

IN THE COURT OF APPEALS OF THE STATE OF NEVADA

VENETIAN CASINO RESORT, LLC;
AND LAS VEGAS SANDS, LLC,

Petitioners,

vs.

THE EIGHTH JUDICIAL DISTRICT
COURT OF THE STATE OF
NEVADA, IN AND FOR THE
COUNTY OF CLARK; AND THE
HONORABLE KATHLEEN E.
DELANEY, DISTRICT JUDGE,

Respondents,

and

JOYCE SEKERA, AN INDIVIDUAL,

Real Party in Interest.

No. 83600-COA

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Elizabeth A. Brown
Clerk of Supreme Court

**REAL PARTY IN
INTEREST'S APPENDIX,
VOLUME 1
(Nos. 1–229)**

Sean K. Claggett, Esq.

Nevada Bar No. 8407

William T. Sykes, Esq.

Nevada Bar No. 9916

Geordan G. Logan, Esq.

Nevada Bar No. 13910

Micah S. Echols, Esq.

Nevada Bar No. 8437

David P. Snyder, Esq.

Nevada Bar No. 15333

CLAGGETT & SYKES LAW FIRM

4101 Meadows Ln., Ste.100

Las Vegas, Nevada 89107

(702) 655-2346 – Telephone

(702) 655-3763 – Facsimile

micah@claggettlaw.com

david@claggettlaw.com

Keith E. Galliher, Jr., Esq.

Nevada Bar No. 220

THE GALLIHER LAW FIRM

1850 East Sahara Ave., #107

Las Vegas, Nevada 89104

(702) 735-0049 – Telephone

(702) 735-0204 – Facsimile

kgalliher@galliherlawfirm.com

Attorneys for Real Party in Interest, Joyce Sekera

INDEX TO REAL PARTY IN INTEREST'S APPENDIX

| <u>DOCUMENT DESCRIPTION</u> | <u>LOCATION</u> |
|--|---|
| Plaintiff Joyce Sekera's Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/04/2018) | Vol. 1, 1–229 Vol. 2, 230–459 Vol. 3, 460–689 |
| Plaintiff Joyce Sekera's First Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/20/2018) | Vol. 3, 690–703 |
| Plaintiff Joyce Sekera's Second Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 09/28/2018) | Vol. 4, 704–917 |
| Plaintiff Joyce Sekera's Third Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/31/2018) | Vol. 5, 918–936 |
| Plaintiff Joyce Sekera's Fourth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 12/17/2018) | Vol. 5, 937–1021 |
| Transcript of March 14, 2019 Deposition of Joyce P. Sekera | Vol. 6, 1022–1229 Vol. 7, 1230–1438 |

| <u>DOCUMENT DESCRIPTION</u> | <u>LOCATION</u> |
|---|------------------------|
| Plaintiff Joyce Sekera's Fifth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 03/20/2019) | Vol. 8, 1439–1460 |
| Transcript of April 17, 2019 Deposition of Maria Consuelo Cruz | Vol. 8, 1461 – 1523 |
| Transcript of April 22, 2019 Deposition of Milan Graovac | Vol. 8, 1524–1572 |
| Plaintiff Joyce Sekera's Sixth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/17/2019) | Vol. 8, 1573–1586 |
| Plaintiff Joyce Sekera's Seventh Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/21/2019) | Vol. 8, 1587–1605 |
| Plaintiff Joyce Sekera's Eighth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/27/2019) | Vol. 8, 1606–1621 |
| Plaintiff Joyce Sekera's Ninth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/10/2019) | Vol. 8, 1622–1662 |

| <u>DOCUMENT DESCRIPTION</u> | <u>LOCATION</u> |
|--|------------------------|
| Plaintiff Joyce Sekera's Tenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/16/2019) | Vol. 9, 1663–1685 |
| Plaintiff Joyce Sekera's Eleventh Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/25/2019) | Vol. 9, 1686–1722 |
| Plaintiff Joyce Sekera's Twelfth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 08/13/2019) | Vol. 9, 1723–1740 |
| Plaintiff Joyce Sekera's Thirteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 08/23/2019) | Vol. 9, 1741–1759 |
| Plaintiff Joyce Sekera's Fourteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 09/03/2019) | Vol. 9, 1760–1778 |
| Answer to First Amended Complaint (filed 09/20/2019) | Vol. 9, 1779–1783 |

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|---|--|------------------------|
| Plaintiff Joyce Sekera's Fifteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/11/2019) | | Vol. 9, 1784–1803 |
| Plaintiff Joyce Sekera's Sixteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 04/15/2020) | | Vol. 10, 1804–1823 |
| Exhibits to Plaintiff Joyce Sekera's Sixteenth Supplemental Early Case Conference Disclosure Statement | | |
| Exhibit | Document Description | |
| 40 | Medical and Billing Records from SimonMed | Vol. 10, 1824–1829 |
| 41 | Medical and Billing Records from Desert Institute of Spine Care | Vol. 10, 1830–1882 |
| 42 | Medical Records from Desert Chiropractic & Rehab/Core Rehab | Vol. 10, 1883–1906 |
| 43 | Medical and Billing Records from Las Vegas Neurosurgical Institute | Vol. 10, 1907–1987 |
| 44 | Medical and Billing Records from Pain Institute of Nevada | Vol. 11, 1988–2107 |
| 45 | Medical and Billing Records from Radar Medical Group | Vol. 12, 2108–2304 |

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| Plaintiff Joyce Sekera's Seventeenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/13/2020) | | Vol. 13, 2305–2324 |
| Exhibits to Plaintiff Joyce Sekera's Seventeenth Supplemental Early Case Conference Disclosure Statement | | |
| Exhibit | Document Description | |
| 45 | Medical and Billing Records from Radar Medical Group | Vol. 13, 2325–2345 |
| 46 | Pharmacy records from PayLater Pharmacy | Vol. 13, 2346–2353 |
| 47 | Declaration page Pain Institute of Nevada | Vol. 13, 2354–2358 |
| 48 | Declaration page and billing from Desert Radiologists | Vol. 13, 2359–2361 |
| Plaintiff Joyce Sekera's Eighteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 11/04/2020) | | Vol. 13, 2362–2381 |
| Exhibit to Plaintiff Joyce Sekera's Eighteenth Supplemental Early Case Conference Disclosure Statement | | |
| Exhibit | Document Description | |
| 49 | Worker's Compensation file | Vol. 13, 2382–2540 |

THE GALLIHER LAW FIRM
1850 E. Sahara Avenue, Suite 107
Las Vegas, Nevada 89104
702-735-0049 Fax: 702-735-0204

1 THE GALLIHER LAW FIRM
2 Keith E. Galliher, Jr., Esq.
3 Nevada Bar No. 220
4 1850 East Sahara Avenue, Suite 107
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8 kgalliher@galliherlawfirm.com
9 Attorney for Plaintiff

DISTRICT COURT

CLARK COUNTY, NEVADA

10 JOYCE SEKERA, an Individual,
11 Plaintiff,

CASE NO.: A-18-772761-C
DEPT. NO.: 24

12 v.

13 VENETIAN CASINO RESORT, LLC,
14 d/b/a THE VENETIAN LAS VEGAS, a
15 Nevada Limited Liability Company;
16 LAS VEGAS SANDS, LLC d/b/a THE
17 VENETIAN LAS VEGAS, a Nevada
18 Limited Liability Company; YET
19 UNKNOWN EMPLOYEE; DOES I
20 through X, inclusive,

Defendants.

PLAINTIFF JOYCE SEKERA'S EARLY CASE CONFERENCE DISCLOSURE

**STATEMENT, LIST OF DOCUMENTS AND WITNESSES, AND NRCP 16.1(a)(3) PRE-
TRIAL DISCLOSURE**

23 Date of Conference: July 3, 2018

24 Time of Conference: 10:00 a.m.

25
26 COMES NOW, JOYCE SEKERA, by and through her attorneys of record, THE GALLIHER
27 LAW FIRM, hereby submits the following Early Case Conference Disclosure Statement List of
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Documents and Witnesses and NRCP 16.1(a)(3) Pre-Trial Disclosure, as Plaintiff intends to introduce the following documents and witnesses at the trial of this matter.

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LIST OF WITNESSES

1. Joyce Sekera
c/o The Galliher Law Firm
1850 E. Sahara Avenue, Suite 107
Las Vegas, Nevada 89104

*Expected to testify regarding the facts and circumstances of the incident, the injuries sustained as a result thereof and the effects those injuries have had on her life.

2. Yet to be identified employees
The Venetian Las Vegas
c/o Royal & Miles LLP
1522 W. Warm Springs Road
Henderson, Nevada 89014

*Expected to testify regarding the facts and circumstances of the incident which occurred on November 4, 2016.

3. Person Most Knowledgeable and/or
Custodian of Records
The Venetian Las Vegas
c/o Royal & Miles LLP
1522 W. Warm Springs Road
Henderson, Nevada 89014

*Expected to testify regarding the facts and circumstances of the incident which occurred on November 4, 2016.

4. Person Most Knowledgeable and/or
Custodian of Records
Centennial Hills Hospital
6900 N. Durango Drive
Las Vegas, Nevada 89149

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

5. Person Most Knowledgeable and/or
Custodian of Records

Shadow Emergency Physicians
1000 River Road, Suite 100
Conshohocken, Pennsylvania 19428

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6. Person Most Knowledgeable and/or
Custodian of Records
Desert Radiologists
2020 Palomino Lane #100
Las Vegas, Nevada 89106

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7. Jordan B. Webber D.C.
Person Most Knowledgeable and/or
Custodian of Records
Desert Chiropractic & Rehab/Core Rehab
10620 Southern Highlands Parkway, Suite 110-329
Las Vegas, Nevada 89141

*It is expected that Dr. Webber will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Webber is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject

1 incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to
2 have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work
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5 subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic
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10 Las Vegas Radiology
11 3201 S. Maryland Parkway, Suite 102
12 Las Vegas, Nevada 89109

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17 billing. They will also testify regarding future medical treatment and future medical expenses, if any.
18 Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and
19 billing records associated with Plaintiff's care and treatment.

20 9. Michelle Hyla, D.O.
21 Person Most Knowledgeable and/or
22 Custodian of Records
23 Southern Nevada Medical Group
24 1485 E. Flamingo Road
25 Las Vegas, Nevada 89119

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CLARK COUNTY, NEVADA

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11) DEPT. NO.: 24
12 Plaintiff,)
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19 Limited Liability Company; YET)
20 UNKNOWN EMPLOYEE; DOES I)
21 through X, inclusive,)
22 Defendants.)

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CASE NO.: A-18-772761-C
DEPT. NO.: 24

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2020 Palomino Lane #100
Las Vegas, Nevada 89106

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

7. Jordan B. Webber D.C.
Person Most Knowledgeable and/or
Custodian of Records
Desert Chiropractic & Rehab/Core Rehab
10620 Southern Highlands Parkway, Suite 110-329
Las Vegas, Nevada 89141

*It is expected that Dr. Webber will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Webber is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject

1 incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to
2 have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work
3 life expectancy and a diminished life expectancy. The basis for Dr. Webber's opinions include, but
4 are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was
5 subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic
6 tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Webber will
7 testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

- 8 8. Person Most Knowledgeable and/or
9 Custodian of Records
10 Las Vegas Radiology
11 3201 S. Maryland Parkway, Suite 102
12 Las Vegas, Nevada 89109

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to
Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as
any pre and post incident care and treatment of the Plaintiff. They are also expected to testify
regarding medical causation of injury and the reasonableness and necessity of medical treatment and
billing. They will also testify regarding future medical treatment and future medical expenses, if any.
Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and
billing records associated with Plaintiff's care and treatment.

- 13 9. Michelle Hyla, D.O.
14 Person Most Knowledgeable and/or
15 Custodian of Records
16 Southern Nevada Medical Group
17 1485 E. Flamingo Road
18 Las Vegas, Nevada 89119

*It is expected that Dr. Hyla will testify as a non-retained expert in her capacity as medical
physicians who provided medical care to Plaintiff, following the subject incident. Dr. Hyla is
expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment
rendered, the causation of the necessity for past and future medical treatment, her expert opinion as
to past and future restrictions of activities, including work activities, caused by the incident. Her
opinions shall include the cost of past and future medical care and whether those medical costs fall
within the ordinary and customary charges for similar medical care and treatment. Her testimony
may also include expert opinions as to whether Plaintiff has a diminished work life expectancy,
work capacity, and/or life expectancy as a result of the incident.

In rendering her expert opinions she will rely upon the records of all physicians, health care
providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her
respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the
reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges
for Plaintiff's past medical care as being customary for physicians and/or health care providers in the
medical community.

She will render expert opinions that all of the past and future medical care provided to
Plaintiff was reasonable and necessary, that the need for said care was caused by the subject
incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to
have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work
life expectancy and a diminished life expectancy. The basis for Dr. Hyla's opinions include, but are

THE GALLIHER LAW FIRM
1850 E. Sahara Avenue, Suite 107
Las Vegas, Nevada 89104
702-735-0049 Fax: 702-735-0204

1 THE GALLIHER LAW FIRM
2 Keith E. Galliher, Jr., Esq.
3 Nevada Bar No. 220
4 1850 East Sahara Avenue, Suite 107
5 Las Vegas, Nevada 89104
6 Telephone: (702) 735-0049
7 Facsimile: (702) 735-0204
8 kgalliher@galliherlawfirm.com
9 Attorney for Plaintiff

DISTRICT COURT

CLARK COUNTY, NEVADA

10 JOYCE SEKERA, an Individual,) CASE NO.: A-18-772761-C
11) DEPT. NO.: 24
12 Plaintiff,)
13 v.)
14 VENETIAN CASINO RESORT, LLC,)
15 d/b/a THE VENETIAN LAS VEGAS, a)
16 Nevada Limited Liability Company;)
17 LAS VEGAS SANDS, LLC d/b/a THE)
18 VENETIAN LAS VEGAS, a Nevada)
19 Limited Liability Company; YET)
20 UNKNOWN EMPLOYEE; DOES I)
21 through X, inclusive,)
22 Defendants.)

PLAINTIFF JOYCE SEKERA'S EARLY CASE CONFERENCE DISCLOSURE

**STATEMENT, LIST OF DOCUMENTS AND WITNESSES, AND NRCP 16.1(a)(3) PRE-
TRIAL DISCLOSURE**

23 Date of Conference: July 3, 2018

24 Time of Conference: 10:00 a.m.

25
26 COMES NOW, JOYCE SEKERA, by and through her attorneys of record, THE GALLIHER
27 LAW FIRM, hereby submits the following Early Case Conference Disclosure Statement List of
28

Documents and Witnesses and NRCP 16.1(a)(3) Pre-Trial Disclosure, as Plaintiff intends to introduce the following documents and witnesses at the trial of this matter.

I

LIST OF WITNESSES

1. Joyce Sekera
c/o The Galliher Law Firm
1850 E. Sahara Avenue, Suite 107
Las Vegas, Nevada 89104

*Expected to testify regarding the facts and circumstances of the incident, the injuries sustained as a result thereof and the effects those injuries have had on her life.

2. Yet to be identified employees
The Venetian Las Vegas
c/o Royal & Miles LLP
1522 W. Warm Springs Road
Henderson, Nevada 89014

*Expected to testify regarding the facts and circumstances of the incident which occurred on November 4, 2016.

3. Person Most Knowledgeable and/or
Custodian of Records
The Venetian Las Vegas
c/o Royal & Miles LLP
1522 W. Warm Springs Road
Henderson, Nevada 89014

*Expected to testify regarding the facts and circumstances of the incident which occurred on November 4, 2016.

4. Person Most Knowledgeable and/or
Custodian of Records
Centennial Hills Hospital
6900 N. Durango Drive
Las Vegas, Nevada 89149

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

5. Person Most Knowledgeable and/or
Custodian of Records

Shadow Emergency Physicians
1000 River Road, Suite 100
Conshohocken, Pennsylvania 19428

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

6. Person Most Knowledgeable and/or
Custodian of Records
Desert Radiologists
2020 Palomino Lane #100
Las Vegas, Nevada 89106

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

7. Jordan B. Webber D.C.
Person Most Knowledgeable and/or
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Desert Chiropractic & Rehab/Core Rehab
10620 Southern Highlands Parkway, Suite 110-329
Las Vegas, Nevada 89141

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He will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject

1 incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to
2 have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work
3 life expectancy and a diminished life expectancy. The basis for Dr. Webber's opinions include, but
4 are not limited to, his education, training, and experience, the nature of the trauma Plaintiff was
5 subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic
6 tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Webber will
7 testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

8 8. Person Most Knowledgeable and/or
9 Custodian of Records
10 Las Vegas Radiology
11 3201 S. Maryland Parkway, Suite 102
12 Las Vegas, Nevada 89109

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regarding medical causation of injury and the reasonableness and necessity of medical treatment and
billing. They will also testify regarding future medical treatment and future medical expenses, if any.
Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and
billing records associated with Plaintiff's care and treatment.

13 9. Michelle Hyla, D.O.
14 Person Most Knowledgeable and/or
15 Custodian of Records
16 Southern Nevada Medical Group
17 1485 E. Flamingo Road
18 Las Vegas, Nevada 89119

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physicians who provided medical care to Plaintiff, following the subject incident. Dr. Hyla is
expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment
rendered, the causation of the necessity for past and future medical treatment, her expert opinion as
to past and future restrictions of activities, including work activities, caused by the incident. Her
opinions shall include the cost of past and future medical care and whether those medical costs fall
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respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the
reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges
for Plaintiff's past medical care as being customary for physicians and/or health care providers in the
medical community.

She will render expert opinions that all of the past and future medical care provided to
Plaintiff was reasonable and necessary, that the need for said care was caused by the subject
incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to
have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work
life expectancy and a diminished life expectancy. The basis for Dr. Hyla's opinions include, but are

1 not limited to, her education, training, and experience, the nature of the trauma Plaintiff was
2 subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic
3 tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Hyla will testify
as a rebuttal expert to any medically designated defense experts in which she is qualified.

4 10. Russell J. Shah, M.D.
5 Person Most Knowledgeable and/or
6 Custodian of Records
7 Radar Medical Group
8 10624 S. Eastern Avenue, #A-425
9 Henderson, Nevada 89052

10 *It is expected that Dr. Shah will testify as a non-retained expert in his capacity as medical
11 physicians who provided medical care to Plaintiff, following the subject incident. Dr. Shah is
12 expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment
13 rendered, the causation of the necessity for past and future medical treatment, his expert opinion as
14 to past and future restrictions of activities, including work activities, caused by the incident. His
15 opinions shall include the cost of past and future medical care and whether those medical costs fall
16 within the ordinary and customary charges for similar medical care and treatment. His testimony
17 may also include expert opinions as to whether Plaintiff has a diminished work life expectancy,
18 work capacity, and/or life expectancy as a result of the incident.

19 In rendering his expert opinions he will rely upon the records of all physicians, health care
20 providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his
21 respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the
22 reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges
23 for Plaintiff's past medical care as being customary for physicians and/or health care providers in the
24 medical community.

25 He will render expert opinions that all of the past and future medical care provided to
26 Plaintiff was reasonable and necessary, that the need for said care was caused by the subject
27 incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to
28 have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work
life expectancy and a diminished life expectancy. The basis for Dr. Shah's opinions include, but are
not limited to, his education, training, and experience, the nature of the trauma Plaintiff was
subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic
tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Shah will testify
as a rebuttal expert to any medically designated defense experts in which he is qualified.

11. Person Most Knowledgeable and/or
Custodian of Records
PayLater/WellCare Pharmacy
P.O. Box 1200
Las Vegas, Nevada 89125

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to
Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as
any pre and post incident care and treatment of the Plaintiff. They are also expected to testify
regarding medical causation of injury and the reasonableness and necessity of medical treatment and
billing. They will also testify regarding future medical treatment and future medical expenses, if any.

1 not limited to, her education, training, and experience, the nature of the trauma Plaintiff was
2 subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic
3 tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Hyla will testify
4 as a rebuttal expert to any medically designated defense experts in which she is qualified.

4 10. Russell J. Shah, M.D.
5 Person Most Knowledgeable and/or
6 Custodian of Records
7 Radar Medical Group
8 10624 S. Eastern Avenue, #A-425
9 Henderson, Nevada 89052

10 *It is expected that Dr. Shah will testify as a non-retained expert in his capacity as medical
11 physicians who provided medical care to Plaintiff, following the subject incident. Dr. Shah is
12 expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment
13 rendered, the causation of the necessity for past and future medical treatment, his expert opinion as
14 to past and future restrictions of activities, including work activities, caused by the incident. His
15 opinions shall include the cost of past and future medical care and whether those medical costs fall
16 within the ordinary and customary charges for similar medical care and treatment. His testimony
17 may also include expert opinions as to whether Plaintiff has a diminished work life expectancy,
18 work capacity, and/or life expectancy as a result of the incident.

19 In rendering his expert opinions he will rely upon the records of all physicians, health care
20 providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his
21 respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the
22 reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges
23 for Plaintiff's past medical care as being customary for physicians and/or health care providers in the
24 medical community.

25 He will render expert opinions that all of the past and future medical care provided to
26 Plaintiff was reasonable and necessary, that the need for said care was caused by the subject
27 incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to
28 have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work
life expectancy and a diminished life expectancy. The basis for Dr. Shah's opinions include, but are
not limited to, his education, training, and experience, the nature of the trauma Plaintiff was
subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic
tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Shah will testify
as a rebuttal expert to any medically designated defense experts in which he is qualified.

22 11. Person Most Knowledgeable and/or
23 Custodian of Records
24 PayLater/WellCare Pharmacy
25 P.O. Box 1200
26 Las Vegas, Nevada 89125

27 *The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to
28 Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as
any pre and post incident care and treatment of the Plaintiff. They are also expected to testify
regarding medical causation of injury and the reasonableness and necessity of medical treatment and
billing. They will also testify regarding future medical treatment and future medical expenses, if any.

1 Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and
2 billing records associated with Plaintiff's care and treatment.

3 12. Person Most Knowledgeable and/or
4 Custodian of Records
5 Las Vegas Pharmacy
6 2600 W. Sahara Avenue, Suite 120
7 Las Vegas, Nevada 89102

8 *The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to
9 Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as
10 any pre and post incident care and treatment of the Plaintiff. They are also expected to testify
11 regarding medical causation of injury and the reasonableness and necessity of medical treatment and
12 billing. They will also testify regarding future medical treatment and future medical expenses, if any.
13 Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and
14 billing records associated with Plaintiff's care and treatment.

15 13. Katherine D. Travnick, M.D.
16 Person Most Knowledgeable and/or
17 Custodian of Records
18 Pain Institute of Nevada
19 7435 W. Azure Drive, Suite 190
20 Las Vegas, Nevada 89130

21 *It is expected that Dr. Travnick will testify as a non-retained expert in her capacity as medical
22 physicians who provided medical care to Plaintiff, following the subject incident. Dr. Travnick is
23 expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment
24 rendered, the causation of the necessity for past and future medical treatment, her expert opinion as
25 to past and future restrictions of activities, including work activities, caused by the incident. Her
26 opinions shall include the cost of past and future medical care and whether those medical costs fall
27 within the ordinary and customary charges for similar medical care and treatment. Her testimony
28 may also include expert opinions as to whether Plaintiff has a diminished work life expectancy,
work capacity, and/or life expectancy as a result of the incident.

In rendering her expert opinions she will rely upon the records of all physicians, health care
providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her
respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the
reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges
for Plaintiff's past medical care as being customary for physicians and/or health care providers in the
medical community.

She will render expert opinions that all of the past and future medical care provided to
Plaintiff was reasonable and necessary, that the need for said care was caused by the subject
incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to
have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work
life expectancy and a diminished life expectancy. The basis for Dr. Travnick's opinions include,
but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was
subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic
tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Travnick will
testify as a rebuttal expert to any medically designated defense experts in which she is qualified.

14. Person Most Knowledgeable and/or
Custodian of Records
Valley View Surgery Center
1330 S. Valley View Blvd.
Las Vegas, Nevada 89102

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

15. Person Most Knowledgeable and/or
Custodian of Records
Steinberg Diagnostics
P.O. Box 36900
Las Vegas, Nevada 89133

*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

16. Andrew Cash, M.D.
Person Most Knowledgeable and/or
Custodian of Records
Desert Institute of Spine Care
9339 W. Sunset Road, Suite 100
Las Vegas, Nevada 89148

*It is expected that Dr. Cash will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Cash is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment rendered, the causation of the necessity for past and future medical treatment, his expert opinion as to past and future restrictions of activities, including work activities, caused by the incident. His opinions shall include the cost of past and future medical care and whether those medical costs fall within the ordinary and customary charges for similar medical care and treatment. His testimony may also include expert opinions as to whether Plaintiff has a diminished work life expectancy, work capacity, and/or life expectancy as a result of the incident.

In rendering his expert opinions he will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and his respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.

1 He will render expert opinions that all of the past and future medical care provided to
2 Plaintiff was reasonable and necessary, that the need for said care was caused by the subject
3 incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to
4 have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work
5 life expectancy and a diminished life expectancy. The basis for Dr. Cash's opinions include, but are
6 not limited to, his education, training, and experience, the nature of the trauma Plaintiff was
7 subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic
8 tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Cash will testify
9 as a rebuttal expert to any medically designated defense experts in which he is qualified.

10 17. Willian D. Smith, M.D.
11 Person Most Knowledgeable and/or
12 Custodian of Records
13 Western Regional Center for Brain & Spine
14 3061 S. Maryland Parkway, Suite 200
15 Las Vegas, Nevada 89109

16 *It is expected that Dr. Cash will testify as a non-retained expert in his capacity as medical
17 physicians who provided medical care to Plaintiff, following the subject incident. Dr. Cash is
18 expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the treatment
19 rendered, the causation of the necessity for past and future medical treatment, his expert opinion as
20 to past and future restrictions of activities, including work activities, caused by the incident. His
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22 have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work
23 life expectancy and a diminished life expectancy. The basis for Dr. Cash's opinions include, but are
24 not limited to, his education, training, and experience, the nature of the trauma Plaintiff was
25 subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic
26 tests that were performed, his review of Plaintiff's medical records. In addition, Dr. Cash will testify
27 as a rebuttal expert to any medically designated defense experts in which he is qualified.

28 18. Yet to be identified before and after witnesses

*Expected to testify as to the Plaintiffs physical condition before and after the incident which
occurred on November 4, 2016.

19. Any and all witnesses named by the Defendant.

II

COMPUTATION OF DAMAGES

| | |
|--|--------------------------|
| 1. Centennial Hills Hospital | \$4,454.00 |
| 2. Shadow Emergency Physicians | \$1,272.00 |
| 3. Desert Radiologists | \$77.00 |
| 4. Dr. Webber | \$10,756.00 |
| 5. Las Vegas Radiology | \$848.00 |
| 6. Dr. Hyla | \$1,975.00 |
| 7. Dr. Shah | \$17,613.50 |
| 8. PayLater/WellCare Pharmacy | \$282.33 |
| 9. Las Vegas Pharmacy | \$1,090.93 |
| 10. Dr. Travnicek | \$16,000.00 |
| 11. Valley View Surgery Center | \$15,489.48 |
| 12. Steinberg Diagnostics | \$1,400.00 |
| 13. Dr. Cash | \$1,750.00 |
| 14. Wage loss and loss of earning capacity | (To be determined) |
| 15. Past and future pain and suffering | \$350,000.00 (estimated) |

III

LIST OF DOCUMENTS

1. Records and billing from Centennial Hills Hospital (Bates #JS001 to 074)
2. Billing from Shadow Emergency Services (Bates #JS075 to 076)
3. Records and billing from Desert Radiologists (Bates #JS077 to 082)
4. Records and billing from Dr. Webber (Bates #JS083 to 243)

5. Records and billing from Las Vegas Radiology (Bates #JS244 to 262)
6. Records and billing from Dr. Hyla (Bates #JS263 to 303)
7. Records and billing from Dr. Shah (Bates #JS304 to 378)
8. Billing from PayLater Pharmacy (Bates #JS379)
9. Billing from Las Vegas Pharmacy (Bates #JS380 to 381)
10. Records and billing from Dr. Travnicek (Bates #JS382 to 475)
11. Records and billing from Valley View Surgery Center (Bates #JS476 to 601)
12. Records and billing from Steinberg Diagnostics (Bates #JS602 to 608)
13. Records and billing from Dr. Cash (Bates #JS609 to 658)
14. Records from Dr. Smith (Bates #JS659 to 661)
15. Wage loss document (Bates #JS662)
16. Any and all documents disclosed by the Defendants.

IV

DEMONSTRATIVE EXHIBITS

Plaintiffs may offer at trial, certain Exhibits for demonstrative purposes including, but not limited to, the following:

- a. Actual surgical hardware, plates screws, surgical tools, and surgical equipment as used in Plaintiff's medical treatment and anticipated to be used in future treatment;
- b. Demonstrative and actual photographs and videos of surgical procedures and other diagnostic tests Plaintiff has undergone and will undergo in the future;
- c. Actual diagnostic studies and computer digitized diagnostic studies;
- d. Samples of tools used in surgical procedures;
- e. Diagrams, drawings, pictures, photos, film, video, DVD and CD ROM of various parts of the human body, diagnostic tests and surgical procedures;

- f. Computer simulation, finite element analysis, mabymo and similar forms of computer visualization;
- g. Power point images/drawings/diagrams/animations/story boards, of the related vehicles involved, the parties involved, the location of the motor vehicle accident and what occurred in the motor vehicle accident;
- h. Pictures of Plaintiff's Prior and Subsequent to the Subject accident;
- i. Surgical Timeline;
- j. Medical treatment timeline;
- k. Future Medical timeline;
- l. Charts depicting Plaintiff's Life Care Plans;
- m. Charts depicting Plaintiff's Loss of Hedonic Damages;
- n. Charts depicting Plaintiff's Loss of Household Services;
- o. Photographs of Plaintiff's Witnesses;
- p. Charts depicting Plaintiff's Life Expectancy;
- q. Story boards and computer digitized power point images;
- r. Blow-ups/transparencies/digitized images of medical records, medical bills, photographs and other exhibits;
- s. Diagrams/story boards/computer re-enactment of motor vehicle accident;
- t. Diagrams of various parts of the human body related to Plaintiff's injuries;
- u. Photographs of various parts of the human body related to Plaintiff's injuries;
- v. Models of the human body related to Plaintiff's injuries;
- w. Samples of a spinal cord stimulator and leads;
- x. Sample of an intrathecal drug delivery system and leads;

THE GALLIHER LAW FIRM
1850 E. Sahara Avenue, Suite 107
Las Vegas, Nevada 89104
702-735-0049 Fax: 702-735-0204

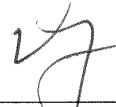
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y. Samples of the needles and surgical tools used in Plaintiff's various diagnostic and therapeutic pain management procedures

Plaintiff reserves the right to supplement these disclosures with any and all other relevant information and documents and records that come into her possession during discovery.

DATED this 27th day of June, 2018

THE GALLIHER LAW FIRM



Keith E. Gallher, Jr., Esq.
Nevada Bar Number 220
1850 E. Sahara Avenue, Suite 107
Las Vegas, Nevada 89104
Attorneys for Plaintiff

THE GALLIHER LAW FIRM
1850 E. Sahara Avenue, Suite 107
Las Vegas, Nevada 89104
702-735-0049 Fax: 702-735-0204

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I am an employee of THE GALLIHER LAW FIRM and that service of a true and correct copy of the above and foregoing **EARLY CASE CONFERENCE**

DISCLOSURE STATEMENT was served on the 4 day of June, 2018, to the following

addressed parties by:

☒ First Class Mail, postage prepaid from Las Vegas, Nevada pursuant to N.R.C.P 5(b)

☐ Facsimile, pursuant to EDCR 7.26 (as amended)

☒ Electronic Mail/Electronic Transmission

☐ Hand Delivered to the addressee(s) indicated

☐ Receipt of Copy on this _____ day of _____, 2018,

acknowledged by, _____

Michael A. Royal, Esq.
Gregory A. Miles, Esq.
ROYAL & MILES LLP
1522 W. Warm Springs Road
Henderson, Nevada 89014
Attorneys for Defendants


An employee of THE GALLIHER LAW FIRM

Law Office of Keith Galliher



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18-6164
6/25/2018

CLIENT MATTER: Joyce Sekera

**Bates Range:
JS001 - JS662**

PDF FILES

#15096763
Centennial Hills Hospital
MEDICAL CENTER

CERTIFICATE OF CUSTODIAN OF RECORDS

STATE OF NEVADA
 COUNTY OF CLARK

NOW COMES Melanie M. Fowler, RHIA, who after first being duly sworn, deposes and says:

1. That the deponent is the Manager of Health Information Management, The Valley Health System, Centennial Hills Hospital Medical Center and in such capacity is the Custodian of Records of said office.
2. That on the 29 day of November 2016, the deponent received a request for the production of medical records pertaining to:
 RECORDS OF: JACE SEKERA
 DATE OF BIRTH: 3-22-1956
3. That the deponent has examined the original of those records and has made a true and exact copy of them and that the reproduction of 62 pages attached hereto are true and complete as of 12-14-16.
4. That the original of those records was made at or near the time of the acts, events, conditions, and opinions recited therein by or from information, transmitted by a person with knowledge of the course of the regularly conducted activity of Centennial Hills Hospital Medical Center.

Melanie M. Fowler, RHIA
 Melanie M. Fowler, RHIA

STATE OF NEVADA
 COUNTY OF CLARK

Subscribed and sworn to before me, a Notary Public,

on this 14 day of December 2016

[Signature]
 NOTARY PUBLIC



JS001

CHH- Centennial Hills Hospital Medical Center
6900 N. Durango Dr.
Las Vegas, NV 89149-4409

Patient: SEKERA, JOYCE
MRN: CHH7120336

Admit: 11/4/2016
Disch: 11/4/2016 Disch Time: 18:27 PDT
FIN: CHH0008005149375

DOB/Sex: 3/22/1956 / Female

Attending: ED, Staff Physician

Allergies

| Substance | Allergy Type | Reaction Symptom | Reviewed Date/Time | Reaction Status |
|--------------------|--------------|------------------|---------------------|-----------------|
| No Known Allergies | Allergy | | 11/4/2016 17:39 PDT | Active |

Medical Record

Print Date/Time 12/14/2016 08:58 PST

Report Request ID: 192922076

Page 1 of 62

JS002

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Admission

| | |
|----------------------|---------------------|
| DOCUMENT NAME: | Admission |
| SERVICE DATE/TIME: | 11/4/2016 00:00 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORM INFORMATION: | |
| SIGN INFORMATION: | |

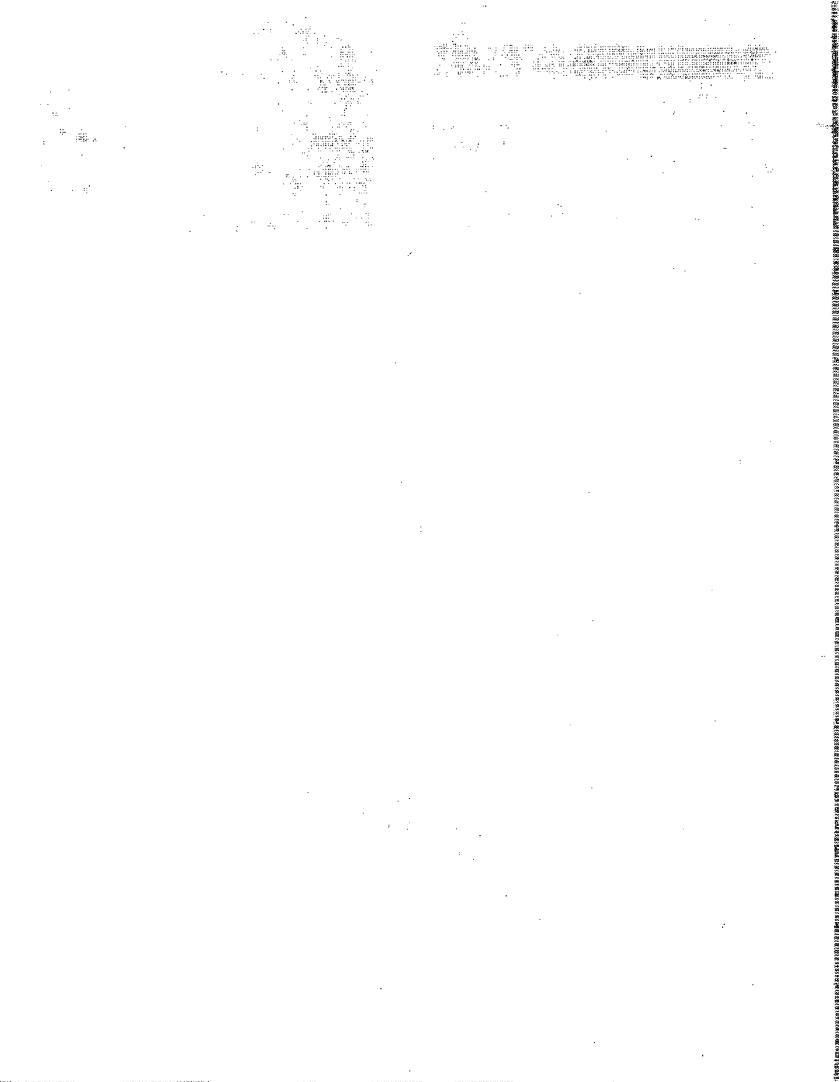
Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Admission

Attachment(s):

Centennial-SEKERA, JOYCE-Enc #6865149375-OPR-11/4/2016 INSURANCE CARD AND PT IDENTIFICATION - 11/4/2016 - 2
pdf



Page 2 of 2

INSURANCE CARD AND PT IDENTIFICATION_20161104.pdf
Please click on link to see image.

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Discharge instructions

* Auth (Verified) *

CENTENNIAL HILLS HOSPITAL MEDICAL CENTER

Confirmation of Receipt of Instructions

Name: SEKERA, JOYCE

Age: 60 Years Date of Birth: 3/22/1956 12:00 AM

MRN: CHH7120336 FIN: Arrival Time: 11/04/2016 2:19 PM

Diagnosis: Back strain; Left elbow pain

Patient Visit Summary:

SEKERA, JOYCE has been provided patient education materials, follow-up instructions and prescriptions.

My Signature Below Indicates:

- > I have received and understood the oral instructions regarding my current medical problem.
- > I will arrange follow-up care as instructed, outlined in this and any following page(s).
- > I acknowledge continuing medications prescribed by my regular doctor.
- > I acknowledge receipt of the written instructions as outlined in this and any previous page(s).
- > I will read and review these instructions.
- > I acknowledge that I will contact my Primary Care Physician or return to the Emergency Department immediately if symptoms worsen or persist.

☐ Patient Refuses to Sign

☐ Patient Left Without Signing


☒ Patient was informed of their non-emergent status


Patient Signature

Parent / Guardian (if patient is a minor)

Nurse Signature (if not patient signature)

Hospital Witness Signature (if no patient signature)


8005149375-7120336
SEKERA, JOYCE
DOB: 03/22/1956 SEX: F EMR
MRN: 7120336 ADM/REG DT: 11/04/2016
Centennial Hills Hospital

Patient Name: SEKERA, JOYCE
MRN: CHH7120336

FIN: CHH0008005149375

11/4/2016 18:06:24

JS007

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department

11/4/2016 18:27 PDT
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

ED Clinical Summary
11/4/2016 18:27 PDT
Auth (Verified)
Key RN, Jonathan F. (11/4/2016 18:27 PDT)
Key RN, Jonathan F. (11/4/2016 18:27 PDT)

ED Clinical Summary

CHH- Centennial Hills Hospital Medical Center
6900 N. Durango Dr.
Las Vegas, NV 89149-4409
<http://www.centennialhillshospital.com/>
(702) 835-9700

SUMMARY OF CARE

This document contains **CONFIDENTIAL** health information that is legally privileged. Please be sure to take this document to your follow-up appointment so that your provider has access to the necessary information about your recent hospitalization.

Patient Information:

Name: SEKERA, JOYCE
Sex: Female
MRN: CHH7120336
Arrival Date: 11/04/2016 2:19 PM
Diagnosis: Back strain; Left elbow pain

Age: 60 Years
Language: ENG-English
FIN: CHH0008005149375
Disposition:

DOB: 3/22/1956 12:00 AM
PCP: No, Pcp No MD
FC:
Discharge: 11/04/2016 6:27 PM
ED Depart Time:
11/04/2016 6:27 PM

Visit Summary For JOYCE SEKERA

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 60 years **Sex:** Female **DOB:** 03/22/1956 **MRN:** 7120336
Address: 7840 NESTING PINE PL LAS VEGAS, NV 891434469
Home: 7024675457 **Work:** -- **Mobile:** --
Primary Care Provider: No, Pcp No MD
Race: White **Ethnicity:** Non-Hispanic
Language: ENG-English
Health Plan: --

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department**Problems****Active**

Edema of right upper eyelid

Follow Up**With:**

Mark Rosen

Address:

2020 PALOMINO LN, SUITE 220
LAS VEGAS, NV 891060000
(702)474-7200 Business (1)

When:

Within 1-2 days

With:

Pcp No

Address:

000000000

When:

Within 1-2 days

Care Team

Attending: ED, Staff Physician

Admitting: ED, Staff Physician

Consulting:

Allergies

No Known Allergies

Medical Information***Prescriptions Given to Patient/Caregiver(s):*****Fill New Prescriptions:**

HYDROcodone-acetaminophen (Norco 5 mg-325 mg oral tablet) 1 Tabs By Mouth 3 Times a Day 5 Days as needed for for pain
ibuprofen (ibuprofen 600 mg oral tablet) 600 mg By Mouth 3 Times a Day as needed for Pain

Home Medications per Patient/Caregiver(s):

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|-----------------------------|
| Emergency Department |
|-----------------------------|

Smoking Status

Never smoker

Functional Status

Mode of Discharge: Ambulates without assistance

Home Equipment:

Level of Consciousness:

Affect/Behavior:

Activities of Daily Living:

Care Plan**Patient Education Information:****Instructions Provided:**

BACK PAIN (Acute or Chronic); SPRAIN ELBOW

Physician Documentation / Notes:

Patient: SEKERA, JOYCE MRN: CHH7120336 FIN: CHH0008005149375
 Age: 60 years Sex: Female DOB: 03/22/56
 Associated Diagnoses: None
 Author: Taylor, Rachael APRN

Basic Information

Time seen: Date & time 11/04/16 15:33:00, **Provider Assignment**
 Taylor, Rachael APRN assigned at 11/04/2016 15:25

History source: Patient

Arrival mode: Private vehicle.

History limitation: None.

Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint
 11/04/16 14:21 PDT Chief Complaint low back pain and left elbow pain s/p slip and fall .

History of Present Illness

The patient presents following fall. The onset was just prior to arrival. The occurrence was single episode. The fall was described as slipped. The location where the incident occurred was at work. Location: Left upper extremity. The character of symptoms is pain, swelling and tingling. The degree at present is minimal. The exacerbating factor is none. The relieving factor is none. Risk factors consist of none. The patient's dominant hand is the right hand. Therapy today: none. A 60-year-old female status post fall at work. Patient was walking and slipped backwards. Patient did not hit her head. No LOC. Patient complains of left elbow pain and left lower back pain. Patient denies any dizziness or shortness of breath. No chest pain. Patient does complain of some paresthesias to her left hand. Patient able to ambulate without difficulty. Patient denies any urine or bowel dysfunction..

Review of Systems

Print Date/Time 12/14/2016 08:58 PST

Medical Record

Page 9 of 62

JS010

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

Emergency Department

Constitutional symptoms: Negative except as documented in HPI.
Skin symptoms: Negative except as documented in HPI.
Eye symptoms: Negative except as documented in HPI.
ENMT symptoms: Negative except as documented in HPI.
Respiratory symptoms: Negative except as documented in HPI.
Cardiovascular symptoms: Negative except as documented in HPI.
Gastrointestinal symptoms: Negative except as documented in HPI.
Genitourinary symptoms: Negative except as documented in HPI.
Musculoskeletal symptoms: Back pain, Muscle pain, Reports: Pain to left elbow and left lower lumbar region.
Neurologic symptoms: Negative except as documented in HPI.
Psychiatric symptoms: Negative except as documented in HPI.
Endocrine symptoms: Negative except as documented in HPI.
Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status

Allergies:

Allergic Reactions (All)

No Known Allergies.

Medications: Review/Insert Medication List (Selected)

Inpatient Medications

Ordered

Norco 7.5 mg-325 mg oral tablet: 1 Tabs, Oral, q4H, PRN: Pain 4 - 6 (Moderate).

Past Medical/ Family/ Social History

Medical history

Negative.

Medical history: PMH/Problems ST

Active Problems (1)

Edema of right upper eyelid

Surgical history:

No active procedure history items have been selected or recorded..

Family history:

No family history items have been selected or recorded..

Social history: Alcohol use: Denies, Tobacco use: Regularly.

Social history: Social History ST

Social & Psychosocial Habits

Tobacco

05/11/2012 Patient Smoked Cigarettes During Last 12 Months: No

11/04/2016 Smoking History: Never smoker.

Physical Examination

Vital Signs

Measurements

11/04/16 14:21 PDT

| | |
|-----------------|-----------|
| Height | 167.64 cm |
| Height Method | Stated |
| Weight | 86.18 kg |
| Daily Weight kg | 86.18 kg |
| Weight Method | Stated |

Print Date/Time 12/14/2016 08:58 PST

Medical Record

Page 10 of 62

JS011

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|-----------------------------|
| Emergency Department |
|-----------------------------|

| | |
|--------------------------|-------------|
| Weight Method | Stated |
| BSA Measured | 2 m2 |
| Body Mass Index Measured | 30.67 kg/m2 |

Basic Oxygen Information

11/04/16 14:20 PDT SpO2 95 %

SaO2 95% on room air. Interpretation fair..

General: Alert, no acute distress.**Skin:** Warm, dry, pink.**Head:** Normocephalic, Not atraumatic,**Neck:** Trachea midline.**Eye:** Extraocular movements are intact.**Ears, nose, mouth and throat:** Oral mucosa moist.**Cardiovascular:** Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema, No cardiac rub,**Respiratory:** Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion, No Rales, No Rhonchi, No Wheezing.**Gastrointestinal:** Soft, Nontender, Non distended, No Masses/Pulsations/Distension.**Musculoskeletal:** Not normal ROM, Proximal upper extremity: Left, elbow, tenderness.**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal speech observed.**Psychiatric:** Cooperative, appropriate mood & affect.

Medical Decision Making

Radiology results: Radiologist's interpretation: Imaging

11/04/16 16:35 PDT XR Spine Lumbosacral 2 or 3 Views CHH RADIOLOGY , HISTORY: Injury to elbow

COMPARISON: None.

TECHNIQUE: Left , 4 views.

FINDINGS:

There is no evidence of fracture. There is no evidence of dislocation or subluxation.

Bone mineralization is normal. The articular surfaces and joint spaces are well preserved.

There are no osseous lesions. There are no soft tissue abnormalities.

IMPRESSION:

No evidence of acute fracture or dislocation.

Please note that some abnormalities may not be able to be detected with radiographs.

If clinical symptoms persist, consider cross sectional imaging.

IMPRESSION:

Degenerative disk disease most conspicuously at L2-3 where there is endplate osteophyte formation

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

Emergency Department

and some endplate sclerosis.. There is slight increased density at the disk space of uncertain etiology possibly related to some calcification. Further assessment with CT or MRI scan can be obtained as clinically warranted.

Reexamination/ Reevaluation

Time: 11/04/16 17:46:00 .

Notes: Discussed with patients the results of today visits and diagnosis and plan of care. Answered patients questions. Patient agrees to comply with plan of care. Patient requesting to be discharged home..

Impression and Plan

Back strain - ICD10-CM S39.012A,
 left elbow pain
 slip and fall

Plan

Condition: Improved.

Prescriptions: Launch PrescriptionWriter

Pharmacy:

ibuprofen 600 mg oral tablet (Prescribe): 600 mg, 1 Tabs, Oral, TID, PRN: Pain, 30 Tabs, 0 Refill(s).

Patient was given the following educational materials: SPRAIN ELBOW, SPRAIN ELBOW, BACK PAIN (Acute or Chronic).

Follow up with: Pcp No Within 1-2 days; Mark Rosen Within 1-2 days.

Counseled: Patient, Family, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

Disposition: Launch Disposition Order

Admit/Transfer/Discharge:

Discharge Request Pending Physician Agreement (Order): 11/04/16 17:51 PDT, Home Routine.

Addendum

Teaching-Supervisory Addendum-Brief

Notes: I personally interviewed and examined this patient. I discussed the findings, diagnostic studies, interventions and treatment plan with ARNP / PA. I reviewed the clinical notes and test results. I agree with the assessment, management, and disposition as presented by ARNP / PA with exceptions as documented.

11/4/2016 18:27 PDT

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

ED Patient Education Note

11/4/2016 18:27 PDT

Auth (Verified)

Key RN,Jonathan F.(11/4/2016 18:27 PDT)

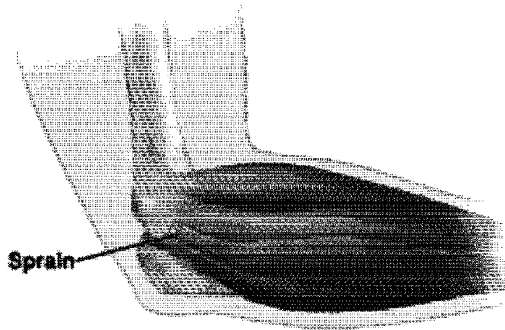
Key RN,Jonathan F.(11/4/2016 18:27 PDT)

ED Patient Education Note

Ortho Trauma

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department**Sprain, Elbow**

A sprain is a tearing of the ligaments that hold a joint together. This may take up to six weeks to fully heal, depending on how severe it is. Moderate to severe sprains are treated with a sling or splint. Minor sprains can be treated without any special support.

Home care

The following guidelines will help you care for your injury at home:

Keep your arm elevated to reduce pain and swelling. When sitting or lying down elevate your arm above the level of your heart. You can do this by placing your arm on a pillow that rests on your chest or on a pillow at your side. This is most important during the first 48 hours after injury.

Apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) over the injured area for 20 minutes every 1–2 hours the first day. You should continue with ice packs 3–4 times a day for the next two days. Continue the use of ice packs for relief of pain and swelling as needed.

If you were given a plaster or fiberglass splint, leave it on as advised, or until seen by your doctor. Keep it dry at all times. Bathe with your splint out of the water, protected with a large plastic bag, rubber-banded at the top end. If a fiberglass splint gets wet, you can dry it with a hair-dryer. Once the splint is removed, moving the elbow through its full range of motion several times a day will prevent stiffness.

If you were given a sling only, begin gradual range of motion exercises after the first few days, unless told otherwise. This will prevent stiffness in the elbow. Stop wearing the sling once the pain is better.

You may use acetaminophen or ibuprofen to control pain, unless another pain medicine was prescribed. If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.

Follow-up care

Follow up with your doctor as directed.

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department

Any X-rays you had today don't show any broken bones, breaks, or fractures. Sometimes fractures don't show up on the first X-ray. Bruises and sprains can sometimes hurt as much as a fracture. These injuries can take time to heal completely. If your symptoms don't improve or they get worse, talk with your doctor. You may need a repeat X-ray.

When to seek medical care

Get prompt medical attention if any of the following occur:

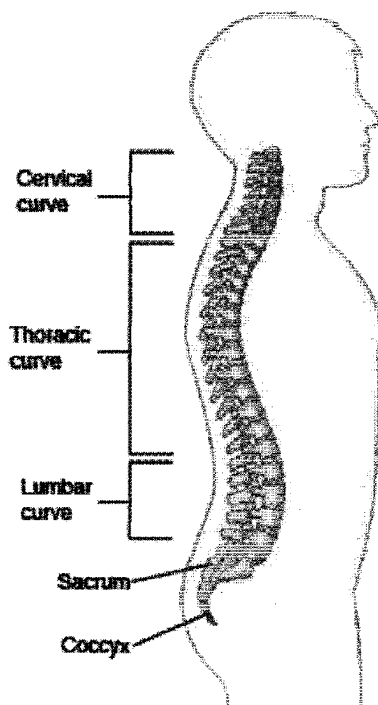
- The plaster splint becomes wet or soft
- The fiberglass splint remains wet for more than 24 hours
- Increased tightness or pain in the elbow
- Fingers become swollen, cold, blue, numb or tingly

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Trauma

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department**Back Pain [Acute Or Chronic]**

Back pain is usually caused by an injury to the muscles or ligaments of the spine. Sometimes the disks that separate each bone in the spine may bulge and cause pain by pressing on a nearby nerve. Back pain may also appear after a sudden twisting/bending force (such as in a car accident), after a simple awkward movement, or lifting something heavy with poor body positioning. In either case, muscle spasm is often present and adds to the pain.

Acute back pain usually gets better in one to two weeks. Back pain related to disk disease, arthritis in the spinal joints or spinal stenosis (narrowing of the spinal canal) can become chronic and last for months or years.

Unless you had a physical injury (for example, a car accident or fall) X-rays are usually not ordered for the initial evaluation of back pain. If pain continues and does not respond to medical treatment, x-rays and other tests may be performed at a later time.

Home Care:

You may need to stay in bed the first few days. But, as soon as possible, begin sitting or walking to avoid problems with prolonged bed rest (muscle weakness, worsening back stiffness and pain, blood clots in the legs).

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

Emergency Department

When in bed, try to find a position of comfort. A firm mattress is best. Try lying flat on your back with pillows under your knees. You can also try lying on your side with your knees bent up towards your chest and a pillow between your knees.

Avoid prolonged sitting. This puts more stress on the lower back than standing or walking.

During the first two days after injury, apply an ICE PACK to the painful area for 20 minutes every 2-4 hours. This will reduce swelling and pain. HEAT (hot shower, hot bath or heating pad) works well for muscle spasm. You can start with ice, then switch to heat after two days. Some patients feel best alternating ice and heat treatments. Use the one method that feels the best to you.

You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

Be aware of safe lifting methods and do not lift anything over 15 pounds until all the pain is gone.

Follow Up

with your doctor or this facility if your symptoms do not start to improve after one week. Physical therapy may be needed.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

Get Prompt Medical Attention

if any of the following occur:

- Pain becomes worse or spreads to your legs
- Weakness or numbness in one or both legs
- Loss of bowel or bladder control
- Numbness in the groin or genital area

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11/4/2016 18:27 PDT
 SERVICE DATE/TIME:
 RESULT STATUS:
 PERFORM INFORMATION:
 SIGN INFORMATION:

ED Patient Summary
 11/4/2016 18:27 PDT
 Auth (Verified)
 Key RN,Jonathan F.(11/4/2016 18:27 PDT)
 Key RN,Jonathan F.(11/4/2016 18:27 PDT)

ED Patient Summary

CENTENNIAL HILLS HOSPITAL MEDICAL CENTER

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department

Confirmation of Receipt of Instructions

Name: SEKERA, JOYCE

Age: 60 Years Date of Birth: 3/22/1956 12:00 AM

MRN: CHH7120336 FIN: Arrival Time: 11/04/2016 2:19 PM

Diagnosis: Back strain; Left elbow pain

Patient Visit Summary:

SEKERA, JOYCE has been provided patient education materials, follow-up instructions and prescriptions.

My Signature Below Indicates:

- > I have received and understood the oral instructions regarding my current medical problem.
- > I will arrange follow-up care as instructed, outlined in this and any following page(s).
- > I acknowledge continuing medications prescribed by my regular doctor.
- > I acknowledge receipt of the written instructions as outlined in this and any previous page(s).
- > I will read and review these instructions.
- > I acknowledge that I will contact my Primary Care Physician or return to the Emergency Department immediately if symptoms worsen or persist.
- ☐ Patient Refuses to Sign
- ☐ Patient Left Without Signing
- ☐ Patient was informed of their non-emergent status

Patient Signature

Parent / Guardian (if patient is a minor)

Nurse Signature (if not patient signature)

Hospital Witness Signature (if no patient signature)

NOTE: Permanent Medical Record

CENTENNIAL HILLS HOSPITAL MEDICAL CENTER

6900 North Durango Drive, Las Vegas, NV 89149

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|-----------------------------|
| Emergency Department |
|-----------------------------|

www.centennialhillshospital.com

(702) 835-9700

Name: SEKERA, JOYCE

Age: 60 Years Date of Birth: 3/22/1956 12:00 AM

MRN: CHH7120336 FIN: Arrival Time: 11/04/2016 2:19 PM

Diagnosis: Back strain; Left elbow pain

Emergency Department Care Team:

Provider: ED, Staff Physician

The Emergency Department physician has reviewed the information that you have provided concerning medications that have been prescribed previously and found there to be no conflict with any therapy recommended by the Emergency Department physicians. Unless instructed by the Emergency Department physician to discontinue specific medications, you should continue medications prescribed by your regular doctor and follow-up with your doctor or with the physician/facility recommended by the ED as appropriate.

If you plan on operating a motor vehicle or using any dangerous equipment within the next several hours, please check with your physician or nurse to make sure that none of the medicines that you received in the Emergency Department could interfere with your performance of these tasks.

The physicians and staff of the Centennial Hills Hospital Medical Center encourage you to lead a healthy lifestyle. If you smoke, we strongly urge you to quit. Contact your local American Lung Association for additional information.

Allergies:

No Known Allergies

Vaccination/Immunologic Information

Prescriptions Given to Patient/Caregiver(s):

| Prescription | Display |
|---|--|
| HYDROcodone-acetaminophen (Norco 5 mg-325 mg oral tablet) | 1 Tabs, Oral, TID, PRN for pain, X 5 Days, # 15 Tabs, 0 Refill(s), Acute, 11/09/16 |
| ibuprofen (ibuprofen 600 mg oral tablet) | 600 mg = 1 Tabs, Oral, TID, PRN Pain, # 30 Tabs, 0 Refill(s), Maintenance |

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department

Medication Special Considerations:

Patient Education Materials Provided:

BACK PAIN (Acute or Chronic); SPRAIN ELBOW

Comment:

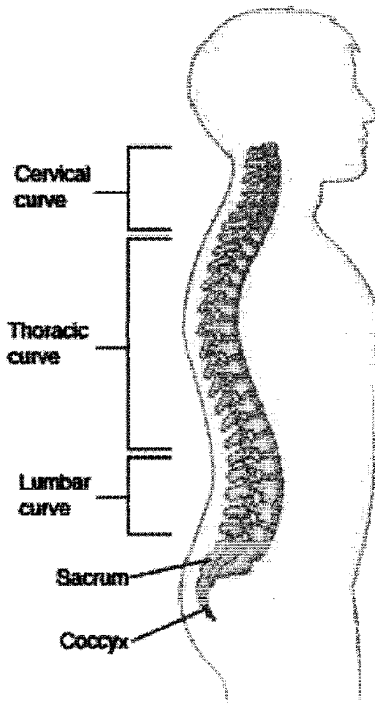
Follow-up Instructions:

| | | |
|--------------|--|-----------------|
| With: | Address: | When: |
| Mark Rosen | 2020 PALOMINO LN, SUITE 220 LAS VEGAS, NV 891060000 (702)474-7200 Business (1) | Within 1-2 days |

| | | |
|--------------|-----------------|-----------------|
| With: | Address: | When: |
| Pcp No | 000000000 | Within 1-2 days |

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department**Back Pain [Acute Or Chronic]**

Back pain is usually caused by an injury to the muscles or ligaments of the spine. Sometimes the disks that separate each bone in the spine may bulge and cause pain by pressing on a nearby nerve. Back pain may also appear after a sudden twisting/bending force (such as in a car accident), after a simple awkward movement, or lifting something heavy with poor body positioning. In either case, muscle spasm is often present and adds to the pain.

Acute back pain usually gets better in one to two weeks. Back pain related to disk disease, arthritis in the spinal joints or spinal stenosis (narrowing of the spinal canal) can become chronic and last for months or years.

Unless you had a physical injury (for example, a car accident or fall) X-rays are usually not ordered for the initial evaluation of back pain. If pain continues and does not respond to medical treatment, x-rays and other tests may be performed at a later time.

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department

Home Care:

You may need to stay in bed the first few days. But, as soon as possible, begin sitting or walking to avoid problems with prolonged bed rest (muscle weakness, worsening back stiffness and pain, blood clots in the legs).

When in bed, try to find a position of comfort. A firm mattress is best. Try lying flat on your back with pillows under your knees. You can also try lying on your side with your knees bent up towards your chest and a pillow between your knees.

Avoid prolonged sitting. This puts more stress on the lower back than standing or walking.

During the first two days after injury, apply an ICE PACK to the painful area for 20 minutes every 2-4 hours. This will reduce swelling and pain. HEAT (hot shower, hot bath or heating pad) works well for muscle spasm. You can start with ice, then switch to heat after two days. Some patients feel best alternating ice and heat treatments. Use the one method that feels the best to you.

You may use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) to control pain, unless another pain medicine was prescribed. [NOTE: If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.]

Be aware of safe lifting methods and do not lift anything over 15 pounds until all the pain is gone.

Follow Up

with your doctor or this facility if your symptoms do not start to improve after one week. Physical therapy may be needed.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

Get Prompt Medical Attention

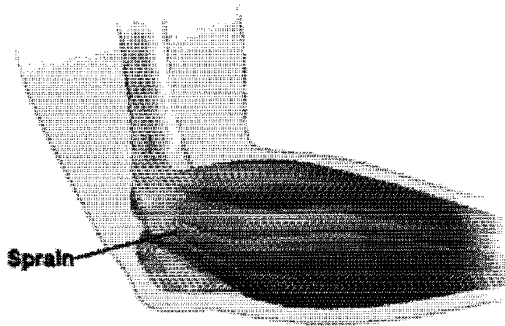
if any of the following occur:

- Pain becomes worse or spreads to your legs
- Weakness or numbness in one or both legs
- Loss of bowel or bladder control
- Numbness in the groin or genital area

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Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department**Sprain, Elbow**

A sprain is a tearing of the ligaments that hold a joint together. This may take up to six weeks to fully heal, depending on how severe it is. Moderate to severe sprains are treated with a sling or splint. Minor sprains can be treated without any special support.

Home care

The following guidelines will help you care for your injury at home:

Keep your arm elevated to reduce pain and swelling. When sitting or lying down elevate your arm above the level of your heart. You can do this by placing your arm on a pillow that rests on your chest or on a pillow at your side. This is most important during the first 48 hours after injury.

Apply an ice pack (ice cubes in a plastic bag, wrapped in a towel) over the injured area for 20 minutes every 1—2 hours the first day. You should continue with ice packs 3—4 times a day for the next two days. Continue the use of ice packs for relief of pain and swelling as needed.

If you were given a plaster or fiberglass splint, leave it on as advised, or until seen by your doctor. Keep it dry at all times. Bathe with your splint out of the water, protected with a large plastic bag, rubber-banded at the top end. If a fiberglass splint gets wet, you can dry it with a hair-dryer. Once the splint is removed, moving the elbow through its full range of motion several times a day will prevent stiffness.

If you were given a sling only, begin gradual range of motion exercises after the first few days, unless told otherwise. This will prevent stiffness in the elbow. Stop wearing the sling once the pain is better.

You may use acetaminophen or ibuprofen to control pain, unless another pain medicine was prescribed. If you have chronic liver or kidney disease or ever had a stomach ulcer or GI bleeding, talk with your doctor before using these medicines.

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

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|-----------------------------|
| Emergency Department |
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Follow-up care

Follow up with your doctor as directed.

Any X-rays you had today don't show any broken bones, breaks, or fractures. Sometimes fractures don't show up on the first X-ray. Bruises and sprains can sometimes hurt as much as a fracture. These injuries can take time to heal completely. If your symptoms don't improve or they get worse, talk with your doctor. You may need a repeat X-ray.

When to seek medical care

Get prompt medical attention if any of the following occur:

- The plaster splint becomes wet or soft
- The fiberglass splint remains wet for more than 24 hours
- Increased tightness or pain in the elbow
- Fingers become swollen, cold, blue, numb or tingly

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Major Tests and Procedures:

The following procedures and tests were performed during your ED visit.

Laboratory Orders

No laboratory orders were placed.

Radiology Orders

| Name | Status | Details |
|--------------------------|-----------|--|
| XR Elbow | Completed | 11/04/16 15:53:00 PDT, Stat, Reason: Injury, Elbow to Wrist, Transport |
| Complete Left | | Mode: Stretcher, 167.64 cm, 86.18 |
| XR Spine | Completed | 11/04/16 15:53:00 PDT, Stat, Reason: Back Pain (Low Back, |
| Lumbosacral 2 or 3 Views | | Lumbago), Transport Mode: Patient Bed, 167.64 cm, 86.18 |

Cardiology Orders

No cardiology orders were placed.

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

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|-----------------------------|
| Emergency Department |
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| | |
|----------------------|---|
| 11/4/2016 17:39 PDT | ED Physician Record |
| SERVICE DATE/TIME: | 11/4/2016 17:39 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORM INFORMATION: | Taylor, Rachael APRN (11/4/2016 17:53 PDT) |
| SIGN INFORMATION: | Del Vecchio MD, Francis X (11/4/2016 18:00 PDT); Taylor, Rachael APRN (11/4/2016 17:58 PDT) |

Fall

Patient: SEKERA, JOYCE MRN: CHH7120336 FIN: CHH0008005149375
 Age: 60 years Sex: Female DOB: 03/22/56
 Associated Diagnoses: None
 Author: Taylor, Rachael APRN

Basic Information

Time seen: Date & time 11/04/16 15:33:00, **Provider Assignment**
 Taylor, Rachael APRN assigned at 11/04/2016 15:25

History source: Patient.

Arrival mode: Private vehicle.

History limitation: None.

Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint
 11/04/16 14:21 PDT Chief Complaint low back pain and left elbow pain s/p slip and fall .

History of Present Illness

The patient presents following fall. The onset was just prior to arrival. The occurrence was single episode. The fall was described as slipped. The location where the incident occurred was at work. Location: Left upper extremity. The character of symptoms is pain, swelling and tingling. The degree at present is minimal. The exacerbating factor is none. The relieving factor is none. Risk factors consist of none. The patient's dominant hand is the right hand. Therapy today: none. A 60-year-old female status post fall at work. Patient was walking and slipped backwards. Patient did not hit her head. No LOC. Patient complains of left elbow pain and left lower back pain. Patient denies any dizziness or shortness of breath. No chest pain. Patient does complain of some paresthesias to her left hand. Patient able to ambulate without difficulty. Patient denies any urine or bowel dysfunction..

Review of Systems

Constitutional symptoms: Negative except as documented in HPI.

Skin symptoms: Negative except as documented in HPI.

Eye symptoms: Negative except as documented in HPI.

ENMT symptoms: Negative except as documented in HPI.

Respiratory symptoms: Negative except as documented in HPI.

Cardiovascular symptoms: Negative except as documented in HPI.

Gastrointestinal symptoms: Negative except as documented in HPI.

Genitourinary symptoms: Negative except as documented in HPI.

Musculoskeletal symptoms: Back pain, Muscle pain, Reports: Pain to left elbow and left lower lumbar region.

Neurologic symptoms: Negative except as documented in HPI.

Psychiatric symptoms: Negative except as documented in HPI.

Endocrine symptoms: Negative except as documented in HPI.

Additional review of systems information: All other systems reviewed and otherwise negative.

Health Status**Allergies:**

Allergic Reactions (All)

No Known Allergies.

Medications: Review/Insert Medication List (Selected)

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

Emergency Department

Inpatient Medications

Ordered

Norco 7.5 mg-325 mg oral tablet: 1 Tabs, Oral, q4H, PRN: Pain 4 - 6 (Moderate).

Past Medical/ Family/ Social History

Medical history

Negative.

Medical history: PMH/Problems ST

Active Problems (1)

Edema of right upper eyelid

Surgical history:

No active procedure history items have been selected or recorded..

Family history:

No family history items have been selected or recorded..

Social history: Alcohol use: Denies, Tobacco use: Regularly.

Social history: Social History ST

Social & Psychosocial Habits

Tobacco

05/11/2012 **Patient Smoked Cigarettes During Last 12 Months:** No

11/04/2016 **Smoking History:** Never smoker.

Physical Examination

Vital Signs

Measurements

11/04/16 14:21 PDT

| | |
|--------------------------|-------------|
| Height | 167.64 cm |
| Height Method | Stated |
| Weight | 86.18 kg |
| Daily Weight kg | 86.18 kg |
| Weight Method | Stated |
| Weight Method | Stated |
| BSA Measured | 2 m2 |
| Body Mass Index Measured | 30.67 kg/m2 |

Basic Oxygen Information

11/04/16 14:20 PDT SpO2 95 %

SaO2 95% on room air. Interpretation fair..

General: Alert, no acute distress.

Skin: Warm, dry, pink.

Head: Normocephalic, Not atraumatic,

Neck: Trachea midline.

Eye: Extraocular movements are intact.

Ears, nose, mouth and throat: Oral mucosa moist.

Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion, No edema, No cardiac rub,

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal, Symmetrical chest wall expansion, No Rales, No Rhonchi, No Wheezing.

Gastrointestinal: Soft, Nontender, Non distended, No Masses/Pulsations/Distension.

Musculoskeletal: Not normal ROM, Proximal upper extremity: Left, elbow, tenderness.

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, CN II-XII intact, normal speech observed.

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department

Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making

Radiology results: Radiologist's interpretation: : Imaging
11/04/16 16:35 PDT XR Spine Lumbosacral 2 or 3 Views CHH RADIOLOGY , HISTORY: Injury to elbow

COMPARISON: None.

TECHNIQUE: Left , 4 views.

FINDINGS:

There is no evidence of fracture. There is no evidence of dislocation or subluxation.
Bone mineralization is normal. The articular surfaces and joint spaces are well preserved.
There are no osseous lesions. There are no soft tissue abnormalities.

IMPRESSION:

No evidence of acute fracture or dislocation.

Please note that some abnormalities may not be able to be detected with radiographs.
If clinical symptoms persist, consider cross sectional imaging.

IMPRESSION:

Degenerative disk disease most conspicuously at L2-3 where there is endplate osteophyte formation and some endplate sclerosis.. There is slight increased density at the disk space of uncertain etiology possibly related to some calcification. Further assessment with CT or MRI scan can be obtained as clinically warranted.

Reexamination/ Reevaluation

Time: 11/04/16 17:46:00 .

Notes: Discussed with patients the results of today visits and diagnosis and plan of care. Answered patients questions. Patient agrees to comply with plan of care. Patient requesting to be disharged home..

Impression and Plan

Back strain - ICD10-CM S39.012A,
left elbow pain
slip and fall
Plan

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

Emergency Department

Condition: Improved.

Prescriptions: Launch PrescriptionWriter

Pharmacy:

ibuprofen 600 mg oral tablet (Prescribe): 600 mg, 1 Tabs, Oral, TID, PRN: Pain, 30 Tabs, 0 Refill(s).

Patient was given the following educational materials: SPRAIN ELBOW, SPRAIN ELBOW, BACK PAIN (Acute or Chronic).

Follow up with: Pcp No Within 1-2 days; Mark Rosen Within 1-2 days.

Counseled: Patient, Family, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

Disposition: Launch Disposition Order

Admit/Transfer/Discharge:

Discharge Request Pending Physician Agreement (Order): 11/04/16 17:51 PDT, Home Routine.

Addendum

Teaching-Supervisory Addendum-Brief

Notes: I personally interviewed and examined this patient. I discussed the findings, diagnostic studies, interventions and treatment plan with ARNP / PA. I reviewed the clinical notes and test results. I agree with the assessment, management, and disposition as presented by ARNP / PA with exceptions as documented.

Electronically Signed By: Taylor, Rachael
On: 11.04.2016 17:58 PDT

Electronically Signed On: 11.04.2016 18:00 PDT
Del Vecchio, Francis MD

11/4/2016 14:49 PDT

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Triage Note

11/4/2016 14:49 PDT

Auth (Verified)

Vandenberg RN, Emmy L (11/4/2016 14:49 PDT)

Vandenberg RN, Emmy L (11/4/2016 14:49 PDT)

ED Abuse/Neglect Adult Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Abuse/Neglect Assessment

Threatened/Physically Hurt in past year : Yes

ED DV Harm or Neglect Question : No

Abuse and Neglect Types : None

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

11/4/2016 14:49 PDT

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

Triage Note

11/4/2016 14:49 PDT

Auth (Verified)

Vandenberg RN, Emmy L (11/4/2016 14:49 PDT)

Vandenberg RN, Emmy L (11/4/2016 14:49 PDT)

Print Date/Time 12/14/2016 08:58 PST

Medical Record

Page 27 of 62

JS028

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED,Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

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| Emergency Department |
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ED Triage RFV/Problems Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Reason for Visit/Medical History ED

Reviewed Past Medical HX with Patient : No

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT
 (As Of: 11/4/2016 14:49:42 PDT)

Problems(Active)

Edema of right upper eyelid
 (SNOMED CT
 :147724018)

Name of Problem: Edema of right upper eyelid ; *Recorder:*
 Woosnam, Nicole PAC; *Confirmation:* Confirmed ;
Classification: Medical ; *Code:* 147724018 ; *Contributor*
System: PowerChart ; *Last Updated:* 8/31/2015 09:57 PDT ;
Life Cycle Status: Active ; *Responsible Provider:* Woosnam,
 Nicole PAC; *Vocabulary:* SNOMED CT

11/4/2016 14:49 PDT
 SERVICE DATE/TIME:
 RESULT STATUS:
 PERFORM INFORMATION:
 SIGN INFORMATION:

Triage Note
 11/4/2016 14:49 PDT
 Auth (Verified)
 Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)
 Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)

ED Triage General/Screening Adult Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

General/Screenings Adult

Suicidal Risk Assessment : No suicidal risk indicators identified
Document Fall Risk Screening : Pass
Clinical Trial Participant -- MU : None

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

11/4/2016 14:49 PDT
 SERVICE DATE/TIME:
 RESULT STATUS:
 PERFORM INFORMATION:
 SIGN INFORMATION:

Triage Note
 11/4/2016 14:49 PDT
 Auth (Verified)
 Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)
 Vandenberg RN,Emmy L (11/4/2016 14:49 PDT)

ED Languages Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

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| Emergency Department |
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Languages

Preferred Languages : English

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

11/4/2016 14:49 PDT
 SERVICE DATE/TIME:
 RESULT STATUS:
 PERFORM INFORMATION:
 SIGN INFORMATION:

Triage Note
 11/4/2016 14:49 PDT
 Auth (Verified)
 Vandenberg RN, Emmy L (11/4/2016 14:49 PDT)
 Vandenberg RN, Emmy L (11/4/2016 14:49 PDT)

ED Social History Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Social History

Smoking History--MU : Never smoker
Tobacco Use Screening : Yes
Cultural Practices to be honored? : No
Is Blood Transfusion Acceptable to Patient : Yes

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

Social History

(As Of: 11/4/2016 14:49:26 PDT)

Tobacco Use Screening

Tobacco Use Last 30 Days : No tobacco use of any form

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

11/4/2016 14:20 PDT
 SERVICE DATE/TIME:
 RESULT STATUS:
 PERFORM INFORMATION:
 SIGN INFORMATION:

Triage Note
 11/4/2016 14:20 PDT
 Auth (Verified)
 Adams RN, Jennifer J (11/4/2016 14:20 PDT)
 Adams RN, Jennifer J (11/4/2016 14:20 PDT)

ED Triage Vitals Entered On: 11/4/2016 14:21 PDT
Performed On: 11/4/2016 14:20 PDT by Adams RN, Jennifer J

ED Vitals

Systolic Blood Pressure : 175 mmHg (HI)
Diastolic Blood Pressure : 78 mmHg
Peripheral Pulse Rate : 88 bpm
Respiratory Rate : 20 br/min

Print Date/Time 12/14/2016 08:58 PST

Medical Record

Page 29 of 62

JS030

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Emergency Department

SpO2 : 95 %
Temperature : 36.8 DegC
Temperature Convert C to F : 98.2 DegF
Temperature Method : Oral

Adams RN, Jennifer J - 11/4/2016 14:20 PDT

11/4/2016 14:20 PDT
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Triage Note
11/4/2016 14:20 PDT
Auth (Verified)
Adams RN, Jennifer J (11/4/2016 14:20 PDT)
Adams RN, Jennifer J (11/4/2016 14:20 PDT)

ED Triage Primary Pain Assessment Entered On: 11/4/2016 14:20 PDT
Performed On: 11/4/2016 14:20 PDT by Adams RN, Jennifer J

Primary Pain

Numeric Rating : 9
Primary Pain Location : Elbow
Laterality : Left
Onset : Sudden
Pain Radiates : No
Time Pattern : Acute
Associated Symptoms : None
Aggravating Factors : Movement, Palpation

Adams RN, Jennifer J - 11/4/2016 14:20 PDT

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

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| Consents |
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| | |
|----------------------|---------------------|
| DOCUMENT NAME: | Clinical Consents |
| SERVICE DATE/TIME: | 11/4/2016 00:00 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORM INFORMATION: | |
| SIGN INFORMATION: | |

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

Consents

Attachment(s):

11/4/2016 00:00 PDT Consents_20161104.pdf

Centennial-SEKERA, JOYCE-Enc #8005149375-0PT-SEK-11/4/2016 Consents - 11/4/2016 - 5 pg

Conditions of Admission/Registration Treatment Authorization and Financial Responsibility

As the individual who will be receiving services at Centennial Hills Hospital (the "Hospital"), or the parent or guardian of the individual listed below as the patient, I agree to the following terms and conditions of this Conditions of Admission/Registration Treatment Authorization and Financial Responsibility Agreement (the "Agreement").

- 1. CONSENT TO HOSPITAL PROCEDURES:** I consent to the medical and surgical procedures which may be performed during this hospitalization or on an outpatient basis, including emergency treatment or services. These services and procedures may include but are not limited to laboratory tests, x-ray examination, newborn hearing screening, medical or surgical treatment or procedures, anesthesia, or Hospital services rendered under the general and special instructions of a physician. This general consent does not apply to any procedures which require informed consent.
- 2. RELEASE OF INFORMATION:** I authorize the Hospital, physicians, and other licensed providers furnishing these services to disclose my Protected Health Information ("PHI") as that term is defined by the federal law referred to as "HIPAA" for purposes of treatment, payment and health care operations to third parties including but not limited to insurance carriers, health plans (including government health programs such as Medicare and Medicaid), or workman's compensation carriers that may be responsible for payment of the services ("Third Party Payers"). The PHI disclosed may include information about my treatment, medical care, medical history, billing information, and other information received or acquired by the Hospital and maintained in any form, including written, oral or electronically maintained information.

Upon inquiry the Hospital will describe my condition to callers or the public using one of the following words; undetermined, good, fair, serious, or critical. If I do not want this information released I may make a written request for information about my condition to be withheld. I understand I can request a separate form to make this change.
- 3. PROVIDERS NOT HOSPITAL EMPLOYEES:** I understand that the physicians furnishing services to me including Hospital-based physicians such as radiologists, pathologists, emergency department physicians, and anesthesiologists ("Hospital-Based Physicians") may be independent contractors and as such, are not employees or agents of the Hospital.
- 4. HOSPITAL, PHYSICIAN, AND PRACTITIONER BILLING:** I understand that each physician, medical group, or other practitioner who provides professional services to me while I am in the Hospital, including Hospital-Based Physicians, will bill and collect for their professional services separate and apart from the Hospital. For purposes of assignment of benefits and agreement to pay for services, this Agreement applies to services rendered by the physicians and practitioners as well as the Hospital. I also understand I have the right to request an explanation of the Hospital billing process and a list of the Hospital's charges for any services I might receive.
- 5. HEALTH PLANS (HMO&PPO):** I understand I am responsible for providing the Hospital with my primary care physician's name and practice information. I understand that some Health Plans may not fully cover services if the Hospital and/or its affiliated physicians and practitioners are not participating providers in my Health Plan, which can result in increased costs for me. I also understand that some Health Plans may review emergency room visits

Page 1 of 4

Centennial Hills Hospital
 Centennial Hills Hospital
 8903 North Durango Drive
 Las Vegas, NV 89148



C00058

COA/Reg
 Treatment
 Authorization
 and Financial
 Responsibility

LHS-001A
 Rev. 08/15

Patient Identification



8005149375-7120336

SEKERA, JOYCE
 DOB: 03/22/1956 SEX: F RMR
 MRN: 7120336 ADM/REG DT: 11/04/2016
 Centennial Hills Hospital

Page 1 of 5

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016

FIN: CHH0008005149375

Consents

Attachment(s):

Centennial-SEKERA, JOYCE-Enc #8045149375-Opt-228R-11/4/2016 Consents - 11/4/2016 - 5 pg

Conditions of Admission/Registration Treatment Authorization and Financial Responsibility

and services after the services are furnished to determine if the visit qualified as an emergency. If the Health Plan concludes the visit was not an emergency, I may be responsible for all physician and Hospital charges associated with the visit and I agree to pay for such services in accordance with the terms of this Agreement.

6. **ASSIGNMENT OF BENEFITS:** I authorize direct payment to the Hospital, Hospital-Based Physicians and other practitioners involved in my care and treatment of all insurance benefits payable to me or on my behalf for services provided during this hospitalization, or for outpatient services or emergency services if applicable. I understand that I am financially responsible for any non-covered charges.
7. **FINANCIAL AGREEMENT:** I agree, whether signing as a parent, guarantor, agent or the patient, that in consideration of the services provided by the Hospital, I will promptly pay all Hospital bills in accordance with the Hospital's standard charges for such services, and, if applicable, the Hospital's charity care and discount payment policies, as well as in accordance with applicable state and federal law. Should my account be referred to an attorney or collection agency for collection, I will pay actual attorney's fees and collection expenses. I understand that all delinquent accounts may be charged interest at the legal rate.

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that the information I submit is subject to verification, including credit agency scoring, and subject to review by federal and/or state agencies and others as required. I authorize my employer to release proof of my income to the Hospital if requested. I understand that if any information I have given proves to be untrue, the Hospital may re-evaluate my financial status and take whatever action becomes appropriate.

8. **CHARITY CARE AND DISCOUNTED PAYMENTS:** If you do not have health insurance, you may qualify for financial assistance. If you think you may be eligible for financial assistance to help with payment of your Hospital bills, please call:

Hospital Financial Counselor: (702) 829-1364 or

Central Billing Office: (702) 894-5700

9. **AUTHORIZATION FOR RECEIVING MESSAGES AND AUTOMATED CALLS:** I give the Hospital (including its agents and third party collection agents) permission to contact me by telephone at the telephone number or numbers I provided during the registration process, or at any time in the future, including wireless telephone numbers or other numbers that may result in charges to me. The Hospital and its agents may leave messages for me at these numbers and may send text messages or email communications using the email address or addresses I provide. These voice messages and email and text communications may include information required by law (including debt collection laws) related to amounts I owe the Hospital as well as messages related to my continued care and treatment.

I also understand that the Hospital and its agents, including debt collection agencies, may use pre-recorded/artificial voice messages and/or use an automatic dialing device (an autodialer) to deliver messages related to my account and amounts I may owe the Hospital.

Page 2 of 4

Centennial Hills Hospital
 8800 North Durango Drive
 Las Vegas, NV 89148



CO0058

**COA/Reg
 Treatment
 Authorization
 and Financial
 Responsibility**

LR-401A
 Rev. 05/16

Patient Identification



SEKERA, JOYCE
 DOB: 03/22/1956 SEX: F EML
 MRN: 7120336 ADM/REG DT: 11/04/2016
 Centennial Hills Hospital

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

Consents

Attachment(s):

Centennial-SEKERA, JOYCE-Enc #8005149375-CHH-EMR-11/4/2016 Consents - 11/4/2016 - 5 pg

Conditions of Admission/Registration Treatment Authorization and Financial Responsibility

- I also authorize the Hospital and its agents to use the number or numbers provided for such pre-recorded or auto dial messages. If I want to limit these communications to a specific telephone number or numbers, I understand that I must request that only a designated number or numbers may be used for these purposes.
10. **MEDICARE CERTIFICATION, AUTHORIZATION TO RELEASE PAYMENT INFORMATION AND PAYMENT REQUEST:** I certify that any information given by me in applying for payment under title XVIII of the Social Security Act (Medicare) is correct. If applicable, I authorize the Hospital, Hospital Based Physicians or any other health care providers who have medical or other information about me to release any information needed for this or a related Medicare claim to the Social Security Administration or its intermediaries or carriers. I request that payment of authorized benefits be made on my behalf.
 11. **GENERAL DUTY NURSING:** I understand that the Hospital provides only general duty nursing care unless my physician orders more intensive nursing care. If my condition requires a special duty nurse, I understand that it must be arranged by me or my legal representative. The Hospital is not responsible for providing or paying for such special duty nurses.
 12. **PERSONAL VALUABLES:** I understand that the Hospital maintains a safe for the safekeeping of money and other valuables, and that the Hospital is not liable for the loss of my valuables unless they are deposited with the Hospital for safekeeping. I understand that I am responsible for all my personal effects not deposited in the safe, including, but not limited to, personal grooming articles, jewelry, clothing, documents, medications, eye glasses, hearing aids, dentures and other prosthetic devices.
 13. **ASSUMPTION OF RISK:** If I leave the Hospital before being released or discharged by my physician, or if I fail to follow instructions given to me by my physician or other healthcare professionals, I agree to assume all responsibility for any injury or damages suffered, and further agree to release and hold the physicians, their agents, the Hospital, its employees or agents harmless from any claims, demands or suits for damages from any complications associated with such actions.
 14. **PHOTOGRAPHY AND FILMING FOR PURPOSES OF DIAGNOSIS, IDENTIFICATION AND TREATMENT:** I consent to the taking of pictures for purposes of identification and treatment of my condition or disease.
 15. **NON SMOKING CAMPUS:** I understand that smoking is not permitted on the campus of the Hospital, except in designated areas and I agree to comply accordingly.
 16. **COMPLAINTS:** I understand that I have the right to express any concerns I may have about my care and treatment to Hospital management.

Page 3 of 4

Centennial Hills Hospital
 Centennial Hills Hospital
 8800 North Durango Drive
 Las Vegas, NV 89149



CO0058

COA/Reg
 Treatment
 Authorization
 and Financial
 Responsibility

11/4/2016
 Rev. 08/15

Patient Identification:



8005149375-7120336
 SEKERA, JOYCE
 DOB: 03/22/1956 SOY SX: F EMR
 MRN: 7120336 ADM/REG DT: 11/04/2016
 Centennial Hills Hospital

Page 3 of 5

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016

FIN: CHH0008005149375

Consents

Attachment(s):

Centennial-SPEZKA, JOYCE-Enc #8005149375-OPF-222K-11/4/2016 Consents - 11/4/2016 - 5 pg

Conditions of Admission/Registration Treatment Authorization and Financial Responsibility

17. **CAREVIEW AUTHORIZATION:** I have been advised that the Hospital uses a secure video monitoring system that allows nurses and other Hospital health care personnel to monitor patients in their rooms. I understand that the CareView monitoring system has multiple systems in place to protect my privacy and was developed to comply with the Health Insurance Portability and Accountability Act known as HIPAA.

By signing below, I acknowledge that I have received a copy of the "Patient's Bill of Rights" and "Patient Responsibilities"; I have also carefully read and fully understand this Agreement and received a copy for my records, I accept its terms, and am authorized to execute the Agreement.

PATIENT/PARENT/GUARDIAN SIGNATURE

DATE / TIME

RELATIONSHIP IF NOT PATIENT SIGNATURE

DATE / TIME

REASON PATIENT DID NOT SIGN

DATE / TIME

Centennial Hills Hospital
 8900 North Durango Drive
 Las Vegas, NV 89149



CO0058

COA/Reg
 Treatment
 Authorization
 and Financial
 Responsibility

UHS-8016
 Rev. 06/15

Patient Identification



SEKERA, JOYCE
 DOB: 03/22/1956 SEX: F EMR
 MRN: 7120336 ADM/REG DT: 11/04/2016
 Centennial Hills Hospital

Page 4 of 4

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016

FIN: CHH0008005149375

Consents

Attachment(s):

Centennial-SEKERA, JOYCE-Enc #8005149375-OPR-EMR-11/4/2016 Consents - 11/4/2016 - 5 pg

PATIENT RIGHTS AND RESPONSIBILITIES ADDENDUM

You have a right to consent to receive the visitors whom you designate, including, but not limited to a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and you shall have the right to withdraw or deny such consent at any time.

Before you are furnished patient care, if possible, you also have the right to designate a Support Person who can exercise your visitation rights in the event you are incapacitated or otherwise unable to do so. See below.

Patient Visitation rights shall not be restricted, limited or otherwise denied by the hospital on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

All visitors shall enjoy full and equal privileges consistent with your preferences. The Hospital may impose clinically appropriate limitations on patient visitation when visitation would interfere with your care whether the reason for limiting or restriction visitation is infection control, disruptive behavior of visitors, or you or your roommates need for rest or privacy.

Patient Visitation Rights:

In the event I am incapacitated or otherwise unable to exercise my patient visitation rights, I designate the following individual as my Support Person:




Carole DiVito

Support Person Name (Print)

OR

I decline to designate a Support Person under patient visitation rights at this time. I understand I can change this decision at any time by notifying nursing or registration staff.

Joyce Sekera 11/4/16 1745
 Patient Signature Date Time
☒ Unable to assign a designee due to medical condition.
Adorno 11/4/16 1745
 Witness Signature Date Time

| | | |
|---|--|--|
| BAR CODE  001053 |  PATIENT RIGHTS AND RESPONSIBILITIES ADDENDUM (PMA# 9002) (R 011) (FOU) | PATIENT IDENTIFICATION  8005149375-7120336 SEKERA, JOYCE DOB: 03/22/1956 BOY SEX: F ENR MRN: 7120336 ADMREG DT: 11/04/2016 Centennial Hills Hospital |
|---|--|--|

Page 3 of 5

Consents_20161104.pdf

Please click on link to see image.

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED,Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|---------------|
| Orders |
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Order: XR Spine Lumbosacral 2 or 3 Views

Order Date/Time: 11/4/2016 15:53 PDT

Signed Date/Time: 11/4/2016 15:53 PDT

Order Status: Completed

Department Status:
Completed

Catalog Type: Radiology

Activity Type: Radiology

End-state Date/Time: 11/4/2016 16:52 PDT

End-state Reason:

Ordering Physician: Taylor,Rachael APRN

Consulting Physician:

Entered By: Taylor,Rachael APRN on 11/4/2016 15:53 PDT

Order Details: 11/4/16 3:53:00 PM PDT, Stat, Reason: Back Pain (Low Back, Lumbago), Transport Mode: Patient Bed

Order Comment:

Action Type: Complete

Action Date/Time: 11/4/2016 16:52 PDT Action Personnel: Kardooni,Kaveh DO

Electronically Signed by: Taylor,Rachael APRN

Supervising Provider:

Communication Type: Written

Order Details: 11/04/16 15:53:00 PDT, Stat, Reason: Back Pain (Low Back, Lumbago), Transport Mode: Patient Bed

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 11/4/2016 16:35 PDT Action Personnel: Babiarz,Mark

Electronically Signed by: Taylor,Rachael APRN

Supervising Provider:

Communication Type: Written

Order Details: 11/04/16 15:53:00 PDT, Stat, Reason: Back Pain (Low Back, Lumbago), Transport Mode: Patient Bed

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 11/4/2016 16:03 PDT Action Personnel: Stern,Sahar

Electronically Signed by: Taylor,Rachael APRN

Supervising Provider:

Communication Type: Written

Order Details: 11/04/16 15:53:00 PDT, Stat, Reason: Back Pain (Low Back, Lumbago), Transport Mode: Patient Bed

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 11/4/2016 15:53 PDT Action Personnel: Taylor,Rachael APRN

Electronically Signed by: Taylor,Rachael APRN

Supervising Provider:

Communication Type: Written

Order Details: 11/04/16 15:53:00 PDT, Stat, Reason: Back Pain (Low Back, Lumbago), Transport Mode: Patient Bed

Review Information:

Nurse Review: Electronically Signed, Key RN,Jonathan F.on 11/4/2016 16:23 PDT

Doctor Cosign: Not Required

Order Comment:

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED,Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

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| Orders |
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|--|---|-----------------------------|--------------------------|
| Order: XR Elbow Complete Left (Elbow XR Complete Left) | | | |
| Order Date/Time: 11/4/2016 15:53 PDT | | | |
| Signed Date/Time: 11/4/2016 15:53 PDT | | | |
| Order Status: Completed | Department Status: Completed | Catalog Type: Radiology | Activity Type: Radiology |
| End-state Date/Time: 11/4/2016 16:44 PDT | | End-state Reason: | |
| Ordering Physician: Taylor,Rachael APRN | | Consulting Physician: | |
| Entered By: Taylor,Rachael APRN on 11/4/2016 15:53 PDT | | | |
| Order Details: 11/4/16 3:53:00 PM PDT, Stat, Reason: Injury, Elbow to Wrist, Transport Mode: Stretcher | | | |
| Order Comment: | | | |
| Action Type: Complete | Action Date/Time: 11/4/2016 16:44 PDT Action Personnel: Yeh MD,Rick N | | |
| Electronically Signed by: Taylor,Rachael APRN | Supervising Provider: | Communication Type: Written | |
| Order Details: 11/04/16 15:53:00 PDT, Stat, Reason: Injury, Elbow to Wrist, Transport Mode: Stretcher | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |
| Action Type: Status Change | Action Date/Time: 11/4/2016 16:35 PDT Action Personnel: Babiarz,Mark | | |
| Electronically Signed by: Taylor,Rachael APRN | Supervising Provider: | Communication Type: Written | |
| Order Details: 11/04/16 15:53:00 PDT, Stat, Reason: Injury, Elbow to Wrist, Transport Mode: Stretcher | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |
| Action Type: Status Change | Action Date/Time: 11/4/2016 16:04 PDT Action Personnel: Stern,Sahar | | |
| Electronically Signed by: Taylor,Rachael APRN | Supervising Provider: | Communication Type: Written | |
| Order Details: 11/04/16 15:53:00 PDT, Stat, Reason: Injury, Elbow to Wrist, Transport Mode: Stretcher | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |
| Action Type: Order | Action Date/Time: 11/4/2016 15:53 PDT Action Personnel: Taylor,Rachael APRN | | |
| Electronically Signed by: Taylor,Rachael APRN | Supervising Provider: | Communication Type: Written | |
| Order Details: 11/04/16 15:53:00 PDT, Stat, Reason: Injury, Elbow to Wrist, Transport Mode: Stretcher | | | |
| Review Information: | | | |
| Nurse Review: Electronically Signed, Key RN,Jonathan F.on 11/4/2016 16:23 PDT | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED,Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

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| Orders |
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Order: Vital Signs Mobile

Order Date/Time: 11/4/2016 14:19 PDT

Signed Date/Time: 11/4/2016 14:19 PDT

| | | | |
|----------------------------|---------------------------------|----------------------------|---------------------------|
| Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Basic Care |
|----------------------------|---------------------------------|----------------------------|---------------------------|

End-state Date/Time: 11/4/2016 22:04 PDT

End-state Reason:

Ordering Physician: SYSTEM

Consulting Physician:

Entered By: SYSTEM on 11/4/2016 14:19 PDT

Order Details: 11/4/16 2:19:33 PM PDT, Routine

Order Comment: Ordered by Discern Expert.

Action Type: Discontinue

Action Date/Time: 11/5/2016 01:04 EDT Action Personnel: SYSTEM

Electronically Signed by: SYSTEM

Supervising Provider:

Communication Type:

Order Details: 11/04/16 14:19:33 PDT, Routine

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 11/4/2016 14:19 PDT Action Personnel: SYSTEM

Electronically Signed by: SYSTEM

Supervising Provider:

Communication Type: Discern Expert

Order Details: 11/04/16 14:19:33 PDT, Routine

Review Information:

Doctor Cosign: Not Required

Order Comment: Ordered by Discern Expert.

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

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| Orders |
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|---|---------------------------------------|--|-----------------------------|
| Order: Sling and Swathe | | | |
| Order Date/Time: 11/4/2016 17:59 PDT | | | |
| Signed Date/Time: 11/4/2016 17:59 PDT | | | |
| Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Patient Care |
| End-state Date/Time: 11/4/2016 18:23 PDT | | End-state Reason: | |
| Ordering Physician: Taylor, Rachael APRN | | Consulting Physician: | |
| Entered By: Taylor, Rachael APRN on 11/4/2016 17:59 PDT | | | |
| Order Details: 11/4/16 5:59:00 PM PDT, Routine, Stop date 11/4/16 6:23:16 PM PDT | | | |
| Order Comment: | | | |
| Action Type: Complete | Action Date/Time: 11/4/2016 18:23 PDT | Action Personnel: McIntosh, Brandon M | |
| Electronically Signed by: Taylor, Rachael APRN | Supervising Provider: | Communication Type: | |
| Order Details: 11/04/16 17:59:00 PDT, Routine, Stop date 11/04/16 17:59:00 PDT | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |
| Action Type: Order | Action Date/Time: 11/4/2016 17:59 PDT | Action Personnel: Taylor, Rachael APRN | |
| Electronically Signed by: Taylor, Rachael APRN | Supervising Provider: | Communication Type: Written | |
| Order Details: 11/04/16 17:59:00 PDT, Routine, Stop date 11/04/16 17:59:00 PDT | | | |
| Review Information: | | | |
| Nurse Review: Electronically Signed, Drossulis RN, Alexander E on 11/4/2016 18:11 PDT | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| Orders |
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|--|---------------------------------------|--|-------------------------|
| Order: HYDROcodone-acetaminophen (Norco 7.5 mg-325 mg oral tablet) | | | |
| Order Date/Time: 11/4/2016 15:54 PDT | | | |
| Signed Date/Time: 11/4/2016 15:54 PDT | | | |
| Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Pharmacy | Activity Type: Pharmacy |
| End-state Date/Time: 11/4/2016 22:04 PDT | | End-state Reason: | |
| Ordering Physician: Taylor, Rachael APRN | | Consulting Physician: | |
| Entered By: Taylor, Rachael APRN on 11/4/2016 15:54 PDT | | | |
| Order Details: 1 Tabs, Tab, Oral, q4H PRN Pain 4 - 6 (Moderate), Duration: 7 Days, First Dose: Routine, Start date: 11/4/16 3:54:00 PM PDT, Stop date: 11/4/16 10:04:55 PM PDT | | | |
| Order Comment: | | | |
| Action Type: Discontinue | Action Date/Time: 11/5/2016 01:04 EDT | Action Personnel: SYSTEM | |
| Electronically Signed by: Taylor, Rachael APRN | Supervising Provider: | Communication Type: | |
| Order Details: 1 Tabs, Tab, Oral, q4H PRN Pain 4 - 6 (Moderate), Duration: 7 Days, First Dose: Routine, Start date: 11/04/16 15:54:00 PDT, Stop date: 11/11/16 15:53:00 PST | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |
| Action Type: Order | Action Date/Time: 11/4/2016 15:56 PDT | Action Personnel: Taylor, Rachael APRN | |
| Electronically Signed by: Taylor, Rachael APRN | Supervising Provider: | Communication Type: Written | |
| Order Details: 1 Tabs, Tab, Oral, q4H PRN Pain 4 - 6 (Moderate), Duration: 7 Days, First Dose: Routine, Start date: 11/04/16 15:54:00 PDT, Stop date: 11/11/16 15:53:00 PST | | | |
| Review Information: | | | |
| Nurse Review: Electronically Signed, Key RN, Jonathan F. on 11/4/2016 16:23 PDT | | | |
| Pharmacist Verify: Not Reviewed | | | |
| Pharmacist Verify: Electronically Signed, Guanio Pharm D, Jennifer M on 11/4/2016 15:57 PDT | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

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|---------------|
| Orders |
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|--|---------------------------------|--|------------------------------------|
| Order: ED Triage Mobile | | | |
| Order Date/Time: 11/4/2016 14:19 PDT | | | |
| Signed Date/Time: 11/4/2016 14:19 PDT | | | |
| Order Status: Canceled | Department Status: Canceled | Catalog Type: Patient Care | Activity Type: Basic Care |
| End-state Date/Time: 11/4/2016 14:19 PDT | | End-state Reason: Duplicate Order | |
| Ordering Physician: SYSTEM | | Consulting Physician: | |
| Entered By: SYSTEM on 11/4/2016 14:19 PDT | | | |
| Order Details: 11/4/16 2:19:33 PM PDT, Routine, Constant order | | | |
| Order Comment: Ordered by Discern Expert. | | | |
| Action Type: Cancel | | Action Date/Time: 11/4/2016 14:19 PDT Action Personnel: SYSTEM | |
| Electronically Signed by: SYSTEM | | Supervising Provider: | Communication Type: Discern Expert |
| Order Details: 11/04/16 14:19:33 PDT, Routine, Constant order | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |
| Action Type: Order | | Action Date/Time: 11/4/2016 14:19 PDT Action Personnel: SYSTEM | |
| Electronically Signed by: SYSTEM | | Supervising Provider: | Communication Type: Discern Expert |
| Order Details: 11/04/16 14:19:33 PDT, Routine, Constant order | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: Ordered by Discern Expert. | | | |
| Order: ED Reassessment | | | |
| Order Date/Time: 11/4/2016 14:21 PDT | | | |
| Signed Date/Time: 11/4/2016 14:21 PDT | | | |
| Order Status: Discontinued | Department Status: Discontinued | Catalog Type: Patient Care | Activity Type: Patient Care |
| End-state Date/Time: 11/4/2016 22:04 PDT | | End-state Reason: | |
| Ordering Physician: SYSTEM | | Consulting Physician: | |
| Entered By: SYSTEM on 11/4/2016 14:21 PDT | | | |
| Order Details: 11/4/16 2:21:19 PM PDT, Routine | | | |
| Order Comment: Order Placed by Discern Rule | | | |
| Action Type: Discontinue | | Action Date/Time: 11/5/2016 01:04 EDT Action Personnel: SYSTEM | |
| Electronically Signed by: SYSTEM | | Supervising Provider: | Communication Type: |
| Order Details: 11/04/16 14:21:19 PDT, Routine | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |
| Action Type: Order | | Action Date/Time: 11/4/2016 14:21 PDT Action Personnel: SYSTEM | |
| Electronically Signed by: SYSTEM | | Supervising Provider: | Communication Type: Discern Expert |
| Order Details: 11/04/16 14:21:19 PDT, Routine | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: Order Placed by Discern Rule | | | |

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED,Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| Orders |
|--------|
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Order: ED Nursing Exam

| | | | |
|--|--|------------------------------------|-----------------------------|
| Order Date/Time: 11/4/2016 14:21 PDT | | | |
| Signed Date/Time: 11/4/2016 14:21 PDT | | | |
| Order Status: Completed | Department Status: Completed | Catalog Type: Patient Care | Activity Type: Patient Care |
| End-state Date/Time: 11/4/2016 16:25 PDT | | End-state Reason: | |
| Ordering Physician: SYSTEM | | Consulting Physician: | |
| Entered By: SYSTEM on 11/4/2016 14:21 PDT | | | |
| Order Details: 11/4/16 2:21:18 PM PDT, NOW, Once, Stop date 11/4/16 4:25:17 PM PDT | | | |
| Order Comment: Order Placed by Discern Rule | | | |
| Action Type: Complete | Action Date/Time: 11/4/2016 16:25 PDT Action Personnel: Key RN,Jonathan F. | | |
| Electronically Signed by: SYSTEM | Supervising Provider: | Communication Type: | |
| Order Details: 11/04/16 14:21:18 PDT, NOW, Once, Stop date 11/04/16 14:21:18 PDT | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |
| Action Type: Order | Action Date/Time: 11/4/2016 14:21 PDT Action Personnel: SYSTEM | | |
| Electronically Signed by: SYSTEM | Supervising Provider: | Communication Type: Discern Expert | |
| Order Details: 11/04/16 14:21:18 PDT, NOW, Once, Stop date 11/04/16 14:21:18 PDT | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: Order Placed by Discern Rule | | | |

Order: Discharge Request Pending Physician Agreement

| | | | |
|--|---|--|---|
| Order Date/Time: 11/4/2016 17:51 PDT | | | |
| Signed Date/Time: 11/4/2016 17:51 PDT | | | |
| Order Status: Ordered | Department Status: Ordered | Catalog Type: Admit/Transfer/Discharge | Activity Type: Admit/Transfer/Discharge |
| End-state Date/Time: 11/4/2016 17:51 PDT | | End-state Reason: | |
| Ordering Physician: Taylor,Rachael APRN | | Consulting Physician: | |
| Entered By: Taylor,Rachael APRN on 11/4/2016 17:51 PDT | | | |
| Order Details: 11/4/16 5:51:00 PM PDT, Home Routine | | | |
| Order Comment: | | | |
| Action Type: Order | Action Date/Time: 11/4/2016 17:51 PDT Action Personnel: Taylor,Rachael APRN | | |
| Electronically Signed by: Taylor,Rachael APRN | Supervising Provider: | Communication Type: Written | |
| Order Details: 11/04/16 17:51:00 PDT, Home Routine | | | |
| Review Information: | | | |
| Nurse Review: Electronically Signed, Drossulis RN,Alexander E on 11/4/2016 18:11 PDT | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: | | | |

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|---------------|
| Orders |
|---------------|

| | | | |
|--|---------------------------------------|------------------------------------|-----------------------------|
| Order: Complete Document Medication by History | | | |
| Order Date/Time: 11/9/2016 01:43 PST | | | |
| Signed Date/Time: 11/9/2016 01:43 PST | | | |
| Order Status: Ordered | Department Status: Ordered | Catalog Type: Patient Care | Activity Type: Patient Care |
| End-state Date/Time: 11/9/2016 01:43 PST | | End-state Reason: | |
| Ordering Physician: SYSTEM | | Consulting Physician: | |
| Entered By: SYSTEM on 11/9/2016 01:43 PST | | | |
| Order Details: 11/9/16 1:43:49 AM PST, Routine, Stop date 11/9/16 1:43:49 AM PST | | | |
| Order Comment: Ordered by Discern Expert. | | | |
| Action Type: Order | Action Date/Time: 11/9/2016 01:43 PST | Action Personnel: SYSTEM | |
| Electronically Signed by: SYSTEM | Supervising Provider: | Communication Type: Discern Expert | |
| Order Details: 11/09/16 1:43:49 PST, Routine, Stop date 11/09/16 1:43:49 PST | | | |
| Review Information: | | | |
| Doctor Cosign: Not Required | | | |
| Order Comment: Ordered by Discern Expert. | | | |

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|--------------------------|
| Medication Orders |
|--------------------------|

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|---------------------|
| Prescription |
|---------------------|

| |
|---|
| Order: HYDROcodone-acetaminophen (Norco 5 mg-325 mg oral tablet) |
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|--------------------------------------|
| Order Date/Time: 11/4/2016 17:47 PDT |
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|---------------------------------------|
| Signed Date/Time: 11/4/2016 17:47 PDT |
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|-------------------------|
| Order Status: Completed |
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|--------------------------------|
| Clinical Category: Medications |
|--------------------------------|

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|-------------------------------|
| Medication Type: Prescription |
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| |
|--|
| End-state Date/Time: 11/9/2016 17:47 PST |
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|-------------------|
| End-state Reason: |
|-------------------|

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|--|
| Ordering Physician: Taylor, Rachael APRN |
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|-----------------------|
| Consulting Physician: |
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|---|
| Entered By: Taylor, Rachael APRN on 11/4/2016 17:47 PDT |
|---|

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|---|
| Order Details: 1 Tabs, Oral, TID, PRN for pain, X 5 Days, # 15 Tabs, 0 Refill(s), Acute, 11/9/16 5:47:00 PM PST |
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| Order Comment: |
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|----------------------------|
| Action Type: Status Change |
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|---------------------------------------|
| Action Date/Time: 11/9/2016 20:47 EST |
|---------------------------------------|

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|--------------------------|
| Action Personnel: SYSTEM |
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| Electronically Signed by: Taylor, Rachael APRN |
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| Supervising Provider: |
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|---------------------|
| Communication Type: |
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| |
|---|
| Order Details: 1 Tabs, Oral, TID, PRN for pain, X 5 Days, # 15 Tabs, 0 Refill(s), Acute, 11/09/16 |
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|---------------------|
| Review Information: |
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| Doctor Cosign: Not Required |
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|----------------|
| Order Comment: |
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| |
|------------------------|
| Action Type: Prescribe |
|------------------------|

| |
|---------------------------------------|
| Action Date/Time: 11/4/2016 17:47 PDT |
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| Action Personnel: Taylor, Rachael APRN |
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| Electronically Signed by: Taylor, Rachael APRN |
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|-----------------------|
| Supervising Provider: |
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|-----------------------------|
| Communication Type: Written |
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| |
|---|
| Order Details: 1 Tabs, Oral, TID, PRN for pain, X 5 Days, # 15 Tabs, 0 Refill(s), Acute, 11/09/16 |
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|---------------------|
| Review Information: |
|---------------------|

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|-----------------------------|
| Doctor Cosign: Not Required |
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| Order Comment: |
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| Order: ibuprofen (ibuprofen 600 mg oral tablet) |
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| Order Date/Time: 11/4/2016 17:47 PDT |
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|---------------------------------------|
| Signed Date/Time: 11/4/2016 17:47 PDT |
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| |
|--------------------------|
| Order Status: Prescribed |
|--------------------------|

| |
|--------------------------------|
| Clinical Category: Medications |
|--------------------------------|

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|-------------------------------|
| Medication Type: Prescription |
|-------------------------------|

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| Ordering Physician: Taylor, Rachael APRN |
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|-----------------------|
| Consulting Physician: |
|-----------------------|

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|---|
| Entered By: Taylor, Rachael APRN on 11/4/2016 17:47 PDT |
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|--|
| Order Details: 600 mg = 1 Tabs, Oral, TID, PRN Pain, # 30 Tabs, 0 Refill(s), Maintenance |
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|----------------|
| Order Comment: |
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|------------------------|
| Action Type: Prescribe |
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|---------------------------------------|
| Action Date/Time: 11/4/2016 17:48 PDT |
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| Action Personnel: Taylor, Rachael APRN |
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| Electronically Signed by: Taylor, Rachael APRN |
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| |
|-----------------------|
| Supervising Provider: |
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| |
|-----------------------------|
| Communication Type: Written |
|-----------------------------|

| |
|--|
| Order Details: 600 mg = 1 Tabs, Oral, TID, PRN Pain, # 30 Tabs, 0 Refill(s), Maintenance |
|--|

| |
|---------------------|
| Review Information: |
|---------------------|

| |
|-----------------------------|
| Doctor Cosign: Not Required |
|-----------------------------|

| |
|----------------|
| Order Comment: |
|----------------|

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|-------------------------|
| Assessment Forms |
|-------------------------|

| | |
|------------------------|---|
| DOCUMENT TYPE: | ED Vital Signs and Pain - Text |
| SERVICE DATE/TIME: | 11/4/2016 18:25 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORMED INFORMATION: | Key RN, Jonathan F. (11/4/2016 18:25 PDT) |
| SIGNED INFORMATION: | Key RN, Jonathan F. (11/4/2016 18:25 PDT) |

ED Reassess / Vital Signs and Pain Adult Entered On: 11/4/2016 18:27 PDT
Performed On: 11/4/2016 18:25 PDT by Key RN, Jonathan F.

ED Vitals

Systolic Blood Pressure : 150 mmHg (HI)
Diastolic Blood Pressure : 75 mmHg
Peripheral Pulse Rate : 98 bpm
O2 Therapy : Room air
Respiratory Rate : 18 br/min
SpO2 : 100 %

Key RN, Jonathan F. - 11/4/2016 18:25 PDT

ED Nurse Reassessment

Nursing Note : Patient signed and verbalized understanding of discharge instructions with intent to comply, prescriptions given to patient. patient awake and oriented x4, respirations even and unlabored, ambulates with an easy and steady gait. Sling applied by brandon tech. NAD. VSS

Key RN, Jonathan F. - 11/4/2016 18:25 PDT

Discharge Care Plan

Mode of Discharge : Ambulates without assistance
Discharge Transportation : Private vehicle
Accompanied By : Mother

Key RN, Jonathan F. - 11/4/2016 18:25 PDT

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED,Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

ED Nursing Documentation

| | |
|------------------------|---|
| DOCUMENT TYPE: | Triage Note |
| SERVICE DATE/TIME: | 11/4/2016 14:49 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORMED INFORMATION: | Vandenberg RN, Emmy L (11/4/2016 14:49 PDT) |
| SIGNED INFORMATION: | Vandenberg RN, Emmy L (11/4/2016 14:49 PDT) |

ED Abuse/Neglect Adult Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Abuse/Neglect Assessment

Threatened/Physically Hurt in past year : Yes
ED DV Harm or Neglect Question : No
Abuse and Neglect Types : None

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

| | |
|------------------------|---|
| DOCUMENT TYPE: | Triage Note |
| SERVICE DATE/TIME: | 11/4/2016 14:49 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORMED INFORMATION: | Vandenberg RN, Emmy L (11/4/2016 14:49 PDT) |
| SIGNED INFORMATION: | Vandenberg RN, Emmy L (11/4/2016 14:49 PDT) |

ED Triage RFV/Problems Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Reason for Visit/Medical History ED

Reviewed Past Medical HX with Patient : No

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT
 (As Of: 11/4/2016 14:49:42 PDT)

Problems(Active)

Edema of right upper eyelid
 (SNOMED CT
 :147724018)

Name of Problem: Edema of right upper eyelid ; *Recorder:*
 Woosnam, Nicole PAC; *Confirmation:* Confirmed ;
Classification: Medical ; *Code:* 147724018 ; *Contributor*
System: PowerChart ; *Last Updated:* 8/31/2015 09:57 PDT ;
Life Cycle Status: Active ; *Responsible Provider:* Woosnam,
 Nicole PAC; *Vocabulary:* SNOMED CT

| | |
|------------------------|---|
| DOCUMENT TYPE: | Triage Note |
| SERVICE DATE/TIME: | 11/4/2016 14:49 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORMED INFORMATION: | Vandenberg RN, Emmy L (11/4/2016 14:49 PDT) |
| SIGNED INFORMATION: | Vandenberg RN, Emmy L (11/4/2016 14:49 PDT) |

Print Date/Time 12/14/2016 08:58 PST

Medical Record

Page 47 of 62

JS048

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED,Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|---------------------------------|
| ED Nursing Documentation |
|---------------------------------|

ED Triage General/Screening Adult Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

General/Screenings Adult

Suicidal Risk Assessment : No suicidal risk indicators identified
Document Fall Risk Screening : Pass
Clinical Trial Participant -- MU : None

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

| | |
|------------------------|---|
| DOCUMENT TYPE: | Triage Note |
| SERVICE DATE/TIME: | 11/4/2016 14:49 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORMED INFORMATION: | Vandenberg RN, Emmy L (11/4/2016 14:49 PDT) |
| SIGNED INFORMATION: | Vandenberg RN, Emmy L (11/4/2016 14:49 PDT) |

ED Languages Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Languages

Preferred Languages : English

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

| | |
|------------------------|---|
| DOCUMENT TYPE: | Triage Note |
| SERVICE DATE/TIME: | 11/4/2016 14:49 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORMED INFORMATION: | Vandenberg RN, Emmy L (11/4/2016 14:49 PDT) |
| SIGNED INFORMATION: | Vandenberg RN, Emmy L (11/4/2016 14:49 PDT) |

ED Social History Entered On: 11/4/2016 14:49 PDT
Performed On: 11/4/2016 14:49 PDT by Vandenberg RN, Emmy L

Social History

Smoking History--MU : Never smoker
Tobacco Use Screening : Yes
Cultural Practices to be honored? : No
Is Blood Transfusion Acceptable to Patient : Yes

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

Social History

Print Date/Time 12/14/2016 08:58 PST

Medical Record

Page 48 of 62

JS049

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

ED Nursing Documentation

(As Of: 11/4/2016 14:49:26 PDT)

Tobacco Use Screening

Tobacco Use Last 30 Days : No tobacco use of any form

Vandenberg RN, Emmy L - 11/4/2016 14:49 PDT

| | |
|------------------------|--|
| DOCUMENT TYPE: | Triage Note |
| SERVICE DATE/TIME: | 11/4/2016 14:20 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORMED INFORMATION: | Adams RN, Jennifer J (11/4/2016 14:20 PDT) |
| SIGNED INFORMATION: | Adams RN, Jennifer J (11/4/2016 14:20 PDT) |

ED Triage Vitals Entered On: 11/4/2016 14:21 PDT
Performed On: 11/4/2016 14:20 PDT by Adams RN, Jennifer J

ED Vitals

Systolic Blood Pressure : 175 mmHg (HI)
Diastolic Blood Pressure : 78 mmHg
Peripheral Pulse Rate : 88 bpm
Respiratory Rate : 20 br/min
SpO2 : 95 %
Temperature : 36.8 DegC
Temperature Convert C to F : 98.2 DegF
Temperature Method : Oral

Adams RN, Jennifer J - 11/4/2016 14:20 PDT

| | |
|------------------------|--|
| DOCUMENT TYPE: | Triage Note |
| SERVICE DATE/TIME: | 11/4/2016 14:20 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORMED INFORMATION: | Adams RN, Jennifer J (11/4/2016 14:20 PDT) |
| SIGNED INFORMATION: | Adams RN, Jennifer J (11/4/2016 14:20 PDT) |

ED Triage Primary Pain Assessment Entered On: 11/4/2016 14:20 PDT
Performed On: 11/4/2016 14:20 PDT by Adams RN, Jennifer J

Primary Pain

Numeric Rating : 9
Primary Pain Location : Elbow
Laterality : Left
Onset : Sudden
Pain Radiates : No

Print Date/Time 12/14/2016 08:58 PST

Medical Record

Page 49 of 62

JS050

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|---------------------------------|
| ED Nursing Documentation |
|---------------------------------|

Time Pattern : Acute
Associated Symptoms : None
Aggravating Factors : Movement, Palpation

Adams RN, Jennifer J - 11/4/2016 14:20 PDT

| | |
|------------------------|---|
| DOCUMENT TYPE: | ED Vital Signs and Pain - Text |
| SERVICE DATE/TIME: | 11/4/2016 18:25 PDT |
| RESULT STATUS: | Auth (Verified) |
| PERFORMED INFORMATION: | Key RN, Jonathan F. (11/4/2016 18:25 PDT) |
| SIGNED INFORMATION: | Key RN, Jonathan F. (11/4/2016 18:25 PDT) |

ED Reassess / Vital Signs and Pain Adult Entered On: 11/4/2016 18:27 PDT
Performed On: 11/4/2016 18:25 PDT by Key RN, Jonathan F.

ED Vitals

Systolic Blood Pressure : 150 mmHg (HI)
Diastolic Blood Pressure : 75 mmHg
Peripheral Pulse Rate : 98 bpm
O2 Therapy : Room air
Respiratory Rate : 18 br/min
SpO2 : 100 %

Key RN, Jonathan F. - 11/4/2016 18:25 PDT

ED Nurse Reassessment

Nursing Note : Patient signed and verbalized understanding of discharge instructions with intent to comply, prescriptions given to patient. patient awake and oriented x4, respirations even and unlabored, ambulates with an easy and steady gait. Sling applied by brandon tech. NAD. VSS

Key RN, Jonathan F. - 11/4/2016 18:25 PDT

Discharge Care Plan

Mode of Discharge : Ambulates without assistance
Discharge Transportation : Private vehicle
Accompanied By : Mother

Key RN, Jonathan F. - 11/4/2016 18:25 PDT

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|-----------------|
| Problems |
|-----------------|

| |
|---|
| Problem Name: Cyst (Qualifier:) |
|---|

| | |
|---|--|
| Last Updated: 5/11/2012 00:51 PDT; Davis RN, Kenneth W | Classification: Medical; Confirmation: Confirmed; Code: 167200019 (SNOMED CT); Course: ; Onset Date: ; Prognosis: ; Status Date: 5/11/2012; Persistence: |
| Last Reviewed: 5/11/2012 04:21 PDT; Dowling, Marie A | Recorder: Davis RN, Kenneth W; Responsible Provider: |
| Life Cycle Date: | Life Cycle Status: Resolved |

| |
|--|
| Problem Name: Edema of right upper eyelid (Qualifier:) |
|--|

| | |
|--|---|
| Last Updated: 8/31/2015 09:57 PDT; Woosnam, Nicole PAC | Classification: Medical; Confirmation: Confirmed; Code: 147724018 (SNOMED CT); Course: ; Onset Date: ; Prognosis: ; Status Date: ; Persistence: |
| Last Reviewed: 8/31/2015 09:57 PDT; Woosnam, Nicole PAC | Recorder: Woosnam, Nicole PAC; Responsible Provider: Woosnam, Nicole PAC |
| Life Cycle Date: | Life Cycle Status: Active |

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| Diagnoses |
|-----------|
|-----------|

| | |
|---|--|
| Diagnosis: Back strain (Qualifier:) Secondary Description: Last Reviewed Date: 11/4/2016 17:46 PDT; Taylor, Rachael APRN Diagnosis Date: 11/4/2016 Classification: Medical; Clinical Service: Non-Specified; Confirmation: Confirmed; Code: S39.012A (ICD-10-CM); Ranking: ; Severity: ; Severity Class: ; Certainty: ; Probability: 0; Type: Discharge; Priority: | Responsible Provider: Taylor, Rachael APRN Status: Active |
|---|--|

| | |
|--|--|
| Diagnosis: Left elbow pain (Qualifier:) Secondary Description: Last Reviewed Date: 11/4/2016 17:46 PDT; Taylor, Rachael APRN Diagnosis Date: 11/4/2016 Classification: Medical; Clinical Service: Non-Specified; Confirmation: Confirmed; Code: M25.522 (ICD-10-CM); Ranking: ; Severity: ; Severity Class: ; Certainty: ; Probability: 0; Type: Discharge; Priority: | Responsible Provider: Taylor, Rachael APRN Status: Active |
|--|--|

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

Imaging

| PROCEDURE | EXAM DATE/TIME | ACCESSION | PATIENT AGE AT EXAM | ORDERING PROVIDER | STATUS |
|--|-----------------|-----------------|---------------------|-------------------------|-----------------|
| XR Spine Lumbosacral 2 or 3 PDT Views | 11/4/2016 16:35 | 40-XR-16-040537 | 60 years | Taylor, Rachael APRN | Auth (Verified) |

Report

XR LUMBAR SPINE

HISTORY: Back pain

COMPARISON: None.

TECHNIQUE: Lumbar spine, 3 views.

FINDINGS: There is no more lumbar vertebral body height. Endplate osteophyte formation at L2-3. No acute fracture deformity. No aggressive lytic sclerotic lesions. Moderate stool. Mild curvature convex to the left. Some increased density at the L2-3 disk osteophyte to some calcification. There are some endplate degenerative change at L1-2 also noted.

IMPRESSION:

Degenerative disk disease most conspicuously at L2-3 where there is endplate osteophyte formation and some endplate sclerosis. There is slight increased density at the disk space of uncertain etiology possibly related to some calcification. Further assessment with CT or MRI scan can be obtained as clinically warranted.

Dictated By: KAVEH KARDOONI DO

***** Final *****

Dictated by: Kardooni, Kaveh DO

Transcribed By: KK

Electronically Signed by: Kardooni, Kaveh DO

Dictated DT/TM: 11/04/2016 4:52 pm

Transcribed DT/TM: 11/04/16 16:49:51

Signed DT/TM: 11/04/2016 4:52 pm

| PROCEDURE | EXAM DATE/TIME | ACCESSION | PATIENT AGE AT EXAM | ORDERING PROVIDER | STATUS |
|------------------------|------------------------|-----------------|---------------------|-------------------------|-----------------|
| XR Elbow Complete Left | 11/4/2016 16:35 PDT | 40-XR-16-040539 | 60 years | Taylor, Rachael APRN | Auth (Verified) |

Report

XR ELBOW

HISTORY: Injury to elbow

COMPARISON: None.

TECHNIQUE: Left, 4 views.

Print Date/Time 12/14/2016 08:58 PST

Medical Record

Page 53 of 62

JS054

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|----------------|
| Imaging |
|----------------|

| PROCEDURE | EXAM DATE/TIME | ACCESSION | PATIENT AGE AT EXAM | ORDERING PROVIDER | STATUS |
|------------------------|---------------------|-----------------|---------------------|----------------------|-----------------|
| XR Elbow Complete Left | 11/4/2016 16:35 PDT | 40-XR-16-040539 | 60 years | Taylor, Rachael APRN | Auth (Verified) |

Report**FINDINGS:**

There is no evidence of fracture. There is no evidence of dislocation or subluxation. Bone mineralization is normal. The articular surfaces and joint spaces are well preserved. There are no osseous lesions. There are no soft tissue abnormalities.

IMPRESSION:

No evidence of acute fracture or dislocation.

Please note that some abnormalities may not be able to be detected with radiographs. If clinical symptoms persist, consider cross sectional imaging.

Dictated By: RICK YEH MD

***** Final *****

Dictated by: Yeh MD, Rick N
 Transcribed By: RNY
 Electronically Signed by: Yeh MD, Rick N

Dictated DT/TM: 11/04/2016 4:44 pm
 RNY Transcribed DT/TM: 11/04/16 16:42:39
 Signed DT/TM: 11/04/2016 4:44 pm

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Past Medical History

Condition: Cyst

Status: Resolved

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Triage

| | |
|-----------------|---------------------|
| Recorded Date | 11/4/2016 |
| Recorded Time | 14:21 PDT |
| Recorded By | Adams RN Jennifer J |
| Procedure | |
| Chief Complaint | See Below T1 |
| Tracking Acuity | 4 - Less Urgent |

Textual Results

T1: 11/4/2016 14:21 PDT (Chief Complaint)
low back pain and left elbow pain s/p slip and fall

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Measurements

| | | |
|--------------------------|--|----------------------|
| Recorded Date | | 11/4/2016 |
| Recorded Time | | 14:21 PDT |
| Recorded By | | Adams RN, Jennifer J |
| Procedure | | |
| Height | | 167.64 |
| Height Method | | Stated |
| Weight | | 86.18 |
| Daily Weight kg | | 86.18 |
| Weight Method | | Stated |
| | | Stated |
| BSA | | 2 |
| Body Mass Index Measured | | 30.67 |

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|--------------------|
| Vital Signs |
|--------------------|

| | Recorded Date | 11/4/2016 | 11/4/2016 |
|-----------------------------------|------------------|--------------------|----------------------|
| | Recorded Time | 18:25 PDT | 14:20 PDT |
| | Recorded By | Key RN, Jonathan F | Adams RN, Jennifer J |
| Procedure | | | |
| Temperature (Route Not Specified) | - | 36.8 | |
| Temperature Convert C to F | - | 98.2 | |
| Temperature Method | - | Oral | |
| Peripheral Pulse Rate | 98 | 88 | |
| Respiratory Rate | 18 | 20 | |
| Systolic Blood Pressure | 150 ^H | 175 ^H | |
| Diastolic Blood Pressure | 75 | 78 | |

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|-------------------------------|
| <i>Pain Assessment</i> |
|-------------------------------|

| | | |
|----------------------------------|---------------------|----------------------|
| Recorded Date | | 11/4/2016 |
| Recorded Time | | 14:20 PDT |
| Recorded By | | Adams RN, Jennifer J |
| Procedure | | |
| Primary Pain Location | Elbow | |
| Primary Pain Laterality | Left | |
| Primary Pain Radiation | No | |
| Numeric Pain Scale | 9 | |
| Primary Pain Time Pattern | Acute | |
| Primary Pain Onset | Sudden | |
| Primary Pain Aggravating Factors | Movement, Palpation | |
| Pain Associated Symptoms | None | |

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

Assessments and Treatments

| | Recorded Date | 11/4/2016 | 11/4/2016 | 11/4/2016 |
|----------------|---------------|--------------------|-----------|-----------|
| | Recorded Time | 18:25 PDT | 17:41 PDT | 17:41 PDT |
| | Recorded By | Key RN, Jonathan F | SYSTEM | SYSTEM |
| Procedure | | | | |
| Visitor Status | | - | Yes | Yes |
| Oxygen Therapy | | Room air | - | - |
| SpO2 | | 100 | - | - |

| | Recorded Date | 11/4/2016 | 11/4/2016 |
|---|---------------|----------------------------------|-------------------------|
| | Recorded Time | 16:24 PDT | 14:49 PDT |
| | Recorded By | Key RN, Jonathan F. | Vandenberg RN, Emmy L |
| Procedure | | | |
| HEENT Basic Assessment | | See Below ^{T1} | - |
| Cardiovascular Basic Assessment | | See Below ^{T2} | - |
| Respiratory Basic Assessment | | No cough, Respirations unlabored | - |
| Gastrointestinal Basic Assessment | | No nausea, No vomiting | - |
| Genitourinary Basic Assessment | | N/A | - |
| Musculoskeletal Basic Assessment | | See Below ^{T3} | - |
| Integumentary Basic Assessment | | See Below ^{T4} | - |
| Neuro Basic Assessment | | See Below ^{T5} | - |
| Suicidal Risk Assessment | | - | See Below ^{T6} |
| Threatened/Physically Hurt in Past Year | | - | Yes |
| Cultural Practices to be honored? | | - | No |
| Elbow Left | | | |
| Musculoskeletal Symptoms | | Pain | - |
| Circulation | | Distal pulse present | - |
| Range of Motion | | Active | - |

Textual Results

- T1: 11/4/2016 16:24 PDT (HEENT Basic Assessment)
 No eye, nose, or ear deformity, No eye, nose, or ear drainage, Tongue pink, intact
- T2: 11/4/2016 16:24 PDT (Cardiovascular Basic Assessment)
 Nail beds pink, No edema, Tolerates activity
- T3: 11/4/2016 16:24 PDT (Musculoskeletal Basic Assessment)
 Ambulates without difficulty, Normal range of motion, No contractures, deformities, No swelling
- T4: 11/4/2016 16:24 PDT (Integumentary Basic Assessment)
 Skin color normal for ethnicity, Skin warm and dry, Skin intact
- T5: 11/4/2016 16:24 PDT (Neuro Basic Assessment)
 Affect calm, cooperative, and appropriate, Alert, Moves all extremities equally
- T6: 11/4/2016 14:49 PDT (Suicidal Risk Assessment)
 No suicidal risk indicators identified

| | Recorded Date | 11/4/2016 |
|-----------|---------------|----------------------|
| | Recorded Time | 14:20 PDT |
| | Recorded By | Adams RN, Jennifer J |
| Procedure | | |
| SpO2 | | 95 |

Patient: SEKERA, JOYCE
 MRN: CHH7120336
 DOB/Sex: 3/22/1956 / Female
 Attending: ED, Staff Physician

Admit: 11/4/2016
 Disch: 11/4/2016
 FIN: CHH0008005149375

| |
|--------------------------|
| Infection Control |
|--------------------------|

| | | |
|--|--|-----------------------|
| Recorded Date | | 11/4/2016 |
| Recorded Time | | 14:49 PDT |
| Recorded By | | Vandenberg RN, Emmy L |
| Procedure | | |
| Alcohol and Drug Use | | No |
| Employee of Institutional Living | | No |
| Health Care Employee | | No |
| History of Exposure to TB | | No |
| History of Positive Chest X-Ray for TB | | No |
| History of Positive TB Skin Test | | No |
| Homeless | | No |
| Known Immunosuppression | | No |
| Recent Immigrant | | No |
| Resident of Institutional Living | | No |
| Bloody Sputum | | No |
| Fatigue | | No |
| Fever | | No |
| Loss of Appetite | | No |
| Night Sweats | | No |
| Persistent Cough > 3 Weeks | | No |
| Weight Loss | | No |
| Travel Out of Country | | No |
| C.diff Screening | | No |
| MRSA Screen Hx MRSA | | No |
| Able to obtain information | | Able to obtain |

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff Physician

Admit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

Quality Measure Info

| | |
|--------------------------|----------------------------|
| Recorded Date | 11/4/2016 |
| Recorded Time | 14:48 PDT |
| Recorded By | Vandenberg RN, Emmy L. |
| Procedure | |
| Tobacco Use Screening | Yes |
| Tobacco Use Last 30 Days | No tobacco use of any form |

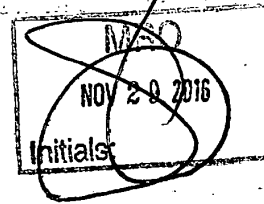
KEITH E. GALLIHER, JR.
kgalliher@galliherlawfirm.com
CHRISTY LYN M. GALLIHER
cgalliher@galliherlawfirm.com
PARALEGALS
DEENA MOONEY
CORINA BAUTISTA

THE GALLIHER LAW FIRM
1850 E. SAHARA AVENUE, SUITE 107
LAS VEGAS, NEVADA 89104
www.galliher-law.com

TELEPHONE
(702) 735-0049

FACSIMILE
(702) 735-0204

November 21, 2016



Attention: Medical Records and Billing

Centennial Hills Hospital
6900 N. Durango Drive
Las Vegas, NV 89149
702-835-9700
702-853-8167 (Fax for billing)
Mail Request (records)

| | |
|---------------------------|--|
| Our Client | : Joyce Sekera |
| You're Patient | : Joyce Sekera |
| Date of Incident | : 11/4/16 |
| Date of Service | : <u>A Complete copy of records and billing on or after 11/4/16 to present.</u> |
| Social Security No | : 091-48-8430 |
| Date of Birth | : 3/22/56 |

Dear Sir or Madam:

This office represents Joyce Sekera with respect to personal injuries sustained in an incident occurring on 11/4/16.

We are informed that you have rendered medical services to our client as a result of this injury.

Enclosed you will find a copy of an executed consent by the above-named patient authorizing you to send us a **complete copy of the chart including all medical records and billing on or after 11/4/16 to present (with ICD-9 Codes)**, pertaining to the care and treatment of Joyce Sekera. Please note this request is for a **complete copy of the chart including all medical records and billing on or after 11/4/16 to present** relating to any treatment rendered to Joyce Sekera.

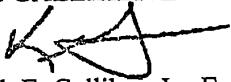
Please have the enclosed certificate of custodian of medical records and billings completed before a notary public by you or your medical records and billings custodian and attach the medical records and billings to it. This certificate may reduce or eliminate the need to subpoena you and/ or your staff in the future.

If you will enclose your bill for reproduction of these documents, we will promptly remit payment to you. N.R.S. 629.061 limits the amount you may charge for reproduction of medical records and billings to \$.60 per page.

Thank you in advance for your cooperation and assistance in this matter.

Sincerely,

THE GALLIHER LAW FIRM

 /J.F.
Keith E. Galliher, Jr., Esq.

JS064



JS066

Date 11
Institution Centennia

15UZ1M2,6,3P1

JS067



JS068



JS069



JS070

Date 11
Institution Centennial



JS071

CERTIFICATE OF CUSTODIAN OF MEDICAL RECORDS AND/OR BILLING

STATE OF NEVADA)
) ss.
 COUNTY OF CLARK)

Pamela Hinson, being duly sworn, deposes and says:

1. That the deponent is employed with Centennial Hills Hospital, and in that capacity is the Custodian of Records of Centennial Hills Hospital.
2. That on the 21 day of November, 2016, the deponent received a release of information requesting medical records pertaining to: Joyce Sekera.
3. That he/she has examined the original records of Joyce Sekera, and has made a true and exact copy of them and that the complete and true reproduction of such records is attached here to, contains 2 pages, and is true and complete.
4. That the original of such records was made at or near the time of the acts, events, conditions, opinions or diagnosis recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of the deponent or the office or institution in which the deponent is engaged.
5. I declare under penalty of perjury that the foregoing is true and correct.

Pamela Hinson
 Custodian of Records for Centennial Hills Hospital

STATE OF NEVADA)
) ss.
 COUNTY OF CLARK)

On the 5th day of December 2016, before me, the undersigned Notary Public in and for the County of Clark, State of Nevada duly commissioned and sworn, personally appeared Pamela Hinson, known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the foregoing CERTIFICATE OF CUSTODIAN OF RECORDS, and who acknowledged to me that he/she executed that same freely, voluntarily and for the uses and purposed there in mentioned.

Myra O. Samson
 NOTARY PUBLIC



MYRA O. SAMSON
 NOTARY PUBLIC
 STATE OF NEVADA
 My Commission Expires: 03-16-20
 Certificate No: 16-1680-1

JS072

| | | | | |
|-------------------|--------------|-----------------------------------|------------|------------|
| HCL # 1 8 | | CENTENNIAL HILLS HOSPITAL MED CTR | | PAGE NO. |
| 6900 N DURANGO DR | | LAS VEGAS, NV | | 89143-0689 |
| TYPE OF BILL | DATE OF BILL | DATE OF PREV. BILL | BIRTH DATE | HOST NO. |
| CYCLE | 11/10/16 | | 03/22/56 | |
| INS. | | | | |

| | | | | | | | | | |
|---|---|---------------|----------------|-----|-----|----------------|----------------|------|-------------|
| I | T | PATIENT NAME | PATIENT NUMBER | SEX | AGE | ADMISSION DATE | DISCHARGE DATE | DAYS | OUT PATIENT |
| | | SEKERA, JOYCE | 8005149375 | F | 60 | 11/04/16 | | | |

| | | | | | |
|----------------------------|---|--------|------------------------|--------------|---------------|
| GUARANTOR NAME AND ADDRESS | JOYCE SEKERA 7840 NESTING PINE PL LAS VEGAS NV 89143-4469 | C.V.S. | INSURANCE COMPANY NAME | GROUP NUMBER | POLICY NUMBER |
| | | 1 | WORKERS COMPENSAT | | 091488430 |

| | |
|-------------------|----|
| AMOUNT OF PAYMENT | \$ |
|-------------------|----|

| DATE OF SERVICE | DESCRIPTION OF HOSPITAL SERVICES | SERVICE CODE | TOTAL CHARGES | EST. COVERAGE INS.CO. NO. 1 | EST. COVERAGE INS.CO. NO. 2 | EST. COVERAGE INS.CO. NO. 3 | EST. COVERAGE INS.CO. NO. 4 | PATIENT AMOUNT |
|--|----------------------------------|--------------|---------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------|
| DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS | | | | | | | | |
| 11/04 | 53204558 001 72100 | | 1020.00 | 1020.00 | | | | |
| | XR L-S SPINE 2V-3V | | | | | | | |
| 11/04 | 53216750 001 73080 | | 771.00 | 771.00 | | | | |
| | XR ELBOW 3V LT | | | | | | | |
| 11/04 | 43013101 001 29125 | | 432.00 | 432.00 | | | | |
| | 3MSPLINT APP SHORT ARM-STATIC | | | | | | | |
| 11/04 | 43022458 001 99284 | | 2231.00 | 2231.00 | | | | |
| | 3MLEVEL 4 ED W/ PROCEDURES | | | | | | | |
| 11/04 | 43034958 001 | | | | | | | |
| | ER STATISTICAL CHARGE | | | | | | | |
| SUMMARY OF CURRENT CHARGES | | | | | | | | |
| | RADIOLOGY | | 1791.00 | 1791.00 | | | | |
| | EMERGENCY ROOM | | 2663.00 | 2663.00 | | | | |
| | SUB-TOTAL OF CURR. CHARGES | | 4454.00 | 4454.00 | | | | |
| EMPLOYER INFORMATION: | | | | | | | | |
| | BRAND VEGAS | | | | | | | |
| | 3130 S RAINBOW BLVD STE B | | | | | | | |
| | LAS VEGAS NV 89146 | | | | | | | |
| DIAGNOSIS: S39.012A M54.5 | | | | | | | | |
| AMOUNTS DUE HEREUNDER HAVE BEEN ASSIGNED TO VALLEY HEALTH SYSTEM RECEIVABLES, L.L.C. | | | | | | | | |
| TOTALS | | | 4454.00 | 4454.00 | | | | |

| | | |
|----------------|---|--|
| PATIENT NUMBER | PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE. | ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE. |
| 8005149375 | | |

CENTENNIAL HILLS HOSPITAL MED CTR
LAS VEGAS, NV

JS073

| | | | | | |
|---------------------|--------------|--------------------|-----------------------------------|------------|----------|
| HCL # 1 8 | | | CENTENNIAL HILLS HOSPITAL MED CTR | | PAGE NO. |
| 6900 N. DURANGO DR. | | | LAS VEGAS, NV | | 1 |
| TYPE OF BILL | DATE OF BILL | DATE OF PREV. BILL | 89148-0689 | BIRTH DATE | HOST NO. |
| CYCLE | 11/10/16 | | 866 823-4250 | 03/22/56 | |
| INS. | | | RAY | | |
| FED # 20-4993860 | | | | | |

| | | | | | | | | | |
|---|---|---------------|----------------|-----|-----|----------------|----------------|------|-------------|
| I | T | PATIENT NAME | PATIENT NUMBER | SEX | AGE | ADMISSION DATE | DISCHARGE DATE | DAYS | OUT PATIENT |
| | | SEKERA, JOYCE | 8005149375 | F | 60 | 11/04/16 | | | |

| | | | | |
|----------------------------|---|------------------------|--------------|---------------|
| GUARANTOR NAME AND ADDRESS | JOYCE SEKERA 7840 NESTING PINE PL LAS VEGAS NV 89143-4469 | INSURANCE COMPANY NAME | GROUP NUMBER | POLICY NUMBER |
| | | 2 SIERRA SMART CHOI | | 00001623735 |

| | |
|-------------------|----|
| AMOUNT OF PAYMENT | \$ |
|-------------------|----|

| DATE OF SERVICE | DESCRIPTION OF HOSPITAL SERVICES | SERVICE CODE | TOTAL CHARGES | EST. COVERAGE INS.CO. NO. 1 | EST. COVERAGE INS.CO. NO. 2 | EST. COVERAGE INS.CO. NO. 3 | EST. COVERAGE INS.CO. NO. 4 | PATIENT AMOUNT |
|--|----------------------------------|--------------|---------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|----------------|
| DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS | | | | | | | | |
| 11/04 | 53204558 001 72100 | | 1020.00 | | | | | 1020.00 |
| | XR L-S SPINE 2V-3V | | | | | | | |
| 11/04 | 53216750 001 73080 | | 771.00 | | | | | 771.00 |
| | XR ELBOW 3V LT | | | | | | | |
| 11/04 | 43013101 001 29125 | | 432.00 | | | | | 432.00 |
| | 3MSPLINT APP SHORT ARM-STATIC | | | | | | | |
| 11/04 | 43022458 001 99284 | | 2231.00 | | | | | 2231.00 |
| | 3MLEVEL 4 ED W/ PROCEDURES | | | | | | | |
| 11/04 | 43034958 001 | | | | | | | |
| | ER STATISTICAL CHARGE | | | | | | | |
| SUMMARY OF CURRENT CHARGES | | | | | | | | |
| | RADIOLOGY | | 1791.00 | | | | | 1791.00 |
| | EMERGENCY ROOM | | 2663.00 | | | | | 2663.00 |
| | SUB-TOTAL OF CURR. CHARGES | | 4454.00 | | | | | 4454.00 |
| EMPLOYER INFORMATION: | | | | | | | | |
| | BRAND VEGAS | | | | | | | |
| | 3130 S RAINBOW BLVD STE 3 | | | | | | | |
| | LAS VEGAS NV 89146 | | | | | | | |
| DIAGNOSIS: | | | | | | | | |
| | S39.012A | | | | | | | |
| | M54.5 | | | | | | | |
| AMOUNTS DUE HEREUNDER HAVE BEEN ASSIGNED TO VALLEY HEALTH SYSTEM RECEIVABLES, L.L.C. | | | | | | | | |
| TOTALS | | | 4454.00 | | | | | 4454.00 |

| | | |
|----------------|---|--|
| PATIENT NUMBER | PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE. | ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE. |
| 8005149375 | | |

CENTENNIAL HILLS HOSPITAL MED CTR
LAS VEGAS, NV

CERTIFICATE OF CUSTODIAN OF MEDICAL RECORDS AND/OR BILLING

STATE OF ~~NEVADA~~)
) ss. COMMONWEALTH OF PENNSYLVANIA
COUNTY OF ~~CLARK~~) COUNTY OF MONTGOMERY

Lateefah Brunson, being duly sworn, deposes and says:

1. That the deponent is employed with Shadow Emergency Physicians, and in that capacity is the Custodian of Records of Shadow Emergency Physicians.
2. That on the 04 day of November, 2016, the deponent received a release of information requesting medical records pertaining to: Joyce Sekera.
3. That he/she has examined the original records of Joyce Sekera, and has made a true and exact copy of them and that the complete and true reproduction of such records is attached here to, contains _____ pages, and is true and complete.
4. That the original of such records was made at or near the time of the acts, events, conditions, opinions or diagnosis recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of the deponent or the office or institution in which the deponent is engaged.
5. I declare under penalty of perjury that the forgoing is true and correct.

Lateefah Brunson
Custodian of Records for Shadow Emergency Physicians

STATE OF NEVADA)
) ss.
COUNTY OF CLARK

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF MONTGOMERY

On the 8th day of ^{December}~~November~~, 2016, before me, the undersigned Notary Public in and for the County of ^{Montgomery}~~Clark~~, State of ^{PA}~~Nevada~~ duly commissioned and sworn, personally appeared Lateefah Brunson, known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the foregoing CERTIFICATE OF CUSTODIAN OF RECORDS, and who acknowledged to me that he/she executed that same freely, voluntarily and for the uses and purposed there in mentioned.

[Signature]
NOTARY PUBLIC

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Paul Yorgey, Notary Public
Whitemarsh Twp., Montgomery County
My Commission Expires Sept. 2, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

JS075

PAGE 01/01

SHADOW EMERG PHYSICIANS, PLLC
PO BOX 13917
PHILADELPHIA, PA 19101-3917

VSD

STATEMENT OF ACCOUNT (1)

Statement Date: April 17, 2017

| | |
|-----------------|-----------------|
| Account Number: | VSD8005149375 |
| Patient Name: | JOYCE SEKERA |
| Access Code: | 0203-8005149375 |

TAX ID # 75-2807737

Due Date: 05/07/17

Amount You Owe: \$1,206.00



221904-0008005149375-06
#BWNJFDB
#00000VSD71143733#
JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS NV 89143-4469

PLEASE REMIT PAYMENT BY "PAYMENT DUE BY" DATE.
THANK YOU,

Pay Online
WWW.MYMEDICALPAYMENTS.COM
1-800-355-2470 MON-FRI 7:00AM - 3:00PM

Services provided at:

Services provided at:
CENTENNIAL HILLS HOSP MEDICAL CTR - 6900 N DURANGO DRIVE - LAS VEGAS NV 89149-4409

| PATIENT ID | PATIENT NAME | DATE OF SERVICE | PROVIDER | GROSS CHARGE | MEDICAID ADJ. | CASH ADJUSTMENT |
|------------|--------------|--------------------------------|----------------|--------------|---------------|-----------------|
| 11042016 | B8284 | EMERG INJURY EVAL & MGMT-LVL 4 | DR. DEL VEGGIO | \$1,208.00 | \$0.00 | \$1,208.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

1. MEDICAID CONTRACTUAL ALLOWANCE
 2. MEDICAID PAYMENT
 3. MEDICAID CONTRACTUAL ADJ ADJUSTMENT
 4. MEDICAID CASH ADJUSTMENT

| | |
|--------------------------------|------------|
| Total Charges | \$1,272.00 |
| Current Patient Responsibility | \$1,206.00 |

Insurance Information:
Insurance 1: HEALTH PLAN OF NEVADA-HPN - HPN SMART CHOICE/ C

01384-01-8300

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR REMITTANCE.

Pay Online

www.MyMedicalPayments.com

Payment Due By: 06/07/17

Amount Due: \$1,206.00

Amount Enclosed:

| | |
|-----------------|---------------|
| Statement Date: | 04/17/17 |
| Account Number: | VSD8005149375 |
| Patient Name: | JOYCE SEKERA |

PAY \$1706.00 BY DUE DATE

Guarantor:



JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143

Make Check/Money Order payable to:

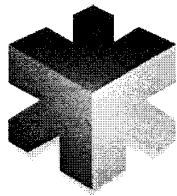
SHADOW EMERG PHYSICIANS, PLLC VSD
PO BOX 13817
PHILADELPHIA, PA 19101-3917

Jurisdictional Boundaries

☐ If your address has changed, check this box.
and complete the reverse side of this form

221904000800514937500120600000000000000006

JS076



Doc-Request

www.docrequest.com

P. O. Box 530718
Henderson, NV 89053
Phone: 702-629-5189
Fax: 888-341-5040

Certificate of Medical Records Custodian

STATE OF NEVADA)

)SS

COUNTY OF CLARK)

NOW COMES Rebekah Simmons

who after first duly sworn, deposes and says the following:

1. That the deponent is the **Copy Technician** in the Health Information Management Department and such capacity is the custodian of the Medical Records at Desert Radiologists
2. That on Dec 19, 2016 the deponent received a release of information requesting medical records pertaining to: Joyce Sekera Date of Birth: 3/22/1956
3. That the deponent has examined the original or microfilm~~ed~~ original or scanned original of those medical records and has made a true and exact copy of them and that the reproduction of them attached hereto contains 2 pages of medical records and 0 of billing records and is true and complete.
☐ Films on CD ☐ _____ Sheets of Films ☒ No Films ☐ No films requested
4. That the original of those medical records was made at or near the time of the acts, event, conditions, opinions, or diagnoses recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of the deponent or the office or institution in which the deponent is engaged.
5. To the extent that the medical records being provided herewith contain medical records received from a different provider of health care, I am unable to make any representation as to the authenticity of such records.

CERTIFICATION OF NO RECORDS:

A through search of our files, carried out under my direction using the specific information provided in your request ☐ revealed no documents, records, or other materials or images. It is to be understood that this does not mean that records do not exist under another spelling, name, or other classification.

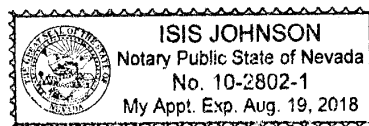
I declare under penalty of perjury that the foregoing is true and correct:

By: [Signature]

Subscribed and Sworn to before me

This 17 day of December, 2016

Notary Signature [Signature]



JS077

| | | | |
|----------------------|---------------------------------------|-------------------------|---------------------------|
| Name: | JOYCE SEKERA | DOB: | 03/22/1956 |
| Patient ID: | 501612919 | Gender: | Female |
| Exam Date: | 11/04/2016 03:38 PM | Site: | CENTENNIAL HILLS HOSPITAL |
| Exam Name: | XR SPINE LUMBOSACRAL 2 OR 3 VIEWS 0 | Acc #: | 507828925 |
| Pt Status: | Inpatient | Secondary Acc #: | CHH40-XR-16-040537 |
| Referrer: | UNKNOWN PHYSICIAN | | |
| Ref1 Address: | , NV | | |

XR LUMBAR SPINE

HISTORY: Back pain

COMPARISON: None.

TECHNIQUE: Lumbar spine, 3 views.

FINDINGS: There is no more lumbar vertebral body height. Endplate osteophyte formation at L2-3. No acute fracture deformity. No aggressive lytic sclerotic lesions. Moderate stool. Mild curvature convex to the left. Some increased density at the L2-3 disk osteophyte to some calcification. There are some endplate degenerative change at L1-2 also noted.

IMPRESSION:

Degenerative disk disease most conspicuously at L2-3 where there is endplate osteophyte formation and some endplate sclerosis.. There is slight increased density at the disk space of uncertain etiology possibly related to some calcification. Further assessment with CT or MRI scan can be obtained as clinically warranted.

Report Electronically Signed by: KAVEH KARDOONI DO
Report Electronically Signed on: 11/04/2016 04:49 PM

Transcribed By:

Signed by: KAVEH KARDOONI DO
Finalized Date: 11/04/2016 04:49 PM

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JS078

<http://fuji/Reports/printReportCustom.aspx?acc=507828925>

11/29/2016

105

| | | | |
|----------------------|----------------------------|-------------------------|---------------------------|
| Name: | JOYCE SEKERA | DOB: | 03/22/1956 |
| Patient ID: | 501612919 | Gender: | Female |
| Exam Date: | 11/04/2016 03:25 PM | Site: | CENTENNIAL HILLS HOSPITAL |
| Exam Name: | XR ELBOW COMPLETE LEFT 0 | Acc #: | 507828928 |
| Pt Status: | Inpatient | Secondary Acc #: | CHH40-XR-16-040539 |
| Referrer: | UNKNOWN PHYSICIAN | | |
| Ref1 Address: | , NV | | |

XR ELBOW

HISTORY: Injury to elbow

COMPARISON: None.

TECHNIQUE: Left , 4 views.

FINDINGS:

There is no evidence of fracture. There is no evidence of dislocation or subluxation. Bone mineralization is normal. The articular surfaces and joint spaces are well preserved. There are no osseous lesions. There are no soft tissue abnormalities.

IMPRESSION:

No evidence of acute fracture or dislocation.

Please note that some abnormalities may not be able to be detected with radiographs. If clinical symptoms persist, consider cross sectional imaging.

Report Electronically Signed by: RICK YEH MD
Report Electronically Signed on: 11/04/2016 04:42 PM

Transcribed By:

Signed by: RICK YEH MD
Finalized Date: 11/04/2016 04:42 PM

CONFIDENTIALITY NOTICE This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure or re-disclosure of which it is governed by applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify Desert Radiologists immediately by phone and return the original message to us by mail. Thank you.

JS079

<http://fuji/Reports/printReportCustom.aspx?acc=507828928>

11/29/2016

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

1. That the deponent is employed with Desert Radiologists, and in that capacity is the Custodian of Records of Desert Radiologists.
2. That on the 21 day of Nov, 2016, the deponent received a release of information requesting medical records pertaining to: Joyce Sekera.
3. That he/she has examined the original records of Joyce Sekera, and has made a true and exact copy of them and that the complete and true reproduction of such records is attached here to, contains 1 pages, and is true and complete.
4. That the original of such records was made at or near the time of the acts, events, conditions, opinions or diagnosis recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of the deponent or the office or institution in which the deponent is engaged.
5. I declare under penalty of perjury that the foregoing is true and correct.

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

NOTARY PUBLIC

See attached

107

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

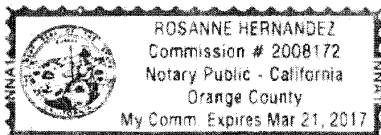
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of Orange)
 On 12/20/16 before me, Rosanne Hernandez, Notary Public
 Date Here Insert Name and Title of the Officer
 personally appeared Dawn Barstow
 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
 Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
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Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____

| RESPONSIBLE PARTY | ACCOUNT # | BILL DATE |
|-------------------|-------------|------------|
| JOYCE SEKERA | 281420-DSRT | 12-19-2016 |

DESERT RADIOLOGISTS
PO BOX 3057
INDIANAPOLIS, IN 46206-3057

JOYCE SEKERA
7840 NESTING PINE PL
LAS VEGAS, NV 89143-4469

| DOS | Patient | Physician | Phys Tax ID | Charge Description | Amt | Pmt | Adj | Bal |
|------------|--------------|--------------------|-------------|---|-------|-------|-------|------|
| 11-04-2016 | JOYCE SEKERA | 68-YEH, RICK | 451649781 | 73080 26.LT - x-ray exam of elbow | 34.00 | 9.13 | 24.87 | 0.00 |
| 11-04-2016 | JOYCE SEKERA | 62-KARDOONI, KAVEH | 451649781 | 72100 26 - x-ray exam l-s spine 2/3 vws | 44.00 | 12.47 | 31.53 | 0.00 |

Account Balance: \$0.00

JS082

FOR BILLING QUESTIONS PLEASE CALL (888) 727-1074

Account Number: 281420-DSRT

1 of 1

DBARS

281420-DSRT-7604007

Desert Chiropractic & Rehab / Core Rehab
7810 West Ann Road #110
Las Vegas, NV 891495199
Phone: (702)463-9508
FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 1/4/2017

Ms. Sekera stated that she is scheduled with Dr. Kldwell's office for next Monday. She stated that her left knee has been locking-up lately.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. She stated that she still is having balance problems, memory problems, mild nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers. She also reported a decrease in numbness and tingling in her upper extremities.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness and aching. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to her toes. She stated that her knees have buckled on her a few times. Left side of the low back hurts more.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. The patient describes their pain with the following qualifiers: stiffness.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the week.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day. The patient describes their pain with the following qualifiers: aching.

Objective

Palpation/Spasm/Tissue Changes

JS083

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |
| Lumbar, Lower Back | | spasm | moderate | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | P07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | G47.00 | Insomnia, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.16 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 21 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init enctr |
| 28 | S76.002A | Unsp Injury of muscle, fascia and tendon of left hip, init |
| 29 | M50.20 | Other cervical disc displacement, unsp cervical region |

| | | |
|----|--------|---|
| 30 | M51.26 | Other intervertebral disc displacement, lumbar region |
|----|--------|---|

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 2 times a week |
| Duration: | PRN |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 2/1/17 |

Signed by Jordan B. Webber D.C.

JS085

Desert Chiropractic & Rehab / Core Rehab
7810 West Ann Road #110
Las Vegas, NV 891495199
Phone: (702)463-9508
FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 1/3/2017

Ms. Sekera stated that her neck pain has been increased the last few days. She cannot recall doing anything to increase her pain.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. She stated that she still is having balance problems, memory problems, mild nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers. She also reported a decrease in numbness and tingling in her upper extremities.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness and aching. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to her toes. She stated that her knees have buckled on her a few times. Left side of the low back hurts more.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. The patient describes their pain with the following qualifiers: stiffness.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the week.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day. The patient describes their pain with the following qualifiers: aching.

Objective

Palpation/Spasm/Tissue Changes

JS086

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |
| Lumbar, Lower Back | | spasm | moderate | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | F07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | G47.00 | Insomnia, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of muscle/tendon of the rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.16 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 21 | S56.919A | Strain of unsp muscle/fascia/tendon at forearm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init enchr |
| 28 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |
| 29 | M50.20 | Other cervical disc displacement, unsp cervical region |

| | | |
|----|--------|---|
| 30 | M51.28 | Other intervertebral disc displacement, lumbar region |
|----|--------|---|

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 2 times a week |
| Duration: | PRN |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 2/1/17 |

Signed by Jordan B. Webber D.C.



JS088


DESERT
 CHIROPRACTIC & REHAB

 Patients Name: Jayce Sekera Date: 12/28/16

Company: _____

 Date of Injury/Illness 11/4/16 headaches, cervical, Thoracic & Lumbar Sprain/Strain

I saw/treated this patient:

☐ Please excuse patient from work/school on _____ they had an appointment in my office related to the above stated diagnosis.

☒ Patient is unable to perform work duties from: 11/1/16 to 2/1/16 due to the above diagnosis.

☐ Patient is able to return to work with no limitations or restrictions on _____

☐ Patient is able to work with the following restrictions:

PATIENTS IS TO FOLLOW THESE LIMITATIONS:

 _____ Lifting with a limit of: ☐ No lifting ☐ 0-10lbs ☐ 10-20lbs ☐ 20-50lbs ☐ 50-70lbs

 _____ Standing/ Walking with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs

 _____ Sitting with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs

 _____ Driving with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs

 _____ Repetitive hand motions to be avoided: ☐ Left ☐ Right ☐ both

☐ Grasping ☐ Rotation ☐ Pushing or Pulling ☐ Fine Manipulations

 _____ Repetitive motions to be avoided: ☐ Bending ☐ Carrying ☐ Squatting ☐ Stooping

☐ Climbing ☐ Pushing ☐ Twisting ☐ Overhead Reaching ☐ Kneeling

_____ other restrictions: _____

THESE RESTRICTIONS ARE IN EFFECT UNTIL: _____ OR UNTIL PATIENT IS REEVALUATED.

Physician Signature: _____

 Date: 12/28/16

 If you have any questions or concerns please contact our office at:
 Phone 702-463-9508 Fax: 702-463-9772

JS089

Desert Chiropractic & Rehab / Core Rehab
7810 West Ann Road #110
Las Vegas, NV 891495199
Phone: (702)463-9608
FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 12/28/2016

Ms. Sekera stated that she hasn't been contacted by pain management at this time. She stated that she is having her NCV for her upper extremities on the 10th of next month.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. She stated that she still is having balance problems, memory problems, mild nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers. She also reported having weakness in her arms and hands and reported dropping objects.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness and aching. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to her toes. She stated that her knees have buckled on her a few times. Left side of the low back hurts more.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. The patient describes their pain with the following qualifiers: stiffness.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day. The patient describes their pain with the following qualifiers: aching.

Objective

Palpation/Spasm/Tissue Changes

JS090

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |
| Lumbar, Lower Back | | spasm | moderate | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | F07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | G47.00 | Insomnia, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.16 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 21 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init encntr |
| 28 | S76.002A | Unsp Injury of muscle, fascia and tendon of left hip, init |
| 29 | M50.20 | Other cervical disc displacement, unsp cervical region |

| | | |
|----|--------|---|
| 30 | M51.26 | Other intervertebral disc displacement, lumbar region |
|----|--------|---|

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan. Responding favorably

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 2/1/17 |

Signed by Jordan B. Webber D.C.

JS092

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 12/26/2016

Ms. Sekera stated that she feel that she is feeling improved over the last few days. She stated that she continues to do her stretches and home exercises daily and it has been helping.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 1 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. She stated that she still is having balance problems, memory problems, mild nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness and aching. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Objective

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | JS093 |
| Thoracic, Mid Back | | spasm | moderate | |

Lumbar, Lower Back

spasm

moderate

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | F07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | G47.00 | Insomnia, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.18 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, Initial encounter |
| 21 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init encntr |
| 28 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |
| 29 | M50.20 | Other cervical disc displacement, unsp cervical region |
| 30 | M51.26 | Other intervertebral disc displacement, lumbar region |

JS094

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 1/1/17 |

Signed by Jordan B. Webber D.C.

JS095



PAIN INSTITUTE OF NEVADA

7400 W. Azure Drive • Suite #190
Las Vegas, NV 89130
Phone: 702.878.8252
Fax: 702.878-9096

www.paininstitute.com

PATIENT INFORMATION

Patient Name Joyce Sekera DOB 3/22/56 SS# 8430 Phone (702) 467-5457
Insurance Co. NV Medicaid Phone() _____ Insured _____ SS# _____
Attorney Gallagher Law Case Manager Karina Phone 702-735-0049 POL: 11/4/16 ☐ MVA ☐ P.L.

DOCTORS INFORMATION

Referring Physician Dr. Jordan B. Webber
Phone # 7024639508

Contact Person Jennifer
Fax # 7024639772

REASON FOR REFERRAL

see C/S, L/S MRI

Diagnosis / History:

Slip & Fall.

Radiology: ☒ YES ☐ NO

If Yes, Where SDMI, LVR.

MEDICAL SERVICES

Diagnostic Services

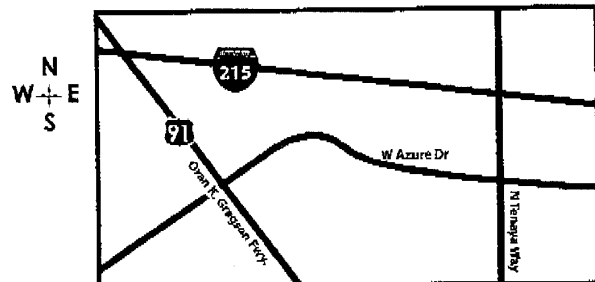
- Evaluation for painful conditions
- Certified Impairment Rating Specialist
- Diagnostic Procedure (e.g. Discography)
- Injury Evaluation

Treatment Services

- Injection Therapy
- Botulinum Toxin Therapy
- Nerve Ablation
- Implantable Devices (Spinal Cord Stimulators)
- Cold Laser Therapy
- Kyphoplasty/Vertebroplasty

JS096

TO OBTAIN AN APPOINTMENT
Fax this form along with the Doctors' notes,
relevant diagnostics reports (MRI etc.) and a
copy of the patient's insurance card to the
Pain Institute of Nevada (702) 878-9096



Please bring this form, your insurance cards, I.D. a list of your medications with dosages, and any pertinent records and X-rays to your appointment

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1958
Date of Service: 12/23/2016

Ms. Sekera stated that she feel that she is improving with treatment in my office.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. She stated that she still is having balance problems, memory problems, mild nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers. She stated that her neck cracks with movement.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness and aching. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Objective

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |

JS097

Lumbar, Lower Back

spasm

moderate

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | F07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | G47.00 | Insomnia, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.16 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 21 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init enctr |
| 28 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |
| 29 | M50.20 | Other cervical disc displacement, unsp cervical region |
| 30 | M51.26 | Other intervertebral disc displacement, lumbar region |

JS098

General Assessment:

I went over her cervical and lumbar MRI reports with her today. They were (+) for the following discopathy:

Cervical:

C5-C6 mild disc protrusion

C6-C7 mild disc protrusion

Lumbar:

L1-L2 mild disc bulge

L2-L3 disc bulge

L3-L4 mild disc bulge

L4-L5 left paracentral disc bulge with annular fissure

L5-S1 central disc bulge

See reports for details.

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | | |
|----------------------------|--------------------------------------|--|
| Plan Start Date: | 11/8/2016 | |
| Frequency: | 3 times a week | |
| Duration: | PRN | |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches | |
| Occupational Restrictions: | Off work until: | 1/1/17 |
| Referral: | Pain management | for a consultation and treatment recommendations due to her continued pain, symptoms and MRI findings. |

Signed by Jordan B. Webber D.C.



JS099

Desert Chiropractic & Rehab / Core Rehab

7810 West Ann Road #110

Las Vegas, NV 891495199

Phone: (702)463-9508

FAX: (702)463-9772

Patient Name: Sekera, Joyce**Date of Birth:** 3/22/1956**Date of Service:** 12/21/2016

Ms. Sekera stated that that she saw Dr. Shah's office and was given medications and told that her brain MRI was good. She stated that she has as follow-up and NCV on the 10th of next month.

Subjective

This patient presents with the following problems:

Headache**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 9 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

She stated that she still is having balance problems, memory problems, mild nausea and dizziness.

Cervicalgia**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness and aching.

With associated numbness and tingling down both arms to her fingers.

Low back pain**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness and aching. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to her toes.

Pain in left shoulder**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in left elbow**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. Upper back area.

Pain in left hip**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Objective**JS100****Palpation/Spasm/Tissue Changes**

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |

| | | |
|--------------------|-------|----------|
| Lumbar, Lower Back | spasm | moderate |
|--------------------|-------|----------|

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | F07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | S47.88 | Luxation, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.16 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 21 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init enchr |
| 28 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

JS101

Plan**Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 1/1/17 |

Signed by Jordan B. Webber D.C.



JS102

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 12/19/2016

Ms. Sekera stated that that she had her brain MRI and has her other MRI's scheduled on the 21st. She stated that she has a follow-up with Dr. Shah tomorrow. She stated that she had a severe headache last night. She reported that she still is having difficulty sleeping.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 9 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

She stated that she still is having balance problems, memory problems, mild nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers. She stated that her neck cracks with movement.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Objective

JS103

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |

Lumbar, Lower Back

spasm

moderate

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | F07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | G47.00 | Insomnia, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.16 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 21 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init enctr |
| 28 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

JS104

Plan**Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 1/1/17 |

Signed by Jordan B. Webber D.C.



JS105

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 12/16/2016

Ms. Sekera stated that that she is having her MRI's today.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. She stated that she still is having nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg. With associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Objective

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | JS106 |
| Thoracic, Mid Back | | spasm | moderate | |
| Lumbar, Lower Back | | spasm | moderate | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | F07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | G47.00 | Insomnia, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.16 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 21 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init encntr |
| 28 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

JS107

Plan**Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 1/1/17 |

Signed by Jordan B. Webber D.C.



JS108

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 12/14/2016

Ms. Sekera stated that that she is still having difficulty sleeping due to her pains.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. She stated that she still is having nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg. With associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Objective

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |
| Lumbar, Lower Back | | spasm | moderate | |

JS109

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | F07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | G47.00 | Insomnia, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.16 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 21 | S56.919A | Strain of unsp musc/fasc/tend at forarm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init enctr |
| 28 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

JS110

Plan**Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 1/1/17 |

Signed by Jordan B. Webber D.C.

JS111



Main Scheduling Number: (702) 732-6000
Scheduling Fax Number: (702) 732-6071

DATE OF ORDER 12/12/16

☐ STAT

Please fill out ALL Patient Information.

Patient's Name Joyce Sekera
DOB 3/22/56 Last Four of SSN 8430
ICD9 Code/Symptoms 72141, 72148
Clinical History _____

Authorization Number _____
Phone Number 702 467 5457
Appt Date & Time _____
Primary Insurance NV Medicaid
Secondary Insurance _____

Referring Physician: _____

Signature Required (No Stamps)

Phone: 702 463 9508Contact Person: Jennifer

Address/Location 7810 W Ann Rd #110
Las Vegas, NV 89149

CC: _____

☐ Call Report☐ Send CD with Patient☐ Send CD☐ Send DICOM CD☒ OtherFAX 702 463 9772☐ X-Ray (Walk-ins ONLY)☐ Fluoroscopy☐ Mammography☐ Annual Screening Exam☐ Diagnostic Exam (Symptom Required) ☐ US if needed☐ Ductogram LT RT ☐ Spot/Mag Views LT RT Bilat☐ Ultrasound (Specify) _____☐ DXA Scan☒ MRI C/S, L/SContrast: ☒ Without ☐ With & Without ☐ Arthrogram

*If patient is over 65, diabetic or has a history of renal failure please include

GFR: _____

Date Drawn _____

If you have any type of surgical implanted device/metal, please inform scheduler before scheduling exam. Please check manufacturer guidelines for MRI compatibility if you have not had it checked before. Also please bring in any type of documentation such as make/model of device on day of exam.

☐ MRAContrast: ☐ Without ☐ With☐ CT Scan☐ CTU (Urogram) abd/pelvis with & without I.V.☐ CTE (Enterography) abd/pelvis with I.V.☐ CTA Chest (PE-Pulmonary Embolism)

*If patient is over 65, diabetic or has a history of renal failure please include

Creatinine: _____

Date Drawn _____

☐ Nuclear Medicine☐ Treadmill ☐ Pharmacologic☐ Breast Biopsy☐ Stereotactic ☐ US Guided ☐ MRI

Special Procedures Fax Number: 702-240-1276

☐ Special Procedures

PET/CT Scheduling Number: 702-515-8425 Fax Number: 702-515-8488

☐ Pet/CT☐ Routine (Skull to Thigh) ☐ Brain☐ Whole Body (Melanoma, Extremity Metastasis)

JS112

Where should we schedule your patient? (See Maps on Reverse Side)

☒ CALL PATIENT TO SCHEDULE☐ MP 2950 S. Maryland Parkway • Las Vegas, NV 89109☐ NW 2767 N. Tenaya Way • Las Vegas, NV 89128☐ GV 4 Sunset Way, Bldg. D • Henderson, NV 89014☐ AN 2850 Siena Heights Drive • Henderson, NV 89052☐ SW 9070 W. Post Road • Las Vegas, NV 89148☐ CH 6925 N. Durango Dr. • Las Vegas, NV 89149☐ SL 800 Shadow Lane • Las Vegas, NV 89106

ALL SDMI PROCEDURES MUST BE PERFORMED
IN A MRI-READY ROOM WITH A MRI-READY
PATIENT PREPARED BY A MRI-READY NURSE.

Please be sure to bring this form, your health insurance card, picture ID, co-pay and deductible with you, as well as any x-ray studies pertaining to your scheduled exam. For safety reasons, children under the age of 8 may not be left in the waiting room unattended, or accompany patient during examination.

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 12/12/2016

Ms. Sekera stated that that she had her EEG this morning. She stated that that it took her an hour and a half to fall asleep last night due to her low back pain.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 76% to 100% of the day. She stated that she still is having nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg. With associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Objective

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |

JS113

Lumbar, Lower Back

spasm

moderate

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | F07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | G47.00 | Insomnia, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.16 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 21 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init encntr |
| 28 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

General Assessment:

Head injury follow-up questionnaire was filled out by Ms. Sekera and filed in her chart. See chart for details.

Patient Statements: Felt immediate relief while still in office

JS114

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|--------------------------------------|---|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 1/1/17 |
| Special Tests/Studies to be Ordered: | MRI of the cervical and lumbar regions due to her continued extremity symptoms and lack of improvement. |

Signed by Jordan B. Webber D.C.

JS115

HEAD INJURY FOLLOW UP QUESTIONNAIRE (HIF)

Patient Joyce Sekera Date of Injury 11-4-16 Today's Date 12-9-16

We would like to know if your brain concussion symptoms are improving, staying the same or getting worse. Please mark the box for each symptom to tell us how you are doing.

| Symptom | Getting Worse | Staying Same | Getting Better | 100% Well | Never Had |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------|
| Anxiety, nervousness or worry | | <input checked="" type="checkbox"/> | | | |
| Depression, crying or more emotional | | | <input checked="" type="checkbox"/> | | |
| Irritable or getting angry easily | | <input checked="" type="checkbox"/> | | | |
| Difficulty finding simple words when talking | | <input checked="" type="checkbox"/> | | | |
| Difficulty concentrating or thinking slowly | | <input checked="" type="checkbox"/> | | | |
| Memory problems or forgetting things | <input checked="" type="checkbox"/> | | | | |
| Understanding what people say to me | | <input checked="" type="checkbox"/> | | | |
| Sleep disturbance or disruption of sleep patterns | <input checked="" type="checkbox"/> | | | | |
| Fatigue, tiring more easily or low energy | <input checked="" type="checkbox"/> | | | | |
| The overall level of my physical pain(s) | | <input checked="" type="checkbox"/> | | | |
| Feeling behind, never caught up or overwhelmed | | <input checked="" type="checkbox"/> | | | |
| Relationship with my partner or family | | | | <input checked="" type="checkbox"/> | |
| Ability to enjoy my hobbies or leisure activities | | | <input checked="" type="checkbox"/> | | |
| Ability to exercise or play sports I enjoy | | | <input checked="" type="checkbox"/> | | |
| The quality or quantity of how much work I can do | <input checked="" type="checkbox"/> | | | | |
| How much I enjoy life | | | | <input checked="" type="checkbox"/> | |
| Loud noises, noisy rooms or crowds bother me | | <input checked="" type="checkbox"/> | | | |
| Bright lights bother me or I have to wear sunglasses | | <input checked="" type="checkbox"/> | | | |
| Feeling like I want to socialize with friends or family | <input checked="" type="checkbox"/> | | | | |
| Other | | | | | |

Would you like a referral to a specialist for mental or emotional issues? ☐ Yes ☒ No

Would you like a referral to a specialist for help with physical pain? ☐ Yes ☒ No

Patient Signature

Joyce Sekera

Doctor Signature

Jordan Webber

JS116

Desert Chiropractic & Rehab / Core Rehab
7810 West Ann Road #110
Las Vegas, NV 891495199
Phone: (702)463-9508
FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 12/9/2016

Re-examination:

Ms. Sekera has treated in my office for approximately one month for injuries sustained in a slip and fall accident. She has improved overall, however she has yet to return to her pre-accident status at this time. A re-evaluation was performed today.

Ms. Sekera stated that she is having her brain MRI a week from today.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 76% to 100% of the day. She stated that she still is having nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness. Upon questioning, they related that the symptoms were aggravated by activities involving movement. With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg. Upon questioning, they related that the symptoms were aggravated by activities involving movement and house chores. With associated numbness and tingling down both thighs to her toes.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 51 to 75% of the day. The patient describes their pain with the following qualifiers: stiffness. Upon questioning, they related that the symptoms were aggravated by activities involving movement.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day. Upon questioning, they related that the symptoms were aggravated by activities involving movement.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day. The patient describes their pain with the following qualifiers: aching.

JS117

Objective**Range of motion/joint fixation:**

| Passive/Active | Joint | Plane of Motion | Degrees | Level of Decrease | With Pain |
|----------------|---------------|-----------------|---------|-------------------|-----------|
| Active | Cervical | Flex | | Mild | Yes |
| Active | Cervical | Ext | | Normal | Yes |
| Active | Cervical | LLF | | Mild-Moderate | Yes |
| Active | Cervical | RLF | | Mild | Yes |
| Active | Cervical | LR | | Mild | Yes |
| Active | Cervical | RR | | Mild-Moderate | Yes |
| Active | Left Shoulder | Flex | | Mild | Yes |
| Active | Left Shoulder | Ext | | Normal | Yes |
| Active | Left Shoulder | Adduction | | Normal | No |
| Active | Left Shoulder | Abduction | | Mild-Moderate | Yes |
| Active | Left Shoulder | Internal Rot | | Normal | No |
| Active | Left Shoulder | External Rot | | Normal | No |
| Active | Lumbar | Flex | | Moderate | Yes |
| Active | Lumbar | Ext | | Mild-Moderate | Yes |
| Active | Lumbar | LLF | | Mild | Yes |
| Active | Lumbar | RLF | | Mild | Yes |
| Active | Lumbar | LR | | Mild | Yes |
| Active | Lumbar | RR | | Mild | Yes |

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |
| Lumbar, Lower Back | | spasm | moderate | |

Examinations

| Type of Exam | Exam/Test/Maneuver | Side | Outcome | Outcome Qualifier | Pain Descriptor | Body Area |
|--------------|-----------------------------------|-----------|-------------------|-------------------|--------------------|-------------------------|
| Neurological | Finger test | | positive | | | |
| Comments: | (+) for undershoot. | | | | | |
| Neurological | Muscle strength for C5 | Bilateral | graded 5 out of 5 | | | |
| Neurological | Muscle strength for C6 | Bilateral | graded 5 out of 5 | | | |
| Neurological | Muscle strength for C7 | Bilateral | graded 5 out of 5 | | | |
| Neurological | Muscle strength for C8 | Bilateral | graded 5 out of 5 | | | |
| Neurological | Muscle strength for T1 | Bilateral | graded 5 out of 5 | | | |
| Neurological | Rhomberg's Test | | positive | | | |
| Comments: | for A-P sway and to the right. | | | | | |
| Orthopedic | Apley's test | Left | Positive | | moderate | Posterior Shoulder Area |
| Orthopedic | Cervical maximum compression test | | Positive | | mild | Neck Area |
| Orthopedic | Distraction test | | Positive | | moderate | Neck Area |
| Orthopedic | Hibb's test | Bilateral | Positive | | moderate | Sacro-Iliac Area |
| Orthopedic | Kemp's test | Bilateral | Negative | | moderate to severe | Lower Back Area |
| Orthopedic | Nachlas test | Bilateral | Positive | | moderate | Lower Back Area |
| Orthopedic | O'Donoghue maneuver | Bilateral | Positive | | moderate | Neck Area |
| Orthopedic | Shoulder depression test | Bilateral | Positive | | moderate | Neck Area |
| Orthopedic | Soto-Hall sign | | Negative | | moderate | |
| Comments: | (+) for local neck pain. | | | | | |

JS118

| | | | | | |
|------------|----------------------------|-----------|----------|--|--------------------------|
| Orthopedic | Varus / Valgus Stress Test | Left | Negative | | mild to moderate |
| Comments: | (+) for local elbow pain. | | | | |
| Orthopedic | Yeoman's test (lumbar) | Bilateral | Positive | | moderate Lower Back Area |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | F07.81 | Postconcussional syndrome |
| 12 | H53.8 | Other visual disturbances |
| 13 | G47.00 | Insomnia, unspecified |
| 14 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 15 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 16 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 17 | S46.012A | Strain of muscle/tendon of rotator cuff of left shoulder, init |
| 18 | R20.2 | Paresthesia of skin |
| 19 | M54.16 | Radiculopathy, lumbar region |
| 20 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 21 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 22 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 23 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 24 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 26 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 27 | S76.012A | Strain of muscle, fascia and tendon of left hip, init encntr |
| 28 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

JS119

General Assessment:

Head injury follow-up questionnaire was filled out by Ms. Sekera and filed in her chart. See chart for details.

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan**Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|--|
| 98941 | 25 | | | | 1 | | CMT 3-4 Areas | 22, 23, 24, 25 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |
| A4556 | | | | | 1 | | Electrodes | 1, 2, 3, 4, 5, 6, 7, 8 |
| 99212 | 25 | | | | 1 | | Re-examination | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 1/1/17 |

Signed by Jordan B. Webber D.C.



JS120

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 12/7/2016

Ms. Sekera stated that her MRI is being re-scheduled.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 4 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day. She stated that she still is having nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Objective

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |

JS121

Lumbar, Lower Back

spasm

moderate

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of muscle/tendon of the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp muscle/fascia/tendon of forearm IV, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 28 | S76.012A | Strain of muscle, fascia and tendon of left hip, init encntr |
| 29 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

JS122

Plan**Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 1/1/17 |

Signed by Jordan B. Webber D.C.

JS123

Desert Chiropractic & Rehab / Core Rehab

7810 West Ann Road #110

Las Vegas, NV 891495199

Phone: (702)463-9508

FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 12/5/2016

Ms. Sekera stated that she is seeing Dr. Hyla today. She stated that she has to "focus to see" and continues to have balance difficulties and dizziness. She stated that she had pain with the in office exercises today.

Subjective

This patient presents with the following problems:

Headache**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day. She stated that she still is having nausea and dizziness.

Cervicalgia**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers.

Low back pain**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 4 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable.

Objective**Palpation/Spasm/Tissue Changes**

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |

JS124

Lumbar, Lower Back

spasm

moderate

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S63.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 28 | S76.012A | Strain of muscle, fascia and tendon of left hip, init enchr |
| 29 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

JS125

Plan**Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97110 | | | | | 1 | | Therapeutic Exercise | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Therapeutic exercises were performed to increase strength and R.O.M., see exercise log for details.

Patient Care Plan

| | |
|----------------------------|--------------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice, Heat, Home exercises, Stretches |
| Occupational Restrictions: | Off work until: 1/1/17 |

Signed by Jordan B. Webber D.C.

JS126



Patients Name: Joyce Sekera Date: 12/2/16

Company: _____

Date of Injury/Illness 11/4/16 - Headaches, Cervical, Thoracic & Lumbar sprain/sp.

I saw/treated this patient:

☐ Please excuse patient from work/school on _____ they had an appointment in my office related to the above stated diagnosis.

☒ Patient is unable to perform work duties from: 12/4/16 to 4/1/17 due to the above diagnosis.

~~☐ Patient is able to return to work with no limitations or restrictions on 01/1/2017~~

☐ Patient is able to work with the following restrictions:

PATIENTS IS TO FOLLOW THESE LIMITATIONS:

____ Lifting with a limit of: ☐ No lifting ☐ 0-10lbs ☐ 10-20lbs ☐ 20-50lbs ☐ 50-70lbs

____ Standing/ Walking with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs

____ Sitting with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs

____ Driving with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs

____ Repetitive hand motions to be avoided: ☐ Left ☐ Right ☐ both

☐ Grasping ☐ Rotation ☐ Pushing or Pulling ☐ Fine Manipulations

____ Repetitive motions to be avoided: ☐ Bending ☐ Carrying ☐ Squatting ☐ Stooping

☐ Climbing ☐ Pushing ☐ Twisting ☐ Overhead Reaching ☐ Kneeling

____ other restrictions: _____

THESE RESTRICTIONS ARE IN EFFECT UNTIL: _____ OR UNTIL PATIENT IS REEVALUATED.

Physician Signature: [Signature] Date: 12/2/16

If you have any questions or concerns please contact our office at:
Phone 702-463-9508 Fax: 702-463-9772

JS127

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 12/2/2016

Ms. Sekera stated that she saw Dr. Shah and he prescribed her medications, ordered a MRI of her brain and EEG tests (scheduled for the 12th). She stated that she is having her MRI on Wednesday and has a follow-up with Dr. Shah on the 20th. She stated that the EMS helped more than usual today.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day. She stated that she still is having nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable.

Objective

JS128

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|----------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |

| | | |
|--------------------|-------|----------|
| Thoracic, Mid Back | spasm | moderate |
| Lumbar, Lower Back | spasm | moderate |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S63.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 28 | S76.012A | Strain of muscle, fascia and tendon of left hip, init enconr |
| 29 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

Patient Statements: Felt immediate relief while still in office

JS129

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Heat pack | 1, 2, 3, 4, 5, 6, 7, 8 |


Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|-------------------------------|---|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice, Heat |
| Occupational Restrictions: | Off work until: 1/1/17 |
| Treatment Plan Modifications: | Start in office exercises and stretches next visit. |

Signed by Jordan B. Webber D.C.



JS130

Desert Chiropractic & Rehab / Core Rehab
7810 West Ann Road #110
Las Vegas, NV 891495199
Phone: (702)463-9508
FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 11/30/2016

Ms. Sekera stated that she has not been scheduled with Dr. Shah at this time and she will call their office today. She also stated that she hasn't been contacted to have her left hip and SI x-rays and will call them today as well.

I told Ms. Sekera to do puzzles recommended for kids under the age of 10, color coloring books and play catch with a ball with her grandchildren to help with her brain injuries. She agreed and stated that she will do those activities.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 9 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day. She stated that she still is having nausea and dizziness.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 76% to 100% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable.

Objective

Palpation/Spasm/Tissue Changes

JS131

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|--------------------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |
| Lumbar, Lower Back | | spasm | moderate to severe | |

Left flank myospasms along with left psoas.
Cervical distraction provided great relief to the patient.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 28 | S76.012A | Strain of muscle, fascia and tendon of left hip, init encntr |
| 29 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

JS132

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97010 | | | | | 1 | | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|----------------------------|-------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |
| Occupational Restrictions: | Off work until: 12/5/16 |

Signed by Jordan B. Webber D.C.

JS133

Desert Chiropractic & Rehab / Core Rehab

7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 11/28/2016

Ms. Sekera stated that she has not been scheduled with Dr. Shah at this time.

Subjective

This patient presents with the following problems:

Headache**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 9 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day. She stated that she still is having nausea and dizziness.

Cervicalgia**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers.

Low back pain**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in thoracic spine**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 9 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable.

Objective**Palpation/Spasm/Tissue Changes**

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |

JS134

| | | |
|--------------------|-------|--------------------|
| Lumbar, Lower Back | spasm | moderate to severe |
|--------------------|-------|--------------------|

Left flank myospms along with left psoas.
Cervical distraction provided great relief to the patient.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S18.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 28 | S76.012A | Strain of muscle, fascia and tendon of left hip, init enctr |
| 29 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

JS135

Plan**Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97010 | | | | | 1 | | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|----------------------------|-------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |
| Occupational Restrictions: | Off work until: 12/5/16 |

Signed by Jordan B. Webber D.C.



JS136

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 11/23/2016

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 10 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

Constant daily, especially in morning upon waking and midafternoon and night, she is experiencing severe headaches that are getting worse. Patient describes them as pressure in the left back/top of her head that shoots to her left temporal region. And sometime is also shifts to pain over her right eye. She takes ibuprofen every morning to relieve the pain, and it only takes the edge off.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 9 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 10 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 9 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable.

Her left hip pain has continued to increase and is radiating to her groin.

Objective

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |

JS137

Lumbar, Lower Back

spasm

moderate to severe

Left flank myospms along with left psoas.

Cervical distraction provided great relief to the patient.

Assessment**Diagnoses**

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 25 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 28 | S78.012A | Strain of muscle, fascia and tendon of left hip, init enctr |
| 29 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

JS138

Plan**Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97010 | | | | | 1 | | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|----------------------------|-------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |
| Occupational Restrictions: | Off work until: 12/5/16 |

Signed by Michelle Binkowski-Keller D.C.

JS139

Desert Chiropractic & Rehab / Core Rehab

7810 West Ann Road #110

Las Vegas, NV 891495199

Phone: (702)463-9508

FAX: (702)463-9772

Patient Name: Sekera, Joyce**Date of Birth:** 3/22/1956**Date of Service:** 11/22/2016

Ms. Sekera saw Dr. Hyla and was prescribed medications.

Subjective

This patient presents with the following problems:

Headache**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 10 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day. With associated nausea, dizziness and difficulty remembering things.

Cervicalgia**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 9 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers.

Low back pain**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 10 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in thoracic spine**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 9 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable.

Her left hip pain has continued to increase and is radiating to her groin.

Objective**Palpation/Spasm/Tissue Changes**

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|----------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |

JS140

Lumbar, Lower Back

spasm

moderate to severe

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Difficulty walking and limping due to left hip pain.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|---|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of muscle/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 28 | S76.012A | Strain of muscle, fascia and tendon of left hip, init encntr |
| 29 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

JS141

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97010 | | | | | 1 | | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|--------------------------------------|---|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |
| Occupational Restrictions: | Off work until: 12/6/16 |
| Special Tests/Studies to be Ordered: | X-rays of the left hip and left SI joint regions. |

Signed by Jordan B. Webber D.C.

JS142



DESERT
CHIROPRACTIC & REHAB

Patients Name: Joyce Sekera Date: 11/21/16

Company: _____

Date of Injury/Illness 11/4/16 - Headaches, cervical, Thoracic & Lumbar sprain/str

I saw/treated this patient:

☐ Please excuse patient from work/school on _____ they had an appointment in my office related to the above stated diagnosis.

☒ Patient is unable to perform work duties from: 11/28/16 to 12/5/16 due to the above diagnosis.

☐ Patient is able to return to work with no limitations or restrictions on _____

☐ Patient is able to work with the following restrictions:

PATIENTS IS TO FOLLOW THESE LIMITATIONS:

_____ Lifting with a limit of: ☐ No lifting ☐ 0-10lbs ☐ 10-20lbs ☐ 20-50lbs ☐ 50-70lbs

_____ Standing/ Walking with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs

_____ Sitting with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs

_____ Driving with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs

_____ Repetitive hand motions to be avoided: ☐ Left ☐ Right ☐ both

☐ Grasping ☐ Rotation ☐ Pushing or Pulling ☐ Fine Manipulations

_____ Repetitive motions to be avoided: ☐ Bending ☐ Carrying ☐ Squatting ☐ Stooping

☐ Climbing ☐ Pushing ☐ Twisting ☐ Overhead Reaching ☐ Kneeling

_____ other restrictions: _____

THESE RESTRICTIONS ARE IN EFFECT UNTIL: _____ OR UNTIL PATIENT IS REEVALUATED.

Physician Signature: _____ Date: 11/21/16

If you have any questions or concerns please contact our office at:
Phone 702-463-9508 Fax: 702-463-9772

JS143

7500 Smoke Ranch Road, Suite 100
Las Vegas, NV 89128



3201 S Maryland Parkway, Suite 102
Las Vegas, NV 89109

401 N Buffalo Drive, Suite 100
Las Vegas, NV 89145
(Ultrasound & DEXA only)

Bhuvana Kittusamy, MD
Medical Director

PHONE: 702.254.5004

FAX: 702.432.4005

PATIENT INFORMATION

PATIENT NAME: Joyce Sekera DOB: 3/22/56 AGE: _____
HOME PHONE: _____ CELL PHONE: 702-467-5457 WORK PHONE: _____
☒ ATTY: Galliner DOI: 11/4/14 ☐ WORK COMP
INSURANCE: _____ ID/CLAIM #: _____ PHONE: _____
DX/SYMPTOMS: _____ ALLERGIES: _____

EXAM REQUEST

☐ MRI (1.5T): _____ CONTRAST: ☐ WITH ☐ W/O ☐ BOTH ☐ RADIOLOGIST DISCRETION ☐ ARTHROGRAM
☐ MRA: _____
☐ UPRIGHT / OPEN MRI: _____ ☐ FLEXION ☐ EXTENSION
(MARYLAND PKWY)
☐ P.E.T. SCAN: _____ ☐ ONCOLOGY ☐ BRAIN ☐ CARDIAC VIABILITY ☐ RUBIDIUM STRESS TEST
(SMOKE RANCH) (WHOLE BODY) (DEMENTIA)
☐ CT SCAN: _____ CONTRAST: ☐ WITH ☐ W/O ☐ BOTH ☐ RADIOLOGIST DISCRETION
☐ LOW DOSE CHEST CT LUNG CA SCREENING: _____
☐ CTA: _____ ☐ CORONARY ☐ CAROTID ☐ RUN-OFF
☐ MAMMOGRAPHY: _____ EXAM: ☐ ANNUAL SCREENING ☐ DIAGNOSTIC
☐ DEXA: _____
☒ X-RAY: Ⓛ hip, Ⓛ SI joint
☐ FLUOROSCOPY: _____
☐ NUCLEAR MEDICINE: _____ ☐ LYMPHOCYSTOGRAM ☐ MUGA SCAN ☐ 3 PHASE BONE SCAN
☐ STRESS TEST: _____ ☐ TREADMILL ☐ LEXISCAN ☐ DOBUTAMINE ☐ TREADMILL ONLY
(W/MYOVUE) (NO MYOVUE)
☐ ECHOCARDIOGRAM: _____
☐ ULTRASOUND: _____
☐ LOWER EXTREMITY U/S: _____ ☐ ARTERIAL TO R/O PAD ☐ VENOUS TO R/O VENOUS INSUFFICIENCY ☐ R/O DVT
☐ CAROTID ULTRASOUND: _____
☐ ABDOMINAL AORTA U/S: _____ (FASTING 6 HOURS)
☐ CALCIUM SCORING (CASH \$100): _____
☐ OTHER: _____

Consent to Represent Ordering Provider During Prior Authorization Process

☐ PRIOR AUTHORIZATION REQUESTED

By providing the following information, I authorize Las Vegas Radiology to represent my office during the prior-authorization process for the exams ordered on this referral.

Ordering Provider's NPI #: _____

Company Tax ID #: _____

Please fax clinical information needed for authorization.

REFERRING PHYSICIAN: Dr. Jordan B. Webber CONTACT NAME: JenniferPHONE: 702 463 9 FAX REPORT TO: 702 463 9772 TODAY'S DATE: 11/21/14☐ SEND FILMS AND REPORT ☐ SEND CD ☐ FAX REPORT ONLY ☐ PT TO CARRY ☐ STAT CALL (PHONE # _____)

APPOINTMENT DATE: _____ ARRIVAL TIME: _____ SCAN TIME: _____

www.lvradiology.com

JS144

Rev. 08/24/2016

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 11/21/2016

Ms. Sekera is seeing Dr. Hyla today. She stated that her pain has been increased over the weekend and cannot recall doing anything to increase her pains. She reported that she remembered having an episode of low back pain approximately 5-8 years ago and went to the hospital and was subsequently released without further episode or treatment.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 10 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day. With associated nausea, dizziness and difficulty remembering things.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness. With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 10 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg. With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. Upper back area.

Pain in left hip

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 10 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. Her left hip pain has continued to increase and is radiating to her groin.

Objective

JS145

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|-------------|---------|---------|----------|----------|
|-------------|---------|---------|----------|----------|

| | | |
|--------------------|-------|--------------------|
| Cervical, Neck | spasm | moderate |
| Thoracic, Mid Back | spasm | moderate |
| Lumbar, Lower Back | spasm | moderate to severe |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

Difficulty walking and limping due to left hip pain.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|---|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, Initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of muscle/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |
| 28 | S76.012A | Strain of muscle, fascia and tendon of left hip, init encntr |
| 29 | S76.002A | Unsp injury of muscle, fascia and tendon of left hip, init |

JS146

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|------------------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97010 | | | | | 1 | | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|--------------------------------------|---|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | PRN |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |
| Occupational Restrictions: | Off work until: 12/5/16 |
| Special Tests/Studies to be Ordered: | X-rays of the left hip and left SI joint regions. |

Signed by Jordan B. Webber D.C.

JS147

Desert Chiropractic & Rehab / Core Rehab

7810 West Ann Road #110

Las Vegas, NV 891495199

Phone: (702)463-9508

FAX: (702)463-9772

Patient Name: Sekera, Joyce**Date of Birth:** 3/22/1956**Date of Service:** 11/18/2016

Ms. Sekera stated that she is seeing Dr. Hyla on Monday.

Subjective

This patient presents with the following problems:

Headache**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

With associated nausea, dizziness and difficulty remembering things.

Cervicalgia**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: stiffness.

With associated numbness and tingling down both arms to her fingers.

Low back pain**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in thoracic spine**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Objective**Palpation/Spasm/Tissue Changes**

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|--------------------|----------|
| Cervical, Neck | | spasm | moderate | |
| Thoracic, Mid Back | | spasm | moderate | |
| Lumbar, Lower Back | | spasm | moderate to severe | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

JS148

Assessment**Diagnoses**

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan**JS149****Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-----|------|------|------|------|-------|----------|-------------|--------|
|-----|------|------|------|------|-------|----------|-------------|--------|

| | | | | | |
|-------|--|--|---|------------------------|---------------------------|
| 98941 | | | 1 | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97010 | | | 1 | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97014 | | | 1 | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|----------------------------|----------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | 3 weeks |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |

Signed by Jordan B. Webber D.C.

**JS150**

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 11/16/2016

Ms. Sekera stated that she continues to have "nasty" headaches, dizziness and nausea the last three days.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.
 With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 9 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.
 With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.
 Upper back area.

Objective

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|--------------------|----------|
| Cervical, Neck | | spasm | moderate to severe | |
| Thoracic, Mid Back | | spasm | moderate to severe | |
| Lumbar, Lower Back | | spasm | moderate to severe | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

JS151

Assessment**Diagnoses**

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |

General Assessment:

I went over her radiographic reports with her today, they were (-) for fracture or dislocation. See reports for details.

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan**JS152****Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-----|------|------|------|------|-------|----------|-------------|--------|
|-----|------|------|------|------|-------|----------|-------------|--------|

| | | | | | |
|-------|--|--|---|-------------------------|---------------------------|
| 98941 | | | 1 | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97010 | | | 1 | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97014 | | | 1 | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97012 | | | 1 | Intersegmental Traction | 24, 25, 26 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|----------------------------|----------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 3 times a week |
| Duration: | 3 weeks |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |

Signed by Jordan B. Webber D.C.



JS153

Referral to:

Dr. Russell J. Shah
2628 W. Charleston Blvd
Las Vegas, NV 89102
Phone: 702-644-0500 11/14/16
Fax: 702-258-0566

Patient Name: Joyce Sekera
D.O.B.: 3/22/56 Phone #: 702 467 5457
Reason for referral: MVA 11/14/16 - Please see Dr. Webber's note
Attorney Information: Gallner Law Firm - 702 735 0049
Appointment DATE & TIME: _____
Notes or special instructions: Please schedule patient.

Desert Chiropractic & Rehab
Dr. Jordan B. Webber
7810 W. Ann Rd. #110
Las Vegas, NV 89149
PH: 702-463-9508
Fax: 702-463-9772

JS154

Desert Chiropractic & Rehab / Core Rehab
 7810 West Ann Road #110
 Las Vegas, NV 891495199
 Phone: (702)463-9508
 FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 11/14/2016

Ms. Sekera stated that she has been having "nasty" headaches. She stated that she has her x-ray appointment today. She stated that she continues to have blurred vision and memory problems. She stated that she is not having balance problems at this time.

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Objective

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|--------------------|----------|
| Cervical, Neck | | spasm | moderate to severe | |
| Thoracic, Mid Back | | spasm | moderate to severe | |
| Lumbar, Lower Back | | spasm | moderate to severe | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

JS155

Assessment**Diagnoses**

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H63.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan, Responding favorably

Plan**JS156****Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|---------------|----------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |

| | | | | | | |
|-------|--|--|--|---|-------------------------|---------------------------|
| 97010 | | | | 1 | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97014 | | | | 1 | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97012 | | | | 1 | Intersegmental Traction | 24, 25, 26 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | | |
|----------------------------|----------------|---|
| Plan Start Date: | 11/8/2016 | |
| Frequency: | 5 times a week | |
| Duration: | 3 weeks | |
| Re-examination Date: | 12/8/2016 | |
| Home Care Recommendations: | Ice | |
| Referral: | Neurologist | for an evaluation and treatment recommendations due to her continued TBI symptoms and severe headaches. |

Signed by Jordan B. Webber D.C.



JS157

Desert Chiropractic & Rehab / Core Rehab
7810 West Ann Road #110
Las Vegas, NV 891495189
Phone: (702)463-9508
FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 11/11/2016

Subjective

This patient presents with the following problems:

Headache

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 3 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.
With associated blurred vision, memory problems, and balance problems. She stated that she is having difficulty sleeping due to her pains.

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.
With associated numbness and tingling down both arms to her fingers.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.
With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.
Upper back area.

Objective

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|--------------------|----------|
| Cervical, Neck | | spasm | moderate to severe | |
| Thoracic, Mid Back | | spasm | moderate to severe | |
| Lumbar, Lower Back | | spasm | moderate to severe | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

JS158

Assessment**Diagnoses**

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan**JS159****Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|---------------|------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97010 | | | | | 1 | | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |

| | | | | | |
|-------|--|--|---|------------------------|---------------------------|
| 97014 | | | 1 | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
|-------|--|--|---|------------------------|---------------------------|

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|----------------------------|--------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 5 times a week, 3 times a week |
| Duration: | 1 week, 3 weeks |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |

Signed by Jordan B. Webber D.C.

**JS160**

Desert Chiropractic & Rehab / Core Rehab

7810 West Ann Road #110

Las Vegas, NV 891495199

Phone: (702)463-9508

FAX: (702)463-9772

Patient Name: Sekera, Joyce**Date of Birth:** 3/22/1956**Date of Service:** 11/10/2016**Subjective**

This patient presents with the following problems:

Headache**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present less than 26% of the day.

With associated blurred vision, memory problems, and balance problems. She stated that she is having difficulty sleeping due to her pains. The back of her head is sore and achy.

The patient stated that she has daily headaches over her eyes that can last for approximately 45 mins. She is unsure of what brings it on and what causes it to go away

Cervicalgia**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated numbness and tingling down both arms to her fingers. Sometimes it is more concentrated on the left 4th digit.

Low back pain**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in thoracic spine**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Objective**Palpation/Spasm/Tissue Changes**

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|--------------------|----------|
| Cervical, Neck | | spasm | moderate to severe | |
| Thoracic, Mid Back | | spasm | moderate to severe | |
| Lumbar, Lower Back | | spasm | moderate to severe | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

JS161

Assessment**Diagnoses**

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan**JS162****Treatments**

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|---------------|------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97010 | | | | | 1 | | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |

| | | | | | |
|-------|--|--|---|------------------------|------------------------|
| 97014 | | | 1 | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7 |
|-------|--|--|---|------------------------|------------------------|

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

Patient Care Plan

| | |
|----------------------------|--------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 5 times a week, 3 times a week |
| Duration: | 1 week, 3 weeks |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |

Signed by Michelle Binkowski-Keller D.C.

JS163

Desert Chiropractic & Rehab / Core Rehab

7810 West Ann Road #110

Las Vegas, NV 891495199

Phone: (702)463-9608

FAX: (702)463-9772

Patient Name: Sekera, Joyce**Date of Birth:** 3/22/1956**Date of Service:** 11/9/2016

Ms. Sekera stated that her pains have been increased over the past few hours and cannot recall doing anything to increase her pains. She reported feeling really tired.

Subjective

This patient presents with the following problems:

Headache**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 26% to 50% of the day.

With associated blurred vision, memory problems, and balance problems. She stated that she is having difficulty sleeping due to her pains. The back of her head is sore and achy.

Cervicalgia**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

With associated numbness and tingling down both arms to her fingers.

Low back pain**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day. The patient describes their symptoms as radiating bilaterally down the upper leg.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in left elbow**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Pain in thoracic spine**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The symptoms have been present 100% of the day.

Upper back area.

Objective**JS164****Palpation/Spasm/Tissue Changes**

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|--------------------|----------|
| Cervical, Neck | | spasm | moderate to severe | |
| Thoracic, Mid Back | | spasm | moderate to severe | |
| Lumbar, Lower Back | | spasm | moderate to severe | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

She had difficulty getting up from the prone position off of my treatment table. She was given and filled out the Rivermead post-concussion symptoms questionnaire. See her chart for details.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial encounter |
| 8 | S39.012A | Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.402A | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 25 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Patient is following the recommended treatment plan

Plan

JS165

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|---------------|---------------------------|
| 98941 | | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97010 | | | | | 1 | | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| L0625 | | | | | 1 | | Lumbar Brace | 5, 7, 8 |

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

The patient was fitted for and given a lumbar brace today.

Patient Care Plan

| | |
|----------------------------|--------------------------------|
| Plan Start Date: | 11/8/2016 |
| Frequency: | 5 times a week, 3 times a week |
| Duration: | 1 week, 3 weeks |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |

Signed by Jordan B. Webber D.C.

**JS166**

Patients Name: Joyce SekeraDate: 11/8/16

Company: _____

Date of Injury/Illness 11/4/16 - Headaches, cervical, Thoracic & Lumbar

I saw/treated this patient:

- ☐ Please excuse patient from work/school on _____ they had an appointment in my office related to the above stated diagnosis.
- ☒ Patient is unable to perform work duties from: 11/4/16 to 11/23/16 due to the above diagnosis.
- ☐ Patient is able to return to work with no limitations or restrictions on _____

☐ Patient is able to work with the following restrictions:**PATIENTS IS TO FOLLOW THESE LIMITATIONS:**____ Lifting with a limit of: ☐ No lifting ☐ 0-10lbs ☐ 10-20lbs ☐ 20-50lbs ☐ 50-70lbs____ Standing/ Walking with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs____ Sitting with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs____ Driving with a daily limit of: ☐ None ☐ 1-2hrs ☐ 2-4hrs ☐ 4-6hrs ☐ 6-8hrs____ Repetitive hand motions to be avoided: ☐ Left ☐ Right ☐ both☐ Grasping ☐ Rotation ☐ Pushing or Pulling ☐ Fine Manipulations____ Repetitive motions to be avoided: ☐ Bending ☐ Carrying ☐ Squatting ☐ Stooping☐ Climbing ☐ Pushing ☐ Twisting ☐ Overhead Reaching ☐ Kneeling

____ other restrictions: _____

THESE RESTRICTIONS ARE IN EFFECT UNTIL: _____ OR UNTIL PATIENT IS REEVALUATED.

Physician Signature: _____

Date: 11/8/16

If you have any questions or concerns please contact our office at:

Phone 702-463-9508 Fax: 702-463-9772

JS167

7500 Smoke Ranch Road, Suite 100
Las Vegas, NV 89128



**LAS VEGAS
RADIOLOGY**
TOMORROW'S RADIOLOGY (IMAGING... TODAY)

Bhuvana Kittusamy, MD
Medical Director

3201 S Maryland Parkway, Suite 102
Las Vegas, NV 89109

401 N Buffalo Drive, Suite 100
Las Vegas, NV 89145
(Ultrasound & DEXA only)

PHONE: 702.254.5004

FAX: 702.432.4005

PATIENT INFORMATION

PATIENT NAME: Joyce Sokerq DOB: 3/22/56 AGE: _____
HOME PHONE: _____ CELL PHONE: 702-467-5457 WORK PHONE: _____
☒ ATTY: Calliher DOI: 11/4/14 ☐ WORK COMP
INSURANCE: 702 735 - 0049 ID/CLAIM #: _____ PHONE: _____
DX/SYMPTOMS: _____ ALLERGIES: _____

EXAM REQUEST

☐ MRI (1.5T): _____ CONTRAST: ☐ WITH ☐ W/O ☐ BOTH ☐ RADIOLOGIST DISCRETION ☐ ARTHROGRAM
☐ MRA: _____
☐ UPRIGHT / OPEN MRI: _____ ☐ FLEXION ☐ EXTENSION
(MARYLAND PKWY)
☐ P.E.T. SCAN: _____ ☐ ONCOLOGY ☐ BRAIN ☐ CARDIAC VIABILITY ☐ RUBIDIUM STRESS TEST
(SMOKE RANCH) (WHOLE BODY) (DEMENTIA)
☐ CT SCAN: _____ CONTRAST: ☐ WITH ☐ W/O ☐ BOTH ☐ RADIOLOGIST DISCRETION
☐ LOW DOSE CHEST CT LUNG CA SCREENING: _____
☐ CTA: _____ ☐ CORONARY ☐ CAROTID ☐ RUN-OFF
☐ MAMMOGRAPHY: _____ EXAM: ☐ ANNUAL SCREENING ☐ DIAGNOSTIC
☐ DEXA: _____
☒ X-RAY: C/S (F/E), T/S, @Shoulder
☐ FLUOROSCOPY: _____
☐ NUCLEAR MEDICINE: _____ ☐ LYMPHOCYSTOGRAM ☐ MUGA SCAN ☐ 3 PHASE BONE SCAN
☐ STRESS TEST: _____ ☐ TREADMILL ☐ LEXISCAN ☐ DOBUTAMINE ☐ TREADMILL ONLY
(W/MYOVUE) (NO MYOVUE)
☐ ECHOCARDIOGRAM: _____
☐ ULTRASOUND: _____
☐ LOWER EXTREMITY U/S: _____ ☐ ARTERIAL TO R/O PAD ☐ VENOUS TO R/O VENOUS INSUFFICIENCY ☐ R/O DVT
☐ CAROTID ULTRASOUND: _____
☐ ABDOMINAL AORTA U/S: _____ (FASTING 6 HOURS)
☐ CALCIUM SCORING (CASH \$100): _____
☐ OTHER: _____

Consent to Represent Ordering Provider During Prior Authorization Process☐ PRIOR AUTHORIZATION REQUESTED

By providing the following information, I authorize Las Vegas Radiology to represent my office during the prior-authorization process for the exams ordered on this referral.

Ordering Provider's NPI #: _____

Company Tax ID #: _____

Please fax clinical information needed for authorization.

REFERRING PHYSICIAN: Dr. Jordan B. Webber CONTACT NAME: Jennifer
PHONE: 702-463-9508 FAX REPORT TO: 702 463-9772 TODAY'S DATE: 11/8/14

☐ SEND FILMS AND REPORT ☐ SEND CD ☒ FAX REPORT ONLY ☐ PT TO CARRY ☐ STAT CALL (PHONE #) _____

JS168

APPOINTMENT DATE: _____ ARRIVAL TIME: _____ SCAN TIME: _____

www.lvradiology.com

Rev. 08/24/2016

Desert Chiropractic & Rehab / Core Rehab

7810 West Ann Road #110

Las Vegas, NV 891495199

Phone: (702)463-9508

FAX: (702)463-9772

Patient Name: Sekera, Joyce
Date of Birth: 3/22/1956
Date of Service: 11/8/2016

History of injury:

Ms. Sekera had a slip and fall injury dated 11/4/16. She stated that she was at work inside the Venetian Hotel. She stated that she was walking on the marble floor when she slipped on something wet when both of her feet slide out from under her and she fell to the ground landing on her back and left elbow. She reported that her neck was thrust back when she fell. She stated that she cannot recall a loss of consciousness, but recalls the first thing she can remember after her fall was people standing over her and feeling dazed.

Ms. Sekera reported that she was evaluated by a paramedic at the scene of her fall and given a sling for her left shoulder. She reported making an incident report and was asked if she wanted an ambulance to take her to the hospital. She stated that she declined the ambulance and drove herself to Centennial Hills Hospital where she had x-rays, was given medications and a new shoulder sling. The patient reported taking the medications which have helped, but not resolve their pain. She also reported using heat packs which have helped some as well. Ms. Sekera cannot recall having prior slip and fall injuries or motor vehicle accidents. The patient stated that she was pain free prior to the above mentioned slip and fall. She reported that she has not returned to her work at this time due to her pain and she is unable to perform her job duties.

Subjective

This patient presents with the following problems:

Headache**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/4/2016. The symptoms have been present 26% to 50% of the day.

With associated blurred vision and balance problems. She also reported memory problems and reported that she will go into a room and completely forget what she is doing there. She stated that she is having difficulty sleeping due to her pains. The back of her head is sore and achy.

Cervicalgia**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/4/2016. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. Upon questioning, they related that the symptoms were aggravated by activities involving movement.

With associated numbness and tingling down both arms to her fingers.

Low back pain**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as a 7 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/4/2016. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. The patient describes their symptoms as radiating bilaterally down the upper leg. Upon questioning, they related that the symptoms were aggravated by activities involving movement.

With associated numbness and tingling down both thighs to just below her knees.

Pain in left shoulder**History of present illness/condition:**

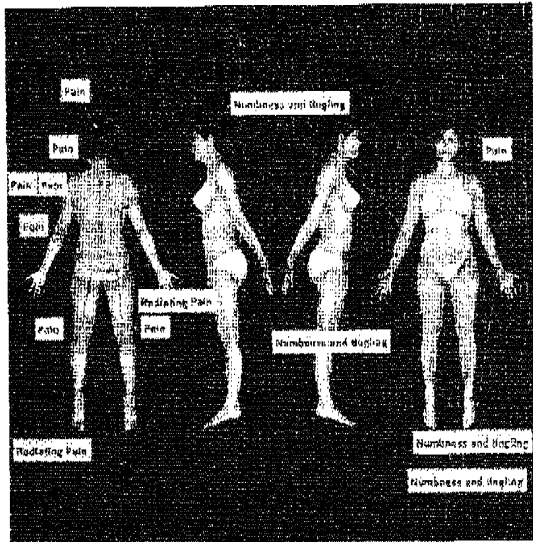
The patient rated the intensity of their pain/symptoms as a 6 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/4/2016. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. Upon questioning, they related that the symptoms were aggravated by activities involving movement.

Pain in left elbow**History of present illness/condition:**

The patient rated the intensity of their pain/symptoms as an 8 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/4/2016. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. Upon questioning, they related that the symptoms were aggravated by activities involving movement.

Pain in thoracic spine**History of present illness/condition:****JS169**

The patient rated the intensity of their pain/symptoms as a 4 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The mechanism of injury described by the patient involved a slip and fall injury. The symptoms have been present since the date of injury on 11/4/2016. The symptoms have been present 100% of the day. The patient describes their pain with the following qualifiers: aching. Upon questioning, they related that the symptoms were aggravated by activities involving movement.



Objective

Range of motion/joint fixation:

| Passive/Active | Joint | Plane of Motion | Degrees | Level of Decrease | With Pain |
|----------------|---------------|-----------------|---------|-------------------|-----------|
| Active | Cervical | Flex | | Moderate | Yes |
| Active | Cervical | Ext | | Moderate | Yes |
| Active | Cervical | LLF | | Moderate | Yes |
| Active | Cervical | RLF | | Mild-Moderate | Yes |
| Active | Cervical | LR | | Mild-Moderate | Yes |
| Active | Cervical | RR | | Mild | No |
| Active | Left Elbow | Flex | | Mild-Moderate | Yes |
| Active | Left Elbow | Ext | | Mild-Moderate | Yes |
| Active | Left Elbow | Pronation | | Mild | Yes |
| Active | Left Elbow | Supination | | Mild | Yes |
| Active | Left Shoulder | Flex | | Moderate-Severe | Yes |
| Active | Left Shoulder | Ext | | Moderate | Yes |
| Active | Left Shoulder | Abduction | | Moderate-Severe | Yes |
| Active | Left Shoulder | Internal Rot | | Normal | No |
| Active | Left Shoulder | External Rot | | Moderate | Yes |
| Active | Left Shoulder | Adduction | | Normal | No |

Palpation/Spasm/Tissue Changes

| Region/Area | Anatomy | Finding | Severity | Progress |
|--------------------|---------|---------|--------------------|----------|
| Cervical, Neck | | spasm | moderate to severe | |
| Thoracic, Mid Back | | spasm | moderate to severe | |
| Lumbar, Lower Back | | spasm | moderate to severe | |

Examinations

| Type of Exam | Exam/Test/Maneuver | Side | Outcome | Outcome Qualifier | Pain Descriptor | Body Area |
|--------------|------------------------|------|-------------------|-------------------|-----------------|-----------|
| Neurological | Muscle strength for C5 | Left | graded 4 out of 5 | | | |

JS170

| | | | | | | |
|--------------|---|-----------|-------------------|--------------------|--|-------------------------|
| Comments: | Right 5/5. | | | | | |
| Neurological | Muscle strength for C6 | Left | graded 4 out of 5 | | | |
| Comments: | Right 5/5. | | | | | |
| Neurological | Muscle strength for C7 | Left | graded 4 out of 5 | | | |
| Comments: | Right 5/5. | | | | | |
| Neurological | Muscle strength for C8 | Left | graded 4 out of 5 | | | |
| Comments: | Right 5/5. | | | | | |
| Neurological | Muscle strength for L4 | Bilateral | graded 5 out of 5 | | | |
| Neurological | Muscle strength for L5 | Bilateral | graded 5 out of 5 | | | |
| Neurological | Muscle strength for S1 | Bilateral | graded 5 out of 5 | | | |
| Neurological | Muscle strength for T1 | Left | graded 4 out of 5 | | | |
| Comments: | Right 5/5. | | | | | |
| Orthopedic | Apley's test | Left | Positive | moderate to severe | | Posterior Shoulder Area |
| Orthopedic | Cervical maximum compression test | | Positive | moderate to severe | | Neck Area |
| Orthopedic | Distraction test | | Positive | moderate to severe | | Neck Area |
| Orthopedic | Hibb's test | | Not performed | | | |
| Orthopedic | Kemp's test | | Not performed | | | |
| Orthopedic | Nachlas test | | Not performed | | | |
| Orthopedic | O'Donoghue maneuver | Bilateral | Positive | moderate to severe | | Neck Area |
| Orthopedic | Shoulder depression test | Bilateral | Positive | excruciating | | Neck Area |
| Orthopedic | Soto-Hall sign | | Negative | moderate to severe | | |
| Comments: | (+) for local neck pain, (+) for local mid back pain. | | | | | |
| Orthopedic | Varus / Valgus Stress Test | Left | Negative | moderate | | |
| Comments: | (+) for local elbow pain. | | | | | |
| Orthopedic | Yeoman's test (lumbar) | | Not performed | | | |
| Comments: | Due to her wearing a shoulder brace and balance problems range of motion of the lumbar spine was deferred at this time. Orthopedic testing of the lumbar spine was deferred due to pain and spasm at this time. | | | | | |

Chiropractic Evaluation: Hypomobility and restrictions of the cervical, thoracic, lumbar and sacroiliac regions were noted during an evaluation of the spine.

She was using a left shoulder brace / sling.

Assessment

Diagnoses

| Number | ICD Code | Description |
|--------|----------|--|
| 1 | S16.1XXA | Strain of muscle, fascia and tendon at neck level, init |
| 2 | S13.4XXA | Sprain of ligaments of cervical spine, initial encounter |
| 3 | M62.83 | Muscle spasm |
| 4 | S23.3XXA | Sprain of ligaments of thoracic spine, initial encounter |
| 5 | M62.830 | Muscle spasm of back |
| 6 | S29.012A | Strain of muscle and tendon of back wall of thorax, init |
| 7 | S33.5XXA | Sprain of ligaments of lumbar spine, initial |

| | | |
|----|----------|--|
| 8 | S39.012A | encounter Strain of muscle, fascia and tendon of lower back, init |
| 9 | G44.309 | Post-traumatic headache, unspecified, not intractable |
| 10 | S06.0X1A | Concussion w LOC of 30 minutes or less, init |
| 11 | S00.03XA | Contusion of scalp, initial encounter |
| 12 | F07.81 | Postconcussional syndrome |
| 13 | H53.8 | Other visual disturbances |
| 14 | G47.00 | Insomnia, unspecified |
| 15 | S33.6XXA | Sprain of sacroiliac joint, initial encounter |
| 16 | S43.40ZA | Unspecified sprain of left shoulder joint, initial encounter |
| 17 | M99.07 | Segmental and somatic dysfunction of upper extremity |
| 18 | S46.012A | Strain of musc/tend the rotator cuff of left shoulder, init |
| 19 | R20.2 | Paresthesia of skin |
| 20 | M54.16 | Radiculopathy, lumbar region |
| 21 | S53.409A | Unspecified sprain of unspecified elbow, initial encounter |
| 22 | S56.919A | Strain of unsp musc/fasc/tend at forearm lv, unsp arm, init |
| 23 | M99.01 | Segmental and somatic dysfunction of cervical region |
| 24 | M99.02 | Segmental and somatic dysfunction of thoracic region |
| 26 | M99.03 | Segmental and somatic dysfunction of lumbar region |
| 26 | M99.04 | Segmental and somatic dysfunction of sacral region |
| 27 | W01.198A | Fall same lev from slip/trip w strike agnst oth object, init |

General Assessment:

Causation: Based on my 11/8/16 physical examination of Ms. Sekera, my discussion with the patient regarding how the accident happened, patient medical history, and the mechanics of her body during the collision, it is my opinion, to a reasonable degree of medical probability, the bodily injury sustained by the patient, as recorded in this report, was caused by the slip and fall dated 11/4/16.

Complicating Factors: Age, Severity of Pain

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well

Plan

Treatments

| CPT | Mod1 | Mod2 | Mod3 | Mod4 | Units | Duration | Description | DxLink |
|-------|------|------|------|------|-------|----------|---------------------------|---|
| 99203 | 25 | | | | 1 | | Detailed New Patient Exam | 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 |
| 98941 | 25 | | | | 1 | | CMT 3-4 Areas | 23, 24, 25, 26 |
| 97014 | | | | | 1 | | Electrical Stimulation | 1, 2, 3, 4, 5, 6, 7, 8 |
| 97010 | | | | | 1 | | Ice pack | 1, 2, 3, 4, 5, 6, 7, 8 |
| A4556 | | | | | 1 | | Electrodes | 1, 2, 3, 4, 5, 6, 7, 8 |
| 99070 | | | | | 1 | | Home use ice pack | 1, 2, 3, 4, 5, |

| | | | |
|-------|---|----------------|--|
| 99080 | 1 | Initial report | 6, 7, 8, 9 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 |
|-------|---|----------------|--|

Spine Levels Adjusted:

Instrument adjustment of the cervical spine, thoracic spine, lumbar spine and sacroiliac joints regions.

The patient was given and instructed on the home use of the ice / heat packs today.

Patient Care Plan

| | |
|----------------------------|--|
| Informed Consent Obtained: | Yes |
| Problem: | R51 - Headache, M54.2 - Cervicalgia, M54.5 - Low back pain, M25.512 - Pain in left shoulder, M25.522 - Pain in left elbow, M54.6 - Pain in thoracic spine |
| Plan Start Date: | 11/8/2016 |
| Frequency: | 5 times a week, 3 times a week |
| Duration: | 1 week, 3 weeks |
| Expectation for Recovery: | Guarded at this time |
| Services: | CMT, Myofascial Release, Electrical Stimulation, Rehabilitation exercises, Intersegmental traction, mechanical massage, extraspinal adjustments, and Ice or heat packs |
| Re-examination Date: | 12/8/2016 |
| Home Care Recommendations: | Ice |
| Short Term Goals: | Reduce pain and restore normal joint function and muscle balance., Improve cervical range of motion, Improve lumbar range of motion, Improve shoulder range of motion |
| Long Term Goals: | Return patient to pre-accident status |
| Referral: | Dr. Hyla for medical co-treatment of her injuries. |

Histories**Vital Signs**

| Date Reported | Height | Weight | BMI | Pulse | Respiration | Blood Pressure | Temperature | Heart Rate | Pulse Oximetry | Active |
|---------------|--------|--------|-----|-------|-------------|----------------|-------------|------------|----------------|--------|
| 11/8/2016 | 66 | 180 | 29 | 83 | | 161/82 | | | | Yes |

Signed by Jordan B. Webber D.C.

JS173



DESERT
CHIROPRACTIC & REHAB

Exercise Log

Dr. Jordan Webber

Name: Joyce Sekera

3/1/17

| Exercise | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date | Date |
|----------------|---------|---------|---------|--------|---------|---------|---------|--------|---------|---------|---------|--------|---------|---------|---------|--------|--------|
| | 1/18/17 | 1/23/17 | 1/30/17 | 2/6/17 | 2/13/17 | 2/20/17 | 2/27/17 | 3/6/17 | 3/13/17 | 3/20/17 | 3/27/17 | 4/3/17 | 4/10/17 | 4/17/17 | 4/24/17 | 5/1/17 | 5/8/17 |
| AROM C/S | | | | | | | | | | | | | | | | | |
| AROM L/S | | | | | | | | | | | | | | | | | |
| RB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| UEB | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| X-CRAWL | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| SUPERMAN | | | | | | | | | | | | | | | | | |
| WALL WALK | | | | | | | | | | | | | | | | | |
| AROM | | | | | | | | | | | | | | | | | |
| Freedom Glider | | | | | | | | | | | | | | | | | |
| Wobble Board | | | | | | | | | | | | | | | | | |
| Scapret | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Shoulder Pils | | | | | | | | | | | | | | | | | |

JS175



DESERT

Dr. Jordan Webber

Exercise Log

Name: Joyce Sekera

[illegible]



Service Log

Name: Joyce ScheraDOI: 11/14/16

DATE

| | |
|-----------|-----|
| 1. 5/1/17 | 27. |
| 2. | 28. |
| 3. | 29. |
| 4. | 30. |
| 5. | 31. |
| 6. | 32. |
| 7. | 33. |
| 8. | 34. |
| 9. | 35. |
| 10. | 36. |
| 11. | 37. |
| 12. | 38. |
| 13. | 39. |
| 14. | 40. |
| 15. | 41. |
| 16. | 42. |
| 17. | 43. |
| 18. | 44. |
| 19. | 45. |
| 20. | 46. |
| 21. | 47. |
| 22. | 48. |
| 23. | 49. |
| 24. | 50. |
| 25. | 51. |
| 26. | 52. |

JS177



Service Log

Name: Joyce SekeraDOI: 11/4/16

DATE

| | |
|--------------------|------------------|
| 1. 11/8/16 | 27. 1/9/17 |
| 2. 11/9/16 | 28. 1/11/17 |
| 3. 11/10/16 Dr. M | 29. 1/16/17 |
| 4. 11/11/16 | 30. 1/18/17 |
| 5. 11/14/16 | 31. 1/23/17 |
| 6. 11/16/16 | 32. 1/25/17 |
| 7. 11/18/16 | 33. 1/30/17 |
| 8. 11/21/16 | 34. 2/1/17 |
| 9. 11/22/16 | 35. 2/16/17 |
| 10. 11/23/16 Dr. M | 36. 2/8/17 |
| 11. 11/28/16 | 37. 2/13/17 |
| 12. 11/30/16 | 38. 2/15/17 |
| 13. 12/2/16 | 39. 2/20/17 |
| 14. 12/5/16 | 40. 2/22/17 |
| 15. 12/7/16 | 41. 3/1/17 |
| 16. 12/9/16 | 42. 3/3/17 Dr. M |
| 17. 12/12/16 | 43. 3/16/17 |
| 18. 12/14/16 | 44. 3/18/17 |
| 19. 12/16/16 | 45. 3/19/17 |
| 20. 12/19/16 | 46. 3/17/17 |
| 21. 12/21/16 | 47. 3/20/17 |
| 22. 12/22/16 | 48. 3/27/17 |
| 23. 12/26/16 | 49. 4/5/17 |
| 24. 12/28/16 | 50. 4/10/17 |
| 25. 1/3/17 | 51. 4/17/17 |
| 26. 1/4/17 | 52. 4/24/17 |

JS178

Name: SEKERA, JOYCE

DOE: 04-11-2017

RADAR MEDICAL GROUP, LLP

Mailing address: 10624 South Eastern Avenue, Suite A-425, Henderson, NV 89052

Phone (702) 644-0500 Fax (702) 641-4600

Russell J. Shah MD

Neurology /Neurophysiology

NEUROLOGY Follow Up

JORDAN WEBBER D.C.

2425 N Lamb Blvd

Ste #100

Las Vegas, NV 89115

PATIENT NAME: SEKERA, JOYCE

DOB: 03-22-1956

Gender: F

Date of Injury: 11-04-2016

Date of Evaluation: 04-11-2017

Dear Dr. JORDAN WEBBER:

JOYCE SEKERA was seen on 04-11-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury: 11-04-2016

MEDICATIONS/ MEDICATION ALLERGY**Medications:**

| NAME | DOSAGE | SIG | DISCONTINUE DATE |
|------|--------|-------------|------------------|
| ZPAK | | AS DIRECTED | |

Page: 1

JS179

RECEIVED 05/04/2017 03:53PM 7024639772
May. 4. 2017 3:49PM

DR. JORDAN WEBBER

No. 8521 P. 3/5

Name: SEKERA, JOYCE
DOE: 04-11-2017**REVIEW OF SYSTEMS**

Constitutional Normal appetite, normal steady weight, no malaise, no generalized weakness, no diaphoresis, no unexplained weight loss

ENMT Negative unless documented in the HPI and/or Present complaints. No sore throat, no painful swallowing, no change of speech, (-) slurred speech, no tongue numbness, no perioral numbness

Cardiac: Negative unless documented in the HPI and/or Present complaints. No palpitations, no chest pain, no shortness of breath during activities is present. No syncope

Respiratory: Negative unless documented in the HPI and/or Present complaints. No asthma, no bronchitis, no fever, no chills, no coughing and no shortness of breath is present.

GI: Negative unless documented in the HPI and/or Present complaints. (+) nausea, no vomiting, no diarrhea and no constipation is present. No blood in the stool

GU: Negative unless documented in the HPI and/or Present complaints. No bowel urgency, (+) bladder urgency, no bowel incontinence, no bladder incontinence, no painful urination, and no blood in the urine

Visual: Negative unless documented in the HPI and/or Present complaints. (-) double vision, (+) blurred vision and (+) eye pain is present.

Neurologic: Negative unless documented in the HPI and/or Present complaints. (+) headache, (+) neck pain, (+) mid back pain, (+) low back pain, (+) weakness in the arms, (+) weakness in the hands, (+) weakness in the legs, (+) weakness on walking, (+) numbness or tingling in the arms, (+) numbness or tingling in the legs.

Psychiatric: Negative unless documented in the HPI and/or Present complaints. (+) depression, (+) anxiety, (+) restlessness, no sleep onset difficulties, no active or recent suicidal ideation, thought, attempt or plan.

RECORD REVIEW**chart****PRESENT COMPLAINT**

She is better and not crying and much less emotional

She is better in her memory and less forgetful and notes improvement and stopped all medications due to

Page: 2

JS180

May. 4. 2017 3:50PM

Name: SEKERA, JOYCE**DOE: 04-11-2017**

pain shots

She is with less neck pain and the numbness in the hands is much better

She had injections 2-3 weeks ago and then subsequently had a cough and cold illness which she is recovering from and has delayed her pain shot treatment with Dr. Kidwell's group

She is with low back pain

She has stiffness and ache in the shoulder blades

She is not working now and was in sales.

She is unable to work due to the injury

She is on zpack antibiotics completion today and inhaler

She is off medication as she just had injections and was ill

She has stiffness and achiness in the legs

She had an mri of the cervical and lumbar at LV Radiology at Durango

She has noted less hand numbness

EXAMINATION**Vital Signs:**

| TEMP | PULSE | RESP | HT | WT | BMI | BP SYST | BP DIAST | COMMENT |
|------|-------|------|----|-----|-----|---------|----------|---------|
| 98 | 61 | 16 | 66 | 207 | 33 | 148 | 76 | AG |

General:

The patient is awake, alert appropriate and non-toxic appearing

The patient appears to be in mild distress.

The patient has a clear sensorium.

The patient is a fair historian

No pausing during conversation, fair eye contact, fair vocal prosody, no psychomotor retardation, masked face or decrease eye contact. Attentive throughout

Musculoskeletal:

There is mild lumbar paraspinal muscle tenderness.

RECEIVED 05/04/2017 03:53PM 7024639772

DR. JORDAN WEBBER

May. 4. 2017 3:50PM

No. 8521 P. 5/5

Name: SEKERA, JOYCE**DOE:** 04-11-2017

There is no lumbar sacral spinous processes tenderness.
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florid muscle spasm of the lumbar paraspinal muscles

Lumbar range: Lumbar range of motion was limited on extension. No SLR, no Tinel's at the fibular head or tarsal tunnel

Obesity

Cranial Nerves: EOMI
No nystagmus.
Anicteric
Hearing was intact.
The smile is symmetric.

Motor :**Lower:**

Normal power of 5
Able to heel and toe stance
Reflexes 2

Coordination: Unremarkable

Gait: Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome

- will reinstitute anicept after the illness recovers

2. Cervical strain/headaches

- f/u pain management - hold any procedures till she recovers from the recent illness. She was told that injections/procedures and/or steroids may lower her immune system and will notify pain management

3. Migraines secondary to #1/2

4. Secondary insomnia due to #1,2, and #5

Page: 4

JS182

RECEIVED 02/17/2017 09:44AM 7024639772
FRI/FEB/17/2017 09:12

DR. JORDAN WEBBER

P. 002

2/16/2017 2:38 PM FROM: 702-641-4600 TO: (702)677-9901 PAGE: 002 OF 007

Name: SEKERA, JOYCE
DOE: 02-07-2017**RADAR MEDICAL GROUP, LLP**Mailing address: 10634 South Eastern Avenue, Suite A-425, Henderson, NV 89052
Phone (702) 644-0500 Fax (702) 641-4600Russell J. Shah MD
Neurology /Neurophysiology**NEUROLOGY Follow Up**JORDAN WEBBER D.C.
2425 N Lamb Blvd
Ste #100
Las Vegas, NV 89115PATIENT NAME: SEKERA, JOYCE
DOB: 03-22-1956
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 02-07-2017

Dear Dr. JORDAN WEBBER:

JOYCE SEKERA was seen on 02-07-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury: 11-04-2016

MEDICATIONS/ MEDICATION ALLERGY**Medications:**

| NAME | DOSEAGE | SIG | DISCONTINUE DATE |
|---------|---------|-----|------------------|
| ROBAXIN | UNKNOWN | PRN | |

Page: 1

JS183

2/17/17
JW

RECEIVED 02/17/2017 09:44AM 7024639772
FRI/FEB/17/2017 09:13

DR. JORDAN WEBBER

P. 003

2/16/2017 2:38 PM FROM: 702-641-4600 TO: (702)877-9801 PAGE: 003 OF 007

Name: SEKERA, JOYCE
DOE: 02-07-2017

| | | | |
|---------------|---------|-----------------|--|
| METHOCARBOMOL | UNKNOWN | TWICE DAILY PRN | |
|---------------|---------|-----------------|--|

REVIEW OF SYSTEMS

Constitutional Normal appetite, normal steady weight, no malaise, no generalized weakness, no diaphoresis, no unexplained weight loss

ENMT Negative unless documented in the HPI and/or Present complaints. No sore throat, no painful swallowing, no change of speech, (-) slurred speech, no tongue numbness, no perioral numbness

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GI Negative unless documented in the HPI and/or Present complaints. (+) nausea, no vomiting, no diarrhea and no constipation is present. No blood in the stool

GU Negative unless documented in the HPI and/or Present complaints. No bowel urgency, (+) bladder urgency, no bowel incontinence, no bladder incontinence, no painful urination, and no blood in the urine

Visual Negative unless documented in the HPI and/or Present complaints. (-) double vision, (+) blurred vision and (+) eye pain is present.

Neurologic Negative unless documented in the HPI and/or Present complaints. (+) headache, (+) neck pain, (+) mid back pain, (+) low back pain, (+) weakness in the arms, (+) weakness in the hands, (+) weakness in the legs, (+) weakness on walking, (+) numbness or tingling in the arms, (+) numbness or tingling in the legs.

Psychiatric Negative unless documented in the HPI and/or Present complaints. (+) depression, (+) anxiety, (+) restlessness, no sleep onset difficulties, no active or recent suicidal ideation, thought, attempt or plan.

RECORD REVIEW

chart

PRESENT COMPLAINT

She is less emotional and feels better

Page: 2

JS184

211

RECEIVED 02/17/2017 09:44AM 7024639772
FRI/FEB/17/2017 09:13

DR. JORDAN WEBBER

P. 004

2/16/2017 2:38 PM FROM: 702-643-4000 TO: (702) 977-9901 PAGE: 004 OF 007

Name: SEKERA, JOYCE
DOE: 02-07-2017

She is noting problems with her memory and forgetfulness. She is not recalling items to do and she is forgetting appointments and is walking into rooms and not remembering why she is walking into the room. She is noting the headaches and neck pain as well as the low back pain are improved and she is not improving in her memory. This is the biggest issue.

She is with Dr. Webber and had MRIs of the cervical and lumbar completed

The dizziness and nausea are significantly better now.

Bilateral hand numbness and tingling worse on left and positive flick, positive nocturnal repositioning noted.

EXAMINATION

Vital Signs:

| TEMP | PULSE | RESP | BP | HR | RR | HR SYST | HR DIAST | COMMENTS |
|------|-------|------|----|-------|----|---------|----------|----------|
| 98.2 | 72 | 16 | 66 | 286.2 | 33 | 116 | 60 | CG |

General:

The patient is awake, alert appropriate and non-toxic appearing.
The patient appears to be in mild distress.
The patient has a clear sensorium.
The patient is a fair historian.
No pausing during conversation, fair eye contact, fair vocal prosody, no psychomotor retardation, masked face or decrease eye contact. Attentive throughout.

Musculoskeletal:

There is mild cervical paraspinal muscle tenderness.
There is no cervical spinal processes tenderness.
There is tightness and/or muscle spasm of the cervical paraspinal region.
There is no florid muscle spasm of the cervical paraspinal area.
Tenderness to both trapezius muscles was present.
Tenderness overlying the shoulder blades was not present.

No anterior tenderness to the left shoulder areas was present.
A positive Tinel's sign at left wrists.
A negative Tinel's sign at both medial elbow grooves.
A positive Phalen's sign at the bilateral wrist.

No anterior chest 1st rib tenderness.
There is mild upper thoracic paraspinal muscle tenderness.
There is no mid thoracic paraspinal muscle tenderness.
There is no lower paraspinal muscle tenderness.
There is no thoracic spinal processes tenderness.

Page: 3

JS185

212

RECEIVED 02/17/2017 09:44AM 7024639772
FRI/FEB/17/2017 09:14

DR. JORDAN WEBBER

P. 005

2/16/2017 2:38 PM FROM: 702-641-4600 TO: (702)877-9801 PAGES: 005 OF 007

Name: SEKERA, JOYCE
DOE: 02-07-2017

There is upper tightness and/or muscle spasm of the the thoracic paraspinal muscles
There is no florid muscle spasm of the thoracic paraspinal muscles.
There is minimal lumbar paraspinal muscle tenderness.
There is no lumbar sacral spinous processes tenderness.
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florid muscle spasm of the lumbar paraspinal muscles

Cervical range: Cervical range of motion was limited.

Pain on extension: yes
Pain on lateral flexion: yes

Positive axial compression maneuver
No Limites.

Lumbar range: Lumbar range of motion was limited.

Obesity

Shoulder range: Shoulder range of motion was normal on the right side
Shoulder range of motion was abnormal on the left side

Cranial Nerves: ROMI
No nystagmus.
Anicteric
Shoulder shrug was performed.
Hearing was intact.
The smile is symmetric.

Motor: Normal power of 5, bilateral APB is normal power and no muscle
fasciculations.
Reflexes were 2 throughout upper
No drift

Lower:

Normal power of 5
Able to heel and toe stance
Reflexes 2

Coordination: Unremarkable

Gait: Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

Page: 4

JS186

213

Name: SEKERA, JOYCE
DOE: 02-07-2017

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome
2. Cervical strain/headaches
3. Migraines secondary to #1/2
4. Secondary insomnia due to #1, 2, and #5
5. Lumbar strain
6. Carpal tunnel syndrome

DISCUSSION

JOYCE SEKERA was seen for a neurologic follow up earlier today. The main symptoms being addressed today are of memory impairment. These complaints are being medically evaluated and treated.

CAUSATION

The patient's symptoms are the result of the traumatic injury as noted above in the HPI

PLAN

1. Continue Robaxin and ibuprofen as needed
2. Initiate aricept 5 mg po qid. Off label treatment risk/benefits discussed. Patient wishes to try the medication and numerous SE, addiction, weight changes, effects onto the mood and psychology of the brain, cholinergic and anticholinergic systems discussed. Not taking the medication and alternatives were fully discussed. Risk, benefits, adverse reactions were explained to the patient.

Potential teratogenic medication side effects were explained to the patient. The patient understood the small but potential risk of birth defects by using this medication.

The patient agreed to accept the risk of this medication. The patient will be cautious about the potential adverse reactions and side effects. The patient was told and verbalized an understanding that a motor vehicle or heavy machinery is not used in case the potential side effects of drowsiness, sleepiness occurs. In the rare chance of a significant adverse reaction not limited to severe rash, the patient will proceed to the closest emergency room for prompt evaluation and treatment.

I discussed the use of medications in detail with the patient including side effects, usual potential adverse reactions, drug to drug interactions, alternative therapies including non-medication and/or non prescription medications in detail. I explained the mechanism of the medication therapies, goals of therapy, compliance

Page: 5

JS187

214

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DR. JORDAN WEBBER

P. 007

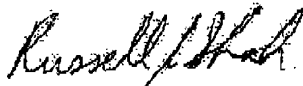
2/16/2017 2:38 PM FROM: 702-641-4600 TO: (702)877-9801 PAGE: 007 OF 007

Name: SEKERA, JOYCE
DOE: 02-07-2017

and withdrawal as well as precautions to be taken with the medications such as frequency of blood test to evaluate different markers including bone marrow and liver toxicity potentials.

3. Re-evaluate in 2 months
4. Spine restrictions
5. May need neuropsychology
6. Obtain spine MRI's results
7. Wrist splints bilateral for symptomatic carpal tunnel- education on how to use was extensive
8. May need hand surgeon
9. Compliance
10. Weight loss program and conditioning for improvement of post traumatic brain syndrome
11. Gym membership recommendations
12. Education greater than 50% of the evaluation time

Sincerely,



Russell J. Shah, MD

RECEIVED 01/30/2017 07:10PM 7024639772

DR. JORDAN WEBBER

No. 2414 P. 1/3

Jan. 30. 2017 6:10PM

PAIN INSTITUTE OF NEVADA
7435 W. Azure Drive, Ste 190
Las Vegas, NV 89130
Tel 702-878-8252
Fax 702-878-9096

OFFICE VISIT

Date of Service: January 30, 2017

Patient Name: Joyce P Sekera
Patient DOB: 3/22/1956

PAIN COMPLAINTS

Neck Pain
Low Back Pain
BL Knee Pain
BL Shoulder Pain

Joyce returns today for follow up. She is feeling better overall with Naprosyn PRN and chiro. She was afraid of Robaxin as she got the generic form which starts with "metho-" and didn't want any opioids so didn't take this. We discussed meds at length again today. Neck pain is constant and feels stiffness now. VAS 4-7 and mostly moderate pain. Made better by chiro and naprosyn. Low back pain is constant and achy. She thinks this is mostly moderate pain. She no longer has severe pain. She is not working and feels she can't do her job. I encouraged finding desk work or another job.

INTERIM HISTORY

Hospitalizations or ER visits: None
Changes in health: None
Problems with medications: None
Obtaining pain meds from other physicians: Patient denies.
New injuries or MVA's: No
Work Status: Unable to work due to pain
Therapy: Pt is currently receiving chiropractic therapy.

IMAGING/TESTING

MRI brain without contrast: Report dated 12/16/2016
Brain normal for age.

MRI cervical spine without contrast: Report dated 12/21/2016
Mild dextrocurvature with straightening of cervical lordosis.
C3-4: Mild bilateral facet hypertrophy.
C4-5: Mild bilateral facet hypertrophy. Mild left uncovertebral arthropathy.
C5-6: Mild disc protrusion with mild bilateral facet hypertrophy. Bilateral uncovertebral arthropathy with mild left greater than right neural foraminal stenosis.
C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

MRI lumbar spine without contrast: Report dated 12/21/2016
L1-2: Mild disc bulge.
L2-3: Minimal spondylosis and disc bulge.
L3-4: Mild disc bulge with mild facet and ligamentum flavum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.
L4-5: Left paracentral disc bulge with annular fissuring. Assessment and ligamentum flavum hypertrophy bilaterally. AP dimension spinal canal 11 mm.
L5-S1: Central disc bulge with facet hypertrophy bilaterally. AP dimension spinal canal 10 mm.

MEDICAL HISTORY

No medical problems reported by patient

ALLERGIES

No known drug allergies

MEDICATIONS

Naproxen 500mg PRN

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married, has children, lives with family

JS189

1/31/17
JW

RECEIVED 01/30/2017 07:10PM 7024639772

DR. JORDAN WEBBER

No. 2414 P. 2/3

Jan. 30. 2017 6:10PM

Occupation: Customer service

Habits: The patient smokes less than 1/2 pack per day. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue

Visual: Blurred vision decreased vision

ENT: Headache

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Anxiety depressed mood Insomnia

VITAL SIGNS

Height: 66.00 Inches

Blood Press: 114/80 mmHg

Pulse: 65 BPM

Respirations: 16 RPM

Pain: 06

PHYSICAL EXAMINATION**GENERAL APPEARANCE***Appearance:* No discomfort*Transition:* Normal*Ambulation:* Patient can ambulate without assistance.*Gait:* Gait is normal**CERVICAL SPINE***Appearance:* No masses, lesions or abnormalities. Normal head position.*Palpation:* No Tenderness, trigger points, or spasm.*Range of Motion:* Full range of motion in flexion, extension and rotation.**LUMBAR SPINE***Appearance:* No masses, lesions or abnormalities. Normal head position.*Palpation:* No Tenderness, trigger points, or spasm.*Range of Motion:* Full range of motion in flexion, extension and rotation.**PSYCHOLOGICAL EXAMINATION***Orientation:* The patient is alert and oriented x3. No sign of impairment.*Mood / Affect:* Mood is normal. Full affect.*Thought Process:* Intact.*Memory:* Intact.*Concentration:* Intact.*Suicidal Ideation:* None.**DIAGNOSIS**

M54.2 NECK PAIN

M54.5 LOW BACK PAIN

M62.838 MUSCLE SPASM

PRESCRIPTIONS

Medication Management: I have reviewed the patient's medications with the patient including the potential risks and side effects. The patient has been counseled not to sell, share, or otherwise distribute his or her medications with other people. The patient understands that all medications can have adverse effects such as impairment and that dangerous activities such as driving are prohibited while impaired. The patient is advised not to drink alcohol while taking controlled substances. The patient is advised not to drive after taking controlled substances. The patient understands that the risks of opiate-type medications and other controlled substances potentially include addiction, tolerance, withdrawal, and accidental over dosage and that death can result from accidental over dosage. It was emphasized to the patient take the medications exactly as prescribed. The appropriate use and issues regarding misuse were discussed in detail. These discussions included appropriate federal and state law. Compliance to the treatment plan was emphasized. The patient reports no intolerable side effects. The patient is compliant. No aberrant behavior is noted. No impairment is noted. The patient is appropriate to receive medication(s).

Start ROBAXIN 500MG, Qty: 30, Refills: 0, sig: TAKE 1 BID for SPASM
Prid by 73/TRAV1 on 01/30/2017 at 08:58AM

Start GABAPENTIN CAPSULE 300MG, Qty: 30, Refills: 0, sig: TAKE 1 QHS for PAIN

JS190

05/18/2017 05:07PM 7024 772

DR. JORDAN WEBBER

PAGE 41/70

RECEIVED 01/30/2017 07:10PM 7024639772

DR. JORDAN WEBBER

No. 2414 P. 3/3

Jan. 30. 2017 6:11PM

Printed by 73/TRAVID on 01/30/2017 at 08:58AM

PLAN

** CONTINUE CURRENT CHIROPRACTIC THERAPY

** Continue naprosyn pm

** Meds as above

** RETURN: 3 weeks for re-evaluation with kdt

Katherine D Travnick MD

Electronically signed by KATHERINE TRAVNICEK Date: 1/30/2017 Time: 9:51:45

JS191

12/16/2016 10:30 SDMI CT SDMI CT 1 4

D 1/2

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERSPhone: (702) 732-6000 www.admi-lv.com Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Patient: Joyce P Sekera

SDMI #: 790179.0

Pt. DOB: 03/22/1956

Pt. Sex: Female

Date of Service: 12/16/16

SDMI Location: CH

Physician: Russell Shah

Dr. Fax: (702) 641-4600

Dr. Phone: (702) 644-0500

Dr. Addr.: 2628 W Charleston Blvd Las Vegas, NV 89102

Cc:

Cc:

MRI BRAIN**CLINICAL HISTORY:**

Headaches. Dizziness. Fall November 4, 2016

TECHNIQUE:

Sagittal T1, Axial T2, Axial FLAIR, coronal FLAIR

COMPARISON:

None.

FINDINGS:

Brain normal for age. No significant atrophy or small vessel ischemic change. No mass. No infarct. Flow voids patent. Sinuses clear. No hemorrhage.

IMPRESSION:

Brain normal for age

MAGNETIC RESONANCE ANGIOGRAM OF THE BRAIN**CLINICAL HISTORY:**

Headaches fall dizziness

TECHNIQUE:

2D/3D Time of flight

FINDINGS:

Signal strength symmetrical. No focal/ central stenosis. No measurable aneurysm

IMPRESSION:

No significant abnormality identified on magnetic resonance angiogram of the brain

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JS192

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERSPhone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Patient: **Joyce P Sekera**
SDMI #: 790179.0
Pt. DOB: 03/22/1956
Pt. Sex: Female
Date of Service: 12/21/16
SDMI Location: CHPhysician: **Jordan Webber DC**
Dr. Fax: (702) 463-9772
Dr. Phone: (702) 463-9508
Dr. Addr.: 7810 W Ann Rd Ste 110 Las Vegas, NV 89149
Cc:
Cc:**MRI LUMBAR SPINE WITHOUT IV CONTRAST****CLINICAL HISTORY:**

Lower back pain secondary to fall 2011 416. Bilateral arm and leg pain and numbness as well as weakness.

TECHNIQUE:

Multiplanar imaging is performed without IV contrast. 108 images.

FINDINGS:

The conus medullaris is in normal position with normal signal. Normal lumbar vertebral body height, signal and alignment with discogenic endplate changes at L2, L3, minimally at L4 as well as at L5. Disc desiccation throughout the lumbar spine with normal disc space height.

At T12-L1, no disc bulge or canal stenosis. No neural foraminal narrowing.

At L1-2, mild disc bulge without canal stenosis. AP dimension of the canal at this level 12 mm. No neural foraminal narrowing.

At L2-3, minimal spondylosis and disc bulge with AP dimension of the canal at this level 12 mm without canal stenosis. No neural foraminal narrowing.

At L3-4, mild disc bulge with AP dimension of the canal at this level 11 mm without canal stenosis. No neural foraminal narrowing. Mild facet and ligamentum flavum hypertrophy bilaterally.

At L4-5, left paracentral disc bulge with annular fissuring. AP dimension of the canal at this level 11 mm without canal stenosis. Facet and ligamentum flavum hypertrophy bilaterally. No neural foraminal encroachment.

At L5-S1, central disc bulge with facet hypertrophy bilaterally. AP dimension of the canal at this level 10 mm without canal stenosis. No neural foraminal narrowing noted. There is note made of a synovial cyst measuring 8 mm extending posteriorly of the left facet joint into the paraspinal musculature without neural impingement.

IMPRESSION:

Multilevel lumbar degenerative disc disease with disc bulges extending from L1-2 through L5-S1.

Annular fissuring at L4-5. No canal stenosis or neural foraminal narrowing at any level. There is note made of facet and ligamentum flavum hypertrophy at multiple levels.

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JS193

220

05/18/2017 05:07PM 7024 172

DR. JORDAN WEBBER

PAGE 44/70

RECEIVED 12/22/2016 09:42AM 7024639772
12/22/2016 8:40 SDMI-FP1 I-FP1-4

DR. JORDAN WEBBER

D 2/2

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Interpreted by: Saul Ruben M.D. 12/22/2016 8:07 AM

Electronically approved by: Saul Ruben, M.D. Date: 12/22/16 08:41

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JS194

RECEIVED 12/22/2016 11:51AM 7024639772
12/22/2016 10:48 SDMI-PP1 11-PP1-4

DR. JORDAN WEBBER

D 1/2

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERSPhone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Patient: **Joyce P Sekera**
SDMI #: 790179.0
Pt. DOB: 03/22/1956
Pt. Sex: Female
Date of Service: 12/21/16
SDMI Location: CHPhysician: **Jordan Webber DC**
Dr. Fax: (702) 463-9772
Dr. Phone: (702) 463-9508
Dr. Addr.: 7810 W Ann Rd Ste 110 Las Vegas, NV 89149
Cc:
Cc:**MRI CERVICAL SPINE WITHOUT CONTRAST****CLINICAL HISTORY:**

Neck pain and bilateral arm numbness, pain, weakness

TECHNIQUE:

T1 sagittal, T2 sagittal and axial T2 images were obtained. 117 images.

COMPARISON:

None

FINDINGS:

There is mild dextrocurvature centered at C6-7. There is straightening of the cervical lordosis. Vertebral bodies are normal in alignment. Vertebral body heights are maintained. Bone marrow signal is normal. Spinal cord is normal in signal. The paravertebral soft tissues appear unremarkable. The intervertebral discs throughout the cervical spine are desiccated without significant loss of height.

C2-3: No disc bulge, spinal canal or neuroforaminal stenosis.

C3-4: No disc bulge, spinal canal or neuroforaminal stenosis. Mild bilateral facet hypertrophy.

C4-5: No disc bulge, spinal canal or neuroforaminal stenosis. Mild left uncovertebral arthropathy. Mild bilateral facet hypertrophy.

C5-6: Mild broad disc protrusion. Spinal canal AP diameter of 12 mm. Bilateral facet hypertrophy. Bilateral uncovertebral arthropathy. Mild left greater than right neuroforaminal stenosis.

C6-7: Mild broad disc protrusion. Spinal canal AP diameter of 10 mm. No significant neuroforaminal stenosis.

C7-T1: No disc bulge, spinal canal or neuroforaminal stenosis.

IMPRESSION:

Mild multilevel degeneration. Mild neuroforaminal stenosis at C5-C6. No spinal canal stenosis throughout. Mild dextrocurvature. Straightening of the cervical lordosis which may be seen with muscle spasm.

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12/22/16
JU

05/18/2017 05:07PM 7024 772

DR. JORDAN WEBBER

PAGE 46/70

RECEIVED 12/22/2016 11:51AM 7024639772
12/22/2016 10:48 SDMI-FP1 MI-FP1-4

DR. JORDAN WEBBER

D 2/2

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Interpreted by: Sarah Kym MD

12/22/2016 8:20 AM

Electronically approved by: Sarah Kym MD Date: 12/22/16 10:47

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

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JS196

RECEIVED 11/30/2016 03:19PM 7024689772 DR. JORDAN WEBBER
To: WEBBER DC, JORDAN Fr Las Vegas Radiology



Tel:(702) 254-5004 / Fax:(702) 432-4005

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113
3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109

Patient: SEKERA, JOYCE
DOB: 3/22/1956
MR#: 1907994
Referring Physician: JORDAN WEBBER DC

Date of Service: 11/30/2016
Age/Sex: 60 / F
Accession #: LVR-136396

PROCEDURE: XRAY Left HIP UNILATERAL 2 VIEW

COMPARISON: None.

INDICATIONS: LEFT HIP PAIN

FINDINGS:

BONES: Skin fold artifacts overlie the proximal aspect of each femur. There is mild osteophyte formation at each acetabulofemoral joint. There is a soft tissue calcification or prior avulsion fracture adjacent to the right acetabulum

SOFT TISSUES: Negative. No visible soft tissue swelling.

EFFUSION: None visible.

OTHER: Negative.

CONCLUSION:

1. Mild arthropathy of each hip.
2. If symptoms persist, additional imaging of the hip should be considered

Dictated by: Elizabeth L Huck, D.O. on 11/30/2016 at 14:09
Approved by: Elizabeth L Huck, D.O. on 11/30/2016 at 14:17

11/30/16
JW

JS197

RECEIVED 11/30/2016 03:20PM 7024639772 DR. JORDAN WEBBER
To: WEBBER DC, JORDAN Fr Las Vegas Radiology



Tel:(702) 254-5004 / Fax:(702) 432-4005

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113
3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109

Patient: SEKERA, JOYCE
DOB: 3/22/1956
MR#: 1907994
Referring Physician: JORDAN WEBBER DC

Date of Service: 11/30/2016
Age/Sex: 60 / F
Accession #: LVR-136397

PROCEDURE: XRAY SI JOINTS 2 VIEW

COMPARISON: None.

INDICATIONS: LEFT SACROILLIAC JOINT PAIN

FINDINGS:

BONES: There is mild marginal sclerosis at the sacroiliac joint.
SOFT TISSUES: Negative. No visible soft tissue swelling.
EFFUSION: None visible.
OTHER: Negative.

CONCLUSION:

1. Mild arthropathy of each sacroiliac joint. If symptoms persist additional imaging should be considered

Dictated by: Elizabeth L Huck, D.O. on 11/30/2016 at 14:11
Approved by: Elizabeth L Huck, D.O. on 11/30/2016 at 14:17

11/30/16
JW

JS198

RECEIVED 11/14/2016 06:09PM 7024639772 DR. JORDAN WEBBER
To: WEBBER DC, JORDAN Fr Las Vegas Radiology



Tel:(702) 254-5004 / Fax:(702) 432-4005

Patient: SEKERA, JOYCE
DOB: 3/22/1956
MR#: 1907994
Referring Physician: JORDAN WEBBER DC

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113
3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109

Date of Service: 11/14/2016
Age/Sex: 60 / F
Accession #: LVR-133268

PROCEDURE: XRAY THORACIC SPINE 2 VIEW

COMPARISON: None.

INDICATIONS: UPPER BACK PAIN

FINDINGS:

No measurable degree of scoliosis. No paraspinal soft tissue mass. Multilevel vertebral body endplate changes and osteophyte formation. No compression fracture or spondylolisthesis

CONCLUSION:

1. No evidence of acute skeletal pathology to the thoracic spine

Dictated by: James D. Balodimas, M.D. on 11/14/2016 at 17:06
Approved by: James D. Balodimas, M.D. on 11/14/2016 at 17:07

11/14/16
JW

JS199

RECEIVED 11/14/2016 06:01PM 7024639772 DR. JORDAN WEBBER
To: WEBBER DC, JORDAN Frc Las Vegas Radiology



Tel:(702) 254-5004 / Fax:(702) 432-4005

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113
3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109

Patient: SEKERA, JOYCE
DOB: 3/22/1956
MR#: 1907994
Referring Physician: JORDAN WEBBER DC

Date of Service: 11/14/2016
Age/Sex: 60 / F
Accession #: LVR-133269

PROCEDURE: XRAY L SHOULDER 2 VIEW

COMPARISON: None.

INDICATIONS: LEFT SHOULDER PAIN

FINDINGS:

There is no evidence of acute fracture or dislocation. No erosive arthropathy.

CONCLUSION:

1. No evidence of acute skeletal pathology to the left shoulder. There are mild degenerative changes at the acromioclavicular articulation.

Dictated by: James D. Balodimas, M.D. on 11/14/2016 at 16:57
Approved by: James D. Balodimas, M.D. on 11/14/2016 at 16:59

11/14/16
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JS200

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TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113
3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109

Patient: SEKERA, JOYCE
DOB: 3/22/1956
MR#: 1907994
Referring Physician: JORDAN WEBBER DC

Date of Service: 11/14/2016
Age/Sex: 60 / F
Accession #: LVR-133267

PROCEDURE: XRAY CERVICAL SPINE W/ FLEX EXTENSION

COMPARISON: None.

INDICATIONS: NECK PAIN

FINDINGS:

BONES: The odontoid process is intact. There is no prevertebral soft tissue swelling. There are levels which demonstrate mild osteophyte formation. No significant degree of spondylolisthesis.

DISC SPACES: Unremarkable for age

PARASPINOUS: No evidence of paraspinous soft tissue mass.

CONCLUSION:

1. No evidence of acute fracture. No significant spondylolisthesis. On the neutral, lateral projection, there is reversal of the normal lordotic curvature, could be due to spasm.

Dictated by: James D. Balodimas, M.D. on 11/14/2016 at 16:53
Approved by: James D. Balodimas, M.D. on 11/14/2016 at 16:57

11/14/16
JP

JS201

RECEIVED 11/08/2016 05:46PM 7024639772
Nov. 8. 2016 5:00PM

DR. JORDAN WEBBER

No. 7270 P. 3/8

CHH- Centennial Hills Hospital Medical Center
6900 N. Durango Dr.
Las Vegas, NV 89149-4409Patient: SEKERA, JOYCE
MRN: CHH7120336

Admit: 11/4/2016

Disch: 11/4/2016

Disch Time: 18:27 PDT

FIN: CHH0008005149375

DOB/Sex: 3/22/1956 / Female

Attending: ED, Staff Physician

ED Physician RecordDOCUMENT NAME:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:ED Physician Record
11/4/2016 17:39 PDT
Auth (Verified)
Taylor, Rachael APRN (11/4/2016 17:53 PDT)
Del Vecchio MD, Francis X (11/4/2016 18:00 PDT); Taylor,
Rachael APRN (11/4/2016 17:58 PDT)

Fall

Patient: SEKERA, JOYCE

MRN: CHH7120336

FIN: CHH0008005149375

Age: 60 years Sex: Female

DOB: 03/22/56

Associated Diagnoses: None

Author: Taylor, Rachael APRN

Basic InformationTime seen: Date & time 11/04/16 15:33:00, Provider Assignment
Taylor, Rachael APRN assigned at 11/04/2016 15:25

History source: Patient

Arrival mode: Private vehicle

History limitation: None

Additional information: Chief Complaint from Nursing Triage Note: Chief Complaint

11/04/16 14:21 PDT Chief Complaint low back pain and left elbow pain s/p slip and fall

History of Present Illness

The patient presents following fall. The onset was just prior to arrival. The occurrence was single episode. The fall was described as slipped. The location where the incident occurred was at work. Location: Left upper extremity. The character of symptoms is pain, swelling and tingling. The degree at present is minimal. The exacerbating factor is none. The relieving factor is none. Risk factors consist of none. The patient's dominant hand is the right hand. Therapy today: none. A 60-year-old female status post fall at work. Patient was walking and slipped backwards. Patient did not hit her head. No LOC. Patient complains of left elbow pain and left lower back pain. Patient denies any dizziness or shortness of breath. No chest pain. Patient does complain of some paresthesias to her left hand. Patient able to ambulate without difficulty. Patient denies any urine or bowel dysfunction.

Review of Systems

Constitutional symptoms: Negative except as documented in HPI.

Skin symptoms: Negative except as documented in HPI.

Eye symptoms: Negative except as documented in HPI.

ENT symptoms: Negative except as documented in HPI.

Respiratory symptoms: Negative except as documented in HPI.

Cardiovascular symptoms: Negative except as documented in HPI.

Gastrointestinal symptoms: Negative except as documented in HPI.

Genitourinary symptoms: Negative except as documented in HPI.

Musculoskeletal symptoms: Back pain, Muscle pain, Reports: Pain to left elbow and left lower lumbar region.

Neurologic symptoms: Negative except as documented in HPI.

Psychiatric symptoms: Negative except as documented in HPI.

Endocrine symptoms: Negative except as documented in HPI.

Additional review of systems information: All other systems reviewed and otherwise negative.

Medical Record

Print Date/Time 11/8/2016 16:30 PST

Report Request ID: 185955069

Page 1 of 6

JS202

229

11/8/16
JW