: Cocaine, and PCP. Pertinent positives and negatives were tested with liquid chromatography/mass spectrometry ensuring accuracy and minimizing the likelihood of false positives/false negatives inherent in immunoassay testing. The UDT results were consistent with the prescribed medication(s). There was no evidence of illicit drug use, drug diversion, additional opiate or other drugs ingested (other than the prescribed medications). In summary there was no evidence of aberrant drug behavior that fell outside the narcotic agreement.

The Nevada Prescription Monitoring Program (NV PMP) database was queried regarding this patient's prescription history. The PMP Awar_(x)e program has related, interconnected searches in multiple adjacent and noncontiguous states including but not limited to Arizona, Utah, Idaho, Colorado. The search is unable to query California, or local federal pharmacies including the VA hospital, Nellis Air Force base. Queries detail patient information, location, prescriptions filled, pharmacies and providers writing prescriptions. The patient's NV PMP was queried and reviewed prior to prescribing any controlled substances. The role of the NV PMP is to detect patients obtaining simultaneous prescriptions for controlled substances. There is no evidence that the patient is engaging in doctor shopping at this time.

S. KOBMANYMO

' Steven Kozmary MD'. 09/20/2016 03:51:07 PM (SKozmary)

Simone Russo , DOB : 09/05/1942

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RUSSO-01613

1. 20 Mar	R	Kozmary Center	
and the second s	A. S.	Steven V. Kozmary, M.D.	

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Board & Abbied Arness in Norse & Creater Costs. See your by Care, as to the State const. A new proceeding of the States set of

D5/1942 an S Thalgott MD ven Kozmary licare L3/2016 Description: Distribution: Dist
In S Thalgott MD ven Kozmary licare 13/2016 patient complains of the same pain in the low back and legs. one Russo returns for a follow up evaluation and medication refills. patient returns for a follow up office visit with continued low back and bilateral sciatica pain. His ropathy pain in the lower extremities has worsened. He has travelled to New York and recently rned. He also reports cervical pain and right interscapular pain. He has not had an MRI of the ical spine to date. I reviewed his chart back to 2014. He is having difficulty with urinary retention undary to neuropathy and now has to self-cath. He is experiencing severe constipation. The pain is
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so since the last visit, the taking Prozection and subsorine. The show using gabapentan on a regular is rather than an occasional basis for the neuropathic pain. He denies any fevers or chills. The ent denies any other significant adverse effects to the medications prescribed. There have been no int hospitalizations or ER visits since the last exam. The body pain map was reviewed today. He es any fevers or chills. titon: Pain is located in the lower back and bilateral legs. lity: Patient describes pain as tingling, electric shock and pins/needles. erity: Patient describes current pain level as a 8 on a visual analog scale from 1-10 ation: Pain since 1/2012. ng: Pain is intermittent and unpredictable in the evening. erse Events: not noted. rrant Drug Related Behavior: None. : Uses walker at home.
M follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry bility Index, Pain Diagram and extensive review of systems.
Score 15 . The Oswestry Disability Index (ODI) has become one of the principal condition specific ome measures used in the management of spinal disorders. It has been validated and is a useful sure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete bility.
Prtension Disease
val Status: Married ren oyment: Retired: Physician for 40 years.

Simone Russo , DOB : 09/05/1942

Page 1 of 3

RUSSO-01614

	Education: Graduate Degree: 4 Other: Back. Healthy Decrease in strength and/or end Hobbies/Recreational Activities: Goals: Not noted.	durance Before pain: Tennis.			
Past Treatments:	Physical Therapy: Last was on 1 Surgery	12/13.			
Family History:	Diabetes Hypertension Kidney Disease				
Allergies:	.No Known Drug Allergies				
Review of Systems:	The following systems were rev Endocrine, Eyes, Gastrointestina Musculoskeletal, Neurological, a The pertinent positives Include I weakness, loss of balance, musc	al, Respiratory, Genitourinary, I and Psychological. ROS question limited joint movement, muscle	lematologica nnaire is fileo pain, numb	al, Integumenta d in chart. oness, spine pair	ry,
Objective:		and the second		C COMPANY OF COMPANY	Shingayan and the second second
Vitals:	Height: 5'9"	Blood Pressure:	124 / 76	BMI: 29.5	
	Weight. 200	Pulse:	83	O2 Sat:	94
Physical Examination	The patient is a pleasant and co He is seen with his wife in the o He is awake and alert with norr His gait is antalgic and slow. He There is no evidence of sympto HEENT: Normocephalic, atraum SKIN: There are no rashes, lesi EXTREMITIES: No evidence of	office today. mal speech and affect. e uses a wheeled walker. om magnification. natic. ons or discolorations.			
Assessment:					
Diagnoses:	M96.1 Postlaminectomy syndr M54.14 Radiculopathy, thoraci M54.15 Radiculopathy, thoraci M70.60 Trochanteric bursitis, u G60.9 Hereditary and idiopathi K59.09 Other constipation M47.817 Spondyls w/o myelop M54.5 Low back pain F32.9 Major depressive disorder K59.00 Constipation, unspecifie	c region olumbar region Inspecified hip ic neuropathy, unspecified athy or radiculopathy, lumbosa er, single episode, unspecified	cr region		
Discussion:					
	He has new onset interscapular start him on relistor for OIC. Th show signs of clinical depression options of the therapy with the The Nevada Prescription Monito	e patient understood and has a n and denies any suicidal ideati patient.	agreed to ou on. I discuss	r plan. The patie sed the risks, be	ent does not nefits and
	prescription history. The PMP A adjacent and noncontiguous sta search is unable to query Califor Force base. Queries detail patie writing prescriptions. The patier substances. The role of the NV controlled substances. There is	war _(x) e program has related, in ites including but not limited to rnia, or local federal pharmacie nt information, location, prescr nt's NV PMP was queried and re PMP is to detect patients obtain	terconnected Arizona, Uta s including to ptions filled, eviewed prion ning simultar	d searches in mu ah, Idaho, Color, he VA hospital, I , pharmacies and r to prescribing a neous prescriptic	ultiple ado. The Nellis Air d providers any controlled ons for

Page 2 of 3

RUSSO-01615

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P	-	-	
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- 1. Discontinue suboxone
- 2. Start oxycodone 15 mg up to four tablets per day
- UDT at next visit
- Relistor for opiate induced constipation

Follow up:

Return to clinic in four weeks.

 Prescriptions:
 Medrol 4mg tablet, Sig: take as directed, 1 medrol dosepak, 6 Days, Qty: 1 Tablet, Ref: 0

 Oxycodone hydrochloride 15mg tablet, Sig: 1 po q4 prn pain, maximum four tablets per day, 30 Days, Qty: 120 Tablet, Ref: 0

 Relistor 12mg/0.6ml solution for injection, Sig: 1 SQ qd prn severe constipation, 30 Days, Qty: 30

 Syringe, Ref: 0

 Xanax 0.5mg tablet, Sig: 1 po qhs, maximum one tablet per day, 30 Days, Qty: 10 Tablet, Ref: 0

 NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM.

 Referrals:
 None

S. KORManymo-

'Steven Kozmary MD'. 09/13/2016 02:05:28 PM (SKozmary)

 Steven Kozmary

 NPI:
 1659337459

 License:
 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

RUSSO-01616



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Bruan Frankrike પ્રિયંત પ્રાથમ કે પ્રાથમ કે આવ્યું છે. ઉત્તર સામ મુખ્ય અને પ્રાથમિક અને કે અને અને સામ કે આવ્યું છે. પ્રાથમ આવ્યું આવ્યું અને આવે આવ્યું આવે છે.

Patient:	Simone Russo
DOB:	09/05/1942
Gender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	08/09/2016
Subjective:	
Chief Complaint:	The patient complains of the same pain in the lower back and legs.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refilis.
Interim History:	The patient returns for a follow up office visit with continued low back and bilateral sciatica pain. He is having difficulty with urinary retention secondary to neuropathy. The pain is essentially unchanged since the last visit. He denies any medication side effects. He taking Prozac and suboxone. He does testosterone self-injection on a weekly basis. He has discontinued the Elavil. He is using gabapentin on an occasional basis for neuropathic pain. He had difficulty with the sustained release gabapentin. He denies any fevers or chills. The patient denies any other significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. He denies any fevers or chills. Location: Pain is located in the lower back and bilateral legs. Quality: Patient describes current pain level as a 5 on a visual analog scale from 1-10 Duration: Pain since 1/2012. Timing: Pain is intermittent and unpredictable in the evening. Adverse Events: not noted. Aberrant Drug Related Behavior: None. ADL: Uses walker at home. NV PMP was reviewed UDT was reviewed.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 11 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years.

Simone Russo , DOB : 09/05/1942

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RUSSO-01617

	Hobbies/Recreati Goals: Not noted		ore pain: Tennis.			
Past Treatments:		: Last was on 12/1	3.			
Family History:	Diabetes Hypertension					
	Kidney Disease	Allerates				
Allergies:	.No Known Drug					
Review of Systems:	Endocrine, Eyes, Musculoskeletal, The pertinent po	Gastrointestinal, R Neurological, and R sitives include limit	ed: Allergic/Immunologic, C espiratory, Genitourinary, F Psychological. ROS questior ed joint movement, muscle pain, pins/needles and prob	lematologica naire is filec pain, numb	al, Integumentar l in chart. ness, spine pain	у,
)bjective:						
Vitals:	Height:	5'9"	Blood Pressure:	116 / 70	BMI: 29.5	
	Weight. 200		Pulse:	81	O2 Sat:	93
Physical Examination	He is seen with I He is awake and His gait is antalg There is no evid HEENT: Normoo SKIN: There are	his wife in the offic alert with normal	speech and affect. nagnification. or discolorations.			
Assessment: Diagnoses:	MOC 1 Dealland		e, not elsewhere classified		15-60-00-00-00-00-00-00-00-00-00-00-00-00-	
	M54.14 Radicula M54.15 Radicula M70.60 Trochar G60.9 Hereditar K59.09 Other co M47.817 Spond M54.5 Low back	opathy, thoracic re- opathy, thoracolum nteric bursitis, unsp y and idiopathic ne onstipation yls w/o myelopathy < pain	gion Ibar region	icr region		
Discussion:	use the gabapen patient does not	tin on an as neede	abapentin. He will continue d basis. The patient unders cal depression and denies a with the patient.	stood and ha	s agreed to our	plan. The
	prescription histo adjacent and nor search is unable Force base. Quer writing prescripti substances. The	bry. The PMP Awar ncontiguous states to query California ries detail patient in lons. The patient's role of the NV PMF	Program (NV PMP) databa (x)e program has related, in including but not limited to , or local federal pharmacie formation, location, prescr NV PMP was queried and re P is to detect patients obtain evidence that the patient is	terconnected Arizona, Ut including t iptions filled eviewed prio ning simultar	d searches in mu ah, Idaho, Color he VA hospital, l , pharmacies and r to prescribing a neous prescriptic	Iltiple ado. The Nellis Air d providers any controllec ons for
	immunoanalysis	on a V-Twin Analyz	ere reviewed from May of 20 er included several drug cla	asses: Amph		

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RUSSO-01618

or other drugs ingested (other than the prescribed medications). In summary there was no evidence of aberrant drug behavior that fell outside the narcotic agreement.

Plan:

Suboxone refill at the current dosage
 UDT at next visit

Return to clinic in four weeks.

Follow up:

Referrals:

Prescriptions:

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM. None

S. KOBNARYMO

' Steven Kozmary MD'. 09/18/2016 07:22:51 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695 CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

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RUSSO-01619



Simone Russo

Patient:

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Patient:	Simone Russo
DOB:	09/05/1942
Gender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	07/05/2016
Subjective:	
Chief Complaint:	The patient complains of the same pain in the low back and bilateral legs.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit with continued low back and bilateral sclatica pain. He is having difficulty with urinary retention secondary to neuropathy. The pain is unchanged since the last visit. He denies any medication side effects. He taking Prozac and suboxone. He has discontinued the ElavII. He is using gabapentin on an occasional basis for neuropathic pain. He had difficulty with the sustained release gabapentin. He denies any fevers or chills. The patient denies any other significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. He denies any fevers or chills. Location: Pain is located in the lower back and bilateral legs. Quality: Patient describes pain as tingling, electric shock and pins/needles. Severity: Patient describes current pain level as a 5 on a visual analog scale from 1-10 Duration: Pain since 1/2012. Timing: Pain is unpredictable in the evening. Adverse Events: not noted. Aberrant Drug Related Behavior: None. ADL: Uses walker at home.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 10 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.

Simone Russo , DOB : 09/05/1942

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RUSSO-01620

Past Treatments:	Physical Therapy: Last was on 12/13. Surgery					
Family History:	Diabetes					
	Hypertension					
Allergies:	Kidney Disea No Known D					
Review of Systems:	Endocrine, Ey Musculoskele The pertinent	ves, Gastrointestinal, tal, Neurological, and positives include lim	wed: Allergic/Immunologic, C Respiratory, Genitourinary, H I Psychological. ROS question ited joint movement, muscle pain, pins/needles and prob	Hematologica nnaire is fileo pain, numb	al, Integumentar 1 in chart. ness, spine pain	у,
bjective:				the second s	the second s	
Vitals:	Height:	5'9"	Blood Pressure:	118 / 72	BMI: 29.5	
	Weight. 200		Pulse:	81	O2 Sat:	96
Physical Examination	The patient is a pleasant and cooperative 73-year-old male. He is seen with his wife in the office today. He is awake and alert with normal speech and affect. His gait is antalgic and slow. There is no evidence of symptom magnification. HEENT: Normocephalic, atraumatic. SKIN: There are no rashes, lesions or discolorations.					
Assessment:		S: No evidence of tra				Sec. 1
Diagnoses:	M54.14 Radi M54.15 Radi M70.60 Troc G60.9 Hered K59.09 Othe M47.817 Spo M54.5 Low b	culopathy, thoracic re culopathy, thoracolu hanteric bursitis, uns litary and idiopathic r r constipation ondyls w/o myelopath back pain	mbar region	cr region		
Discussion:	gabapentin or does not show	n an as needed basis	gabapentin. He will continue . The patient understood and pression and denies any suici y with the patient.	has agreed	to our plan. Th	e patient
Plan:		Suboxone refill at the UDT at next visit	e current dosage			
Follow up:	Return to clin	ic in four weeks.				
Prescriptions:	Suboxone 8-2 0	MG Film Sublingual,	Sig: 1 po qhs maximum one p Sig: 1 SL qd, discontinue all o SIBILITY: I have assumed re	other opiates	s, 30 Days, Qty:	30 Film, Ref:
	NARCUTIC MI		DIDILLIT: I nave assumed re			

' Steven Kozmary MD'. 07/05/2016 01:48:41 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

Simone Russo , DOB : 09/05/1942

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RUSSO-01621

CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

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Page 3 of 3

RUSSO-01622



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Patient: DOB:	Simone Russo 09/05/1942
Gender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	05/17/2016
Subjective:	
Chief Complaint:	The patient complains of pain in the lower back and bilateral legs is the same.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit with continued low back and bilateral sciatica pain. The pain is unchanged since the last visit. He denles any medication side effects. He is using gabapentin on an occasional basis for neuropathic pain. He does have some sedation with the gabapentin. He states it affects his mentation. He denles any fevers or chills. The patient denies any other significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. He denies any fevers or chills. Location: lower back and bilateral legs.
	Quality: Patient describes pain as tingling, electric shock, stabbing, pins/needles and exhausting. Severity: Patient describes current pain level as a 6-10 on a visual analog scale from 1-10 Duration: Pain since 1/2012. Timing: Pain is intermittent and unpredictable.
	Adverse Events: not noted. Aberrant Drug Related Behavior: None. ADL: Uses walker at home.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 9 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis.
A State of the second	Goals: Not noted.
Past Treatments:	Physical Therapy: Last was on 12/13.

Simone Russo , DOB : 09/05/1942

Page 1 of 3

RUSSO-01623

Family History:	Surgery Diabetes Hypertension Kidney Disease						
Allergies:	.No Known Drug						
Review of Systems:	Endocrine, Eyes Musculoskeletal The pertinent p	, Gastrointestinal, , Neurological, and ositives include lim	ved: Allergic/Immunologic, C Respiratory, Genitourinary, H I Psychological. ROS questior ited joint movement, muscle pain, pins/needles and prob	lematologic naire is file pain, numb	al, Integumenta d in chart. mess, spine pair	гу,	
bjective:							
Vitals:	Height:	5'9"	Blood Pressure:	120 / 66	BMI: 31.7		
	Weight. 215		Pulse:	87	O2 Sat:	90	
Physical Examination	The patient is a pleasant and cooperative 73-year-old male. He is seen with his wife in the office today. He is awake and alert with normal speech and affect. His gait is antalgic and slow. There is no evidence of symptom magnification. HEENT: Normocephalic, atraumatic. SKIN: There are no rashes, lesions or discolorations. EXTREMITIES: No evidence of trauma or deformity.						
Assessment:							
	M54.15 Radicu M70.60 Trocha G60.9 Heredita K59.09 Other o M47.817 Spond M54.5 Low bac	constipation dyls w/o myelopath k pain	mbar region	cr region			
Discussion:	I will continue the Suboxone. I had a long and detailed discussion with the patient and his wife regarding restarting opiates. We collectively decided to continue the suboxone. He will use the gabapentin on an as needed basis. The patient understood and has agreed to our plan. The patient does not show signs of clinical depression and denies any suicidal ideation. I discussed the risks, benefits and options of the therapy with the patient. Aberrant Drug Behavior Assessment: The patient appears to be taking their medication as prescribed. There is ongoing urine drug testing, pharmacy profiles and psychological testing in an effort to uncover aberrant drug behavior. At this time there is no evidence of aberrant drug behavior. I will continue to						
	prescribe opiate	s for chronic pain s e side effects of th	syndrome in an effort to redu	ice painful s	ymptoms, impro	ve function	
Plan:		boxone refill at the OT at next visit	current dosage				
Follow up:	Return to clinic i	n four weeks.					
Prescriptions:	Suboxone 8-2M0	G Film Sublingual, S	Sig: 1 SL qd, discontinue all c	other opiates	s, 30 Days, Qty:	30 Film, Ref	
Referrals:	NARCOTIC MEDI medications per None	ICATION RESPONS the narcotic agree	IBILITY: I have assumed res ment. The patient has signed	ponsibility fi a narcotic a	or all prescribing agreement with	all narcotic KCPM.	

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RUSSO-01624

S. KD ZMANYMD 'Steven Kozmary MD'. 05/17/2016 02:55:52 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695 CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

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Page 3 of 3

RUSSO-01625



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Patient: DOB:	Simone Russo 09/05/1942
Gender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	04/07/2016
Subjective:	
Chief Complaint:	The patient complains of pain in the lower back and legs are the same.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for a follow up office visit with continued low back and bilateral sciatica pain. He also complains of foot spasms. He has continued pain that is worsened when he is walking. He recently travelled to New York for the birth of his grandchild. His pain worsened with the air travel. He is using gabapentin on an occasional basis for neuropathic pain. He does have some sedation with the gabapentin. He denies any fevers or chills. The patient denies any significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. He denies any fevers or chills. Location: lower back and bilateral legs.
	Quality: Patient describes pain as tingling, electric shock, stabbing, pins/needles and exhausting. Severity: Patient describes current pain level as a 5-10 on a visual analog scale from 1-10 Duration: not noted. Timing: Pain is intermittent. Adverse Events: not noted. Aberrant Drug Related Behavior: None. ADL: Uses walker at home.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 9 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.

Simone Russo , DOB : 09/05/1942

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Past Treatments:	Physical 7 Surgery	herapy: Last was	on 12/13.					
Family History:	Diabetes Hypertens Kidney Di							
Allergies:		n Drug Allergies						
Review of Systems:	Endocrine Musculos The pertir	, Eyes, Gastrointe eletal, Neurologic	stinal, Respirato al, and Psycholo Ide limited joint	rgic/Immunologic, (ory, Genitourinary, l ogical. ROS question movement, muscle d pins/needles.	Hematologicannaire is file	al, Integumenta d in chart.	ry,	
bjective:								
Vitals:	Height:	5'9"	n sei lähili sy mendiski kan sen ställ pieren ins	Blood Pressure:	140 / 76	BMI: 31.7	and the second secon	
	Weight. 2	15		Pulse:	82	O2 Sat:	93	
Physical Examination	He is seen He is awa	The patient is a pleasant and cooperative 73-year-old male. He is seen with his wife in the office today. He is awake and alert with normal speech and affect. His gait is antalgic and slow.						
	There is r HEENT: N SKIN: The	no evidence of syr lormocephalic, atr ere are no rashes,	nptom magnifica aumatic. lesions or disco	olorations.				
Assessment:	EXTREMI	TIES: No evidence	of trauma or d	eformity.				
	M70.60 T G60.9 He K59.09 O M47.817 M54.5 Lo	M54.14 Radiculopathy, thoracic region M54.15 Radiculopathy, thoracolumbar region M70.60 Trochanteric bursitis, unspecified hip G60.9 Hereditary and idiopathic neuropathy, unspecified K59.09 Other constipation M47.817 Spondyls w/o myelopathy or radiculopathy, lumbosacr region M54.5 Low back pain F32.9 Major depressive disorder, single episode, unspecified						
Discussion:	improved and his wi understoo	I will continue the Suboxone. I will start Lyrica which he has taken in the past. His overall function has improved markedly since lumbar decompressing. I had a long and detailed discussion with the patient and his wife regarding restarting opiates. We collectively decided to continue the suboxone. The patient understood and has agreed to our plan. The patient does not show signs of clinical depression and denies any suicidal ideation. I discussed the risks, benefits and options of the therapy with the patient.						
Plan:	1. 2. 3. 4.	Suboxone Continue Elavi Medrol Dosepa Start Lyrica						
Follow up:		clinic in four week	5					
Prescriptions:	Lyrica 50M 0 Medrol (pa	G Capsule Oral, S k) 4MG Tablet Or	ig: 1 po bid, ma al, Sig: take as o	2 po qhs, 30 Days, (aximum two tablets directed, 6 Days, Qt	per day, 30 by: 1 Package	Days, Qty: 60 C	apsule, Ref:	
	Metanx 3-3	Metanx 3-35-2MG Tablet Oral, Sig: 1 PO BID, 30 Days, Qty: 60, Ref: 0 Suboxone 8-2MG Film Sublingual, Sig: 1 SL qd, discontinue all other opiates, 30 Days, Qty: 30 Film, Ref:						
	Metanx 3-3 Suboxone	8-2MG Film Sublir	gual, Sig: 1 SL	qd, discontinue all o	other opiates	, 30 Days, Qty:	30 Film, Ref:	

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RUSSO-01627

Referrals:

None

S. KARMANY MD_ 'Steven Kozmary MD'. 04/07/2016 09:55:14 AM (SKozmary) Steven Kozmary NPI: 1659337459 5695 License: CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

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RUSSO-01628



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Patient: DOB:	Simone Russo 09/05/1942
Gender:	Male
PCP: Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	03/15/2016
Subjective:	
Chief Complaint:	The patient complains of pain in the lower back and bilateral legs is the same.
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	The patient returns for a follow up office visit with continued low back and left sciatica pain. He has continued pain that is worse when he is walking. He is using gabapentin on an occasional basis for neuropathic pain. He does have some sedation with the gabapentin. He denies any fevers or chills. The patient denies any significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. He denies any fevers or chills. Location: lower back and bilateral legs. Quality: Patient describes pain as electric shock, stabbing and pins/needles. Severity: Patient describes current pain level as a 6 on a visual analog scale from 1-10
	Duration: not noted. Timing: Pain is unpredictable. Adverse Events: not noted. Aberrant Drug Related Behavior: None. ADL: Uses walker at home.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 10 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbles/Recreational Activities: Before pain: Tennis. Goals: Not noted.
Past Treatments:	Physical Therapy: Last was on 12/13.

Simone Russo , DOB : 09/05/1942

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RUSSO-01629

Family History:	Surgery Diabetes Hypertension Kidney Disea:					
Allergies:	.No Known D					
Review of Systems:	Endocrine, Ey Musculoskele The pertinent	ves, Gastrointestinal, tal, Neurological, and positives include lin	wed: Allergic/Immunologic, C Respiratory, Genitourinary, I d Psychological. ROS question nited joint movement, muscle e pain and pins/needles.	Hematologica nnaire is filed	al, Integumenta in chart.	гу,
Objective:						
Vitals:	Height: Weight 2001b	5'9" s.	Blood Pressure: Pulse:	110 / 70 85	BMI: O2 Sat:	93
Physical Examination	He is seen wi He is awake His gait is an There is no e HEENT: Norn SKIN: There	ith his wife in the off and alert with norma talgic and slow. widence of symptom nocephalic, atrauma are no rashes, lesior	al speech and affect. magnification. tic. ns or discolorations.			
Assessment:	EXTREMITIES	5: No evidence of tra	auma or deformity.			
Diagnoses:	M54.14 Radi M54.15 Radi M70.60 Troc G60.9 Hered K59.09 Othe M47.817 Spo M54.5 Low b	culopathy, thoracic r culopathy, thoracolu hanteric bursitis, un itary and idiopathic r constipation ondyls w/o myelopat vack pain	mbar region	cr region		
Discussion:	show signs of	e the Suboxone. The clinical depression a therapy with the pa	e patient understood and has and denies any suicidal ideati atient.	agreed to o on. I discuss	ur plan. The pat ed the risks, ber	ient does not nefits and
Plan:		Discontinue oxycodo Start suboxone	ne			
Follow up:	Return to clini	ic in four weeks.				
Prescriptions:	Suboxone 8-2 0 NARCOTIC ME	MG Film Sublingual, EDICATION RESPON	l, Sig: 1-2 po qhs, 30 Days, Q Sig: 1 SL qd, discontinue all SIBILITY: I have assumed re	other opiates	s, 30 Days, Qty:	all parcotic
Referrals:	None	er the harcouc agree	ement. The patient has signed	a narcotic	agreement with	КСРМ.

S. KOBNANJMO

 ' Steven Kozmary MD'. 03/15/2016 04:18:17 PM (SKozmary)

 Steven Kozmary

 NPI:
 1659337459

 License:
 5695

 CPT Coding:

 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

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RUSSO-01630

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J	Steven V. Kozmary, M.D.	

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Patient:	Simone Russo
DOB: Gender:	09/05/1942 Male
sender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	02/16/2016
Subjective:	
Chief Complaint:	The patient complains of the same pain in his lower back.
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	The patient returns for a follow up office visit with continued low back and left sciatica pain. He has developed a productive cough. He denies any fevers or chills. He is using a walker on occasion. He would like to discontinue oxycodone and restart suboxone. He denies any fevers or chills. The patient denies any significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. He denies any fevers or chills. Location: lower back. Quality: Patient describes pain as stabbing, electric shock, and pins/needles Severity: Patient describes current pain level as a 5 on a visual analog scale from 1-10 Duration: Jan 2012 Timing: Pain is intermittent Adverse Events: Constipation. Aberrant Drug Related Behavior: None.
	ADL: Uses walker at home.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 10 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.
	Physical Therapy: Last was on 12/13.

Page 1 of 3

RUSSO-01631

Family History:	Surgery Diabetes Hypertens						
Allergies:	Kidney Dis .No Knowr	n Drug Allerg	ies				
Review of Systems:	Endocrine, Musculosk The pertin	, Eyes, Gastri eletal, Neuro ent positives	ointestinal, R logical, and include limit	ed: Allergic/Immuno Respiratory, Genitour Psychological. ROS o red joint movement, pain and pins/needle	inary, Hematolog questionnaire is fi muscle pain, nur	ical, Integumenta led in chart.	iry,
bjective:							
Vitals:	Height: Weight 20		9"	Blood Pres Pulse:	sure: 120 / 7 86	0 BMI: O2 Sat:	92
Physical Examination	He is seer He is awa His gait is There is n HEENT: N SKIN: The	with his wif ke and alert antalgic and o evidence o lormocephali ere are no ra	ie in the offic with normal I slow. of symptom r c, atraumatic shes, lesions	speech and affect. magnification. c. or discolorations.	nale.		
Assessment:	EXTREMIT	TIES: No evid	lence of trau	ima or deformity.			
Diagnoses:	M54.14 R M54.15 R M70.60 T G60.9 He K59.09 O M47.817 M54.5 Lo	Radiculopathy Radiculopathy Trochanteric I ereditary and ther constipa Spondyls w/ w back pain	 thoracic re thoracolun bursitis, unsp idiopathic neation myelopathic 	nbar region	ed umbosacr region		
Discussion:	our plan. discussed Aberrant I There is o aberrant c prescribe	The patient of the risks, be Drug Behavio ngoing urine drug behavio opiates for cl	loes not sho nefits and op or Assessmer drug testing r. At this tim	nd restart the Suboxo w signs of clinical de otions of the therapy at: The patient appea b, pharmacy profiles e there is no evidence yndrome in an effort	pression and der with the patient ars to be taking ti and psychologica te of aberrant dru	lies any suicidal ic heir medication as I testing in an effo g behavior. I will	leation, I s prescribed. ort to uncover continue to
	Side effect specifically status, add therapy. T therapy. I continue n	ts of chronic y nausea, voi diction, abus he side effec will continue ny vigilance i evada Board	opiate thera miting, sedat e or overdos ts at this po to monitor to regarding ab	py: I have enquired ion, itching, constipa e. The patient has re int are minimal and o for any evidence of s use and/or addiction profiles and urine d	ation, respiratory eported none of t do not contraindi- side effects of chi of opiates. I will	depression, altered he side effects of cate the use of ch onic opiate therag also continue to a	ed mental chronic opiate ronic opiate by. I will monitor the
Plan:	1. 2.	Discontine Start sube	ue oxycodono oxone	e			
	3.	Start Zith	romycin for L	JRI			

Suma a

1

Page 2 of 3

RUSSO-01632

Prescriptions:

Suboxone 8-2MG Film Sublingual, Sig: 1 SL qd, discontinue all other opiates, 30 Days, Qty: 30 Film, Ref: 0

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM. None

Referrals:

S. KOBNARYMO

' Steven Kozmary MD'. 05/15/2016 04:50:44 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

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RUSSO-01633

Steven	nary Center (344 V. Kozmary, M.D.	Burged Cardina Schemmen and an and the second se
Patient: DOB: Gender:	Simone Russo 09/05/1942 Male	
PCP: Referring Physician:	John S Thalgott MD Steven Kozmary	
Primary Insurance:	Medicare	
Exam Date:	01/21/2016	
Subjective:		
Chief Complaint:	The patient complains of bilateral leg pain and low bac	ck pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation.	
Interim History:	The patient returns for a follow up office visit with vary patient has a SCS consult with Dr. Thalgott 2/2/2016. past. He denies any fevers or chills. The patient denie medications prescribed. There have been no recent ho body pain map was reviewed today. He denies any fev Location: low Back and bilateral legs Quality: Patient describes pain as tingling, electric shot Severity: Patient describes current pain level as a 8 on Duration: Jan 2012 Timing: Pain is unpredictable and intermittent Adverse Events: Constipation. Aberrant Drug Related Behavior: None ADL: Uses walker.	He has had a trial of spinal cord stimulation in the es any significant adverse effects to the ospitalizations or ER visits since the last exam. The vers or chills. ck and pins/needles a visual analog scale from 1-10
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, Disability Index, Pain Diagram and extensive review of	
Oswestry Disability Index (ODI):	ODI Score 16 . The Oswestry Disability Index (ODI) has outcome measures used in the management of spinal of measure of outcome. (Spine 2000 Nov 1;25(21):2846- 5-14 mild disability, 15-24 moderate disability, 25-34 se disability.	disorders. It has been validated and is a useful -52) The ODI score of 0-4 indicates no disability,
Past Medical History:	Hypertension Back Disease	
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.	
Past Treatments:	Physical Therapy: Last was on 12/13.	

Page 1 of 3

RUSSO-01634

Family History:	Diabetes Hypertension Kidney Disease				
Allergies:	.No Known Drug Allergies				
Review of Systems:	The following systems were revie Endocrine, Eyes, Gastrointestinal Musculoskeletal, Neurological, an The pertinent positives include no and feet, problem with balance.	, Respiratory, Genitourinary, H ad Psychological. ROS question	Hematologica nnaire is filed	al, Integumenta 1 in chart.	ry,
bjective;					
Vitals:	Height: 5'9" Weight 200lbs.	Blood Pressure: Pulse:	120 / 70 89	BMI: O2 Sat:	93
Physical Examination	The patient is a pleasant and coord He is seen with his wife in the of He is awake and alert with norm His gait is antalgic. He uses a war There is no evidence of symptom HEENT: Normocephalic, atrauma SKIN: There are no rashes, lesion EXTREMITIES: No evidence of the	ffice today. al speech and affect. alker for ambulation. n magnification. atic. ns or discolorations. auma or deformity.			
Assessment:	Left posterior sciatic tenderness.				
Diagnoses:	M96.1 Postlaminectomy syndro M54.14 Radiculopathy, thoracic M54.15 Radiculopathy, thoracolu M70.60 Trochanteric bursitis, un G60.9 Hereditary and idiopathic K59.09 Other constipation M47.817 Spondyls w/o myelopai M54.5 Low back pain F32.9 Major depressive disorder,	region umbar region ispecified hip neuropathy, unspecified thy or radiculopathy, lumbosa	cr region		
Discussion:	The patient's pain is poorly contro- continue testosterone therapy for The patient does not show signs risks, benefits and options of the	r hypogonadism. The patient u of clinical depression and den	inderstood a	ind has agreed t	o our plan
Plan:	 Start oxycodone Discontinue Opana Testosterone therap 	У			
Follow up:	Return to clinic in four weeks.				
Prescriptions:	Oxycodone hcl 20MG Tablet Oral, opana, 30 Days, Qty: 90 Tablet, F Testosterone cypionate 200MG/M Bottle, Ref: 5 NARCOTIC MEDICATION RESPON	Ref: 0 L Solution Intramuscular, Sig: ISIBILITY: I have assumed res	1 ml IM q w	veekly, 30 Days,	Qty: 1
Referrals:	medications per the narcotic agree None	ement. The patient has signed	a narcotic a	agreement with I	KCPM.

Page 2 of 3

RUSSO-01635

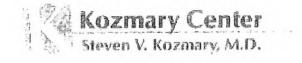
S. KORMANY MO

' Steven Kozmary MD'. 05/10/2016 03:43:41 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

RUSSO-01636



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Patient: DOB:	Simone Russo 09/05/1942
Gender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	12/23/2015
Subjective:	
Chief Complaint:	The patient complains of a worsening pain in his back, legs, and feet.
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	The patient returns for a follow up office visit with worsening low back and left posterior sciatica pain. He has difficulty walking for more than ten feet before the onset of severe pain. He is using a walker. He would like to increase the Opana to 10 mg BID. He denies any fevers or chills. The patient denies any significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today. He denies any fevers or chills. He has GI upset from the ibuprofen. He will discontinue this medication.
	Location: Back and bilateral legs Quality: Patient describes pain as sharp, tingling, electric shock, stabbing and pins/needles Severity: Patient describes current pain level as a 10 on a visual analog scale from 1-10 Duration: Jan 2012 Timing: Pain is unpredictable.
	Adverse Events: Constipation. Aberrant Drug Related Behavior: UDT today. ADL: Uses walker.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 20 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease In strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis.

Simone Russo , DOB : 09/05/1942

Page 1 of 3

RUSSO-01637

Past Treatments:	-	py: Last was on 12/2	13.				
Family History:	Surgery Diabetes						
ranny motory.	Hypertension						
	Kidney Disease						
Allergies:	.No Known Dru	ig Allergies					
Review of Systems:	Endocrine, Eye Musculoskeleta The pertinent p	s, Gastrointestinal, F I, Neurological, and positives include limi	ed: Allergic/Immunologic, C Respiratory, Genitourinary, H Psychological. ROS question ted joint movement, muscle pain and pins/needles.	Hematologica nnaire is fileo	al, Integumenta I in chart.	гу,	
bjective:		AND			an a	and the second	
Vitals:	Height: Weight 200lbs.	5'9"	Blood Pressure: Pulse:	140 / 86 75	BMI: O2 Sat:	95	
Physical Examination	He is seen with He is awake ar His gait is anta There is no evi HEENT: Norma	h his wife in the offic nd alert with normal algic. He uses a walk idence of symptom pocephalic, atraumati	speech and affect. er for ambulation. magnification. c.				
	SKIN: There are no rashes, lesions or discolorations. EXTREMITIES: No evidence of trauma or deformity.						
			ima or deformity.				
Assessment:	Left posterior s	sciatic tenderness.					
Diagnoses:	M54.14 Radict M54.15 Radict M70.60 Troch G60.9 Heredit K59.09 Other M47.817 Spor M54.5 Low ba	ulopathy, thoracic re ulopathy, thoracolur anteric bursitis, uns ary and idiopathic n constipation ndyls w/o myelopath ick pain	nbar region	acr region			
Discussion:	indicated for a does not show	sciatic nerve injection signs of clinical dep	led. I will increase the Opar on. The patient understood ression and denies any suic on therapy with the patient.	and has agre	eed to our plan.	The patient	
Plan:	1. II	ncrease Opana					
	2. L	eft sciatic nerve inje	ction				
	3. M	Nedrol dose Pak					
Follow up:	Return to clinic	in four weeks.					
	Medrol (pak) 4	MG Tablet Oral, Sig: G Tablet Extended R	take as directed, 6 Days, Q elease 12 Hour Oral, Sig: 1	po bid, maxi	ie, Ref: 0 mum two table	ts per day,	
Prescriptions:			Days, Qty: 60 Tablet, Ref:	0			
Prescriptions:	discontinue opa	ana 5 mg tablets, 30 DICATION RESPONS	Days, Qty: 60 Tablet, Ref: SIBILITY: I have assumed re ment. The patient has signe	esponsibility			

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RUSSO-01638

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S. KN BMANY MD-'Steven Kozmary MD'. 12/23/2015 05:08:16 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

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RUSSO-01639

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A Steven	V. Kozmary, M.D.	િલ્લામાં પ્રેલીમાં પ્રથમિત્રણી પ્રેલ્ટા પર પ્રેલી વિસ્તાર પ્રેલીમાં પ્રાથમિક પ્ર વિદ્વાર મુખ્યત્વે કે પ્રેલી પ્રેલી પ્રેલી પ્રેલીમાં પ્રેલીમાં પ્રેલીમાં પ્રેલીમાં પ્રેલીમાં પ્રેલીમાં પ્રેલીમાં પ્રાથમિક પ્રાથમિક પ્રતિ પ્રસાણ
Patient: DOB: Gender:	Simone Russo 09/05/1942 Male	
PCP: Referring Physician:	John S Thalgott MD Steven Kozmary	
Primary Insurance:	Medicare	
Exam Date:	12/08/2015	
Subjective:		
Chief Complaint:	The patient complains of lower back pair	n.
Reason for Visit:	Simone Russo returns for a follow up eva	aluation.
Interim History:	radicular pain. He has difficulty walking f would like to restart opiate therapy and o have become significant. The patient der prescribed. There have been no recent h map was reviewed today. He denies any He has GI upset from the ibuprofen. He Location: Back and bilateral legs Quality: Patient describes pain as electric Severity: Patient describes current pain le Duration: Jan 2012 Timing: Pain is unpredictable. Adverse Events: Constipation. Aberrant Drug Related Behavior: UDT too ADL: Uses walker.	will discontinue this medication. : shock, stabbing and dull ache evel as a 1 on a visual analog scale from 1-10 day.
Reviewed Data:	KCPM follow up questionnaire, last visit p Disability Index, Pain Diagram and exten	rogress note, diagnoses, medications, vital signs, Oswestry sive review of systems.
Oswestry Disability Index (ODI):	outcome measures used in the managem measure of outcome. (Spine 2000 Nov 1	ndex (ODI) has become one of the principal condition specific next of spinal disorders. It has been validated and is a useful ;25(21):2846-52) The ODI score of 0-4 indicates no disability, bility, 25-34 severe disability, greater than 34 complete
Past Medical History:	Hypertension Back Disease	
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 ye Education: Graduate Degree: 4 years.	ears.

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Simone Russo , DOB : 09/05/1942

Other: Back. Healthy

Goals: Not noted.

Decrease in strength and/or endurance

Hobbies/Recreational Activities: Before pain: Tennis.

Page 1 of 3

RUSSO-01640

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Past Treatments:	Physical Th	nerapy:	Last was on 12	/13.			
	Surgery						
Family History:	Diabetes						
	Hypertensi						
	Kidney Dise						
Allergies:	.No Known	Drug A	Allergies				
Review of Systems:	The following systems were reviewed: Allergic/Immunologic, Cardiovascular. Constitutional, ENT, Endocrine, Eyes, Gastrointestinal, Respiratory, Genitourinary, Hematological, Integumentary, Musculoskeletal, Neurological, and Psychological. ROS questionnaire is filed in chart. The pertinent positives include limited joint movement, muscle pain, numbness, spine pain, swelling, weakness, loss of balance, muscle pain and pins/needles.						
bjective:							
Vitals:	Height:		5'9"	Blood Pressure:	118 / 66	BMI:	and the second se
	Weight in Ibs.:213			Pulse:	83	O2 Sat:	97
Physical Examination	The patien	t is a p	leasant and coo	perative 72-year-old male.			
			s wife in the off				
				al speech and affect.			
				ker for ambulation. There is r	no evidence	of symptom ma	anification
			phalic, atraumat				3.11164.0011
				is or discolorations.			
				auma or deformity.			
Assessment:				and of actornicy.			
Diagnoses:	 M96.1 Postlaminectomy syndrome, not elsewhere classified M54.14 Radiculopathy, thoracic region M54.15 Radiculopathy, thoracolumbar region M70.60 Trochanteric bursitis, unspecified hip G60.9 Hereditary and idiopathic neuropathy, unspecified K59.09 Other constipation M47.817 Spondyls w/o myelopathy or radiculopathy, lumbosacr region M54.5 Low back pain F32.9 Major depressive disorder, single episode, unspecified 						
	The patient's pain is poorly controlled. I will stop the Suboxone and start Opana. The patient understood and has agreed to our plan. The patient does not show signs of clinical depression and denies any suicidal ideation.						
Discussion:	The patient	t unders	stood and has a	greed to our plan. The patien	and start O It does not s	pana. how signs of clir	nical
	The patient depression	t unders and de	stood and has a	greed to our plan. The patien I ideation.	and start O at does not s	pana. how signs of clir	nical
	The patient depression	t unders and de Disco	stood and has a nies any suicida	greed to our plan. The patien I ideation.	and start O at does not s	pana. how signs of clir	nical
	The patient depression	t unders and de Disco Start	stood and has a nies any suicida ontinue Suboxon	greed to our plan. The patien I ideation. e	and start O at does not s	pana. how signs of clir	nical
Plan:	The patient depression 1. 2.	t unders and de Disco Start Disco	stood and has a nies any suicida ontinue Suboxon : Opana ontinue ibuprofe	greed to our plan. The patien I ideation. e	and start O at does not s	pana. how signs of clir	nical
Plan: Follow up:	The patient depression 1, 2. 3.	t unders and de Disco Start Disco	stood and has a nies any suicida ontinue Suboxon : Opana ontinue ibuprofe	greed to our plan. The patien I ideation. e	and start O It does not s	pana. how signs of clir	nical
Discussion: Plan: Follow up: Prescriptions:	The patient depression 1. 2. 3. Return to cl NARCOTIC I	t unders and de Disco Start Disco linic in f	stood and has a enles any suicida ontinue Suboxon Opana ontinue ibuprofe four weeks, ATION RESPON:	greed to our plan. The patien I ideation. e	at does not s	how signs of clir	all narcotic

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Suma

Page 2 of 3

RUSSO-01641

S. KOBNANGMO

' Steven Kozmary MD'. 12/08/2015 01:55:10 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

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RUSSO-01642



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Patient:	Simone Russo
DOB:	09/05/1942
Gender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	11/04/2015
Subjective:	
Chief Complaint:	The patient complains of lower back and bilateral leg pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	The patient returns for a follow up office visit with unchanged low back and radicular pain. The patient denies any significant adverse effects to the medications prescribed. There have been no recent hospitalizations or ER visits since the last exam. The body pain map was reviewed today.
	Location: Back and bilateral legs
	Quality: Patient describes pain as electric shock, stabbing and dull ache
	Severity: Patient describes current pain level as a 1 on a visual analog scale from 1-10
	Duration: Jan 2012
	Timing: Pain is unpredictable.
	Adverse Events: Constipation.
	Aberrant Drug Related Behavior: UDT today.
	ADL: Uses walker.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 16 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension
	Back Disease
Social History:	Marital Status: Married
	Children Employment: Betirad: Bhysician for 40, years
	Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years.
	Other: Back.
	Healthy
	Decrease in strength and/or endurance
	Decrease in strength and/or endurance Hobbles/Recreational Activities: Before pain: Tennis.
	Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.
Past Treatments:	Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.
Past Treatments:	Hobbies/Recreational Activities: Before pain: Tennis.

Simone Russo , DOB : 09/05/1942

Page 1 of 2

RUSSO-01643

	Hypertension Kidney Disease					
Allergies:	No Known Drug Allergies					
Review of Systems:	The following systems were reviewed: Allergic/ Endocrine, Eyes, Gastrointestinal, Respiratory, Musculoskeletal, Neurological, and Psychologica The pertinent positives include limited joint mo weakness, loss of balance, muscle pain and pir	Genitourinary, H al. ROS question vement, muscle	lematologica naire is filed	al, Integumentai I in chart.	ту,	
Objective:						
Vitals:		ood Pressure: Ilse:	108 / 64 91	BMI: O2 Sat:	97	
Physical Examination	The patient is a pleasant and cooperative 72-year-old male. He is seen with his wife in the office today. He is awake and alert with normal speech and affect. His gait is antalgic. He uses a walker for ambulation. There is no evidence of symptom magnification. HEENT: Normocephalic, atraumatic. SKIN: There are no rashes, lesions or discolorations. EXTREMITIES: No evidence of trauma or deformity.					
Assessment:						
	M54.14 Radiculopathy, thoracic region M54.15 Radiculopathy, thoracolumbar region M70.60 Trochanteric bursitis, unspecified hip G60.9 Hereditary and idiopathic neuropathy, u K59.09 Other constipation M47.817 Spondyls w/o myelopathy or radiculo M54.5 Low back pain F32.9 Major depressive disorder, single episod	pathy, lumbosad	cr region			
Discussion:	The patient's pain is moderately controlled on the medication regimen and I will refill the medications today. The patient understood and has agreed to our plan. The patient does not show signs of clinical depression and denies any suicidal ideation.					
Plan:	1. Refill Suboxone.					
Follow up:	Return to clinic in four weeks.					
Prescriptions:	Linzess 290MCG Capsule Oral, Sig: Take 1 tab po qd, 30 Days, Qty: 30, Ref: 0 Suboxone 8-2MG Film Sublingual, Sig: 1 SL qd, discontinue all other oplates, 30 Days, Qty: 30 Film, Ref 0					
	NARCOTIC MEDICATION RESPONSIBILITY: I h medications per the narcotic agreement. The particular sector is a sector of the particular sector of the sector of	ave assumed res atient has signed	sponsibility f	or all prescribing agreement with	g all narcotic KCPM.	
Referrals:	None					
S. KNBMANYM	2_					
Steven Kozmary MD'. 12 PI: 165933745	L/24/2015 IU:20:50 AM (Skozmary)Stever	n Kozmary				
cense: 5695						

CPT Coding: 99213 OFFICE OUTPT EXPANDED

Page 2 of 2

51	家藏	Kozmary Center	
3	A. S.	Steven V. Kozmary, M.D.	

Patient: DOB:

Gender:

PCP:

Simone Russo

09/05/1942 Male

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PCP: Referring Physician:	John S Thalgott MD
	Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	09/15/2015
Subjective:	
Chief Complaint:	The patient complains of leg pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	73 y.o. male presents with neuropathic pain that remains unchanged since last visit. He reports bilatera lower extremity pain with swelling. He reports improved sacral pain with prescribed solu-medrol dose pack. The patient also started Elavil this past month. He also presents for a refill of medications. He reports constipation as a side effect. There have been no ER visits or hospitalizations since last visit. He denies suicidal ideation. The patient denies withdrawal symptoms or effects from Suboxne and reports good relief.
	Location: Back and bilateral legs Quality: Patient describes pain as electric shock, stabbing and dull ache Severity: Patient describes current pain level as a 1 on a visual analog scale from 1-10 Duration: Jan 2012 Timing: Pain is unpredictable. Adverse Events: Constipation. Aberrant Drug Related Behavior: UDT today. ADL: Uses walker.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 8. The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy

Simone Russo , DOB : 09/05/1942

Page 1 of 3

RUSSO-01645

Past Treatments:	Goals: Not	lecreational Activit t noted. herapy: Last was		ani: Tennis.			
Past meatments.	Surgery	nerupyi Lust mus	511 22/201				
Family History:	History: Diabetes Hypertension Kidney Disease						
Allergies:							
Allergies							
Review of Systems:	Endocrine, Musculoske The pertine	, Eyes, Gastrointes eletal, Neurologica	tinal, Respira al, and Psych de limited joi	lergic/Immunologic atory, Genitourinary ological. ROS quest nt movement, mus nd pins/needles.	, Hematologic ionnaire is file	al, Integumenta d in chart.	iry,
bjective:							
Vitals:	Height: Weight in	5'9" lbs.:		Blood Pressure: Pulse:	108 / 64 91	BMI: O2 Sat:	97
Physical Examination	The patient is a pleasant and cooperative 72-year-old male. He is seen with his wife in the office today. He is awake and alert with normal speech and affect. His gait is antalgic. He uses a walker for ambulation. There is no evidence of symptom magnification. HEENT: Normocephalic, atraumatic. SKIN: There are no rashes, lesions or discolorations. EXTREMITIES: No evidence of trauma or deformity.						
Assessment:					All Party		
Discussion:	724.4 UNS THORACIC/LUMB NEURITIS/RADICUL 726.5 ENTHESOPATHY HIP REGION 356.9 UNS IDIOPATHIC PERIPH NEUROPATHY 564.09 other unspec constipation 721.3 LUMBOSACRAL SPONDYLOSIS 724.2 LUMBAGO 311 DEPRESSIVE DISORDER OTHER						
	We discussed the patient's chronic pain in detail today. He continues to have pain in his back, legs and feet. He reports no changes in his symptoms since the last visit. The patient's pain is moderately controlled with the current pain regimen. I will refill Suboxne at 1 SL film per day. I will also request recent medical records from Dr. Thalgott for clinical review.						
	There is or aberrant de prescribe o	ngoing urine drug Irug behavior. At t	testing, phar his time there pain syndror	e patient appears to macy profiles and p e is no evidence of me in an effort to re	osychological t aberrant drug	esting in an effort behavior. I will	ort to uncover continue to
Plan:	1. 2.	Refill Suboxne. Request medic	al records from	m Dr. Thalgott.			
Follow up:	Return to c	clinic in four week	s.				
Prescriptions:	Linzess 290MCG Capsule Oral, Sig: Take 1 tab po qd, 30 Days, Qty: 30, Ref: 0 Suboxone 8-2MG Film Sublingual, Sig: 1 SL qd, discontinue all other opiates, 30 Days, Qty: 30 Film, Ref: 0						
	and the second	MEDICATION DE	SPONSIBILIT	Y: I have assumed	responsibility	for all prescribin	a all narcotic
				The patient has sig	ned a narcotic	agreement with	

Page 2 of 3

RUSSO-01646

14A.App.3128

S. KOBMANY MO

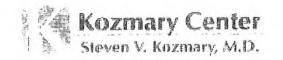
' Steven Kozmary MD'. 10/06/2015 11:21:34 AM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

Page 3 of 3

RUSSO-01647



Patient:

Simone Russo

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Property extrinsic terms of a fiber of the structure of t

Patient:	Simone Russo
DOB:	09/05/1942
Gender:	Male
PCP:	
Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	07/28/2015
Subjective:	
Chief Complaint:	The patient complains of back pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	The patient continues to experience pain in his back, legs and feet. He reports no changes in his symptoms since the last visit. The patient also complains of depression that is worsening. He states that that he has been on depression medications for 25 years and has tried going without medications and his depression continues to worsen. The patient states that he has a cystoscopy scheduled for Monday. The patient denies suicidal ideation, overtaking medications or any concerns by family or friends about the medications prescribed.
	Location: Back and bilateral legs Quality: Patient describes pain as electric shock, stabbing and dull ache Severity: Patient describes current pain level as a 5 on a visual analog scale from 1-10 Duration: Jan 2012 Timing: Pain is unpredictable and intermittent. Adverse Events: Constipation. Aberrant Drug Related Behavior: UDT today. ADL: Uses walker.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 12 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy

Simone Russo , DOB : 09/05/1942

Page 1 of 3

RUSSO-01648

Past Treatments:	Decrease in stren Hobbies/Recreatic Goals: Not noted. Physical Therapy:	onal Activities: Be	fore pain: Tennis.				
, ase in summerican	Surgery						
Family History:							
	Hypertension						
	Kidney Disease						
Allergies:	No Known Drug Allergies						
Review of Systems:	The following systems were reviewed: Allergic/Immunologic, Cardiovascular. Constitutional, ENT, Endocrine, Eyes, Gastrointestinal, Respiratory, Genitourinary, Hematological, Integumentary, Musculoskeletal, Neurological, and Psychological. ROS questionnaire is filed in chart. The pertinent positives include limited joint movement, muscle pain, numbness, spine pain, swelling, weakness, loss of balance, muscle pain and pins/needles.						
Objective:							
Vitals:	Height:	5'9"	Blood Pressure:	134 / 84	BMI:		
vitais.	Weight in lbs.:	55	Pulse:	69	O2 Sat:	96	
Physical Examination	He is awake and ambulation. There	d alert with non e is no evidence	perative 72-year-old male. H mal speech and affect. His of symptom magnification. H colorations. EXTREMITIES: N	gait is an HEENT: Nor	ntalgic. He use mocephalic, atr	s a walker fo aumatic, SKIN	
Assessment:							
Diagnoses:	772 83 POSTI A	MINECTOMY SYN	D LUMBAR REGION				
Discussion:	356.9 UNS IDIOF 564.09 other uns 721.3 LUMBOSAC 724.2 LUMBAGO 311 DEPRESSIVE	spec constipation CRAL SPONDYLO	SIS				
	feet. He reports controlled with th other medications and he approves today in complian	no changes in h the current pain ro s at the current of of the plan for ce with the narco	pain in detail today. He con nis symptoms since the las egimen. I will start him on l dosages. I reviewed the pati his medications. The patien btic agreement. I reviewed th dentist in June. I updated D	t visit. The Prozac 20 m ient with Dr it is indicate he patient's	patient's pain ng once a day. r. Kozmary in ti ed for a urine pharmacy profi	Is moderately I will refill his ne office today toxicology test	
Diana	4						
Plan:		icology test today					
	2. Pharmacy profile reviewed.						
		osec 20 mg once dications.	a day.				
Follow up:	Return to clinic in						
Prescriptions:	Linzess 290MCG Capsule Oral, Sig: Take 1 tab po qd, 30 Days, Qty: 30, Ref: 0 Prozac 20MG Capsule Oral, Sig: Take one po QAM; max one per day, 30 Days, Qty: 30 Capsule, Ref: 0 Suboxone 8-2MG Film Sublingual, Sig: 1 SL qd, discontinue all other opiates, 30 Days, Qty: 30 Film, Ref: 0						
			IBILITY: I have assumed res		or all prescribin agreement with		
	medications per a	ie nai eetie agieei	nent. The patient has signed				
Referrals:	None		nent. The patient has signed				
Referrals:			nent. The patient has signed				

RUSSO-01649

14A.App.3131

SPA-C

' Adrian Turpin PA-C'. 08/03/2015 09:34:12 AM (aturpin) Adrian Turpin NPI: 1447697735 License: PA1429

CPT Coding:

99214 OFFICE OUTPT DETAILED

The above medical care was provided by a physician assistant and meets the requirements for "incident to" services. The patient on the initial evaluation by Dr. Steven Kozmary. The physician assistant was under the direct supervision of Dr. Kozmary who has an active part in the ongoing care of the patient. Dr. Kozmary was present in the office suite and immediately available to provide assistance and direction while the physician assistant was performing the services.

Steven Kozmary M.D. Supervising Physician Medical Director, Kozmary Center for Pain Management

RUSSO-01650

4 💫 * Steven	nary Center C.d.doub V. Kozmary, M.D.	thum Itarkhinak, Somaan sina ina ina an mborana Sanayin kara 2° maa aharan ba Maana ah Sanayan Saahan ah Panistan am
Patient: DOB: Gender:	Simone Russo 09/05/1942 Male	
PCP: Referring Physician: Primary Insurance:	John S Thalgott MD Steven Kozmary Medicare	
Exam Date:	06/23/2015	
Subjective:		
Chief Complaint:	The patient complains of lowerback pain.	
Reason for Visit:	Simone Russo returns for a follow up evaluation.	
Interim History:	The patient continues to experience pain in his low back since the last visit. The patient recently had a right lumb post procedure. The patient denies suicidal ideation, over or friends about the medications prescribed. Location: Back and bilateral legs Quality: Patient describes pain as electric shock, stabbing Severity: Patient describes current pain level as a 5 on a Duration: Jan 2012 Timing: Pain is unpredictable and intermittent. Adverse Events: Constipation. Aberrant Drug Related Behavior: I reviewed last UDT tod ADL: Uses walker.	par rhizotomy at L2-S1 with 100% improvemen ertaking medications or any concerns by family g and dull ache visual analog scale from 1-10 lay. No aberrant behavior.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, dia Disability Index, Pain Diagram and extensive review of sy	
Oswestry Disability Index (ODI):	ODI Score 9 . The Oswestry Disability Index (ODI) has be outcome measures used in the management of spinal dis measure of outcome. (Spine 2000 Nov 1;25(21):2846-52 5-14 mild disability, 15-24 moderate disability, 25-34 seve disability.	orders. It has been validated and is a useful 2) The ODI score of 0-4 indicates no disability,
Past Medical History:	.Hypertension Back Disease	
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbles/Recreational Activities: Before pain: Tennis.	

Page 1 of 3

RUSSO-01651

	Goals: Not noted		5				
Past Treatments:	Physical Therapy: Last was on 12/13.						
Family History:	Surgery Diabetes						
ranny mstory.	Hypertension						
	Kidney Disease						
Allergies:	.No Known Drug	Allergies					
Review of Systems:	The following systems were reviewed: Allergic/Immunologic, Cardiovascular. Constitutional, ENT, Endocrine, Eyes, Gastrointestinal, Respiratory, Genitourinary, Hematological, Integumentary, Musculoskeletal, Neurological, and Psychological. ROS questionnaire is filed in chart. The pertinent positives include limited joint movement, muscle pain, numbness, spine pain, swelling, weakness, loss of balance, muscle pain and pins/needles.						
Objective:							
Vitals:	Height:	5'9"	Blood Pressure:	124 / 92	BMI: 31.5		
	Weight in Ibs.:	213	Pulse:	76	O2 Sat:	96	
Physical Examination	The patient is a p	pleasant and coop	erative 72-year-old male. H	le is seen wi	th his wife in th	e office toda	
	He is awake and alert with normal speech and affect. His galt is antalgic. He uses a walker for						
	ambulation. There is no evidence of symptom magnification. HEENT: Normocephalic, atraumatic. SKIN:						
	There are no ras	hes, lesions or disc	colorations. EXTREMITIES:	No evidence	of trauma or de	formity	
			olorations, Extracting theo.	no criaciico	or trauma or ut	aomicy.	
Assessment:						aonnity.	
Assessment: Diagnoses:		MINECTOMY SYND	LUMBAR REGION			aonnity.	
and the second	724.4 UNS THOP	RACIC/LUMB NEUF	LUMBAR REGION RITIS/RADICUL			aomity.	
and the state of the second	724.4 UNS THOP 726.5 ENTHESO	RACIC/LUMB NEUF PATHY HIP REGIO	LUMBAR REGION RITIS/RADICUL N				
and the second	724.4 UNS THO 726.5 ENTHESO 356.9 UNS IDIO	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N	LUMBAR REGION RITIS/RADICUL N				
and the state of the second	724.4 UNS THO 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation	LUMBAR REGION RITIS/RADICUL N EUROPATHY				
Diagnoses:	724.4 UNS THOP 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns 721.3 LUMBOSA	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation CRAL SPONDYLOS	LUMBAR REGION RITIS/RADICUL N EUROPATHY			ionity.	
and the second	724.4 UNS THO 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation CRAL SPONDYLOS	LUMBAR REGION RITIS/RADICUL N EUROPATHY				
Diagnoses:	724.4 UNS THOP 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns 721.3 LUMBOSA 724.2 LUMBAGO	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation CRAL SPONDYLOS	LUMBAR REGION RITIS/RADICUL N EUROPATHY IS				
Diagnoses:	724.4 UNS THOP 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns 721.3 LUMBOSA 724.2 LUMBAGO We discussed the	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation CRAL SPONDYLOS	LUMBAR REGION RITIS/RADICUL N EUROPATHY IS pain in detail today. He co	ontinues to h	ave pain in his	low back. Th	
Diagnoses:	724.4 UNS THOP 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns 721.3 LUMBOSA 724.2 LUMBAGO We discussed the patient reports no	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation CRAL SPONDYLOS crait spondyLOS patient's chronic o changes in symp	LUMBAR REGION RITIS/RADICUL N EUROPATHY IS pain in detail today. He co ptoms since the last visit. T	ontinues to h	ave pain in his pain is moderai	low back. Th	
Diagnoses:	724.4 UNS THOP 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns 721.3 LUMBOSA 724.2 LUMBAGO We discussed the patient reports no with the current	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation CRAL SPONDYLOS e patient's chronic o changes in symp pain regimen. I w	LUMBAR REGION RITIS/RADICUL N EUROPATHY IS pain in detail today. He co otoms since the last visit. T ill refill the patient's medica	ontinues to h The patient's ations at the	ave pain in his pain is modera current dosage	low back. Th	
Diagnoses:	724.4 UNS THOP 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns 721.3 LUMBOSA 724.2 LUMBAGO We discussed the patient reports no with the current	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation CRAL SPONDYLOS e patient's chronic o changes in symp pain regimen. I w	LUMBAR REGION RITIS/RADICUL N EUROPATHY IS pain in detail today. He co ptoms since the last visit. T	ontinues to h The patient's ations at the	ave pain in his pain is modera current dosage	low back. Th	
Diagnoses: Discussion:	724.4 UNS THOP 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns 721.3 LUMBOSA 724.2 LUMBAGO We discussed the patient reports ne with the current recently had a rig	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation CRAL SPONDYLOS e patient's chronic o changes in symp pain regimen. I w	LUMBAR REGION RITIS/RADICUL N EUROPATHY IS pain in detail today. He co otoms since the last visit. T ill refill the patient's medica	ontinues to h The patient's ations at the	ave pain in his pain is modera current dosage	low back. Th	
Diagnoses:	724.4 UNS THOP 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns 721.3 LUMBOSA 724.2 LUMBAGO We discussed the patient reports ne with the current recently had a rig	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation CRAL SPONDYLOS e patient's chronic o changes in symp pain regimen. I wight lumbar rhizotor edications.	LUMBAR REGION RITIS/RADICUL N EUROPATHY IS pain in detail today. He co otoms since the last visit. T ill refill the patient's medica	ontinues to h The patient's ations at the	ave pain in his pain is modera current dosage	low back. Th	
Diagnoses: Discussion: Plan:	724.4 UNS THOP 726.5 ENTHESO 356.9 UNS IDIO 564.09 other uns 721.3 LUMBOSA 724.2 LUMBAGO We discussed the patient reports no with the current precently had a rig 1. Refill me Return to clinic in Linzess 290MCG C	RACIC/LUMB NEUF PATHY HIP REGIO PATHIC PERIPH N spec constipation CRAL SPONDYLOS e patient's chronic o changes in symp pain regimen. I wight lumbar rhizotor edications.	LUMBAR REGION RITIS/RADICUL N EUROPATHY IS pain in detail today. He co otoms since the last visit. T ill refill the patient's medica	ontinues to h The patient's ations at the provement po Oty: 30, Re	ave pain in his pain is modera current dosage ost procedure. f: 0	low back. Th tely controlle s. The patier	

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM.

Referrals:

None

The PA-C

' Adrian Turpin PA-C'. 07/06/2015 10:53:08 AM (aturpin)

Simone Russo , DOB : 09/05/1942

Page 2 of 3

RUSSO-01652

Adrian Turpin NPI: 1447697735 License: PA1429

CPT Coding:

99214 OFFICE OUTPT DETAILED

The above medical care was provided by a physician assistant and meets the requirements for "incident to" services. The patient on the initial evaluation by Dr. Steven Kozmary. The physician assistant was under the direct supervision of Dr. Kozmary who has an active part in the ongoing care of the patient. Dr. Kozmary was present in the office suite and immediately available to provide assistance and direction while the physician assistant was performing the services.

Steven Kozmary M.D. Supervising Physician Medical Director, Kozmary Center for Pain Management

Simone Russo , DOB : 09/05/1942

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RUSSO-01653

KOZMARY CENTER FOR PAIN MANAGEMENT 2851 El Camino Ave., Suite 101 LAS VEGAS, NEVADA 89102

PROCEDURE NOTE

SURGEON:	Steven V. Kozmary, M.D.
PROCEDURE PERFORMED:	 Right lumbar radiofrequency rhizotomy L2, L3, L4, L5, S1 Fluoroscopy
PREOPERATIVE DIAGNOSIS:	724.2 LUMBAGO 721.3 LUMBOSACRAL SPONDYLOSIS
POSTOPERATIVE DIAGNOSIS:	724.2 LUMBAGO 721.3 LUMBOSACRAL SPONDYLOSIS 100% relief of pain post procedure. Procedure start time: 8:13 AM Procedure end time: 8:26 AM Fluoroscopy time: 27 seconds

Informed consent was obtained after discussion of the risks, benefits and options of the procedures to be performed. A consent form was signed by the patient.

LUMBAR FACET RHIZOTOMY PROCEDURE IN DETAIL: The patient was placed in the prone position with padding under the head, abdomen and ankles. Patient comfort was checked prior to the start of the procedure. The skin overlying the needle entry zone was prepped with sterile surgical prep. A sterile 1010 surgical drape was placed covering the skin. Strict aseptic surgical technique was observed throughout the entirety of the procedure. The skin overlying the needle entry zone was anesthetized with 5ccs Lidocaine 2%. Under careful and continuous fluoroscopic guidance, a 20-gauge 100 mm/10 mm active tip curved radiofrequency needle was placed at the medial nerve. Stimulation at 2 Hz evoked contraction of ipsilateral paraspinal muscles below 2 volts, without contractions in the ipsilateral limb musculature. If there were unsuitable responses to initial stimulation, electrode position was changed and stimulation repeated until suitable responses occurred. Neurolysis was undertaken with radiofrequency at 80 degrees centigrade for 90 seconds at right L2, L3, L4, L5, and S1. Before neurolysis, a total of 1 ccs of Omnipaque was injected. Then, 1 ml of Lidocaine 2% was injected. Then, 1 ml of Marcaine 0.5% without epinephrine and 1.2 mg Celestone solution was injected through the RF needle. The needles were removed and the skin was cleansed and dressed. Fluoroscopy images were obtained and placed in the patient's chart.

MONITORING: The patient was monitored with continuous ECG, automatic blood pressure cuff and continuous pulse oximetry during the entirety of the procedure. Vital signs were recorded.

DISCHARGE CONDITION: The patient was stable and ambulatory, neurologically intact, with a driver and with written discharge instructions.

PLAN: The patient is instructed to return to Dr. Kozmary's office at scheduled appointment for follow up.

S. KOBNANGMO

¹ Steven Kozmary MD'. 06/01/2015 12:44:10 PM (SKozmary) Steven V. Kozmary, M.D. Director, Kozmary Center for Pain Management Diplomate, American Board of Anesthesiology Subspecialty Certification in Pain Management Diplomate, American Academy of Pain Management

5/19/2015

5/15/2015

Date of Dictation: Date of Procedure:

Simone Russo , DOB : 09/05/1942

Patient: Date of Birth: Provider: Simone Russo 09/05/1942 Steven V Kozmary, MD Page 1 of 2

RUSSO-01654

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Simone Russo , DOB : 09/05/1942

Page 2 of 2

RUSSO-01655

Kozmary Center
Steven V. Kozmary, M.D.

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Patient: DOB:	Simone Russo 09/05/1942
Gender:	Male
PCP:	John S Thalgott MD
Referring Physician:	Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	05/12/2015
Subjective:	
Chief Complaint:	The patient complains of lower back pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	The patient continues to experience pain in his low back. The patient reports no changes in symptoms since the last visit. The patient recently had a right lumbar medial branch block injection at L2-S1 with 100% relief post procedure. The patient denies suicidal ideation, overtaking medications or any concerns by family or friends about the medications prescribed.
	Location: Back and bilateral legs Quality: Patient describes pain as electric shock, stabbing and dull ache Severity: Patient describes current pain level as a 5 on a visual analog scale from 1-10 Duration: Jan 2012 Timing: Pain is unpredictable and intermittent. Adverse Events: None. Aberrant Drug Related Behavior: I reviewed last UDT today. No aberrant behavior. ADL: Uses walker.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 5 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis.

Simone Russo , DOB : 09/05/1942

Page 1 of 3

RUSSO-01656

Goals: Not noted. Past Treatments: Physical Therapy: Last was on 12/13. Surgery						
Family History:	Diabetes					
Hypertension Kidney Disease						
Allergies:	.No Known Drug	Allergies				
Review of Systems:	Endocrine, Eyes, Musculoskeletal, I The pertinent pos	Gastrointestinal, R Neurological, and I itives include limit	ed: Allergic/Immunologic, C espiratory, Genitourinary, F Psychological. ROS questior ed joint movement, muscle pain and pins/needles.	lematologica Inaire is file	al, Integumenta d in chart.	у,
bjective:						
Vitals:	Height: Weight in Ibs.:	5'9" 213	Blood Pressure: Pulse:	118 / 62 67	BMI: 31.5 O2 Sat:	93
Physical Examination The patient is a pleasant and cooperative 72-year-old male. He is seen with He is awake and alert with normal speech and affect. His gait is antal ambulation. There is no evidence of symptom magnification. HEENT: Normo There are no rashes, lesions or discolorations. EXTREMITIES: No evidence of				ntalgic. He uses mocephalic, atra	a walker for aumatic. SKIN	
Assessment:	mere are no rasi	les, lesions of use		NO EVIDENCE		sonnicy.
Diagnoses:			LUMBAR REGION			
		RACIC/LUMB NEUF				
		PATHY HIP REGIO PATHIC PERIPH N				
	564.09 other uns		LOROFATT			
		CRAL SPONDYLOS	IS			
Discussion:	724.2 LUMBAGO					
	with the current recently had a r	pain regimen. I w ight lumbar med	otoms since the last visit. T ill refill the patient's medica ial branch block injection at lumbar rhizotomy at L2-S	tions at the at L2-S1 w	current dosage	s. The patient
Plan:	1. Refill me	dications.				
		nbar rhizotomy at I	L2-51.			
	procedure and tree are risks associate Specific complicat of sensation, loss use of one or mor control, paralysis the procedure. Nor recommended pro- the patient's cond option for no then regarding the pro- understands the in is voluntary. The p	eatment plan. The ed with any type o ions discussed inc of motor function, re extremity, head and death. No gua o guarantees were ocedure or treatme ition and the prop apy. The patient w cedure and the risi formation present patient stated that	with the patient regarding patient was informed and a f medical procedure and sp luded: Nerve damage, spina inability to control or coord ache, bleeding, infection, pr arantees were given regarding given or implied regarding ent. Anatomic models were osed treatment. The treatm vas given an opportunity to ks, benefits and options for ted. I believe the patient's u they understood and accept s prior to the end of the disc	cknowledge ecifically paid al cord injury dinate motion neumothoraing sedation the efficacy used in the ent options ask and have treatment. ultimate decord the project	s understanding in management y, loss of nerve f n, worsening pa x, loss of bladde or lack of aware or outcome of t explanation and were discussed re all questions a I believe the pat ision regarding t	that there procedures. unction, loss in, loss of r or bowel eness during he discussion of including the answered ient he procedure
Follow up:	Return to clinic in	four weeks.				
Prescriptions:	Linzess 290MCG C	apsule Oral, Sig: 7	Fake 1 tab po qd, 30 Days,	Qty: 30, Ref	: 0	
					-	

Page 2 of 3

RUSSO-01657

Suboxone 8-2MG Film Sublingual, Sig: 1 SL qd, discontinue all other opiates, 30 Days, Qty: 30 Film, Ref: 0

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM.

Referrals:

None

>?A.C 'Adrian Turpin PA-C'. 05/21/2015 04:42:34 PM (aturpin)

 Adrian Turpin

 NPI:
 1447697735

 License:
 PA1429

CPT Coding:

99214 OFFICE OUTPT DETAILED

The above medical care was provided by a physician assistant and meets the requirements for "incident to" services. The patient on the initial evaluation by Dr. Steven Kozmary. The physician assistant was under the direct supervision of Dr. Kozmary who has an active part in the ongoing care of the patient. Dr. Kozmary was present in the office suite and immediately available to provide assistance and direction while the physician assistant was performing the services.

Steven Kozmary M.D. Supervising Physician Medical Director, Kozmary Center for Pain Management

Simone Russo , DOB : 09/05/1942

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RUSSO-01658

KOZMARY CENTER FOR PAIN MANAGEMENT 2851 El Camino Ave., Suite 101 LAS VEGAS, NEVADA 89102

PROCEDURE NOTE

SURGEON:	Steven V. Kozmary, M.D.				
PROCEDURE PERFORMED:	 Right lumbar medial branch blocks L2, L3, L4, L5, S1 Fluoroscopy 				
PREOPERATIVE DIAGNOSIS:	724.2 LUMBAGO 721.3 LUMBOSACRAL SPONDYLOSIS				
POSTOPERATIVE DIAGNOSIS:	724.2 LUMBAGO 721.3 LUMBOSACRAL SPONDYLOSIS 100% relief of pain post procedure. Procedure start time: 2:08 PM Procedure end time: 2:11 PM Fluoroscopy time: 14 seconds				

Informed consent was obtained after discussion of the risks, benefits and options of the procedures to be performed. A consent form was signed by the patient.

LUMBAR FACET MEDIAL BRANCH INJECTIONS PROCEDURE IN DETAIL: The patient was placed in the prone position with padding under the head, chest and legs. Patient comfort was checked prior to the start of the procedure. The skin overlying the target entry zone was prepped with sterile surgical prep. A sterile 1010 surgical drape was placed covering the skin. Strict aseptic surgical technique was observed throughout the entirety of the procedure. The skin overlying the needle entry zone was anesthetized with 8 cc of Lidocaine 2%. Fluoroscopy was used to identify the lumbar facet joint. Then, a #22 gauge 5-inch modified spinal needle was placed adjacent to the facet joint at right L2, L3, L4, L5 and S1 under careful and continuous fluoroscopic guidance. On aspiration there was no evidence of intravascular or intrathecal injection. Then 1 cc of Lidocaine 2% was injected at each of the above levels. Then 1 cc of Omnipaque dye was injected. Then, 1.0 cc of Marcaine 0.5% and 1.2 mg of Celestone was injected at each of the above levels. The needles were withdrawn and the area was cleansed and dressed.

MONITORING: The patient was monitored with continuous ECG, automatic blood pressure cuff and continuous pulse oximetry during the entirety of the procedure. Vital signs were recorded.

DISCHARGE CONDITION: The patient was stable and ambulatory, neurologically intact, with a driver and with written discharge instructions.

PLAN: The patient is instructed to return to Dr. Kozmary's office at scheduled appointment for follow up.

S. KOZNANYMO

' Steven Kozmary MD'. 04/24/2015 05:25:31 PM (SKozmary) Steven V. Kozmary, M.D. Director, Kozmary Center for Pain Management Diplomate, American Board of Anesthesiology Subspecialty Certification in Pain Management Diplomate, American Academy of Pain Management

Date of Dictation: Date of Procedure: 4/24/2015 4/23/2015 Patient: Date of Birth: Provider: Simone Russo 09/05/1942 Steven V Kozmary, MD

Simone Russo , DOB : 09/05/1942

Page 1 of 1

RUSSO-01659

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Patient: DOB: Gender:	Simone Russo 09/05/1942 Male	
PCP: Referring Physician: Primary Insurance:	John S Thalgott MD Steven Kozmary Medicare	
rinnary mourance.		3
Exam Date:	04/07/2015	
Subjective:		
Chief Complaint:	The patient complains of lower back pain.	
Reason for Visit:	Simone Russo returns for a follow up evalu	ation.
Interim History:	since the last visit. The patient recently had 100% relief post procedure. The patient r relief post procedure. The patient denies family or friends about the medications pre- Location: Back and bilateral legs Quality: Patient describes pain as electric si Severity: Patient describes current pain leve Duration: Jan 2012 Timing: Pain is unpredictable and intermitte Adverse Events: None. Aberrant Drug Related Behavior: UDT todar ADL: Uses walker.	hock, stabbing and dull ache el as a 5 on a visual analog scale from 1-10 ent. y.
Reviewed Data:	KCPM follow up questionnaire, last visit pro Disability Index, Pain Diagram and extensiv	gress note, diagnoses, medications, vital signs, Oswestry e review of systems.
Oswestry Disability Index (ODI):	outcome measures used in the managemer measure of outcome. (Spine 2000 Nov 1;2	ex (ODI) has become one of the principal condition specific at of spinal disorders. It has been validated and is a useful 5(21):2846-52) The ODI score of 0-4 indicates no disability, ity, 25-34 severe disability, greater than 34 complete
Past Medical History:	Hypertension Back Disease	
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 yea Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance	rs,

Page 1 of 3

RUSSO-01660

	Hobbies/Recreation Goals: Not noted.	al Activities: Ben	ore pairi. Terma.			
Past Treatments:	Physical Therapy: L	ast was on 12/1	3.			
Family History	Surgery amily History: Diabetes Hypertension					
Panny mstory:						
	Kidney Disease					
Allergies:						
Review of Systems:						
Objective:						
Vitals:	Height: Weight in lbs.:	5'9" 213	Blood Pressure: Pulse:	140 / 76 74	BMI: 31.5 O2 Sat:	97
Physical Examination	awake and alert w There is no eviden	ith normal speed	erative 72-year-old male. ch and affect. His gait is a agnification. HEENT: Norn TREMITIES: No evidence o	ntalgic. He nocephalic, a	uses a walker f traumatic. SKIN	or ambulation
Assessment:					derorriney	
	724.4 UNS THORA 726.5 ENTHESOPA 356.9 UNS IDIOPA 564.09 other unsp 721.3 LUMBOSACE	ATHY HIP REGIO ATHIC PERIPH NE bec constipation	N EUROPATHY			
Discussion:	724.2 LUMBAGO		pain in detail today. He co	ontinues to h	ave pain in his	low back. The
Discussion:	724.2 LUMBAGO We discussed the p patient reports no medial branch blod lumbar rhizotomy a lumbar medial bra controlled with the The patient is indic	patient's chronic changes in sym ck injection at L at L2-S1 and ha anch block inject current pain rep cated for a urine		t. The patier of post proce dure. The pa oscopy. The ent's medica compliance w	nt recently had adure. He recen- stient is schedul patient's pain stions at the cur with the narcotic	a left lumba htly had a left led for a righ is moderately rrent dosages agreement.
	724.2 LUMBAGO We discussed the p patient reports no medial branch bloo lumbar rhizotomy lumbar medial bra controlled with the The patient is indic reviewed the patier 1. Right lumb 2. Refill medi	patient's chronic changes in sym ck injection at L at L2-S1 and ha anch block inject current pain rep cated for a urine nt's pharmacy pro- par medial branch	pain in detail today. He con optoms since the last visit 2-S1 and had 100% relie d 100% relief post process ion at L2-S1 under fluors gimen. I will refill the pati toxicology test today in con	The patier of post proce dure. The pa oscopy. The ent's medica compliance w ere is no evid	nt recently had adure. He recent patient is schedul patient's pain ations at the curvit with the narcotic dence of aberrat	a left lumba htly had a left led for a righ is moderately rrent dosages agreement. nt behavior.
	724.2 LUMBAGO We discussed the p patient reports no medial branch blod lumbar rhizotomy a lumbar medial bra controlled with the The patient is indic reviewed the patien 1. Right lumb 2. Refill media 3. Urine toxic	patient's chronic changes in sym ck injection at L at L2-S1 and ha anch block inject current pain rej cated for a urine nt's pharmacy pro- par medial branch ications.	pain in detail today. He constructed by today with the part of the last visit of the last	The patier of post proce dure. The pa oscopy. The ent's medica compliance w ere is no evid	nt recently had adure. He recent patient is schedul patient's pain ations at the curvit with the narcotic dence of aberrat	a left lumba htly had a left led for a righ is moderately rrent dosages agreement. nt behavior.
Plan:	724.2 LUMBAGO We discussed the p patient reports no medial branch blod lumbar rhizotomy a lumbar medial bra controlled with the The patient is indic reviewed the patien 1. Right lumb 2. Refill media 3. Urine toxic	patient's chronic changes in sym ck injection at L at L2-S1 and ha anch block inject current pain rej cated for a urine nt's pharmacy pro- bar medial branch ications. cology test today profile reviewed.	pain in detail today. He constructed by today with the part of the last visit of the last	The patier of post proce dure. The pa oscopy. The ent's medica compliance w ere is no evid	nt recently had adure. He recent patient is schedul patient's pain ations at the curvit with the narcotic dence of aberrat	a left lumba htly had a left led for a righ is moderately rrent dosages agreement. nt behavior.
Plan: Follow up:	724.2 LUMBAGO We discussed the p patient reports no medial branch blod lumbar rhizotomy a lumbar medial bra controlled with the The patient is indic reviewed the patien 1. Right lumb 2. Refill medi 3. Urine toxic 4. Pharmacy Return to clinic in for Linzess 290MCG Ca	patient's chronic changes in sym ck injection at L at L2-S1 and ha anch block inject current pain re- cated for a urine nt's pharmacy pro- bar medial branch ications. cology test today profile reviewed. our weeks.	pain in detail today. He constructed by today with the part of the last visit of the last	2. The patier of post procedure. The patient dure. The patient's medica compliance we ere is no evice nder fluorosco	nt recently had adure. He recent titient is schedul patient's pain titions at the currit with the narcotic dence of aberrant copy are schedul	a left lumba htly had a lef led for a righ is moderatel rrent dosages agreement. Int behavior. ed.
Plan: Follow up:	724.2 LUMBAGO We discussed the p patient reports no medial branch blod lumbar rhizotomy a lumbar medial bra controlled with the The patient is indic reviewed the patien 1. Right lumb 2. Refill medi 3. Urine toxic 4. Pharmacy Return to clinic in for Linzess 290MCG Ca Suboxone 8-2MG Fil 0	patient's chronic changes in sym ck injection at L at L2-S1 and ha anch block inject cated for a urine nt's pharmacy pro- par medial branch ications. cology test today profile reviewed. our weeks. apsule Oral, Sig: T im Sublingual, Si	pain in detail today. He constructed by today is the last visit 2-S1 and had 100% relief post proceed ion at L2-S1 under fluore gimen. I will refill the patitoxicology test today in confile in the office today. The block injections at L2-S1 u	2. The patier of post procedure. The patient dure. The patient socopy. The ent's medica compliance we ere is no evid nder fluorosco Qty: 30, Ref other opiates sponsibility for	nt recently had adure. He recent atient is schedul patient's pain ations at the curvit with the narcotic dence of aberrant copy are schedul f: 0 s, 30 Days, Qty: or all prescribing	a left lumba htly had a left led for a righ is moderately rrent dosages agreement. I nt behavior. ed. 30 Film, Ref: g all narcotic
	724.2 LUMBAGO We discussed the p patient reports no medial branch blod lumbar rhizotomy a lumbar medial bra controlled with the The patient is indic reviewed the patien 1. Right lumb 2. Refill medi 3. Urine toxic 4. Pharmacy Return to clinic in for Linzess 290MCG Ca Suboxone 8-2MG Fil 0	patient's chronic changes in sym ck injection at L at L2-S1 and ha anch block inject cated for a urine nt's pharmacy pro- par medial branch ications. cology test today profile reviewed. our weeks. apsule Oral, Sig: T im Sublingual, Si	pain in detail today. He constructed by the second	2. The patier of post procedure. The patient dure. The patient socopy. The ent's medica compliance we ere is no evid nder fluorosco Qty: 30, Ref other opiates sponsibility for	nt recently had adure. He recent atient is schedul patient's pain ations at the curvit with the narcotic dence of aberrant copy are schedul f: 0 s, 30 Days, Qty: or all prescribing	a left lumba htly had a left led for a right is moderately rrent dosages agreement. 1 nt behavior. ed. 30 Film, Ref: g all narcotic
Plan: Follow up: Prescriptions:	 724.2 LUMBAGO We discussed the p patient reports no medial branch blod lumbar rhizotomy a lumbar medial bra controlled with the The patient is indic reviewed the patien 1. Right lumb 2. Refill media 3. Urine toxic 4. Pharmacy Return to clinic in for Linzess 290MCG Ca Suboxone 8-2MG Fit 0 	patient's chronic changes in sym ck injection at L at L2-S1 and ha anch block inject cated for a urine nt's pharmacy pro- par medial branch ications. cology test today profile reviewed. our weeks. apsule Oral, Sig: T im Sublingual, Si	pain in detail today. He constructed by the second	2. The patier of post procedure. The patient dure. The patient socopy. The ent's medica compliance we ere is no evid nder fluorosco Qty: 30, Ref other opiates sponsibility for	nt recently had adure. He recent atient is schedul patient's pain ations at the curvit with the narcotic dence of aberrant copy are schedul f: 0 s, 30 Days, Qty: or all prescribing	a left lumba htly had a lef led for a righ is moderately rrent dosages agreement. Int behavior. ed. 30 Film, Ref:

RUSSO-01661

14A.App.3143

>PA-C

' Adrian Turpin PA-C'. 04/13/2015 04:45:38 PM (aturpin) Adrian Turpin NPI: 1447697735 License: PA1429

CPT Coding:

99214 OFFICE OUTPT DETAILED

The above medical care was provided by a physician assistant and meets the requirements for "incident to" services. The patient on the initial evaluation by Dr. Steven Kozmary. The physician assistant was under the direct supervision of Dr. Kozmary who has an active part in the ongoing care of the patient. Dr. Kozmary was present in the office suite and immediately available to provide assistance and direction while the physician assistant was performing the services.

Steven Kozmary M.D. Supervising Physician Medical Director, Kozmary Center for Pain Management

Simone Russo , DOB : 09/05/1942

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RUSSO-01662

KOZMARY CENTER FOR PAIN MANAGEMENT 2851 El Camino Ave., Suite 101 LAS VEGAS, NEVADA 89102

PROCEDURE NOTE

SURGEON:	Steven V. Kozmary, M.D.
PROCEDURE PERFORMED:	 Left radiofrequency rhizotomy L2, L3, L4, L5, S1 Fluoroscopy
PREOPERATIVE DIAGNOSIS:	724.2 LUMBAGO 721.3 LUMBOSACRAL SPONDYLOSIS
POSTOPERATIVE DIAGNOSIS:	724.2 LUMBAGO 721.3 LUMBOSACRAL SPONDYLOSIS 100% relief of pain post procedure. Procedure start time:2:01 PM Procedure end time: 2:12 PM Fluoroscopy time: 19 seconds

Informed consent was obtained after discussion of the risks, benefits and options of the procedures to be performed. A consent form was signed by the patient.

LUMBAR FACET RHIZOTOMY PROCEDURE IN DETAIL: The patient was placed in the prone position with padding under the head, abdomen and ankles. Patient comfort was checked prior to the start of the procedure. The skin overlying the needle entry zone was prepped with sterile surgical prep. A sterile 1010 surgical drape was placed covering the skin. Strict aseptic surgical technique was observed throughout the entirety of the procedure. The skin overlying the needle entry zone was anesthetized with 10ccs Lidocaine 2%. Under careful and continuous fluoroscopic guidance, a 20-gauge 100 mm/10 mm active tip curved radiofrequency needle was placed at the medial nerve. Stimulation at 2 Hz evoked contraction of ipsilateral paraspinal muscles below 2 volts, without contractions in the ipsilateral limb musculature. If there were unsuitable responses to initial stimulation, electrode position was changed and stimulation repeated until suitable responses occurred. Neurolysis was undertaken with radiofrequency at 80 degrees centigrade for 90 seconds at left L2, L3, L4, L5, and S1. Before neurolysis, a total of 1 ccs of Omnipaque was injected. Then, 1 ml of Lidocaine 2% was injected. Then, 1 ml of Marcaine 0.5% without epinephrine and 1.2 mg Celestone solution was injected through the RF needle. The needles were removed and the skin was cleansed and dressed. Fluoroscopy images were obtained and placed in the patient's chart.

MONITORING: The patient was monitored with continuous ECG, automatic blood pressure cuff and continuous pulse oximetry during the entirety of the procedure. Vital signs were recorded.

DISCHARGE CONDITION: The patient was stable and ambulatory, neurologically intact, with a driver and with written discharge instructions.

PLAN: I will order a nerve conduction studies and an EMG for S1-S3 to rule out pudental neuropathy/radiculopathy. The patient is instructed to return to Dr. Kozmary's office at scheduled appointment for follow up.

SKARMANAMA

' Steven Kozmary MD'. 04/02/2015 07:00:11 PM (SKozmary)Steven V. Kozmary, M.D. Director, Kozmary Center for Pain Management Diplomate, American Board of Anesthesiology Subspecialty Certification in Pain Management Diplomate, American Academy of Pain Management

 Date of Dictation:
 3/31/2015

 Date of Procedure:
 3/26/2015

 Simone Russo , DOB : 09/05/1942
 3/26/2015

Patient: Simone Russo Date of Birth: 09/05/1942

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RUSSO-01663

Provider: Steven V Kozmary, MD

Simone Russo , DOB : 09/05/1942

Page 2 of 2

RUSSO-01664

KOZMARY CENTER FOR PAIN MANAGEMENT 2851 El Camino Ave., Suite 101 LAS VEGAS, NEVADA 89102

PROCEDURE NOTE

SURGEON:	Steven V. Kozmary, M.D.
PROCEDURE PERFORMED:	 Left lumbar medial branch blocks L2, L3, L4, L5, S1 Fluoroscopy
PREOPERATIVE DIAGNOSIS:	724.2 LUMBAGO 721.3 LUMBOSACRAL SPONDYLOSIS
POSTOPERATIVE DIAGNOSIS:	724.2 LUMBAGO 721.3 LUMBOSACRAL SPONDYLOSIS 100% relief of pain post procedure. Procedure start time: 1:28 PM Procedure end time: 1:29 PM Fluoroscopy time: 16 seconds

Informed consent was obtained after discussion of the risks, benefits and options of the procedures to be performed. A consent form was signed by the patient.

LUMBAR FACET MEDIAL BRANCH INJECTIONS PROCEDURE IN DETAIL: The patient was placed in the prone position with padding under the head, chest and legs. Patient comfort was checked prior to the start of the procedure. The skin overlying the target entry zone was prepped with sterile surgical prep. A sterile 1010 surgical drape was placed covering the skin. Strict aseptic surgical technique was observed throughout the entirety of the procedure. The skin overlying the needle entry zone was anesthetized with 8 cc of Lidocaine 2%. Fluoroscopy was used to identify the lumbar facet joint. Then, a #22 gauge 5-inch modified spinal needle was placed adjacent to the facet joint at left L2, L3, L4, L5 and S1 under careful and continuous fluoroscopic guidance. On aspiration there was no evidence of intravascular or intrathecal injection. Then 1 cc of Lidocaine 2% was injected at each of the above levels. Then 1 cc of Omnipaque dye was injected. Then, 1.0 cc of Marcaine 0.5% and 1.2 mg of Celestone was injected at each of the above levels. The needles were withdrawn and the area was cleansed and dressed.

MONITORING: The patient was monitored with continuous ECG, automatic blood pressure cuff and continuous pulse oximetry during the entirety of the procedure. Vital signs were recorded.

DISCHARGE CONDITION: The patient was stable and ambulatory, neurologically intact, with a driver and with written discharge instructions.

PLAN: The patient is instructed to return to Dr. Kozmary's office at scheduled appointment for follow up.

S. KORMANY MO

^r Steven Kozmary MD¹. 03/17/2015 01:46:47 PM (SKozmary) Steven V. Kozmary, M.D. Director, Kozmary Center for Pain Management Diplomate, American Board of Anesthesiology Subspecialty Certification in Pain Management Diplomate, American Academy of Pain Management

Date of Dictation: Date of Procedure: 3/17/2015 3/12/2015 Patient: Date of Birth: Provider: Simone Russo 09/05/1942 Steven V Kozmary, MD

Simone Russo , DOB : 09/05/1942

Page 1 of 1

RUSSO-01665

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Patient: DOB: Gender:	Simone Russo 09/05/1942 Male
PCP: Referring Physician:	John S Thalgott MD Steven Kozmary
Primary Insurance:	Medicare
Exam Date:	02/19/2015
Subjective:	
Chief Complaint:	The patient complains of back pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	The patient continues to experience chronic pain in his low back and legs. He reports worsening of the pain in his back since the last visit. The patient denies suicidal ideation, overtaking medications or an concerns by family or friends about the medications prescribed.
	Location: Back and bilateral legs Quality: Patient describes pain as electric shock, stabbing and dull ache Severity: Patient describes current pain level as a 5 on a visual analog scale from 1-10 Duration: Jan 2012 Timing: Pain is unpredictable and intermittent. Adverse Events: None.
	Aberrant Drug Related Behavior: UDT today. ADL: Uses walker.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 9. The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy
	Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.

Page 1 of 3

RUSSO-01666

Past Treatments:	Physical Therapy: Surgery	Last was on 12/13.			•	
Family History:	Diabetes Hypertension					
Allergies:	Kidney Disease No Known Drug A	llergies				
Review of Systems:	Endocrine, Eyes, G Musculoskeletal, N The pertinent posi	Sastrointestinal, Responsible Responsible Responsible Responsible Responsible Responsible Responses and Psychological, and Psyc	Allergic/Immunologic, C piratory, Genitourinary, H chological. ROS questior joint movement, muscle n and pins/needles.	lematologica maire is filed	al, Integumenta I in chart.	у,
bjective:						
Vitals:	Height: Weight in Ibs.:	5'9" 213	Blood Pressure: Pulse:	132 / 90 77	BMI: 31.5 O2 Sat:	91
Physical Examination	He is awake and ambulation. There	l alert with normal e is no evidence of s thes, lesions or disc	tive 72-year-old male. H speech and affect. His symptom magnification. colorations. EXTREMITIE	s gait is an HEENT: Nor	talgic. He uses mocephalic, atra	a walker fo umatic. SKIN
Assessment:						
Discussion:	356.9 UNS IDIOP 564.09 other uns 721.3 LUMBOSAC 724.2 LUMBAGO	RAL SPONDYLOSIS				
	legs. He reports controlled with the The patient is indi- reviewed the patient The patient recent I reviewed the patient and multilevel fac	worsening of his s e current pain regin loated for a urine to ent's pharmacy profi ly followed up with cient's last CT scan of	in in detail today. He co symptoms since the last men. I will refill the pati- oxicology test today in co ile in the office today. The his spine surgeon, Dr. The of his lumbar spine from e patient is indicated f	t visit. The ent's medica ompliance w here is no e halgott. I wil 6/4/2014. It	patient's pain itions at the curvith the narcotic vidence of aber I request those to reveals postsur	is moderately rent dosages agreement. I rant behavior records today gical changes
Plan:	 Refill med Request results 	profile reviewed. lications. ecords from Dr. Tha	gott. block injections at L2-S1	under fluoro	oscopy.	
	management pro understanding th specifically pain r damage, spinal c inability to contro extremity, headar paralysis and dea during the proces	cedure and treatm at there are risks nanagement proce ord injury, loss of ol or coordinate mo che, bleeding, infe th. No guarantees dure. No guarantees	n with the patient rega nent plan. The patient associated with any ty edures. Specific compl nerve function, loss of ption, worsening pain, ection, pneumothorax, were given regarding es were given or implie treatment. Anatomic n	was inform pe of media ications dis sensation, loss of use loss of blac sedation o ed regardin	ned and acknow cal procedure a cussed include loss of motor of one or mor dder or bowel o r lack of aware g the efficacy	and d: Nerve function, e control, eness or outcome

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RUSSO-01667

and discussion of the patient's condition and the proposed treatment. The treatment options were discussed including the option for no therapy. The patient was given an opportunity to ask and have all questions answered regarding the procedure and the risks, benefits and options for treatment. I believe the patient understands the information presented. I believe the patient's ultimate decision regarding the procedure is voluntary. The patient stated that they understood and accepted the proposed pain management procedure(s) and all associated risks prior to the end of the discussion.

Follow up:

Return to clinic in four weeks.

Prescriptions:

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM.

Referrals:

None

>PA-C

' Adrian Turpin PA-C'. 03/02/2015 01:57:24 PM (aturpin) Adrian Turpin NPI: 1447697735 License: PA1429

CPT Coding:

99214 OFFICE OUTPT DETAILED

The above medical care was provided by a physician assistant and meets the requirements for "incident to" services. The patient on the initial evaluation by Dr. Steven Kozmary. The physician assistant was under the direct supervision of Dr. Kozmary who has an active part in the ongoing care of the patient. Dr. Kozmary was present in the office suite and immediately available to provide assistance and direction while the physician assistant was performing the services.

Steven Kozmary M.D. Supervising Physician Medical Director, Kozmary Center for Pain Management

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RUSSO-01668



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Patient: DOB: Gender: Simone Russo 09/05/1942 Male

PCP: Referring Physician: John S Thalgott MD Primary Insurance: Medicare

Exam Date:

01/22/2015

Chief Complaint:	The patient complains of back and bilateral leg pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	The patient continues to experience pain in his low back and legs. He reports improvement of his symptoms since the last visit. The patient states that he has been taking ibuprofen for his back pain that occurs with increased activity. The patient denies suicidal ideation, overtaking medications or any concerns by family or friends about the medications prescribed.
	Location: Back and bilateral legs
	Quality: Patient describes pain as electric shock, stabbing and dull ache
	Severity: Patient describes current pain level as a 4 on a visual analog scale from 1-10 Duration: Jan 2012
	Timing: Pain is unpredictable.
	Adverse Events: None.
	Aberrant Drug Related Behavior: UDT today. ADL: Uses walker.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 9 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension
Secial Illetown	Back Disease
Social History:	Marital Status: Married Children
	Employment: Retired: Physician for 40 years.
	Education: Graduate Degree: 4 years.
	Other: Back.
	Healthy
	Decrease in strength and/or endurance
	Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.

Simone Russo , DOB : 09/05/1942

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RUSSO-01669

Family History:		: Last was on 12/	/13.						
i anni j inotor j i	Surgery Diabetes								
	Hypertension								
	Kidney Disease								
Allergies:	.No Known Drug	Allergies							
Review of Systems:	Endocrine, Eyes, Musculoskeletal, I The pertinent pos	Gastrointestinal, Neurological, and	ved: Allergic/Immunologic, C Respiratory, Genitourinary, H I Psychological. ROS question ited joint movement, numbra needles.	ematologica naire is filea	al, Integumenta d in chart.	гу,			
)bjective:									
Vitals:	Height:	5'9"	Blood Pressure:	126 / 86	BMI: 31.5				
	Weight in lbs.:	213	Pulse:	74	O2 Sat:	94			
Physical Examination	The patient is a pleasant and cooperative 72-year-old male. He is seen with his wife in the office today. He is awake and alert with normal speech and affect. His gait is antalgic. He uses a cane for ambulation. There is no evidence of symptom magnification. HEENT: Normocephalic, atraumatic. SKIN: There are no rashes, lesions or discolorations. EXTREMITIES: No evidence of trauma or deformity.								
Assessment:									
Diagnoses:	724.4 UNS THOF 726.5 ENTHESO 356.9 UNS IDIO	MINECTOMY SYNA RACIC/LUMB NEU PATHY HIP REGIO PATHIC PERIPH N spec constipation	ON NEUROPATHY						
Discussion:	He reports improvement the current pain patient has a schurine toxicology	vement of his pair regimen. I will re neduled appointment test today in co	c pain in detail today. He con in since the last visit. The pa- efill the patient's Suboxone ent with his spine surgeon I compliance with the narcoti y. There is no evidence of ab	atient's pain and Linzess ater today. c agreeme	is moderately of at the current The patient is in nt. I reviewed	controlled with dosages. The ndicated for a			
Dian	1. Urine tox	kicology test today	/.						
Plan:		y profile reviewed			5,				
Plan:									
Pidili		dications.							
Pidn:	3. Refill me		ed appointment with a spine s	urgeon.					
	3. Refill me	ent has a schedule		urgeon.					
Follow up:	 Refill me The patie 	ent has a schedule		urgeon.					
Follow up: Prescriptions:	Refill me A. The patie Return to clinic in NARCOTIC MEDIC	ent has a scheduk four weeks. CATION RESPONS		ponsibility f	or all prescribing	all narcotic KCPM.			

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Page 2 of 3

RUSSO-01670

' Adrian Turpin PA-C'. 02/02/2015 11:03:16 AM (aturpin) Adrian Turpin NPI: 1447697735 License: PA1429

CPT Coding:

99213 OFFICE OUTPT EXPANDED

The above medical care was provided by a physician assistant and meets the requirements for "incident to" services. The patient on the initial evaluation by Dr. Steven Kozmary. The physician assistant was under the direct supervision of Dr. Kozmary who has an active part in the ongoing care of the patient. Dr. Kozmary was present in the office suite and immediately available to provide assistance and direction while the physician assistant was performing the services.

Steven Kozmary M.D. Supervising Physician Medical Director, Kozmary Center for Pain Management

RUSSO-01671 14A.App.3152



Patient:

Simone Russo

C. S. Sanding

12.2 There of Groung the Souther I

DOB: Gender:	09/05/1942 Male
PCP: Referring Physician: Primary Insurance:	John S Thalgott MD Medicare
Exam Date:	12/15/2014
Subjective:	
Chief Complaint:	The patient complains of lower back and paini in both legs
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	The patient returns for a follow up office visit with improved low back and legs pain. He has had some constipation but denies any other significant adverse effects. There have been no recent hospitalizations or ER visit since his last exam. He is currently going to PT for his bilateral gastrocnemius muscular atrophy. His body pain map was reviewed today.
	Location: Back and legs
	Quality: Severity: The patient describes the pain as tingling, electric shock, pins/needles and shooting. Duration: Jan 2012 Timing: Unpredictable. Adverse Events: None.
	Aberrant Drug Related Behavior: UDS is consistent for medications prescribed. ADL: Uses walker.
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 14 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbles/Recreational Activities: Before pain: Tennis. Goals: Not noted.
Past Treatments:	Physical Therapy: Last was on 12/13.

Simone Russo , DOB : 09/05/1942

Page 1 of 2

Family History:	Surgery Diabetes					
	Hypertension					
Allergies:	Kidney Disease .No Known Drug /	Allergies				
Review of Systems:	Endocrine, Eyes, (Gastrointestinal, Neurological, and	ved: Allergic/Immunologic, C Respiratory, Genitourinary, I Psychological. ROS question noted.	lematologica	al, Integumenta	
Objective:						
Vitals:	Height: Weight in Ibs.:	5'9" 213	Blood Pressure: Pulse:	139 / 78 74	BMI: 31.5 O2 Sat:	92
Physical Examination	Dr. Russo is a pleasant and cooperative 72 years old retired physician in no acute distress. The patient is seen alone today in the office. Affect is appropriate. There is no evidence of symptom magnification. Gait is normal. No assistive devices are used for ambulation. HEENT is within normal limits. Extremities show no evidence of trauma or deformity. Skin shows no rash or discoloration.					
Assessment:						
Diagnoses:	722.83 POSTLAM 724.4 UNS THOR 726.5 ENTHESOF 356.9 UNS IDIOF 564.09 other uns	ACIC/LUMB NEU PATHY HIP REGIO PATHIC PERIPH I	ON NEUROPATHY			
Discussion:	The patient's pain today. I will disco opioid induced com	ntinue the Amitiz	ell controlled on the medical a and will replace it with Lin	tion regimen zess in an ef	and I will fill his fort to better co	s Suboxone Introl his
Plan:	 Refill Sut Start Linz D/C Amit 	zess.				
Follow up:	Return to clinic in	four weeks.				
Prescriptions:	Linzess 290MCG Cap	sule Oral, Sig: Tak	a 1 tab po bid, 30 Days, Qty: 60, ke 1 tab po qd, 30 Days, Qty: 30 1 SL qd, discontinue all other op	. Ref: 0	s, Qty: 30, Ref: 0	
	NARCOTIC MEDICAT per the narcotic agre	TION RESPONSIBIL eement. The patier	LTY: I have assumed responsible t has signed a narcotic agreement	lity for all present with KCPM	scribing all narcoti	c medications
Referrals:	None					
S. KARMANYM	12					
Steven Kozmary MD'. 01/06/2 teven Kozmary	015 09:42:38 AM (SKo	ozmary)				
PI: 16593374	50					

CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

Page 2 of 2



Patient:

Simone Russo

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Dagang (pertained), States and Providence on other to one Galaging (pertained on the state of the state of the state A concare to adverse of the state or not

DOB: Gender:	09/05/1942 Male
PCP: Referring Physician: Primary Insurance:	John S Thalgott MD Medicare
Exam Date:	11/11/2014
Subjective:	
Chief Complaint:	The patient complains of back and leg pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient continues to experience pain in his back and legs. He reports improvement of his pain since the last visit. The patient states that the Amitiza is working well for him. The patient denies suicidal ideation, overtaking medications or any concerns by family or friends about the medications prescribed.
	ODI is 16 indicating moderate disability. Location: Low back. Quality: Patient describes pain as throbbing, annoying and exhausting. Severity: Pain reports a pain level of 3 on a visual analog scale of 1-10. Duration: Pain since 2012. Timing: Pain is not noted. Adverse Events: None. Aberrant Drug Related Behavior: I reviewed last UDT today. No aberrant behavior.
Reviewed Data:	ADL: Uses walker to ambulate KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 13 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis.

Simone Russo , DOB : 09/05/1942

Page 1 of 3

Past Treatments:	Goals: Not noted. Physical Therapy: Last was on 12/13.					
	Surgery					
Family History:	Diabetes Hypertension					
	Kidney Disease					
Allergies:	.No Known Drug Allergies					
Review of Systems:	The following systems were reviewed: Allergic/Immunologic, Cardiovascular. Constitutional, ENT, Endocrine, Eyes, Gastrointestinal, Respiratory, Genitourinary, Hematological, Integumentary, Musculoskeletal, Neurological, and Psychological. ROS questionnaire is filed in chart. The pertinent positives include numbness, back pain and weakness.					
)bjective:						
Vitals:	Height: 5'9" Blood Pressure: 110 / 78 BMI: 31.7 Weight in lbs.: 215 Pulse: 89 O2 Sat: 94					
Physical Exam:	The patient is a pleasant and cooperative 72-year-old male. He is seen with his wife in the office today. He is awake and alert with normal speech and affect. His gait is normal. He uses a walker for ambulation. There is no evidence of symptom magnification. HEENT: Normocephalic, atraumatic. SKIN: There are no rashes, lesions or discolorations. EXTREMITIES: No evidence of trauma or deformity.					
Assessment:						
Diagnoses:	722.83 POSTLAMINECTOMY SYND LUMBAR REGION 724.4 UNS THORACIC/LUMB NEURITIS/RADICUL 726.5 ENTHESOPATHY HIP REGION 564.00 UNSPEC CONSTIPATION					
Discussion:	356.9 UNS IDIOPATHIC PERIPH NEUROPATHY					
	We discussed the patient's chronic pain in detail today. He continues to have pain in his back and legs. He reports improvement of his pain since the last visit. The patient's pain is well-controlled with the current pain regimen. I will refill the medications at the current dosages. The patient is indicated for CES-D today. I reviewed the patient's pharmacy profile today. There is no evidence of aberrant behavior. I reviewed the patient's EMG/NCV of the lower extremities with him in the office today. It reveals severe mixed axonal and demyelinating sensory motor peripheral neuropathy with formation of the dying-back component. The patient has an appointment scheduled with his neurologist.					
Plan:	1. Refill medications.					
	2. CES-D today.					
	The patient has a scheduled appointment with the neurologist.					
Follow up:	Return to clinic in four weeks.					
Prescriptions:	Amitiza 24MCG Capsule Oral, Sig: Take 1 tab po bid, 30 Days, Qty: 60, Ref: 0 Suboxone 8-2MG Film Sublingual, Sig: 1 SL qd, discontinue all other opiates, 30 Days, Qty: 30, Ref: 0					
	NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications					
	per the narcotic agreement. The patient has signed a narcotic agreement with KCPM.					

Page 2 of 3

SPA-C

'Adrian Turpin PA-C'. 12/01/2014 11:48:05 AM (aturpin) Adrian Turpin NPI: 1447697735 License: PA1429

CPT Coding:

99214 OFFICE OUTPT DETAILED

The above medical care was provided by a physician assistant and meets the requirements for "incident to" services. The patient on the initial evaluation by Dr. Steven Kozmary. The physician assistant was under the direct supervision of Dr. Kozmary who has an active part in the ongoing care of the patient. Dr. Kozmary was present in the office suite and immediately available to provide assistance and direction while the physician assistant was performing the services.

Steven Kozmary M.D. Supervising Physician Medical Director, Kozmary Center for Pain Management

Simone Russo , DOB : 09/05/1942

Page 3 of 3

RUSSO-01676 14A.App.3157

Steven 1	nary Center Calibrating 2 2 Chan of Jour V. Kozmary, M.D. Lands related to a construction Second Action	
Patient: DOB: Gender:	Simone Russo 09/05/1942 Male	
PCP: Referring Physician: Primary Insurance:	John S Thalgott MD Medicare	
Exam Date:	09/30/2014	
Subjective:		
Chief Complaint:	The patient complains of numbness in both legs.	
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.	
Interim History:	 Dr. Russo returns for a follow up office visit. He has noted onset of panic attacks which so related to attempts to wean the suboxone. He has tried Xanax for anxiety and the panic a positive for constipation. His leg pain has improved since the last visit. There have been rehospitalizations or ER visits since his last exam. Body pain map was reviewed today. ODI is 16 indicating moderate disability. Location: Bilateral leg. Quality: Patient describes pain as electric shock and pins/needles. Severity: Pain reports a pain level of 3 on a visual analog scale of 1-10. Duration: Pain since 2012. Timing: Pain is not noted. Adverse Events: None. Aberrant Drug Related Behavior: None ADL: Uses walker to ambulate 	attacks. ROS is
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Disability Index, Pain Diagram and extensive review of systems.	, Oswestry
Oswestry Disability Index (ODI):	ODI Score 16 . The Oswestry Disability Index (ODI) has become one of the principal cond outcome measures used in the management of spinal disorders. It has been validated an measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 cor disability.	d is a useful no disability,
Past Medical History:	Hypertension Back Disease	
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.	

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Page 1 of 2

Past Treatments:	Physical Therapy: Surgery	Last was on 12/1	3.					
Family History:	Diabetes							
ranny mstory.	Hypertension							
	Kidney Disease							
Allergies:	.No Known Drug A	lleraies						
Allergiesi	.no known brug P	anci gica						
Review of Systems:	The following systems were reviewed: Allergic/Immunologic, Cardiovascular. Constitutional, ENT, Endocrine, Eyes, Gastrointestinal, Respiratory, Genitourinary, Hematological, Integumentary, Musculoskeletal, Neurological, and Psychological. ROS questionnaire is filed in chart. The pertinent positives include numbness, back pain and weakness.							
bjective:								
Vitals:	Height:	5'9"	Blood Pressure:	136 / 89	BMI: 29.5			
	Weight in lbs.:	200	Pulse:	72	O2 Sat:	91		
Physical Exam:	The patient is a pl	leasant and coope	rative 71 year old physiciar	n in no appa	rent distress.			
			he office. His affect is appro					
	There is no evider							
	He walks with a w							
	HEENT is within n							
	Extremities show no evidence of trauma or deformity.							
	Skin shows no ras							
Assessment:								
Diagnoses:	722.83 POSTLAM							
	724.4 UNS THORACIC/LUMB NEURITIS/RADICUL							
	726.5 ENTHESOPATHY HIP REGION							
	564.00 UNSPEC C	CONSTIPATION						
Discussion:								
	I will continue the Suboxone therapy. He tried to wean the suboxone and developed anxiety and panic							
	attacks. I will start him on Amitiza and will provide him with samples for it. The patient understood and							
	has agreed to our	plan. He does not	show signs of clinical depr	ession and	denies any suicio	dal ideation.		
Plan:	1. Continue	Suboxone therapy	ν.					
	 Amitiza for constipation, samples provided. Follow up with Dr. Germin, neurologist , for EMG/NCS of lower extremities 							
	 Consider hyperbaric oxygen therapy 							
Follow up:	Return to clinic in	four weeks.						
Prescriptions:	Amitiza 24MCG Caps	ule Oral, Sig: Take 1	tab po bid, 30 Days, Qty: 60,	Ref: 0				
	Suboxone 8-2MG Film Sublingual, Sig: 1 SL qd, discontinue all other opiates, 30 Days, Qty: 30, Ref: 0							
	NARCOTIC MEDICAT per the narcotic agre	ION RESPONSIBILIT	TY: I have assumed responsibilities assumed a narcotic agreement	lity for all pre-	scribing all narcoti	c medications		
	News							
Referrals:	None							

' Steven Kozmary MD'. 09/30/2014 02:37:01 PM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

Simone Russo , DOB : 09/05/1942

Page 2 of 2

imone Russo 9/05/1942 Iale Iohn S Thalgott MD Iedicare 9/08/2014 he patient complains of pain in right thigh and right calf. imone Russo returns for a follow up evaluation and medication refills. r. Russo returns for a follow up office visit. His leg pain has improved. He continues to complain of onstipation controlled with OTC remedies. He would like to discontinue the opioid medications. He had recent panic attack but there have been no recent hospitalizations or ER visits since his last exam. ody pain map was reviewed today.
ledicare 9/08/2014 he patient complains of pain in right thigh and right calf. imone Russo returns for a follow up evaluation and medication refills. r. Russo returns for a follow up office visit. His leg pain has improved. He continues to complain of onstipation controlled with OTC remedies. He would like to discontinue the opioid medications. He had recent panic attack but there have been no recent hospitalizations or ER visits since his last exam. ody pain map was reviewed today.
he patient complains of pain in right thigh and right calf. imone Russo returns for a follow up evaluation and medication refills. r. Russo returns for a follow up office visit. His leg pain has improved. He continues to complain of onstipation controlled with OTC remedies. He would like to discontinue the oploid medications. He had recent panic attack but there have been no recent hospitalizations or ER visits since his last exam. ody pain map was reviewed today.
imone Russo returns for a follow up evaluation and medication refills. r. Russo returns for a follow up office visit. His leg pain has improved. He continues to complain of onstipation controlled with OTC remedies. He would like to discontinue the opioid medications. He had recent panic attack but there have been no recent hospitalizations or ER visits since his last exam. ody pain map was reviewed today.
imone Russo returns for a follow up evaluation and medication refills. r. Russo returns for a follow up office visit. His leg pain has improved. He continues to complain of onstipation controlled with OTC remedies. He would like to discontinue the opioid medications. He had recent panic attack but there have been no recent hospitalizations or ER visits since his last exam. ody pain map was reviewed today.
r. Russo returns for a follow up office visit. His leg pain has improved. He continues to complain of onstipation controlled with OTC remedies. He would like to discontinue the opioid medications. He had recent panic attack but there have been no recent hospitalizations or ER visits since his last exam. ody pain map was reviewed today.
onstipation controlled with OTC remedies. He would like to discontinue the oploid medications. He had recent panic attack but there have been no recent hospitalizations or ER visits since his last exam. ody pain map was reviewed today.
DI la 22 indicating severe disability
DI is 22 indicating severe disability. ocation: Right thigh and right calf. uality: Patient describes pain as electric shock, annoying, pins/needles and exhausting. everity: Pain reports a pain level of 3 on a visual analog scale of 1-10. uration: Pain since 2012. iming: Pain is not noted.
dverse Events: None. berrant Drug Related Behavior: None DL: uses walker to ambulate
CPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry isability Index, Pain Diagram and extensive review of systems.
DI Score 14 . The Oswestry Disability Index (ODI) has become one of the principal condition specific utcome measures used in the management of spinal disorders. It has been validated and is a useful easure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete sability.
ypertension
ack Disease arital Status: Married nildren nployment: Retired: Physician for 40 years. ducation: Graduate Degree: 4 years. cher: Back. ealthy ecrease in strength and/or endurance

Simone Russo , DOB : 09/05/1942

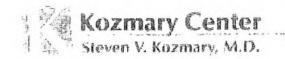
Page 1 of 2

	Physical Therapy: Surgery	Last was on 12/1	13.				
Family History:	Diabetes						
	Hypertension						
	Kidney Disease						
Allergies:	.No Known Drug	Allergies					
Review of Systems:	The following systems were reviewed: Allergic/Immunologic, Cardiovascular. Constitutional, ENT, Endocrine, Eyes, Gastrointestinal, Respiratory, Genitourinary, Hematological, Integumentary, Musculoskeletal, Neurological, and Psychological. ROS questionnaire is filed in chart. The pertinent positives include none noted.						
)bjective:	positives include i	ione notedi					
Vitals:	Helght: Weight in lbs.:	5'9" 200	Blood Pressure: Pulse:	142 / 92 82	BMI: 29.5 O2 Sat:	90	
Physical Exam:	The patient is a pleasant and cooperative 71 year old physician in no apparent distress. The patient is seen alone today in the office. His affect is appropriate. There is no evidence of symptom magnification. He walks with a wheeled walker. HEENT is within normal limits. Extremities show no evidence of trauma or deformity. Skin shows no rash or discoloration.						
Assessment:							
Diagnoses:	722.83 POSTLAM 724.4 UNS THOR 726.5 ENTHESOP	ACIC/LUMB NEUR			an Balangan da ga kanan sa sa sa sa		
	I will start him on Suboxone therapy and he is to discontinue all of his opioid medications. The patient understood and has agreed to our plan. He does not show signs of clinical depression and denies any suicidal ideation.						
Discussion:	understood and ha			io or chinear	a opression and	denies any	
	understood and ha suicidal ideation. 1. Discontin	nue opioid medica Suboxone therapy	tions.			denies any	
Plan:	understood and ha suicidal ideation. 1. Discontin	nue opioid medica Suboxone therapy	tions.			denies any	
Plan: Follow up:	understood and ha suicidal ideation. 1. Discontin 2. Start on s Return to clinic in	nue opioid medica Suboxone therapy four weeks.	tions.				
Discussion: Plan: Follow up: Prescriptions:	understood and hi suicidal ideation. 1. Discontin 2. Start on S Return to clinic in Suboxone 8-2MG Fili NARCOTIC MEDICAT	nue opioid medica Suboxone therapy four weeks. m Sublingual, Sig: 2 IION RESPONSIBILI	itions. y.	plates, 14 Day	s, Qty: 28, Ref: 0		

' Steven Kozmary MD'. 10/01/2014 11:22:08 AM (SKozmary) Steven Kozmary NPI: 1659337459 License: 5695

CPT Coding: 99214 OFFICE OUTPT DETAILED

Page 2 of 2



Simone Russo

Calendary J. J. Guns of Ground the Academist Pounts without the action of the construction of the construction of the construction of the construction of the

DOB: Gender:	09/05/1942 Male
PCP: Referring Physician: Primary Insurance:	John S Thalgott MD Medicare
Exam Date:	08/19/2014

Patient:

Chief Complaint:	The patient complains of left buttocks and thigh pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	Dr. Russo returns for a follow up office visit complaining of unchanged leg pain. His pain has improved since the last visit. He continues to complain of constipation controlled with OTC remedies. He would like inquire about Suboxone therapy. There have been no recent hospitalizations or ER visits since his last exam. Body pain map was reviewed today.
	ODI is 22 indicating severe disability. Location: Right buttocks and right thigh. Quality: Patient describes pain as electric shock, annoying, pins/needles and exhausting. Severity: Pain reports a pain level of 10 on a visual analog scale of 1-10. Duration: Pain since 2011. Timing: Pain is intermittent. Adverse Events: None. Aberrant Drug Related Behavior: None ADL: uses walker to ambulate
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 22 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension
Social History:	Back Disease Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance Hobbies/Recreational Activities: Before pain: Tennis. Goals: Not noted.

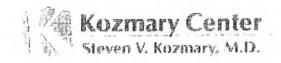
Simone Russo , DOB : 09/05/1942

Page 1 of 2

Past Treatments:	Physical Therapy: Surgery	Last was on 12/1	3.			
Family History:	Diabetes Hypertension Kidney Disease					
Allergies:	No Known Drug	Allergies				
Review of Systems:	Endocrine, Eyes,	Gastrointestinal, R Neurological, and F	ed: Allergic/Immunologic, C espiratory, Genitourinary, H Psychological. ROS question	lematologica	al, Integumentai	Υ,
Objective:	position					
Vitals:	Height: Weight in Ibs.:	5'9" 2008	Blood Pressure: Pulse:	153 / 87 93	BMI: 296.5 O2 Sat:	93
Physical Exam:	The patient is see There is no evide He walks with a w HEENT is within r Extremities show	en alone today in t ince of symptom m wheeled walker. normal limits.	uma or deformity.		rent distress.	
Assessment:						
Diagnoses: Discussion:	724.4 UNS THOF 726.5 ENTHESO Dr. Russo is impr discussed weanin	RACIC/LUMB NEUR PATHY HIP REGIO	N spine surgery. He is doing without suboxone with hir	well on the n in detail.	current medicat I have offered to	ion regimen. 5 start him or
	Annuza for his op	iola muuceu const	ipation.			
Plan:	 Refill medications. Will consider Amitiza for constipation Consider suboxone therapy 					
Follow up:	Return to clinic in	four weeks.				
Prescriptions:	opana 5 mg tablets	30 Days, Qty: 60, R	e 12 Hour Oral, Sig: 1 po bid, ef: 0 po q4 prn pain, maximum fou			
	NARCOTIC MEDICA per the narcotic agr	TION RESPONSIBILT eement. The patient	TY: I have assumed responsib has signed a narcotic agreem	ility for all pre ent with KCPM	scribing all narcoti 1.	c medications
Referrals:	None					
S. KOBMANYA	202					
Steven Kozmary MD'. (teven Kozmary		5:23 PM (SKozm	ary)			
PI: 16593374	159					
cense: 5695						

CPT Coding: 99214 OFFICE OUTPT DETAILED

Page 2 of 2



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Frand Freihers, etc. (1997) 1997 (1997) 64 (1997) 1997 (1997) 1997 (1997) (1997) 1997 (

Patient:Simone RussoDOB:09/05/1942Gender:MalePCP:John S Thalgott MDReferring Physician:John S Thalgott MDPrimary Insurance:Medicare

Exam Date: 07/16/2014

Chief Complaint:	The patient complains of low back and right upper leg pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation and medication refills.
Interim History:	The patient returns for follow-up. He has undergone lumbar spine surgery with reconstruction He would like me to take over his pain management. He has continued left lower extremity pain. His pain has improved after the lumbar spine surgery with Dr. Thalgott. He is taking opana 10 bid, and oxycodone 20 mg up to four tablets per day. He has some continued constipation. He rates the pain as a 4 to 10 on a visual analog scale of 1-10. He has had marked improvement in his lower extremity pain after the lumbar reconstruction. Body pain map was reviewed. ODI is 30 indicating severe disability. Location: Lower back and right upper leg. Quality: Patient describes pain as electric shock and stabbing. Severity: Pain reports a pain level of 10 on a visual analog scale of 1-10. Duration: On-going for years. Timing: Pain Is constant. Adverse Events: None. Aberrant Drug Related Behavior: None ADL: uses walker to ambulate
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 30 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy Decrease in strength and/or endurance

Simone Russo , DOB : 09/05/1942

Page 1 of 2

Past Treatments:	Physical Therapy:	Last was on 12/	13.			
	Surgery					
Family History:	Diabetes					
	Hypertension					
	Kidney Disease					
Allergies:	.No Known Drug A	liergies				
Review of Systems:	Endocrine, Eyes, G	Bastrointestinal,	ved: Allergic/Immunologic, Respiratory, Genitourinary Psychological. ROS questi	, Hematologica	al, Integumentar	
bjective:						
Vitals:	Height:	5'9"	Blood Pressure:	114 / 70	BMI: 30.3	
	Weight in lbs.:	205	Pulse:	74	O2 Sat:	94
Physical Exam:	The patient is see	n with his wife to	perative 71 year old physic oday in the office. His affe			
	There is no evider He walks with a w		magnification.			
	HEENT is within n					
			rauma or deformity.			
	Skin shows no ras					
Assessment:						
Diagnoses:	722.83 POSTLAM	INECTOMY SYNI	D LUMBAR REGION	******		
	724.4 UNS THOR	ACIC/LUMB NEU	RITIS/RADICUL			
Discussion:	726.5 ENTHESOP	ATHY HIP REGIO	N			
	I will take over me	edication manage	ement for this patient. He	had significant	reduction in his	pain after
	lumbar spine reco	nstruction surge	ry.	a chizana ca		
Plan:	1. Refill me	dications				
Follow up:	Return to clinic in	four weeks.				
Prescriptions:	opana 5 mg tablets,	30 Days, Qty: 60,	ase 12 Hour Oral, Sig: 1 po bi Ref: 0 1 po q4 prn pain, maximum f			
	NARCOTIC MEDICAT	TON RESPONSIBIL	ITY: I have assumed respons It has signed a narcotic agree	bility for all pre	scribing all narcoti	
	None					
Referrals:						
Referrals: S. KNBMANY!	102					

CPT Coding: 99214 OFFICE OUTPT DETAILED

5695

License:

Page 2 of 2

RUSSO-01684



Simone Russo 09/05/1942

ť

Patient: DOB:

Coloradie 2 7 Gum of Arvino the Southers !

Frand Freehand, Same and a second sec

Gender:	Male
PCP: Referring Physician: Primary Insurance:	John S Thalgott MD Medicare
Exam Date:	06/03/2014
Subjective:	
Chief Complaint:	The patient complains of back and bilateral leg pain.
Reason for Visit:	Simone Russo returns for a follow up evaluation.
Interim History:	The patient returns after his spinal cord stimulator another trial. Initially had significant relief of his bilateral lower extremity pain however on Sunday the patient had worsening pain with stimulation. He has seen Dr. Thalgott who has diagnosed him with a further collapse of L5-S1 and is considering lumbar reconstructive surgery. He denies any medication side effects. He denies any fevers or chills. He rates the pain as a 10 on a visual analog scale of 1-10. Body pain map was reviewed. ODI is 33 indicating severe disability. Location: Lower back and bilateral leg. Quality: Patient describes pain as electric shock, throbbing, stabbing, pins/needles and exhausting.
	Severity: Pain reports a pain level of on a visual analog scale of 1-10. Duration: Pain since 01/06/2012. Timing: Not noted. Context: Modifying Factors: Associated signs and symptoms:
	Adverse Events: None. Aberrant Drug Related Behavior: None
Reviewed Data:	KCPM follow up questionnaire, last visit progress note, diagnoses, medications, vital signs, Oswestry Disability Index, Pain Diagram and extensive review of systems.
Oswestry Disability Index (ODI):	ODI Score 33 . The Oswestry Disability Index (ODI) has become one of the principal condition specific outcome measures used in the management of spinal disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov 1;25(21):2846-52) The ODI score of 0-4 indicates no disability, 5-14 mild disability, 15-24 moderate disability, 25-34 severe disability, greater than 34 complete disability.
Past Medical History:	Hypertension Back Disease
Social History:	Marital Status: Married Children Employment: Retired: Physician for 40 years. Education: Graduate Degree: 4 years. Other: Back. Healthy

Simone Russo , DOB : 09/05/1942

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Deat Treatmenter	Decrease in streng Hobbies/Recreatic Goals: Not noted. Physical Therapy:	onal Activities: Bef	ore pain: Tennis.			
Past Treatments:	Surgery	Last was on 12/1	5.			
Family History:	Diabetes Hypertension					
Allergies:	Kidney Disease .No Known Drug A	Allergies				
Review of Systems:	Endocrine, Eves, C	Gastrointestinal, R	ed: Allergic/Immunologic, C espiratory, Genitourinary, H Psychological. ROS question	lematologica	al, Integumenta	I, ENT, ry,
Objective:						
Vitals:	Height: Weight in Ibs.:	5'9" 204	Blood Pressure: Pulse:	152 / 82 70	BMI: 30.1 O2 Sat:	92
Physical Exam:	The patient is see There is no evide He walks with diff HEENT is within n Extremities show Skin shows no ras	en with his wife to nce of symptom n ficulty with a walk normal limits. no evidence of tra- sh or discoloration	er. auma or deformity.	is appropria		
8	with sterile alco needle was plac Celestone was in LEFT PERONA The patient was was anesthetize nerves were infi	hol prep. After in the trocha njected into the L NERVE INJE placed in the si d with ethyl chk ltrated on the le vacaine and 0.5	ding. The skin overlying dentifying the appropriat interic bursa. After aspira joint space and the need CTION PROCEDURE IF tanding position. The skin oride topical spray. Using ift lower extremity: Left p % without epinephrine a	e landmark ation, 3 cc (lle was with DETAIL: n was prep a 22 g 1.5 peroneal ne	s, a #22 gaug 0.5% Marcaine hdrawn. ped with alcoh i inch needle t erve at the late	e 3.5 inch and 3 mg ol. The skir he following eral superior
Assessment:	777 97 DOCTI AM	INECTOMY CYND	LUMBAD DECTON			
Diagnoses: Discussion:	722.83 POSTLAMINECTOMY SYND LUMBAR REGION 724.4 UNS THORACIC/LUMB NEURITIS/RADICUL 726.5 ENTHESOPATHY HIP REGION					
	The patient had an equivocal spinal cord stimulator trial. He had good coverage of the pain and good relief Initially however three days into the trial the patient had worsening pain with stimulation. The leads were removed without difficulty. I will have him follow-up with Dr. Thalgott for lumbar reconstructive surgery. I discussed pain management with the patient. I will take over medication management for this patient.					
Plan:	 Equivocal spinal cord stimulator trial Follow up with Dr. Thalgott for surgical consideration Pain management in the future Left greater trochanter bursa and left peroneal nerve injection 					
Follow up:	Return to clinic in	four weeks.				
Prescriptions:						
imone Russo , DOB : 09/05/						
	1942				Page 2 of 3	
	1942				Page 2 of 3	

NARCOTIC MEDICATION RESPONSIBILITY: I have assumed responsibility for all prescribing all narcotic medications per the narcotic agreement. The patient has signed a narcotic agreement with KCPM.

Referrals:

None

S. KN ZMA Ng MD-'Steven Kozmary MD'. 06/04/2014 09:04:37 AM (SKozmary) Steven Kozmary NPI: 1659337459 5695 License:

CPT Coding: 64450 NJX ANES OTH PRPH NRV/BRANCH 20615 ASPIRATION&INJECTION TREATMENT BONE CYST 99213 OFFICE OUTPT EXPANDED

Simone Russo , DOB : 09/05/1942

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RUSSO-01687

14A.App.3168

VALLEY VIEW SURGERY CENTER 1330 S. VALEY VIEW BLVD LAS VEGAS, NEVADA 89102 (702) 477-7000 FAX (702) 851-0473

PROCEDURE NOTE

SURGEON:	Steven V. Kozmary, M.D.
ANESTHESIOLOGIST:	Gregson Porteous, D.O.
PROCEDURE PERFORMED:	 Spinal cord stimulator trial, bilateral octrode leads Fluoroscopy
PREOPERATIVE DIAGNOSIS:	724.4 UNS THORACIC/LUMB NEURITIS/RADICUL 722.83 POSTLAMINECTOMY SYND LUMBAR REGION 338.4 CHRONIC PAIN SYNDROME
POSTOPERATIVE DIAGNOSIS:	724.4 UNS THORACIC/LUMB NEURITIS/RADICUL 722.83 POSTLAMINECTOMY SYND LUMBAR REGION 338.4 CHRONIC PAIN SYNDROME

Informed consent was obtained after discussion of the risks, benefits and options of the procedures to be performed. A consent form was signed by the patient. An intravenous catheter was placed in the Pre op. The patient was brought to the fluoroscopy suite after having been NPO for greater than six hours by patient history.

SPINAL CORD STIMULATOR TRIAL PROCEDURE IN DETAIL: The patient was placed in the prone position with padding under the abdomen and legs. Patient comfort was checked prior to the start of the procedure. The skin overlying the needle entry zone was prepped with sterile surgical prep. A sterile 1010 surgical drape was placed covering the skin. Strict aseptic surgical technique was observed throughout the entirety of the procedure. Fluoroscopy was used to identify the appropriate vertebral bodies. Then, a 14g Tuohy needle was placed in the epidural space at L1-2 with loss of resistance technique under fluoroscopic guidance. Continuous fluoroscopic guidance was used while advancing the needle into the epidural space in AP view. Then, Omnipaque 300 dye was injected confirming needle tip placement in the epidural space. The flow of dye in the epidural space was noted to extend both cephalad and caudal. There was no evidence of intravascular or intrathecal injection. A Medtronic octrode lead spinal cord stimulator lead was threaded into the posterior epidural space under continuous fluoroscopy. It was positioned on the ipsilateral side to the patient's dominant pain. A second lead was placed in the same fashion on the contralateral side. Two octrode leads were placed. The leads were placed bilaterally from the top of T-8 to the top of T-10. The stimulator leads were connected to the generator and testing was undertaken to determine the site of stimulation. The trial leads were maneuvered to cover the painful areas. The lead positions were recorded with fluoroscopic hard copy and the needles and guide wires were withdrawn. The leads were secured with the Medtronic locking device. The skin was cleansed and sterilely dressed. The final fluoroscopy images were obtained and placed in the patient's chart.

MONITORING: The patient was monitored with continuous ECG, automatic blood pressure cuff and continuous pulse oximetry during the entirety of the procedure. Vital signs were recorded by the attending anesthesiologist. No airway management was needed.

IV SEDATION: The patient received intravenous Propofol under the direct supervision of anesthesiologist.

DISCHARGE CONDITION: The patient was stable and ambulatory, neurologically intact, with a driver and with written discharge instructions.

Date of Dictation: 6/0 Date of Procedure: 5/2

6/03/2014 5/28/2014 Patient: Date of Birth: Provider: Simone Russo 09/05/1942 Steven V Kozmary, MD

Simone Russo , DOB : 09/05/1942

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RUSSO-01688

PLAN: The patient is instructed to return to Dr. Kozmary's office at scheduled appointment for follow up.

S. KOBMANYMO

' Steven Kozmary MD'. 06/03/2014 06:27:38 PM (SKozmary) Steven V. Kozmary, M.D. Director, Kozmary Center for Pain Management Diplomate, American Board of Anesthesiology Subspecialty Certification in Pain Management Diplomate, American Academy of Pain Management

Date of Dictation: Date of Procedure:

6/03/2014 5/28/2014 Patient: Date of Birth: Provider: Simone Russo 09/05/1942 Steven V Kozmary, MD

Simone Russo , DOB : 09/05/1942

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RUSSO-01689

14A.App.3170

VALLEY VIEW SURGERY CENTER 1330 S. VALEY VIEW BLVD LAS VEGAS, NEVADA 89102 (702) 477-7000 FAX (702) 851-0473

PROCEDURE NOTE

SURGEON:	Steven V. Kozmary, M.D.
ANESTHESIOLOGIST:	Gregson Porteous, D.O.
PROCEDURE PERFORMED:	 Bilateral L5-S1 selective nerve block and selective epidural steroid injection Bilateral S1 selective nerve block and selective epidural steroid injection Fluoroscopy
PREOPERATIVE DIAGNOSIS:	724.4 UNS THORACIC/LUMB NEURITIS/RADICUL 722.83 POSTLAMINECTOMY SYND LUMBAR REGION
POSTOPERATIVE DIAGNOSIS:	724.4 UNS THORACIC/LUMB NEURITIS/RADICUL 722.83 POSTLAMINECTOMY SYND LUMBAR REGION 30% relief of pain post procedure.

Informed consent was obtained after discussion of the risks, benefits and options of the procedures to be performed. A consent form was signed by the patient. An intravenous catheter was placed in the Pre op. The patient was brought to the fluoroscopy suite after having been NPO for greater than six hours by patient history.

LUMBAR SELECTIVE NERVE ROOT BLOCK PROCEDURE IN DETAIL: The patient was placed in the prone position with padding under the head, abdomen and ankles. Patient comfort was checked prior to the start of the procedure. The skin overlying the needle entry zone was prepped with sterile surgical prep. A sterile 1010 surgical drape was placed covering the skin. Strict aseptic surgical technique was observed throughout the entirety of the procedure. Fluoroscopy was used to identify the appropriate vertebral bodies. A #22 gauge 5-inch spinal needle was placed at the appropriate neural foramina. Omnipaque 300 dye was injected confirming needle tip placement in the nerve root sheath. There was no evidence of intravascular or intrathecal injection. The dye was observed to flow along into the epidural space under fluoroscopic guidance. After negative aspiration, 1.0 cc of Marcaine 0.5% without Epinephrine and 0.6 mg Celestone solution was injected around the nerve root and transforaminally into the epidural space at L5-S1 bilaterally. The needle was withdrawn. In the same fashion the bilateral S1 nerve roots were injected with dye, Marcaine and celestone solution. The fluoroscopy images were recorded and transforred to the patient's chart.

MONITORING: The patient was monitored with continuous ECG, automatic blood pressure cuff and continuous pulse oximetry during the entirety of the procedure. Vital signs were recorded by the attending anesthesiologist. No airway management was needed.

IV SEDATION: The patient received intravenous Propofol under the direct supervision of anesthesiologist. **DISCHARGE CONDITION:** The patient was stable and ambulatory, neurologically intact, with a driver and with written discharge instructions.

PLAN: The patient is instructed to return to Dr. Kozmary's office at scheduled appointment for follow up.

S. KOZMANYMO

' Steven Kozmary MD'. 05/20/2014 04:37:10 PM (SKozmary)
 Steven V. Kozmary, M.D.
 Director, Kozmary Center for Pain Management
 Diplomate, American Board of Anesthesiology
 Subspecialty Certification in Pain Management
 Diplomate, American Academy of Pain Management
 Date of Dictation: 5/20/2014
 Date of Procedure: 5/14/2014

Patient: Date of Birth: Provider: Simone Russo 09/05/1942 Steven V Kozmary, MD

Simone Russo , DOB : 09/05/1942

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RUSSO-01690 14A.App.3171

Addended by - 'Steven Kozmary' 5/25/2014 5:10:58 PM

BILATERAL SI SELECTIVE NERVE ROOT BLOCK PROCEDURE IN DETAIL: Fluoroscopy was used to identify the S1 foramina. A #22 gauge 5-inch spinal needle was placed at the S1 foramina on the left. Omnipaque 300 dye was injected confirming needle tip placement. There was no evidence of intravascular or intrathecal injection. The dye was observed to flow along into the epidural space under fluoroscopic guidance. After negative aspiration 1.0 cc of Lidocaine with Epinephrine was injected, then 1.0 cc of Marcaine with Epinephrine and 1 mg. Celestone solution was injected around the nerve root and transforaminally into the epidural space. The needle was withdrawn. In the same fashion the contralateral S1 nerve root was injected utilizing fluoroscopy and the identical volume of injectate. The fluoroscopy images were recorded and transferred to the patient's chart.

S. KOBNARYMO

' Steven Kozmary MD'. 05/25/2014 05:10:55 PM (SKozmary)

RUSSO-01691

14A.App.3172

VALLEY VIEW SURGERY CENTER 1330 S. VALEY VIEW BLVD LAS VEGAS, NEVADA 89102 (702) 477-7000 FAX (702) 851-0473

PROCEDURE NOTE

SURGEON:	Steven V. Kozmary, M.D.
ANESTHESIOLOGIST:	Gregson Porteous, D.O.
PROCEDURE PERFORMED:	 Bilateral L5-S1 selective nerve block and selective epidural steroid injection Fluoroscopy
PREOPERATIVE DIAGNOSIS:	724.4 UNS THORACIC/LUMB NEURITIS/RADICUL 722.83 POSTLAMINECTOMY SYND LUMBAR REGION
POSTOPERATIVE DIAGNOSIS:	724.4 UNS THORACIC/LUMB NEURITIS/RADICUL 722.83 POSTLAMINECTOMY SYND LUMBAR REGION 60% relief of pain post procedure.

Informed consent was obtained after discussion of the risks, benefits and options of the procedures to be performed. A consent form was signed by the patient. An intravenous catheter was placed in the Pre op. The patient was brought to the fluoroscopy suite after having been NPO for greater than six hours by patient history.

LUMBAR SELECTIVE NERVE ROOT BLOCK PROCEDURE IN DETAIL: The patient was placed in the prone position with padding under the head, abdomen and ankles. Patient comfort was checked prior to the start of the procedure. The skin overlying the needle entry zone was prepped with sterile surgical prep. A sterile 1010 surgical drape was placed covering the skin. Strict aseptic surgical technique was observed throughout the entirety of the procedure. Fluoroscopy was used to identify the appropriate vertebral bodies. A #22 gauge 5-inch spinal needle was placed at the appropriate neural foramina. Omnipaque 300 dye was injected confirming needle tip placement in the nerve root sheath. There was no evidence of intravascular or intrathecal injection. The dye was observed to flow along into the epidural space under fluoroscopic guidance. After negative aspiration, 1.0 cc of Marcaine 0.5% without Epinephrine and 0.6 mg Celestone solution was injected around the nerve root and transforaminally into the epidural space at L5-S1 bilaterally. The needle was withdrawn. The fluoroscopy images were recorded and transformed to the patient's chart.

MONITORING: The patient was monitored with continuous ECG, automatic blood pressure cuff and continuous pulse oximetry during the entirety of the procedure. Vital signs were recorded by the attending anesthesiologist. No airway management was needed.

IV SEDATION: The patient received intravenous Propofol under the direct supervision of anesthesiologist.

DISCHARGE CONDITION: The patient was stable and ambulatory, neurologically intact, with a driver and with written discharge instructions.

PLAN: The patient is instructed to return to Dr. Kozmary's office at scheduled appointment for follow up.

S. KOBNANG MO

' Steven Kozmary MD'. 05/14/2014 10:48:46 AM (SKozmary) Steven V. Kozmary, M.D. Director, Kozmary Center for Pain Management Diplomate, American Board of Anesthesiology Subspecialty Certification in Pain Management Diplomate, American Academy of Pain Management

Date of Dictation: 5/13/2014 Date of Procedure: 5/7/2014

Simone Russo , DOB : 09/05/1942

Patient: Date of Birth: Provider: Simone Russo 09/05/1942 Steven V Kozmary, MD Page 1 of 2

RUSSO-01692

Addended by - 'Steven Kozmary' 5/25/2014 5:10:33 PM

BILATERAL SI SELECTIVE NERVE ROOT BLOCK PROCEDURE IN DETAIL: Fluoroscopy was used to identify the S1 foramina. A #22 gauge 5-inch spinal needle was placed at the S1 foramina on the left. Omnipaque 300 dye was injected confirming needle tip placement. There was no evidence of intravascular or intrathecal injection. The dye was observed to flow along into the epidural space under fluoroscopic guidance. After negative aspiration 1.0 cc of Lidocaine with Epinephrine was injected, then 1.0 cc of Marcaine with Epinephrine and 1 mg. Celestone solution was injected around the nerve root and transforaminally into the epidural space. The needle was withdrawn. In the same fashion the contralateral S1 nerve root was injected utilizing fluoroscopy and the identical volume of injectate. The fluoroscopy images were recorded and transferred to the patient's chart.

S. KOBNARYMO

' Steven Kozmary MD'. 05/25/2014 05:10:25 PM (SKozmary)

Simone Russo , DOB : 09/05/1942

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RUSSO-01693 14A.App.3174

VALLEY VIEW SURGERY CENTER 1330 S. VALEY VIEW BLVD LAS VEGAS, NEVADA 89102 (702) 477-7000 FAX (702) 851-0473

PROCEDURE NOTE

SURGEON:	Steven V. Kozmary, M.D.	
bondeonn		
ANESTHESIOLOGIST:	Gregson Porteous, D.O.	
PROCEDURE PERFORMED:	 Bilateral L5-S1 selective nerve block and selective epidural steroid injection Bilateral S1 selective nerve block and selective epidural steroid injection Fluoroscopy 	
PREOPERATIVE DIAGNOSIS:	722.83 POSTLAMINECTOMY SYND LUMBAR REGION 724.4 UNS THORACIC/LUMB NEURITIS/RADICUL	
POSTOPERATIVE DIAGNOSIS:	722.83 POSTLAMINECTOMY SYND LUMBAR REGION 724.4 UNS THORACIC/LUMB NEURITIS/RADICUL 40% relief of pain post procedure.	

Informed consent was obtained after discussion of the risks, benefits and options of the procedures to be performed. A consent form was signed by the patient. An intravenous catheter was placed in the Pre op. The patient was brought to the fluoroscopy suite after having been NPO for greater than six hours by patient history.

LUMBAR SELECTIVE NERVE ROOT BLOCK PROCEDURE IN DETAIL: The patient was placed in the prone position with padding under the head, abdomen and ankles. Patient comfort was checked prior to the start of the procedure. The skin overlying the needle entry zone was prepped with sterile surgical prep. A sterile 1010 surgical drape was placed covering the skin. Strict aseptic surgical technique was observed throughout the entirety of the procedure. Fluoroscopy was used to identify the appropriate vertebral bodies. A #22 gauge 5-inch spinal needle was placed at the appropriate neural foramina. Omnipaque 300 dye was injected confirming needle tip placement in the nerve root sheath. There was no evidence of intravascular or intrathecal injection. The dye was observed to flow along into the epidural space under fluoroscopic guidance. After negative aspiration, 1.0 cc of Marcaine 0.5% without Epinephrine and 0.6 mg Celestone solution was injected around the nerve root and transforaminally into the epidural space at L5-S1 bilaterally. The needle was withdrawn. The fluoroscopy images were recorded and transferred to the patient's chart.

MONITORING: The patient was monitored with continuous ECG, automatic blood pressure cuff and continuous pulse oximetry during the entirety of the procedure. Vital signs were recorded by the attending anesthesiologist. No airway management was needed.

IV SEDATION: The patient received intravenous Propofol under the direct supervision of anesthesiologist.

DISCHARGE CONDITION: The patient was stable and ambulatory, neurologically intact, with a driver and with written discharge instructions.

PLAN: The patient is instructed to return to Dr. Kozmary's office at scheduled appointment for follow up.

S. KNEManyma

Steven Kozmary MD'. 05/01/2014 05:12:35 PM (SKozmary)
 Steven V. Kozmary, M.D.
 Director, Kozmary Center for Pain Management
 Diplomate, American Board of Anesthesiology
 Subspecialty Certification in Pain Management
 Diplomate, American Academy of Pain Management
 Date of Dictation: 5/01/2014
 Date of Procedure: 4/30/2014

Patient: Date of Birth: Provider: Simone Russo 09/05/1942 Steven V Kozmary, MD

Simone Russo , DOB : 09/05/1942

Page 1 of 2

RUSSO-01694

Addended by - 'Steven Kozmary' 5/25/2014 5:09:57 PM

BILATERAL S1 SELECTIVE NERVE ROOT BLOCK PROCEDURE IN DETAIL: Fluoroscopy was used to identify the S1 foramina. A #22 gauge 5-inch spinal needle was placed at the S1 foramina on the left. Omnipaque 300 dye was injected confirming needle tip placement. There was no evidence of intravascular or intrathecal injection. The dye was observed to flow along into the epidural space under fluoroscopic guidance. After negative aspiration 1.0 cc of Lidocaine with Epinephrine was injected, then 1.0 cc of Marcaine with Epinephrine and 1 mg. Celestone solution was injected around the nerve root and transforaminally into the epidural space. The needle was withdrawn. In the same fashion the contralateral S1 nerve root was injected utilizing fluoroscopy and the identical volume of injectate. The fluoroscopy images were recorded and transferred to the patient's chart.

S. KORNARYMO

' Steven Kozmary MD'. 05/25/2014 05:09:25 PM (SKozmary)

Addended by - 'slindstrom ' 9/17/2014 5:16:25 PM The patient also was injected at S1 with 1 cc Marcaine 0.5% without Epinephrine and 0.6 ccs of Celestone.

Simone Russo , DOB : 09/05/1942

RUSSO-01695

14A.App.3176



2851 El Camino Ave, Ste 101 Las Vegas, NV 89102 702.380.3210 fax 702.380.3212

COMPREHENSIVE CONSULTATION

Exam Date:	04/28/2014
Patient Name:	Simone Russo
DOB:	09/05/1942
Referred by:	John S Thalgott MD
PCP:	

Simone Russo was seen on 04/28/2014 for a comprehensive consultation.

Chief Complaint:

The patient complains of lumbar, down left thigh and left leg pain.

History of Present Illness: The patient is a 71-year-old male who complains of low back pain and bilateral lower extremity pain, left greater than right. Two years ago he underwent lumbar spine decompression and fusion at L2-3 and had marked improvement in his pain symptoms. Three to four months later, he underwent L5-S1. On November 22, 2013 he became septic. He had a wound dehiscence. He underwent extensive wound revision. Since that time, he has developed bilateral lower extremity pain, left greater than right, as well as atrophy of the bilateral lower extremities. He has undergone extensive physical therapy. He walks with a walker. The pain is worsened by standing, lying, twisting, sitting, and walking. The pain is decreased by lying down and sitting. He has stopped all activities. He rates the pain as a 5-10 on a visual analog scale of 1-10. Body pain map was reviewed. He has undergone physical therapy, surgery. Prior to the lumbar spine surgery in 2012, he underwent injection therapy.

Review of Systems: Positive for fatigue, hypertension. ODI is 30, indicating severe disability. Opiate risk assessment questionnaire was reviewed.

Medications: Pharmacy profile was reviewed.

Pain Level: 5 Pain Level With Medication: Pain Level Without Medication: Pain Level Worst: 10

Allergies: .No Known Drug Allergies

Diabetes

Past Medical History: Hypertension Back Disease

Family History:

Page 1 of 3

	Hypertension Kidney Disease						
Social History:	Marital Status: M Children Employment: Re Education: Gradu Other: Back. Healthy Decrease in strem Hobbies/Recreatt Goals: Not noted Alcohol Use:	etired: Physician f uate Degree: 4 ye ngth and/or endurational Activities: I	ars.				
Past Treatments:	Physical Therapy Surgery	v: Last was on 12	/13.				
Surgical History:	Rotator Cuff Rig Lumbar: L3-L4: Lumbar: L5-Si: 2	2012.					
Body Pain Map:	Please refer to pa	in diagram in the	intake questionnaire.				
Review of Systems:	ENT, Endocrine,	Eyes, Gastrointe	wed: Allergic/Immuno stinal, Respiratory, Ge Veurological, and Psyc	nitourinar	y, Hematolog	gical,	
Vitals:	Height: Blood Pressure:	5'9" 121 / 70	Weight in lbs: Pulse:	165 78	PulseOx	01	
Physical Examination	The patient is a p with his wife tod oriented. His aff shows well-healed marked atrophy i	pleasant and coop ay in the office. Fect is appropriate d lumbar surgical in the lower extr	erative 71-year-old ma He walks with the aid HEENT: Normoce scar. There is no evide emities, particularly the to rash or discoloration.	le in no a l of a wal phalic and ence of ery ne calves.	: pparent distro ker. He is a l atraumatic. thema or infe	ess. He is s wake, alert a Lumbar sp ection. Ther	and oine re is
Diagnosis:		RACIC/LUMB N	SYND LUMBAR REG NEURITIS/RADICUL DME				
Discussion:	Lumbar post lami	nectomy syndrom	e; lumbar radiculitis, le	eft greater	than right.		
	fluoroscopic guida detail. Specific ri	ance. I discussed sks discussed incl	S1 selective transforation the risks, benefits, and uded bleeding, infection and agrees to proceed.	options o	of the procedu	ire with him	ı in
			confirmed that patient ere adequately decomp				

Simone Russo , DOB : 09/05/1942

Sumal'

Page 2 of 3

RUSSO-01697

and S1 selective transforaminal epidural steroid injections and I concur.

Oswestry DisabilityThe Oswestry Disability Index is 30. The Oswestry Disability Index (ODI) has become one of
the principal condition specific outcome measures used in the management of spinal
disorders. It has been validated and is a useful measure of outcome. (Spine 2000 Nov
1;25(21):2846-52)Prescriptions:Opana er 5MG Tablet Extended Release 12 Hour Oral, Sig: 1 po bid, maximum two tablets
per day, 30 Days, Qty: 60, Ref: 0
Oxycodone hcl 15MG Tablet Oral, Sig: 1 po q4 prn pain, maximum four tablets per day, 30
Days, Qty: 120, Ref: 0Toxicology Ordered:The patient is indicated for urine drug testing on initial evaluation.

S. KORNANGMO

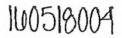
Steven Kozmary MD'. 05/13/2014 06:33:38 PM (SKozmary)
 Diplomate, American Board of Anesthesiology
 Subspecialty Certification in Pain Medicine
 Diplomate, American Academy of Pain Management
 NPI: 1659337459
 License: 5695

CPT 99204 OFFICE OUTPT NEW COMPREHENSIVE

Page 3 of 3

RUSSO-01698 14A.App.3179

14A.App.3180



Patient: Simone Russo DOB: 09/05/1942

Gender: Male

Kozmary Center 2851 El Camino Ave. Las Vegas, NV 89102 Toxicology Test Requisition Form & Superbill

Primary Ins: Medicare Secondary Ins: AMA Chart# 8282 Sample Date: 05/17/2016

PRESCRIBED MEDICATIONS CIRCLE ALL MEDICATIONS THAT YOU TAKE FROM ANY PROVIDER IF YOU TAKE ANY MEDICATIONS NOT LISTED, WRITE THEM ON THE OTHER LINE.

Adderall Albuterol Alorazolam Ambien Ambien CR Amitriptyline Atenolol Ativan Avinza Badofen Celebrex Celexa Clonazepam Conldine Codeine Cymbalta

Darvocet Demerol Diazepam Dilaudid Duragesic Effexor Elayio Fentanyl Fioricet Flector Patch Flexeril Gabapentin Hydrocodone Ibuprofer Imitrex Kadian

Klonopin Lexapro Lidoderm Lipitor Lorazepam Lortab Lunesta Lyrica Marinol Metformin Methadone Metoprolol Mobic Morphine MS Contin MSIR

Neurontin Nexium Norco Nucynta Opana Oxycodone Oxycontin Paxil Pennsaid Percocet Phenergan Prevacid (Prilosec) Prozac Restoril Robaxin

Roxicodone Silenor Skelaxin Soma Subsys Suboxone Topamax Tramadol Trazodone Ultram Valium Vicodin Vicopropert 17 Voltaren Gel Wellbutrin Xanax

2:12FM

Other:

I certify that I have voluntarily provided my own fresh and unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottle is accurate and truthful. I understand that Dr. Steven Kozmary is the owner of Lux Laboratories and that I may use any certified lab for my testing. I am not required to utilize LUX Laboratories.

DX: Code: DX: Chronic Pai	n Z79.891		
Consistent / Inconsistent		ORDER	
High pretest suspicion of aberrant drug use	Pharmacy profile inconsistency	UDT IA HIGH COMP	LEX
Non-compliant in past	Unexpected UDT results in past	MS/LC CONFIRMATI	ONS
First Visit / Last UDT	Random	UA exam non micros	scopic
Early Refill			
RISK Level Low Moderate High	1		
		Physician's Signature	Date
Comments:			

14A.App.3181

		Camino Ave. Las Ve Test Requisition I		
Patient: Simone Russo DOB: 09/05/1942	Primary	Ins: Medicare ary Ins: AMA	Cl Sa	nart# 8282 ample Date:
Gender: Male			0.	1/13/2017
			Stary many distance in the	
CI	-	RESCRIBED MEDICA		Y PROVIDER
		OT LISTED, WRITE T		
Adderall	Darvocet	Klonopin	Neurontin	Roxicodone
Albuterot	Demerol	Lexapro	Nexium	Silenor
Alprazolam J.	Diazepam	Lidoderm	Norco	Skelaxin
Rabien	Dilaudid	Lipitor	Nucynta	Soma
Andien CR	Duragesic	Lorazepam	Opana	Subsys
Amitriptyline	Effexor	Lortab	Oxycodone	
Atenolol	Elavil	Lunesta	Oxycontin	Topamax
Ativan	Fentanyl	Lyrica	Paxil	Tramadol
Avinza	Fioricet	Marinol	Pennsaid	Trazodone
Baclofen	Flector Patch	Metformin	Percocet	Ultram
Celebrex	Flexeril ofer 1	Un Methadone	Phenergan	Valium
Celexa	Gabapentin	/ Metoprolol	Prevacid	Vicodin
Clonazepam	Hydrocodone	Mobic	Prilosec	Vicoprofen
Clonidine	Ibuprofen of 1	Morphine	Prozac	Voltaren Gel
codeine 3 07	Imitrex	MS Contin	Restoril	Wellbutrin
Cymbalta 76A	Kadian	MSIR June	Robaxin	Xanax
/ -				2524
Other:				0 - 3 00
			Second Second	
information provided or that Dr. Steven Kozmar required to utilize LUX I Patients Signature: DX Code: Consistent / Inconsis High pretest suspicio Non-compliant in pas First Visit / Last UDT Early Refill	DX: Chronic Laboratories.	label affixed to the spec Laboratories and that I m Advantage of the spectrum Pain Z79.891 Advantage of the spectrum Description of the spectr	imen bottle is acc nay use any certif	en for analytical testing. The surate and truthful. I understand fied lab for my testing. I am not ORDER UDT IA HIGH COMPLEX MS/LC CONFIRMATIONS UA exam non microscopic
information provided or that Dr. Steven Kozmar required to utilize LUX I Patients Signature: DX Code: Consistent / Inconsis High pretest suspicio Non-compliant in pas First Visit / Last UDT Early Refill RISK Level Low	DX: Chronic laboratories.	label affixed to the spec Laboratories and that I m Advantage of the spectrum Pain Z79.891 Advantage of the spectrum Description of the spectr	imen bottle is acc nay use any certif	ORDER UDT IA HIGH COMPLEX
information provided or that Dr. Steven Kozmar required to utilize LUX I Patients Signature: DX Code: Consistent / Inconsis High pretest suspicio Non-compliant in pas First Visit / Last UDT Early Refill RISK Level Low	h this form and on the y is the owner of Lux Laboratories. DX: Chronic tent \underline{a} $\underline{\beta}$ \underline{ra} $\underline{20}$ [0] on of aberrant drug use \underline{st} \underline{q} $\underline{20}$ [1] \underline{c} Moderate \Box Hi	label affixed to the spec Laboratories and that I m Advantage of the spectrum Pain Z79.891 Advantage of the spectrum Description of the spectr	imen bottle is acc nay use any certif	ORDER UDT IA HIGH COMPLEX MS/LC CONFIRMATIONS UA exam non microscopic
information provided or that Dr. Steven Kozmar required to utilize LUX I Patients Signature: DX Code: Consistent / Inconsis High pretest suspicio Non-compliant in pas First Visit / Last UDT Early Refill	h this form and on the y is the owner of Lux Laboratories. DX: Chronic tent <u>a pra 2016</u> on of aberrant drug use $\frac{1}{20116}$ Moderate \Box Hi	label affixed to the spec Laboratories and that I m Advantage of the spectrum Pain Z79.891 Advantage of the spectrum Description of the spectr	imen bottle is acc nay use any certif	ORDER UDT IA HIGH COMPLEX MS/LC CONFIRMATIONS UA exam non microscopic
information provided or that Dr. Steven Kozmar required to utilize LUX I Patients Signature: DX Code: Consistent / Inconsis High pretest suspicio Non-compliant in pas First Visit / Last UDT Early Refill RISK Level Low	DX: Chronic Laboratories.	label affixed to the spec Laboratories and that I m Advantage of the spectrum Pain Z79.891 Advantage of the spectrum Description of the spectr	imen bottle is acc nay use any certif	ORDER UDT IA HIGH COMPLEX MS/LC CONFIRMATIONS UA exam non microscopic

150407025

Patient: Simone Russo DOB: 09/05/1942

Gender: Male

Kozmary Center 2851 El Camino Ave. Las Vegas, NV 89102 Toxicology Test Requisition Form & Superbill Primary Ins: Medicare Chart#

Secondary Ins: AMA

Chart# 8282 Sample Date: 04/07/2015

PRESCRIBED MEDICATIONS CIRCLE ALL MEDICATIONS THAT YOU TAKE FROM ANY PROVIDER IF YOU TAKE ANY MEDICATIONS NOT LISTED, WRITE THEM ON THE OTHER LINE.

OPI Avinza Codeine Darvocet Demerol Fentora Fioricet Hydrocodone Kadian Lorcet Lortab Methadone Morphine MS Contin MSIR Norco Nucynta Opana Oxycodone Oxycontin Percocet Roxycodone	OPI Tramadol Ultram Vicodin Vicoprofen - -	BZO Alprazolam Ativan Clonazepam Dilaudid Duragesic Klonopin Lorazepam Lunesta Restoril Valium	AMPH Adderall Ritalin	Muscle Relax Baclofen Flexeril Robaxin Soma Skelaxin	Anti Dep Amitriptyline Cymbalta Effexor Elavil Lexapro Paxil Prozac Trazodone	Other Ambien Ambien CR Marinol Topamax Silenor Neurontin Gabapentin Lyrica Neurontin		
information pro that Dr. Steven required to util Patients Signat DX Code:	vided on this Kozmary is this ize LUX Labor ure: Inconsistent t suspicion of ant in past	form and on the he owner of Lux abortes. DX: Chronic aberrant drug us $9 30 14$	Pain 338.4 V De la Pharm Laboratories Pain 338.4 V De la Pharm De Unexp Rando	to the specimen and that I may us 58.69 nacy profile incor vected UDT result	bottle is accural se any certified isistency C s in past C	or analytical testing te and truthful. I lab for my testing I lab for my testing I UDT IA HIGH (I MS/LC CONFIR I UA exam non r	Understa g. I am n COMPLEX	and lot S
		an a			S	teven Kozmary, N	MD	Date

RUSSO-01701 3 of 55 14A.App.3182

Kozmary Center 2851 El Camino Ave. Las Vegas, NV 89102 Toxicology Test Requisition Form & Superbill

Comments:

Preliminary + No Positives	AMP	EX	BAR	BZO	COC	MTD	OPI	PHE	N	Soma (BU
Confirmations Quantifications	82145 83789 82520	82542	82205	82942 80154	82530 82520	83840	8294 8392 8210	25 839	92-x1	82942 8305 83789
Date Run										
Preliminary	80101		G0431	83986		82570	V5	8.69	V58.8	3
ALC Alcohol AM EX Ecstasy MT			BAR Barb METQ Met	iturate BZC nagualone OPI		iazepines	THC	Cannabinoid Phencydidine	COC	Cocaine Propoxyphene

Collection Time:_____

Time Specimen was received in lab:_____

150728016

Patient: Simone Russo DOB: 09/05/1942

Gender: Male

Kozmary Center 2851 El Camino Ave. Las Vegas, NV 89102 Toxicology Test Requisition Form & Superbill Primary Ins: Medicare Chart#

Secondary Ins: AMA

Chart# 8282 Sample Date: 07/28/2015

PRESCRIBED MEDICATIONS CIRCLE ALL MEDICATIONS THAT YOU TAKE FROM ANY PROVIDER IF YOU TAKE ANY MEDICATIONS NOT LISTED, WRITE THEM ON THE OTHER LINE.

OPI Avinza Codeine Darvocet Demerol Fentora Fioricet Hydrocodone Kadian Lorcet Lortab Methadone Morphine MS Contin MSIR Norco Nucynta Opana Oxycodone Oxycontin Percocet Roxycodone	OPI Tramadol Ultram Vicoolin Vicoprofen - -	BZO Alprazolam Ativan Clonazepam Diłaudid Duragesic Klonopin Lorazepam Lunesta Restoril Valium	AMPH Adderall Ritalin	Muscle Relax Baclofen Flexeril Robaxin Soma Skelaxin	Anti Dep Amitriptyline Cymbalta Effexor Elavil Lexapro Paxil Prozac Trazodone Wyelbutun 150 5 R B 1 D	Other Ambien Ambien CR Marinol Topamax Silenor Neurontin Gabapentin Lyrica Neurontin		
information pro that Dr. Steven required to util	vided on this f Kozmary is the ize LUX Labora	orm and on the le owner of Lux L	label affixed	unadulterated ur to the specimen I and that I may us	bottle is accurate	and truthful	I. I understa	
Patients Signat	ure:(- F	ting	2		and the second second		
DX Code: Consistent/ High pretest Non-complia First Visit / Early Refill	t suspicion of a ant in past	DX: Chronic P berrant drug use $\frac{7}{5}$	e 🖸 Pharm	nacy profile incons ected UDT results	sistency D s in past D	RDER UDT IA HIG MS/LC CON UA exam no	FIRMATION	S

RISK Level D Low D Moderate D High

Steven Kozmary, MD Date

Kozmary Center 2851 El Camino Ave. Las Vegas, NV 89102 Toxicology Test Requisition Form & Superbill

Comments:

Preliminary + (AMP	(EX)	BAR	BZO	COC	MTD	OP	I PHE	N	Soma
Confirmations Quantifications	82145 83789 82520	82542	82205	82942 80154	82530 82520	83840	829 839 821	25 839	92-x1	82942 8305 83789
Date Run						[]
Preliminary	80101		50431	83986		82570	V	58.69	V58.8	3]
ALC Alcohol AMP EX Ecstasy MTD			AR Barbitura IETQ Methaqu		Benzodi Opiates	azepines	THC	Cannabinoid Phencyclidine	COC	Cocaine

Simone F Russo, DOB : 9/5/1942

14A.App.3186

Kozmary Center 2851 El Camino Ave. Las Vegas, NV 89102 Toxicology Test Requisition Form & Superbill

Patient: Simone Russo DOB: 09/05/1942

Gender: Male

Primary Ins: Medicare Secondary Ins: Chart# 8282 Sample Date: 05/03/2017

Wa:27 Ph

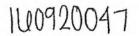
140503 115

PRESCRIBED MEDICATIONS

CIRCLE ALL MEDICATIONS THAT YOU TAKE FROM ANY PROVIDER IF YOU TAKE ANY MEDICATIONS NOT LISTED, WRITE THEM ON THE OTHER LINE.

Roxicodone Neurontin Darvocet Klonopin Adderall Nexium Silenor Lexapro Demerol Albuterol Skelaxin Norco Diazepam Lidoderm Alprazolam Soma Lipitor Nucynta Dilaudid Ambien Subsys Duragesic Lorazepam Opana Ambien CR Oxycodone Suboxone Effexor Lortab Amitriptyline Oxycontin Topamax Lunesta Elavil Atenolol Lyrica Paxil Tramadol Fentanyl Ativan . Marinol Pennsaid Trazodone Fioricet Avinza Ultram Flector Patch Metformin Percocet Baclofen Methadone Phenergan Valium Flexeril Celebrex Vicodin Gabapentin Metoprolol Prevacid Celexa Prilosec Vicoprofen Clonazepam Hydrocodone Mobic Voltaren Gel Morphine Prozac Clonidine Ibuprofen MS Contin Wellbutrin Restoril Codeine Imitrex Robaxin Xanax Cymbalta Kadian MSIR Other: I certify that I have voluntarily provided my own fresh and unadulterated urine specimen for analytical testing. The information provided on this form and on the label affixed to the specimen bottle is accurate and truthful. I understand that Dr. Steven Kozmary is the owner of Lux Laboratories and that I may use any certified lab for my testing. I am not required to utilize LUX lyaboratories. Patients Signature: DX Code: DX: Chronic Pain Z79.891 □ Consistent / Inconsistent <u>Collet re</u>, <u>Oyuclure</u>, <u>Uyym</u>:Orhore □ High pretest suspicion of aberrant drug use □ Pharmacy profile inconsistency ORDER UDT IA HIGH COMPLEX □ Unexpected UDT results in past Non-compliant in past □ MS/LC CONFIRMATIONS □ First Visit / Last UDT □ Random UA exam non microscopic □ Early Refill Low Moderate **RISK Level** □ High Physician's Signature Date Comments:

14A.App.3187



Patient: Simone Russo DOB: 09/05/1942

Gender: Male

Kozmary Center 2851 El Camino Ave. Las Vegas, NV 89102 **Toxicology Test Requisition Form & Superbill**

Primary Ins: Medicare Secondary Ins: AMA

Chart# 8282 Sample Date: 09/20/2016

PRESCRIBED MEDICATIONS CIRCLE ALL MEDICATIONS THAT YOU TAKE FROM ANY PROVIDER IF YOU TAKE ANY MEDICATIONS NOT LISTED, WRITE THEM ON THE OTHER LINE.

Adderall Albuterol Alprazolam Ambien Ambien CR Amitriptyline Atenolol Ativan Avinza Baclofen Celebrex Celexa Clonazepam Clonidine Codeine Cymbalta

Demerol Diazepam Dilaudid Duragesic Effexor Elavil Fentanyl Fioricet **Flector Patch** Flexeril Gabapentin Hydrocoder Ibuprofen Imitrex Kadian

Darvocet

Klonopin Lexapro Lidoderm Lipitor Lorazepam Lortab Lunesta Lyrica Marinol Metformin Methadone Metoprolol Mobic Morphine MS Contin MSIR

Neurontin Nexium Norco Nucynta Opana Oxycodone Oxycontin Paxil Pennsaid Percocet Phenergan Prevacid Prilosec Prozac Restoril Robaxin

Roxicodone Silenor Skelaxin Soma Subsys Suboxone Topamax Tramadol Trazodone Ultram Valium Vicodin Vicoprofen Voltaren Gel Wellbutrin Xanax

Other: <

I certify that I have voluntarily provided my own fresh and unadulterated urine specimen for analytical testing. The 3:40pm information provided on this form and on the label affixed to the specimen bottle is accurate and truthful. I understand that Dr. Steven Kozmary is the owner of Lux Laboratories and that I may use any certified lab for my testing. I am not required to utilize LUX Laboratories.

Patients Signature:

DX Code:

DX: Chronic Pain Z79.891

□ High

□ Hish-pretest suspicion of aberrant drug use □ Pharmacy profile inconsistency Unexpected UDT results in past □ Random

ORDER UDT IA HIGH COMPLEX MS/LC CONFIRMATIONS UA exam non microscopic

□ Non-compliant in past □ First Visit / Last UDT □ Early Refill

RISK Level Low Moderate

Gonsistent/ Inconsistent

Physician's Signature Date

Comments:



2851 El Camino Ave., Ste. 101 <u>Phone:</u> 702.380.3210 Fax: 702.380.3212

DATE: 10/18/16 PATIENT NAME: 51MUNL F. 120510 DOB: 09/05/1942

11/15/16-PA-declined

ELIGIBILITY & BENEFITS

PRIMARY: Medicare	# 100327925A
PHONE#: 1(855)609-	
PLAN TYPE: HMO PF EFFECTIVE DATE:	PO POS
COPAY:	CO-INS:
DEDUCTIBLE:	MET:
MAX OOP:	MET:
REPRESENTATIVE:	

SECONDARY: AMA	# M59500392319
PHONE #: 1(800)458-5736	
PLAN TYPE: HMO PPO POS	N.L
EFFECTIVE DATE: 07.01	. 19
COPAY: CO-INS:	0
DEDUCTIBLE: MET:	
MAX OOP: MET:	Q
REPRESENTATIVE: JOD	ice

DME BENEFITS & PRIOR AUTHORIZATION

DME BENEFITS ?:	
PRIOR AUTH REQUIR	
PRIOR AUTH#:	
PRIOR AUTH FAX:	
PRIOR AUTH APPROV	/AL #:
DIAGNOSIS CODES:	1.)
	2.)
	3.)

		olar Grace
HCPCS:	1(10186) Cerucall	PRICE:
HCPCS:		PRICE:
HCPCS:		PRICE:

REPRESENTATIVE:

Notes: Will Dick up MC TXCESSIVE Churges

A. Notifier: KOZMARY CENTER FOR PAIN MANAGEMENT

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for **D**. EQUIPMENT below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have DURABLE MEDICAL below.

L Durable Medical Equipment	E Reason Medicare May Not Paya	El Estimated Cost
.0650 - LUMBAR BRACE	We expect Medicare to pay, this is to protect our office in the event of an	-\$1350.00 billable to Medicare and
0174 - CERVICAL BRACE	issue that Medicare does not cover or if the insurance provided is not	\$250.00 billable to Patient.
	Medicare Traditional Primary.	- \$330.00 billable to Medicare.

WHAT YOU NEED TO DO NOW:

- · Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. associated services listed above.
 Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you

□ OPTION 1. I want the D. associated service listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.

OPTION 2. I want the D. associated service listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
 OPTION 3. I don't want the D. associated service listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

H. Additional Information: This is a blanket protection for our office in the even that another insurance may be primary over or in place of Traditional Medicare information that you have presented to our office.

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

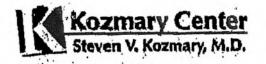
1	i. Signature:	J. Date:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

. .

Form CMS-R-131 (03/11)

Form Approved OMB No. 0938-0566



ADVANCED BENEFICIARY NOTICE (ABN)

			· ·
DATE:		· · · · ·	
PATIENT:		· ·	• •
COMMERCIAL INSURANCE:	· · · · · · · · · · · · · · · · · · ·		•••••

 You are receiving this notice because your insurance company may not pay for all of the services that you receive during your visit.

WHAT YOU NEED TO KNOW:

- · Read this notice, so you can make an informed decision about your care.
- Ask questions.

SUPPLIES AND SERVICES	REASO	ON INSURAL	ICE MAY I	NOT PAY	ESTIMATED CO	DST
			× . •			
			1	· .		
· · · · ·	· ·		• • •	• . •	:	

YES I want these services. If my commercial insurance carrier denies payment, I am completely responsible for payment in full. I understand that I can appeal this decision for nonpayment by my insurance carrier

- NO I have decided not to receive these services.
- OTHER Should I decide to request these services in the future, I understand I will be

1.1

charged and am responsible for payment in full.

By signing this notice you agree to take financial responsibility for the cost of the supplies and serviced listed above should your insurance company deny coverage for the listed items.

Guarantor Signature:	Date:	

RUSSO-01709 11 of 55

KOZMARY CENTER FOR PAIN MANAGEMENT

LUMBAR-SACRAL ORTHOSIS (LSO) and CERVICAL COLLAR BRACE LETTER OF MEDICAL NECESSITY

Name:	DOB:	
Address:	ang	
Home Phone:	Cell Phone:	
Insurance Information		
Primary Insurance:		
Policy ID:	Group:	
Phone#:	Rep Name:	
Deductible:	Deductible Met:	
Authorization:	Rel#:	
Lumbar-Sacral Orthosis M	odel and Cervical Collar Brace	
Model:	Size: HCPCS: L0650, L0180	
	Size: HCPCS: L0650, L0180	
Diagnosis Code:		
Diagnosis Code: One of the following options must OReduce pain by restricting Facilitate healing following Facilitate healing following	be selected for the prescription to be valid:	
Diagnosis Code: One of the following options must	be selected for the prescription to be valid: mobility of the trunk. an injury to the spine or related soft tissue. a surgical procedure on the spine or related soft tissue. binal muscle and/or a deformed spine. O) and Cervical Collar Brace I prescribed is medically necessary for this patient's rehab and is n ligal necessity for prescribed LSO is documented in patient chart notes.	ot
Diagnosis Code: One of the following options must	be selected for the prescription to be valid: mobility of the trunk. an injury to the spine or related soft tissue. a surgical procedure on the spine or related soft tissue. binal muscle and/or a deformed spine. O) and Cervical Collar Brace I prescribed is medically necessary for this patient's rehab and is not in the spine of t	ot
Diagnosis Code: One of the following options must Reduce pain by restricting Facilitate healing following Facilitate healing following Otherwise support weak sy I certify that the Lumbar-Sacral Ornosist (S prescribed as convenience equipment Med Physician's Signature:	be selected for the prescription to be valid; mobility of the trunk. an injury to the spine or related soft tissue. a surgical procedure on the spine or related soft tissue. binal muscle and/or a deformed spine. 0) and Cervical Collar Brace I prescribed is medically necessary for this patient's rehab and is n ical necessity for prescribed LSO is documented in patient chart notes. Date:	ot
Diagnosis Code: One of the following options must	be selected for the prescription to be valid: mobility of the trunk. an injury to the spine or related soft tissue. a surgical procedure on the spine or related soft tissue. binal muscle and/or a deformed spine. O) and Cervical Collar Brace I prescribed is medically necessary for this patient's rehab and is not in the spine of t	

PROOF OF DELIVERY and RETURN POLICY ACKNOWLEDGEMENT

KOZMARY CENTER FOR PAIN MANAGEMENT DURABLE MEDICAL EQUIPMENT

SIMDRE RUSSO Date: Provider:

Patient Name:

:

I have received the following durable medical equipment from Kozmary Center for Paln Management.

o L0180 - Cervical Collar Brace \$330.00 √L0650 - Lumbar-Sacral Orthosis Brace \$1350.00

I have been provided the brace(s) prescribed by my provider. I understand Kozmary Center for Pain Management return policy and that there is a 1 year manufacture warranty period. I understand that this warranty does not apply to changes in my physical weight, condition, nor any other physiological changes that may occur, or any alterations made by anyone other than Kozmary Center for Pain Management. I am satisfied with both the brace and fit of my brace and I have been fully advised as to its use and function.

Medicare DMEPOS Supplier Statement:

The products and/or services provided to you by Kozmary Center for Pain Management are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (ie. honoring warranties and hours of operation). The full text of these standards can be obtained at http://ecfr.gpoaccess.gov. Upon request we will furnish you a written copy of the standards.

Patient Signature: _____ Date: _____

Technician Signature: _____ Date: _____

PLACE LABEL



2851 El Camino Ave., Ste. 101 Phone: 702.380.3210 Fax: 702.380.3212

DATE:	10/18/16		
PATIENT		Simone F.	124510
	09105/1942		

ELIGIBILITY & BENEFITS

PRIMARY: Medicate	# 100327925A
PHONE#: 1(855)609-94	
PLAN TYPE: HMO PPO	POS
EFFECTIVE DATE:CO	D-INS:
DEDUCTIBLE:	MET:
MAX OOP:	MET:
REPRESENTATIVE:	

SECONDARY: AMA	# M595003923/9
PHONE#: (800) 458-5736	
PLAN TYPE: HMO PPO POS	14
EFFECTIVE DATE: $O + O$. 17
COPAY: O CO-INS:	<u>Q</u>
DEDUCTIBLE: MET:	
MAX OOP: MET:	
REPRESENTATIVE: JCIO	ice

DME BENEFITS & PRIOR AUTHORIZATION

DME BENEFITS ?:	
PRIOR AUTH REQUIR	
PRIOR AUTH#:	
PRIOR AUTH FAX:	
	/AL #:
DIAGNOSIS CODES:	1.)
	2.)
	3.)
. Certin la	unicall Colur Chal PRICE:
HCPCS: 1(10186/(EVVICALI PRICE:
HCPCS:	PRICE:
HCPCS:	PRICE:

REPRESENTATIVE:

	Notes: Will TX	pick up	D MC Charge	2
······				

Kozmary Center for Pain Management 2851 El Camino Ave, Ste 101 Las Vegas, NV 89102 702.380.3210 fax 702.380.3212

Date: 04/	none Russo /23/2015 L2/3 L3/4 L4/5 L5/S1	Location:	Kozmary Center for Pain Management
Start Time: Finish Time: Fluoro Time:	2:08 pm	% Relief	100/
Pump Trial Results NStim Trial Results Pump Study Results Comments:	%relief VASto		<u> </u>
Drug	Amount (ml)	Lot#	Expiration
Marcaine 0.5%	4	4509000	9/1/16
Betamethasone 6n	ng/mL	410700	10/16
Lidocaine 2%	8,5	38-254-0K	2/1/16
Omnipaque 300i/m	nL \	12568608	9/13/17
DOther			,

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KCPM Procedure Record				
Date: 04-23-5 Time: 12:34 Ini	itials: <u>R</u> Allergies Revi	ewed: @Latex @Betadine	□Contrast	
Patient Identified: Werbal Proceed	lure/site confirmed and p	oatient verbalizes understa	nding gyes DNo	
Ride: Aves INo Name: Ball Dar	2 Phone: <u>70-79</u>	2-4077		
Blood Thinners: DYes ANO Last do)se:			
UNSAIDS CLASpirin ClPersantine ClPie	tal OPlavix OEfflent O	Ticlid DWarfarin DPrada	xa DXareito	
NPO Since: 7:30 aM LMP:	Pregnancy	test: Hyste	rectomy: 🛛 Yes 🗆 No	
Pain Scale: 00-1 02-3 04-5	06-7 08-9 010			
Heplock: Wes ho				
IV site: Size: Started I	by:Solution	Removed by	Site: CDI CRed/swo	
Antibiotic: CIYes CINo Drug: CIAnce				
	R:			
Intra op: Time start 2:08				
Procedure: (A) A+Mbb	-	ne OSupine OSitting C		
0	1 - 1		aludane miriane	
Grounding Pad Site:	DAN/A Site Condit	1		
O2 @Via: CINasal Cann	iula OMask Tolerani	te of Procedure: Divel	DFair DPoor	
Procedure Nurse: Sarah Undstrom, F	RN Radiology Techn	kian: Carlos Rios		
Time: AM/PM) BP	2 Sat % Time AM/PM	Medication Site	Initials	
Time: AM/PM) BP Pulse 02	2 Sat % Time AM/PM	Medication Site	Initials	
Time: AM/PM) BP		Medication Site	Initials	
Time: AM/PM) BP, Pulse 00 2. 08 1019 74 9 Post op:	13	Medication Site		
Time: AM/PM) BP Pulse O '-'' 05 157 74 9 Post op: '' '' '' '''		Medication Site		
Time: AM/AM BP Pulse OT 2'-08 07 97 9 Post op: 0 0 0 2'-1 14/95 12 0	1 5			
Time: AM/AM) BP Pulse 00 2.08 101 91 74 9 Post op: 2.1 44485 72 0 Discharge: DAmbulatory Mineelcha	air OWalker Dicane	Self Awith Responsible	Adult Verbalizes Understanding	
Time: AM/PM) BP Pulse OX Post op: 01 \$1 14 9 Post op: 04/95 12 0 Discharge: 0Ambulatory PWheelcharge: Thr Pain Level Upon Discharge: Tir	air OWalker Dicane	Self Awith Responsible		
Time: AM/AM) BP Pulse 00 2.08 101 91 74 9 Post op: 2.1 44485 72 0 Discharge: DAmbulatory Mineelcha	air OWalker Dicane	Self Awith Responsible	Adult Verbalizes Understanding	
Time: AM/PM) BP Pulse OX Post op: 01 \$1 14 9 Post op: 04/95 12 0 Discharge: 0Ambulatory PWheelcharge: Thr Pain Level Upon Discharge: Tir	air OWalker Dicane	Self Awith Responsible	Adult Verbalizes Understanding	
Time: AM/PM BP Pulse OT '-'''''''''''''''''''''''''''''''''''	air OWalker Dicane	Self Awith Responsible	Adult Verbalizes Understanding	
Time: AM/PM) BP Pulse OT 2'-05 51/51 14 9 Post op: 44/85 12 0 Discharge: 0Ambulatory Mineelcharge: 1 Pain Level Upon Discharge: Tir Nurse'sNotes: 1	air OWalker Dicane	Self Awith Responsible	Adult Verbalizes Understanding	
Time: AM/PM) BP Pulse OX Post op: 01 \$1 14 9 Post op: 04/95 12 0 Discharge: 0Ambulatory PWheelcharge: Thr Pain Level Upon Discharge: Tir	air OWalker Dicane	Self Awith Responsible	Adult Verbalizes Understanding	
Time: AM/PM BP Pulse OX '2'''''''''''''''''''''''''''''''''''	air OWalker Dicane	Self Discharge Instruct	Adult Verbalizes Understanding Day D ions Given To: DPatient DResponsible A	
Time: AM/PM) BP Pulse OT Post op: VIIST TU TU Olscharge: Discharge: Tim Pain Level Upon Discharge: Tim Nurse'sNotes: Tim % improvement Tim Simone F Russo Simone F Russo	air OWalker Dicane	Self Swith Responsible Copy of Discharge Instruct	Adult Verbalizes Understanding (D)Y D ions Given To: DPatient DResponsible A mary Center	
Time: AM/PM) BP Pulse OX Discharge: Discharge: Discharge: Discharge: Discharge: Discharge: Pain Level Upon Discharge: Thr Nurse'sNotes:	air OWalker Dicane	Self Swith Responsible Copy of Discharge Instruct	Adult Verbalizes Understanding (D) ions Given To: □Patient □Responsible A	
Time: AM/PM) BP Pulse OT Post op: VIIST TU TU Olscharge: Discharge: Tim Pain Level Upon Discharge: Tim Nurse'sNotes: Tim % improvement Tim Simone F Russo Simone F Russo	air 🗆 Walker Dicane me Discharged 2. 20/	Self Swith Responsible Copy of Discharge Instruct	Adult Verbalizes Understanding (D)Y D ions Given To: DPatient DResponsible A mary Center NV. Kozmary, M.D. re., Suite 101 • Las Vegas, Nevada 89102	

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Kozmary Center for Pain Management 2851 El Camino Ave, Ste 101 Las Vegas, NV 89102 702.380.3210 fax 702.380.3212

Patient Name: Simone Russo Date: 05/15/2015 Notes: RIGHT LUMBAR RFA L2/3 L3/4 L4 Diagnosis: Start Time: 5 Finish Time: 5 Fluoro Time: 2	4/5 L5/S1	DD
Pump Trial Results %relief VAS NStim Trial Results Pump Study Results Comments:	724.2 721.3	· · · · · · · · · · · · · · · · · · ·
Drug Amount	: (ml) Lot#	Expiration
Marcaine 0.5%	46-106-DK	10/16
Betamethasone 6mg/mL	411000	10/10
□Lidocaine 2%) 38-254-DIL	olly
Omnipaque 300i/mL	126568608	9/17
DOther		

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14A.App.3197

ate 5-19 Time: 7:46 Initials: 12 Allergies Review	ved: DLatex DBetadine Contrast
	tient verbalizes understanding dayes ONo
de: QYes DNo Name: Phone:	
ood Thinners: DYes No Last dose:	
NSAIDS DAspirin DPersantine DPietal DPiavix DEffient DTro	did 🗆 Warfarin 🗆 Pradaxa 🗆 Xarelto
	st: Hysterectomy: 🗆 Yes 🖾 No
ain Scale: 00-1 02-3 4-5 06-7 08-9 010	
eplock: IYes 100	
site: Size: Started by: Solution	Removed by: Site: CDI CRed/swolk
ntibiotic: 🗆 Yes 🗆 No Drug: 🗆 Ancef 500mg 🗆 IV 🗆 IM T	līme:
	02 Sat %:
ntra op: Time Start: 8-13 AMVPM Time Ended	AM/PM
rocedure: B Hour PP Position: Aprone	e OSupine OSitting O(R)Side O(L)Side
rounding Pad Site: BCalk privA Site Condition	n: CCDI CRed
2 @ Via: 🗆 Nasał Cannula 🗆 Mask Tołerance	of Procedure: Well DFair DPoor
rocedure Nurse: Sarah Lindstrom, RN Radiology Technic	ian: Carlos Rios
Time: AM/PM BP Pulse O2 Sat % Time AM/PM	Medication Site Initials
8:15 204110 85 94	
2:33 190/81/84 42	
ost op: 8:27 169/87 82 94	
<u>e-e-</u>	
Scharge: Sembulatory Wheekchair Walker Cane	Self CIWith Responsible Adult Verbalizes Understanding: CH CIN
ain Level Upon Discharge: Time Discharged C	ppy of Discharge Instructions Given To: DPatient DResponsible Ad
Nurse'sNotes:	
% improvement 100	
Simone F Russo	Kozmary Center
09/05/1942	2851 El Camino Ave., Suite 101 • Las Vegas, Nevada 89102
atient Identification	· · · · · · · · · · · · · · · · · · ·
atient Identification	3:00 Kozenaruil
atient Identification	8:00 Kozmarai

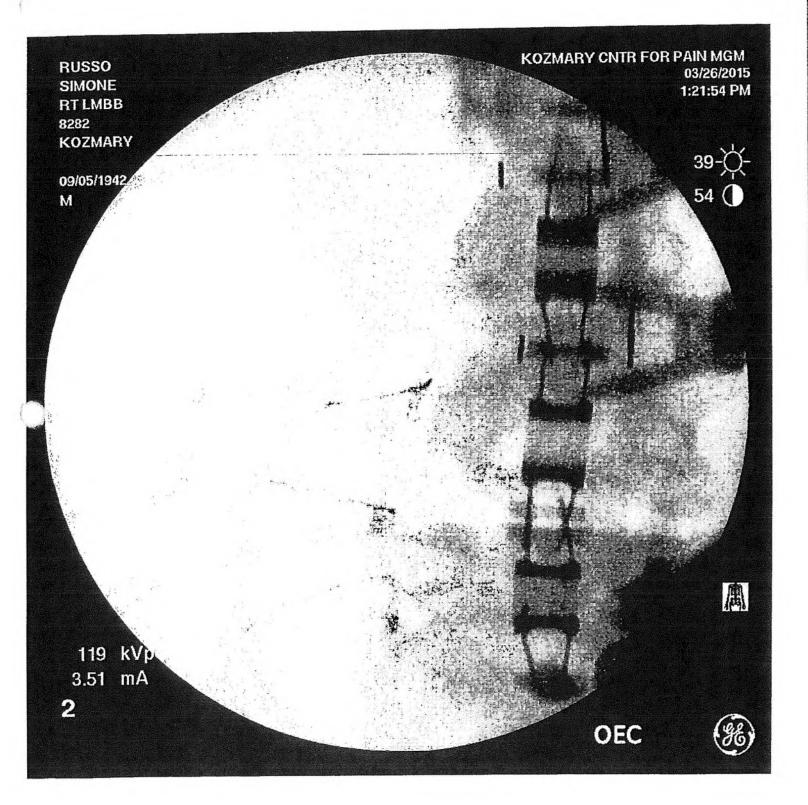
Patient Identification

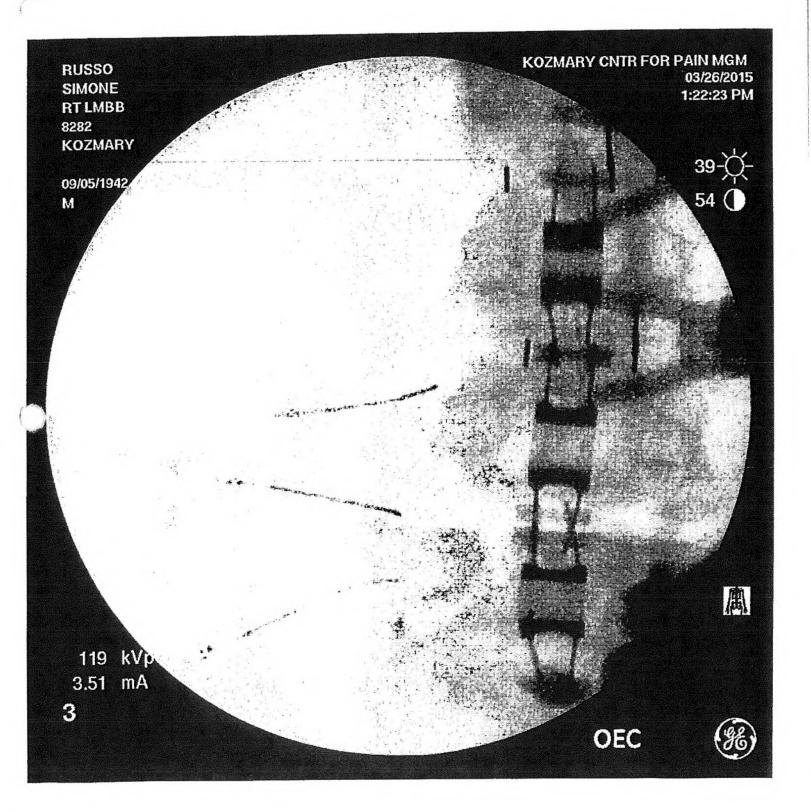
RADIOFREQUENCY REPORT

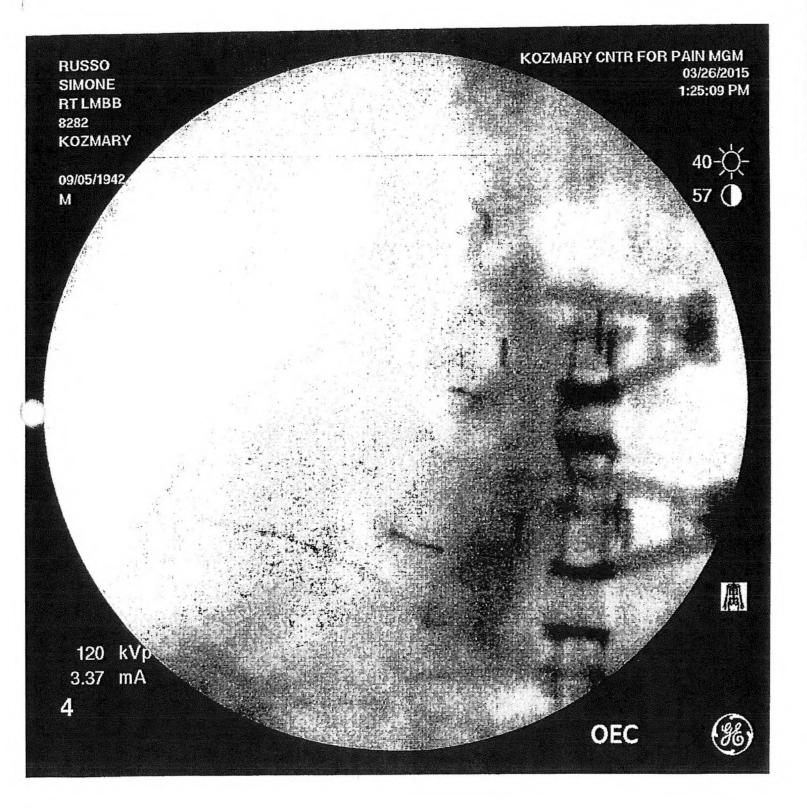
Simone Russo

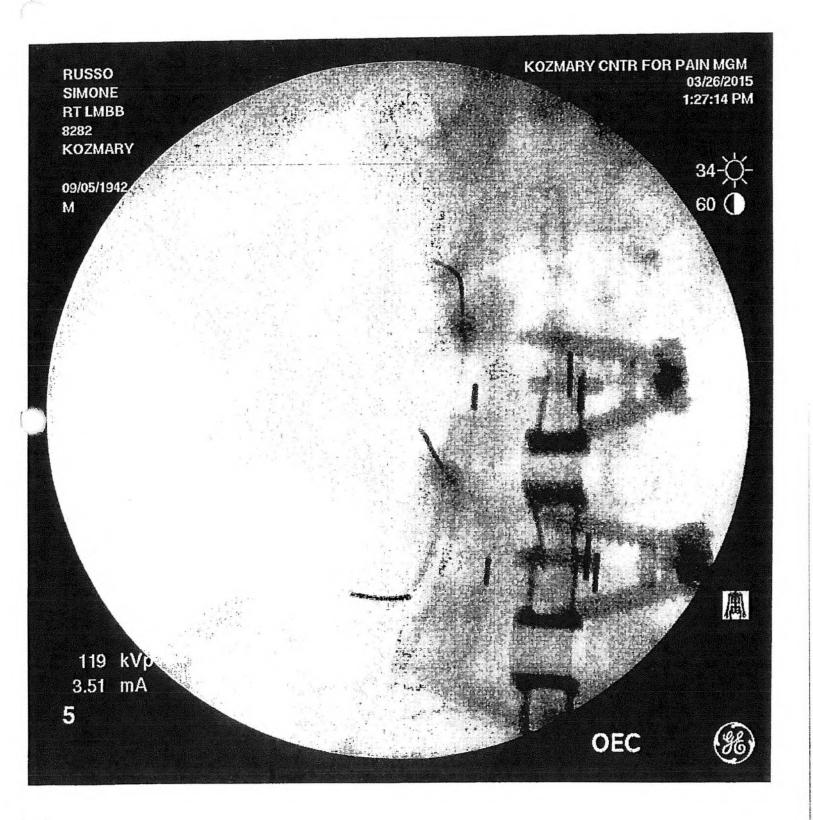
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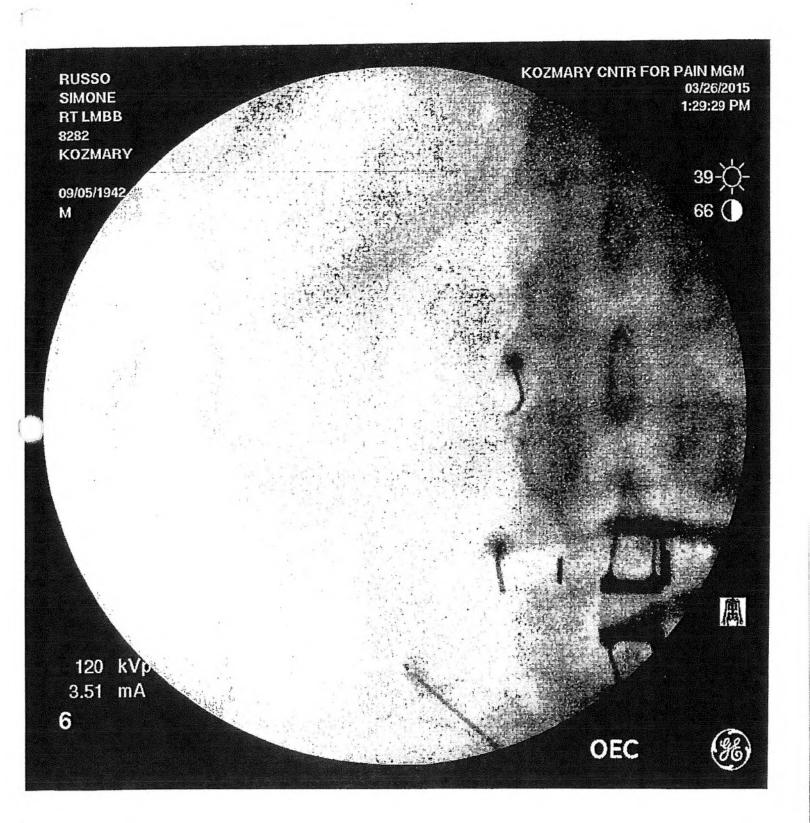










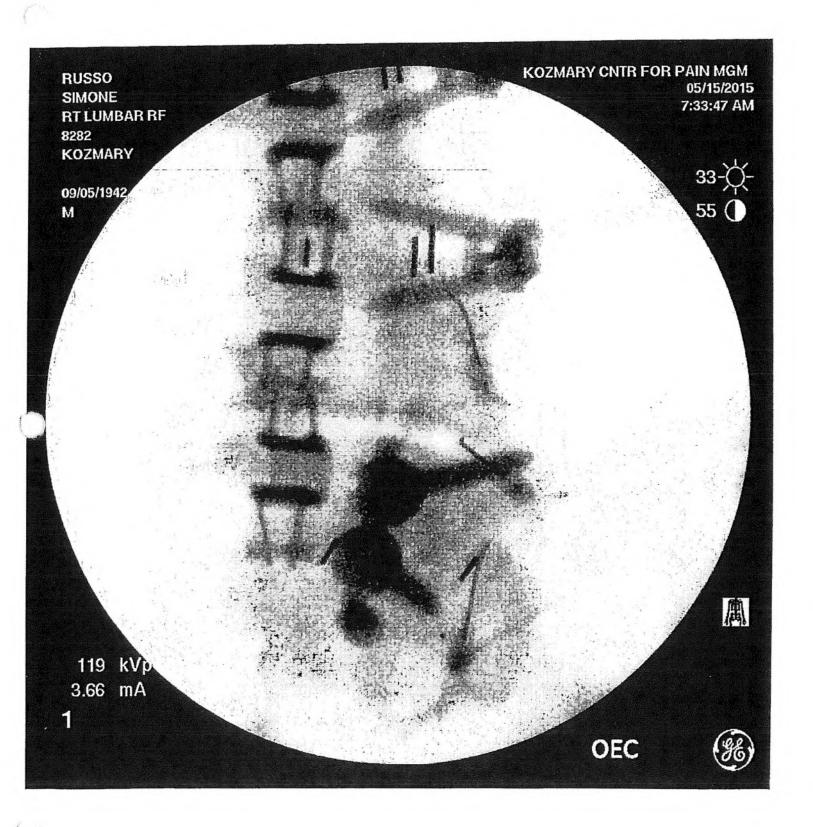


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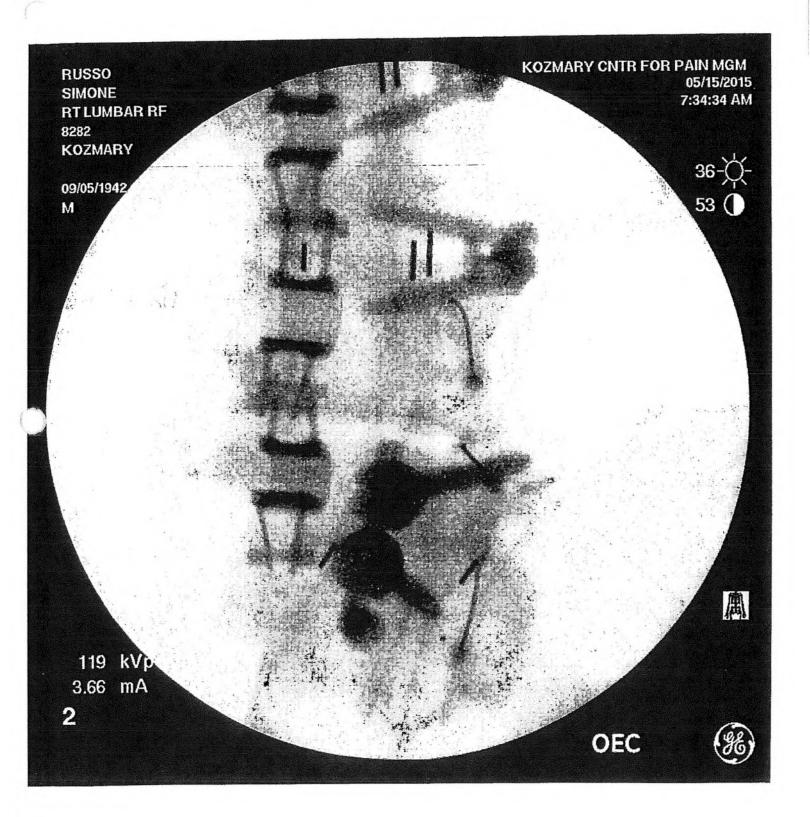
	one Russo 12/2015 /3 L3/4 L4/5 L5/S1	Location: Kozm	ary Center for Pain Management
Start Time: Finish Time: Fluoro Time:	1-26 pm V 1:29 pm V 16 V	% Relief	\bigvee
Pump Trial Results NStim Trial Results Pump Study Results Comments:	%relief VASto	and the second sec	31
Drug	Amount (ml)	Lot#	Expiration
Marcaine 0.5%	4	4509000	9/11/4
Betamethasone 6m	g/mL	410000	9/14
Lidocaine 2%	G, F)	38-264-77K	2/1/14
Omnipaque 300i/ml	- \	12422059	SISIM
Dother			

						etadine ClContrast	1
						inderstanding Eves i	INO
Ride: Qives DNo	Name:	arbar	CA Pho	ne: 70-79	2-4077		
Blood Thinners:	vidin CiPers	antine 🛛				□Pradaxa □Xareito Hysterectomy: □Ye	
Pain Scale: 20	-1 02-3	04-5	Q6-7	Q8-9 Q10			
Heplock: DYes	1 -					****	
	c	Start	ed by:	Solution	n Rem	oved hv:	Site: COI CRed/swol
Antibiotic: DYes							
B/P:		p.	R:		02 Sat %:		
Intra op: Tin	start 1	.25		Time Eed	ed: 1-29 A		
Procedure:	,)Lh	IBA	\cup			۲۰۲۲) تitting ロ(R)Side ロ(
		- July		, -			L)Side
Grounding Pad S	site:		- MN	A Site Condit	ion: COI CRe	d	
02 @	Via: I	INasal O	unnula DM	ask Toleran	ce of Procedure:	Well DFair DPoor	
Procedure Nu	rse: Sarah	Undstror	n, RN Ra	diology Techn	lician: Carlos Rios		
Time: AM/PM		Pulse		Time AM/PM		Site Initials	
1.98	147 89		96			SALE ATRUDIS	
						+-+	
Death and							
	169188	80	96				
Post op:							`
			Johnie Cittle		1		
¥-29	Imbulatory	OWnee		alker ElCane	Diself With Res	ponsible Adult Verb	alizes Understanding; DY
Discharge:		1 m		1. 2. 11		ponsible Aduit Verb	/
Discharge: 24 Pain Level Upor	n Discharge	1 m		1. 2. 11			alizes Understanding: DY D : DPatient DResponsible An
Discharge:	n Discharge	1 m		1. 2. 11			
Discharge: 24 Pain Level Upor	n Discharge	1 m		1. 2. 11			/
Discharge: 24 Pain Level Upor	n Discharge	1 m		1. 2. 11			/
Discharge: 24 Pain Level Upor	n Discharge	1 m		1. 2. 11			/
Discharge: 24 Pain Level Upor Nurse'sNote	n Discharge	1 m		1. 2. 11		Instructions Given To	: DPatient DResponsible A
Discharge: 24 Pain Level Upor Nurse'sNote	n Discharge s:	1 m		1. 2. 11		Instructions Given To	: ©Patient ©Responsible A
V-29 Discharge: 24 Pain Level Upor Nurse'sNote	n Discharge	1 m		1. 2. 11	Copy of Discharge	Instructions Given To Kozmary Co Steven V. Kozmar	: DPatient DResponsible An

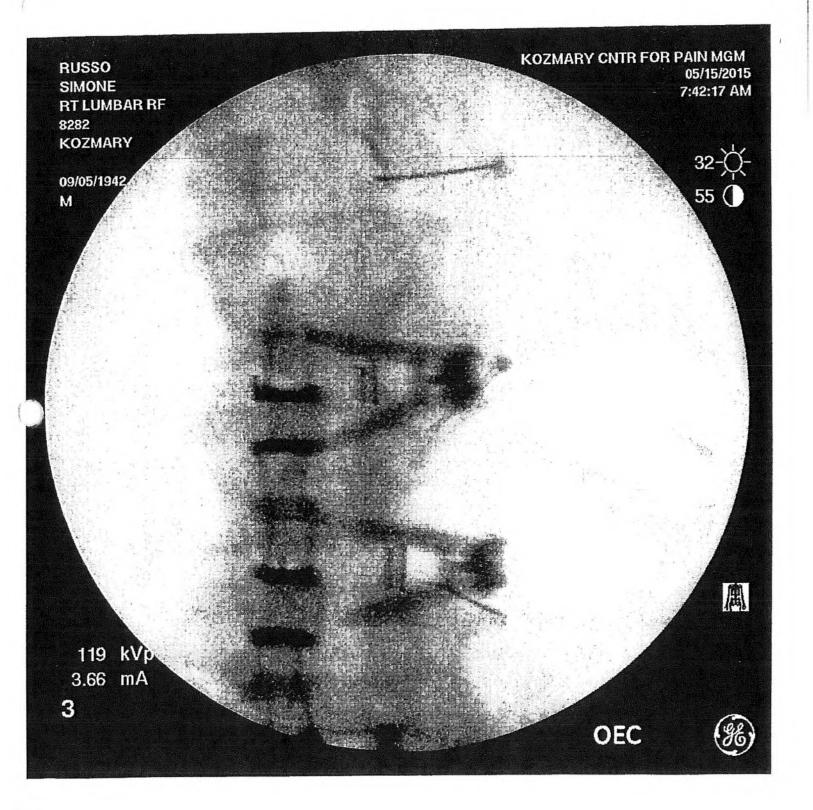
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