

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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**REAL PARTY IN
INTEREST'S APPENDIX,
VOLUME 2
(Nos. 230–459)**

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RECEIVED 11/08/2016 05:46PM 7024639772

DR. JORDAN WEBBER

No. 7270 P. 4/8

Nov. 8. 2016 5:00PM

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

ED Physician Record

Health Status

Allergies:

Allergic Reactions (All)

No Known Allergies.

Medications: Review/Insert Medication List (Selected)

Inpatient MedicationsOrdered

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.

Print Date/Time 11/8/2016 16:30 PST

Medical Record

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JS203

230

RECEIVED 11/08/2016 05:46PM 7024639772
Nov. 8. 2016 5:00PM

DR. JORDAN WEBBER

No. 7270 P. 5/8

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
MRN: CHH7120338
DOB/Sex: 3/22/1958 / Female
Attending: ED, Staff PhysicianAdmit: 11/4/2016
Disch: 11/4/2016

FIN: CHH0008005149375

ED Physician Record

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 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 17:48:00.

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..

Print Date/Time 11/8/2016 16:30 PST

Medical Record

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JS204

231

RECEIVED 11/08/2016 05:46PM 7024639772
Nov. 8. 2016 5:00PM

DR. JORDAN WEBBER

No. 7270 P. 6/8

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff PhysicianAdmit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005149375

ED Physician Record

Impression and Plan

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

Condition: Improved.

Prescriptions: Launch Prescription Writer

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

RECEIVED 11/08/2016 05:46PM 7024639772
Nov. 8. 2016 5:01PM

DR. JORDAN WEBBER

No. 7270 P. 7/8

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE
MRN: CHH7120336
DOB/Sex: 3/22/1956 / Female
Attending: ED, Staff PhysicianAdmit: 11/4/2016
Disch: 11/4/2016
FIN: CHH0008005148375**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

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

Transcribed By: KK Transcribed by: KK

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

Electronically Signed by: Kardooni, Kaveh DO

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 11/8/2016 16:30 PST

Medical Record

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JS206

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RECEIVED 11/08/2016 05:46PM 7024639772

DR. JORDAN WEBBER

No. 7270 P. 8/8

Nov. 8. 2016 5:01PM

CHH- Centennial Hills Hospital Medical Center

Patient: SEKERA, JOYCE

Admit: 11/4/2016

MRN: CHH7120336

Disch: 11/4/2016

DOB/Sex: 3/22/1956 / Female

FIN: CHH0006005149375

Attending: ED, Staff Physician

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.

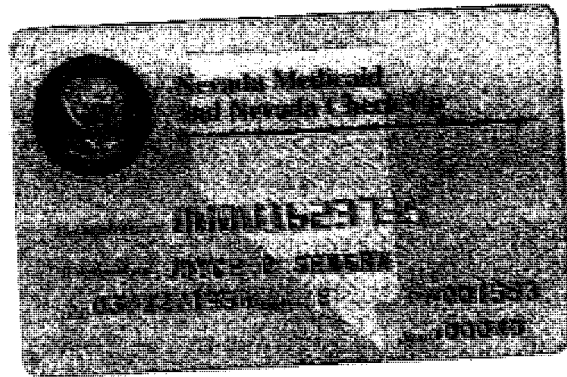
Please note that some abnormalities may not be able to be detected with radiographs. If clinical symptoms persist, consider cross sectional imaging.

Dictated By: RICK YEH MD

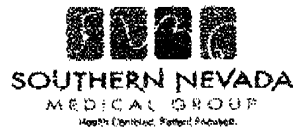
**** Final ****

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



JS208

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002**Chief Complaint:** Injuries from Slip and Fall**CC & History of Present Illness:****INITIAL EXAMINATION****CHIEF COMPLAINT(S):**

1. headaches
 2. trouble sleeping
 3. anxiety
 4. cervical pain
 5. thoracic pain
 6. lumbar pain
 7. abdominal pain
 8. right shoulder pain
 9. left shoulder pain
 10. left shoulder joint pain
 11. right upper arm pain
 12. left upper arm pain
 13. left elbow pain
 14. left forearm pain
 15. right hip pain
 16. left hip pain
 17. left hip joint pain
 18. right thigh pain
 19. left thigh pain
 20. right knee pain
 21. left knee pain
 22. right knee joint pain
 23. left knee joint pain
 24. right lower leg pain
 25. left lower leg pain
 26. right calf pain
 27. left calf pain
- **Most Severe Area(s) of Pain:** lumbar pain, cervical pain, left shoulder pain

**Patient:** Joyce P. Sekera**Provider:** Dr. Michelle Hyla, D.O.**DOB:** 03/22/1956**Visit:** 11/21/2016 10:15AM**Sex:** F**Chart:** SEJO000002**ACCIDENT INFORMATION:****Date of Loss:** 11/04/16**ACCIDENT INFORMATION:**

- **Seatbelt:** No
- **Collision Anticipated:** No • **Airbag Deployed:** No
- **Location:** N/A
- **Time of Accident:** 1:00 pm
- **Radiating Pain:** Left Upper Extremity, Right Upper Extremity, Left Lower Extremity, Right Lower Extremity
- **Type of Accident:** Slip & Fall
- **Contact:** Other - Both feet went out from under her, slipped on liquid. Landed on marble floor, on left elbow and back, does not know if she hit head

CONCUSSION SYMPTOMS: Present

- **Hit Head:** Yes
- **LOC:** Yes
- **Contusions:** Bruises, Bumps
- **Contusions Location:** Left elbow

PREVIOUS ACCIDENT TREATMENT:

- **Previous Evaluation:** Hospital
- **Primary Care Physician:** None
- **Date:** 11/04/16
- **X-Ray:** Yes, Lumbar Spine, Elbow (Left), Thoracic Spine, Cervical Spine
- **Facility:** Centennial Hills
- **MRI:** No
- **CT:** No
- **Date of First Chiropractic Visit:** 11/08/16
- **Chiropractor:** Jordan Webber

COMMENTS

Has already been referred to Dr. Shah

Med / Fam / Social History:

[Page 2]

E-signed by Dr. Michelle Hyla, D.O. on 11/21/2016 2:40PM

JS210

237



Patient: Joyce P. Sekera
Provider: Dr. Michelle Hyla, D.O.

DOB: 03/22/1956
Visit: 11/21/2016 10:15AM

Sex: F
Chart: SEJO000002

- **Medical Problems:** None
- **Date of Last Period:** In menopause
- **Possibility of Current Pregnancy:** No
- **Hysterectomy:** No
- **Menopause:** Yes
- **Previous Injuries:** None
- **Family Medical Conditions Related to Present Injury:** No
- **Surgeries:** None
- **Work:** Employed
- **Occupation:** Sales at Brand Vegas selling show tickets
- **Marital Status:** Single
- **Substance History:** Tobacco
- **Receiving Disability:** No
- **Seeing Pain Management:** No
- **PMP:** Yes
- **REVIEW OF SYSTEM:** Reviewed. Refer to chart for paperwork.

Review of Systems:

GENERAL: No fever, no loss of appetite, no night sweats, no unexplained weight loss, no unexplained weight gain, no fatigue.

CARDIOVASCULAR: No chest pain, no syncope/presyncope, no palpitations, no swollen ankles, no dyspnea on exertion.

RESPIRATORY: No dry cough, no productive cough, no wheezing, no shortness of breath.

GASTROINTESTINAL: No abdominal pain.

HEME / LYMPHATIC: No excessive bruising, no bleeding, no lymphadenopathy.

EYES: No blurred vision, no double vision, no eye pain, no eye irritation, no eye discharge, no decrease in visual acuity, no photophobia. Patient **complains of blurred vision**, denies double vision, denies eye pain, denies eye irritation, denies eye discharge, denies decrease in visual acuity

EARS, NOSE & THROAT: Patient denies earache, **complains of tinnitus**, denies of rhinorrhea, denies

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

dysphagia , denies epistaxis , does not use hearing aid.

MUSCULOSKELETAL: Patient **complains of back pain** , denies muscle weakness , denies arthritis , **complains of muscle cramping** , **complains of joint pain** , **complains of muscle stiffness** , **complains of neck pain** , denies sciatica , **complains of myalgia**.

SKIN: Patient **complains of bruising** , denies abrasions , denies open wounds , **complains of bumps** , denies **sutures in-place** , denies **staples in-place**

NEUROLOGIC: Patient **complains of headache** , denies limb weakness , **complains of numbness** , **complains of tingling** , denies seizures/convulsions , denies syncope , denies tremor

PSYCHOLOGICAL: Patient **complains of occasional anxiety** , denies depression denies suicidal ideations , , denies emotional lability.

Physical Exam:

Height	Weight	BMI	PAI
66.00 inches	190.00 lbs	30.66	9/10

CONCUSSION SYMPTOMS:

- Seizures: No
- Nausea: Yes
- Vomiting: No
- Headache: Yes
- Dizziness: Yes
- Tinnitus: Yes
- Trouble Remembering: Yes
- Drowsiness: Yes
- Balance Problems: Yes
- Sleeping More Than Usual: No
- Sensitivity to Noise: Yes
- Sensitivity to Light: Yes
- Feeling Slowed Down: Yes
- Feeling as if "in a fog": Yes
- Difficulty Concentrating: Yes

**Patient:** Joyce P. Sekera**Provider:** Dr. Michelle Hyla, D.O.**DOB:** 03/22/1956**Visit:** 11/21/2016 10:15AM**Sex:** F**Chart:** SEJO000002

- **Difficulty Remembering:** Yes
- **Trouble Falling Asleep:** Yes
- **More Emotional than Usual:** Yes
- **Irritability:** Yes
- **Sadness:** Yes
- **Nervousness:** Yes
- **Trouble finding your words:** Yes

APPEARANCE: In obvious pain.**HEENT:** Ears no gross abnormalities. Eyes normal pupils, normal conjunctivae. Nares patent. Mouth/Throat no gross abnormalities.**CV/CHEST:** Normal respiratory effort. No audible wheezing. Normal pulses. Grossly normal rhythm.**ABDOMEN:** Pain to palpation.**SKIN:** bruises. - Elbow (Left)**NEUROLOGICAL:** CN II-XII grossly intact. PEERLA EOMI. Symmetric facial movement. DTR's grossly intact. Coordination grossly normal. No nystagmus.**PSYCHOLOGICAL:** Appropriate affect. AAOx3.**Cervical Spine**

- **Cervical spine:** Pain to palpation, Hypertonic
- **Extension Norm:** (70) Decreased
- **Flexion Norm:** (80) Decreased
- **Lt Rot Norm:** (80) Decreased
- **Rt Rot Norm:** (80) Decreased
- **Lt Lat Norm:** (45) Decreased
- **Rt Lat Norm:** (45) Decreased

Thoracolumbar Spine

- **Thoracic Spine:** Decreased
- **Lumbar Spine:** Decreased



Patient: Joyce P. Sekera
Provider: Dr. Michelle Hyla, D.O.

DOB: 03/22/1956
Visit: 11/21/2016 10:15AM

Sex: F
Chart: SEJO000002

- **Extension Norm:** (30) Decreased
- **Flexion Norm:** (90) Decreased
- **Lt Rot Norm:** (60) Decreased
- **Rt Rot Norm:** (60) Decreased
- **Lt Lat Norm:** (45) Decreased
- **Rt Lat Norm:** (45) Decreased
- **Lumbar spine:** Hypertonic, Pain to palpation
- **Posture:** Asymmetric
- **Gait:** Abnormal

RIGHT UPPER EXTREMITIES

- **Right Shoulder:** Pain & Tenderness
- **Right clavicle:** Within Normal Limits
- **Right arm:** Pain & Tenderness
- **Right elbow:** Within Normal Limits
- **Right forearm:** Within Normal Limits
- **Right wrist:** Within Normal Limits
- **Right hand:** Within Normal Limits
- **Right palm:** Within Normal Limits
- **Right fingers:** Within Normal Limits
- **Right thumb:** Within Normal Limits

LEFT UPPER EXTREMITIES

- **Left Shoulder:** Decreased range of motion, Pain & Tenderness
- **Left clavicle:** Within Normal Limits
- **Left arm:** Pain & Tenderness
- **Left elbow:** Pain & Tenderness
- **Left forearm:** Pain & Tenderness
- **Left wrist:** Within Normal Limits
- **Left hand:** Within Normal Limits
- **Left palm:** Within Normal Limits
- **Left fingers:** Within Normal Limits
- **Left thumb:** Within Normal Limits



Patient: Joyce P. Sekera
Provider: Dr. Michelle Hyla, D.O.

DOB: 03/22/1956
Visit: 11/21/2016 10:15AM

Sex: F
Chart: SEJO000002

RIGHT LOWER EXTREMITIES

- **Right hip:** Pain & Tenderness
- **Right thigh:** Pain & Tenderness
- **Right knee:** Decreased range of motion, Pain & Tenderness
- **Right leg:** Pain & Tenderness
- **Right calf:** Pain & Tenderness
- **Right ankle:** Within Normal Limits
- **Right foot:** Within Normal Limits
- **Right heel:** Within Normal Limits
- **Right toes:** Within Normal Limits

LEFT LOWER EXTREMITIES

- **Left hip:** Decreased range of motion, Pain & Tenderness
- **Left thigh:** Pain & Tenderness
- **Left knee:** Decreased range of motion, Pain & Tenderness
- **Left leg:** Pain & Tenderness
- **Left calf:** Pain & Tenderness
- **Left ankle:** Within Normal Limits
- **Left foot:** Within Normal Limits
- **Left heel:** Within Normal Limits
- **Left toes:** Within Normal Limits

Assessment:

Type	Code	Description
ICD-10-CM Condition	W01.0XXA	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter
ICD-10-CM Condition	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
ICD-10-CM Condition	S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
ICD-10-CM Condition	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
ICD-10-CM Condition	S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
ICD-10-CM Condition	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
ICD-10-CM Condition	S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
ICD-10-CM Condition	M79.621	Pain in right upper arm
ICD-10-CM Condition	M79.622	Pain in left upper arm
ICD-10-CM Condition	M25.522	Pain in left elbow
ICD-10-CM Condition	S53.402A	Unspecified sprain of left elbow, initial encounter
ICD-10-CM Condition	M79.632	Pain in left forearm

[Page 7]

E-signed by Dr. Michelle Hyla, D.O. on 11/21/2016 2:40PM

JS215

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

Type	Code	Description
ICD-10-CM Condition	M25.551	Pain in right hip
ICD-10-CM Condition	M25.552	Pain in left hip
ICD-10-CM Condition	S76.012A	Strain of muscle, fascia and tendon of left hip, initial encounter
ICD-10-CM Condition	S76.011A	Strain of muscle, fascia and tendon of right hip, initial encounter
ICD-10-CM Condition	S73.102A	Unspecified sprain of left hip, initial encounter
ICD-10-CM Condition	M79.651	Pain in right thigh
ICD-10-CM Condition	M79.652	Pain in left thigh
ICD-10-CM Condition	S76.811A	Strain of other specified muscles, fascia and tendons at thigh level, right thigh, initial encounter
ICD-10-CM Condition	S76.812A	Strain of other specified muscles, fascia and tendons at thigh level, left thigh, initial encounter
ICD-10-CM Condition	M25.561	Pain in right knee
ICD-10-CM Condition	M25.562	Pain in left knee
ICD-10-CM Condition	S83.91XA	Sprain of unspecified site of right knee, initial encounter
ICD-10-CM Condition	S83.92XA	Sprain of unspecified site of left knee, initial encounter
ICD-10-CM Condition	S86.212A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
ICD-10-CM Condition	S86.211A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
ICD-10-CM Condition	S86.112A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter
ICD-10-CM Condition	S86.111A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter
ICD-10-CM Condition	M79.661	Pain in right lower leg
ICD-10-CM Condition	M79.662	Pain in left lower leg
ICD-10-CM Condition	S39.011A	Strain of muscle, fascia and tendon of abdomen, initial encounter
ICD-10-CM Condition	S06.0X1A	Concussion with loss of consciousness of 30 minutes or less, initial encounter
ICD-10-CM Condition	G44.309	Post-traumatic headache, unspecified, not intractable
ICD-10-CM Condition	F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
ICD-10-CM Condition	H93.19	Tinnitus, unspecified ear
ICD-10-CM Condition	R11.0	Nausea
ICD-10-CM Condition	R42	Dizziness and giddiness
ICD-10-CM Condition	R41.3	Other amnesia
ICD-10-CM Condition	H81.90	Unspecified disorder of vestibular function, unspecified ear
ICD-10-CM Condition	H93.249	Temporary auditory threshold shift, unspecified ear
ICD-10-CM Condition	H53.149	Visual discomfort, unspecified
ICD-10-CM Condition	R41.89	Other symptoms and signs involving cognitive functions and awareness
ICD-10-CM Condition	R41.840	Attention and concentration deficit
ICD-10-CM Condition	R45.4	Irritability and anger
ICD-10-CM Condition	R45.89	Other symptoms and signs involving emotional state
ICD-10-CM Condition	R45.2	Unhappiness
ICD-10-CM Condition	F43.0	Acute stress reaction

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E-signed by Dr. Michelle Hyla, D.O. on 11/21/2016 2:40PM

JS216

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**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

Type	Code	Description
ICD-10-CM Condition	G47.00	Insomnia, unspecified
ICD-10-CM Condition	R20.9	Unspecified disturbances of skin sensation
ICD-10-CM Condition	M25.511	Pain in right shoulder
ICD-10-CM Condition	M25.512	Pain in left shoulder
ICD-10-CM Condition	S46.912A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
ICD-10-CM Condition	S46.911A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter
ICD-10-CM Condition	S43.402A	Unspecified sprain of left shoulder joint, initial encounter

Medications & Allergies:

Generic Medication & Dosage	Sig	PBM	Indication
Norco 5 mg-325 mg oral tablet	0	No	outside office
ibuprofen 600 mg oral tablet	0	No	outside office

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Plan:

- **Conservative Rehab:** Conservative rehabilitation for 6-12 weeks to include manipulation, passive and active therapy, along with orthopedic modalities.
- **Follow up:** Follow-up in 2-weeks or sooner if needed. May need Psychological counseling.
- **Massage:** May benefit from massage therapy.
- **Orthopedic Evaluation:** May need orthopedic evaluation if not responding to above.
- **Pain Management:** May need pain management consultation if pain not controlled as outlined above.
- **Imaging:** X-rays, MRI may be required pending progress.

Causation:

It is my opinion that Joyce P. Sekera's symptoms for which they are being seen today are directly related to the accident described by the patient. It is my opinion that the treatment rendered thus far are of reasonable and necessary frequency and duration. These opinions are stated to a reasonable medical probability. These opinions are based on the facts reported by the patient as well as the patient's history, physical examination, imaging studies, and medical records that are available to me today and reviewed thus far. My opinion could change with additional information provided to me in the future.

Education:

The patient is instructed to increase physical activity as tolerated.

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

The risks of medications were explained to the patient.

The patient understands and agrees to use medications only as prescribed.

The patient agrees to obtain pain medications from this practice only.

We have fully discussed the potential risk/complications/side effects of the medication with the patient, which include but are not limited to constipation, drowsiness, addiction, impaired judgement, and risk of fatal overdose if not taken as prescribed.

We have warned the patient that sharing medications is a felony.

We have warned against driving while taking sedating medications.

We reminded that the medications should not be crushed, chewed, or broken prior to ingestion.

The patient understands that chronic use of pain medications can result in renal and/or hepatic dysfunction, development of tolerance/dependence, and hyperalgesia.

The patient should discuss with her primary care physician the fact that these medications are being used and may require regular exams and blood work to monitor for renal and/or hepatic dysfunction.

At this point in time, the patient is showing no signs of addiction, abuse, diversion, or suicidal ideations.

Type	ICD9	Medication	Quantity	Description
CPT	99204		1.00 UN	Office/outpatient visit, new
CPT	99204		1.00 UN	Office/outpatient visit, new

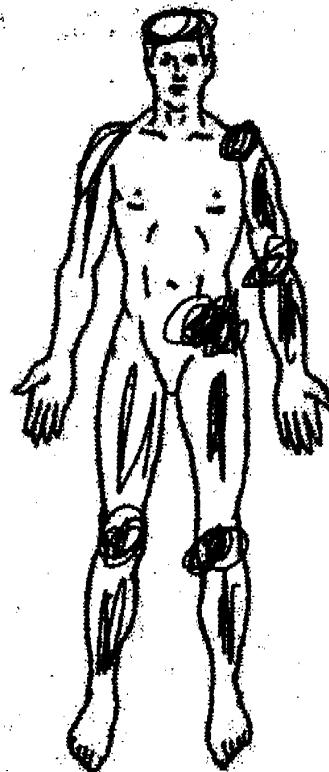
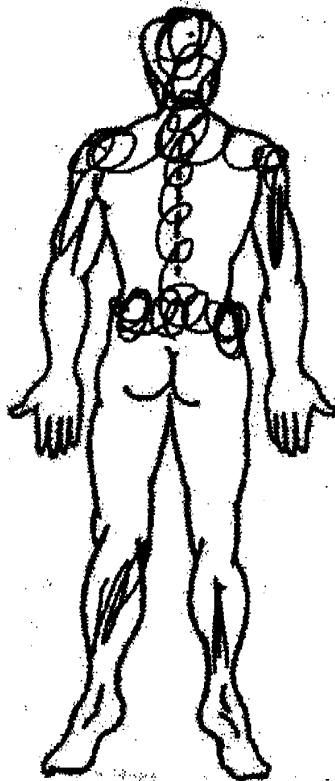
Medication Prescribed	DOB	PNP	Indication
cyclobenzaprine 5 mg oral tablet	2 times a day as needed	No	
10% Fluorbutrofen 1% Amitriptyline 6% Gabapentin 2% Lidocaine 2% Prilocaine	1 gram(s) transdermal 2 times a day x2 weeks	No	



Patient: Joyce P. Sekera
Provider: Dr. Michelle Hyla, D.O.

DOB: 03/22/1956
Visit: 11/21/2016 10:15AM

Sex: F
Chart: SEJO000002





Patient: Joyce P. Sekera
Provider: Dr. Michelle Hyla, D.O.

DOB: 03/22/1956
Visit: 11/21/2016 10:15AM

Sex: F
Chart: SEJO000002

PATIENT SIGNATURE

DATE

PHYSICIAN SIGNATURE

DATE

11/18/2016 10:10AM 7024639772

DR. JORDAN WEBBER

PAGE 01/07



ASSIGNMENT OF PROCEEDS AND/OR LIEN FOR MEDICAL SERVICES ("Doctor's Lien")

I. Patient and Attorney Information

Patient Name: Joyce S. GaltAttorney Name: Keith GallherPatient SSN: 051 48 8430Address: 1850 E SABARADate of Injury: 11/4/16City: Las Vegas State: NV Zip: 89104

Note/Other: _____

Phone: 702 735 0049 Fax: 702 735 0204

II. Certification, Authorization and Release in Accordance with HIPAA. Patient and attorney of record ("Attorney") certify that the information provided herein is correct and complete. Patient understands that, in accordance with Health Information Privacy and Privacy Act of 1996 ("HIPAA"), patient's medical information relating to this personal injury case may be altered to manage and expedite Patient's medical treatment. Patient authorizes Patient Physician, Attorney and any member of the Core Rehab clinic ("the clinic") to secure, release, and disclose such medical information with companies and individuals as deemed necessary, and further agrees that examinations, diagnosis, medical treatment, bills and reports may be shared with necessary parties involved in patient's case. Attorney acknowledges that Attorney has obtained a Release of Medical Information from Patient for purposes of communications regarding Patient's medical information and that the Clinic is covered by said Release.

III. Assignment and/or Lien for Medical Services. Patient and Attorney understand that the medical services, supplies and treatment Patient is receiving as a part of the ongoing personal injury claim may be billed as a Lien and may be authorized by applicable state law and practice. Patient hereby irrevocably authorizes and directs Attorney, in any capacity to the Clinic, such sums as may be due and owing for services rendered to Patient by reason of the accident from which the claim arises, and by reason of any other bills that are due to the Clinic, and to withhold such sums from any claim, settlement, judgment or verdict as may be necessary to adequately protect and clear Patient's account with the Clinic. By this assignment, Patient gives this "Lien" on Patient's case to the Clinic against any and all proceeds of any settlement judgment or verdict which may be paid to Attorney, or Patient, or to another individual on Patient's behalf, that results from the injuries or illnesses in connection therewith, from which Patient has been treated. In the event another attorney is substituted in this matter, the new attorney shall honor this Lien as intended to my own, and notice of this Lien shall be Patient's responsibility. This Lien may be signed in parts and have the same force and effect as though attached in one document. It is understood and agreed that a copy of this Lien shall have the same force and effect as the original. IV. Release. Inasmuch as this Lien is signed pursuant to (1064) per statute commencing thirty (30) days from the date of payment of settlement, judgment or award relating to services rendered by the Clinic to the Patient.

V. Payment Responsibility. Patient understands that Patient remains personally responsible to the Clinic for all medical bills submitted for services rendered to Patient and that this assignment is made solely for the Clinic's protection and in consideration of awaiting payment. Patient further understands that such payment is not contingent on any claim, settlement, judgment or verdict by which Patient may eventually recover said fee. Patient will notify the Clinic of any payment received by Patient for medical services from an insurance company or other source. Payments will be forwarded to the Clinic as requested. Patient further understands and accepts financial responsibility for payment of all accounts with the Clinic. Patient understands that the legal settlement may pay all, part, or none of the Patient's account(s) and that Patient is responsible for complete payment of all account(s). Patient understands that Patient is financially responsible for any amount unpaid by this assignment of proceeds and/or fee, as may be authorized by applicable state law and practice. By signing this document Patient fully understands all provisions set forth in this Agreement.

Patient/Guardian Signature: _____

Date: 11/8/16

This undersigned attorney is the obligor in this assignment and does hereby agree to observe all the terms of the above and agree to withhold such sums from any settlement, judgment or verdict, as may be necessary in order to adequately protect the Clinic. Attorney is expressly directed to hold to Attorney's client trust account such sums from any payment, settlement, deposits, proceeds and/or verdicts received on Patient's behalf as may be required to adequately protect and pay the Clinic for services rendered on Patient's behalf by the Clinic. Attorney is further directed to pay from Attorney's client trust account to the Clinic that amount which is due and owing to the Clinic for those medical services, examinations, treatments and reports which the clinic has had prepared on Patient's behalf. Attorney further agrees that in the event Patient secures other counsel in connection with any action instituted by Patient on account of the injuries for which Patient was treated, Attorney shall, to the best of Attorney's ability, inform such new counsel of this assignment and/or fee.

Attorney's Signature: _____

Date: 11/18/16

Core Rehab Cooperative, LLC
10620 Southern Highlands Pkwy Ste. 110-329
Las Vegas, NV 89141
702-577-1962 Phone
702-577-1966 Fax

JS221

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ASSIGNMENT OF PROCEEDS AND/OR LIEN FOR MEDICAL SERVICES
 ("Doctor's Lien")

I. Patient and Attorney Information

Patient Name: Joyce Sekora Attorney Name: Keith Callender
 Patient SSN: 091 48 8430 Address: 1850 E Sahara
 Date of Injury: 11/4/16 City: L.V. State: NV Zip: 89104
 Note/Other: _____ Phone: 702 735 0049 Fax: 702 735 0204

II. Certification, Authorization and Release in Accordance with HIPAA. Patient and attorney of record ("attorney") certify that the information provided herein is correct and complete. Patient understands that, in accordance with Health Information Portability and Privacy Act of 1996 ("HIPAA"), patient's medical information relating to this personal injury case may be shared to manage and expedite Patient's medical treatment. Patient authorizes Patient Physician, Attorney and any member of the Core Rehab clinics ("the clinic") to secure, release, and disclose such medical treatment information with companies and individuals as deemed necessary, and further agrees that examinations, diagnoses, medical treatments, films and reports can be shared with necessary parties involved in patient's case. Attorney acknowledges that Attorney has obtained a Release of Medical Information from Patient for purposes of communications regarding Patient's medical information and that the Clinic is covered by said Release.

III. Assignment and/or Lien for Medical Services. Patient and Attorney understand that the medical services, supplies and treatment Patient is receiving as a part of the ongoing personal injury claim may be billed as a Lien and may be authorized by applicable state law and practice. Patient hereby irrevocably authorizes and directs Attorney, to pay directly to the Clinic, such sums as may be due and owing for services rendered to Patient by reason of the accident from which the claim arises, and by reason of any other bills that are due to the Clinic, and to withhold such sums from any claim, settlement, judgment or verdict as may be necessary to adequately protect and clear Patient's account with the Clinic. By this assignment, Patient gives this "Lien" on Patient's case to the Clinic against any and all proceeds of any settlement judgment or verdict which may be paid to Attorney, or Patient or to another individual on Patient's behalf, that results from the injuries or illnesses in connection thereto, from which Patient has been treated. In the event another attorney is substituted in this matter, the new attorney shall honor this Lien as inherent to my case, and notice of this Lien shall be Patient's responsibility. This Lien may be signed in parts and have the same force and effect as though executed in one document. It is understood and agreed that a copy of this Lien shall have the same force and effect as the original.

IV. Interest. Interest on this Lien is eighteen percent (18%) per annum commencing thirty (30) days from the date of payment of settlement, judgment or award relating to services rendered by the Clinic to the Patient.

V. Payment Responsibility. Patient understand that Patient remains personally responsible to the Clinic for all medical bills submitted for service rendered to Patient and that this assignment is made solely for the Clinic's protection and in consideration of awaiting payment. Patient further understands that such payment is not contingent on any claim, settlement, judgment or verdict by which Patient may eventually recover said fee. Patient will notify the Clinic of any payment received by Patient for medical services from an insurance company or other source. Payments will be forwarded to the Clinic as requested. Patient further understands and accepts financial responsibility for payment of all accounts with the Clinic. Patient understands that the legal settlement may pay all, part, or none of the Patient's account(s) and that Patient is responsible for complete payment of all accounts(s). Patient understands that Patient is financially responsible for any amount unpaid by this assignment of proceeds and/or lien, as may be authorized by applicable state law and practice. By signing this document Patient fully understand all provision set forth in this Agreement.

Patient/Guardian Signature: [Signature] Date: 11/8/16

The undersigned attorney is the obligor in this assignment and does hereby agree to observe all the terms of the above and agrees to withhold such sums from any settlement, judgment or verdict, as may be necessary in order to adequately protect the Clinic. Attorney is expressly directed to hold in Attorney's client trust account such sums from any payment, settlements, depositions, proceeds and/or verdicts received on Patient's behalf as may be required to adequately protect and pay the clinic for services arranged on Patient's behalf by the Clinic. Attorney is further directed to pay from Attorney's client trust account to the Clinic that amount which is due and owing to the Clinic for those medical services, examinations, treatments and reports which the clinic has had prepared on Patient's behalf. Attorney further agrees that in the event Patient secures other counsel in connection with any action instituted by Patient on account of the injuries for which Patient was treated, Attorney shall, to the best of Attorney's ability, inform such new counsel of this assignment and/or lien.

Attorney's Signature: _____ Date: _____

Core Rehab Cooperative, LLC
 10620 Southern Highlands Pkwy Ste. 110-329
 Las Vegas, NV 89141
 702-577-1962 Phone
 702-577-1956 Fax

JS222



Financial Responsibility

WAIVER OF INSURANCE BENEFIT FOR PERSONAL INJURY CASES

Initial the following:

If there is an auto insurance policy that has "medical payment" coverage which can be used for my treatment, I agree that all medical payment monies from said automobile insurance company should be used to satisfy any outstanding balance with Core Rehab clinics and checks should be payable and sent directly to the Core Rehab clinics. If needed, I also authorize the Core Rehab clinics to sign my name in the event a check for services rendered is made out to me or both parties and I cannot be reached. This agreement will supersede all other agreements, contractual or otherwise, including but not limited to agreements with attorneys or other agencies or agents.

☒ I acknowledge that I am choosing not to use, or do not have, private health insurance including Medicare & Medicaid. I also understand that there will be no retroactive billing to my private health insurance including Medicare & Medicaid.

☒ I understand that I will sign a 3rd party and or an attorney lien, which is a deferment of payment, not a forgiveness of payment.

☒ I acknowledge that, should my account not be paid within thirty (30) days of the date of settlement of a personal injury claim, my account may be sent to a collection agency. I will be responsible for all attorney fees and court costs.

ASSIGNMENT OF HEALTH INSURANCE BENEFITS

As a courtesy to our patients, we will attempt to bill your health insurance company for payment on services rendered. Please be aware that your insurance policy is a contract between you and your insurance company. Also, be aware that some, and perhaps all, of the medical services we provide may not be covered or considered reasonable and necessary under your specific health insurance plan.

Initial the following:

☒ All co-payments, deductibles, or patient responsibility portions are due at the time services are provided. Any amounts not covered by your insurance company are your responsibility. This includes but is not limited to; charges for office visits, administrative fees, supplies, and x-rays.

☒ I authorize all insurance payments to be made directly to the Core Rehab clinics, that would otherwise be payable to me, for services received. If needed, I also authorize the Core Rehab clinics to sign my name in the event a check for services rendered is made out to me or both parties and I cannot be reached. I am aware that in the event my health insurance does not pay for services rendered, I may be held financially responsible.

STATEMENT OF NON-INSURANCE

☒ I acknowledge that I am not using and or do not have, private health insurance including Medicare and Medicaid.

☒ I acknowledge that I am the patient or patient's legal guardian. I understand the following:

The medical bills incurred in this office are the sole responsibility of the patient or the patient's legal guardian regardless of insurance status and or outcome of pending litigation.

Joyce Sebert

PRINT NAME

Joyce Sebert

SIGNATURE OF PATIENT/PARENT OR GUARDIAN

11/4/16

DATE

Office staff initials/date

JS223



**NEW PATIENT CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR
TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS**

I, Jayce Skeer, understand that as part of my health care, a Core Rehab clinic originates and maintains paper and/or electronic records describing my health history, symptoms, examination and test results, diagnoses, treatment and plans for future care or treatment. I understand that this information serves as:

- A basis for planning my care and treatment,
- A means of communication among health professionals who contribute to my care,
- A source of information for applying my diagnosis and surgical information to my bill,
- A means by which a third-party payer can verify that services billed were provided, and
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of health care professions.

I understand and have been provided with a Notice of Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the following rights and privileges:

- The right to review the notice prior to my signing this consent,
- The right to object to the use of my health information for directory purposes, and
- The right to request restrictions as to how my health information may be used for disclosure to carry out treatment, payment, or health care operations.

I understand that Core Rehab clinics are not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations. I further understand that Core Rehab clinics reserve the right to change their notice and practices, in accordance with Section 164.520 of the Code of Federal Regulations. Should Core Rehab clinics change their notice, they will send a copy a copy of any revised notice to the address I've provided.

I wish to have the following restrictions to the use or disclosure of my health information and/or I WISH TO ALLOW DISCLOSURE OF MY HEALTHCARE INFORMATION TO THE FOLLOWING PERSON(S):

MARISSA FREEMAN
CAROL DIVITO
MILPSE

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax or email.

I fully understand and accept the terms of this consent:

Jayce Skeer Jayce Skeer 11/8/16
PRINT NAME SIGNATURE OF PATIENT/PARENT OR GUARDIAN DATE

JS224



PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of their home.

I wish to be contacted in the following manner (check all that apply):

Home Telephone

- ☐ OK to leave a message with details
☐ Leave message with call-back number only

Written Communication

- ☒ OK to mail to my home address
☐ OK to mail to my work/office address
☐ OK to fax to:

Fax: ()

Work Telephone

- ☐ OK to leave a message with details
☐ Leave messages with call back numbers only

☐ I give authorization for CSCD to leave a message in absence with _____

(indicate relation patient) for matters regarding:

Cell Phone

- ☒ OK to leave a message with details
☒ Leave messages with call back numbers only

- ☐ my appointment reminders
☐ my account such as billing and amount due
☐ my treatment/test results

Email: JoyceSera@yahos.com

Ok to release information to the following individuals (list name & date of birth)

8/17/36 CAROL Di Vito / MARISSA FREEMAN 4/7/85

I acknowledge that I have read a copy of the Notice of Privacy Practices for HIPAA.

Patient Name (print) Joyce Sera

Date of Birth 3-22-56

Patient Signature Joyce Sera

Date 11/8/15

The Privacy Rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by the individual. Healthcare entities must keep records of PHI disclosures. Information provided below, if completed properly, will constitute and adequate record.

Note: Uses and disclosures for Treatment Records, Payment Information and Healthcare Operations may be permitted without prior consent in an emergency.

(The section below is to be completed by Office Staff only when disclosing records)

Date	Disclosed to whom addressed or fax number	Description of disclosure/purpose of disclosure	By whom disclosed

JS225



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY

Core Rehab clinics are required by law to maintain the privacy and confidentiality of your protected health information (PHI) and to provide our patients with notice of our legal duties and privacy practices with respect to your PHI

DISCLOSURE OF YOUR HEALTHCARE INFORMATION

Treatment – Treatment refers to the provision and coordination of health care by a doctor, hospital, or another health care provider.

Payment – Payment refers to the activities of Core Rehab clinics in collecting payment for health services provided. Examples of uses and disclosures under this section include sharing PHI with a third party administrator for claims adjudication and payment; with insurers to determine coordination of benefits or to settle subrogation claims; providing PHI for billing, collection and payment through an attorney or insurance carrier.

Public Health - As required by law, we may disclose your health information to public health authorities for purposes related to preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure. We may disclose your health information to researchers conducting research that has been approved by an institutional Review Board.

Law Enforcement - We may disclose your health information to a law enforcement officer for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes. We may disclose your health information in the course of any administrative or judicial proceedings.

Marketing - As a courtesy, we may call your home to remind you of your appointment or a missed appointment. We may also call to discuss your account. If you are not at home, we may leave a message on your answering machine or with the person answering the phone. No personal information will be disclosed during the recording or message other than the date and time of your scheduled appointment along with a request for you to call. Also Core Rehab clinics may use my name in a thank you letter to the person referring me to this office.

Other Uses and Disclosures – Core Rehab clinics are permitted to use or disclose your PHI for the following purposes. State and federal law requires a health plan to use and disclose PHI, without your authorization, in the following ways:

- To you, as the covered individual or to a personal representative designated by you or a personal representative designated by law such as the parent or legal guardian of a child or the surviving family members or personal representative of the estate of a deceased or incompetent individual.
- To the Secretary of Health & Human Services (HHS) or any employee of HHS
- To a business associate as part of a contract agreement to coordinate healthcare services
- AS required to comply with workers' compensation or other similar programs established by law.

Faxing medical information

I specifically give authorization to FAX my medical information. I understand that risk is involved in faxing records and confidentiality at the receiving end cannot always be guaranteed. All faxed information will contain a confidentiality statement and instructions for returning misdirected information.

Print Name

Jorge Sotera

Signature

Jorge Sotera

Date

11/8/16

JS226

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REQUEST FOR & AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH
INFORMATION

The execution of this form does not authorize the release of information other than that specifically described below. Your disclosure of the information requested on this form is voluntary. However, if the information including social security number is not furnished completely and accurately, this Core Rehab clinic will be unable to comply with the request.

Patient Name Joyce Skera DOB 3/22/56
Social Security Number 91-48-8430

I request and authorize (Name and address of organization, individual, or title of individual to whom information is to be released):

INFORMATION REQUESTED INCLUDES ALL MEDICAL RECORDS, BILLING STATEMENTS,
RADIOLOGY/LAB REPORTS.

This authorization is effective for (1) one year from the date signed unless revoked or terminated by the patient or patient's personal representative.

You may revoke or terminate this authorization by submitting a written request to the treating clinic or 10620 Southern Highlands Pkwy Ste. 110-329 Las Vegas, NV 8914. 702-577-1956 Fax.

Print Name Joyce Skera

Signature Joyce Skera

Date 11/8/16

JS227

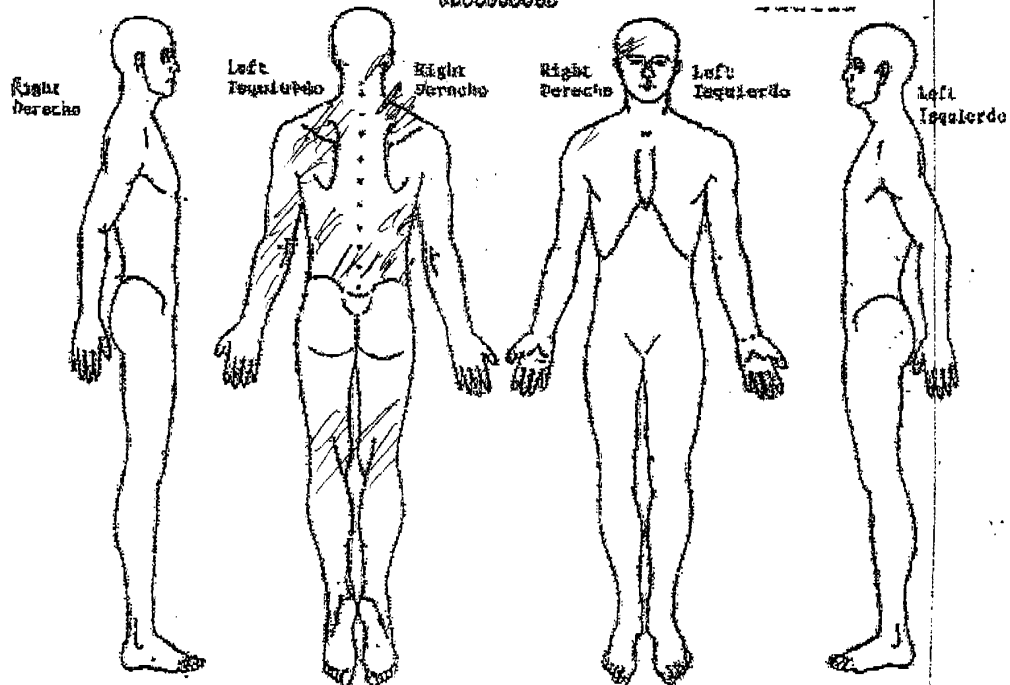


JS228

NAME
NOMBREJayce SeatonDATE
FECHA11/8/16MALE/HOMBRE
FEMALE/MUJERAGE
EDAD60 yrs./añosWEIGHT
PESO180 lbs.

Mark the areas of your body where you feel the described sensations. Use the appropriate symbol. Include all affected areas.

Marque las áreas de su cuerpo que indique sus síntomas. Use el símbolo apropiado. Incluya todas partes afectadas.

ACHING
DOLORIDO|||||
|||||BURNING
ARDORXXXXXX
XXXXXXCRAMPING
CALAMBRE|||||||
|||||||SHARP-STABBING
AGUDO-PUNZANTE|||||||
|||||||PINS AND NEEDLES
AGUJONAZOS000000000
000000000NUMBNESS
ADORMECIMIENTO-----
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JS229

RIVERMEAD POST-CONCUSSION SYMPTOMS QUESTIONNAIRE (RPQ)Patient Joyce Sekera DOI 11/4/16 Today's Date 11/9/16

After a head injury or accident some people experience symptoms which can cause worry or nuisance. We would like to know if you now suffer any of the symptoms listed below. Compare yourself now with how you were before the accident and circle the number closest to your answer.

- 0 = Not experienced at all before or after the accident
 1 = No more of a problem now than before the accident
 2 = A mild problem for me now
 3 = A moderate problem for me now
 4 = A severe problem for me now

0	1	2	3	4	Headaches
0	1	2	3	4	Dizzy feelings
0	1	2	3	4	Nausea, upset stomach or vomiting
0	1	2	3	4	Noise sensitivity, or easily upset by loud noises
0	1	2	3	4	Sleep disturbance or disruption of sleep patterns
0	1	2	3	4	Fatigue, tiring more easily
0	1	2	3	4	Being irritable, easily annoyed or angered
0	1	2	3	4	Feeling depressed, tearful, crying easily or more emotional
0	1	2	3	4	Getting frustrated easily or being less patient with others
0	1	2	3	4	Poor memory or forgetting things
0	1	2	3	4	Difficulty concentrating
0	1	2	3	4	Taking longer to think
0	1	2	3	4	Blurry vision
0	1	2	3	4	Bright lights irritate or upset me, sensitive to bright lights
0	1	2	3	4	Double vision
0	1	2	3	4	Restlessness, have to move around, can't sit still
0	1	2	3	4	Other _____

6/12
JW31/57
JW

JS230

Patient Signature Joyce SekeraDoctor Signature Jordan Webbe

RPQ was originally published in the Journal of Neurology, Neurosurgery and Psychiatry in 1995 by King, Crawford et al from the Oxford Head Injury Service, Rivermead Rehabilitation Centre, Abingdon Road, Oxford, OX1 4XD, United Kingdom

She reported
being confused
filling out
paper.

Current Health

- Name and phone number of family doctor: _____
- List all CURRENT illnesses or diseases you have been diagnosed with (cancer, tumors, infections, diabetes, aneurysms, etc.): _____
- If you are currently taking any prescription or nonprescription medications, please list them below with dosages:
 Medication: _____ Dose: _____ Medication: _____ Dose: _____
 Medication: _____ Dose: _____ Medication: _____ Dose: _____
- Please list any medications you are allergic to: _____
- Please indicate your height and weight 5'6" 190
- Do you have high blood pressure? NO

Health History

- List any operations, surgeries or medical procedures:
 Date: _____ Procedure: _____ Date: _____ Procedure: _____
 Date: _____ Procedure: _____ Date: _____ Procedure: _____
- If you have ever had in the past or currently have any serious illness or injuries, please list:
 Date: _____ Condition: _____ Date: _____ Condition: _____
 Date: _____ Condition: _____ Date: _____ Condition: _____

Any current loss of bowel or bladder control? YES/NO NOAny current seizures, paralysis, speech, vision problems? YES/NO NOAny unexplained recent weight loss: YES/NO Current fever? YES/NO NO

- Please list any significant family illnesses: _____
- Have you had any spinal X-Rays or MRI's within the 5 years? If yes, when and where _____
- Do you have a pacemaker? YES/NO NO If yes, please ALERT our doctor and/or chiropractic assistant
- Do you have blood/lymph disorders? YES/NO NO If yes, please list _____
- Do you have osteoporosis or rheumatoid arthritis? YES/NO NO
- Please list any other electrical device that you currently wear _____
- Please select one: I have never smoked/ Former smoker/ Current smoker, if so how much
 _____ pk./day 2 pk./wk.
- Have you ever had chiropractic care YES/NO NO If yes, last date of treatment _____ By whom: _____
- Similar or different condition: _____ Results: _____
- WOMEN ONLY I hereby declare that to my best of knowledge I AM I AM NOT PREGNANT. If there is a chance that I may be pregnant, I will inform the doctor prior to my examination.

Patient Signature [Signature]

(Parent/Guardian signature if under 18 years of age)

JS231



Accident / Injury Information

Were you in a car accident? Yes (No)
 (Estuvo en un accidente)
 Do you have an attorney representing you regarding this accident / injury? Yes / NO
 (Tiene un abogado por este accidente)
 Attorney Name Keith Galliker
 (Abogado)
 Date of Accident 11/4/16
 (Fecha del accidente)
 Was this a slip & fall? Yes / NO
 (Se Caio?)
 Other: _____
 (Otro?)
 Were you transported from the accident / injury scene by ambulance? Yes / No
 (Fue transportado por ambulancia?)
 Hospital where you were treated? Centennial Hills
 (Nombre Hospital que fue?)
 Other doctors that have treated you for this injury? Centennial Hills Dr. De Vito
 (Por favor indique el nombre del doctor que tratado desde que paso el accidente?)

Were you? Driver / Passenger

Phone Number 702 7350049
 (Telefono)

Is this a work comp claim? Yes / No

If yes, where did this occur?
 (Si fue a si, donde paso?)

Are you pregnant? Yes / No
 (Estas embarazada?)

Were you transported from the accident / injury scene by ambulance? Yes / No

Accident / Injury Information

Your Car Insurance _____
 (nombre de su seguro del auto)
 Policy # _____
 (# de póliza)
 Do you have med payment coverage on your policy?
 (Su seguro de automóvil cubre medical)
 Other Drivers Insurance _____
 (the person that hit you/ la persona a culpa)
 Policy # _____
 (# de póliza)

Phone # _____
 (telefono)
 Claim # _____
 (# del reclamo)
 Y/N Amount \$ _____
 (cantidad)
 Phone Number _____
 (telefono)
 Claim # _____
 (# del reclamo)

Health Insurance Information

Insurance Company _____
 (Aseguradora)
 Address _____
 (Direccion)
 Name of Insured _____
 (nombre de el asegurado)
 ID# _____ Group# _____
 Social Security # _____
 (nombre del seguro social)

Phone Number _____
 (telefono)
 Relationship _____
 (Relacion)
 Employer _____
 (empleo)
 Date of Birth _____
 (fecha de nacimiento)

JS232

CORE
rehab

For Office Use Only:

Patient Number _____ PI _____ Attorney _____
 Cash _____ WC _____ GI _____ Med Pay _____ Date of Accident _____

PATIENT INFORMATION (PLEASE PRINT)

NAME ~~SEKERA~~ Joyce PATRICIA
 (NOMBRE) LAST FIRST MIDDLE
 SS# 071-48-8430 DATE OF BIRTH: 3-22-56 SEX: M/F
 Numero de seguro social Fecha de nacimiento

ADDRESS 7845 N. Tropic Ave Pl Apt # _____
 (direccion)

City LAS VEGAS State NV Zip 89143
 (ciudad) (estado) (codigo postal)

Home Phone 702 467 5457 Home Phone _____
 Telefono Telefono de cell

EMAIL-ADDRESS

(DIRECCION ELECTRONICA) - email address will not be sold or given to 3rd parties. Used by Core Rehab clinics only.

MARITAL STATUS

SINGLE
SOLTERO(A)MARRIED
CASADO(A)DIVORCED
DIVORCIADO(A)WIDOWED
VIUDO(A)

EMPLOYMENT	NONE	FULL-TIME	PART-TIME	STUDENT	RETIRED	DISABLED
	ninguno	tiempo completo	tiempo parcial	estudiante	se retiró	discapacitado

EMPLOYER BRAND VEGAS

Empleo

WORK ADDRESS 3135 S Rainbow

Empleo Direccion

OCCUPATION Sales

Trabajo

TELEPHONE 702 588 8500

Telefono

SPOUSE/ PARENT INFORMATION

Name _____ Relationship _____
 (nombre) First Last

SS# _____
 Numero de seguro social

DATE OF BIRTH _____ SEX: M/F
 Fecha de nacimiento

Home Phone _____
 Telefono

Home Phone _____
 Telefono de cell

EMPLOYER _____
 Empleo

OCCUPATION _____
 Trabajo

NEAREST RELATIVE NOT LIVING WITH YOU

Home Phone _____
 Telefono

Home Phone _____
 Telefono de cell

PATIENT INITIALS _____ I acknowledge that the information provided is accurate to the best of my knowledge. Date _____

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Keller D.C.									
4/10/17	1 - 97014	Electrical Stimulation	Michelle Binkowski-Keller D.C.	40.00	40.00	10020.00	0.00	0.00	
4/10/17	1 - 97110	Therapeutic Exercise	Michelle Binkowski-Keller D.C.	60.00	60.00	10022.00	0.00	0.00	
4/10/17	1 - 98941	CMT 3-4 Areas	Michelle Binkowski-Keller D.C.	80.00	80.00	10160.00	0.00	0.00	
4/17/17	1 - 97010	Hot or Cold Pack	Michelle Binkowski-Keller D.C.	28.00	28.00	10188.00	0.00	0.00	
4/17/17	1 - 97014	Electrical Stimulation	Michelle Binkowski-Keller D.C.	40.00	40.00	10228.00	0.00	0.00	
4/17/17	1 - 97110	Therapeutic Exercise	Michelle Binkowski-Keller D.C.	60.00	60.00	10288.00	0.00	0.00	
4/17/17	1 - 98941	CMT 3-4 Areas	Michelle Binkowski-Keller D.C.	80.00	80.00	10368.00	0.00	0.00	
4/24/17	1 - 97010	Hot or Cold Pack	Jordan Webber	28.00	28.00	10396.00	0.00	0.00	
4/24/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	10436.00	0.00	0.00	
4/24/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	10496.00	0.00	0.00	
4/24/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	10576.00	0.00	0.00	
5/1/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	10656.00	0.00	0.00	
5/1/17	1 - 99214	Established pt Exam	Jordan Webber	100.00	100.00	10756.00	0.00	0.00	
						Insurance Balance:	\$ 10756.00	Patient Balance:	0.00
								Account Balance:	\$ 10756.00

Webster									
3/8/17	1 - 97014	Electrical Stimulation	Jordan Webster	40.00	40.00	8692.00	0.00		0.00
3/8/17	1 - 97110	Therapeutic Exercise	Jordan Webster	60.00	60.00	8952.00	0.00		0.00
3/8/17	1 - 98941	CMT 3-4 Areas	Jordan Webster	80.00	80.00	9032.00	0.00		0.00
3/15/17	1 - 97010	Heat pack	Jordan Webster	28.00	28.00	9060.00	0.00		0.00
3/15/17	1 - 97014	Electrical Stimulation	Jordan Webster	40.00	40.00	9100.00	0.00		0.00
3/15/17	1 - 98941	CMT 3-4 Areas	Jordan Webster	80.00	80.00	9180.00	0.00		0.00
3/17/17	1 - 97010	Hot or Cold Pack	Jordan Webster	28.00	28.00	9208.00	0.00		0.00
3/17/17	1 - 97014	Electrical Stimulation	Jordan Webster	40.00	40.00	9148.00	0.00		0.00
3/17/17	1 - 98941	CMT 3-4 Areas	Jordan Webster	80.00	80.00	9328.00	0.00		0.00
3/20/17	1 - 97010	Hot or Cold Pack	Jordan Webster	28.00	28.00	9356.00	0.00		0.00
3/20/17	1 - 97014	Electrical Stimulation	Jordan Webster	40.00	40.00	9396.00	0.00		0.00
3/20/17	1 - 97110	Therapeutic Exercise	Jordan Webster	60.00	60.00	9456.00	0.00		0.00
3/20/17	1 - 98941	CMT 3-4 Areas	Jordan Webster	80.00	80.00	9536.00	0.00		0.00
3/27/17	1 - 97010	Hot or Cold Pack	Jordan Webster	28.00	28.00	9564.00	0.00		0.00
3/27/17	1 - 97014	Electrical Stimulation	Jordan Webster	40.00	40.00	9604.00	0.00		0.00
3/27/17	1 - 97110	Therapeutic Exercise	Jordan Webster	60.00	60.00	9664.00	0.00		0.00
3/27/17	1 - 98941	CMT 3-4 Areas	Jordan Webster	80.00	80.00	9744.00	0.00		0.00
4/5/17	1 - 97010	Hot or Cold Pack	Jordan Webster	28.00	28.00	9772.00	0.00		0.00
4/5/17	1 - 97014	Electrical Stimulation	Jordan Webster	40.00	40.00	9812.00	0.00		0.00
4/5/17	1 - 97110	Therapeutic Exercise	Jordan Webster	60.00	60.00	9872.00	0.00		0.00
4/5/17	1 - 98941	CMT 3-4 Areas	Jordan Webster	80.00	80.00	9952.00	0.00		0.00
4/10/17	1 - 97010	Hot or Cold Pack	Michelle Binkowski	28.00	28.00	9980.00	0.00		0.00

2/15/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	7754.00	0.00	0.00
2/20/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	7812.00	0.00	0.00
2/20/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	7852.00	0.00	0.00
2/20/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	7912.00	0.00	0.00
2/20/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	7992.00	0.00	0.00
2/22/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	8020.00	0.00	0.00
2/22/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	8060.00	0.00	0.00
2/22/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	8120.00	0.00	0.00
2/22/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	8200.00	0.00	0.00
3/1/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	8228.00	0.00	0.00
3/1/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	8268.00	0.00	0.00
3/1/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	8328.00	0.00	0.00
3/1/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	8408.00	0.00	0.00
3/3/17	1 - 97010	Heat pack	Michelle Binkowski-Keller D.C.	28.00	28.00	8436.00	0.00	0.00
3/3/17	1 - 97014	Electrical Stimulation	Michelle Binkowski-Keller D.C.	40.00	40.00	8476.00	0.00	0.00
3/3/17	1 - 97110	Therapeutic Exercise	Michelle Binkowski-Keller D.C.	60.00	60.00	8536.00	0.00	0.00
3/3/17	1 - 98941	CMT 3-4 Areas	Michelle Binkowski-Keller D.C.	80.00	80.00	8616.00	0.00	0.00
3/6/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	8644.00	0.00	0.00
3/6/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	8684.00	0.00	0.00
3/6/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	8744.00	0.00	0.00
3/6/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	8824.00	0.00	0.00
3/8/17	1 - 97010	Heat pack	Jordan	28.00	28.00	8852.00	0.00	0.00

Webber									
1/30/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	6664.00	0.00	0.00	0.00
1/30/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	6664.00	0.00	0.00	0.00
1/30/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	6744.00	0.00	0.00	0.00
2/1/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	6772.00	0.00	0.00	0.00
2/1/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	6812.00	0.00	0.00	0.00
2/1/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	6872.00	0.00	0.00	0.00
2/1/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	6952.00	0.00	0.00	0.00
2/6/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	6980.00	0.00	0.00	0.00
2/6/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	7020.00	0.00	0.00	0.00
2/6/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	7060.00	0.00	0.00	0.00
2/6/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	7160.00	0.00	0.00	0.00
2/8/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	7188.00	0.00	0.00	0.00
2/8/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	7228.00	0.00	0.00	0.00
2/8/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	7288.00	0.00	0.00	0.00
2/8/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	7368.00	0.00	0.00	0.00
2/13/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	7396.00	0.00	0.00	0.00
2/13/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	7436.00	0.00	0.00	0.00
2/13/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	7496.00	0.00	0.00	0.00
2/13/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	7576.00	0.00	0.00	0.00
2/15/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	7604.00	0.00	0.00	0.00
2/15/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	7644.00	0.00	0.00	0.00
2/15/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	7704.00	0.00	0.00	0.00

1/9/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	5416.00	0.00	0.00
1/9/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	5496.00	0.00	0.00
1/11/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	5524.00	0.00	0.00
1/11/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	5564.00	0.00	0.00
1/11/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	5624.00	0.00	0.00
1/11/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	5704.00	0.00	0.00
1/16/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	5732.00	0.00	0.00
1/16/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	5772.00	0.00	0.00
1/16/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	5832.00	0.00	0.00
1/16/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	5912.00	0.00	0.00
1/18/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	5940.00	0.00	0.00
1/18/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	5980.00	0.00	0.00
1/18/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	6040.00	0.00	0.00
1/18/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	6120.00	0.00	0.00
1/23/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	6148.00	0.00	0.00
1/23/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	6188.00	0.00	0.00
1/23/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	6248.00	0.00	0.00
1/23/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	6328.00	0.00	0.00
1/25/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	6356.00	0.00	0.00
1/25/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	6396.00	0.00	0.00
1/25/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	6456.00	0.00	0.00
1/25/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	6536.00	0.00	0.00
1/30/17	1 - 97010	Heat pack	Jordan	28.00	28.00	6564.00	0.00	0.00

		Areas	Webber						
12/23/16	1 - 97010	Heat pack	Jordan Webber	26.00	26.00	4276.00	0.00	0.00	
12/23/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	4316.00	0.00	0.00	
12/23/16	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	4376.00	0.00	0.00	
12/23/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	4456.00	0.00	0.00	
12/26/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	4484.00	0.00	0.00	
12/26/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	4524.00	0.00	0.00	
12/26/16	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	4584.00	0.00	0.00	
12/26/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	4664.00	0.00	0.00	
12/28/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	4692.00	0.00	0.00	
12/28/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	4732.00	0.00	0.00	
12/28/16	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	4792.00	0.00	0.00	
12/28/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	4872.00	0.00	0.00	
1/3/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	4900.00	0.00	0.00	
1/3/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	4940.00	0.00	0.00	
1/3/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	5000.00	0.00	0.00	
1/3/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	5080.00	0.00	0.00	
1/4/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	5108.00	0.00	0.00	
1/4/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	5148.00	0.00	0.00	
1/4/17	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	5208.00	0.00	0.00	
1/4/17	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	5288.00	0.00	0.00	
1/9/17	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	5316.00	0.00	0.00	
1/9/17	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	5356.00	0.00	0.00	

12/9/16	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	3053.00	0.00	0.00
12/9/16	1 - 98941/25	CMT 3-4 Areas	Jordan Webber	80.00	80.00	3133.00	0.00	0.00
12/9/16	1 - 99212/25	Re-examination	Jordan Webber	100.00	100.00	3233.00	0.00	0.00
12/9/16	1 - A4556	Electrodes	Jordan Webber	35.00	35.00	3268.00	0.00	0.00
12/12/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	3296.00	0.00	0.00
12/12/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	3336.00	0.00	0.00
12/12/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	3416.00	0.00	0.00
12/14/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	3444.00	0.00	0.00
12/14/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	3484.00	0.00	0.00
12/14/16	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	3544.00	0.00	0.00
12/14/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	3624.00	0.00	0.00
12/16/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	3652.00	0.00	0.00
12/16/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	3692.00	0.00	0.00
12/16/16	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	3752.00	0.00	0.00
12/16/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	3832.00	0.00	0.00
12/19/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	3860.00	0.00	0.00
12/19/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	3900.00	0.00	0.00
12/19/16	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	3960.00	0.00	0.00
12/19/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	4040.00	0.00	0.00
12/21/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	4068.00	0.00	0.00
12/21/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	4108.00	0.00	0.00
12/21/16	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	4168.00	0.00	0.00
12/21/16	1 - 98941	CMT 3-4	Jordan	80.00	80.00	4248.00	0.00	0.00

11/23/16	1 - 97010	Ice pack	Michelle Binkowski-Keller D.C.	28.00	28.00	1945.00	0.00	0.00
11/23/16	1 - 97014	Electrical Stimulation	Michelle Binkowski-Keller D.C.	40.00	40.00	1985.00	0.00	0.00
11/23/16	1 - 98941	CMT 3-4 Areas	Michelle Binkowski-Keller D.C.	80.00	80.00	2065.00	0.00	0.00
11/28/16	1 - 97010	Ice pack	Jordan Webber	28.00	28.00	2093.00	0.00	0.00
11/28/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	2133.00	0.00	0.00
11/28/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	2213.00	0.00	0.00
11/30/16	1 - 97010	Ice pack	Jordan Webber	28.00	28.00	2241.00	0.00	0.00
11/30/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	2281.00	0.00	0.00
11/30/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	2361.00	0.00	0.00
12/2/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	2389.00	0.00	0.00
12/2/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	2429.00	0.00	0.00
12/2/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	2509.00	0.00	0.00
12/5/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	2537.00	0.00	0.00
12/5/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	2577.00	0.00	0.00
12/5/16	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	2637.00	0.00	0.00
12/5/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	2717.00	0.00	0.00
12/7/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	2745.00	0.00	0.00
12/7/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	2785.00	0.00	0.00
12/7/16	1 - 97110	Therapeutic Exercise	Jordan Webber	60.00	60.00	2845.00	0.00	0.00
12/7/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	2925.00	0.00	0.00
12/9/16	1 - 97010	Heat pack	Jordan Webber	28.00	28.00	2953.00	0.00	0.00
12/9/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	2993.00	0.00	0.00

11/10/16	1 - 97014	Electrical Stimulation	Michelle Binkowski-Keller D.C.	40.00	40.00	859.00	0.00	0.00
11/10/16	1 - 98941	CMT 3-4 Areas	Michelle Binkowski-Keller D.C.	80.00	80.00	939.00	0.00	0.00
11/11/16	1 - 97010	Ice pack	Jordan Webber	28.00	28.00	967.00	0.00	0.00
11/11/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	1007.00	0.00	0.00
11/11/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	1087.00	0.00	0.00
11/14/16	1 - 97010	Ice pack	Jordan Webber	28.00	28.00	1115.00	0.00	0.00
11/14/16	1 - 97012	Intersegmental Traction	Jordan Webber	45.00	45.00	1160.00	0.00	0.00
11/14/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	1200.00	0.00	0.00
11/14/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	1280.00	0.00	0.00
11/16/16	1 - 97010	Ice pack	Jordan Webber	28.00	28.00	1308.00	0.00	0.00
11/16/16	1 - 97012	Intersegmental Traction	Jordan Webber	45.00	45.00	1353.00	0.00	0.00
11/16/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	1393.00	0.00	0.00
11/16/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	1473.00	0.00	0.00
11/18/16	1 - 97010	Ice pack	Jordan Webber	28.00	28.00	1501.00	0.00	0.00
11/18/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	1541.00	0.00	0.00
11/18/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	1621.00	0.00	0.00
11/21/16	1 - 97010	Ice pack	Jordan Webber	28.00	28.00	1649.00	0.00	0.00
11/21/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	1689.00	0.00	0.00
11/21/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	1769.00	0.00	0.00
11/22/16	1 - 97010	Ice pack	Jordan Webber	28.00	28.00	1797.00	0.00	0.00
11/22/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00	40.00	1837.00	0.00	0.00
11/22/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00	80.00	1917.00	0.00	0.00

Desert Chiropractic & Rehab / Core Rehab
7810 West Ann Road #110
Las Vegas, NV 891495199

P:(702)463-9508F:(702)463-9772

ACCOUNT NUMBER	BILLING PERIOD
1901120	11/8/2016-5/1/2017
PATIENT NAME	
Joyce Sekera	

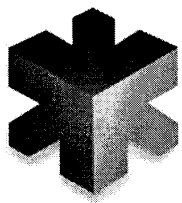
Patient Statement

Joyce Sekera
7840 Nesting Pine Pl
Las Vegas, NV 89143

AMOUNT DUE:	\$ 0.00
AMOUNT ENCLOSED:	

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT

Date	Units/ Billing Code	Desc. of service	Provider	Clinic Fee	Primary Allowed Fee	Insurance Portion	Insurance Write Off/ Adj	Insurance Paid	Insurance Balance	Patient Portion	Patient Write Off/ Adj	Patient Paid	Patient Balance
11/8/16	1 - 97010	Ice pack	Jordan Webber	28.00		28.00			28.00	0.00			0.00
11/8/16	1 - 97014	Electrical Stimulation	Jordan Webber	40.00		40.00			68.00	0.00			0.00
11/8/16	1 - 98941/25	CMT 3-4 Areas	Jordan Webber	80.00		80.00			146.00	0.00			0.00
11/8/16	1 - 99070	Home use ice/ heat pack	Jordan Webber	35.00		35.00			183.00	0.00			0.00
11/8/16	1 - 99080	Initial report	Jordan Webber	150.00		150.00			233.00	0.00			0.00
11/8/16	1 - 99203/25	Detailed New Patient Exam	Jordan Webber	215.00		215.00			548.00	0.00			0.00
11/8/16	1 - A4556	Electrodes	Jordan Webber	35.00		35.00			583.00	0.00			0.00
11/9/16	1 - 97010	Ice pack	Jordan Webber	28.00		28.00			611.00	0.00			0.00
11/9/16	1 - 98941	CMT 3-4 Areas	Jordan Webber	80.00		80.00			691.00	0.00			0.00
11/9/16	1 - L0625	Lumbar Brace	Jordan Webber	100.00		100.00			791.00	0.00			0.00
11/10/16	1 - 97010	Ice pack	Michelle Binkowski-Keller D.C.	28.00		28.00			819.00	0.00			0.00



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)

COUNTY OF CLARK)

NOW COMES Cecilia Roman,

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

Las Vegas Radiology

2. That on Aug 23, 2017 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 microfilmed 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 15 pages of medical records and 1 of billing records and is true and complete.

☐ Films on CD

☐ Sheets of Films

☒ No Films

☐ No films requested

Films located at: _____

Billing Records please contact facility at _____

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 a 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.

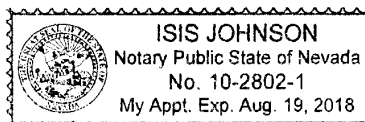
I declare under penalty of perjury that the foregoing is true and correct:

By: _____

Subscribed and sworn to before me

This 23 day of August, 2017

Notary Signature _____



JS244



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-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

JS245



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

Tel:(702) 254-5004 / Fax:(702) 432-4005

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

JS246



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

Tel:(702) 254-5004 / Fax:(702) 432-4005

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-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

JS247



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

JS248



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

JS249

7300 Smoke Ranch Road, Suite 100
Las Vegas, NV 89128



**LAS VEGAS
RADIOLOGY**
TODAY'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 Sekera DOB: 3/22/56 AGE: _____
HOME PHONE: _____ CELL PHONE: 702-467-5457 WORK PHONE: _____
ATTY: Galliner DOI: 11/4/16 ☐ 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
☐ P.E.T. SCAN: _____ ☐ ONCOLOGY ☐ BRAIN ☐ CARDIAC VIABILITY ☐ RUBIDIUM STRESS TEST
(MARYLAND PKWY) (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: (L) hip, (L) SI joint
☐ FLUOROSCOPY: _____
☐ NUCLEAR MEDICINE: _____ ☐ LYMPHOCYSTOGRAM ☐ MUGA SCAN ☐ 3 PHASE BONE SCAN
☐ STRESS TEST: _____ ☐ TREADMILL ☐ LEXISCAN ☐ DOBUTAMINE ☐ TREADMILL ONLY
(W/XYVIEW) (NO XYVIEW)
☐ 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 8 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 9 FAX REPORT TO: 702 463 9772 TODAY'S DATE: 11/21/16
☐ SEND FILMS AND REPORT ☐ SEND CD ☐ FAX REPORT ONLY ☐ PT TO CARRY ☐ STAT CALL (PHONE # _____)
APPOINTMENT DATE: _____ ARRIVAL TIME: _____ SCAN TIME: _____

www.lvradiology.com

Rev. 08/24/2016

7500 Smoke Ranch Road, Suite 100
Las Vegas, NV 89128



**LAS VEGAS
RADIOLOGY**
TOMORROW'S RADIOLOGY IMAGINE... TODAY

Bhuvana Kittusamy, MD
Medical Director

3201 S Maryland Parkway, Suite 102
Las Vegas, NV 89108

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 Sekera DOB: 3/22/56 AGE: _____
HOME PHONE: _____ CELL PHONE: 702-467-5457 WORK PHONE: _____
☒ ATTY: Gallagher DOI: 11/4/16 ☐ 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) (W/HOLE 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/Is, @ Shoulder
☐ FLUOROSCOPY: _____
☐ NUCLEAR MEDICINE: _____ ☐ LYMPHOCYSTOGRAM ☐ MUGA SCAN ☐ 3 PHASE BONE SCAN
☐ STRESS TEST: _____ ☐ TREADMILL ☐ LEXISCAN ☐ DOBUTAMINE ☐ TREADMILL ONLY
(W/MYOVIEW) (NO MYOVIEW)
☐ 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: 11/8/16
☐ SEND FILMS AND REPORT ☐ SEND CD ☒ FAX REPORT ONLY ☐ PT TO CARRY ☐ STAT CALL (PHONE # _____)
APPOINTMENT DATE: _____ ARRIVAL TIME: _____ SCAN TIME: _____

www.lvradiology.com

Rev. 08/24/2018

JS251

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by Nevada law, and not by a lawsuit or resort to court process except as Nevada law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are voluntarily giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration.

Filing by Physician of any action in any court by the physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim. However, following the assertion of any claim against Physician, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

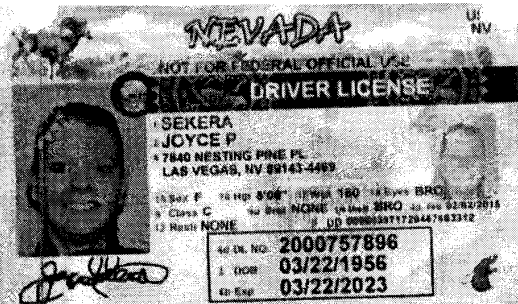
Article 4: **Revocation:** This agreement may be revoked by written notice delivered to Physician within 30 days of signature and if not revoked will govern all medical services received by the patient.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

Print Name and Relationship to Patient



Smoke Ranch



JS253

DRIVER

WEBBER DC, JORDAN

1907994 F 60 SEKERA JOYCE 11/30/2016 XR SI JOINTS 2 VIEW R R - DRIVERS LICENSE
Page 3 of 10

Smoke Ranch

EXAM HISTORY

PATIENT NAME: SEKERA, JOYCE P. DATE: 11/14/2016
MRN: 1907994 DOB: 3/22/1956

Reason your doctor ordered this exam pain

1. Do you have any symptoms? ☒ YES ☐ NO

Be specific: Pain Numbness Weakness Tingling Burning

Other _____

2. Do you have or have you ever had cancer of any kind? YES ☐ NO ☒

What type _____

Have you had radiation or Chemo? _____

3. Any surgery on this area? YES ☐ NO ☒

What type? _____

When? _____

Name of Surgeon _____

4. Have you had any of the following exams performed on this area: (Please circle)

☒ X-RAYS

☐ CAT SCAN

☐ MRI

☐ ULTRASOUND

If yes, when and where Centennial Hospital



JS254

EXAM HISTORY

WEBBER DC, JORDAN

1907994 F 60 SEKERA JOYCE 11/30/2016 XR SI JOINTS 2 VIEW R R - EXAM HISTORY
Page 4 of 10

Smoke Ranch

Notice of Privacy Practices

PATIENT NAME: SEKERA, JOYCE P. DATE: 11/14/2016
MRN: 1907994 DOB: 3/22/1956

Acknowledgment of Receipt

Federal law requires that we seek your acknowledgment of receipt of this Notice of Privacy Practices. Please sign below.

I acknowledge that I have received this Notice of Privacy Practices with an effective date of 11/14/16, and that I understand that if I have any questions regarding this Notice, I may contact the Privacy Officer.

I authorize the following person(s) access to the use or disclosure of my health information. I understand that this authorization is in effect until revoked in writing.

Name/Relationship: Carole D. Vito (Mother)

Name/Relationship: Marissa Freeman (Daughter)

Signature: [Signature] Date: 11/14/16

Printed Name: Joyce Sekera

Signature of Parent/Guardian (specify which):

Date: _____

For Office Use Only

Notice of Privacy Practices sent/delivered on _____ Initials _____

Signed Acknowledgment of Receipt received on 11-14-16 Initials [Signature]

Patient Refused or Failed to Acknowledge Receipt on _____ Initials _____



JS255

HIPAA FORM

WEBBER DC, JORDAN

Smoke Ranch



Nevada Medicaid
and Nevada Check Up

Recipient Number 00001623735

Enrollee Name JOYCE P SEKERA

DOB 03/22/1956 Gender F

BIN #001553

Card #00040

JS256

INSURANCE CARD

WEBBER DC, JORDAN

1907994 F 60 SEKERA JOYCE 11/30/2016 XR SI JOINTS 2 VIEW R R - INSURANCE CARDS
Page 6 of 10

Smoke Ranch

This card is for identification only. Providers, for eligibility or other detailed information, contact the following:

Verify eligibility electronically:	https://medicaid.nv.gov , or 800-942-8511
Medical Prior Authorizations:	800-525-2395
Pharmacy Technical Call Center:	The toll-free phone number is 866-244-8554
Pharmacy Prior Authorization:	The toll-free phone number is 855-455-3311

Nevada Medicaid/Nevada Check Up is required to act upon a claim for services, such as a Payment Authorization Request, within twenty-one (21) business days after it receives a claim for services. If Nevada Medicaid/Nevada Check Up has not taken action to provide you with a written decision on a claim for services within this period, you may request a hearing by calling the Office of Hearings and Appeals at 775-684-3604 or toll free at 1-800-992-0900 ext. 43604.

MS15-0040

JS257

INSURANCE CARD

WEBBER DC, JORDAN

1907994 F 60 SEKERA JOYCE 11/30/2016 XR SI JOINTS 2 VIEW R R - INSURANCE CARDS
Page 7 of 10

Smoke Ranch



7500 Smoke Ranch Road, Suite 100
Las Vegas, Nevada 89128
Phone : 702-254-5004
Fax : 702-432-4005

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name SEKERA, JOYCE P.		Birth Date 3/22/1956	Social Security No.
Address 7840 NESTING PINE PLACE LAS VEGAS, NV 89143		Telephone No. () (702) 467-5457	
I hereby authorize _____ Facility Name _____			
To release information from the medical records of _____ Patient Name _____			
To: Las Vegas Radiology			
Examination date(s): _____ Specify dates - this line MUST BE completed			
Records to be released			
Lab Records _____			
Imaging/Radiology exams _____			
Entire Record _____			
Other _____			
This authorization expires 60 days from the date signed below and covers only treatment for dates specified above.			
<p>I, the undersigned, have read the above and authorize the staff of the disclosing facility named to disclose such information as herein contained. I understand that this authorization may be withdrawn, by written request from me, at any time except to the extent that action has been taken in reliance upon it. I understand that re-disclosure of this information to a party other than the one designated above is forbidden without additional authorization on my part. This facility is released and discharged of any liability and the undersigned will hold the facility harmless, for complying with this "Authorization for Release of Medical Information". I understand that the information released may be subject to re-disclosure by the recipient and may no longer be protected by the Federal Privacy Law. The facility will not condition treatment, payment or enrollment upon the provision of an authorization including the consequences of refusal to sign the authorization. A photocopy of this authorization shall constitute a valid authorization.</p> <p>_____ Date Signature of Patient/Parent/Conservator/Guardian Relationship to _____ 11-14-16</p> <p>Patient/Authority to act for patient _____ ID Present _____</p>			
THIS AUTHORIZATION WILL NOT BE VALID UNLESS ENTIRELY FILLED OUT			



JS258

PATIENT NAME:
MRN:

SEKERA, JOYCE P.
1907994

DATE:
DOB:

11/14/2016
3/22/1956

ALLERGIES	
VITAMINS	
MEDICATION	
CURRENT MEDICATION	
N/A	
NOTES:	



JS259

MEDICATION LIST

WEBBER DC, JORDAN

1907994 F 60 SEKERA JOYCE 11/30/2016 XR SI JOINTS 2 VIEW R R - MEDICATION LIST
Page 9 of 10

Smoke Ranch



PATIENT NAME: SEKERA, JOYCE P.

PATIENT'S SOC. SEC. #:

091-48.8430

Sex: F Marital Status: S M Birthdate: 3/22/1956 Age: 60 Home Phone: (702) 467-5457 Cell #:Race: African American ☐ Caucasian ☒ Asian ☐ Native American ☐ Pacific Islander ☐ Other ☐Ethnicity: Hispanic ☐ Non-Hispanic ☐ Primary Language: English

Address: 7840 NESTING PINE PLACE

Apartment #:

City/State/Zip: LAS VEGAS, NV 89143

Patient Employer: BRAVE VEGASOccupation: SalesAddress: 3130 S Rainbow

Suite #:

City/State/Zip: LVWork Phone #: 702 538 8000

Nearest relative in case of Emergency:

MARISSA FREEMAN

Phone #:

702-525-9801E-MAIL ADDRESS: JoyceSekera@yahoo.com

**You do not have to supply your email address, but we are collecting information because Las Vegas Radiology is working on ways to use the Internet to better communicate with our patients. We do not sell or provide our patient's phone numbers, addresses or email addresses to any other organization. All information is held in the strictest confidence.

INSURANCE INFORMATION

PRIMARY INSURANCE: SMART CHOICE MEDICAID

Group# or Claim#

Subscriber's Name: JOYCEPolicy ID #: 14025659000Subscriber's DOB: 3/22/1956

Employer Name:

Subscriber's SS#:

INSURANCE INFORMATION

SECONDARY INSURANCE:

Group# or Claim#

Subscriber's Name:

Policy ID #:

Subscriber's DOB:

Employer Name:

Subscriber's SS#:

WORK RELATED/AUTO ACCIDENT/OTHER ACCIDENT

Date of accident:

I auto, claim number:

Attorney:

Claim# work injury:

Employer at time of Injury:

The above information is complete and correct. I authorize treatment of the above patient. I hereby authorize the release of information necessary to file a claim with my insurance company and/or any other contracted payment source and I assign benefits otherwise payable to me to the doctor group indicated on the claim. All professional services rendered are charged to the patient. The patient is responsible for all fees, regardless of insurance coverage. In the event of collection proceedings due to lack of payment on my part, I agree to pay any/all collection fees that may be added to my account in order to recover monies due to the doctor.

Signature: Joyce Sekera

Date:

11/14/16

JS260

REGISTRATION

1907994 F 60 SEKERA JOYCE 11/30/2016 XR SI JOINTS 2 VIEW R R - REGISTRATION
Page 10 of 10

WEBBER DC, JORDAN

Smoke Ranch



1

KEITH GALLIHER
1850 E SAHARA 107

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02-12

LAS VEGAS NV 89104

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare #) (Medicaid #) (ID# DoDa) (Member ID#) (ID#) (ID#) (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA JOYCE P		3. PATIENT'S BIRTH DATE MM DD YY 03 22 56	
4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7840 NESTING PINE PLACE		5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PLACE	
6. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PLACE		7. INSURED'S ADDRESS (No., Street) 7840 NESTING PINE PLACE	
8. CITY LAS VEGAS		9. CITY LAS VEGAS	
10. STATE NV		11. STATE NV	
12. ZIP CODE 89143		13. ZIP CODE 89143	
14. TELEPHONE (Include Area Code) (702) 467 5457		15. TELEPHONE (Include Area Code) (702) 467 5457	
16. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		17. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. OTHER INSURED'S POLICY OR GROUP NUMBER		19. AUTO ACCIDENT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20. RESERVED FOR NUCC USE		21. OTHER CLAIM ID (Designated by NUCC)	
22. RESERVED FOR NUCC USE		23. INSURANCE PLAN NAME OR PROGRAM NAME KEITH GALLIHER	
24. INSURANCE PLAN NAME OR PROGRAM NAME		25. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
26. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.			
27. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of governmental benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 08 24 2017		28. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE	
29. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 11 04 16		30. OTHER DATE MM DD YY	
31. NAME OF REFERRING PROVIDER OR OTHER SOURCE DR JORDAN WEBBERDC		32. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
33. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		34. OUTSIDE LAB? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
35. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) A. M25552 B. M533 C. D. E. F. G. H. I. J. K. L.		36. RESUBMISSION CODE ORIGINAL REF. NO.	
37. PRIOR AUTHORIZATION NUMBER		38. DATE(S) OF SERVICE From To MM DD YY MM DD YY	
39. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		40. DIAGNOSIS POINTER	
41. \$ CHARGES		42. DAYS OR UNITS	
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45. RENDERING PROVIDER ID #		46. NPI	
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(Counter)

Las Vegas Radiology
 401 N BUFFALO DR STE 100
 LAS VEGAS, NV 89145-0397
 702 254-5004

INSURANCE COVERAGES:
 CANYON MEDICAL BILLING 2

MS. JOYCE P. SEKERA
 T 7840 NESTING PINE PLACE
 O LAS VEGAS, NV 89143

Account #	850004
Assigned Provider	Huck, Elizabeth L
Statement Date	August 24, 2017
PLEASE PAY:	\$0.00

Please return upper portion with your remittance. Thank you.

For your convenience, All major credit/debit card payments are accepted over the phone. Contact the Billing Department.

DATE	DR	CODE	DESCRIPTION	CHARGES	DEDUCTIBLE	PAYMENTS	ADJ	BALANCE
Payment Summary:								
12/30/16		1289	INSURANCE PAYMENT (from 122.30			122.30		
12/30/16			INS ADJUSTMENT (from 425.70			0.00	425.70	
Account Activity:								
11/14/16	20	72052	XRAY CERVICAL SPINE	199.00				0.00
12/30/16		1289	INSURANCE PAYMENT			59.98		
12/30/16			INS ADJUSTMENT			0.00	139.02	
11/14/16	20	73030	XR SHOULDER 2V	199.00				0.00
12/30/16		1289	INSURANCE PAYMENT			30.02		
12/30/16			INS ADJUSTMENT			0.00	168.98	
11/14/16	20	72070	XR THORACIC 2V	150.00				0.00
12/30/16		1289	INSURANCE PAYMENT			32.30		
12/30/16			INS ADJUSTMENT			0.00	117.70	

ACCOUNT NUMBER		STATEMENT DATE				
850004		August 24, 2017		Please pay by: September 24, 2017		
				* Indicates Patient Responsibility		
0 TO 30 DAYS	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	INS BALANCE	PATIENT DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

JS262

03/28/2017 10:15 AM The Gallher Law Firm 7027350204

page 4

CERTIFICATE OF CUSTODIAN OF MEDICAL RECORDS AND/OR BILLING

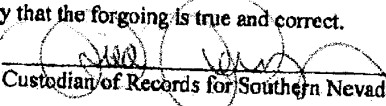
STATE OF NEVADA)

) ss.

COUNTY OF CLARK)

Pita Ramirez, being duly sworn, deposes and says:

1. That the deponent is employed with Southern Nevada Medical Group, and in that capacity is the Custodian of Records of Southern Nevada Medical Group.
2. That on the 2 day of Feb, 2017, 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 foregoing is true and correct.


 Custodian of Records for Southern Nevada Medical Group

STATE OF NEVADA)

) ss.

COUNTY OF CLARK)

On the _____ day of _____, 20____, before me, the undersigned Notary Public in and for the County of Clark, State of Nevada duly commissioned and sworn, personally appeared _____, 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 purposes there in mentioned.

No Notary On Site
 NOTARY PUBLIC

JS263

290

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002**Discharge Exam & Summary:**

- **Date of loss:** 11/04/16
- **Date of First Exam:** 11/21/16
- **Date of Last Exam:** 01/30/17

INITIAL COMPLAINT(S) of PRESENT INJURY:

1. headaches
2. trouble sleeping
3. anxiety
4. cervical pain
5. thoracic pain
6. lumbar pain
7. abdominal pain
8. right shoulder pain
9. left shoulder pain
10. left shoulder joint pain
11. right upper arm pain
12. left upper arm pain
13. left elbow pain
14. left forearm pain
15. right hip pain
16. left hip pain
17. left hip joint pain
18. right thigh pain
19. left thigh pain
20. right knee pain
21. left knee pain
22. right knee joint pain
23. left knee joint pain
24. right lower leg pain
25. left lower leg pain
26. right calf pain
27. left calf pain

RESIDUAL COMPLAINT(S) of PRESENT INJURY:

[Page 1]

E-signed by Dr. Michelle Hyla, D.O. on 01/30/2017 1:10PM

JS264

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002

1. headaches
2. cervical pain
3. lumbar pain
4. right shoulder pain
5. left shoulder pain
6. right hip pain
7. left hip pain

- **Areas of Continued Radiating Pain:** Left Upper Extremity, Right Upper Extremity, Left Lower Extremity, Right Lower Extremity
- **Concussion Symptoms:** Some residual symptoms present
- **Discharge Pain Level (Highest Pain in 3-Days):** 7/10
- **X-Ray:** Reviewed, Cervical Spine, Thoracic Spine, Lumbar Spine, Elbow (Left), Hip (Left)
- **MRI:** Reviewed, Brain, Cervical Spine, Lumbar Spine
- **CT:** Does not meet criteria at this time

SPECIALIST(S) SUMMARY:

Referred to Pain Management: Dr. Kidwell

Referred to Neurology: Dr. Shah

- **Date of Discharge Exam:** 01/30/17
- **Overall Patient Progress:** Overall unchanged
- **Med/Fam/Social/Surgical Hx:** Reviewed and no change from initial

REVIEW OF SYSTEMS:

MUSCULOSKELETAL: Patient **complains of back pain**, denies muscle weakness, denies arthritis, **complains of muscle cramping**, denies joint pain, **complains of muscle stiffness**, **complains of neck pain**, denies sciatica, **complains of myalgia**.

NEUROLOGIC: Patient **complains of headache**, denies limb weakness, **complains of numbness**, denies tingling, denies seizures/convulsions, denies syncope, denies tremor

PSYCHOLOGICAL: Patient **complains of occasional anxiety**, denies depression denies suicidal ideations,

DIAGNOSTIC IMAGING IMPRESSIONS:

[Page 2]

E-signed by Dr. Michelle Hyla, D.O. on 01/30/2017 1:10PM

JS265

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002

• **MRI Imaging:** Patient was referred for MRI with the following impressions - **MRI Results:** CS MRI;

1. 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.

LS MRI;

1. Multilevel lumbar degenerative disc disease with disc bulges extending from L1-L2 through L5-S1. Annular fissuring at L4-L5. No canal stenosis or neural foraminal narrowing at any level.

Brain MRI;

1. No significant abnormality identified on magnetic resonance of the brain.

• **CT Imaging:** Patient did not meet advanced imaging criteria.

TREATMENT AND COURSE OF THERAPY:

Joyce P. Sekera is being discharged from my care today in relation to injuries sustained. The patient has been undergoing physical therapy and/or chiropractic treatment for the injuries related to the accident. It has been determined that the patient has obtained the maximum medical improvement from the given treatment under my care. The patient's prognosis remains guarded without further treatment. The patient is advised to return if symptoms worsen.

Joyce P. Sekera has been advised to continue seeking care from all other current medical providers, including, but not limited to chiropractic and physical therapists, until instructed otherwise.

PROGNOSIS AND AFTERCARE PLAN:

It is common for arthritic and degenerative changes to progress after these types of injuries. As such, further treatment associated with these injuries may be necessary in the future. Such treatment may include further medical, chiropractic and physical therapy. The potential future costs associated with such medical attention will be based upon the community standards at the time such medical attention is given. The patient may be left with residual pain. Injuries of this type tend to cause chronic changes in the soft tissues involved, including muscles and tendons. The bony structures and the articular surfaces, therefore, are at greater risk, after injuries sustained of this sort, for arthritis and thinning of the synovial surfaces and are inherently more likely to be reinsured in the future. Performance of daily activities, climate, temperature, and other environmental factors may all elicit recurrence of symptoms requiring physical therapy intervention. Aftercare instructions have been explained, including home care therapy with ice and the importance of proper biomechanics. I have also explained various healthcare options that are available as aftercare when the patient has exacerbation. The patient's clinical records are enclosed along with medical billing statements for charges incurred. All fees are considered usual, customary, within community standards, and were reasonable and necessary for the injuries sustained.

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002**CAUSATION:**

It is my opinion that Joyce P. Sekera's symptoms for which they are being seen today are directly related to the accident described by the patient. It is my opinion that the treatment rendered thus far are of reasonable and necessary frequency and duration. These opinions are stated to a reasonable medical probability. These opinions are based on the facts reported by the patient as well as the patient's history, physical examination, imaging studies, and medical records that are available to me today and reviewed thus far. My opinion could change with additional information provided to me in the future.

COMMENTS: Will follow with specialists wishes to be discharged

Chief Complaint: injuries from Slip and fall

Physical Exam:

Pain
7/10

CONCUSSION SYMPTOMS:

- Seizures: No
- Nausea: **Yes** - Resolved
- Vomiting: No
- Headache: **Yes** - Unchanged
- Dizziness: **Yes** - Unchanged
- Tinnitus: **Yes** - Resolved
- Trouble Remembering: **Yes** - Unchanged
- Drowsiness: **Yes** - Unchanged
- Balance Problems: **Yes** - Unchanged
- Sleeping More Than Usual: No
- Sensitivity to Noise: **Yes** - Unchanged
- Sensitivity to Light: **Yes** - Unchanged
- Feeling Slowed Down: **Yes** - Unchanged
- Feeling as if "in a fog": **Yes** - Unchanged
- Difficulty Concentrating: **Yes** - Unchanged
- Difficulty Remembering: **Yes** - Unchanged
- Trouble Falling Asleep: **Yes** - Unchanged
- More Emotional than Usual: **Yes** - Unchanged

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002

- **Irritability: Yes** - Unchanged
- **Sadness: Yes** - Unchanged
- **Nervousness: Yes** - Unchanged
- **Trouble finding your words: Yes** - Unchanged

APPEARANCE: AAOX3.

HEENT: Ears no gross abnormalities. Eyes normal pupils, normal conjunctivae. Nares patent. Mouth/Throat no gross abnormalities.

CV/CHEST: Normal respiratory effort. No audible wheezing. Normal pulses. Grossly normal rhythm.

ABDOMEN: Non-distended and soft. Resolved.

SKIN: No lesions. No bruises. No open wounds. No abrasions. No burns. Resolved, bruises. - Elbow (Left)

NEUROLOGICAL: CN II-XII grossly intact. PEERLA EOMI. Symmetric facial movement. DTR's grossly intact. Coordination grossly normal. No nystagmus.

PSYCHOLOGICAL: Appropriate affect. AAOx3.

Cervical Spine

- **Cervical spine:** Unchanged
- **Extension Norm:** (70) Decreased
- **Flexion Norm:** (80) Decreased
- **Lt Rot Norm:** (80) Decreased
- **Rt Rot Norm:** (80) Decreased
- **Lt Lat Norm:** (45) Decreased
- **Rt Lat Norm:** (45) Decreased

Thoracolumbar Spine

- **Thoracic Spine:** Decreased
- **Lumbar Spine:** Decreased
- **Extension Norm:** (30) Decreased
- **Flexion Norm:** (90) Decreased
- **Lt Rot Norm:** (60) Decreased

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002

- **Rt Rot Norm:** (60) Decreased
- **Lt Lat Norm:** (45) Decreased
- **Rt Lat Norm:** (45) Decreased
- **Thoracic spine:** Resolved
- **Lumbar spine:** Unchanged
- **Posture:** Asymmetric
- **Gait:** Normal

RIGHT UPPER EXTREMITIES

- **Right Shoulder:** Unchanged
- **Right clavicle:** Within Normal Limits
- **Right arm:** Resolved
- **Right elbow:** Within Normal Limits
- **Right forearm:** Within Normal Limits
- **Right wrist:** Within Normal Limits
- **Right hand:** Within Normal Limits
- **Right palm:** Within Normal Limits
- **Right fingers:** Within Normal Limits
- **Right thumb:** Within Normal Limits

LEFT UPPER EXTREMITIES

- **Left Shoulder:** Unchanged
- **Left clavicle:** Within Normal Limits
- **Left arm:** Resolved
- **Left elbow:** Resolved
- **Left forearm:** Resolved
- **Left wrist:** Within Normal Limits
- **Left hand:** Within Normal Limits
- **Left palm:** Within Normal Limits
- **Left fingers:** Within Normal Limits
- **Left thumb:** Within Normal Limits

RIGHT LOWER EXTREMITIES

- **Right hip:** Unchanged

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002

- **Right thigh:** Resolved
- **Right knee:** Resolved
- **Right leg:** Resolved
- **Right calf:** Resolved
- **Right ankle:** Within Normal Limits
- **Right foot:** Within Normal Limits
- **Right heel:** Within Normal Limits
- **Right toes:** Within Normal Limits

LEFT LOWER EXTREMITIES

- **Left hip:** Unchanged
- **Left thigh:** Resolved
- **Left knee:** Resolved
- **Left leg:** Resolved
- **Left calf:** Resolved
- **Left ankle:** Within Normal Limits
- **Left foot:** Within Normal Limits
- **Left heel:** Within Normal Limits
- **Left toes:** Within Normal Limits

Assessment:

Type	Code	Description
ICD-10-CM Condition	S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
ICD-10-CM Condition	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
ICD-10-CM Condition	S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
ICD-10-CM Condition	M79.621	Pain in right upper arm
ICD-10-CM Condition	M79.622	Pain in left upper arm
ICD-10-CM Condition	M25.522	Pain in left elbow
ICD-10-CM Condition	S53.402A	Unspecified sprain of left elbow, initial encounter
ICD-10-CM Condition	M79.632	Pain in left forearm
ICD-10-CM Condition	M25.551	Pain in right hip
ICD-10-CM Condition	M25.552	Pain in left hip
ICD-10-CM Condition	S76.012A	Strain of muscle, fascia and tendon of left hip, initial encounter
ICD-10-CM Condition	S76.011A	Strain of muscle, fascia and tendon of right hip, initial encounter
ICD-10-CM Condition	S43.402A	Unspecified sprain of left shoulder joint, initial encounter

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E-signed by Dr. Michelle Hyla, D.O. on 01/30/2017 1:10PM

JS270

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002

Type	Code	Description
ICD-10-CM Condition	S46.911A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter
ICD-10-CM Condition	S46.912A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
ICD-10-CM Condition	M25.512	Pain in left shoulder
ICD-10-CM Condition	M25.511	Pain in right shoulder
ICD-10-CM Condition	R20.9	Unspecified disturbances of skin sensation
ICD-10-CM Condition	G47.00	Insomnia, unspecified
ICD-10-CM Condition	F43.0	Acute stress reaction
ICD-10-CM Condition	R45.2	Unhappiness
ICD-10-CM Condition	R45.89	Other symptoms and signs involving emotional state
ICD-10-CM Condition	R45.4	Irritability and anger
ICD-10-CM Condition	R41.89	Other symptoms and signs involving cognitive functions and awareness
ICD-10-CM Condition	R41.840	Attention and concentration deficit
ICD-10-CM Condition	H53.149	Visual discomfort, unspecified
ICD-10-CM Condition	H93.249	Temporary auditory threshold shift, unspecified ear
ICD-10-CM Condition	H81.90	Unspecified disorder of vestibular function, unspecified ear
ICD-10-CM Condition	R41.3	Other amnesia
ICD-10-CM Condition	R11.0	Nausea
ICD-10-CM Condition	H93.19	Tinnitus, unspecified ear
ICD-10-CM Condition	F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
ICD-10-CM Condition	G44.309	Post-traumatic headache, unspecified, not intractable
ICD-10-CM Condition	S06.0X1A	Concussion with loss of consciousness of 30 minutes or less, initial encounter
ICD-10-CM Condition	S39.011A	Strain of muscle, fascia and tendon of abdomen, initial encounter
ICD-10-CM Condition	R42	Dizziness and giddiness
ICD-10-CM Condition	M79.662	Pain in left lower leg
ICD-10-CM Condition	M79.661	Pain in right lower leg
ICD-10-CM Condition	S29.012D	Strain of muscle and tendon of back wall of thorax, subsequent encounter
ICD-10-CM Condition	S86.111A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter
ICD-10-CM Condition	S76.012D	Strain of muscle, fascia and tendon of left hip, subsequent encounter
ICD-10-CM Condition	S86.211A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
ICD-10-CM Condition	S76.011D	Strain of muscle, fascia and tendon of right hip, subsequent encounter
ICD-10-CM Condition	S86.212A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
ICD-10-CM Condition	S06.0X0D	Concussion without loss of consciousness, subsequent encounter
ICD-10-CM Condition	S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
ICD-10-CM Condition	S53.402D	Unspecified sprain of left elbow, subsequent encounter
ICD-10-CM Condition	S43.402D	Unspecified sprain of left shoulder joint, subsequent encounter
ICD-10-CM Condition	S46.911D	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, subsequent encounter

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E-signed by Dr. Michelle Hyla, D.O. on 01/30/2017 1:10PM

JS271

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002

Type	Code	Description
ICD-10-CM Condition	S46.912D	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, subsequent encounter
ICD-10-CM Condition	S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter
ICD-10-CM Condition	S86.212D	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, subsequent encounter
ICD-10-CM Condition	S76.812D	Strain of other specified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter
ICD-10-CM Condition	S73.102A	Unspecified sprain of left hip, initial encounter
ICD-10-CM Condition	M79.651	Pain in right thigh
ICD-10-CM Condition	S73.102D	Unspecified sprain of left hip, subsequent encounter
ICD-10-CM Condition	S76.811A	Strain of other specified muscles, fascia and tendons at thigh level, right thigh, initial encounter
ICD-10-CM Condition	S76.811D	Strain of other specified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter
ICD-10-CM Condition	S76.812A	Strain of other specified muscles, fascia and tendons at thigh level, left thigh, initial encounter
ICD-10-CM Condition	S86.111D	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter
ICD-10-CM Condition	S39.011D	Strain of muscle, fascia and tendon of abdomen, subsequent encounter
ICD-10-CM Condition	M25.561	Pain in right knee
ICD-10-CM Condition	S86.211D	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, subsequent encounter
ICD-10-CM Condition	M25.562	Pain in left knee
ICD-10-CM Condition	S83.91XD	Sprain of unspecified site of right knee, subsequent encounter
ICD-10-CM Condition	S83.91XA	Sprain of unspecified site of right knee, initial encounter
ICD-10-CM Condition	S83.92XD	Sprain of unspecified site of left knee, subsequent encounter
ICD-10-CM Condition	M79.652	Pain in left thigh
ICD-10-CM Condition	S86.112D	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, subsequent encounter
ICD-10-CM Condition	S83.92XA	Sprain of unspecified site of left knee, initial encounter
ICD-10-CM Condition	S23.3XXD	Sprain of ligaments of thoracic spine, subsequent encounter
ICD-10-CM Condition	W01.0XXD	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter
ICD-10-CM Condition	S86.112A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter
ICD-10-CM Condition	S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter
ICD-10-CM Condition	S16.1XXD	Strain of muscle, fascia and tendon at neck level, subsequent encounter
ICD-10-CM Condition	W01.0XXA	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter
ICD-10-CM Condition	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
ICD-10-CM Condition	S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter

Medications & Allergies:

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E-signed by Dr. Michelle Hyla, D.O. on 01/30/2017 1:10PM

JS272

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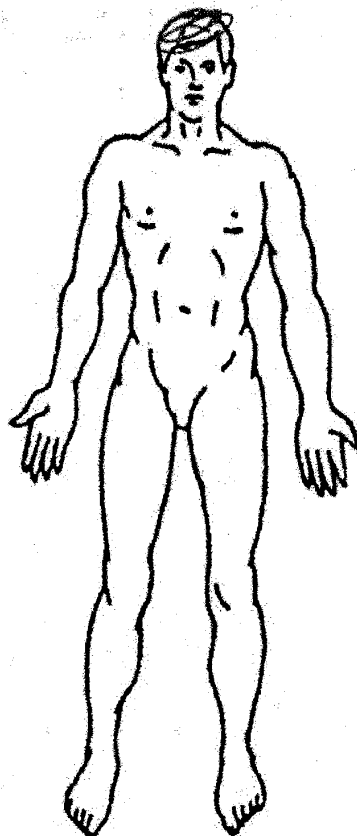
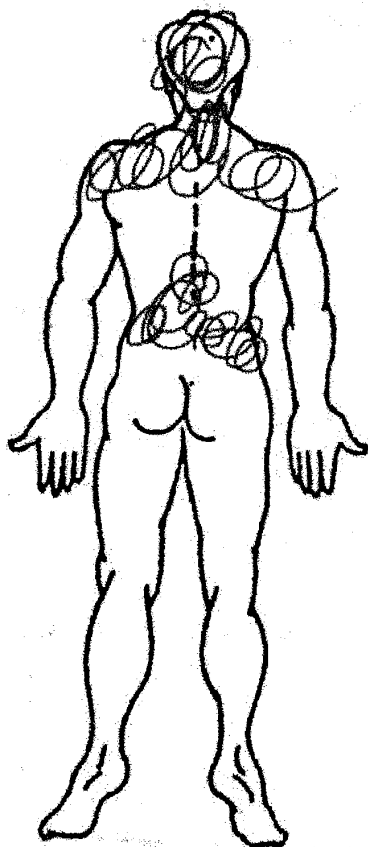
**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002

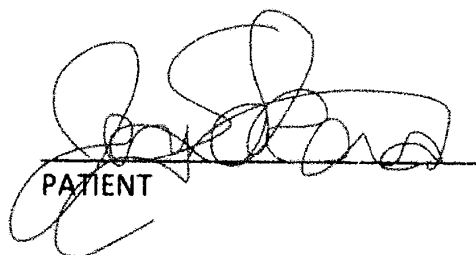
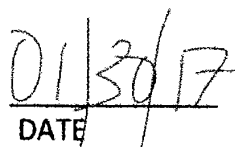
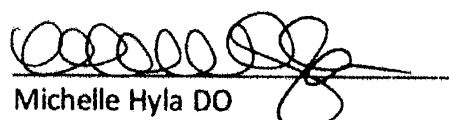
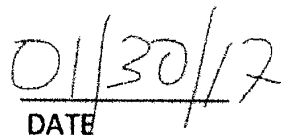
Current Medication & Dosage	SIG	PRN?	Indication
cyclobenzaprine 5 mg oral tablet	2 times a day as needed	No	discontinued
10% Flurbuprofen 1% Amitriptyline 6% Gabapentin 2% Lidocaine 2% Prilocaine	1 gram(s) transdermal 2 times a day x2 weeks	No	discontinued
Norco 5 mg-325 mg oral tablet	0	No	outside office
ibuprofen 600 mg oral tablet	0	No	outside office

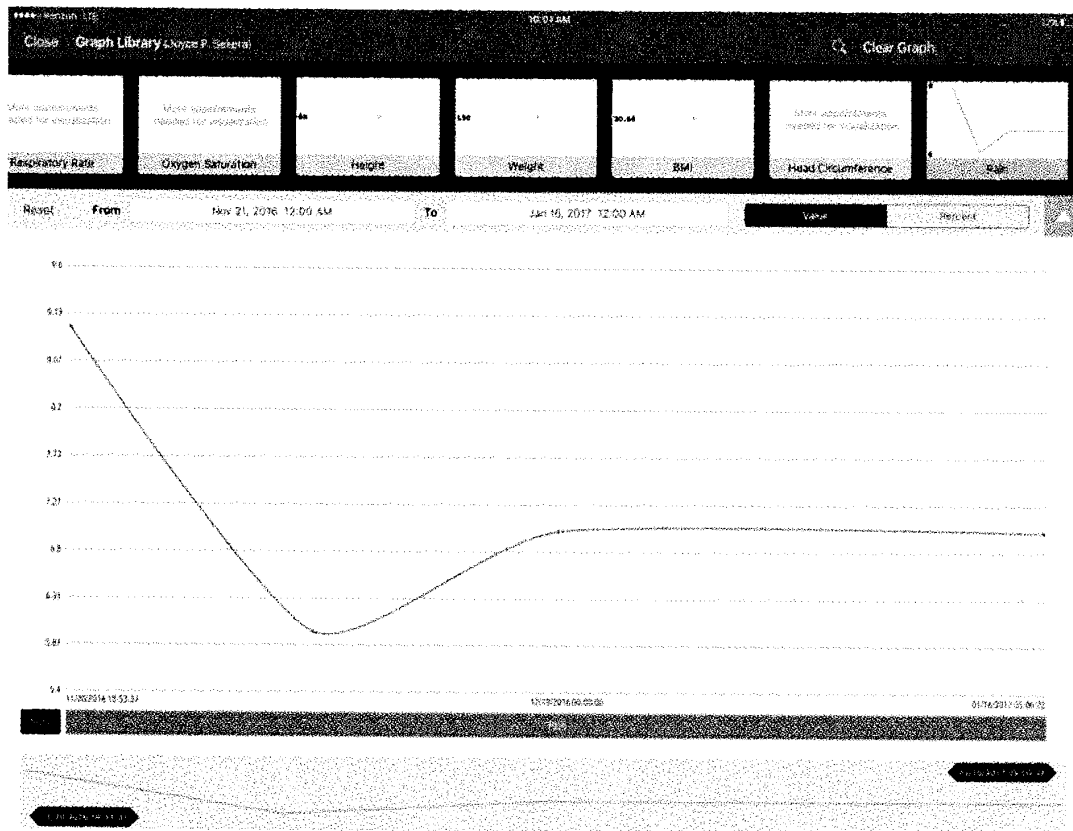
Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Plan:

Type	Code	Modifiers	Quantity	Description
CPT	99080		1.00 UN	Special reports or forms
CPT	99215		1.00 UN	Office/outpatient visit, est
CPT	99080		1.00 UN	Special reports or forms
CPT	99215		1.00 UN	Office/outpatient visit, est

**Patient:** Joyce P. Sekera**Provider:** Dr. Michelle Hyla, D.O.**DOB:** 03/22/1956**Visit:** 01/30/2017 10:30AM**Sex:** F**Chart:** SEJO000002

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/30/2017 10:30AM**Chart:** SEJO000002
PATIENT
DATE
Michelle Hyla DO
Medical Director
Southern Nevada Medical Group
DATE

**Patient:** Joyce P. Sekera**Provider:** Dr. Michelle Hyla, D.O.**DOB:** 03/22/1956**Visit:** 01/30/2017 10:30AM**Sex:** F**Chart:** SEJO000002

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/16/2017 10:30AM**Chart:** SEJO000002**Chief Complaint:** injuries from Slip and Fall**Review of Imaging/Diagnostics:**

Patient is being re-evaluated today in relation to injuries sustained in a(n) slip and fall accident. The patient is currently undergoing chiropractic and physical therapy for treatment of the injuries related to the accident.

COMMENTS: Saw PM and placed on meds, has follow up to decide on injections

- **Outside Provider Records Reviewed:** Yes
- **Changes to Med/Fam/Soc Hx:** No

SUBJECTIVE

Overall unchanged

Radiating Pain: Left Upper Extremity, Right Upper Extremity, Left Lower Extremity, Right Lower Extremity

New complaints: None

Worst Area of Pain: cervical pain, lumbar pain, left shoulder pain

Highest Pain Scale in 72-Hour Period: 8/10

Activities that Aggravate Pain: Sitting, Standing, Laying Down, Walking, Bending, Repetitive Movements

REVIEW OF SYSTEMS:

MUSCULOSKELETAL: Patient **complains of back pain**, denies muscle weakness, denies arthritis, **complains of muscle cramping**, **complains of joint pain**, **complains of muscle stiffness**, **complains of neck pain**, denies sciatica, **complains of myalgia**.

NEUROLOGIC: Patient **complains of headache**, denies limb weakness, **complains of numbness**, denies tingling, denies seizures/convulsions, denies syncope, denies tremor

PSYCHOLOGICAL: Patient **complains of occasional anxiety**, denies depression denies suicidal ideations, denies emotional lability.

PLAN

- **Specialists:** F/U - Neurology, F/U - Pain Management - **Other:** Dr.Shah has ordered MRI and EEG Dr.Kidwell M.D.
- **X-rays:** Reviewed, Cervical Spine, Thoracic Spine, Lumbar Spine, Elbow (Left), Hip (Left)
- **MRI:** Brain, Cervical Spine, Lumbar Spine, Reviewed

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/16/2017 10:30AM**Chart:** SEJO000002**MRI Results:** CS MRI;

1. 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.

LS MRI;

1. Multilevel lumbar degenerative disc disease with disc bulges extending from L1-L2 through L5-S1. Annular fissuring at L4-L5. No canal stenosis or neural foraminal narrowing at any level.

Brain MRI;

1. No significant abnormality identified on magnetic resonance of the brain.

• **CT:** Does not meet criteria at this time

Medication Refill: No**Medication Side Effects:** None**PMP:** Reviewed

The patient is advised to continue therapy 2 times per week, and follow up with me in 2 weeks.

Patient is advised to return to all current care providers for continued therapy and assessment. Patient has been advised of the importance of continued therapy for maximum recovery. Patient will be re-evaluated again in two to three weeks. Patient has been counseled on the importance of exercise and good sleep hygiene.

Physical Exam:

Pain
7/10

CONCUSSION SYMPTOMS:

- **Nausea:** Yes - Resolved
- **Headache:** Yes - Improved
- **Dizziness:** Yes - Aggravated
- **Tinnitus:** Yes - Resolved
- **Trouble Remembering:** Yes - Unchanged
- **Drowsiness:** Yes - Unchanged
- **Balance Problems:** Yes - Improved
- **Sensitivity to Noise:** Yes - Resolved
- **Sensitivity to Light:** Yes - Unchanged
- **Feeling Slowed Down:** Yes - Unchanged

**Patient:** Joyce P. Sekera**Provider:** Dr. Michelle Hyla, D.O.**DOB:** 03/22/1956**Visit:** 01/16/2017 10:30AM**Sex:** F**Chart:** SEJO000002

- **Feeling as if "in a fog":** Yes - Unchanged
- **Difficulty Concentrating:** Yes - Unchanged
- **Difficulty Remembering:** Yes - Unchanged
- **Trouble Falling Asleep:** Yes - Unchanged
- **More Emotional than Usual:** Yes - Unchanged
- **Irritability:** Yes - Unchanged
- **Sadness:** Yes - Unchanged
- **Nervousness:** Yes - Unchanged
- **Trouble finding your words:** Yes - Unchanged

APPEARANCE: AAOX3.**ABDOMEN:** Resolved.**SKIN:** Resolved, bruises. - Elbow (Left)**Cervical Spine**

- **Cervical spine:** Unchanged

Thoracolumbar Spine

- **Thoracic spine:** Unchanged
- **Lumbar spine:** Unchanged

RIGHT UPPER EXTREMITIES

- **Right Shoulder:** Improved
- **Right arm:** Improved

LEFT UPPER EXTREMITIES

- **Left Shoulder:** Unchanged
- **Left arm:** Unchanged
- **Left elbow:** Resolved
- **Left forearm:** Resolved

RIGHT LOWER EXTREMITIES

[Page 3]

E-signed by Dr. Michelle Hyla, D.O. on 01/16/2017 1:53PM

JS279

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 01/16/2017 10:30AM**Chart:** SEJO000002

- **Right hip:** Unchanged
- **Right thigh:** Improved
- **Right knee:** Unchanged
- **Right leg:** Unchanged
- **Right calf:** Unchanged

LEFT LOWER EXTREMITIES

- **Left hip:** Unchanged
- **Left thigh:** Unchanged
- **Left knee:** Unchanged
- **Left leg:** Unchanged
- **Left calf:** Unchanged

Assessment:

Type	Code	Description
ICD-10-CM Condition	W01.0XXD	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter

Medications & Allergies:

Current Medication & Dosage	SIG	PRN?	Indication
cyclobenzaprine 5 mg oral tablet	2 times a day as needed	No	
10% Flurbiprofen 1% Amitriptyline 6% Gabapentin 2% Lidocaine 2% Prilocaine	1 gram(s) transdermal 2 times a day x2 weeks	No	
Norco 5 mg-325 mg oral tablet	0	No	outside office
ibuprofen 600 mg oral tablet	0	No	outside office

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Plan:

Type	Code	Modifiers	Quantity	Description
CPT	99213		1.00 UN	Office/outpatient visit, est
CPT	99213		1.00 UN	Office/outpatient visit, est
CPT	99213		1.00 UN	Office/outpatient visit, est
CPT	99214		1.00 UN	Office/outpatient visit, est

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 12/19/2016 10:15AM**Chart:** SEJO000002**Chief Complaint:** injuries from Slip and Fall**Diagnostic Imaging/Specialist Referral:**

Patient is being re-evaluated today in relation to injuries sustained in a(n) slip and fall accident. The patient is currently undergoing chiropractic and physical therapy for treatment of the injuries related to the accident.

COMMENTS: MRI brain was done already, MRIs cervical and lumbar scheduled for 12/21/16, appt Dr. Shah is 12/20/16

- **Outside Provider Records Reviewed:** Yes
- **Changes to Med/Fam/Soc Hx:** No

SUBJECTIVE

Overall unchanged

Radiating Pain: Left Upper Extremity, Right Upper Extremity, Left Lower Extremity, Right Lower Extremity

New complaints: None

Worst Area of Pain: cervical pain, lumbar pain, left shoulder pain, headaches

Highest Pain Scale in 72-Hour Period: 8/10

Activities that Aggravate Pain: Sitting, Standing, Laying Down, Walking, Bending, Repetitive Movements

REVIEW OF SYSTEMS:

MUSCULOSKELETAL: Patient **complains of back pain**, denies muscle weakness, denies arthritis, **complains of muscle cramping**, **complains of joint pain**, **complains of muscle stiffness**, **complains of neck pain**, denies sciatica, **complains of myalgia**.

NEUROLOGIC: Patient **complains of headache**, denies limb weakness, **complains of numbness**, **complains of tingling**, denies seizures/convulsions, denies syncope, denies tremor

PSYCHOLOGICAL: Patient **complains of occasional anxiety**, denies depression denies suicidal ideations, denies emotional lability.

• **Specialists:** F/U - Neurology • **Other:** Dr.Shah has ordered MRI and EEG

• **Reason for Imaging Referral:** No Significant Improvement in Symptoms, Continued Radiating Symptoms, Continued Dizziness/Headaches, Continued Pain in the Spine

• **X-rays:** Reviewed, Cervical Spine, Thoracic Spine, Lumbar Spine, Elbow (Left), Hip (Left)

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 12/19/2016 10:15AM**Chart:** SEJO000002

- **MRI:** Pending, Cervical Spine, Lumbar Spine
- **CT:** Does not meet criteria at this time

Medication Refill: No**Medication Side Effects:** None**PMP:** Reviewed

The patient is advised to continue therapy 3 times per week, and follow up with me in 2 weeks.

Patient is advised to return to all current care providers for continued therapy and assessment. Patient has been advised of the importance of continued therapy for maximum recovery. Patient will be re-evaluated again in two to three weeks. Patient has been counseled on the importance of exercise and good sleep hygiene.

Physical Exam:

Pain
7/10

CONCUSSION SYMPTOMS:

- **Nausea: Yes** - Unchanged
- **Headache: Yes** - Aggravated
- **Dizziness: Yes** - Aggravated
- **Tinnitus: Yes** - Resolved
- **Trouble Remembering: Yes** - Aggravated
- **Drowsiness: Yes** - Aggravated
- **Balance Problems: Yes** - Unchanged
- **Sensitivity to Noise: Yes** - Unchanged
- **Sensitivity to Light: Yes** - Unchanged
- **Feeling Slowed Down: Yes** - Unchanged
- **Feeling as if "in a fog": Yes** - Unchanged
- **Difficulty Concentrating: Yes** - Unchanged
- **Difficulty Remembering: Yes** - Unchanged
- **Trouble Falling Asleep: Yes** - Aggravated
- **More Emotional than Usual: Yes** - Aggravated
- **Irritability: Yes** - Aggravated
- **Sadness: Yes** - Aggravated

**Patient:** Joyce P. Sekera**Provider:** Dr. Michelle Hyla, D.O.**DOB:** 03/22/1956**Visit:** 12/19/2016 10:15AM**Sex:** F**Chart:** SEJO000002

- **Nervousness:** Yes - Aggravated
- **Trouble finding your words:** Yes - Aggravated

APPEARANCE: AAOX3.**ABDOMEN:** Resolved.**SKIN:** Resolved, bruises. - Elbow (Left)**Cervical Spine**

- **Cervical spine:** Unchanged

Thoracolumbar Spine

- **Thoracic spine:** Unchanged
- **Lumbar spine:** Unchanged

RIGHT UPPER EXTREMITIES

- **Right Shoulder:** Unchanged
- **Right arm:** Unchanged

LEFT UPPER EXTREMITIES

- **Left Shoulder:** Unchanged
- **Left arm:** Unchanged
- **Left elbow:** Improved
- **Left forearm:** Resolved

RIGHT LOWER EXTREMITIES

- **Right hip:** Unchanged
- **Right thigh:** Unchanged
- **Right knee:** Unchanged
- **Right leg:** Unchanged
- **Right calf:** Unchanged

LEFT LOWER EXTREMITIES

[Page 3]

E-signed by Dr. Michelle Hyla, D.O. on 12/19/2016 1:26PM

JS283

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 12/19/2016 10:15AM**Chart:** SEJO000002

- **Left hip:** Aggravated
- **Left thigh:** Unchanged
- **Left knee:** Unchanged
- **Left leg:** Unchanged
- **Left calf:** Unchanged

Assessment:

Type	Code	Description
ICD-10-CM Condition	W01.0XXD	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter

Medications & Allergies:

Current Medication & Dosage	SIG	PRN?	Indication
cyclobenzaprine 5 mg oral tablet	2 times a day as needed	No	
10% Flurbuprofen 1% Amitriptyline 6% Gabapentin 2% Lidocaine 2% Prilocaine	1 gram(s) transdermal 2 times a day x2 weeks	No	
Norco 5 mg-325 mg oral tablet	0	No	outside office
ibuprofen 600 mg oral tablet	0	No	outside office

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Plan:

Type	Code	Modifiers	Quantity	Description
CPT	99214		1.00 UN	Office/outpatient visit, est
CPT	99214		1.00 UN	Office/outpatient visit, est

**Patient:** Joyce P. Sekera**Provider:** Dr. Michelle Hyla, D.O.**DOB:** 03/22/1956**Visit:** 12/05/2016 10:15AM**Sex:** F**Chart:** SEJO000002**Chief Complaint:** Injuries from Slip and Fall**Re-Examination:**

Patient is being re-evaluated today in relation to injuries sustained in a(n) motor vehicle accident. The patient is currently undergoing chiropractic and physical therapy for treatment of the injuries related to the accident.

COMMENTS: Saw Dr. Shah has ordered MRI which is scheduled for 12/07/16 , left shoulder improved still, with some weakness to it, left elbow is better, left hip has improved walking much better, knees are still the same, no weakness or locking or popping

- **Outside Provider Records Reviewed:** Yes
- **Changes to Med/Fam/Soc Hx:** No

SUBJECTIVE

Overall improved

Radiating Pain: Left Lower Extremity, Right Lower Extremity, Left Upper Extremity, Right Upper Extremity

New complaints: None

Worst Area of Pain: cervical pain, lumbar pain, left shoulder pain, headaches

Highest Pain Scale in 72-Hour Period: 9/10

Activities that Aggravate Pain: Sitting, Standing, Laying Down, Walking, Bending, Repetitive Movements

REVIEW OF SYSTEMS:

MUSCULOSKELETAL: Patient **complains of back pain** , denies muscle weakness , denies arthritis , **complains of muscle cramping** , **complains of joint pain** , **complains of muscle stiffness** , **complains of neck pain** , denies sciatica , **complains of myalgia**.

NEUROLOGIC: Patient **complains of headache** , denies limb weakness , **complains of numbness** , **complains of tingling** , denies seizures/convulsions , denies syncope , denies tremor

PSYCHOLOGICAL: Patient **complains of occasional anxiety** , denies depression denies suicidal ideations, , denies emotional lability.

PLAN

- **Specialists:** F/U - Neurology - **Other:** Dr. Shah has ordered MRI and EEG
- **X-rays:** Reviewed, Cervical Spine, Thoracic Spine, Lumbar Spine, Elbow (Left), Hip (Left)

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 12/05/2016 10:15AM**Chart:** SEJO000002

- **MRI:** Pending
- **CT:** None

Medication Refill: No**Medication Side Effects:** None**PMP:** Reviewed

The patient is advised to continue therapy 3 times per week, and follow up with me in 2 weeks.

Patient is advised to return to all current care providers for continued therapy and assessment. Patient has been advised of the importance of continued therapy for maximum recovery. Patient will be re-evaluated again in two to three weeks. Patient has been counseled on the importance of exercise and good sleep hygiene.

Physical Exam:

Pain
6/10

CONCUSSION SYMPTOMS:

- **Nausea:** Yes - Unchanged
- **Headache:** Yes - Aggravated
- **Dizziness:** Yes - Aggravated
- **Tinnitus:** Yes - Resolved
- **Trouble Remembering:** Yes - Aggravated
- **Drowsiness:** Yes - Aggravated
- **Balance Problems:** Yes - Unchanged, Aggravated
- **Sensitivity to Noise:** Yes - Unchanged
- **Sensitivity to Light:** Yes - Unchanged
- **Feeling Slowed Down:** Yes - Aggravated
- **Feeling as if "in a fog":** Yes - Aggravated
- **Difficulty Concentrating:** Yes - Aggravated
- **Difficulty Remembering:** Yes - Aggravated
- **Trouble Falling Asleep:** Yes - Aggravated
- **More Emotional than Usual:** Yes - Aggravated
- **Irritability:** Yes - Aggravated
- **Sadness:** Yes - Aggravated

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 12/05/2016 10:15AM**Chart:** SEJO000002

- **Nervousness: Yes** - Aggravated
- **Trouble finding your words: Yes** - Aggravated

APPEARANCE: AAOX3.**ABDOMEN:** Unchanged.**SKIN:** Resolved, bruises. - Elbow (Left)**Cervical Spine**

- **Cervical spine:** Unchanged

Thoracolumbar Spine

- **Thoracic spine:** Unchanged
- **Lumbar spine:** Unchanged

RIGHT UPPER EXTREMITIES

- **Right Shoulder:** Unchanged
- **Right arm:** Improved

LEFT UPPER EXTREMITIES

- **Left Shoulder:** Unchanged
- **Left arm:** Improved
- **Left elbow:** Improved
- **Left forearm:** Unchanged

RIGHT LOWER EXTREMITIES

- **Right hip:** Improved
- **Right thigh:** Improved
- **Right knee:** Unchanged
- **Right leg:** Aggravated
- **Right calf:** Aggravated

LEFT LOWER EXTREMITIES

[Page 3]

E-signed by Dr. Michelle Hyla, D.O. **on** 12/05/2016 1:34PM**JS287**

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 12/05/2016 10:15AM**Chart:** SEJO000002

- **Left hip:** Improved
- **Left thigh:** Unchanged
- **Left knee:** Unchanged
- **Left leg:** Unchanged
- **Left calf:** Unchanged

Assessment:

Type	Code	Description
ICD-10-CM Condition	S29.012D	Strain of muscle and tendon of back wall of thorax, subsequent encounter
ICD-10-CM Condition	S33.5XXD	Sprain of ligaments of lumbar spine, subsequent encounter
ICD-10-CM Condition	S39.012D	Strain of muscle, fascia and tendon of lower back, subsequent encounter
ICD-10-CM Condition	S53.402D	Unspecified sprain of left elbow, subsequent encounter
ICD-10-CM Condition	S76.012D	Strain of muscle, fascia and tendon of left hip, subsequent encounter
ICD-10-CM Condition	S76.011D	Strain of muscle, fascia and tendon of right hip, subsequent encounter
ICD-10-CM Condition	S43.402D	Unspecified sprain of left shoulder joint, subsequent encounter
ICD-10-CM Condition	S46.911D	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, subsequent encounter
ICD-10-CM Condition	S46.912D	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, subsequent encounter
ICD-10-CM Condition	S06.0X0D	Concussion without loss of consciousness, subsequent encounter
ICD-10-CM Condition	S39.011D	Strain of muscle, fascia and tendon of abdomen, subsequent encounter
ICD-10-CM Condition	S86.111D	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, subsequent encounter
ICD-10-CM Condition	S86.211D	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, subsequent encounter
ICD-10-CM Condition	S86.212D	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, subsequent encounter
ICD-10-CM Condition	S73.102D	Unspecified sprain of left hip, subsequent encounter
ICD-10-CM Condition	S76.812D	Strain of other specified muscles, fascia and tendons at thigh level, left thigh, subsequent encounter
ICD-10-CM Condition	S76.811D	Strain of other specified muscles, fascia and tendons at thigh level, right thigh, subsequent encounter
ICD-10-CM Condition	S83.91XD	Sprain of unspecified site of right knee, subsequent encounter
ICD-10-CM Condition	S83.92XD	Sprain of unspecified site of left knee, subsequent encounter
ICD-10-CM Condition	S86.112D	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, subsequent encounter
ICD-10-CM Condition	W01.0XXD	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, subsequent encounter
ICD-10-CM Condition	S13.4XXD	Sprain of ligaments of cervical spine, subsequent encounter
ICD-10-CM Condition	S16.1XXD	Strain of muscle, fascia and tendon at neck level, subsequent encounter
ICD-10-CM Condition	S23.3XXD	Sprain of ligaments of thoracic spine, subsequent encounter

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E-signed by Dr. Michelle Hyla, D.O. on 12/05/2016 1:34PM

JS288

315

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 12/05/2016 10:15AM**Chart:** SEJO000002**Medications & Allergies:**

Current Medication & Dosage	SIG	PRN?	Indication
cyclobenzaprine 5 mg oral tablet	2 times a day as needed	No	
10% Flurbuprofen 1% Amitriptyline 6% Gabapentin 2% Lidocaine 2% Prilocaine	1 gram(s) transdermal 2 times a day x2 weeks	No	
Norco 5 mg-325 mg oral tablet	0	No	outside office
ibuprofen 600 mg oral tablet	0	No	outside office

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Plan:

Type	Code	Modifiers	Quantity	Description
CPT	99213		1.00 UN	Office/outpatient visit, est
CPT	99213		1.00 UN	Office/outpatient visit, est

**Patient:** Joyce P. Sekera**Provider:** Dr. Michelle Hyla, D.O.**DOB:** 03/22/1956**Visit:** 11/21/2016 10:15AM**Sex:** F**Chart:** SEJO000002**Chief Complaint:** Injuries from Slip and Fall**CC & History of Present Illness:****INITIAL EXAMINATION****CHIEF COMPLAINT(S):**

1. headaches
 2. trouble sleeping
 3. anxiety
 4. cervical pain
 5. thoracic pain
 6. lumbar pain
 7. abdominal pain
 8. right shoulder pain
 9. left shoulder pain
 10. left shoulder joint pain
 11. right upper arm pain
 12. left upper arm pain
 13. left elbow pain
 14. left forearm pain
 15. right hip pain
 16. left hip pain
 17. left hip joint pain
 18. right thigh pain
 19. left thigh pain
 20. right knee pain
 21. left knee pain
 22. right knee joint pain
 23. left knee joint pain
 24. right lower leg pain
 25. left lower leg pain
 26. right calf pain
 27. left calf pain
- **Most Severe Area(s) of Pain:** lumbar pain, cervical pain, left shoulder pain

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002**ACCIDENT INFORMATION:****Date of Loss:** 11/04/16**ACCIDENT INFORMATION:**

- **Seatbelt:** No
- **Collision Anticipated:** No • **Airbag Deployed:** No
- **Location:** N/A
- **Time of Accident:** 1:00 pm
- **Radiating Pain:** Left Upper Extremity, Right Upper Extremity, Left Lower Extremity, Right Lower Extremity
- **Type of Accident:** Slip & Fall
- **Contact:** Other - Both feet went out from under her, slipped on liquid. Landed on marble floor, on left elbow and back, does not know if she hit head

CONCUSSION SYMPTOMS: Present

- **Hit Head:** Yes
- **LOC:** Yes
- **Contusions:** Bruises, Bumps
- **Contusions Location:** Left elbow

PREVIOUS ACCIDENT TREATMENT:

- **Previous Evaluation:** Hospital
- **Primary Care Physician:** None
- **Date:** 11/04/16
- **X-Ray:** Yes, Lumbar Spine, Elbow (Left), Thoracic Spine, Cervical Spine
- **Facility:** Centennial Hills
- **MRI:** No
- **CT:** No
- **Date of First Chiropractic Visit:** 11/08/16
- **Chiropractor:** Jordan Webber

COMMENTS

Has already been referred to Dr. Shah

Med / Fam / Social History:

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

- **Medical Problems:** None
- **Date of Last Period:** In menopause
- **Possibility of Current Pregnancy:** No
- **Hysterectomy:** No
- **Menopause:** Yes
- **Previous Injuries:** None
- **Family Medical Conditions Related to Present Injury:** No
- **Surgeries:** None
- **Work:** Employed
- **Occupation:** Sales at Brand Vegas selling show tickets
- **Marital Status:** Single
- **Substance History:** Tobacco
- **Receiving Disability:** No
- **Seeing Pain Management:** No
- **PMP:** Yes
- **REVIEW OF SYSTEM:** Reviewed. Refer to chart for paperwork.

Review of Systems:

GENERAL: No fever, no loss of appetite, no night sweats, no unexplained weight loss, no unexplained weight gain, no fatigue.

CARDIOVASCULAR: No chest pain, no syncope/presyncope, no palpitations, no swollen ankles, no dyspnea on exertion.

RESPIRATORY: No dry cough, no productive cough, no wheezing, no shorties of breath.

GASTROINTESTINAL: No abdominal pain.

HEME / LYMPHATIC: No excessive bruising, no bleeding, no lymphadenopathy.

EYES: No blurred vision, no double vision, no eye pain, no eye irritation, no eye discharge, no decrease in visual acuity, no photophobia. Patient **complains of blurred vision**, denies double vision, denies eye pain, denies eye irritation, denies eye discharge, denies decrease in visual acuity

EARS, NOSE & THROAT: Patient denies earache, **complains of tinnitus**, denies of rhinorrhea, denies

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

dysphagia , denies epistaxis , does not use hearing aid.

MUSCULOSKELETAL: Patient **complains of back pain** , denies muscle weakness , denies arthritis , **complains of muscle cramping** , **complains of joint pain** , **complains of muscle stiffness** , **complains of neck pain** , denies sciatica , **complains of myalgia**.

SKIN: Patient **complains of bruising** , denies abrasions , denies open wounds , **complains of bumps** , denies **sutures in-place** , denies **staples in-place**

NEUROLOGIC: Patient **complains of headache** , denies limb weakness , **complains of numbness** , **complains of tingling** , denies seizures/convulsions , denies syncope , denies tremor

PSYCHOLOGICAL: Patient **complains of occasional anxiety** , denies depression denies suicidal ideations , denies emotional lability.

Physical Exam:

Height	Weight	BMI	Pain
66.00 inches	190.00 lbs	30.66	9/10

CONCUSSION SYMPTOMS:

- Seizures: No
- Nausea: Yes
- Vomiting: No
- Headache: Yes
- Dizziness: Yes
- Tinnitus: Yes
- Trouble Remembering: Yes
- Drowsiness: Yes
- Balance Problems: Yes
- Sleeping More Than Usual: No
- Sensitivity to Noise: Yes
- Sensitivity to Light: Yes
- Feeling Slowed Down: Yes
- Feeling as if "in a fog": Yes
- Difficulty Concentrating: Yes

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

- **Difficulty Remembering: Yes**
- **Trouble Falling Asleep: Yes**
- **More Emotional than Usual: Yes**
- **Irritability: Yes**
- **Sadness: Yes**
- **Nervousness: Yes**
- **Trouble finding your words: Yes**

APPEARANCE: In obvious pain.

HEENT: Ears no gross abnormalities. Eyes normal pupils, normal conjunctivae. Nares patent. Mouth/Throat no gross abnormalities.

CV/CHEST: Normal respiratory effort. No audible wheezing. Normal pulses. Grossly normal rhythm.

ABDOMEN: Pain to palpation.

SKIN: bruises. - Elbow (Left)

NEUROLOGICAL: CN II-XII grossly intact. PEERLA EOMI. Symmetric facial movement. DTR's grossly intact. Coordination grossly normal. No nystagmus.

PSYCHOLOGICAL: Appropriate affect. AAOx3.

Cervical Spine

- **Cervical spine:** Pain to palpation, Hypertonic
- **Extension Norm:** (70) Decreased
- **Flexion Norm:**(80) Decreased
- **Lt Rot Norm:** (80) Decreased
- **Rt Rot Norm:** (80) Decreased
- **Lt Lat Norm:** (45) Decreased
- **Rt Lat Norm:** (45) Decreased

Thoracolumbar Spine

- **Thoracic Spine:** Decreased
- **Lumbar Spine:** Decreased

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

- **Extension Norm:** (30) Decreased
- **Flexion Norm:** (90) Decreased
- **Lt Rot Norm:** (60) Decreased
- **Rt Rot Norm:** (60) Decreased
- **Lt Lat Norm:** (45) Decreased
- **Rt Lat Norm:** (45) Decreased
- **Lumbar spine:** Hypertonic, Pain to palpation
- **Posture:** Asymmetric
- **Gait:** Abnormal

RIGHT UPPER EXTREMITIES

- **Right Shoulder:** Pain & Tenderness
- **Right clavicle:** Within Normal Limits
- **Right arm:** Pain & Tenderness
- **Right elbow:** Within Normal Limits
- **Right forearm:** Within Normal Limits
- **Right wrist:** Within Normal Limits
- **Right hand:** Within Normal Limits
- **Right palm:** Within Normal Limits
- **Right fingers:** Within Normal Limits
- **Right thumb:** Within Normal Limits

LEFT UPPER EXTREMITIES

- **Left Shoulder:** Decreased range of motion, Pain & Tenderness
- **Left clavicle:** Within Normal Limits
- **Left arm:** Pain & Tenderness
- **Left elbow:** Pain & Tenderness
- **Left forearm:** Pain & Tenderness
- **Left wrist:** Within Normal Limits
- **Left hand:** Within Normal Limits
- **Left palm:** Within Normal Limits
- **Left fingers:** Within Normal Limits
- **Left thumb:** Within Normal Limits

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002**RIGHT LOWER EXTREMITIES**

- **Right hip:** Pain & Tenderness
- **Right thigh:** Pain & Tenderness
- **Right knee:** Decreased range of motion, Pain & Tenderness
- **Right leg:** Pain & Tenderness
- **Right calf:** Pain & Tenderness
- **Right ankle:** Within Normal Limits
- **Right foot:** Within Normal Limits
- **Right heel:** Within Normal Limits
- **Right toes:** Within Normal Limits

LEFT LOWER EXTREMITIES

- **Left hip:** Decreased range of motion, Pain & Tenderness
- **Left thigh:** Pain & Tenderness
- **Left knee:** Decreased range of motion, Pain & Tenderness
- **Left leg:** Pain & Tenderness
- **Left calf:** Pain & Tenderness
- **Left ankle:** Within Normal Limits
- **Left foot:** Within Normal Limits
- **Left heel:** Within Normal Limits
- **Left toes:** Within Normal Limits

Assessment:

Type	Code	Description
ICD-10-CM Condition	W01.0XXA	Fall on same level from slipping, tripping and stumbling without subsequent striking against object, initial encounter
ICD-10-CM Condition	S13.4XXA	Sprain of ligaments of cervical spine, initial encounter
ICD-10-CM Condition	S16.1XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
ICD-10-CM Condition	S23.3XXA	Sprain of ligaments of thoracic spine, initial encounter
ICD-10-CM Condition	S29.012A	Strain of muscle and tendon of back wall of thorax, initial encounter
ICD-10-CM Condition	S33.5XXA	Sprain of ligaments of lumbar spine, initial encounter
ICD-10-CM Condition	S39.012A	Strain of muscle, fascia and tendon of lower back, initial encounter
ICD-10-CM Condition	M79.621	Pain in right upper arm
ICD-10-CM Condition	M79.622	Pain in left upper arm
ICD-10-CM Condition	M25.522	Pain in left elbow
ICD-10-CM Condition	S53.402A	Unspecified sprain of left elbow, initial encounter
ICD-10-CM Condition	M79.632	Pain in left forearm

[Page 7]

E-signed by Dr. Michelle Hyla, D.O. on 11/21/2016 2:40PM

JS296

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

Type	Code	Description
ICD-10-CM Condition	M25.551	Pain in right hip
ICD-10-CM Condition	M25.552	Pain in left hip
ICD-10-CM Condition	S76.012A	Strain of muscle, fascia and tendon of left hip, initial encounter
ICD-10-CM Condition	S76.011A	Strain of muscle, fascia and tendon of right hip, initial encounter
ICD-10-CM Condition	S73.102A	Unspecified sprain of left hip, initial encounter
ICD-10-CM Condition	M79.651	Pain in right thigh
ICD-10-CM Condition	M79.652	Pain in left thigh
ICD-10-CM Condition	S76.811A	Strain of other specified muscles, fascia and tendons at thigh level, right thigh, initial encounter
ICD-10-CM Condition	S76.812A	Strain of other specified muscles, fascia and tendons at thigh level, left thigh, initial encounter
ICD-10-CM Condition	M25.561	Pain in right knee
ICD-10-CM Condition	M25.562	Pain in left knee
ICD-10-CM Condition	S83.91XA	Sprain of unspecified site of right knee, initial encounter
ICD-10-CM Condition	S83.92XA	Sprain of unspecified site of left knee, initial encounter
ICD-10-CM Condition	S86.212A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, left leg, initial encounter
ICD-10-CM Condition	S86.211A	Strain of muscle(s) and tendon(s) of anterior muscle group at lower leg level, right leg, initial encounter
ICD-10-CM Condition	S86.112A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, left leg, initial encounter
ICD-10-CM Condition	S86.111A	Strain of other muscle(s) and tendon(s) of posterior muscle group at lower leg level, right leg, initial encounter
ICD-10-CM Condition	M79.661	Pain in right lower leg
ICD-10-CM Condition	M79.662	Pain in left lower leg
ICD-10-CM Condition	S39.011A	Strain of muscle, fascia and tendon of abdomen, initial encounter
ICD-10-CM Condition	S06.0X1A	Concussion with loss of consciousness of 30 minutes or less, initial encounter
ICD-10-CM Condition	G44.309	Post-traumatic headache, unspecified, not intractable
ICD-10-CM Condition	F51.9	Sleep disorder not due to a substance or known physiological condition, unspecified
ICD-10-CM Condition	H93.19	Tinnitus, unspecified ear
ICD-10-CM Condition	R11.0	Nausea
ICD-10-CM Condition	R42	Dizziness and giddiness
ICD-10-CM Condition	R41.3	Other amnesia
ICD-10-CM Condition	H81.90	Unspecified disorder of vestibular function, unspecified ear
ICD-10-CM Condition	H93.249	Temporary auditory threshold shift, unspecified ear
ICD-10-CM Condition	H53.149	Visual discomfort, unspecified
ICD-10-CM Condition	R41.89	Other symptoms and signs involving cognitive functions and awareness
ICD-10-CM Condition	R41.840	Attention and concentration deficit
ICD-10-CM Condition	R45.4	Irritability and anger
ICD-10-CM Condition	R45.89	Other symptoms and signs involving emotional state
ICD-10-CM Condition	R45.2	Unhappiness
ICD-10-CM Condition	F43.0	Acute stress reaction

[Page 8]

E-signed by Dr. Michelle Hyla, D.O. on 11/21/2016 2:40PM

JS297

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

Type	Code	Description
ICD-10-CM Condition	G47.00	Insomnia, unspecified
ICD-10-CM Condition	R20.9	Unspecified disturbances of skin sensation
ICD-10-CM Condition	M25.511	Pain in right shoulder
ICD-10-CM Condition	M25.512	Pain in left shoulder
ICD-10-CM Condition	S46.912A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, left arm, initial encounter
ICD-10-CM Condition	S46.911A	Strain of unspecified muscle, fascia and tendon at shoulder and upper arm level, right arm, initial encounter
ICD-10-CM Condition	S43.402A	Unspecified sprain of left shoulder joint, initial encounter

Medications & Allergies:

Current Medication & Dosage	SIG	PRN?	Indication
Norco 5 mg-325 mg oral tablet	0	No	outside office
ibuprofen 600 mg oral tablet	0	No	outside office

Allergy	Reaction
No Known Drug Allergies (NKDA)	N/A

Plan:

- **Conservative Rehab:** Conservative rehabilitation for 6-12 weeks to include manipulation, passive and active therapy, along with orthopedic modalities.
- **Follow up:** Follow-up in 2-weeks or sooner if needed. May need Psychological counseling.
- **Massage:** May benefit from massage therapy.
- **Orthopedic Evaluation:** May need orthopedic evaluation if not responding to above.
- **Pain Management:** May need pain management consultation if pain not controlled as outlined above.
- **Imaging:** X-rays, MRI may be required pending progress.

Causation:

It is my opinion that Joyce P. Sekera's symptoms for which they are being seen today are directly related to the accident described by the patient. It is my opinion that the treatment rendered thus far are of reasonable and necessary frequency and duration. These opinions are stated to a reasonable medical probability. These opinions are based on the facts reported by the patient as well as the patient's history, physical examination, imaging studies, and medical records that are available to me today and reviewed thus far. My opinion could change with additional information provided to me in the future.

Education:

The patient is instructed to increase physical activity as tolerated.

**Patient:** Joyce P. Sekera**DOB:** 03/22/1956**Sex:** F**Provider:** Dr. Michelle Hyla, D.O.**Visit:** 11/21/2016 10:15AM**Chart:** SEJO000002

The risks of medications were explained to the patient.

The patient understands and agrees to use medications only as prescribed.

The patient agrees to obtain pain medications from this practice only.

We have fully discussed the potential risk/complications/side effects of the medication with the patient, which include but are not limited to constipation, drowsiness, addiction, impaired judgement, and risk of fatal overdose if not taken as prescribed.

We have warned the patient that sharing medications is a felony.

We have warned against driving while taking sedating medications.

We reminded that the medications should not be crushed, chewed, or broken prior to ingestion.

The patient understands that chronic use of pain medications can result in renal and/or hepatic dysfunction, development of tolerance/dependence, and hyperalgesia.

The patient should discuss with her primary care physician the fact that these medications are being used and may require regular exams and blood work to monitor for renal and/or hepatic dysfunction.

At this point in time, the patient is showing no signs of addiction, abuse, diversion, or suicidal ideations.

Type	Code	Modifiers	Quantity	Description
CPT	99204		1.00 UN	Office/outpatient visit, new
CPT	99204		1.00 UN	Office/outpatient visit, new

Medications Prescribed	SIG	PRN?	Indication
cyclobenzaprine 5 mg oral tablet	2 times a day as needed	No	
10% Flurbuprofen 1% Amitriptyline 6% Gabapentin 2% Lidocaine 2% Prilocaine	1 gram(s) transdermal 2 times a day x2 weeks	No	



Patient: Joyce P. Sekera

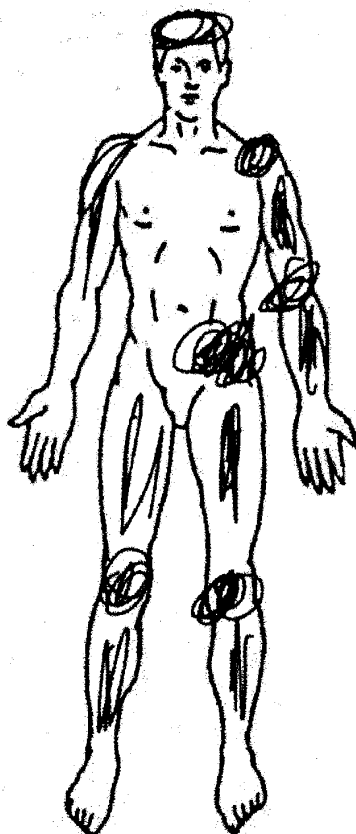
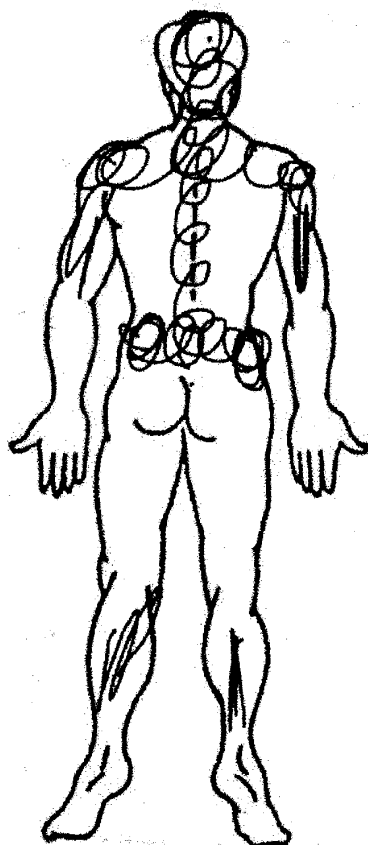
Provider: Dr. Michelle Hyla, D.O.

DOB: 03/22/1956

Visit: 11/21/2016 10:15AM

Sex: F

Chart: SEJO000002





Patient: Joyce P. Sekera

DOB: 03/22/1956

Sex: F

Provider: Dr. Michelle Hyla, D.O.

Visit: 11/21/2016 10:15AM

Chart: SEJO000002

PATIENT SIGNATURE:

DATE:

PHYSICIAN SIGNATURE:

DATE:



Southern Nevada Medical Group
1485 E. Flamingo Rd.
Las Vegas, NV 89119

Statement ID: 53315-62101064-PREVIEW		
Statement Date	Pay This Amount	Chart ID
02/02/2017	\$1,975.00	SEJO000002
SHOW AMOUNT PAID HERE:	\$	

Joyce Patricia Sekera
7840 Nesting Pine Pl
Las Vegas, NV 89143

MAKE CHECKS PAYABLE / REMIT TO:

Southern Nevada Medical Group
1485 E. Flamingo Rd.
Las Vegas, NV 89119

For questions about billing, call (702) 386-0882.

Please detach and return top portion with your payment.

Patient: Joyce Patricia Sekera	Chart ID: SEJO000002	Statement ID: 53315-62101064-PREVIEW
---------------------------------------	-----------------------------	---

Date of Service	Provider	Procedure	Mod	Charge	Adjmt	Ins. Paid	Pt Paid	Bal Due
11/21/2016	Dr. Michelle Hyla, D.O.	99204 - Office/outpatient visit, new	...	\$500.00				\$500.00
Total:				\$500.00				\$500.00
12/05/2016	Dr. Michelle Hyla, D.O.	99213 - Office/outpatient visit, est	...	\$250.00				\$250.00
Total:				\$250.00				\$250.00
12/19/2016	Dr. Michelle Hyla, D.O.	99214 - Office/outpatient visit, est	...	\$300.00				\$300.00
Total:				\$300.00				\$300.00
1/16/2017	Dr. Michelle Hyla, D.O.	99214 - Office/outpatient visit, est	...	\$300.00				\$300.00
Total:				\$300.00				\$300.00
1/30/2017	Dr. Michelle Hyla, D.O.	99080 - Special reports or forms	...	\$300.00				\$300.00
1/30/2017	Dr. Michelle Hyla, D.O.	99215 - Office/outpatient visit, est	...	\$325.00				\$325.00
Total:				\$625.00				\$625.00

[Page 1]

JS302

Total Amount: **\$1,975.00**

For questions about billing, call (702) 386-0882.

Accepted Credit Card(s): Visa, Mastercard, Discover, American Express

Southern Nevada Medical Group, 1485 E. Flamingo Rd., Las Vegas, NV 89119

CERTIFICATE OF CUSTODIAN OF MEDICAL RECORDS AND/OR BILLING

STATE OF NEVADA)

) ss.

COUNTY OF CLARK)

Arli Gonzalez being duly sworn, deposes and says:

1. That the deponent is employed with RADAR MEDICAL GROUP and in that capacity is the Custodian of Records of RADAR MEDICAL GROUP
2. That on the 15th day of Dec, 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 foregoing is true and correct.



 Custodian of Records for RADAR MEDICAL GROUP

STATE OF NEVADA)

) ss.

COUNTY OF CLARK)

On the 15th day of Dec, 2016 before me, the undersigned Notary Public in and for the County of Clark, State of Nevada duly commissioned and sworn, personally appeared _____, 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 therein mentioned.

 NOTARY PUBLIC

JS304

Name: SEKERA, JOYCE
DOE: 10-23-2017

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

PATIENT NAME: SEKERA, JOYCE
DOB: 03-22-1956
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 10-23-2017

JOYCE SEKERA was seen on 10-23-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury: 11-04-2016

Medications:

DATE	NAME	DOSAGE	SIG	DISCONTINUE DATE
10-23-2017	Metfomin			
07-10-2017	METFORMIN			
07-10-2017	CELEBREX			
05-02-2017	methocarbamol			
05-02-2017	ibuprofen			
04-11-2017	ZPAK		AS DIRECTED	
02-07-2017	ROBAXIN	UNKNOWN	PRN	
02-07-2017	METHOCARBOMOL	UNKNOWN	TWICE DAILY PRN	
12-20-2016	IBUPROFEN	600MG	1 TAB PRN HA	

REVIEW OF SYSTEMS

JS305

Page: 1

Name: SEKERA, JOE
DOE: 10-23-2017

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 has low back pain and is not taking Celebrex and is to see Pain management at Dr. Kidwell now. She has seen Dr. Andrew Cash for the low back

She is no longer working as a ticket sales type position

JS306

Page: 2

Name: SEKERA, JO
DOE: 10-23-2017

She has left neck pain, left upper back pain, left behind the shoulder pain and tingling mainly with limited neck ROM

She is still with forgetfulness and has problems with recall/remembering. She has improved partially but is still not normal

She is on metformin for diabetes

She is not taking the flexeril medications

She notes improvement with the Aricept and no side effects

EXAMINATION

Vital Signs:

TEMP	PULSE	RESP	HT	WT	BMI	BP SYST	BP DIAST	COMMENT	SPO2
98.6	51	16	66	202	33	138	81		98

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress.
The patient has a clear sensorium.
The patient is a fair historian, Mood appears okay, no staring off,
oriented, insightful, follows commands, okay simple naming, spelling and calculations

Obesity

Cranial Nerves: EOMI
Hearing was intact.
The smile is symmetric.

Motor :

Normal power
Reflexes 2 to 2+

Coordination: Unremarkable

Gait: Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

JS307

Name: SEKERA, JO
DOE: 10-23-2017

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome

- restart aricept after discussion of memory and recall still a issue at this time (MRI and EEG, as well as labs reviewed today)
- may need further imaging
- re-evaluate in 4 months
- addiction, off label, drug induced hepatitis, worsening of diabetes and interaction, withdrawal, alternatives, not taking medication and regular condition, exercises and mind stimulations exercises (ie AARP discussed)

2. Cervical strain/headaches

- spine restrictions

3. Lumbar strain with leg pain/ache

- spine restrictions
- weight loss

4. Carpal tunnel syndrome

- wrist splints
- education
- neurodiagnostic studies in 6 months if the symptoms persist
- hand surgeon if symptoms persist
- compliance

Sincerely,

JS308

Page: 4

Name: SEKERA, JOYCE
DOE: 10-23-2017

A handwritten signature in black ink that reads "Russell J. Shah". The signature is written in a cursive, flowing style.

Russell J. Shah, MD

cc: Dr. Jordan Webber

cc: Dr. Walter Kidwell

cc: Dr. Andrew Cash

JS309

Page: 5

Name: SEKERA, JOYCE
DOE: 07-10-2017

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

PATIENT NAME: SEKERA, JOYCE
DOB: 03-22-1956
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 07-10-2017

JOYCE SEKERA was seen on 07-10-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury: 11-04-2016

Medications:

NAME	DOSAGE	SIG	DISCONTINUE DATE
METFORMIN			
CELEBREX			
methocarbamol			
ibuprofen			
ZPAK		AS DIRECTED	
ROBAXIN	UNKNOWN	PRN	
METHOCARBOMOL	UNKNOWN	TWICE DAILY PRN	
IBUPROFEN	600MG	1 TAB PRN HA	

REVIEW OF SYSTEMS

Constitutional Normal appetite, normal steady weight, no malaise, no generalized weakness, no diaphoresis,

Name: SEKERA, JOYCE
DOE: 07-10-2017

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 on celebrex as needed for low back pain

She has constant low back pain and uses Celebrex

She is with diabetes on metformin

She has neck pain and still bilateral hand numbness and tingling more on the right side. She never had it

Name: SEKERA, JOSE
DOE: 07-10-2017

prior to the fall

She is with blurred vision , eye pain, headaches, neck pain and limited neck ROM

she does not feel better nor worse with pain

She is noting pain down the legs intermittently

She is not using is on gabapentin

Her mood is better

She is not upset, angry or tear any more

She is with some forgetfulness and overall better

She is not working

EXAMINATION

Vital Signs:

TEMP	PULSE	RESP	HT	WT	BMI	BP SYST	BP DIAST	COMMENT	SPO2
98.1	74	14	66	200	32	140	70	AG	98

General:

The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress. Mild distress on cervical and lumbar ROM
The patient has a clear sensorium.
The patient is a fair historian

Musculoskeletal:

There is cervical, thoracic and lumbar paraspinal tenderness, positive tightness
thoracic and lumbar paraspinals and limited cervical and lumbar ROM, positive axial
compression, no temporal artery tenderness, no Lhermitte's

Lumbar range:

Lumbar range of motion was limited on extension

Obesity

Cranial Nerves:

EOMI
Hearing was intact.
The smile is symmetric.

Name: SEKERA, JOE
DOE: 07-10-2017

Motor :

Normal power
Reflexes 2 and 2+ lowers

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

- monitor
- conditioning
- weight loss
- may need to restart aricept

2. Cervical strain/headaches

- spine restrictions
- education in depth

3. Migraines secondary to #1/2

4. Secondary insomnia due to #1,2, and #5

- partially improved

JS313

Page: 4

340

Name: SEKERA, JOSEPH
DOE: 07-10-2017

5. Lumbar strain with leg pain/ache

- spine restrictions
- weight loss

6. Carpal tunnel syndrome

- wrist splints to continue
- education
- neurodiagnostic studies in 4 months if the symptoms persist
- hand surgeon if symptoms persist

Sincerely,

A handwritten signature in black ink, reading "Russell J. Shah". The signature is written in a cursive, flowing style.

Russell J. Shah, MD

cc: Dr. Jordan Webber

JS314

Page: 5

Name: SEKERA, JOYCE
DOE: 05-02-2017

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: 05-02-2017

Dear Dr. JORDAN WEBBER:

JOYCE SEKERA was seen on 05-02-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury: 11-04-2016

Medications:

NAME	DOSAGE	SIG	DISCONTINUE DATE
gabapentin			
methocarbamol			
ibuprofen			

JS315

Page: 1

Name: SEKERA, JOY J.
DOE: 05-02-2017

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 on gabapentin and it helps her mood and emotions

It has helped the low back pain and she is noting overall improvement with the gabapentin

JS316

Page: 2

Name: SEKERA, JOYCE
DOE: 05-02-2017

She is improved with neck pain

Her memory is still with forgetfulness

She is seeing pain management

She has bilateral gastrocs pains and buttocks, low back pain

EXAMINATION

Vital Signs: None Recorded.

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress. Mild distress on lumbar ROM
The patient has a clear sensorium.
The patient is a fair historian

Musculoskeletal:

There is mild, moderate lumbar paraspinal muscle tenderness.
There is mild 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

Obesity

Cranial Nerves: EOMI
Hearing was intact.
The smile is symmetric.

Motor :

Lower:

Normal power
Reflexes 2

Coordination: Unremarkable

Gait: Nonwide based gait which is symmetric.

JS317

Page: 3

Name: SEKERA, JOYCE
DOE: 05-02-2017

Romberg was performed and demonstrated with no sway.

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome

- hold reinitiation of aricept as she is improving

2. Cervical strain/headaches

- f/u pain management

3. Migraines secondary to #1/2

4. Secondary insomnia due to #1,2, and #5

5. Lumbar strain with leg pain/ache

- neurodiagnostic lowers- completed - results explained
- spine restrictions

6. Carpal tunnel syndrome

- wrist splints

JS318

Page: 4

345

Name: SEKERA, JOYCE
DOE: 05-02-2017

- education
- right hand is quite bad with positive flick/repositioning
- may need a surgeon evaluation if symptoms continue

Sincerely,

A handwritten signature in cursive script that reads "Russell J. Shah". The signature is written in black ink and is positioned above the printed name.

Russell J. Shah, MD

JS319

Page: 5

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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	

JS320

Page: 1

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Name: SEKERA, JOYCL
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

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. Kidwells'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.

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Name: SEKERA, JOYC_
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 Tinels 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 aricept 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

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Name: SEKERA, JOYCE
DOE: 04-11-2017

5. Lumbar strain with leg pain/ache

- neurodiagnostic lowers

6. Carpal tunnel syndrome

- wrist splint to continue

Sincerely,

A handwritten signature in black ink, reading "Russell J. Shah". The signature is written in a cursive, flowing style with a large, stylized 'R' and 'S'.

Russell J. Shah, MD

JS324

Page: 5

Name: SEKERA, JOYCE
DOE: 02-07-2017

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: 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	DOSAGE	SIG	DISCONTINUE DATE
ROBAXIN	UNKNOWN	PRN	

JS325

Page: 1

Name: SEKERA, JOYCL
DOE: 02-07-2017

METHOCARBOMOL	UNKNOWN	TWICE DAILY PRN
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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 less emotional and feels better

JS326

Page: 2

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 MRI's 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	HT	WT	BMI	BP SYST	BP DIAST	COMMENT
98.2	72	16	66	206.2	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 florrid 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.

JS327

Page: 3

Name: SEKERA, JOYCE
DOE: 02-07-2017

There is upper tightness and/or muscle spasm of the the thoracic paraspinal muscles
There is no florrid 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 florrid 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 Lhrmittes.

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: EOMI
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
fasiculations.
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.

JS328

Page: 4

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 qd. Off label treatment risk/benefits discussed. Patient wishes to try the medication and numerous SE, addiction, weight changes, affects 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

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 evaluated 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,

A handwritten signature in black ink, appearing to read "Russell J. Shah". The signature is fluid and cursive, with the first name "Russell" and last name "Shah" clearly distinguishable.

Russell J. Shah, MD

JS330

Page: 6

Name: SEKERA, JOYCE
DOE: 01-10-2017

RADAR MEDICAL GROUP, LLP

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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: 01-10-2017

Dear Dr. JORDAN WEBBER:

JOYCE SEKERA was seen on 01-10-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury: 11-04-2016

MEDICATIONS/ MEDICATION ALLERGY

Medications: The patient is currently taking: Ibuprofen

REVIEW OF SYSTEMS

JS331

Page: 1

Name: SEKERA, JOY _ _
DOE: 01-10-2017

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

referral,chart

PRESENT COMPLAINT

She is quite emotional and crying still

She did not try the topiramate or aricept due to denial by insurance company.

She is having intense headaches and nausea

JS332

Page: 2

Name: SEKERA, JOYCE
DOE: 01-10-2017

She is forgetful and not able to focus and is forgetful all the time.

She does not feel better
crying for no reason. She is agitated and irritable

She has neck and upper back pain

She has low back pain

She has continue thigh tightness and abnormal feeling

She has bilateral palmar numbness and repositioning of the hands are now occurring

Dizziness with nausea is the biggest issue

EXAMINATION

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
Will pause during the conversation and stare at times

Cardiac: Pulses are palpable
No edema is noted

Musculoskeletal: There is mild, moderate cervical paraspinal muscle tenderness.
There is mild cervical spinal processes tenderness.
There is tightness and/or muscle spasm of the cervical paraspinal region
There is no florrid muscle spasm of the cervical paraspinal area
Tenderness to both trapezius muscles was present.
Tenderness overlying the shoulder blades was not present.

Mild anterior tenderness to the left shoulder areas was present.
A negative Tinel's sign at both wrists.
A negative Tinel's sign at both medial elbow grooves.
A positive Phalen's sign at the left wrist.

No anterior chest 1st. rib tenderness
There is moderate upper between shoulder blades thoracic paraspinal muscle tenderness.
There is mild/moderate mid thoracic paraspinal muscle tenderness
There is no lower paraspinal muscle tenderness

JS333

Name: SEKERA, JOYCE
DOE: 01-10-2017

There is no thoracic spinal processes tenderness.
There is upper tightness and/or muscle spasm of the the thoracic paraspinal muscles
There is no florrid muscle spasm of the thoracic paraspinal muscles.
There is /moderate lumbar paraspinal muscle tenderness.
There is mild lumbar sacral spinous processes tenderness.
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florrid 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 Lhrmittes.
Bilateral asymptomatic TMJ click.
No temporal artery tenderness.

Lumbar range: Lumbar range of motion was limited.

Shoulder range: Shoulder range of motion was normal on the right side
Shoulder range of motion was abnormal on the left side

Cranial Nerves: EOMI
No nystagmus.
Anicteric
Shoulder shrug was performed.
Hearing was intact.
The smile is symmetric.

Motor : Normal power of 5
Reflexes were 2 throughout upper

Lower:

Normal power of 5
Reflexes 2

Coordination: Unremarkable

Gait: Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

JS334

Page: 4

Name: SEKERA, JOYCE
DOE: 01-10-2017

IMPRESSION

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

DISCUSSION

JOYCE SEKERA was seen for a neurologic follow up earlier today. The main symptoms being addressed today are of headaches. 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. Labs reviewed
2. She will start the topiramate/aricept, risk/benefits, off label, teratogenic effects, addiction, alternatives, weight loss, AED depression, SI/thought, drug induced hepatitis, rash discussed in depth and patient wishes to try the medication
3. Spine restrictions
4. May need neuropsychology
5. Re-evaluate in 3 weeks

Sincerely,



Russell J. Shah, MD

JS335

Page: 5

Russell J. Shah MD

Neurology and Clinical Neurophysiology

Mailing address: 10624 South Eastern Avenue, Suite A-425, Henderson, NV 89052
(702) 644-0500

NEUROLOGY FOLLOW-UP EVALUATION

JORDAN WEBBER D.C.
2425 N Lamb Blvd Ste #100
Las Vegas, NV 89115

RE: SEKERA, JOYCE
DOB: 03-22-1956
SSN:
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 12-20-2016

Dear Dr. JORDAN WEBBER D.C.:

JOYCE SEKERA was seen on 12-20-2016 for a follow-up evaluation.

Chief Complaint: Neck and low back pains, memory loss

Problem List:

DATE	DI CODE	DI DESCRIPTION	COMMENT
12-01-2016	R41.3	MEMORY LOSS/OTHER AMNESIA	
12-01-2016	S09.90XA	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	
12-01-2016	F07.81	POST CONCUSSION OR POST TRAUMA BRAIN SYN	
12-01-2016	S16.1XXA	STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL, INIT	
12-01-2016	R51	HEADACHE	
12-01-2016	W01.0XXA	FALL SAME LEV FROM SLIP/TRIP W/O STRIKE AGAINST OBJECT, INIT	
12-01-2016	G43.909	MIGRAINE, UNSP, NOT	

JS336

Name: SEKERA, JOSE
DOE: 12-20-2016%

		INTRACTABLE, WITHOUT STATUS MIGRAINOSUS	
12-01-2016	S39.012A	STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INIT	
12-01-2016	G47.00	INSOMNIA, UNSPECIFIED	

CURRENT CLINICAL TREATMENT STATUS

The patient's primary treating physician is Dr. JORDAN WEBBER D.C..

MEDICATIONS/ MEDICATION ALLERGY

Medications:

NAME	DOSAGE	SIG
IBUPROFEN	600MG	1 TAB PRN HA

Allergy:

NO KNOWN ALLERGY	ALLERGEN	SIDE EFFECT
<input checked="" type="checkbox"/>		

RECORD REVIEW

brain MRI/MRA showed no significant abnormality

Labs- elevated ESR

EEG was unremarkable

SUBJECTIVE

Patient is seen for a follow up after a slip and fall accident

Patient still complains of headaches, neck pains with numbness of both hands, mid back and low back pains. Denies any wrist pains. Patient is crying due to the pain.

Patient still has difficulty sleeping due to the pain

Patient reports that she is forgetful about small things and has problem focusing

ringing sensation of the ears are better

Patient is still having chiropractic surgery 3 x a week for the past 4 weeks. Patient states that therapy is helping.

The result of her brain MRI , labs and EEG were reviewed with the patient

JS337

Name: SEKERA, JOSE
DOE: 12-20-2016%

EXAMINATION

Vital Signs:

TEMP	PULSE	RESP	HT	WT	BMI	BP SYST	BP DIAST	COMMENT
97.4	61	16	66	205	33	132	80	12/20/2016

General: The patient is awake, alert appropriate and non-toxic appearing and appears to be in no distress, ambulatory, oriented x3

Cardiac: The pulse is regular with a rate of @. There is no murmur. There is no carotid bruit.

Spinal and Shoulder

Musculoskeletal: There is cervical paraspinal muscle tenderness.
There is no cervical spinal processes tenderness.

Cervical range: Cervical range of motion was limited due to pain

Lumbar range: Lumbar range of motion was limited due to pain

Shoulder range: Shoulder range of motion was normal.

Neuro

CRANIAL NERVES: intact 2- 12

FINE MOTOR SKILLS: No ataxia. Patient performs finger-to-nose w/o difficulty. No dysdiadochokinesia.

MUSCULOSKELETAL: No muscle atrophy. No fasciculations. No tremor or rigidity.

Strength is 5/5 in all proximal and distal muscle groups.

SENSORY: No deficits in light touch, temperature, vibration. Proprioception intact.

REFLEXES: 2+ all extremities

BABINSKI: downgoing toes bilaterally.

CLONUS: none

CAROTIDS: No bruits

GAIT: Within normal. No difficulty w/tandem. Negative Rombergs.

IMPRESSION

1. Post traumatic brain syndrome
2. Cervical strain/headaches

JS338

Name: , SEKERA, JO . JE
DOE: 12-20-2016%

3. Migraines secondary to #1/2
4. Secondary insomnia due to #1,2, and #5
5. Lumbar strain
6. Cervical radiculopathy

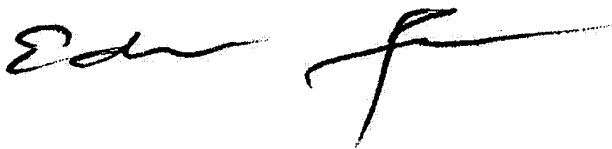
PLAN

1. Will request for EMG/NCV upper to evaluate the numbness of the hands
2. Continue therapy as indicated
3. Prescribed aricept 5 mg 1 tab qd for memory and topamax 25 mg 1 tab q hs for headaches
4. Advised fall precaution
5. Will consider cervical and lumbar MRI if symptoms persists
6. Follow up after 4 weeks
7. Advised Spine restriction

Case discussed with dr. russel shah

Thank you very much for allowing me to participate in the care of your patient. Please feel free to contact me if you have any questions. Thank you once again.

Sincerely,

A handwritten signature in black ink, appearing to read 'Edwin Favis', with a long horizontal flourish extending to the right.

Edwin Favis, APRN
Neurologist

JS339

Russell J. Shah MD

Neurology

Mailing address: 10624 S. Eastern Ave. Suite A-425, Henderson, NV 89052
(702) 644-0500 Fax (702) 641-4600

Patient Name: SEKERA, JOYCE
Date of Study: 12-12-2016
Date of Birth: 03-22-1956

EEG (Electroencephalogram) REPORT

Procedure:

Using international montage 10/20 electrode placement technique, the following EEG study was obtained. A technician performed the study under my supervision and or/direction. A single lead EKG was also used to evaluate the cardiac artifact.

Study Type:

Awake EEG study with or without various stimulation techniques of photic, and/or hyperventilation being used.

Findings:

The background activity was in the normal alpha range between 8.5 and 13 hertz. The background activity waxed and waned intermittently. It was somewhat modulated by eye opening and closing maneuvers. There was low voltage beta activity in the frontal regions which were seen to be symmetric and waxing and waning. No unequivocal epileptiform activity is noted. No focal slowing is noted.

Impression:

1. This was an unremarkable EEG study.
2. Single lead EKG was normal.
3. No evidence of a metabolic encephalopathy

JS340

4. No triphasic waves
5. No focal slowing or worrisome findings demonstrated
6. No cortical irritability is demonstrated
7. No evidence of a early cortical dementia

Digital Spike Review Analysis Report

Procedure:

The Cadwell software digital spike wave analysis program was used for further interpretation of this study.

Findings:

Spike wave analysis was reviewed. Topographic analysis cortical was performed and reviewed. A review was performed. No true unequivocal abnormality is demonstrated.

Impression:

1. This was a normal spike wave analysis study.
2. See above EEG impression



Russell J. Shah, MD
Neurologist

JS341

Name: SEKERA, JOYCE
DOE: 12-01-2016

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 EVALUATION

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: 12-01-2016

Dear Dr. JORDAN WEBBER:

JOYCE SEKERA was seen on 12-01-2016 for a neurologic evaluation.

HISTORY OF INJURY

Date of Injury: 11-04-2016

Ms. Sekera is a 60 year old female who was involved in a Slip and Fall while at work at the Venetian Casino. She reports she was walking to the restroom. She reports there was liquid spilled on the floor. She was not aware of the liquid spilled on the floor. She reports she stepped and recalls the feet going up. She was then confused and people asking her "are you okay?" and there was people yelling and she was quite confused. She had apparently some first aid to the arm and refused ambulance. She went to Centennial Hospital ER and an xray was done with no imaging of the head. She notes she was having bad headaches but no emesis. She then went to Dr. Webber and further x-rays at LV Radiology were performed. She was

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Name: SEKERA, JOYCL
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not told of any fractures

She has not been working since the accident.

She is taking ibuprofen twice a day and just received 2 medications 2 days ago but has not started them and does not know the names. She believes one is a cream and the other is hydrocodone.

She does not believe she is having any muscle relaxants

She has no diabetes, breathing issues and is in good health prior with no concussions or chronic neck or low back issues prior

MEDICAL HISTORY

Chronic major medical conditions to report: Osteoporosis

Previous concussions: None

Previous chronic spinal neck pain : None

Previous chronic spinal low back pain: None

SURGICAL HISTORY

Previous surgical history to report: Laparoscopy , C-section 1985

MEDICATIONS/ MEDICATION ALLERGY

Medications: The patient is currently taking: Ibuprofen

Allergies: No known drug allergies

Adverse reaction: No known adverse reaction to any drug.

No allergy to latex gloves.

FAMILY HISTORY

The family history of medical illness, symptoms and/or diagnosis among first degree relatives include:
Cancer.

SOCIAL HISTORY

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Name: SEKERA, JOYCE
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The patient is marital status is: Single
The patient has children: 1
The patient is currently unemployed.
The patient does smoke
The patient does not drink alcoholic beverages.
The patient has no prior history of substance abuse
The patient is not using medical marijuana
The patient is not using any uncontrolled substances.
The patient's education level is college
The patient first or main language is English

REVIEW OF SYSTEMS

Constitutional Negative unless documented in the HPI and/or Present complaints. 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

Musculo: Negative unless documented in the HPI and/or Present complaints. No joint pain, no swollen joints

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.

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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.

Dermatologic: Negative unless documented in the HPI and/or Present complaints. No rash, no itching, no reports of abnormal moles

RECORD REVIEW

referral

PRESENT COMPLAINT

She is crying for no reason. She is agitated and irritable

She is usually a happy person

She is walking into rooms and does not know why she is there

She is misplacing items and is forgetful

She is "short" and she feels her personality has changed

She is insomniac and not falling asleep and is usually a good sleeper

She is awakening 3-4 times each night and is restless and has pain

She has neck and upper back pain

She has low back pain

She feels the thighs are having tightness and abnormal feeling

She is getting therapy with Dr. Webber

She is not working currently and sells show tickets

She is having ringing of the ears

She is having headaches in the forehead, blurred vision, light sensitivity, top of the head pain, occipital pain and neck pain with limited neck ROM

She has left shoulder pain and weakness of the left hand. She has bilateral palmar numbness and no flick

Name: SEKERA, JOYCE
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or repositioning and no wrist pain or elbow pain. She is with imbalance dizziness 24/7 and feels slow

EXAMINATION

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress.
The patient has a clear sensorium.
The patient is a fair historian
The patient has no visual gaze preference and has fair eye contact
The patient has no obvious visual or body neglect
The patient is with no obvious bradykinesia, tearing, emotional lability, pressured speech, distractability, inappropriate gestures, inappropriate behaviors, inappropriate posture and/or movements.
The patient demonstrates no significant anxiousness behavior
The patient does not appear to be hyperexcitability and calmly sitting the chair
The patient on general exam demonstrated no light sensitivity
The patient on general exam demonstrated no noise sensitivity
No inappropriate laughing/behaviors were observed
Vocal prosody: Normal

Overweight, fairly good historian, cooperative, well developed, well nourished

Cardiac: There is no murmur.
There is no carotid bruit.
Pulses are palpable
No edema is noted
VA is grossly intact

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.

Mild anterior tenderness to the left shoulder areas was present.

A negative Tinel's sign at both wrists.

A negative Tinel's sign at both medial elbow grooves.

A negative Phalen's sign at both wrists.

No anterior chest 1st. rib tenderness

There is mild upper between shoulder blades thoracic paraspinal muscle tenderness.

There is no mid thoracic paraspinal muscle tenderness

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There is no lower paraspinal muscle tenderness
There is no thoracic spinal processes tenderness.
There is no tightness and/or muscle spasm of the the thoracic paraspinal muscles
There is no florrid muscle spasm of the thoracic paraspinal muscles.
There is mild /moderate lumbar paraspinal muscle tenderness.
There is mild lumbar sacral spinous processes tenderness.
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florrid muscle spasm of the lumbar paraspinal muscles
Scoliosis: Grossly normal
Spinal curvature: Grossly normal

Cervical range: Cervical range of motion was limited.

The cervical forward flexion was 50 degrees
The cervical extension was 20 degrees
The cervical right lateral flexion was 30 degrees
The cervical left lateral flexion was 40 degrees
The cervical left rotation was 80 degrees
The cervical right rotation was 70 degrees.

Pain on extension: yes
Pain on lateral flexion: yes

Positive axial compression maneuver
No posterior occipital nerve tenderness
No Adsons.
No Lhrmittes.
No Spurlings.

No Battle's sign
No ear discharge
No ear vessicles
Normal TM
No raccoon eyes

No TMJ tenderness.
Bilateral asymptomatic TMJ click.
No temporal artery tenderness.
No cervical dystonia

Lumbar range: Lumbar range of motion was limited.

The lumbar forward flexion was full degrees.
The lumbar extension was 10 degrees.
Pain on extension: yes

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Pain on lateral bending: None

Straight leg raise right side: None

Straight leg raise left side: None

* Right SLR with pain behind the right knee (mild)

Sciatic stretch: None

No Tinel's at the fibular head or tarsal tunnel

Shoulder range: Shoulder range of motion was normal on the right side
Shoulder range of motion was abnormal on the left side on reaching back and arm
raise to -80

Cranial Nerves: PEARLA
EOMI with normal conjugate eye movements and normal tracking
Dizziness on tracking: None
Light sensitivity: yes
Visual field full with no visual field cut
No preference body and/or visual
No neglect body and/or visual

Weber/Rinne was normal
Split on the forehead tuning fork: None

Nylan Barany maneuver was negative

The fundi margins demonstrated sharp disc margins.
The pupils were reactive symmetrically.
No nystagmus.
Anicteric
Tongue protrudes forward
Uvula raises midline
No dysarthria
Shoulder shrug was performed.
Hearing was intact.
The smile is symmetric.

Motor : **Upper:**

Normal power of 5 was noted in all major muscles of the upper proximal.
Normal power of 5 was noted in the muscles of the upper distal.
Tone in the upper extremities was normal.

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Name: SEKERA, JOYCE
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Reflexes were 2 throughout upper
Absent upper spasticity
Absent Hoffman signs are present.
The abductor pollicis brevis was with full power.
Grip was normal.
No drift.
Rapid alternating movements of the upper were minimal decrease left arm due to left shoulder pain

Lower:

Normal power of 5 was noted in the muscles proximal lowers.
Normal power of 5 was noted in the muscles distal lowers
Heel walk was normal.
Toe walk was normal.
Rapid alternating movements of the lowers were normal.
Tone in the lower extremities was normal
No ankle clonus
Absent Babinski
Absent spasticity lowers
Reflexes 2

No muscle fasciculations are noted.

Sensory: Normal sensory examination of the upper

Coordination: Normal sensory examination of the lower
Unremarkable coordination exam of trunk

Unremarkable coordination exam of the upper extremity

Unremarkable coordination exam of the lower extremity.

Gait: Nonwide based gait which is symmetric.

No limp is noted

The patient has fair gait initiation abilities
The patient has fair turn-around capabilities
The patient has fair arm swing momentum
The patient has fair ability to stop as well as retropulsion testing reflexes.

Romberg was performed and demonstrated with no sway.

Fair agility, maneuverability is noted on overall gait testing.

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Name: SEKERA, JOYC_
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Extrapyramidal: No abnormal movements such as twitching, stiffening, tonic, clonic activity myoclonic activity is observed. No rigidity is present. No tremor is noted.

Exaggeration: None

Emotional Overlay: None

IMPRESSION

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

DISCUSSION

JOYCE SEKERA was seen for a neurologic consultation earlier today. The main symptoms being addressed today are of headaches. These complaints are being medically evaluated and treated. Further neurodiagnostic, neuroimaging and/or neurophysiologic testing is necessary.

APPORTIONMENT

No apportionment is indicated in this case.

RESTRICTIONS

Work restrictions for concussion syndrome:

1. Cognitive processing difficulties will require limitation of task and job duties to single items at a time. No multiple tasks to be allowed to be performed simultaneously.
2. Vestibulopathy symptoms will require a stationary position job location with no requirements of standing up or changing body position from sitting to standing or standing to sitting during job tasks.
3. Sleep impairment symptoms will require limitation of the number of hours per day the patient can be working. This particular restriction will need special field evaluations to be completed with frequent future assessments and or modifications with the patient for optimal job performance.
4. Memory disturbance will require limitation and restrictions of tasks requiring significant amounts of cognitive memory of any procedural job task relating duties (i.e. fire drill announcer). In addition, all

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Name: SEKERA, JOYCE
DOE: 12-01-2016

- duties should be performed in a stress free environment with no urgency required as this type of urgency will cause additional stress onto the cognitive processing centers resulting in ineffective employee function.
5. Persistent headaches will require job tasks to limit outside bright light stimulation with indoor duties. No use of computer monitors or television consoles will be able to be used again to reduce the ability of acquiring headaches, migraine and eyestrain induction of headaches. The patient will need to have frequent breaks to avoid prolonged sitting resulting in cervical strain and cervical muscle contraction induction of headaches. Sitting duties are preferable but are to be limited to 35 minutes per 60 minute hour with at least two ten minute continuous breaks per 60 minutes.
 6. Persistent dysphoric/depressive symptoms will require limitation to job duties that do not allow interactions with other employees and /or customers. A position with interaction with other individuals is preferred.
 7. Persistent mood disorder, agitation impulsivity, mood lability will limit positions in which the patient is required to interact with customers as to avoid unnecessary argumentative events. Again, a stress free (non-urgent) job position will further be helpful in alleviating these symptoms from flaring up.

****The patient will certainly need many additional (including spinal) work restrictions when returning to work.**

CAUSATION

The patient's symptoms are the result of the traumatic injury as noted above in the HPI

PLAN

1. Labs for memory/cognition
2. Initiate flexeril 10 mg po qhs prn spasm/tightness of the neck and low back regions with sedation (no Etoh) and potentiation of sedation (hydrocodone). She is not to take another muscle relaxant as she is not entirely sure what two medications were sent to her by mail 2 days ago and she will make sure it is not a muscle spasm/relaxant. Continue ibuprofen with food three times a day as needed for pain. Risk of drug induced hepatitis, hypertension, gastritis, ulcer, stroke and MI were discussed as well as bleeding. Purpose, alternatives and not taking the medications discussed. Patient wishes to try the medication. . 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.

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Name: SEKERA, JOYC_
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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 and withdrawal as well as precautions to be taken with the medications such as frequency of blood test to evaluated different markers including bone marrow and liver toxicity potentials.

3. May need upper neurodiagnostic studies if numbness persist
4. Obtain LV Radiology x-ray results
5. Obtain Centennial hills medical center ER results
6. Spine restrictions given
7. Weight loss and conditioning recommendation discussed
8. Education was greater than 50% of the evaluation time today
9. EEG and NB exam
10. Compliance
11. F/u in 3 weeks

Thank you very much for allowing me to participate in the care of your patient. Please feel free to contact me if you have any questions. Thank you once again.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell J. Shah". The signature is fluid and cursive, with the first and last names being more prominent.

Russell J. Shah, MD

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Name: SEKERA, JOYCE
DOE: 12-01-2016

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 EVALUATION

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: 12-01-2016

Dear Dr. JORDAN WEBBER:

JOYCE SEKERA was seen on 12-01-2016 for a neurologic evaluation.

HISTORY OF INJURY

Date of Injury: 11-04-2016

Ms. Sekera is a 60 year old female who was involved in a Slip and Fall while at work at the Venetian Casino. She reports she was walking to the restroom. She reports there was liquid spilled on the floor. She was not aware of the liquid spilled on the floor. She reports she stepped and recalls the feet going up. She was then confused and people asking her "are you okay?" and there was people yelling and she was quite confused. She had apparently some first aid to the arm and refused ambulance. She went to Centennial Hospital ER and an xray was done with no imaging of the head. She notes she was having bad headaches but no emesis. She then went to Dr. Webber and further x-rays at LV Radiology were performed. She was

Name: SEKERA, JOYCE
DOE: 12-01-2016

not told of any fractures

She has not been working since the accident.

She is taking ibuprofen twice a day and just received 2 medications 2 days ago but has not started them and does not know the names. She believes one is a cream and the other is hydrocodone.

She does not believe she is having any muscle relaxants

She has no diabetes, breathing issues and is in good health prior with no concussions or chronic neck or low back issues prior

MEDICAL HISTORY

Chronic major medical conditions to report: Osteoporosis

Previous concussions: None

Previous chronic spinal neck pain : None

Previous chronic spinal low back pain: None

SURGICAL HISTORY

Previous surgical history to report: Laparoscopy , C-section 1985

MEDICATIONS/ MEDICATION ALLERGY

Medications: The patient is currently taking: Ibuprofen

Allergies: No known drug allergies

Adverse reaction: No known adverse reaction to any drug.

No allergy to latex gloves.

FAMILY HISTORY

The family history of medical illness, symptoms and/or diagnosis among first degree relatives include:
Cancer.

SOCIAL HISTORY

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Name: SEKERA, JOYCE
DOE: 12-01-2016

The patient is marital status is: Single
The patient has children: 1
The patient is currently unemployed.
The patient does smoke
The patient does not drink alcoholic beverages.
The patient has no prior history of substance abuse
The patient is not using medical marijuana
The patient is not using any uncontrolled substances.
The patient's education level is college
The patient first or main language is English

REVIEW OF SYSTEMS

Constitutional Negative unless documented in the HPI and/or Present complaints. 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

Musculo: Negative unless documented in the HPI and/or Present complaints. No joint pain, no swollen joints

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.

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Name: SEKERA, JOYCE
DOE: 12-01-2016

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.

Dermatologic: Negative unless documented in the HPI and/or Present complaints. No rash, no itching, no reports of abnormal moles

RECORD REVIEW

referral

PRESENT COMPLAINT

She is crying for no reason. She is agitated and irritable

She is usually a happy person

She is walking into rooms and does not know why she is there

She is misplacing items and is forgetful

She is "short" and she feels her personality has changed

She is insomniac and not falling asleep and is usually a good sleeper

She is awakening 3-4 times each night and is restless and has pain

She has neck and upper back pain

She has low back pain

She feels the thighs are having tightness and abnormal feeling

She is getting therapy with Dr. Webber

She is not working currently and sells show tickets

She is having ringing of the ears

She is having headaches in the forehead, blurred vision, light sensitivity, top of the head pain, occipital pain and neck pain with limited neck ROM

She has left shoulder pain and weakness of the left hand. She has bilateral palmar numbness and no flick or

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Name: SEKERA, JOYCE
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repositioning and no wrist pain or elbow pain. She is with imbalance dizziness 24/7 and feels slow

EXAMINATION

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress.
The patient has a clear sensorium.
The patient is a fair historian
The patient has no visual gaze preference and has fair eye contact
The patient has no obvious visual or body neglect
The patient is with no obvious bradykinesia, tearing, emotional lability, pressured speech, distractability, inappropriate gestures, inappropriate behaviors, inappropriate posture and/or movements.
The patient demonstrates no significant anxiousness behavior
The patient does not appears to be hyperexcitability and calmly sitting the chair
The patient on general exam demonstrated no light sensitivity
The patient on general exam demonstrated no noise sensitivity
No inappropriate laughing/behaviors were observed
Vocal prosody: Normal

Overweight, fairly good historian, cooperative, well developed, well nourished

Cardiac: There is no murmur.
There is no carotid bruit.
Pulses are palpable
No edema is noted
VA is grossly intact

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.

Mild anterior tenderness to the left shoulder areas was present.
A negative Tinel's sign at both wrists.
A negative Tinel's sign at both medial elbow grooves.
A negative Phalen's sign at both wrists.

No anterior chest 1st. rib tenderness
There is mild upper between shoulder blades thoracic paraspinal muscle tenderness.
There is no mid thoracic paraspinal muscle tenderness

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Name: SEKERA, JOYCE
DOE: 12-01-2016

There is no lower paraspinal muscle tenderness
There is no thoracic spinal processes tenderness.
There is no tightness and/or muscle spasm of the the thoracic paraspinal muscles
There is no florrid muscle spasm of the thoracic paraspinal muscles.
There is mild /moderate lumbar paraspinal muscle tenderness.
There is mild lumbar sacral spinous processes tenderness.
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florrid muscle spasm of the lumbar paraspinal muscles
Scoliosis: Grossly normal
Spinal curvature: Grossly normal

Cervical range: Cervical range of motion was limited.

The cervical forward flexion was 50 degrees
The cervical extension was 20 degrees
The cervical right lateral flexion was 30 degrees
The cervical left lateral flexion was 40 degrees
The cervical left rotation was 80 degrees
The cervical right rotation was 70 degrees.

Pain on extension: yes
Pain on lateral flexion: yes

Positive axial compression maneuver
No posterior occipital nerve tenderness
No Adsons.
No Lhrmittes.
No Spurlings.

No Battle's sign
No ear discharge
No ear vessicles
Normal TM
No raccoon eyes

No TMJ tenderness.
Bilateral asymptomatic TMJ click.
No temporal artery tenderness.
No cervical dystonia

Lumbar range: Lumbar range of motion was limited.

The lumbar forward flexion was full degrees.
The lumbar extension was 10 degrees.
Pain on extension: yes

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Name: SEKERA, JOY J.
DOE: 12-01-2016

Pain on lateral bending: None

Straight leg raise right side: None

Straight leg raise left side: None

*** Right SLR with pain behind the right knee (mild)**

Sciatic stretch: None

No Tinel's at the fibular head or tarsal tunnel

Shoulder range: Shoulder range of motion was normal on the right side
Shoulder range of motion was abnormal on the left side on reaching back and arm
raise to -80

Cranial Nerves: PEARLA
EOMI with normal conjugate eye movements and normal tracking
Dizziness on tracking: None
Light sensitivity: yes
Visual field full with no visual field cut
No preference body and/or visual
No neglect body and/or visual

Weber/Rinne was normal
Split on the forehead tuning fork: None

Nylan Barany maneuver was negative

The fundi margins demonstrated sharp disc margins.
The pupils were reactive symmetrically.
No nystagmus.
Anicteric
Tongue protrudes forward
Uvula raises midline
No dysarthria
Shoulder shrug was performed.
Hearing was intact.
The smile is symmetric.

Motor : Upper:

Normal power of 5 was noted in all major muscles of the upper proximal.
Normal power of 5 was noted in the muscles of the upper distal.
Tone in the upper extremities was normal.

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Name: SEKERA, JOYCE
DOE: 12-01-2016

Reflexes were 2 throughout upper
Absent upper spasticity
Absent Hoffman signs are present.
The abductor pollicis brevis was with full power.
Grip was normal.
No drift.
Rapid alternating movements of the upper were minimal decrease left arm due to left shoulder pain

Lower:

Normal power of 5 was noted in the muscles proximal lowers.
Normal power of 5 was noted in the muscles distal lowers
Heel walk was normal.
Toe walk was normal.
Rapid alternating movements of the lowers were normal.
Tone in the lower extremities was normal
No ankle clonus
Absent Babinski
Absent spasticity lowers
Reflexes 2

No muscle fasciculations are noted.

Sensory: Normal sensory examination of the upper

Coordination: Normal sensory examination of the lower
Unremarkable coordination exam of trunk

Unremarkable coordination exam of the upper extremity

Unremarkable coordination exam of the lower extremity.

Gait: Nonwide based gait which is symmetric.

No limp is noted

The patient has fair gait initiation abilities
The patient has fair turn-around capabilities
The patient has fair arm swing momentum
The patient has fair ability to stop as well as retropulsion testing reflexes.

Romberg was performed and demonstrated with no sway.

Fair agility, maneuverability is noted on overall gait testing.

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Name: SEKERA, JOYCE
DOE: 12-01-2016

Extrapyramidal: No abnormal movements such as twitching, stiffening, tonic, clonic activity myoclonic activity is observed. No rigidity is present. No tremor is noted.

Exaggeration: None

Emotional Overlay: None

IMPRESSION

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

DISCUSSION

JOYCE SEKERA was seen for a neurologic consultation earlier today. The main symptoms being addressed today are of headaches. These complaints are being medically evaluated and treated. Further neurodiagnostic, neuroimaging and/or neurophysiologic testing is necessary.

APPORTIONMENT

No apportionment is indicated in this case.

RESTRICTIONS

Work restrictions for concussion syndrome:

1. Cognitive processing difficulties will require limitation of task and job duties to single items at a time. No multiple tasks to be allowed to be performed simultaneously.
2. Vestibulopathy symptoms will require a stationary position job location with no requirements of standing up or changing body position from sitting to standing or standing to sitting during job tasks.
3. Sleep impairment symptoms will require limitation of the number of hours per day the patient can be working. This particular restriction will need special field evaluations to be completed with frequent future assessments and or modifications with the patient for optimal job performance.
4. Memory disturbance will require limitation and restrictions of tasks requiring significant amounts of cognitive memory of any procedural job task relating duties (i.e. fire drill announcer). In addition, all duties

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Name: SEKERA, JOYCE
DOE: 12-01-2016

should be performed in a stress free environment with no urgency required as this type of urgency will cause additional stress onto the cognitive processing centers resulting in ineffective employee function.

5. Persistent headaches will require job tasks to limit outside bright light stimulation with indoor duties. No use of computer monitors or television consoles will be able to be used again to reduce the ability of acquiring headaches, migraine and eyestrain induction of headaches. The patient will need to have frequent breaks to avoid prolonged sitting resulting in cervical strain and cervical muscle contraction induction of headaches. Sitting duties are preferable but are to be limited to 35 minutes per 60 minute hour with at least two ten minute continuous breaks per 60 minutes.

6. Persistent dysphoric/depressive symptoms will require limitation to job duties that do not allow interactions with other employees and /or customers. A position with interaction with other individuals is preferred.

7. Persistent mood disorder, agitation impulsivity, mood lability will limit positions in which the patient is required to interact with customers as to avoid unnecessary argumentative events. Again, a stress free (non-urgent) job position will further be helpful in alleviating these symptoms from flaring up.

****The patient will certainly need many additional (including spinal) work restrictions when returning to work.**

CAUSATION

The patient's symptoms are the result of the traumatic injury as noted above in the HPI

PLAN

1. Labs for memory/cognition

2. Initiate flexeril 10 mg po qhs prn spasm/tightness of the neck and low back regions with sedation (no Etoh) and potentiation of sedation (hydrocodone). She is not to take another muscle relaxant as she is not entirely sure what two medications were sent to her by mail 2 days ago and she will make sure it is not a muscle spasm/relaxant. Continue ibuprofen with food three times a day as needed for pain. Risk of drug induced hepatitis, hypertension, gastritis, ulcer, stroke and MI were discussed as well as bleeding. Purpose, alternatives and not taking the medications discussed. Patient wishes to try the medication. . 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

Name: SEKERA, JOYCE
DOE: 12-01-2016

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 and withdrawal as well as precautions to be taken with the medications such as frequency of blood test to evaluated different markers including bone marrow and liver toxicity potentials.

3. May need upper neurodiagnostic studies if numbness persist
4. Obtain LV Radiology x-ray results
5. Obtain Centennial hills medical center ER results
6. Spine restrictions given
7. Weight loss and conditioning recommendation discussed
8. Education was greater than 50% of the evaluation time today
9. EEG and NB exam
10. Compliance
11. F/u in 3 weeks

Thank you very much for allowing me to participate in the care of your patient. Please feel free to contact me if you have any questions. Thank you once again.

Sincerely,

A handwritten signature in cursive script that reads "Russell J. Shah". The signature is written in black ink and is positioned below the word "Sincerely,".

Russell J. Shah, MD

JS363

Page: 11

FROM CLIN PATH LABS

PH: 512-339-1275



CLINICAL PATHOLOGY LABORATORIES

9200 Wall Street • Austin, Texas 78754
512-873-1600 1-800-633-4757

CAP Accreditation #: 21525-01
CLIA # 45D0505003

64285

UNIVERSITY URGENT CARE
2628 W CHARLESTON BLVD
LAS VEGAS, NV 89102

DOB: 03/22/1956

PATIENT NAME SEKERA, JOYCE		PATIENT I.D.	ROOM NUMBER	AGE 60	SEX F	PHYSICIAN RUSSELL J SHAH,
PAGE 1	REQUISITION NO. X9789320	ACCESSION NO. UX116178	ID. NO.	COLLECTION DATE & TIME 12/01/16 12:26P	LOG-IN-DATE 12/01/16	REPORT DATE & TIME 12/03/16 1:25A

TEST	RESULTS	UNITS	EXPECTED RANGE
OUT-OF-RANGE WITHIN RANGE			
COMPREHENSIVE METABOLIC PANEL			
GLUCOSE	94	MG/DL	70-99
BUN	7	MG/DL	8-23
CREATININE	0.61	MG/DL	0.60-1.30
eGFR AFRICAN AMER.	114	ML/MIN/1.73	>60
eGFR NON-AFRICAN AMER.	99	ML/MIN/1.73	>60
CALC BUN/CREAT	11	RATIO	6-28
SODIUM	139	MEQ/L	133-146
POTASSIUM	4.6	MEQ/L	3.5-5.4
CHLORIDE	102	MEQ/L	95-107
CARBON DIOXIDE	26	MEQ/L	18-29
CALCIUM	9.2	MG/DL	8.5-10.5
PROTEIN, TOTAL	7.0	G/DL	6.1-8.3
ALBUMIN	4.2	G/DL	3.5-5.2
CALC GLOBULIN	2.8	G/DL	1.9-3.7
CALC A/G RATIO	1.5	RATIO	1.0-2.6
BILIRUBIN, TOTAL	0.3	MG/DL	<=1.2
ALKALINE PHOSPHATASE	96	U/L	38-121
AST	21	U/L	9-40
ALT	31	U/L	5-40

CBC W/AUTO DIFF WITH PLATELETS			
WBC	9.1	K/UL	4.0-11.0
RBC	4.63	M/UL	3.80-5.10
HEMOGLOBIN	14.9	G/DL	11.5-15.5
HEMATOCRIT	43.1	%	34.0-45.0
MCV	93.1	fL	80.0-100.0
MCH	32.2	PG	27.0-34.0
MCHC	34.6	G/DL	32.0-35.5
RDW	11.5	%	11.0-15.0
NEUTROPHILS	59.6	%	40.0-74.0
LYMPHOCYTES	29.1	%	19.0-48.0
MONOCYTES	7.2	%	4.0-13.0
EOSINOPHILS	3.4	%	0.0-7.0
BASOPHILS	0.7	%	0.0-2.0
PLATELET COUNT	274	K/UL	130-400

SEDIMENTATION RATE	30	MM/HOUR	0-20

T4 (THYROXINE)	8.0	UG/DL	4.5-12.0

REPORT CONTINUED ON NEXT FORM

JS364

CONTINUED REPORT FROM CLIN PATH LABS

PH: 512-339-1275


**CLINICAL PATHOLOGY
LABORATORIES**

 9200 Wall Street • Austin, Texas 78754
 512-873-1600 1-800-633-4757

 CAP Accreditation #: 21525-01
 CLIA # 45D0505003

 64285
 UNIVERSITY URGENT CARE
 2628 W CHARLESTON BLVD
 LAS VEGAS, NV 89102

DOB: 03/22/1956

PATIENT NAME		PATIENT I.D.	ROOM NUMBER	AGE	SEX	PHYSICIAN
SEKERA, JOYCE				60	F	RUSSELL J SHAH,

PAGE	REQUISITION NO.	ACCESSION NO.	ID. NO.	COLLECTION DATE & TIME	LOG-IN DATE	REPORT DATE	& TIME
2	X9789320	UX116178		12/01/16 12:26P	12/01/16	12/03/16	1:25A

TEST	RESULTS	UNITS	EXPECTED RANGE
OUT-OF-RANGE WITHIN RANGE			
TSH REFLEX TO FREE T4	1.1	UIU/ML	0.5-4.7

RPR			
RPR WITH REFLEX TITER			
RPR RESULT	NON-REACTIVE		NON-REACTIVE
RPR TITER	NOT INDIC.TITER		NOT INDIC.

ANA (ANTI-NUCLEAR AB) WITH REFLEX TITER			
ANTI-NUCLEAR ANTIBODIES	NEGATIVE		NEGATIVE

***** * ***** EFFECTIVE 11/14/2016 ***** * * CLINICAL CHEMISTRY PLATFORM CHANGES IN MAIN LABORATORY * * ARE ASSOCIATED WITH REFERENCE RANGE CHANGES FOR A NUMBER * * OF IMMUNOASSAY ANALYTES. PLEASE REVIEW REFERENCE INTERVALS * * CAREFULLY. * ***** UNLESS OTHERWISE INDICATED, ALL TESTING PERFORMED AT CLINICAL PATHOLOGY LABORATORIES, INC. 9200 WALL ST AUSTIN, TX 78754 LABORATORY DIRECTOR: MARK A. SILBERMAN, M.D. CLIA NUMBER 45D0505003 CAP ACCREDITATION NO. 21525-01			
*** FINAL REPORT ***			
			JS365

**CLINICAL PATHOLOGY
LABORATORIES**9200 Wall Street • Austin, Texas 78754
512-873-1600 1-800-633-4757CAP Accreditation #: 21525-01
CLIA # 45D0505093

PATIENT NAME		PATIENT I.D.	ROOM NUMBER	AGE	SEX	PHYSICIAN	

PAGE	REQUISITION NO.	ACCESSION NO.	ID. NO.	COLLECTION DATE & TIME	LOG-IN-DATE	REPORT DATE	& TIME

12/03/2016 3:25 AM CST

RESULTS		UNITS	EXPECTED RANGE
Total reports:	1		
Originals: TEST	1	Batch: 12/03/2016 #00001	
Reprints:	0		
Autodial Group: FXVEG64285			

FAX COMPLETE

JS366

CLINICAL PATHOLOGY
LABORATORIES

9200 Wall Street • Austin, Texas 78754
512-873-1600 1-800-633-4757

~~12/03/2016~~

~~3:25 AM CST~~

CAP Accreditation #: 21525-01
CLIA # 45D0505003

PATIENT NAME		PATIENT I.D.		ROOM NUMBER	AGE	SEX	PHYSICIAN	
PAGE	REQUISITION NO.	ACCESSION NO.	ID. NO.	COLLECTION DATE & TIME	LOG-IN-DATE	REPORT DATE	& TIME	

[illegible]

**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) D2/12

GALLIHER LAW FIRM
1850 E SAHARA AVE STE 107
Las Vegas NV 89104

PI

PICA

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER <input type="checkbox"/> (Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input checked="" type="checkbox"/> (ID#)				1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE				3. PATIENT'S BIRTHDATE MM DD YY 03221956 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL CITY LAS VEGAS STATE NV ZIP CODE 89143-4469 TELEPHONE (Include Area Code) (702) 4675457				4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>				7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				11. INSURED'S POLICY GROUP OR FECA NUMBER DOT110416	
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
b. RESERVED FOR NUCC USE				b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE				c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 11092017				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 11042016 QUAL 431				15. OTHER DATE MM DD YY 11042016	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN MD RUSSELL J SHAH				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. F0781 B. S161XXD C. M5011 D. G43909 E. S39012D F. W010XXD G. G5600 H. I. J. K. L. ICD ind. 0				22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY B. PLACE OF SERV EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER				23. PRIOR AUTHORIZATION NUMBER	
1 FOLLOW UP EVALUATION 10232017 10232017 11 1 99213 ABCDEFG 350.00 1 NPI 1346324092				F. \$ CHARGES G. DAYS OR UNITS H. EPSQT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #	
2				NPI	
3				NPI	
4				NPI	
5				NPI	
6				JS368	
25. FEDERAL TAX I.D. NUMBER SSN EIN 260209037 <input checked="" type="checkbox"/> 36739				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MD RUSSELL J SHAH 11092017				28. TOTAL CHARGE \$ 350.00 29. AMOUNT PAID \$ 0.00 30. Rsvd for NUCC Use	
32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102 #1881888956				33. BILLING PROVIDER INFO & PH # (702) 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052 #1881888956	

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APPROVED OMB-938-1197 form 1500 (02-12)





HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

GALLIHER LAW FIRM

1850 E SAHARA AVE STE 107

Las Vegas NV 89104

PI

PICA

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1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER <input type="checkbox"/> (Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input checked="" type="checkbox"/> (ID#)				1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE				4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL				7. INSURED'S ADDRESS (No., Street)	
CITY LAS VEGAS		STATE NV		CITY	
ZIP CODE 89143-4469		TELEPHONE (Include Area Code) (702) 4675457		ZIP CODE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				11. INSURED'S POLICY GROUP OR FECA NUMBER DOI110416	
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. INSURED'S DATE OF BIRTH MM DD YY M F	
b. RESERVED FOR NUCC USE				b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE				c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 05152017					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 11042016 QUAL 431				15. OTHER DATE MM DD YY 11042016	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD ind. 0 A. F0781 B. S161XXD C. M5011 D. G43909 E. S39012D F. W010XXD G. H. I. J. K. L.				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.	
24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER FROM MM DD YY TO MM DD YY EMG CPT/HCPCS I MODIFIER				22. RESUBMISSION CODE ORIGINAL REF. NO.	
1 FOLLOW UP EVALUATION 05022017 05022017 111 1 99213 ABCD 350.00 1 NPI 1346324092				23. PRIOR AUTHORIZATION NUMBER	
2 EMG PER LIMB 05022017 05022017 111 1 95886 ABCD 1788.00 2 NPI 1346324092					
3 NCV 9-10 05022017 05022017 111 1 95911 ABCD 3000.00 1 NPI 1346324092					
4					
5					
6				JS370	
25. FEDERAL TAX I.D. NUMBER SSN EIN 260209037				26. PATIENT'S ACCOUNT NO. 36739	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 5138.00	
29. AMOUNT PAID \$ 0.00				30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MD RUSSELL J SHAH 05152017				32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102 #1881888956	
33. BILLING PROVIDER INFO & PH # (702) 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052 #1881888956					

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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

GALLIHER LAW FIRM
1850 E SAHARA AVE STE 107
Las Vegas NV 89104

PI

PICA

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1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER <input type="checkbox"/> (Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input checked="" type="checkbox"/> (ID#)				1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE				3. PATIENT'S BIRTHDATE MM DD YY 03221956 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
CITY LAS VEGAS				CITY	
STATE NV				STATE	
ZIP CODE 89143-4469				ZIP CODE	
TELEPHONE (Include Area Code) (702) 4675457				TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				11. INSURED'S POLICY GROUP OR FECA NUMBER DOI110416	
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
b. RESERVED FOR NUCC USE				b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE				c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 04182017					
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 11042016 QUAL 431				15. OTHER DATE MM DD YY 11042016	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD ind. 0 A. F0781 B. S161XXD C. M5011 D. G43909 E. S39012D F. W010XXD G. H. I. J. K. L.				22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER FROM MM DD YY TO MM DD YY EMG CPT/HCPCS MODIFIER FOLLOW UP EVALUATION 04112017 04112017 11 1 99213 ABCD				F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. # 350 00 1 NPI 1346324092	
25. FEDERAL TAX I.D. NUMBER SSN EIN 260209037 <input checked="" type="checkbox"/> 36739				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MD RUSSELL J SHAH 04182017				32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102	
33. BILLING PROVIDER INFO & PH # (702 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052				30. Rsvd for NUCC Use 28. TOTAL CHARGE \$ 350 00 29. AMOUNT PAID \$ 0 00 *1881888956	

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APPROVED OMB-938-1197 form 1500 (02-12)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

GALLIHER LAW FIRM

1850 E SAHARA AVE STE 107

Las Vegas NV 89104

PI

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1. MEDICARE <input type="checkbox"/> (Medicare#)			MEDICAID <input type="checkbox"/> (Medicaid#)			TRICARE <input type="checkbox"/> (ID#/DoD#)			CHAMPVA <input type="checkbox"/> (Member ID#)			GROUP HEALTH PLAN <input type="checkbox"/> (ID#)			FECA BLK LUNG <input type="checkbox"/> (ID#)			OTHER <input checked="" type="checkbox"/> (ID#)			1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)								
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE												3. PATIENT'S BIRTHDATE MM DD YY 03221956						4. INSURED'S NAME (Last Name, First Name, Middle Initial)											
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL												6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>						7. INSURED'S ADDRESS (No., Street)											
CITY LAS VEGAS												STATE NV						CITY						STATE					
ZIP CODE 89143-4469												TELEPHONE (Include Area Code) (702) 4675457						ZIP CODE						TELEPHONE (Include Area Code) ()					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)												10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						11. INSURED'S POLICY GROUP OR FECA NUMBER DOI110416											
a. OTHER INSURED'S POLICY OR GROUP NUMBER												b. AUTO ACCIDENT PLACE (State)						a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>											
b. RESERVED FOR NUCC USE												c. OTHER ACCIDENT?						b. OTHER CLAIM ID (Designated by NUCC)											
c. RESERVED FOR NUCC USE												10d. CLAIM CODES (Designated by NUCC)						c. INSURANCE PLAN NAME OR PROGRAM NAME											
d. INSURANCE PLAN NAME OR PROGRAM NAME												11. INSURED'S POLICY GROUP OR FECA NUMBER						d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 02102017												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE						14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 11042016 QUAL. 431											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE												15. OTHER DATE MM DD YY 11042016						16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY						20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. F0781 B. S161XXD C. M5011 D. G43909 E. S39012D F. W010XXD G. L. H. L. I. L. J. L.												22. RESUBMISSION CODE ORIGINAL REF. NO.						23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY 1 FOLLOW UP EVALUATION 02072017 02072017												B. PLACE OF SERV EMG 1						C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER 99214											
												E. DIAGNOSIS POINTER ABCD						F. \$ CHARGES 510.00											
																		G. DAYS OR UNITS 1											
																		H. FPSQT Family Plan											
																		I. ID. QUAL. NPI											
																		J. RENDERING PROVIDER ID. # 1346324092											
																		JS372											
25. FEDERAL TAX I.D. NUMBER 260209037												26. PATIENT'S ACCOUNT NO. 36739						27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MD RUSSELL J SHAH 02102017												32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102						28. TOTAL CHARGE \$ 510.00											
SIGNED DATE												a. 1881888956 b.						29. AMOUNT PAID \$ 0.00											
																		30. Rsvd for NUCC Use											
																		33. BILLING PROVIDER INFO & PH # (702) 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052											
																		a. 1881888956 b.											

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**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

GALLIHER LAW FIRM

1850 E SAHARA AVE STE 107

Las Vegas NV 89104

PI

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1. MEDICARE <input type="checkbox"/> (Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#)				TRICARE <input type="checkbox"/> (Member ID#)		CHAMPVA <input type="checkbox"/> (ID#)		GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		FECA BLK LUNG <input type="checkbox"/> (ID#)		OTHER <input checked="" type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE				3. PATIENT'S BIRTHDATE MM DD YY 03221956				SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>				4. INSURED'S NAME (Last Name, First Name, Middle Initial)							
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>				7. INSURED'S ADDRESS (No, Street)				CITY				STATE			
CITY LAS VEGAS				STATE NV				8. RESERVED FOR NUCC USE				CITY				STATE			
ZIP CODE 89143-4469				TELEPHONE (Include Area Code) (702) 4675457				9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				11. INSURED'S POLICY GROUP OR FECA NUMBER DOI110416 a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME			
a. OTHER INSURED'S POLICY OR GROUP NUMBER				b. RESERVED FOR NUCC USE				c. RESERVED FOR NUCC USE				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.							
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.				12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.							
SIGNED SIGNATURE ON FILE				DATE 01172017				SIGNED SIGNATURE ON FILE				14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 11042016 QUAL 431							
15. OTHER DATE MM DD YY 409 11042016				17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. F0781 B. S161XXD C. M5011 D. G43909 E. S39012D F. W010XXD G. L. L. I. J. K. L.				22. RESUBMISSION CODE ORIGINAL REF. NO.				23. PRIOR AUTHORIZATION NUMBER							
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY 1. EMG PER LIMB 01102017 01102017 11 1 95886 ABCD 1788 00 2 NPI 1346324092 2. NCV 13+ 01102017 01102017 11 1 95913 ABCD 4250 00 1 NPI 1346324092 3. 4. 5. 6.				B. PLACE OF SERV EMG CPT/HCPCS MODIFIER 95886 95913				C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) D. DIAGNOSIS POINTER ABCD ABCD				F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #							
25. FEDERAL TAX I.D. NUMBER 260209037				26. PATIENT'S ACCOUNT NO. 36739				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 6038 00							
29. AMOUNT PAID \$ 0 00				30. Rsvd for NUCC Use				31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MD RUSSELL J SHAH 01172017				32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102 #1881888956							
33. BILLING PROVIDER INFO & PH # (702) 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052 #1881888956				34. BILLING PROVIDER INFO & PH # (702) 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052 #1881888956				35. BILLING PROVIDER INFO & PH # (702) 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052 #1881888956				36. BILLING PROVIDER INFO & PH # (702) 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052 #1881888956							

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**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

GALLIHER LAW FIRM
1850 E SAHARA AVE STE 107
Las Vegas NV 89104

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☐ ☐ PICAPICA ☐ ☐

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER <input type="checkbox"/> (Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input checked="" type="checkbox"/> (ID#)				1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE				4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL CITY LAS VEGAS STATE NV ZIP CODE 89143-4469 TELEPHONE (Include Area Code) (702) 4675457				7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				11. INSURED'S POLICY GROUP OR FECA NUMBER DOT110416	
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
b. RESERVED FOR NUCC USE				b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE				c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 12292016					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 11042016 QUAL 431				15. OTHER DATE MM DD YY 11042016	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD ind.: 0 A. F0781 B. S161XXD C. M5011 D. R51 E. G43909 F. S39012D G. W010XXD H. I. J. K. L.				22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. # 1 FOLLOW UP EVALUATION 12202016 12202016 11 1 99214 ABCD 510.00 1 NPI 1932342748 2 3 4 5 6				28. TOTAL CHARGE \$ 510.00 29. AMOUNT PAID \$ 0.00 30. Rsvd for NUCC Use	
25. FEDERAL TAX I.D. NUMBER SSN EIN 260209037 <input checked="" type="checkbox"/> 36739				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) EDWIN FAVIS 12292016				32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102	
33. BILLING PROVIDER INFO & PH # (702) 6440500 RADAR MED GROUP LLP 10624 S EASTERN STE A425 Henderson NV 89052				34. SIGNATURE OF BILLING PROVIDER a. 1881888956 b.	

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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) D2/12

GALLIHER LAW FIRM
1850 E SAHARA AVE STE 107
Las Vegas NV 89104

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1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#)				1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE				4. INSURED'S NAME (Last Name, First Name, Middle Initial)							
3. PATIENT'S BIRTHDATE MM DD YY 03221956 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>							
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL				7. INSURED'S ADDRESS (No, Street)							
CITY LAS VEGAS STATE NV				CITY STATE							
ZIP CODE 89143-4469 TELEPHONE (Include Area Code) (702) 4675457				ZIP CODE TELEPHONE (Include Area Code)							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				11. INSURED'S POLICY GROUP OR FECA NUMBER DOI110416							
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. INSURED'S DATE OF BIRTH MM DD YY SEX <input type="checkbox"/> M <input type="checkbox"/> F							
b. RESERVED FOR NUCC USE				b. OTHER CLAIM ID (Designated by NUCC)							
c. RESERVED FOR NUCC USE				c. INSURANCE PLAN NAME OR PROGRAM NAME							
d. INSURANCE PLAN NAME OR PROGRAM NAME				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 02102017						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 11042016 DUAL 431				15. OTHER DATE MM DD YY 11042016							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES NO PURCH. SVC.							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD ind. 0 A. F0781 B. S161XXD C. M5011 D. G43909 E. S39012D F. W010XXD G. H. I. J. K. L. 				22. RESUBMISSION CODE ORIGINAL REF. NO.							
23. PRIOR AUTHORIZATION NUMBER				24. A. DATE(S) OF SERVICE FROM TO B. PLACE OF SERV. C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSRT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #							
1. ELECTROENCEPHALOGRAPHY 12122016 12122016 111 1 95816 ABC 1314.00 1 NPI 1346324092											
2. DIGITAL SPIKE WAVE A 12122016 12122016 111 1 95957 ABC 990.00 1 NPI 1346324092											
3. RHYTHM ECG W/RPT 12122016 12122016 111 1 93042 ABC 92.00 1 NPI 1346324092											
4.											
5.											
6.											
25. FEDERAL TAX I.D. NUMBER 260209037 SSN EIN <input checked="" type="checkbox"/> 36739				26. PATIENT'S ACCOUNT NO. 36739							
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$ 2396.00 29. AMOUNT PAID \$ 0.00							
30. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MD RUSSELL J SHAH 02102017				31. BILLING PROVIDER INFO & PH # 702 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052							
32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102				33. BILLING PROVIDER INFO & PH # 702 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052							
SIGNED 02102017 DATE 02102017				34. BILLING PROVIDER INFO & PH # 702 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052							

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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

GALLIHER LAW FIRM
1850 E SAHARA AVE STE 107
Las Vegas NV 89104

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1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER <input type="checkbox"/> (Medicare#) <input type="checkbox"/> (Medicaid#) <input type="checkbox"/> (ID#/DoD#) <input type="checkbox"/> (Member ID#) <input type="checkbox"/> (ID#) <input type="checkbox"/> (ID#) <input checked="" type="checkbox"/> (ID#)				1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE				4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL				7. INSURED'S ADDRESS (No., Street)	
CITY LAS VEGAS		STATE NV		CITY	
ZIP CODE 89143-4469		TELEPHONE (Include Area Code) (702) 4675457		ZIP CODE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				11. INSURED'S POLICY GROUP OR FECA NUMBER DOI110416	
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. INSURED'S DATE OF BIRTH MM DD YY M F	
b. RESERVED FOR NUCC USE				b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE				c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 12192016					
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY 11042016 QUAL 431				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 11042016	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NO PURCH. SVC.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. R413 B. C. D. E. F. G. H. I. J. K. L.				22. RESUBMISSION CODE ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER					
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY B. PLACE OF SERV C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER				F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #	
1. COMP METABOLIC 12012016 12012016 11 1 80053 A				60.00 1 NPI 1346324092	
2. TSH ULTRASENSITIVE 12012016 12012016 11 1 84443 A				85.00 1 NPI 1346324092	
3. ANA 12012016 12012016 11 1 86038 A				100.00 1 NPI 1346324092	
4. ESR/SED RATE 12012016 12012016 11 1 85652 A				40.00 1 NPI 1346324092	
5. RPR 12012016 12012016 11 1 86592 A				50.00 1 NPI 1346324092	
6. CBC WITH DIFF 12012016 12012016 11 1 85025 A				51.50 1 NPI 1346324092	
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) 260209037 36739 X YES				28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd for NUCC Use \$ 386.50 \$ 0.00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MD RUSSELL J SHAH 12192016				32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102	
33. BILLING PROVIDER INFO & PH # (702) 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052				a. 1881888956 b.	

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HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

GALLIHER LAW FIRM
1850 E SAHARA AVE STE 107
Las Vegas NV 89104

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1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE		3. PATIENT'S BIRTHDATE MM DD YY 03221956 SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F	
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input checked="" type="checkbox"/>	
CITY LAS VEGAS STATE NV		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE 89143-4469 TELEPHONE (Include Area Code) (702) 4675457		CITY STATE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT PLACE (State) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER DOI110416			
a. INSURED'S DATE OF BIRTH MM DD YY <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>			
b. OTHER CLAIM ID (Designated by NUCC)			
c. INSURANCE PLAN NAME OR PROGRAM NAME			
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 12192016			
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 11042016 QUAL 431		15. OTHER DATE MM DD YY 11042016	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. NPI	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD ind. 0 A. R413 B. C. D. E. F. G. H. I. J. K. L.			
24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY		B. PLACE OF SERV EMG	
C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	
1. T4		1. 84436	
2. VENIPUNCTURE		2. 36415	
3. SPECIMAN HAND FEE		3. 99000	
4.		4.	
5.		5.	
6.		6.	
25. FEDERAL TAX I.D. NUMBER 260209037 SSN EIN <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 36739	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) MD RUSSELL J SHAH 12192016		32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102	
SIGNED DATE		33. BILLING PROVIDER INFO & PH # 702 6440500 RADAR MED GRP LLP 10624 S EASTERN AVE A425 Henderson NV 89052 *1881888956	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 130.00	
29. AMOUNT PAID \$ 0.00		30. Rsvd for NUCC Use	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-938-1197 form 1500 (02-12)



Billing Office
PO Box 1200
Las Vegas, NV 89125
p: (702) 852-6600 f: (702) 947-4955

Rx History Report

As of: 11/23/2016

Joyce Sekera
DOB: 03/22/1956
Date of Injury: 11/04/2016

Gallagher Law Firm
(702) 735-0204

Date Filled	Drug	Doctor	Count	Billed Amount
11/22/2016	Compound 2 - Flurb10% Amitr1% Gaba6% Lido2% Prio2%	Hyla, Michelle, MD	30	\$175.50
	Cyclobenzaprine (Flexeril) - 5.0mg	Hyla, Michelle, MD	30	\$106.83
			Total Billed Amount	\$282.33

PLEASE CONTACT PAYLATER DIRECTLY TO APPLY
BALANCE LIMITS AND REQUEST PRIOR APPROVALS

JS379

Statement of Account

Las Vegas Pharmacy, Inc.
2600 W. Sahara Ave., #120
Las Vegas,, NV 89102

(702) 220-3906

20-4985403

Joyce Sekera
7840 Nesting Pine Pl
Las Vegas, NV 89143

Mr. Keith Galliher, Esquire
1850 E. Sahara Ave.
Suite #107
Las Vegas, NV 89104

Date
05/29/2018

Account No.
SEKJOY

Page #
1

Date	CPT	Description	Diagnosis	Charges	Credits
		Previous Balance		1090.93	0.00

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	Balance Due
\$0.00	\$0.00	\$0.00	\$0.00	\$1090.93	\$1090.93

Notes

PLEASE BE ADVISED THAT THERE IS A DULY EXECUTED LIEN ON FILE.

JS380

407



WALTER M. KIDWELL, M.D.
PAIN INSTITUTE OF NEVADA

7435 W Azure Dr Ste 190
Las Vegas NV, 89130
Phone: (702) 878-8252
Fax: (702) 878-9096
Medrecs@PainInstitute.com

AFFIDAVIT OF CUSTODIAN OF RECORDS

STATE OF NEVADA)

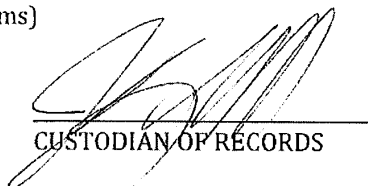
COUNTY OF CLARK)

Now comes **Jacob Kidwell**, who after being first duly sworn, deposes and says:

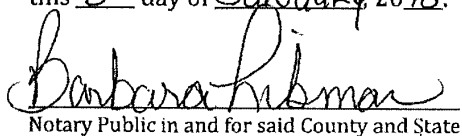
1. That the affiant is the Custodian of Records for Pain Institute of Nevada, office of Dr. Walter M. Kidwell MD, Dr. Gregory H. Jarrett DC & Dr. Katherine Travnicek MD.
2. That the affiant in such capacity is the custodian of medical records for the patient, Joyce Sekera; D.O.B.: 3/22/1956.
3. That the affiant has examined the original of those medical and/or billing records and has made a true and exact copy of them and that the reproduction of them attached hereto is true and complete.
4. That the original of those medical 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 affiant or the office or institution in which the affiant is engaged.
5. If marked, the following could not be provided with the attached list of documents:

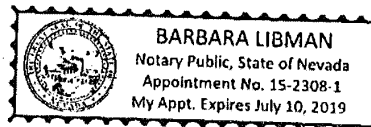
☒ Films/X-Rays (we do not retain physical films)

☐ Other: _____


CUSTODIAN OF RECORDS

SUBSCRIBED and sworn to before me
this 8th day of January, 2018.


Notary Public in and for said County and State



JS382



WALTER M. KIDWELL, M.D.

PAIN INSTITUTE OF NEVADA

7435 W Azure Dr Ste 190
Las Vegas NV, 89130
Phone: (702) 878-8252
Fax: (702) 878-9096
Medrecs@PainInstitute.com

AFFIDAVIT OF CUSTODIAN OF RECORDS

STATE OF NEVADA)

COUNTY OF CLARK)

Now comes **Jacob Kidwell**, who after being first duly sworn, deposes and says:

1. That the affiant is the Custodian of Records for Pain Institute of Nevada, office of Dr. Walter M. Kidwell MD, Dr. Gregory H. Jarrett DC & Dr. Katherine Travnicek MD.
2. That the affiant in such capacity is the custodian of medical records for the patient, Joyce Sekera; D.o.B.: 3/22/1956.
3. That the affiant has examined the original of those medical and/or billing records and has made a true and exact copy of them and that the reproduction of them attached hereto is true and complete.
4. That the original of those medical 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 affiant or the office or institution in which the affiant is engaged.
5. If marked, the following could not be provided with the attached list of documents:

☒ Films/X-Rays (we do not retain physical films)

☐ Other: _____

[Signature]
CUSTODIAN OF RECORDS

SUBSCRIBED and sworn to before me
this ____ day of _____, 20__.

Notary Public in and for said County and State

** No Notary available **
7/13/17 Jod

JS383

INDIVIDUAL ASSIGNMENT

Reference is hereby made to that certain Master Purchase Agreement ("Master Agreement") executed on November 1, 2010 by and between Canyon Medical Billing, LLC., a Nevada limited liability company ("Purchaser") and Pain Institute of Nevada Inc., a Nevada corporation ("Provider/Seller"). Capitalized terms used in this Individual Assignment and not otherwise defined shall have the same meaning as set forth in the Master Agreement.

Provider hereby assigns all its right, title and interest in and to the Accounts Receivable related to Qualifying Patient identified below, which the face amount of which is **\$450.00**

Each party hereto shall from time to time after the date hereof at the request of the other party and without further consideration execute and deliver to the other party such additional instruments of conveyance as such party shall reasonably request to evidence more fully the transfer of the Accounts Receivable. By signing below, Provider/Seller agrees that its signature by it or its duly authorized representative as named in the Master Agreement shall be sufficient evidence to any third party for payment of the Accounts Receivable (described on the attached Schedule A) to Purchaser. Provider/Seller waives any claim or right it may have with respect to the Accounts Receivable identified on Exhibit A and agrees payment for such Accounts Receivable shall be made directly to Purchaser.

Qualifying Patient: Sekera, Joyce
Services/DOS: Pain Management: 12/07/2017
Face Amount: \$450.00
Attorney: Galliher Law Firm

"Provider/Seller"

PAIN INSTITUTE OF NEVADA, INC., a Nevada corporation
7435 W. Azure Drive, Ste #190, Las Vegas, Nevada 89130

By: [Signature]

Title: _____

Date: 12/11/2017

"Purchaser"

Canyon Medical Billing, LLC. a Nevada limited liability company
6030 S Rainbow Blvd, Suite D2, Las Vegas, NV 89118

By: _____

Title: _____

Date: _____

JS384

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 11, 2018

Patient Name: **Joyce P Sekera**
Patient DOB: 3/22/1956

PAIN COMPLAINTS

LOW BACK PAIN

Patient returns for reevaluation.

Joyce is approximately 6 weeks s/p lumbar radiofrequency rhizotomy. She is reporting 70% improvement. Her pain is now a mild ache. VAS 2-3/10. She denies lower extremity symptoms. Activity level has improved. She is not on any medications for pain. She has completed chiropractic treatments. At this time, she will return as needed. If her usual low back pain increases and becomes bothersome, she may need repeat RF.

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 not currently receiving physical or 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.

PROCEDURES

03/09/2017
FJI B L5S1
Post injection: Complete resolution of usual pain
Sustained: No relief of usual pain.

05/08/2017
MBB B L5S1
Post Injection: Complete Resolution of usual pain.
Sustained: 2 days at 100% relief and pain eventually returned

11/30/2017
RFA B L5S1
Sustained: ROM has improve significantly, 80% resolution of usual pain. Tender ache with right side more than left.

MEDICAL HISTORY

Diabetes type 2, HbA1C 6.5

ALLERGIES

No known drug allergies

JS385

MEDICATIONS

Metformin 1 tablet qd

NV PMP REVIEWED 6/19/16-6/119/17

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with family

Occupation: Customer service / Unemployed

Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW

Constitutional Symptoms: Nightsweats

Visual: Negative

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Negative

VITAL SIGNS

Height: 66.00 Inches

Blood Press: 122/74 mmHg

Pulse: 74 BPM

Respirations: 18 RPM

Pain: 03

PHYSICAL EXAMINATION**GENERAL APPEARANCE**

Appearance: No discomfort

Transition: Normal

Ambulation: Patient can ambulate without assistance.

Gait: Gait is normal

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

M54.5 LOW BACK PAIN

M47.816 LUMBAR FACET JOINT ARTHROPATHY / SPONDYLOSIS

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

PRESCRIPTIONS

None

PLAN

** RETURN: As needed

Gina M Nguyen PAC

Katherine D. Trivicek MD

Copy to: Jordan Webber, DC

Electronically signed by GINA M NGUYEN Date: 1/11/2018 Time: 9:06:50

JS386

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: December 7, 2017

Patient Name: **Joyce P Sekera**
Patient DOB: 3/22/1956

PAIN COMPLAINTS

Low back pain

Joyce returns today for follow up.

The patient is s/p radiofrequency rhizotomy bilateral L5-S1

Immediate post procedure pain: 100% relief of usual pain

Sustained improvement: 80% reduction in usual pain.

Symptoms are improving. VAS is 0-3.

Function is improving. She can sleep much better, transfer in/out of beds/chairs better and move better.

Recommendations: Repeat L5-S1 RFA bilaterally when pain returns in around 1 years' time (ranges 6 months up to 2 years).

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: Unemployed

Therapy: Pt is not currently receiving physical or 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.

PROCEDURES

03/09/2017

FJI B L5S1

Post injection: Complete resolution of usual pain

Sustained: No relief of usual pain.

05/08/2017

MBB B L5S1

Post Injection: Complete Resolution of usual pain.

Sustained: 2 days at 100% relief and pain eventually returned

11/30/2017

RFA B L5S1

Sustained: ROM has improve significantly, 80% resolution of usual pain.

MEDICAL HISTORY

Diabetes type 2, HbA1C 6.5

ALLERGIES

No known drug allergies

MEDICATIONS

Metformin 1 tablet qd

SURGICAL HISTORY

No prior surgeries reported.

JS387

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with family

Occupation: Customer service / Unemployed

Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue

Visual: Negative

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Insomnia

VITAL SIGNS

Height: 66.00 Inches

Weight: 202.00 Pounds

Blood Press: 122/82 mmHg

Pulse: 87 BPM

Respirations: 18 RPM

BMI: 32.6

Pain: 03

PHYSICAL EXAMINATION**GENERAL APPEARANCE**

Appearance: No discomfort

Transition: Normal

Ambulation: Patient can ambulate without assistance.

Gait: Gait is normal

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

M54.5 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

PRESCRIPTIONS

None

PLAN

** RETURN: 3 weeks for re-evaluation with kdt / gn

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 12/07/2017 Time: 9:26:54

JS388

Pain Diagram

In regards to your pain in the last week:

- Please shade in the areas that best represent your pain.
- Draw a line from the pain description to the area of your pain.
- Indicate your current pain score 0/10 - 10/10 for each area of your pain.

Pain Scale

- 0/10: No Pain
1/10: Minimal pain
2/10: Mild pain, No impact on daily activities
3/10: Mild pain, Minimal impact of daily activities
4/10: Moderate pain, Minimal limitations of daily activities
5/10: Moderate pain, Some limitations of daily activities
6/10: Moderate pain, Moderate limitations of daily activities
7/10: Moderate/Severe pain, Very limited daily activities
8/10: Moderate/Severe pain, Very difficult to perform daily activities
9/10: Severe Pain, Severely limited ability to perform daily activities
10/10: Severe Disabling pain, essentially unable to do any activities whatsoever, cannot possibly be any worse

Please answer the following questions:

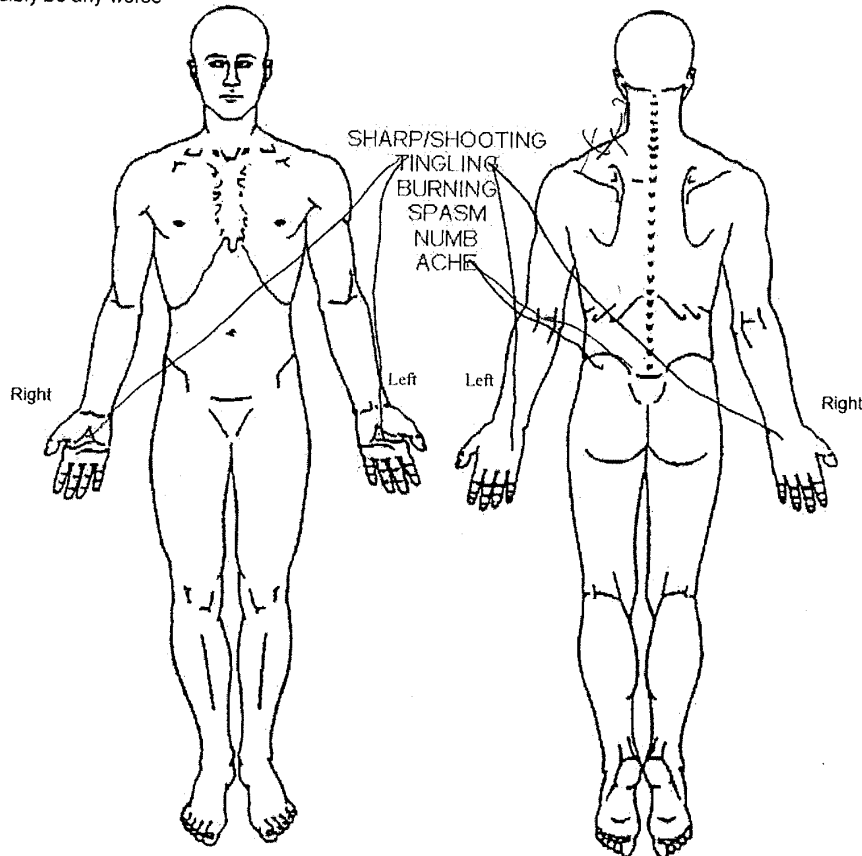
How far can you walk? 5 min

How long can you sit? 5 min

How long can you stand? 10 min

Are you working? no

Are you able to work? no



Name: Joyce Sekera

Date: 12/7/17

JS389

PROCEDURE NOTE

VALLEY VIEW SURGERY CENTER

1330 S. Valley View Blvd.
Las Vegas, NV 89102
702-675-4600
702-675-4604 fax

PATIENT: **Joyce P Sekera**
DOB: 3/22/1956

SURGEON: Katherine D Travnicek MD

Date of Service: November 30, 2017

DIAGNOSIS

M54.5 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

INFORMED CONSENT: Medical history was reviewed with the patient and brief physical examination performed. No contraindications to the procedure were noted. Informed consent was obtained and verified. The procedure was explained in detail. The major risks of the procedure were explained to the patient including but not limited to bleeding, infection, blood clots, spinal headache, increased pain, damage to nerves and structures of the neck/back that can result in temporary or permanent pain, weakness or paralysis, loss of bladder or bowel control, allergic or other reactions to medication requiring resuscitation, air in the lung requiring chest tube, seizure, stroke or death. Injection of corticosteroids can potentially cause suppression of the adrenal gland and damage to bone, tissues or eyes. Transient fluid retention is common. The patient indicates understanding and accepts the risks.

INDICATION: The patient is s/p diagnostic facet joint / facet nerve injections from which she noted significant but transient improvement. The patient is an appropriate candidate for radiofrequency ablation.

PROCEDURE(S) PERFORMED: FLUOROSCOPICALLY DIRECTED FACET JOINT RADIOFREQUENCY RHIZOTOMY BILATERAL L5-S1 WITH CONSCIOUS SEDATION

The patient was positioned prone. Standard monitors were connected including pulse oximetry, NIBP and EKG. Supplemental Oxygen was given as needed. The skin was prepped with a sterile surgical prep times three. Sterile drapes were applied. Meticulous sterile technique was maintained. The skin and subcutaneous tissues were anesthetized with 1% lidocaine. Next, under direct fluoroscopic guidance, insulated radiofrequency needle(s) were inserted percutaneously and directed to the lateral base of the superior articulating process corresponding to the location of each nerve to be lesioned. Needle position was verified in multiple fluoroscopic views. Each nerve was stimulated at 2 hz (motor) to verify needle proximity to the medial branch to be lesioned. Next, each nerve was stimulated at 2 hz 2 volts rule out major motor stimulation. Prior to lesioning, each nerve was anesthetized. Each nerve was then lesioned. The patient tolerated the procedure well. Vital signs remained stable and there were no complications. The patient was taken to the recovery area and monitored until discharge criteria were met. The patient was given discharge instructions including instructions to contact me with any questions or concerns following this procedure. Follow-up instructions were given. The patient was then discharged alert, oriented to his/her driver.

SEDATION (medications titrated to effect): Fentanyl Midazolam

NEEDLE: 18g RF insulated Venom

LESION: 80 degrees C for 90 seconds for one lesion each side

INJECTATE (each site): Bupivacaine (pf) 0.5% final concentration. 1 ml injected into each site.

Copy to: Andrew Cash MD

Electronically signed by KATHERINE TRAVNICEK Date: 11/30/2017 Time: 14:38:19

Joyce P Sekera

3/22/1956

1

JS390

417

SEKERA
JOYCE
B LSS1 RFA
153654
TRAVNICEK
F

VALLEY VIEW SURGERY CENTE
11/30/2017
12:20:10 PM

37-
72 

101 kVp
4.56 mA

1



OEC



JS391

SEKERA
JOYCE
B L5S1 RFA
153654
TRAVNICEK
F

VALLEY VIEW SURGERY CENTE
11/30/2017
12:21:04 PM

38 
66 

120 kVp
4.30 mA

2



OEC



JS392

Head		HNP	Bleed
	LUE	DP	NSAID
Neck		DB	SBE
	RUE		Heart
MB		FJA	Lung
	LLE	FSN	OSA
LB		CS	DM
	RLE	FS	Allergies
Sacrum			
Abd			
Groin			
Testicles			
L Knee			
R Knee			
L ankle			
R ankle			

RFR
Bilateral L5-S1
motor + sensory intact

PT ID	DATE
-------	------

NAME: SEKERA, JOYCE P
 ACT#: 153654
 DOB: 03/22/56
 DR: TRAVNICEK, KATHERINE M.D.
 DOS: 11/30/17
 AGE: 61
 SEX: F

JS393

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: October 23, 2017

Patient Name: **Joyce P Sekera**
Patient DOB: 3/22/1956

PAIN COMPLAINTS

Neck
Low back

Joyce returns today for follow up. She was trying to avoid the RFA but her back pain is bad enough now she wants to proceed. VAS is a 5 today. She say her pain is in the same location, does not radiate down her legs, and feels achy, sharp, and shooting at times. She came in to discuss the RFA and agrees to proceed.

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 not currently receiving physical or 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.

PROCEDURES

03/09/2017
FJI B L5S1
Post injection: Complete resolution of usual pain
Sustained: No relief of usual pain.

05/08/2017
MBB B L5S1
Post Injection: Complete Resolution of usual pain.
Sustained: 2 days at 100% relief then pain returned.

MEDICAL HISTORY

Diabetes type 2, HbA1C 6.5

ALLERGIES

No known drug allergies

MEDICATIONS

Metformin 1 tablet daily

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Joyce P Sekera

1

3/22/1956

JS394

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with family

Occupation: Customer service / Unemployed

Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue

Visual: Negative

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Insomnia

VITAL SIGNS

Height: 66.00 Inches

Weight: 202.00 Pounds

Blood Press: 118/78 mmHg

Pulse: 84 BPM

Respirations: 16 RPM

BMi: 32.6

Pain: 05

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: Mild discomfort

Transition: Normal

Ambulation: Patient can ambulate without assistance.

Gait: Gait is normal

LUMBAR SPINE

Tenderness: Moderate tenderness noted bilateral lower lumbar spine.

Spasm: Mild spasm is noted in the paravertebral musculature.

Facet Tenderness: Facet joint tenderness is noted bilateral L5-S1

Spinous Tenderness: Spinous processes are non-tender.

ROM: Full ROM with pain.

Straight Leg Raising: Negative at 90 deg bilaterally. Does not produce radicular pain.

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

M54.5 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

COUNSELING

Radiofrequency Rhizotomy

The patient received extensive counseling regarding radiofrequency rhizotomy (RFR). The procedure to be performed was explained in detail using skeletal and anatomic model. The patient understands that RFR is a neurodestructive procedure intended to cauterize nerves for pain relief. It is expected that the nerves will re-generate in 6-24 months and repeat RFR would be needed if the pain returns. The type of sedation to be used was explained as well. All questions were answered.

Informed Consent: The procedure(s) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risk were reviewed and include but are not limited to increase in pain, bleeding, infection, discitis, damage to nerves, spinal cord, structures of the neck and back, spinal headache, reaction to medication, loss of airway, pneumothorax, seizure, stroke, paralysis and death. No guarantees were made regarding outcome. The risks of injection of corticosteroids include but are not limited to thinning of bones, fractures, avascular necrosis of the hips, cataracts, weakening of structures such as ligaments, fat necrosis, dimpling of skin, adrenal suppression. Common side effects include water retention, flushing, insomnia, increased pulse and blood pressure. Diabetics will have increased blood sugars for about a week after injection. The patient has the option for sedation for the procedure. I advised the patient that conscious sedation may be utilized to provide a "twilight" effect. The patient will be arousable and able to respond throughout the procedure. This will not be a deep sedation. The patient may or may not have recall of the procedure. The

Joyce P Sekera

2

3/22/1956

JS395

risk of sedation includes loss of airway, aspiration, reaction to medication and damage to nerves.

PRESCRIPTIONS

Medication Management: I have reviewed the patient's medications with the patient including the potential risks and side effects.

Start GABAPENTIN 300MG , Qty: 30, Refills: 1, sig: TAKE 1 QHS for NERVE PAIN for RFA pain flare

Start CELEBREX 200MG, Qty: 60, Refills: 1, sig: TAKE 1 BID for PAIN
Prtd by 73/TRAV1 on 10/23/2017 at 04:21PM

PLAN

** RADIOFREQUENCY RHIZOTOMY (64635) BILATERAL L5-S1

** Meds above

** RETURN: 3 weeks for re-evaluation with gn / kdt

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 10/23/2017 Time: 16:22:21

Joyce P Sekera

3

3/22/1956

JS396

VVSC - 11/2/17



WALTER M. KIDWELL, M.D.

PAIN INSTITUTE OF NEVADA

7435 W. Azure Drive, Suite 190
Las Vegas, NV 89130
Ph: (702) 878-8252
Fax: (702) 878-9096

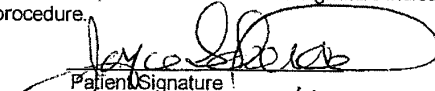
INSTRUCTIONS FOR INJECTION PROCEDURE

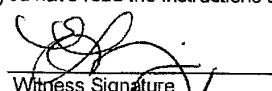
BEFORE YOUR INJECTION

Must follow the instructions below to avoid cancellation of your procedure.

- ☒ Please arrive on time with insurance card and picture ID. Plan on being there for approximately 2-3 hours.
- ☒ Physician fees and co-pays are due to our office 48 hours prior to the procedure. Surgery center fees and co-pays are due at time of procedure at the surgery center.
- ☒ You will need a driver (family member or friend) after the procedure. NO UBER, LYFT, OR TAXIS.
- ☒ 7 days prior to the procedure, STOP the following medications:
Arthrotec, Aspirin, Ascriptin, Bufferin, diclofenac (Voltaren), Excedrin, etodolac (Lodine), Fiorinal, flurbiprofen (Ansaid), ibuprofen (Advil, Motrin), indomethacin (Indocin), ketoprofen, ketorolac (Toradol), mobic (Meloxicam), nabumetone (Relafen), naproxen (Aleve), Norgesic, piroxicam (Feldene), sulindac (Clinoril), Vitamin E and all over the counter herbal medications.
Plavix, coumadin (Warfarin): Must have medical clearance from prescribing physician to discontinue these medications. Patients on coumadin will need PT/INR bloodwork completed the night before the procedure.
- ☒ Diabetic patients must get their last HbA1C to our office if having spinal cord stimulation surgery. Check blood sugar the morning of the procedure. If your **blood sugar is more than 150**, call our office to reschedule your procedure.
- ☒ Diabetic patients must check blood sugar the morning of the procedure. If your **blood sugar is more than 150**, call our office to reschedule your procedure.
- ☒ If you are sick or have an acute infection or are on **antibiotics**, please call the office to reschedule your procedure.
- ☒ **Do not eat or drink 8 hours prior to your arrival time.**
- ☒ You can take your regular medications (except for the medications listed above) with a sip of water.
- ☒ Disclosure: Dr. Kidwell has part ownership at Valley View Surgery Center.

Please note we **do not write prescriptions at the surgery center**. You will need to schedule an appointment with our office. If you have any questions or concerns, don't hesitate to ask. Signature indicates you have read the instructions and will comply to avoid cancellation of your procedure.


Patient Signature
Joyce Selera
Patient Print Name


Witness Signature
10/23/17
Date

AFTER YOUR INJECTION

- Do not drive for 24 hours.
- Have someone assist you with walking for the first 2-3 hours after the injection, then resume your normal activities.
- Do not shower or bathe until the day after the procedure.
- You may resume discontinued medication the day after the procedure.
- After local anesthetic wears off, you may experience pain at injection site. Apply ice for 1-2 days, then apply heat.
- Common side effects due to corticosteroid injection: fluid retention, facial flushing, and insomnia for 1-2 days.
- Rare complications: numbness or weakness that is progressively getting worse, loss of bowel or bladder control, fever more than 100.5, nausea and vomiting. Please call our office or answering service. If you feel it's a life threatening emergency, go to the emergency department or call 911 for ambulance transport.

See Reverse Side for Surgery Center Location Maps and Phone Numbers

JS397

Pain Institute of Nevada

7435 W. Azure Dr. Ste 190
Las Vegas, NV 89130

Ph: (702) 878-8252
Fax: (702) 878-9096
www.paininstitute.com

Pain Diagram

In regards to your pain in the last week:

- Please shade in the areas that best represent your pain.
- Draw a line from the pain description to the area of your pain.
- Indicate your current pain score 0/10 - 10/10 for each area of your pain.

Pain Scale

- 0 /10: No Pain
1 /10: Minimal pain
2 /10: Mild pain, No impact on daily activities
3 /10: Mild pain, Minimal impact of daily activities
4 /10: Moderate pain, Minimal limitations of daily activities
5 /10: Moderate pain, Some limitations of daily activities
~~6 /10~~: Moderate pain, Moderate limitations of daily activities
7 /10: Moderate/Severe pain, Very limited daily activities
8 /10: Moderate/Severe pain, Very difficult to perform daily activities
9 /10: Severe Pain, Severely limited ability to perform daily activities
10/10: Severe Disabling pain, essentially unable to do any activities whatsoever, cannot possibly be any worse

Please answer the following questions:

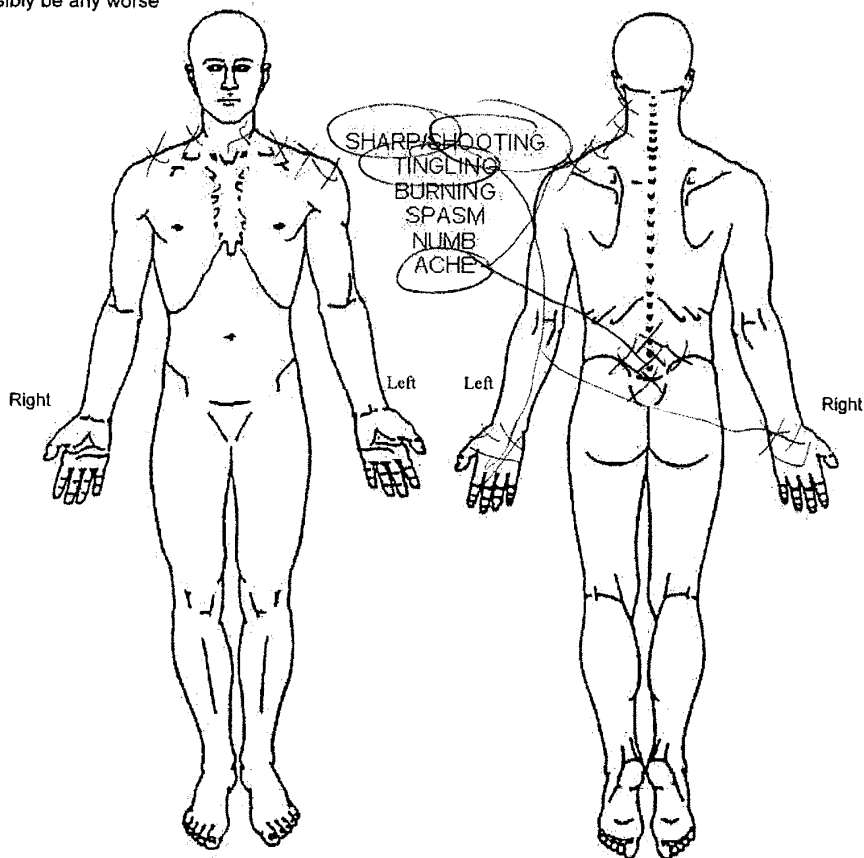
How far can you walk? 5 min

How long can you sit? 5 min

How long can you stand? 5 min

Are you working? 0

Are you able to work? 0



Name: Joyce Sekera

Joyce Sekera

Date: 10/23/17

JS398

INFORMED CONSENT

Pain Institute of Nevada

RADIOFREQUENCY RHIZOTOMY

Procedure(s) to be performed

- ☒ Radiofrequency Rhizotomy Cervical Facet Nerves
- ☒ Radiofrequency Rhizotomy Thoracic Facet Nerves
- ☒ Radiofrequency Rhizotomy Lumbar Facet Nerves
- ☐ Radiofrequency Rhizotomy Peripheral Nerve _____

Physician

- ☒ Walter M. Kidwell MD
- ☒ Katherine D. Travnicek MD

DESCRIPTION AND PURPOSE OF PROCEDURE

Radiofrequency rhizotomy (RFR) refers to destruction of a sensory nerve to treat or reduce pain. Radiofrequency rhizotomy means to destroy a sensory nerve with cauterization. Nerves will usually regenerate. Improvement varies from 6 months to 2 years. There is no guarantee of improvement. Pain may return when nerves regenerate. Radiofrequency rhizotomy is performed with a needle. Fluoroscopy will be used. Sedation will be used unless specifically not requested.

BENEFITS The treatment goal is to reduce or relieve pain; however, there is no guarantee of improvement.

ALTERNATIVES Alternatives include conservative care, medications, other injections, and / or surgery.

RISKS OF THE PROCEDURE

Complications are rare and include: bleeding, infection, damage to nerves and structures of the spine, spinal headache, perforation of organs, collapsed lung, reaction to medications, increased pain, seizure, stroke, paralysis, damage to fetus if pregnant and death. You may be given antibiotics during the procedure. Your usual pain will generally be increased for a few days after the procedure. Surgery may be required to treat some complications. Sedation is used for patient comfort and to facilitate performance of the procedure. Complications of sedation are very rare and include aspiration, pneumonia, and loss of airway requiring emergency resuscitation or surgery. The risk of complications requiring transfusion is extremely low. The risks of transfusion of blood products include transfusion reaction, infection such as HIV or Hepatitis, and death.

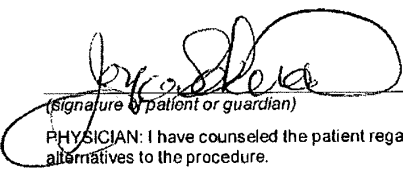
I verify that I have read the above and that the nature and purpose of the procedure(s) have been explained to me (as noted above) as well as the risks of potential complications, side effects, benefits and alternatives. I have had the opportunity to ask questions and all questions have been answered to my satisfaction. I acknowledge that no guarantees have been made to me regarding outcome. I give my consent to and request the performance of the above named procedure(s).

I request the administration of anesthesia as may be considered necessary for my comfort or safety except as noted below.

I understand that photographs or videotaping may be requested for educational or legal purposes. I give my consent to taking such pictures or videos except as noted below.

Disclosure: Dr. Kidwell has part ownership at Valley View Surgery Center.

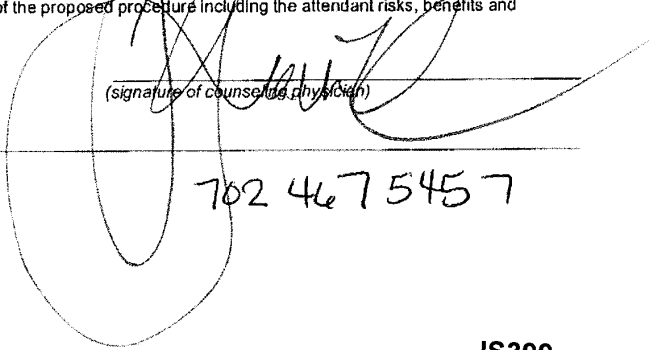
Exceptions to procedure, surgery, anesthesia or photography _____
(if none so state)


(signature of patient or guardian)

10/23/17
(date)


(signature of witness)

PHYSICIAN: I have counseled the patient regarding the nature and purpose of the proposed procedure including the attendant risks, benefits and alternatives to the procedure.


(signature of counseling physician)

Joyce Sekera DOB: 3/22/54
PATIENT IDENTIFICATION

VJSC - 11/2/17

702 467 5457

JS399

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: July 10, 2017

Patient Name: **Joyce P Sekera**
Patient DOB: 3/22/1956

PAIN COMPLAINTS

Neck Pain
Low back pain

Joyce returns today for follow up. She declines the RFA procedure for her low back pain. VAS ranges 0-5 and comes and goes. She doesn't feel her pain is severe enough to get the RFA and she wants a permanent solution. She takes celebrex as needed. She will return here when she is ready to do the RFA should her pain worsen.

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: Unemployed
Therapy: PT is not currently receiving physical or 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.

PROCEDURES

03/09/2017
FJI B L5S1
Post injection: Complete resolution of usual pain
Sustained: No relief of usual pain.

05/08/2017
MBB B L5S1
Post Injection: Complete Resolution of usual pain.
Sustained: 2 days at 100% relief. 24 days out No Change.

MEDICAL HISTORY

Diabetes type 2, HbA1C 6.5

ALLERGIES

No known drug allergies

MEDICATIONS

Metformin 1 tablet 3x a week
Celebrex 200mg 1-2x a month

NV PMP REVIEWED 6/19/16-6/119/17

JS400

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with family

Occupation: Customer service / Unemployed

Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue

Visual: Negative

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Insomnia

VITAL SIGNS

Height: 66.00 Inches

Blood Press: 128/72 mmHg

Pulse: 62 BPM

Respirations: 16 RPM

Pain: 05

PHYSICAL EXAMINATION**GENERAL APPEARANCE**

Appearance: No discomfort

Transition: Normal

Ambulation: Patient can ambulate without assistance.

Gait: Gait is normal

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

M54.5 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

PRESCRIPTIONS

None

PLAN

** RETURN: As needed

Katherine D Travnick MD

Electronically signed by KATHERINE TRAVNICEK Date: 7/10/2017 Time: 9:13:00

JS401

Pain Institute of Nevada

7435 W. Azure Dr. Ste 190
Las Vegas, NV 89130

Ph: (702) 878-8252
Fax: (702) 878-9096
www.paininstitute.com

Pain Diagram

In regards to your pain in the last week:

- Please shade in the areas that best represent your pain.
- Draw a line from the pain description to the area of your pain.
- Indicate your current pain score 0/10 - 10/10 for each area of your pain.

Pain Scale

- 0/10: No Pain
1/10: Minimal pain
2/10: Mild pain, No impact on daily activities
3/10: Mild pain, Minimal impact of daily activities
4/10: Moderate pain, Minimal limitations of daily activities
5/10: Moderate pain, Some limitations of daily activities
6/10: Moderate pain, Moderate limitations of daily activities
7/10: Moderate/Severe pain, Very limited daily activities
8/10: Moderate/Severe pain, Very difficult to perform daily activities
9/10: Severe Pain, Severely limited ability to perform daily activities
10/10: Severe Disabling pain, essentially unable to do any activities whatsoever, cannot possibly be any worse

Please answer the following questions:

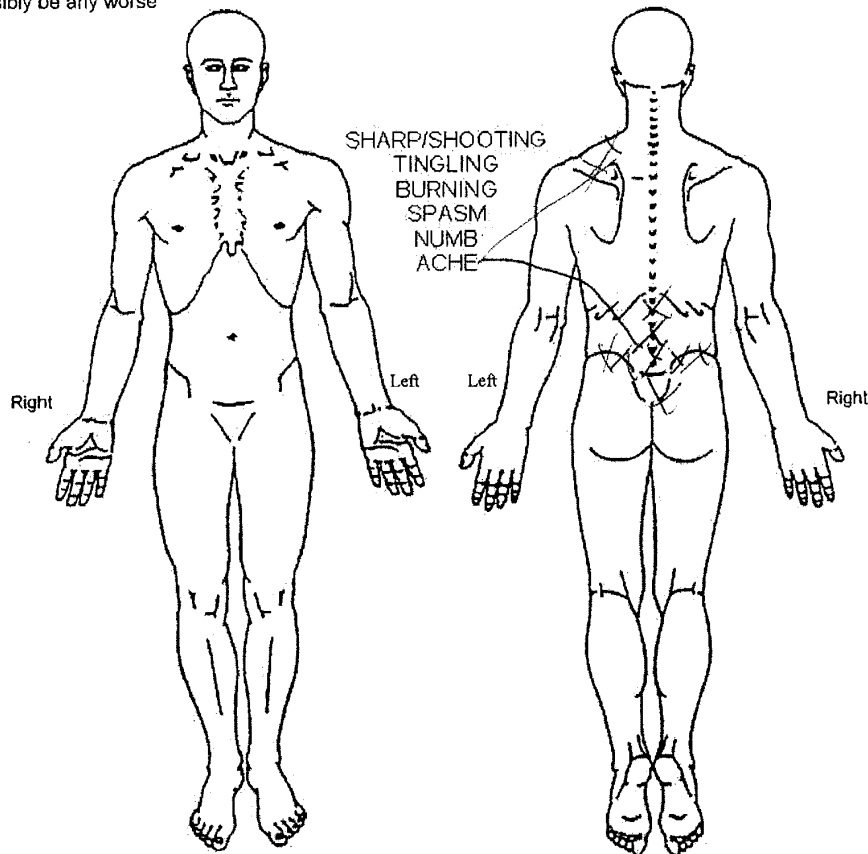
How far can you walk? _____

How long can you sit? _____

How long can you stand? _____

Are you working? _____

Are you able to work? _____



Name: Joyce Sekera

Date: 7-10-17

JS402

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: June 26, 2017

Patient Name: **Joyce P Sekora**
Patient DOB: 3/22/1956

PAIN COMPLAINTS

Neck
Mid back

Joyce returns to clinic today.
The patient is s/p medial branch blocks bilateral L5-S1
Immediate post procedure pain: 100% relief of usual pain
Sustained improvement: None
Symptoms are returning. VAS is a 5 in her low back today.
Recommendations: RFA bilateral L5S1 facet joint
She wants to think about it.

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 not currently receiving physical or 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.

PROCEDURES

03/09/2017
FJI B L5S1
Post injection: Complete resolution of usual pain
Sustained: No relief of usual pain.

05/08/2017
MBB B L5S1
Post Injection: Complete Resolution of usual pain.
Sustained: 2 days at 100% relief. 24 days out No Change.

MEDICAL HISTORY

Diabetes type 2, HbA1C 6.5

ALLERGIES

No known drug allergies

MEDICATIONS

JS403

Metformin 1 tablet 3x a week
Celebrex 200mg PRN 1 tablet a week

NV PMP REVIEWED 6/19/16-6/119/17

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with family

Occupation: Customer service / Unemployed

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: Negative

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Insomnia

VITAL SIGNS

Height: 66.00 Inches

Blood Press: 126/82 mmHg

Pulse: 68 BPM

Respirations: 18 RPM

Pain: 05

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: Mod discomfort

Transition: Normal

Ambulation: Patient can ambulate without assistance.

Gait: Gait is normal

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

M54.5 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

M62.838 MUSCLE SPASM

COUNSELING

Radiofrequency Rhizotomy

The patient received extensive counseling regarding radiofrequency rhizotomy (RFR). The procedure to be performed was explained in detail using skeletal and anatomic model. The patient understands that RFR is a neurodestructive procedure intended to cauterize nerves for pain relief. It is expected that the nerves will re-generate in 6-24 months and repeat RFR would be needed if the pain returns. The type of sedation to be used was explained as well. All questions were answered.

Informed Consent: The procedure(s) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risk were reviewed and include but are not limited to increase in pain, bleeding, infection, discitis, damage to nerves, spinal cord, structures of the neck and back, spinal headache, reaction to medication, loss of airway, pneumothorax, seizure, stroke, paralysis and death. No guarantees were made regarding outcome. The risks of injection of corticosteroids include but are not limited to thinning of bones, fractures, avascular necrosis of the hips, cataracts, weakening of structures such as ligaments, fat necrosis, dimpling of skin, adrenal suppression. Common side effects include water retention, flushing, insomnia, increased pulse and blood pressure. Diabetics will have increased blood sugars for about a week after injection. The patient has the option for

JS404

sedation for the procedure. I advised the patient that conscious sedation may be utilized to provide a "twilight" effect. The patient will be arousable and able to respond throughout the procedure. This will not be a deep sedation. The patient may or may not have recall of the procedure. The risk of sedation includes loss of airway, aspiration, reaction to medication and damage to nerves.

PRESCRIPTIONS

None

PLAN

** RETURN: 2 weeks for re-evaluation with kdt

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 6/26/2017 Time: 14:39:35

JS405

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: June 1, 2017

Patient Name: **Joyce P Sekera**
Patient DOB: 3/22/1956

PAIN COMPLAINTS

Neck Pain
Low Back Pain

Joyce returns for follow up today.

The patient is s/p medial branch blocks bilateral L5-S1

Immediate post procedure pain: 100% relief of usual pain

Sustained improvement: Still feeling a little better.

Symptoms are returning. Low back pain, VAS 5 and no pain in legs. VAS ranges 3-5. She wants to refill celebrex and see how next few weeks go.

Recommendations: RFA bilateral L5-S1 facet joints if pain continues

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: Pt is currently unemployed.

Therapy: Pt is not currently receiving physical or 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.

PROCEDURES

03/09/2017

FJI B L5S1

Post injection: Complete resolution of usual pain

Sustained: No relief of usual pain.

05/08/2017

MBB B L5S1

Post Injection: Complete Resolution of usual pain.

Sustained: 2 days at 100% relief; at 3 weeks later, her pain is returning

MEDICAL HISTORY

Diabetes type 2 - HbA1C is 6.5

ALLERGIES

No known drug allergies

MEDICATIONS

JS406

Will start Metformin today
Celebrex PRN

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with family

Occupation: Customer service / Unemployed

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: Negative

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Insomnia

VITAL SIGNS

Height: 66.00 Inches

Blood Press: 116/64 mmHg

Pulse: 69 BPM

Respirations: 16 RPM

Pain: 05

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: Mild discomfort

Transition: Normal

Ambulation: Patient can ambulate without assistance.

Gait: Gait is normal

LUMBAR SPINE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.

Alignment: Spine is straight and in normal alignment.

Tenderness: Mild tenderness noted bilateral L5-S1

Trigger Points: None noted.

Spasm: Mild spasm is noted in the paravertebral musculature.

Facet Tenderness: Facet joint tenderness is noted bilateral L5-S1

Spinous Tenderness: Spinous processes are non-tender.

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

M54.5 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

PRESCRIPTIONS

Medication Management: I have reviewed the patient's medications with the patient including the potential risks and side effects.

Renew CELEBREX 200MG, Qty: 42, Refills: 0, sig: TAKE 1 BID for PAIN

Prtd by 74/FLORES on 06/01/2017 at 08:55AM

PLAN

** Refill Celebrex

JS407

**** RETURN: 3 weeks for re-evaluation with kdt**

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 6/01/2017 Time: 9:00:08

JS408

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: May 11, 2017

Patient Name: **Joyce P Sekera**
Patient DOB: 3/22/1956

PAIN COMPLAINTS

Low Back Pain

Joyce returns for follow up today.

The patient is s/p medial branch blocks bilateral L5-S1

Immediate post procedure pain: 100% relief of usual pain

Sustained improvement: 60% reduction in usual pain. Pain reported 3/10

Symptoms are improving. She has a pinching feeling in her low back that is mild and not limiting her function.

Recommendations: When her pain returns, I recommend an RFA at bilateral L5-S1 joints

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: Pt is working full duty.

Therapy: Pt is not currently receiving physical or 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.

PROCEDURES

03/09/2017

FJI B L5S1

Post injection: Complete resolution of usual pain

Sustained: No relief of usual pain.

05/08/2017

MBB B L5S1

Post Injection: Complete Resolution of usual pain.

Sustained: 2 days at 100% relief and then now at 60% relief

MEDICAL HISTORY

No medical problems reported by patient

ALLERGIES

No known drug allergies

MEDICATIONS

None

JS409

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with family

Occupation: Customer service / Unemployed

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: Negative

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Insomnia

VITAL SIGNS

Height: 66.00 Inches

Blood Press: 110/66 mmHg

Respirations: 16 RPM

Pain: 03

PHYSICAL EXAMINATION**GENERAL APPEARANCE**

Appearance: No discomfort

Transition: Normal

Ambulation: Patient can ambulate without assistance.

Gait: Gait is normal

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

M54.5 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

PRESCRIPTIONS

None

PLAN

** RETURN: 3 weeks for re-evaluation with kdt

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 5/11/2017 Time: 8:35:56

JS410

PROCEDURE NOTE

VALLEY VIEW SURGERY CENTER

1330 S. Valley View Blvd.
Las Vegas, NV 89102
702-675-4600
702-675-4604 fax

PATIENT: Joyce P Sekera
DOB: 3/22/1956

SURGEON: Katherine D Travnicek MD

Date of Service: May 8, 2017

DIAGNOSIS

M54.5 LOW BACK PAIN
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

INFORMED CONSENT: Medical history was reviewed with the patient and brief physical examination performed. No contraindications to the procedure were noted. Informed consent was obtained and verified. The procedure was explained in detail. The major risks of the procedure were explained to the patient including but not limited to bleeding, infection, blood clots, spinal headache, increased pain, damage to nerves and structures of the neck/back that can result in temporary or permanent pain, weakness or paralysis, loss of bladder or bowel control, allergic or other reactions to medication requiring resuscitation, air in the lung requiring chest tube, seizure, stroke or death. Injection of corticosteroids can potentially cause suppression of the adrenal gland and damage to bone, tissues or eyes. Transient fluid retention is common. The patient indicates understanding and accepts the risks.

INDICATION: This is a diagnostic injection.

PROCEDURE(S) PERFORMED: FLUOROSCOPICALLY DIRECTED DIAGNOSTIC FACET JOINT MEDIAL BRANCH BLOCKS BILATERAL L5-S1 WITH CONSCIOUS SEDATION

The patient was positioned prone. Standard monitors were connected including pulse oximetry, NIBP and EKG. Supplemental Oxygen was given as needed. The skin was prepped with a sterile surgical prep times three. Sterile drapes were applied. Meticulous sterile technique was maintained. The skin and subcutaneous tissues were anesthetized with 1% lidocaine. Next, under direct fluoroscopic guidance, a styletted spinal needle was inserted percutaneously and directed to the lateral base of the superior articulating process at corresponding to each nerve to be anesthetized. Each site was then injected with contrast to confirm location and to rule out intravascular injection. Each site was then injected. All injected medications were preservative free. Injection was made slowly after negative aspiration for blood. The needles were cleared of injectate and removed. The patient tolerated the procedure well. Vital signs remained stable and there were no complications. The patient was taken to the recovery area and monitored until discharge criteria were met. The patient was given discharge instructions including instructions to contact me with any questions or concerns following this procedure. Follow-up instructions were given. The patient was then discharged alert, oriented to his/her driver.

SEDATION (medications titrated to effect): Alfentanil Midazolam

CONTRAST: Omnipaque

INJECTATE (each site): Lidocaine (pf) 2% final concentration 0.5 ml injected into each site.

PROCEDURE NEEDLE: 22g Quinke

POST-PROCEDURE PAIN: 100% reduction in usual pain.

Electronically signed by KATHERINE TRAVNICEK Date: 5/08/2017 Time: 13:38:07

JS411

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: March 15, 2017

Patient Name: **Joyce P Sekera**
Patient DOB: 3/22/1956

PAIN COMPLAINTS

Neck pain
Low back pain

Joyce returns today after facet joint injections.
The patient is s/p facet joint injection bilateral L5-S1
Immediate post procedure pain: 100% relief of usual pain for 6 hours
Sustained improvement: None
Symptoms are getting worse. VAS is 8 today.
Function is declining. She takes no medications right now.
Repeat injection is recommended - bilateral medial branch blocks at L5S1 and then RFA if she has second positive block

Her neck pain is bad today also. She has bilateral shoulder muscle pains, and trigger points weren't that successful she feels and would not like to repeat.

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.

PROCEDURES

03/09/2017
FJI B L5S1
Post injection: Complete resolution of usual pain
Sustained: No relief of usual pain.

MEDICAL HISTORY

No medical problems reported by patient

ALLERGIES

JS412

No known drug allergies

MEDICATIONS

No medication

NV PMP REVIEWED 1/4/13-1/4/17

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with family

Occupation: Customer service / Unemployed

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: Negative

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Insomnia

VITAL SIGNS

Height: 66.00 Inches

Blood Press: 126/78 mmHg

Pulse: 74 BPM

Pain: 08

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: Significant pain

Transition: Slight limited

Ambulation: Patient can ambulate without assistance.

Gait: Gait is antalgic

LUMBAR SPINE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.

Alignment: Spine is straight and in normal alignment.

Tenderness: Severe tenderness noted bilateral left > right L5-S1

Trigger Points: None noted.

Spasm: Moderate spasm is noted in the paravertebral musculature.

Facet Tenderness: Facet joint tenderness is noted left > right L5-S1

Spinous Tenderness: Spinous processes are non-tender.

ROM: Range of motion is decreased due to pain.

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

M79.1 MYOFASCIAL PAIN

JS413

M62.838 MUSCLE SPASM
M54.5 LOW BACK PAIN
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

COUNSELING

Spine Injections

Informed Consent for Spine Procedures: The procedure(s) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risk were reviewed and include but are not limited to increase in pain, bleeding, infection, discitis, damage to nerves, spinal cord, structures of the neck and back, spinal headache, reaction to medication, loss of airway, pneumothorax, seizure, stroke, paralysis and death. No guarantees were made regarding outcome. The risks of injection of corticosteroids include but are not limited to thinning of bones, fractures, avascular necrosis of the hips, cataracts, weakening of structures such as ligaments, fat necrosis, dimpling of skin, adrenal suppression. Common side effects include water retention, flushing, insomnia, increased pulse and blood pressure. Diabetics will have increased blood sugars for about a week after injection. The patient has the option for sedation for the procedure. I advised the patient that conscious sedation may be utilized to provide a "twilight" effect. The patient will be arousable and able to respond throughout the procedure. This will not be a deep sedation. The patient may or may not have recall of the procedure. The risk of sedation includes loss of airway, aspiration, reaction to medication and damage to nerves.

PRESCRIPTIONS

Medication Management: I have reviewed the patient's medications with the patient including the potential risks and side effects.

Start CELEBREX 200MG, Qty: 42, Refills: 0, sig: TAKE 1 BID for PAIN
Prtd by 63/BEGAY on 03/15/2017 at 01:50PM

PLAN

** DIAGNOSTIC FACET MEDIAL BRANCH BLOCKS (64493) BILATERAL L5-S1
** Celebrex start today
** RETURN: 1 week after injection with gn / kdt

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 3/15/2017 Time: 13:58:01

JS414

PROCEDURE NOTE

VALLEY VIEW SURGERY CENTER
1330 S. Valley View Blvd.
Las Vegas, NV 89102
702-675-4600
702-675-4604 fax

PATIENT: Joyce P Sekera
DOB: 3/22/1956

SURGEON: Katherine D Travnicek MD

Date of Service: March 9, 2017

DIAGNOSIS

M54.5 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

INFORMED CONSENT: Medical history was reviewed with the patient and brief physical examination performed. No contraindications to the procedure were noted. Informed consent was obtained and verified. The procedure was explained in detail. The major risks of the procedure were explained to the patient including but not limited to bleeding, infection, blood clots, spinal headache, increased pain, damage to nerves and structures of the neck/back that can result in temporary or permanent pain, weakness or paralysis, loss of bladder or bowel control, allergic or other reactions to medication requiring resuscitation, air in the lung requiring chest tube, seizure, stroke or death. Injection of corticosteroids can potentially cause suppression of the adrenal gland and damage to bone, tissues or eyes. Transient fluid retention is common. The patient indicates understanding and accepts the risks.

INDICATION: This is a diagnostic and therapeutic injection.

PROCEDURE(S) PERFORMED: FLUOROSCOPICALLY DIRECTED FACET JOINT INJECTION(S) BILATERAL L5-S1

The patient was positioned prone. Standard monitors were connected including pulse oximetry, NIBP and EKG. Supplemental Oxygen was given as needed. The skin was prepped with a sterile surgical prep times three. Sterile drapes were applied. Meticulous sterile technique was maintained. The skin and subcutaneous tissues were anesthetized with 1% lidocaine. Next, under direct fluoroscopic guidance, a stylet procedure needle was inserted percutaneously and directed to the posterior aspect of each facet joint to be injected without paraesthesia. Each site was then injected with contrast to confirm flow into the joint and to rule out intravascular or intrathecal injection. Each joint was then injected. All injected medications were preservative free. Injection was made slowly after negative aspiration for blood and cerebrospinal fluid. The needles were cleared of injectate and removed. The patient tolerated the procedure well. Vital signs remained stable and there were no complications. The patient was taken to the recovery area and monitored until discharge criteria were met. The patient was given discharge instructions including instructions to contact me with any questions or concerns following this procedure. Follow-up instructions were given. The patient was then discharged alert, oriented to his/her driver.

CONTRAST: Omnipaque

INJECTATE (each site): Dexamethasone 4 mg (pf) in Marcaine (pf) 0.5% final concentration. 1 ml injected into each site.

PROCEDURE NEEDLE: 22g Quinke

POST-PROCEDURE PAIN: 100% reduction in usual pain.

Electronically signed by KATHERINE TRAVNICEK Date: 3/09/2017 Time: 11:21:44

JS415

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: February 20, 2017

Patient Name: **Joyce P Sekera**
Patient DOB: 3/22/1956

PAIN COMPLAINTS

BL Shoulder Pain
Low Back Pain

Joyce returns today for follow up. She has no neck pain but does have bilateral top of shoulder pains. VAS is 5 today. Constant ache and made worse with arm reaching and shoulder movements. Pain improved with chiro, heat, and medications. We discussed trigger point injections and she would like to proceed. She also didn't start gabapentin after she read all of the adverse effects she could have. I will get her labs done in Jan 2017 and review with her next time.

Low back pain: VAS is 6 today. VAS ranges 2-7. She reports a constant ache, pain worse with lumbar extension. She denies leg symptoms. Feels better with heat, massage, chiro, naprosyn and robaxin. We discussed lower lumbar facet joint injections and she would like to proceed.

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.
L4-5: Left paracentral disc bulge with annular fissuring. Assessment and ligamentum flavum hypertrophy bilaterally.
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 bid
Robaxin 500mg bid

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with family

JS416

Occupation: Customer service / Unemployed

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: Negative

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: 106/60 mmHg

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.

Motor: All 5/5 in the upper extremities.

Sensory: Intact in the upper extremities.

Reflexes: 2+ and equal in the upper extremities.

LUMBAR SPINE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.

Alignment: Spine is straight and in normal alignment.

Tenderness: Mild tenderness noted bilateral lower lumbar spine.

Trigger Points: None noted.

Spasm: Mild spasm is noted in the paravertebral musculature.

Facet Tenderness: Facet joint tenderness is noted bilateral L5-S1

Spinous Tenderness: Spinous processes are non-tender.

ROM: Range of motion is decreased due to pain.

Straight Leg Raising: Negative at 90 deg bilaterally. Does not produce radicular pain.

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

M62.838 MUSCLE SPASM

M79.1 MYOFASCIAL PAIN

M54.5 LOW BACK PAIN

M47.816 LUMBAR FACET JOINT ARTHROPATHY / SPONDYLOSIS

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

COUNSELING

Spine Injections

Informed Consent for Spine Procedures: The procedure(s) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risk were reviewed and include but are not limited to increase in pain, bleeding, infection, discitis, damage to nerves, spinal cord, structures of the neck and back, spinal headache, reaction to medication, loss of airway, pneumothorax, seizure, stroke, paralysis and death. No guarantees were made regarding outcome. The risks of injection of corticosteroids include but are not limited to thinning of bones, fractures, avascular necrosis of the hips, cataracts, weakening of

JS417

structures such as ligaments, fat necrosis, dimpling of skin, adrenal suppression. Common side effects include water retention, flushing, insomnia, increased pulse and blood pressure. Diabetics will have increased blood sugars for about a week after injection. The patient has the option for sedation for the procedure. I advised the patient that conscious sedation may be utilized to provide a "twilight" effect. The patient will be arousable and able to respond throughout the procedure. This will not be a deep sedation. The patient may or may not have recall of the procedure. The risk of sedation includes loss of airway, aspiration, reaction to medication and damage to nerves.

Trigger Point Injections - done today

The patient was counseled regarding trigger pain injections. The injections were described to the patient in detail. The risks and benefits were also reviewed.

PROCEDURE NOTE

TRIGGER POINT INJECTIONS- Informed consent was obtained, risks reviewed. The sites to be injected were identified and prepped with alcohol. Injections were performed without difficulty or complication.

Muscle(s) injected: Bilateral trapezius muscles levator scapula

Local: Marcaine 0.25% mixed in Lidocaine 2% and a total of 7 ml used out of 10 ml prepared.

Post injection: 80% relief of usual bilateral shoulder pain

PLAN

** CONTINUE CURRENT CHIROPRACTIC THERAPY

** DIAGNOSTIC / THERAPEUTIC FACET JOINT INJECTION (64493) BILATERAL L5-S1

** RETURN: 1 week trigger point injections with gn

** RECORDS FROM: Lab work done in Jan, to re-assess gabapentin dose for her

** RETURN: 3-4 weeks for re-evaluation with kdt

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 2/20/2017 Time: 8:40:01

JS418

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

JS419

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: 114/60 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
Prtd by 73/TRAV1 on 01/30/2017 at 08:58AM

Start GABAPENTIN CAPSULE 300MG, Qty: 30, Refills: 0, sig: TAKE 1 QHS for PAIN
Prtd by 73/TRAV1 on 01/30/2017 at 08:58AM

JS420

PLAN

** CONTINUE CURRENT CHIROPRACTIC THERAPY

** Continue naprosyn pm

** Meds as above

** RETURN: 3 weeks for re-evaluation with kdt

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 1/30/2017 Time: 9:51:45

JS421

PAIN INSTITUTE OF NEVADA
7435 W. Azure Drive, Ste 190
Las Vegas, NV 89130
Tel 702-878-8252
Fax 702-878-9096

CONSULT

Date: January 9, 2017

Patient: Joyce P Sekera
DOB: 3/22/1956

Referred By: Jordan Webber, DC

PAIN COMPLAINTS

Neck
Low back
Bil knee pain

60 year old female here today with the above complaints that started after a slip and fall backwards at work. She was walking and slipped on a liquid that was on the floor. She says she can't remember the whole event as she hit her head and was dazed. She went to the hospital, was treated and released. She has been in chiropractics since and feels it helps. She has neck, low back and bilateral knee pain. She denies history of prior injuries or chronic pain of these areas also. She has cervical, brain and lumbar MRIs, reports reviewed but no images available for review.

She reports her neck pain is bilateral and radiates into both shoulders. She denies pain radiating down her arms. She has numbness and tingling in both hands. She denies weakness, gait changes, and bladder and bowel dysfunction.

Activities that aggravate the pain: Constant pain, looking up and side to side

Activities that relieve the pain: Exercise and heat, cold, chiro, ibuprofen (she takes 1 every other day), traction

Description of the pain: Tingling, numbness, and constant ache

Least pain throughout day (0-10): 4/10

Most pain throughout day (0-10): 8-9/10

Non-helpful treatments: Roller table

Her low back pain is bilateral and does not radiate down her legs. She denies numbness, tingling and weakness in her legs. She also denies saddle anesthesia. Her knee pain is separate and there is some swelling in her knees that comes and goes. She denies redness, increased warmth and fevers.

Activities that aggravate the pain: Constant, bend, lift, twist, leaning back

Activities that relieve the pain: Exercise and heat and ice

Description of the pain: Constant ache

Least pain throughout day (0-10): 4/10

Most pain throughout day (0-10): 9/10

INJURY HISTORY

Date of Injury: 11/04/2016

Accident Description: Slipped on some liquid at work.

Urgent Care: No

Hospital: **Yes.**

Hospital Name / Location: Centennial Hospital

Length of stay: Few hours

Ambulance Transport: No

Hit head: Unknown

Loss of consciousness: Yes, Brief.

Pain started: Immediately after the impact.

Initial Injuries to patient: Left arm pain

What injuries have improved?: Left elbow pain

What injuries have not improved?: Neck and low back pain

Treating physicians regarding this injury: Jordan Webber, DC

Chiropractic Therapy: **Yes.** Currently in treatment. Weeks of therapy: 8

Physical Therapy: None

Osteopathic Manipulation Therapy: None

Massage Therapy: **Yes**

Acupuncture: None

MRI: **Yes** Brain, cervical, and lumbar

Prior treatments to spine: None

Spine Injections: None

Radiofrequency Rhizotomy: None

Discogram: None

Spinal Cord Stimulator: None

Neck or back surgery: None

Prior neck injuries: None

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Prior neck pain: None
Prior back injuries: None
Prior back pain: Yes. Lumbar pain 3 years ago - resolved after 1 day
Prior MVA's: None
Prior work comp claims: None
Sitting Time: < 15 minutes
Standing time: < 15 minutes
Walking time: < 15 minutes
Lifting: Can only lift 15 lbs due to pain.
Driving: Not limited by pain
Sleep: Is disturbed by pain.
ADL's: Unlimited - she has trouble bending to put on pants/shoes
Work: Pt is unable to work due to pain
Usual Occupation: Customer service

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. 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

Ibuprofen 800mg prn

NV PMP REVIEWED 1/4/13-1/4/17

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with family
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: Negative
Neurological: Negative
Hematologic: Negative
Integumentary: Negative
Psychological: Anxiety depressed mood insomnia

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VITAL SIGNS

Height: 66.00 Inches
Weight: 208.00 Pounds
Blood Press: 120/78 mmHg
Pulse: 72 BPM
BMI: 33.6
Pain: 08

PHYSICAL EXAMINATION**GENERAL APPEARANCE**

Appearance: No discomfort
Transition: Normal
Ambulation: Patient can ambulate without assistance.
Gait: Gait is normal

CERVICAL SPINE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.
Head position: Head is in neutral position. No abnormal posturing or torticollis.
Tenderness: None noted.
Trigger Points: None noted.
Spasm: No spasm noted.
Facet Tenderness: No facet joint tenderness noted.
Spinous Tenderness: Spinous processes are non-tender.
ROM: Full ROM with pain in flexion mostly.
Negative Spurling's on left
Negative Spurling's on right

Motor/Strength Testing:

Deltoid (C5): L 5/5, R 5/5
Biceps (C5 + C6): L 5/5, R 5/5
Triceps (C7): L 5/5, R 5/5
Wrist extension (C6): L 5/5, R 5/5
Wrist flexion (C7): L 5/5, R 5/5
Grip (C8): L 5/5, R 5/5
Interossei (T1): L 5/5, R 5/5

Sensory:

C5: Normal bilaterally
C6: Normal bilaterally
C7: Normal bilaterally
C8: Normal bilaterally
T1: Normal bilaterally

Reflexes:

Biceps (C5): Left 2+, right 2+
Brachioradialis (C6): Left 2+, right 2+
Triceps (C7): Left 2+, right 2+
Negative hoffmans bilaterally

THORACIC SPINE

Appearance: No masses, lesions or abnormalities. Spine appears straight.
Palpation: No Tenderness, trigger points, or spasm.
Range of Motion: Full range of motion.
Sensory: Intact in all dermatomes.

LUMBAR SPINE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.
Alignment: Spine is straight and in normal alignment.
Tenderness: None noted.
Trigger Points: None noted.
Spasm: No spasm noted.
Facet Tenderness: No facet joint tenderness noted.
Spinous Tenderness: Spinous processes are non-tender.
ROM: Full ROM with pain in flexion
Straight Leg Raising: Negative at 90 deg bilaterally. Does not produce radicular pain.

Motor/Strength Testing:

Hip flexion (L2-L3): L 5/5, R 5/5
Hip abduction (L4-S1): L 5/5, R 5/5
Knee extension (L3-L4): L 5/5, R 5/5
Knee flexion (L5-S1): L 5/5, R 5/5
Ankle inversion (L4): L 5/5, R 5/5

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Ankle eversion (S1): L 5/5, R 5/5
Ankle dorsiflexion (L4, L5): L 5/5, R 5/5
Ankle plantarflexion (S1): L 5/5, R 5/5
EHL(L5): L 5/5, R 5/5

Sensory:

L1: Normal bilaterally
L2: Normal bilaterally
L3: Normal bilaterally
L4: Normal bilaterally
L5: Normal bilaterally
S1: Normal bilaterally

Reflexes:

Knee (L4): Left 2+, right 2+
Ankle (S1): Left 2+, right 2+
No Clonus bilaterally

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

M50.22 MID CERVICAL DISCOPATHY

M47.812 CERVICAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

M54.5 LOW BACK PAIN

M51.26 LUMBAR DISCOPATHY

M51.27 LUMBOSACRAL DISCOPATHY

M47.816 LUMBAR FACET JOINT ARTHROPATHY / SPONDYLOSIS

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

M62.838 MUSCLE SPASM

W19 H/O SLIP AND FALL

DISCUSSION

Neck pain - I suspect facet and disc mediated pain. MRI report indicates disc protrusions at C5/6 and C6/7 levels and bilateral facet hypertrophy.

Low back pain - I suspect facet and disc mediated pain. MRI lumbar spine report indicates a L4/5 annular fissure and bilateral facet hypertrophy at various levels.

She has not taken any medications besides as needed ibuprofen. I'll have her change to Naprosyn and robaxin for 2 weeks straight then stop and see her back in 3 weeks time to re-evaluate. She denies history of prior injuries to her neck and low back. Thus, it's more likely than not that her pain is causally related to the fall on 11-4-2016.

PRESCRIPTIONS

Medication Management: I have reviewed the patient's medications with the patient including the potential risks and side effects.

Start NAPROXEN 500MG, Qty: 30, Refills: 0, sig: TAKE 1 BID for PAIN 2 weeks

Start ROBAXIN 500MG, Qty: 30, Refills: 0, sig: TAKE 1 BID for SPASM

Prtd by 69/CLARY on 01/09/2017 at 09:12AM

PLAN

** CONTINUE CURRENT CHIROPRACTIC THERAPY

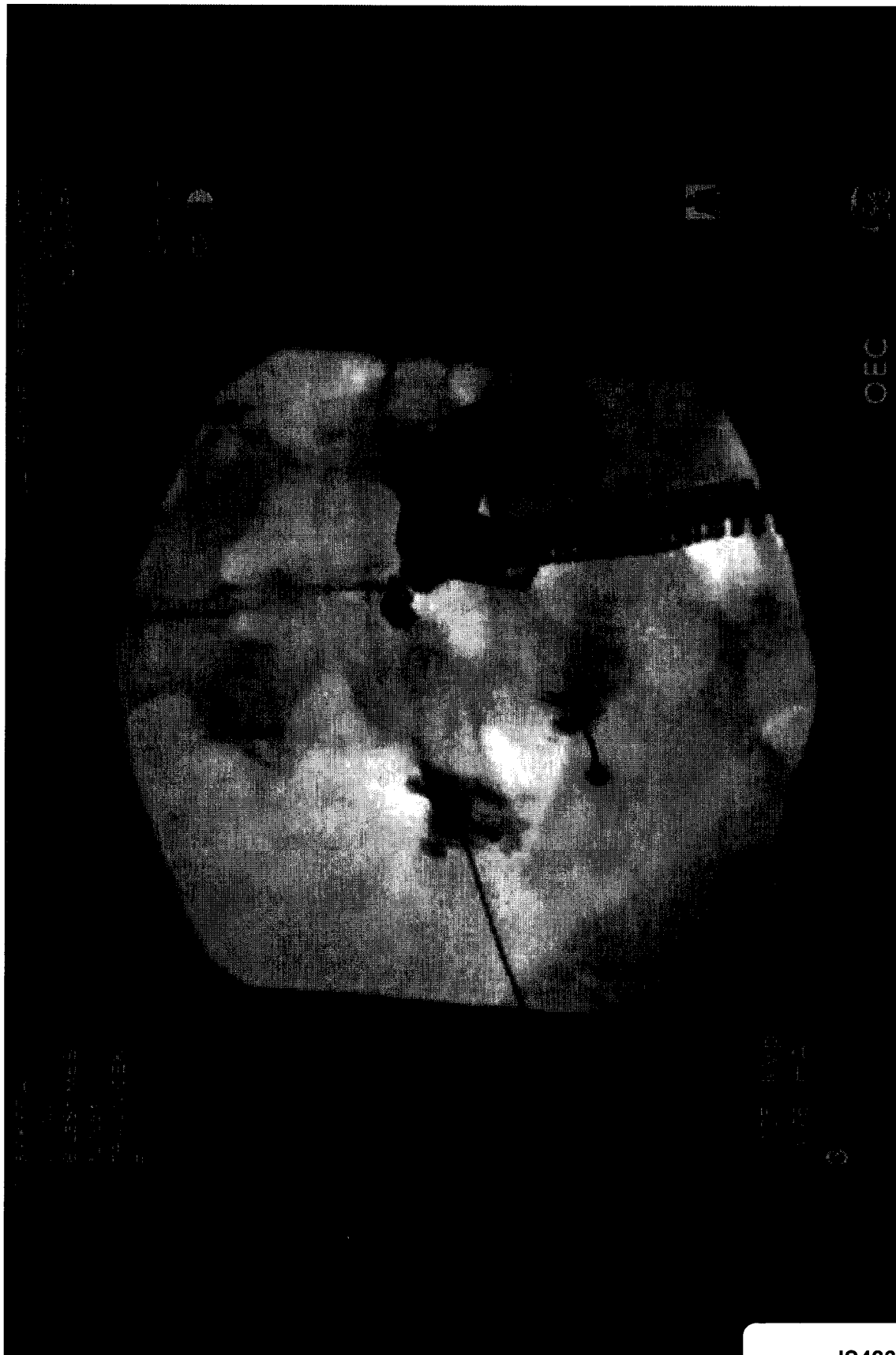
** Meds as above

** RETURN: 3 weeks for re-evaluation with kdt

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 1/09/2017 Time: 13:33:35

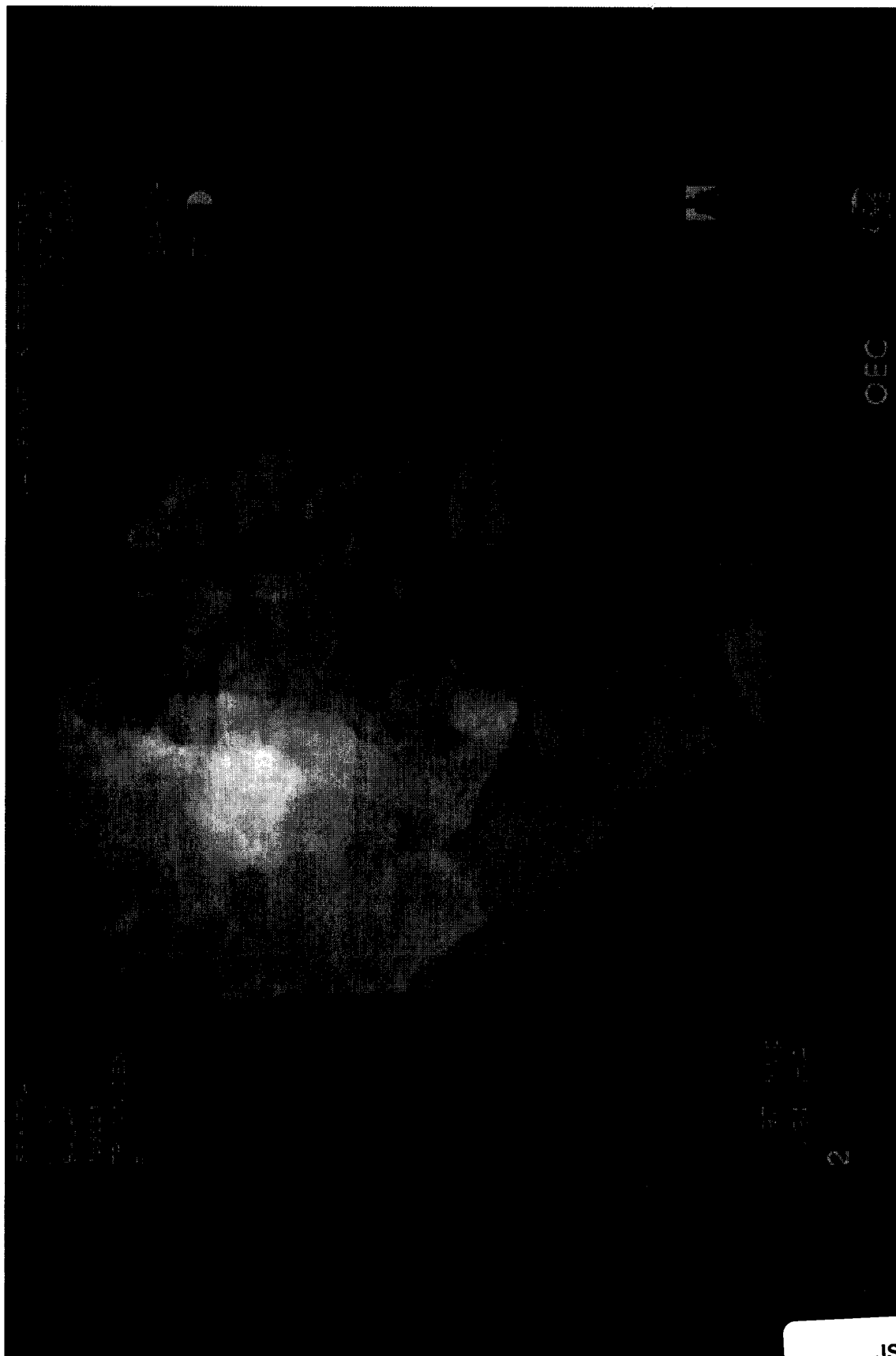
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JS427



JS428



JS429

12/16/2016 10:30 SDMI CT SDMI CT 4

D 1/2

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERSPhone: (702) 732-6000 www.edmi-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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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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12/22/16
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12/27/2016 12:15PM 702463

DR. JORDAN WEBBER

PAGE 07/22

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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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