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
Electronically Filed
Dec 09 2021 08:14 p.m.
Elizabeth A. Brown
Clerk of Supreme Court
REAL PARTY IN
INTEREST'S APPENDIX,
VOLUME 3
(Nos. 460-703)

Sean K. Claggett, Esq. Nevada Bar No. 8407 William T. Sykes, Esq. Nevada Bar No. 9916 Geordan G. Logan, Esq. Nevada Bar No. 13910 Micah S. Echols, Esq. Nevada Bar No. 8437 David P. Snyder, Esq. Nevada Bar No. 15333 CLAGGETT & SYKES LAW FIRM 4101 Meadows Ln., Ste.100 Las Vegas, Nevada 89107 (702) 655-2346 – Telephone (702) 655-3763 – Facsimile micah@claggettlaw.com david@claggettlaw.com

Keith E. Galliher, Jr., Esq. Nevada Bar No. 220 THE GALLIHER LAW FIRM 1850 East Sahara Ave., #107 Las Vegas, Nevada 89104 (702) 735-0049 – Telephone (702) 735-0204 – Facsimile kgalliher@galliherlawfirm.com

Attorneys for Real Party in Interest, Joyce Sekera

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RECEIVED 12/22/2016 11:51AM 7024639772 12/22/2016 10:48 5DMI-FP1 41-FP1-4

DR. JORDAN WEBPER

D 1/2

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-ly.com

Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Patient: Joyce P Sekera SDMI #: 790179.0

Dr. Fax: (702) 463-9772

Pt. DOB: 03/22/1956 Pt. Sex: Female

Dr. Phone: (702) 463-9508

Physician: Jordan Webber DC

Date of Service: 12/21/16 SDMI Location: CH

Dr. Addr.: 7810 W Ann Rd Ste 110 Las Vegas, NV 89149

Çe: Cc:

MRI CERVICAL SPINE WITHOUT CONTRAST

CLINICAL HISTORY:

Neck pain and bilateral arm numbness, pain, weakness

TECHNIQUE:

T1 sagittal, T2 sagittal and axial T2 images were obtained 117 images.

COMPARISON:

None

FINDINGS:

There is mild dextrocurvature centered at C6-7. There is straightening of the cervical lordosis. Vertebral bodies are normal in alignment. Vertebral body heights are maintained. Bone marrow signal is normal. Spinal cord is normal in signal. The paravertebral soft tissues appear unremarkable. The intervertebral discs throughout the cervical spine are desiccated without significant loss of height.

- C2-3: No disc bulge, spinal canal or neuroforaminal stenosis.
- C3-4: No disc bulge, spinal canal or neuroforaminal stenosis. Mild bilateral facet hypertrophy.
- C4-5: No disc bulge, spinal canal or neuroforaminal stenosis. Mild left uncovertebral arthropathy. Mild bilateral facet hypertrophy.
- C5-6: Mild broad disc protrusion. Spinal canal AP diameter of 12 mm. Bilateral facet hypertrophy. Bilateral uncovertebral arthropathy. Mild left greater than right neuroforaminal stenosis.
- C6-7: Mild broad disc protrusion. Spinal canal AP diameter of 10 mm. No significant neuroforaminal stenosis.
- C7-T1: No disc bulge, spinal canal or neuroforaminal stenosis.

IMPRESSION:

Mild multilevel degeneration. Mild neuroforaminal stenosis at C5-C6. No spinal canal stenosis throughout. Mild dextrocurvature. Straightening of the cervical lordosis which may be seen with muscle spasm.

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

2767 N. Temaya Way, Lae Vegas, NV 89128 4 Sunset Way, Building D. Henderson, NV 89014

2950 S. Maryland Pkwy, Las Vegas, NV 89109 6925 N Durango Dr. Las Vegas, NV 89149 800 Shadow Ln. Las Vegas, NV 89106

2850 Sleama Heights, Henderson, NV 89052 9070 W. Post Road, Las Vegas, NV 89148

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DR. JORDAN WEBBER DR. JORDAN WEBPFR PAGE 09/22

D 2/2

STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-lv.com Faxt (702) 732-6071

Interpreted by: Sarah Kym MD

12/22/2016 8:20 AM

Patient Name: Joyce P Sekera

Electronically approved by: Sarah Kym MD Date: 12/22/16 10:47

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

2767 N. Tempya Way, Las Vegas, NV 89128 4 Sunset Way, Building D, Hendemon, NV 89014

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JORDAN WEBBER

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 Veges, Neveda 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:

11/30/2016

Age/Sex: Accession #:

60/F LVR-136396

PROCEDURE:

XRAY Left HIP UNILATERAL 2 VIEW

COMPARISON: None.

INDICATIONS:

LEFT HIP PAIN

FINDINGS:

BONES:

Skin fold artifacts overtie the proximal aspect of each femur. There is mild osteophyle 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: OTHER:

None visible. Negative.

CONCLUSION:

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

RECEIVED 11/30/2016 03:20PM 7024639772 DR. JORDAN WEBRER TO: WEBBER DC, JORDAN FT' Lab Vegas Radiology

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128 8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113 3201 S. Maryland Phwy, Suite 102, Las Vegas, Nevada 89109

- KANTELLERY

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:

11/30/2016

Age/Sex: Accession #: 60 / F LVR-136397

PROCEDURE: XRAY SI JOINTS 2 VIEW

COMPARISON: None.

INDICATIONS: LEFT SACROILLIAC JOINT PAIN

FINDINGS:

BONES:

There is mild marginal sclerosis at the sacrolliac joint.

SOFT TISSUES: Negative. No visible soft tissue swelling.

EFFUSION:

None visible. Negative.

OTHER:

CONCLUSION:

 Mild arthropathy of each sacroiliac joint. If symptoms persist additional imaging should be considered

Dictated by: Elizabeth L Huck, D.O. on 11/30/2016 at 14:11 Approved by: Elizabeth L Huck, D.O. on 11/30/2016 at 14:17

11/20/1/2

RECEIVED 11/14/2016 06:000M 7024639772 DR. WORDAN WEBBER TO: WEBBER DC, JURDAN Fre Las Vegas Kadiology

HAN YEAR DAY

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

SEKERA, JOYCE

DOB: 3/22/1956 MR#: 1907994

Referring Physician: JORDAN WEBBER DC

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128
 8530 W. Suriset Rd, Suite 120, Las Vegas, Nevada 89113
 3201 S. Maryland Plowy, Suite 102, Las Vegas, Nevada 89109

Date of Service: 11/14/2016 Age/Sex: 60 / F

Accession #: LVR-133268

PROCEDURE: XRAY THORACIC SPINE 2 VIEW

COMPARISON: None.

INDICATIONS: UPPER BACK PAIN

FINDINGS:

Patient:

No measurable degree of scotiosis. 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

1114/11

RECEIVED 11/14/2016 06:01PM 7024639772 DR TO: WEBBER DC. JORDAN Frc Las Vegas Radiology DR. JORDAN WEBP'

LAS VEGAS RADIDLOGY

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

SEKERA, JOYCE

Patient: DOB: MR#:

3/22/1956 1907994

Referring Physician: JORDAN WEBBER DC

Date of Service:

11/14/2016 60/F

TOMORROW'S RADIOLOGY IMAGING TODAY

Age/Sex: Accession #:

LVR-133269

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, Neveda 89109

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 acromicolayicular 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

RECEIVED 11/14/2016 05:59PM 7024639772 DR. To: WEBBER DC, JORDAN Frc Las Vegas Radiology DR. JORDAN WEBP*

Tel:(702) 254-5004 / Fax:(702) 432-4805

TOMORROW'S RADIOLOGY IMAGING... TODAY

7500 Smoke Ranch Road, Suite 100, Las Vegas, Nevada 89128 8530 W. Sunset Rd, Suite 120, Las Vegas, Nevada 89113 3201 S. Maryland Pkwy, Suite 102, Las Vegas, Nevada 89109

Date of Service:

11/14/2016

SEKERA, JOYCE 3/22/1956

Age/Sex:

60 / F

DOB: MR#: 1907994

Accession #:

LVR-133267

Referring Physician: JORDAN WERBER DC

PROCEDURE:

Patient:

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.

<u>CONCLUSION</u>:

1. No evidence of acute fracture. No significant spondylotisthesis. On the neutral, lateral projection, there is reversal of the normal fordotic 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

RECEIVED 11/08/2016 05:46PM_7024639772 Nov. 8, 2016 5:01PM

OR. JORDAN WEBBER

No. 7270 P. 7/8

CHH- Centennial Hills Hospital Medical Center

Patient:

SEKERA, JOYCE

Admit: 11/4/2016

MRN:

CHH7120336

DOB/Sex: 3/22/1956 / Fernale

Disch: 11/4/2016

Attending: ED,Staff Physician

CHH0008005149375

Imaging

PROCEDURE

EXAMIDATE/TIME ACCESSION

PATIENT AGE AT ORDERING **EXAM**

STATU5

XR Spine

11/4/2016 16:35 40-XR-16-040537

PROVIDER

Auth (Verified)

Lumbosacraí 2 or 3 PDT

Views

60 years

Teylor, Rachael APRN

Report XR LUMBAR SPINE

HISTORY: Back pain

COMPARISON: None.

TECHNIQUE: Lumbar spine, 3 views.

FINDINGS: There is no more lumbar vertebral body height. Endplate esteophyte formation at 1.2-3. No acute fracture deformity. No aggressive lytic scientic lesions. Moderate stool. Mild curvature convex to the left. Some increased density at the L2-3 disk osteophyle 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 acterosis.. 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.

KK

Dictated By: KAVEH KARDOON) DO

with Final serve

Dictated by: Transcribed By: Kardooni, Kareh DO

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

KKTrenscribed by: Electronically Signed by: Kardoont, Kaven DO Transcribed DT/TM: 11/04/16 16:49:51

Signed DT/TM:

11/04/2016 4:52 pm

PROCEDURE

EXAMIDATE/TIME ACCESSION

PATIENT AGE AT ORDERING EXAM

PROMOER

Taylor, Rachael

STATUS

Left

POT

XR Elbow Complete 11/4/2016 16:35 40-XR-16-040539 60 years

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

Page 5 of 6

DR. JORDAN WEBBER

RECEIVED 11/08/2016 05:46PM_7024639772 Nov. 8. 2016 5:01PM

DR. JORDAN WEBPER

No. 7270 P. 8/8

CHH- Centennial Hills Hospital Medical Center

Patient MRN:

SEKERA, JOYCE

CHH7120336 DOB/Sex: 3/22/1956 / Female

Attending: ED,Staff Physician

Admit: 11/4/2016

Disch: 11/4/2016

FIN: CHH0008005149375

Imaging

PROCEDURE

EXAM DATE/TIME ACCESSION

PATIENT AGE AT ORDERING EXAM

PROVIDER

STATUS

XR Elbow Complete11/4/2016 16:35 40-XR-16-040539 60 years

Taylor,Rachael

APRN

Auth (Verified)

Leit

POT

Report.

FINDINGS:

There is no evidence of fracture. There is no evidence of dislocation or sublocation. Bone mineralization is normal. The afficular 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.

RNY

Dictated By: RICK YEH MD

······ Final ······

Dictated by: Transcribed By:

Yeh MD, Rick N

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

Dictated DT/TM: 11/04/2016 4:44 pm

Transcribed DT/TM: 11/04/16 16:42:39

Signed DT/TM: 11/04/2018 4:44 pm

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

Medical Record

Page 6 of 6



Pain Institute of Nevada 7435 W Azure Dr., Suite 190, Las Vegas, NV 89130 (702) 878-8252 (phone) (702) 628-5098 (fax) Walter M. Kidwell, M.D. Katherine D. Travnicek, M.D. Gregory Jarrett, D.C. Gina M. Nguyen, PA-C

PATIENT REGISTRATION FORM

| Patient Information: | |
|---|---------------------------|
| Last Name: SEKERA Address: 7840 AbsTuis Pine Pl | First Name: Joyce MI: |
| City: LAS VEGAS | State: Zip Code: |
| Home Phone: 7 Cell: 7 | 62-467.54517 Work: |
| E-Mail: | |
| Date of Birth: <u>3 - 22-56</u> SSN#: Driver's Lic#: <u>2000</u> 75 7876 | 091-48-8430 |
| Driver's Lic#: 2000 75 7876 | State Issued:/U [/ |
| Gender: Male Female | |
| Marital Status: SingleMarried Div | |
| Employer Name: Beaud Voga S Employer Address: 3130 5, Rainb | /w |
| Emergency Contact Information: | |
| Name: MARISSA FREEHAL |) |
| Relationship: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| Contact Phone: 1. 762 525 900 / | 2 |
| The Following Information is REQUIRED by | y the Federal Government: |
| Race: white. | · |
| Ethnicity: | |
| Preferred Language: English | 4 |
| Preferred Communication: | have |
| · · | |

Page 1 of 5

Revised February 24, 2016

Pain institute of Nevada 7435 W Azure Dr., Ste. 190

Las Vegas, NV 89130

Ph: (702) 878-8252 Fex: (702) 878-9098 www.paininstitute.com

Pain Diagram

In regards to your pain in the last week:

- Piesse shade in the creas that best represent your pain.
 Draw a line from the pain description to the crea 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 MO: Wild pain, No Impact on delly activities
- 3 /10: Mild pain, Minimal impact of daily activities
- 4 /10: Moderate pain, Minimal Emitations of daily activities
- 5 /10: Moderate pain, Some limitations of daily activities
- 6 /10: Moderate pain, Moderate fimilations of deliv activities
- // 10: Moderate/Severe pain, Very limited daily activities 8/10: Moderate/Severe pain, Very difficult to perform delly activities
- 9710: Severe Pain, Severely limited ability to perform daily activities

10/10: Severe Disabling pain, essentially unable to do any activities whatscever, cannot possibly be any worse

Please answer the following questions:

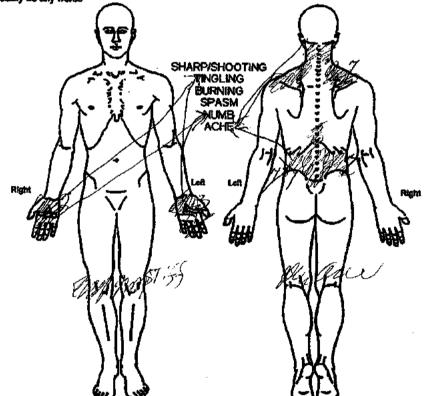
How far can you walk?

How long can you sit?

OKIN) How long can you stand?

Are you working?

Are you able to work?



Name:

Date: 1-9-17

Page 2 of 5

Revised February 24, 2016

| msurance information: | 1 ,00 | |
|---|--|---|
| Primary Insurance: | LAWYER | |
| | er: (if other than nation) |): |
| | | Group #: |
| Home Phone: | Cell: | Work: |
| Date of Birth: | SSN#: | |
| | | ate Issued: |
| | | |
| Employer Address: | | |
| | | 11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - |
| | | |
| Secondary Insurance: | | |
| Secondary Insurance Ho | lder: (If other than patie | ent): |
| Member ID#: | | Group #: Work: |
| Home Phone: | Cell: | Work: |
| Date of Birth: | SSN#: | |
| Driver's Lic#: | Sta | ate Issued: |
| Employer Name: | · <u> </u> | |
| Employer Address: | | |
| Date of Injury: #################################### | State Injury occurr Adju y: Yes No If no | uster's Name: |
| Date of Injury: <u>//-식~/</u> Ins Carrier: <u></u> | State Injury occurr Adjuster's N | Name: aim Status: |
| | | JS444 |
| | | Julyan |

HIPAA Information:

Consent for Use and Disclosure of Protected Health Information

HIPAA refers to federal laws that regulate disclosures of PHI (protected health information). You have the right to request restriction on how your PHI is used and communicated in order to protect your privacy. This authorization allows for the release of PHI pursuant to 45CFR parts 160 and 164.

Protected Health Information is routinely disclosed to the following entities:

- *To your insurance company for authorization or so we can obtain payment
- *To the physician that referred you to us

Right to Revoke, Terminate, or Modify: You may revoke, terminate or modify tis authorization by submitting a written request to the Privacy Officer at the Pain Institute of Nevada.

Important Note: If we are restricted from disclosing your PHI to your insurance company you may be personally responsible for payment.

| I wish to be contacted in the following manner: (check | k all that apply) |
|--|--|
| HOME phone: Yes No | |
| Ok to leave detailed message: Yes No Leave | call back number ONLY: Yes No |
| CELL phone: Yes \(\sum_{No} \) | |
| Ok to leave detailed message: Yes V No Leave | call back number ONLY: Yes No |
| | |
| WORK phone: Yes No | |
| Ok to leave detailed message: YesNo Leave | call back number ONLY: Yes No |
| | |
| l authorize the following person(s) or entities to receive | ve my Protect Health information: |
| Check all that apply: | |
| Spouse Name: | Partner Name: |
| Parent Name: CAROLE DIVIO | Child: Name: MARISSA FRESMAN |
| Attorney Name: KeiTh Golli hok | _InsuranceName: |
| Other: | |
| Other Instructions: | |
| lay Dea | |
| Patient Signature | Name of person signing for patient and by what authority |
| | · |
| | • |

Page 4 of 5

Revised February 24, 2016

J\$445

^{*}To a physician or medical entity we may refer you to.

Billing Information, Clinic Policies, and Consent for Treatment

- The Pain Institute of Nevada will be your primary insurance only as a courtesy to you. You are ultimately responsible for payment.
- Secondary Insurance will not be billed except for specific procedures. All co-pays are due at or before the time of service.
- If no payment is received from your insurance after 45 days then the payment burden falls to you.
- Interest will accrue at 18% annually for bills over 90 days overdue Any and all collection fees will be applied to collection accounts.
- Missed appointments will be assessed a \$50.00 fee. This includes appointments not cancelled within 24 hours of the scheduled time.
- You need to notify us immediately of any change of address, phone number, insurance or attorney.
- Failure to notify us of insurance or attorney change may result in you being responsible for your entire bill.
- All co-pays, deductibles and cash payments are due at the time of service.
- We accept Visa, MasterCard, American Express, Discover, Checks and Cash. Returned checks are assessed a \$25.00 fee.
- Attorney liens are accepted on a case by case basis.
- If you are treated under alien, we will not go back and bill insurance at a later time. You are ultimately responsible for the bill.
- All appointments are by appointment only, Walk-Ins are not accepted. No exceptions.
- We do not overbook. Please be on time for your appointment. If you are late we will attempt to work you in, but, we will see the on-time patient's first.
- All prescriptions are written during your appointment in the office. We do not call in prescriptions.
- Prescriptions are not written at the surgery centers during procedures. Prescriptions may be obtained only during scheduled office appointments.
- All medication prescriptions are in accordance with state and federal law.
- Random drug screening is performed by this clinic to monitor compliance.
- Patients have the right to refuse any prescribed treatment. However, we have the right to refuse to treat any patient due to non-compliance.
- It is against the law to share, sell or distribute medications.
- It is against the law to obtain controlled substances from multiple physicians without notifying the physicians in question.
- It is against the law to forge prescriptions.

nt or legal guardian signature

Any patient engaging in above noted illegal activities will be discharged from the practice and turned over to law enforcement.

| i acknowledge that I have read the polices noted and agree to comply. |
|--|
| Lauthorize the Pain Institute of Nevada to endorse any checks made payable to me as a result of the treatment I receive. |
| I consent to treatment as directed by the physicians and physician extenders of the Pain Institute of Nevada. |
| request the following insurance company or attorney be billed for my treatment. |

Page 5 of 5

Revised February 24, 2016

5/2/2017

Lab Results for SekEra, Joyce (Female, 03/22/1956)

J practice fusion Free cloud based EHR

Laboratory

Collection: 04/20/2017 08:52 am

Order #: 01681510 Accession #: 01681510

Name:

Quest Diagnostics

Patient information

Patient ID: SJ611501

Mobile:

7024675457

Address:

7840 Nesting Pine Pi Las Vegas, NV 89143

Attachments

attachment1 attachment1 attachment1 attachment1

Requesting Provider

Name:

Donald McGrorey

COMPREHENSIVE METABOLIC PANEL

| Observations | Result | Reference / UoM | Date/Status |
|------------------------------------|--------|-------------------|---------------------|
| Glucose, Fasting 1 | 98 | 65-99 mg/dL | 04/22/2017 12:44 am |
| BUN ¹ | 10 | 7-25 mg/dL | 04/22/2017 12:44 am |
| Creatinine 1 | 0.53 | 0,50-0.99 mg/dL | 04/22/2017 12:44 am |
| BUN/Creatinine Ratio 1 | 18.9 | 6.0-22.0 calc | 04/22/2017 12:44 am |
| Cafcium ¹ | 8.9 | 8,6-10.4 mg/dL | 04/22/2017 12;44 am |
| Protein, Total ¹ | 6.7 | 6.1-8.1 g/dL | 04/22/2017 12:44 am |
| Albumin ¹ | 4.0 | 3.6-5.1 g/dL | 04/22/2017 12:44 am |
| Globulin ¹ | 2.7 | 1.9-3.7 g/dL | 04/22/2017 12:44 am |
| A/G Ratio ¹ | 1.5 | 1.0-2,5 calc | 04/22/2017 12:44 am |
| BILIRUBIN, TOTAL 1 | 0.3 | 0,2-1,2 mg/dL | 04/22/2017 12:44 am |
| Alkaline Phosphatase ¹ | 85 | 33-130 IU/L | 04/22/2017 12:44 am |
| AST (SGOT) 1 | 20 | 10-35 IU/L | 04/22/2017 12:44 am |
| ALT (SGPT) 1 | 29 | 6-29 IU/L | 04/22/2017 12:44 am |
| Sodium ¹ | 139 | 135-146 mmol/L | 04/22/2017 12:44 am |
| Potassium ¹ | 4.1 | 3.5-5.3 mmol/L | 04/22/2017 12:44 am |
| Chloride 1 | 104 | 98-110 mmol/L | 04/22/2017 12:44 am |
| CO2 ¹ | 26 | 20-31 mmol/L | 04/22/2017 12:44 am |
| eGFR African American ¹ | 119 | >59 mL/min/1,73m2 | 04/22/2017 12:44 am |
| eGFR Non-AFR. American 1 | 102 | >59 mL/min/1.73m2 | 04/22/2017 12:44 am |

Vendornote: The upper reference limit for Creatinine is approximately

13% higher for people identified as African-American, Glucose reference range reflects a fasting state. For non-fasting patients glucose reference range

is 65 - 139 mg/dL.

LIPID PANEL

| Observations | Result | Reference / UoM | Date/Status |
|--------------|--------|-----------------|-------------|
| | | | |

Order #01681510

| CHOLESTEROL 1 | 182 | 125-200 mg/dL | 04/22/2017 12:44 am |
|-----------------------|------|----------------------------------|---------------------|
| Triglycerides 1 | 93 | 0-150 mg/dL | 04/22/2017 12:44 am |
| HDL Cholesterol 1 | ● 44 | 46-199 mg/dL Below low normał | 04/22/2017 12:44 am |
| CHOL/HDLC RATIO 1 | 4.14 | 0.0-5.00 | 04/22/2017 12:44 am |
| LDL (Calculated) 1 | 119 | 0-130 mg/dL | 04/22/2017 12:44 am |
| Non-HDL Cholesterol 1 | 138 | 0-159 mg/dL | 04/22/2017 12:44 am |

Vendornote: Desireable range <100 mg/dL for patients with CHD

or diabetes and <70 mg/dt for diabetic patients

with known heart disease.

Target for non-HDL cholesterol is 30 mg/dL higher than LDL- CholesteroI

target.

CBC (H/H, RBC, INDICES, WBC, PLT)

| Observations | Result | Reference / UoM | Date/Status |
|-------------------------|--------|----------------------|---------------------|
| WHITE BLOOD CELL COUNT | 7.2 | 3,8-10.8 k/uL | 04/22/2017 12:44 am |
| RBC ¹ | 4.31 | 3.80-5.10 Million/uL | 04/22/2017 12:44 am |
| HEMOGLOBIN 1 | 13.9 | 11.7-15,5 g/dL | 04/22/2017 12:44 am |
| HEMATOCRIT 1 | 42,2 | 35.0-45.0 % | 04/22/2017 12:44 am |
| MCV ¹ | 98.1 | 80.0-100,0 fL | 04/22/2017 12:44 am |
| MCH ' | 32,2 | 27.0-33.0 pg | 04/22/2017 12:44 am |
| MCHC 1 | 32.9 | 32.0-36.0 g/dL | 04/22/2017 12:44 am |
| RED CELL DISTRIBUTION 1 | 13.7 | 11.0-15.0 % | 04/22/2017 12:44 am |
| PLATELET COUNT 1 | 225 | 140-400 k/uL | 04/22/2017 12:44 am |
| MEAN PLATELET VOLUME 1 | 8,0 | 7.5-12.5 fL | 04/22/2017 12:44 am |

HEMOGLOBIN A1c

| Observations | Result | Reference / UoM | Date/Status | | | |
|-----------------------------|---|------------------------------|---------------------|--|--|--|
| Hemoglobin A1c 1 | ● 6.5 | 0.0-5.6 %T.Hgb | 04/22/2017 12:44 am | | | |
| | | Above high normal | | | | |
| Vendornote: For someone wit | Vendornote: For someone without known diabetes, a hemoglobin A1C value of | | | | | |
| 6.5% or greater | indicates that | t they may have diabetes and | | | | |

this should be confirmed with a follow-up test. For someone with known diabetes, a value <7% indicates that their diabetes is well controlled and a value greater than or equal to 7% indicates suboptimal control. A1C targets should be individualized based on dispatch of diabetes.

individualized based on duration of diabetes, age, co-morbid

conditions, and other considerations.

Currently, no consensus exists for use of hemoglobin A1C for diagnosis of diabetes for children.

TSH

| Observations | | Result | Reference / UoM | Date/Status |
|--------------|-----------------|--------|-----------------|---------------------|
| TSH 1 | | 1.08 | 0.40-4.50 mIU/L | 04/22/2017 12:44 am |
| Vendor note: | | | · | <u> </u> |
| | ***** | ***** | ********* | **** |
| | PATIENT COMMENT | ን: | | |
| | DR DONALD MCGRO | REY | | |
| | PATIENT FASTING | 1. | | JS448 |



PDF Report1

| | Result | Reference / UoM | Date/Status |
|----------------|--------|-----------------|---------------------|
| See Attachment | | | 04/20/2017 08:52 am |

Performing Laboratory

¹ Quest Diagnostics-Elizabeth D. Iole, M.D.

4230 Burnham Ave.

Las Vegas, NV 89119

512-873-5065

Sat Dec 03 03:26:09 2016 Page 2 of 4

FROM CLIN PATH LABS PH: 512-339-1275



CLINICAL PATHOLOGY LABORATORIES

9200 Wall Street • Austin, Texas 76754 512-873-1600 1-806-633-4757

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

CAP Accreditation #: 21525-01 CLIA # 45D0505003

DOB: 03/22/1956 PATIENT NAME PATIENT LD. ROOM NUMBER AGE SEX PHYSICIAN SEKERA, JOYCE 60 F RUSSELL J SHAH, PAGE REQUISITION NO. ACCESSION NO. 1 X9789320 UX11.6178 COLLECTION DATE & TIME ACCESSION NO. ID NO. REPORT DATE LOG-IN-DATE 8 TIME 12/01/16 12:26P12/01/16 12/03/16 1:25A

| TEST | | RESULTS RANGE WITHIN RANGE | UNITS | EXPECTED RANGE |
|--|--------|---|---|---|
| COMPREHENSIVE METABOLIC PA | NEL | | | |
| 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 | |
| eGFR NON-AFRICAN AMER | | 99 | ML/MIN/1.73 | |
| CALC BUN/CREAT | | 11 | | 6-28 |
| SODIUM | | 139 | RATIO 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 PLAY WBC RBC HEMOGLOBIN HEMATOCRIT MCV MCH MCHC RDW NEUTROPHILS LYMPHOCYTES MONOCYTES EOSINOPHILS | ielets | 9.1 4.63 14.9 43.1 93.1 32.2 34.6 11.5 59.6 29.1 7.2 3.4 | K/UL M/UL G/DL % fL PG G/DL % % | 4.0-11.0 3.80-5.10 11.5-15.5 34.0-45.0 80.0-100.0 27.0-34.0 32.0-35.5 11.0-15.0 40.0-74.0 19.0-48.0 4.0-13.0 0.0-7.0 |
| BASOPHILS | | 0.7 | ક્ષ | 0.0-2.0 |
| PLATELET COUNT | | 274 | K/UL | 130-400 |
| SEDIMENTATION RATE | 30 | | MM/Hour | 0-20 |
| T4 (THYROXINE) | | R O | | 4.5-12.0 |
| | | CONTINUED ON | NEXT FORM | JS450 |

CPL CPL

512-873-5055

Sat Dec 83 03:25:00 2016 Page 3 of 4

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 | P.A | ATIENT LD. | ROOM NUMBER | AGE | SEX | PHYSICIAN | 1 |
|------------------------------------|---------|---------------|-------------|---------|------|-------------|--------|
| SEKERA, JOYCE | | | | 60 | F | RUSSELL J | SHAH, |
| PAGE REQUISITION NO. ACCESSION NO. | ED, NO. | COLLECTION DA | TE & TIME | LOG-IN- | DATE | REPORT DATE | & TIME |
| 2 X9789320 UX116178 | | 12/01/16 | 12:2611 | 2/01 | ./16 | 12/03/16 | 1:25A |
| | | | 1 | | | | j |

| TEST | RESULTS DUTGE-RANGE WITHIN RANGE | UNITS | EXPECTED RANGE |
|------------------------------|----------------------------------|----------|----------------|
| TSH REFLEX TO FREE T4 | 1.1 | UIU/ML | 0.5-4.7 |
| RPR RPR WITH REFLEX TITER | | | |
| RPR RESULT | NON-REAC | | NON-REACTIVE |
| RPR TITER | NOT IND | IC.TITER | NOT INDIC. |
| ANA (ANTI-NUCLEAR AB) WITH | REFLEX TITER | **** | |
| ANTI-NUCLEAR ANTIBODIES | NEGATIVE | £ | NEGATIVE |

* 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 ***

CPL

512-873-5955

Sat Dec 63 03:26:69 2016 Page 4 of 4

| | LABOF | CAL PA RATORI Wall Street - Austi 2-873-1600 1-80 | ES | GY | | | | | |
|------|----------------------------------|--|----------|-------------|----------------|-------------|-------------|--------|---|
| | creditation #: 215 45D0505083 | 25-01 | | | | | | | |
| | PATIEN | TNAME | <u> </u> | PATIENT LO. | ROOM NUME | BER AGE SEX | PHYSICIAI | N | ` |
| PAGE | REQUISITION NO. | ACCESSION NO. | 1D. NO. | COLLECT | ON DATE & TIME | LOG-IN-DATE | REPORT DATE | 8 TIME |) |

| 2/03/2016 3:25 AM fotal reports 1 priginals: TEST 1 | | RESULTS 1260362016 #99001 | UNITS | EXPECTED |
|---|--------|-------------------------------|-------|----------|
| eprints: 0 | | CONTRACTOR MALIN MANAGER A.T. | | RANGE |
| utodial Group:FXVE | G64285 | | | |
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512-873-5055

Sat Dec 03 03:25:09 2016 Page 1 of 4



CLINICAL PATHOLOGY LABORATORIES

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

CAP Accreditation #: 21525-01 CLIA # 45D0505003

| 12/03/2016 | 3:25 | MA | CST |
|------------|------|----|-----|
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| PATIENT NAME | PA | TIENT I.D. ROOM NUMB | ER AGE SEX | PHYSICIA | Ni |
|------------------------------------|---------|------------------------|------------|-------------|--------|
| | | | | | |
| PAGE REQUISITION NO. ACCESSION NO. | ID. NO. | COLLECTION DATE & TIME | LOGAN-DATE | REPORT DATE | 8 TIME |
| | | | | | |

TEST RESULTS UNITS EXPECTED RANGE

CONFIDENTIALITY NOTICE: This communication is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If you are not the intended recipient, you are notified that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify the sender immediately and destroy this communication.

We who

7435 W. Azure Dr. Ste 190 Las Vegas, NV 89130 Ph: (702) 878-8252 Fax: (702) 878-9096 www.paininstitute.com

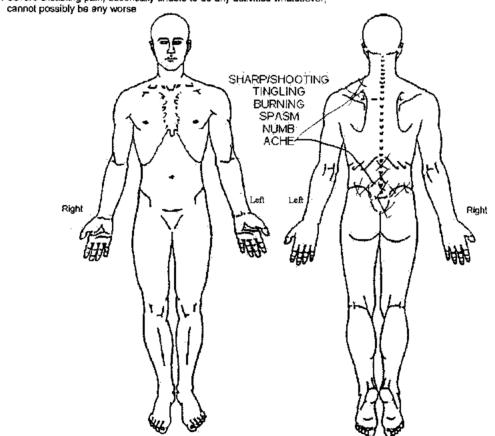
Pain Diagram

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.

- 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
- A./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 timited ability to perform daily activities
- 10/10: Severe Disabling pain, essentially unable to do any activities whatsoever,

| 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: Jayre Sekera

Date: 1-10 -17

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.

| Pa | in | Sca | ŀе |
|----|----|-----|----|
|----|----|-----|----|

- 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
- 4.410: 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,

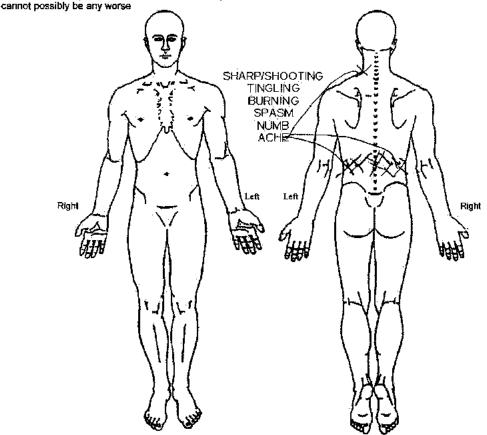
Please answer the following questions:

How far can you walk? 10 min

How long can you sit? _____/ ル iル

How long can you stand? 10 Mis/

Are you working? _____N/4



Name: JyceSchepel

Date: 6-26-17

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:

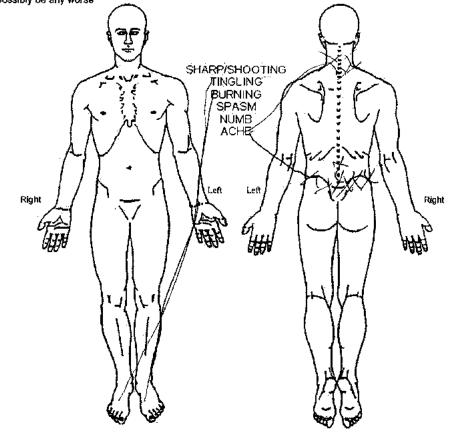
- •Please shade in the areas that best represent your pain.
- Draw a line from the pain description to the area of your pain.
- Indicate your current pain score 0/10 10/10 for each area of your pain.

Pain Scale

- 0 /10: No Pain
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- 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

| riedse allswel 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? |

Diagon occupy the following questions:



Name: Joyce Sekers

Date: 6-(-/7

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.

| Pa | in | Scal | Θ |
|----|----|------|---|
|----|----|------|---|

- 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
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Please answer the following questions:

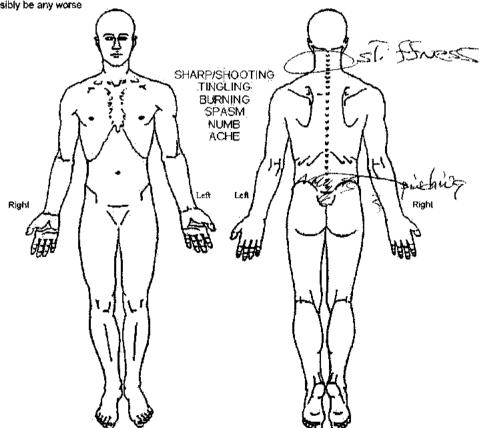
How far can you walk? _____

How long can you sit? _____

How long can you stand?

Are you working?

Are you able to work?



Name: The Topice

INFORMED CONSENT Pain Institute of Nevada

Spinal Injections

Procedure(s) to be performed Physician ☑ Cervical Epidural Injections Malter Kidwell M.D. 图 Cervical Facet Joint / Medial Branch Block III Thoracic Epidural injections M Thoracic Facet Joint / Medial Branch Block 🗷 Katherine Travnicek M.D. Lumbar Epidural Injections Zumbar Facet Joint Medial Branch Block Epidural Blood Patch 图 Hardware Injections 图 Sacrolliac Joint Medications are injected into and around the structures of the spine to improve pain and / or aid in diagnosing a structure as DESCRIPTION AND PURPOSE being a "pain generator". The medications to be injected may include Local Anesthetics, Corticosteroids, or normal saline. OF PROCEDURE Corticosteroids reduce pain by decreasing inflammation. Fluoroscopy will generally be used to guide needle placement. Sedation will be used for comfort unless-specifically not requested. There are no guarantees injections will help your pain and, in rare cases, pain may actually be made worse. The degree and duration of pain relief varies from person to person, and additional Injections may be needed. A catheter is inserted into the epidural space to facilitate the procedure during caudal epidural injections. Steroids are usually injected as part of the procedure. Epidural Blood Palch: Blood drawn from your arm is injected into the epidural space to treat a spinal headache from a dural puncture (spinal tap). BENEFITS Therapeutic (njections may improve pain and possibly avoid the need for surgery or other treatments Diagnostic injections aid in determining pain generators to guide future care. **ALTERNATIVES** Alternatives may include conservative care, medications, and / or surgery. RISKS OF THE Complications are rare and include: Bleeding, infection, damage to nerves and structures of the spine, spinal headache, PROCEDURE perforation of organs, collapsed lung, reaction to medications, increased pain, seizure, stroke, paralysis, damage to fatus if pregnant and death. You may be given antibiotics during the procedure. Your usual pain may be increased for a few days after the procedure. The risk of injection of corticosteroids include thinning of bones, pathologic fractures, weakening of ligaments, damage to lissues, avascular necrosis of the hip, cataracts, decreased immunity, reaction to medication. Complications are rare. Side effects that occur commonly include flushing, fluid retention, rash, weight gain, insomnia, and headache. Surgery may be required to treat some complications. Diabetics will have significant increased in blood sugars and will need to monitor their blood sugar levels closely and adjust medication as directed by their family physician. Sedation is used for patient comfort and to facilitate performance of the procedure. Complications of secation 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, **EPIDURAL** One of the medications to be injected includes CORTICOSTEROIDs. Although all are safe in humans and have been used since 1950s successfully in the epidural space, conticosteroids are NOT FDA approved for use in the epidural space and considered "OFF LABEL." The FDA has not limited or banned use of conticosteroids for epidurals. OFF LABEL MEDICATIONS 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 atternatives. I have had the opportunity to ask questions and all questions have been answered to my satisfaction. Lacknowledge 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. Klowell has part ownership at Valley View Surgery Center Exceptions to procedure, surgery, anesthesia of photography (if none so state) (signature of patient or guardian) re of witness) PHYSICIAN: I have counseled the patient regarding the inature and purpose of the pr iture including the altendant risks, benefits and đ or SCREVA DOUCL PATIENT IDENTIFICATION ot Acuncaling JS458 (YOL) 447-5457

| Head | | HNP | Bleed |
|-------------------------------------|-----|-----|-----------------------|
| Neck | LUE | DP | NSAID SBE Heart |
| | RUE | DB | |
| MB | | FJA | Lung |
| LB | LLE | FSN | OSA |
| | RLE | CS | DM |
| Sacrum Abd Groin Testicles | | FS | Allergies |

SNRB

TFES

TLES w cath

CAUDAL

FJI EUF

MBB Palsters (55) HW PNP

SIJ

PT ID DATE

7435 W. Azure Dr. Ste 190 Las Vegas, NV 89130 Ph: (702) 878-8252 Fax: (702) 878-9096 www.palninstitute.com

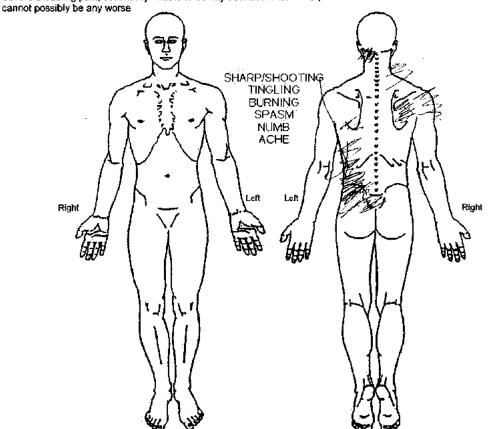
Pain Diagram

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.

| Pa | in | Scal | e |
|----|----|------|---|
| | | | |

- 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



Name: Joyn Schools

Date: 3-15-17



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 <u>insurance card and picture ID</u> . 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), nabumetona (Relafen), naproxen (Aleve), Norgesic, piroxicam (Feldene), sulindac (Clinoril). |
| Vitamin E and all over the counter herbal medications. Plavix, coumadin (Warfarin): Must have <u>medical clearance</u> from prescribing physician to discontinue these medications. Patients on coumadin will <u>need PT/INR bloodwork</u> 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 reschedute 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 <u>a sip of water.</u> |
| 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 Patient Print Name 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.

- rou 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, natisea 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

INFORMED CONSENT Pain Institute of Nevada

Spinal injections

Procedure(s) to be performed

@ Cervical Epidural Injections

| e ce aca chica a massassi | | □ There is Feed Wint ! | Madial Branch Block | Katherine Travnicek M.D | | |
|---|---|--|--|--|----------------|--|
| Thoracic Epidural Injections | | Thoracic Facel Joint / Medial Branch Block | | ~ | | |
| 🗃 Lombar Epidura) in | jectio ns | | Sacroillac Joint | | | |
| 🗷 Epidural Blood Pat | ch | Hardware Injections | _ | and the section of the during the | | |
| DESCRIPTION AND PURPOSE OF PROCEDURE | being a *pain generato Corticosteroida reduce Fixoroscopy will gener requested. There are re degree and duration of inserted into the epidu part of the procedure, headache from a dura | or". The medicalons to be injuried a pain by decreasing inflammal rally be used to guide needle pl no guarantees injections will he f pain rellef varies from person rall space to facilitate the proce Epitural Blood Patch: Blood di puncture (spinel tap). | ion. acement, Sedation will be use ply your pain and, in rere case to person, and additional injudure during caudat epidural in rawn from your arm is injected | n and t or aid in diagnosing a structure as netics, Corticosteroids, or normal saline. ed for comfort unless specifically not as pain may actually be made worse. The ections may be needed. A catheler is njections. Steroids are usually injected as a linto the epidural space to treat a spinal | | |
| BENEFITS | Therapeutic injections Diagnostic injections a | s may improve pain and possit aid in determining pain generat | ly avoid the need for surgery ors to guide future care. | or other treatments. | | |
| ALTERNATIVES | | ude conservative care, medica | | | | |
| RISKS OF THE PROCEDURE | perforation of organs, pregnant and death, after the procedure. I igaments, damage to Complications are rar headache. Surgery will need to monitor it used for patient com aspiration, pneumonit transfusion is extreme Hepatitis, and death. | collapsed unig, reaction for the you may be given antibiotics of The risk of injection of corticost it issues, avascular necrosis of e. Side effects that occur come hay be required to treat some of heir blood sugar levels closely fort and to facilitate performan a, and loss of airway requiring elylow. The risks of transfusion | uring the procedure. Your using the procedure. Your using rolds include thinking of to the hip, cataracts, decrease monly include flushing, fluid recomplications. Diabetics will hand adjust medication as direct of the procedure. Complicional or simple of the procedure of the pr | nuctures of the spine, spinal headeche, zure, stroke, paralysts, damage to fetus if ual, pain may be increased for a few days mes, pathologic fractures, weakening of ad immunity, reaction to medication. retention, rash, weight galln, insomnia, and aver significant increased in blood sug ars and sched by their family physician. Sedation is allons of sedation are very rare and Include urgery. The risk of complications requiring anafusion reaction, infection such as HIV or | | |
| EPIDURAL OFF LABEL MEDICATIONS | since 1950s success considered "OFF LAI | One of the medications to be injected includes CORTICOSTEROIDs. Although all are safe in humans and have been used since 1950s successfully in the epidural space, corticosteroids are NOT FDA approved for use in the epidural space and consistered "OFF LABEL." The FDA has not limited or banned use of corticosteroids for epidurals. | | | | |
| risks of potential cor answered to my sati performance of the | npacations, side effects, i sfaction. I acknowledge t above named procedure(: | that no guarantees have been s). | made to me regarding outcor | ined to me (as noted above) as well as the questions and all questions have been me. I give my consent to and request the | | |
| I request the admin | stration of anesthesia as | may be considered necessar | for my comfort or safety exc | ept as noted below. | | |
|) understand that phy videos except as no | nolographs or videotaping | g may be requested for educat | ional or legal purposes. I give | emy consent to taking such pictures or | | |
| Disclosure: Dr. Kidv | vell has part ownership a | at Valley View Surgery Center | | | | |
| | dure, surgery, anesthesia | a or photography((f none) | so state) 20117 (signature) | Solony | | |
| Algorithms of patient PHYSICIAN: I have | <i>t or guardian)</i> : counseled the patient re | (date) garding the nature and purpor | se of the proposed procedure | including the attenuant risks, benefits and | | |
| alternatives to the p |) Droice d ure | | I I | | _ - | |
| Sp.K. | IFICATION | <u>e3</u> | 122/56 | | <u> </u> | |
| VVSC | 3/9/17 | | | | | |
| | 467-545 | 57 | | | | |
| | | | | | | |
| | | | | ISA | 62 | |

Cervical Facet Joint / Medial Branch Block

Physician

Walter Kidwell M.D.

Katherine Travnicek M.D.

| Head | | HNP | Bleed |
|-------------------------------------|--------------|---|-----------------|
| | LUE | DP · | NSAID |
| Neck | RUE | DB | SBE Heart |
| МВ | | FJA | Lung |
| 15 | LLE | FSN | OSA |
| LB | RLE | cs | DM Allereice |
| Sacrum Abd Groin Testicles | | FS | Allergies |
| SNRB | | | |
| TFES | • | • | |
| TLES w cath | | | |
| CAUDAL | | | |
| FJI EVE | a Bilatese U | 5-81 ETI | • |
| MBB | | (120) | |
| HW | | (Nr) | |
| SIJ | · | | |
| 1 | | · · | |
| | | NAME: SEKERA, JOYCE P ACT#: 153654 AGE: 60 DOB: 03/22/56 AGE: MATHERINE M DR: TRAVNICEK, KATHERINE M SEX: F |) ,D. |
| PTID | DATE | DR: TRAVNICER, MATERIAL SEX: F | |

Pain Institute of Nevada

7435 W. Azure Dr. Ste 190 Las Vegas, NV 89130

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,

Please answer the following questions:

Ph: (702) 878-8252

Fax: (702) 878-9096

www.paininstitute.com

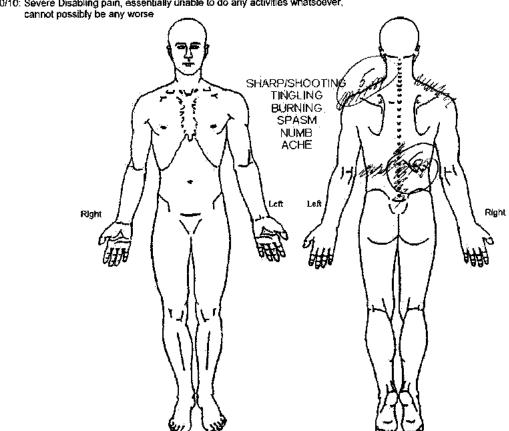
How far can you walk? ___

How long can you sit? _

How long can you stand?

Are you working? _

Are you able to work?

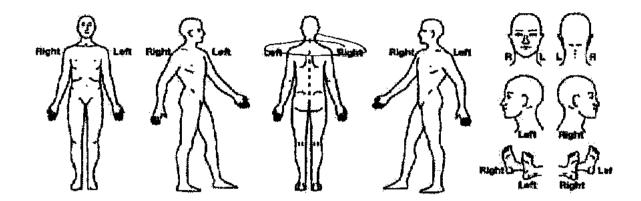


Name: Joyce SelkerA

INFORMED CONSENT

Peripheral Nerve Blocks, Trigger Point, Tendon, Ligament and Joint Injection

| Procedure(s) to be per | formed | | | F | 1 nyş i cian |
|--|--|---|--|--|--|
| 図 Occipital Nerve Bloc | | DS Trigger Poin | nt Injections | 5 | Walter Kidwell M.D. |
| 圖 Ilioinguinal Nerve Bio | | ☐ Ligament a | nd Tendon injectio | ns 🗇 | Katherine Travnicek M.D. |
| ☐ Genitofemoral Nerve | | 遥 Sacrolliac J | oint Injections | | - • |
| 国 Lateral Femoral Cut. | aneous Nerve Blocks | Hip Joint In | jections | | |
| 岡 Genicular Nerve Bloc | ks | = | Injections | | |
| Other Nerve Blocks | | | tions | | |
| DESCRIPTION | Medications are injected | · | | ints and trigger points of musc | des to improve pain and for |
| AND PURPOSE OF PROCEDURE | aid in diagnosing a struct Carticosteroids (Cortison Fluoroscopy may be used There are no guerantees duration of pain relief vari | ure as being a "pain gen e like medications) or pa I to guide needle placen injections will help your es from person to persi | erator". The medic In medications. Co nent. Sedation may pain and, in irare c on, and additional i | ations to be injected may incli riticosteroids reduce pain by d be used for comfort unless s ases, pain may actually be ma njections may be needed. | ude Local Anesthetics, ecreasing inflammation. pecifically not requested. ide worse. The degree and |
| BENEFITS | Therapeutic injections m in determining pain gener | | | d for surgery or other treatme | nts. Diagnostic injections aid |
| ALTERNATIVES | Alternatives may include | conservative care, med | idations and / or su | rgery. | |
| RISKS OF THE PROCEDURE | perforation of organs, col pregnant and death. You the procedure. The risk of damage to tissues, avast rare. Side effects that col may be required to treats their blood sugar Tevels a and to facilitate performa- loss of airway requiring e | lapsed lung, reaction to may be given antibiotic injection of corticoster pular necrosis of the hip, pur commonly include the come complications. Dis closely and adjust medic unce of the procedure. Comergency resuscitation | medications, incress s during the proce- olds include thinnin cataracts, decree ushing, fluid retent abelics will have si- ation as directed to omplications of se- or surgery. The dist | g of bones, pathologic fractur sed immunity, and reaction to on, rash, weight gain, insomni mificant increased in blood su y their family physician. Sedat | alysis, damage to fetus if increased for a few days after les, weakening of ligaments, medication. Complications are a, and headache. Surgery gars and will need to monitor lon is used for patient comfort e aspiration, pneumonia, and anstusion is extremely low. |
| risks of potential complianswered to my satisfa | ications, side effects, bene | alits and alternatives. I h | ave had the oppor | been explained to me (as no unity to ask questions and all rding outcome. I give my cons | questions have been |
| I request the administra | ation of anesthesia as may | y be considered necessa | ary for my comfort | or safety except as noted below | w. |
| I understand that photo except as noted below. | | y be requested for educ | ational or legal pur | poses. I give my consent to ta | king such pictures or videos |
| Disclosure: Dr. Kidwell | has part ownership at Va | iley View Surgery Cente | er. | | |
| Lave X | e, surgery, anesthesia or p | | o so state) | (signification of withness) | (D |
| Assignature of patient or RHXSIGIAN: I have con alternatives to the proc | unseled the patient regard | 1 | ose of the propose | d procedure(s) including the a | tlendshtrisids, benefits and |
| Seken | e Joice | | | (signature of counselling play | (sichlen) |
| Patient Identification | , | , | | \bigcup) | |
| | | | | | JS465 |



Bleed

NSAID

SBE

Heart

Lung

OSA

DM

| PT ID | DATE | |
|-------|------|--|
| | | |
| | | |



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| 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, dictofenac (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 <u>medical clearance</u> from prescribing physician to discontinue these |
| medications. Patients on cournadin 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. |
| ΛV |
| 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 <u>a sip of water.</u> |
| *Disclosure: Dr. Kidwell has part ownership at Valley View Surgery Center. |
| |
| have any questions or concerns, don't hesitate to ask. Signature indicates you have gead the instructions and will comply to avoid |
| Petjent Signature Touce Sekera 2017 |
| Patient Print Name Date |
| |

- AFTER YOUR INJECTION

 | One of 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

Pain Institute of Nevada

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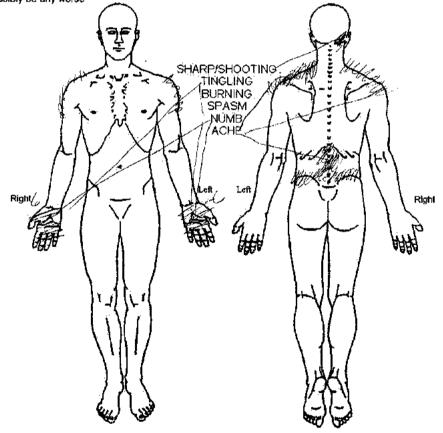
Pain Diagram

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| Pai | ln | Scal | le |
|-----|----|------|----|
|-----|----|------|----|

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- 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 Disabiling pain, essentially unable to do any activities whatsoever, cannot possibly be any worse



Name:

Joyce Sekera

Date: /-30-17

Nevada PRESCRIPTION MONITORING PROGRAM

Report Prepared: 06/19/2017

Joyce P Sekera

Patient Report

Date Range: 06/19/2016 - 06/19/2017

| Linked Records Name Addless JOYCE SEKERA 1 In Innale 7840 NESTING PINE PL LAS VEGAS NV 89143 |
|---|
|---|

Report Criteria First Name: Joyce P, Last Name: Sekera, DOB: 03/22/1956, ZIP Code: 89143, City: Las Vegas, State: NV, Phone: 7024675457, SSN:, DL:

Summary

Active Daily MME:0.0 Private Pay:0 Pharmades:1 Prescribers:1

Prescriptions:1

| ž | Worker's Comp | 15,0 | 0 | 1460267 WALGR (0055) 0 | 1460267 | FA TAY | co Co | 15.0 | HYDROCODON-ACETAMINOPHEN 5-325 15.0 | 11/04/2016 | - | 11/09/2016 |
|---|-------------------|------|-----|-------------------------|---------|--------------|----------|------|-------------------------------------|------------|---|------------|
| P | Is NWED Pyricaype | WWED | . I | rriber Rx # Pharmacy Re | Rx# | s Prescriber | Days | στν | Divig Days Presc | Written | 9 | Filled |

Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

LAS VEGAS ŧ

Address 7842 W SAHARA AVE

Name

TAYLOR, RACHAEL A

È

7023056339

89117

Zip

State

Prescribers

Dispensers

JOYCE SEKERA, DOB: 03/22/1956, Created On: 06/19/2017

| # 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Ph 7023 | Colly State State | VALGREEN CO. (0056) 7755 N DLRANGO DR LAS VEGAS NV 89131 7023984728 |
|--|----------------------------|----------------------|---|
| Ph 7023 | | 1004 1448 1148 | 89131 |
| 210 Chic | | State | W |
| State NV 89131 7023 | State | | LAS VEGAS |
| City | CIV State LAS VEGAS | | 7755 N DURANGO OR |
| CIN | Siate State I Las VEGAS NV | Pharmacy. | WALGREEN CO. (0055) |

Disclaimer:

Report contents are based on data entered by dispensers and their staff, and may contain errors. The Board of Pharmacy recommends independent verification with dispensers when prudent or necessary. Willful disclosure of prescription information may be subject to disciplinary action, civil penalties or criminal action.



Date Range: 01/04/2014 - 01/04/2017

Report Prepared: 01/04/2017

Patient Report

| Joyce P Sekera | | | | |
|----------------|------------|----------------|---------|--|
| | | Linked Records | cords | |
| Name | DOB | d | Gender | Address |
| JOYCE SEKERA | 03/22/1968 | 1 | fernale | 7840 NESTING PINE PLLAS VEGAS NV 89143 |

Report Criteria First Name: Joyce P. Last Name: Sekera, DOB: 03/22/1956, ZIP Code: 89143, City: Las Vegas, State: NV, Phone: 702-467-5457, SSN:. DL:

| | Active Daily MME:0.0 |
|---------|----------------------|
| | Private Pay:0 |
| Summary | Pharmacies:1 |
| | Prescribers:1 |
| | Prescriptions:1 |

| | | | | ā | rescr | rescriptions | | | | | | |
|------------|----|-------------------|--------------------------------------|------|-------|--------------|---------|----------------------|--------|-------|---|-----|
| Eilled 🖈 | ΩI | Written | Onlo | اميد | Days | Prescriber | Rx# | Pharmacy* | Refils | MME/D | Days Prescriber Rx# Pharmacy: Reffils MME/D Pymt Type | PMP |
| 11/09/2016 | - | 11/04/2016 HYDROC | HYDROCODON-ACETAMINOPHEN \$-325 15.0 | 0.21 | ųs | RA TAY | 1450257 | 1480267 WALGR (0055) | ū | 15.0 | Worker's Comp | NV |

^{*}Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

| | Phone | 7023056339 |
|-------------|----------|-------------------|
| | Zip | |
| | dz dz | NV |
| Prescribers | CIFY | LAS VEGAS |
| | Address | 7842 W SAHARA AVE |
| | Name Add | TAYLOR, RACHAEL A |

Dispensers

| Nav. | |
|--------------------|---------------------|
| one | 3964728 |
| Æ | 702 |
| Zb | 69131 |
| (01112) (01112) | |
| State | ΝV |
| | |
| City | LAS VEGAS |
| Address | 7755 N DURANGO DR |
| Pinarmacy Address | WALGREEN CO. (0055) |

Disclaimer:

Report contents are based on data entered by dispensers and their staff, and may contain errors. The Board of Pharmacy recommends independent verification with dispensers when prudent or necessary. Willful disclosure of prescription information may be subject to disciplinary action, civil penalities or criminal action.





HEALTH INSURANCE CLAIM FORM

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| . MEDICARE MEDICAID FRICARE CHAMP | DESCRIPTION OF THE PROPERTY OF | R 1a. INSURED'S LD. NUMBER | (For Program in Item 1) |
| (Modicales) (Medicasis) (I(Sections) (Member | (1) X | 31614 | |
| PAHENT'S NAME (Last Namo, First Rame, Middle Indial) | 3. FATENI S BRITH DATE SEX | 4. INSURED'S NAME (Last Nam | e, Flist Maine, Middle Initial) |
| SEKERA JOYCE P | 03 22 1956 M F X | SEKERA JOYCE F | > |
| PATIENT'S ADDRESS (No., Spoet) | 6. PATIENT HELATRANSHIP TO INSURED | 7. INSURED'S ADDRESS (No., s | |
| 50.00 DB 00000000000000000000000000000000 | Sulf X Spause Child Stror | | |
| 7840 NESTING PINE PL | and a support of the | 7840 NESTING P | |
| STATE | B. PESERVED FOR NUCC USE. | CITY | STATE |
| LAS VEGAS NV | | LAS VEGAS | NV |
| IP CODE TELEPHONE (Include Area Code) | | ZIP CODE | TELEPHONE (Include Aren Goda) |
| 89143 (702) 4675457 | | 89143 | (702) 4675457 |
| OTHER INSURED'S NAME (Last Name, First Name, Middle India) | 10.15 PATIENT'S CONDITION RELATED TO: | 11. INSURED'S POLICY ORCUP | |
| | <u> </u> | NONE | |
| OTHER INSURED'S POLICY OR GROUP MUMBER | a. EMPLOYMENT? (Corrent or Previous) | a INSURED'S DATE OF BIRTH | SEX |
| | | 03 22 1956 | - |
| RESERVED FOR MUCC USE | YES X NO | | |
| - HEREIT COLORES OF COLORES | Trives (State) | b. OTHER CLAIM ID (Designated | p by NBCC) |
| | TXAES TINO TINA | <u></u> | Max = |
| . AESEAVED FOR NUCC USE | 6 OTHER ACCIDENT? | G. INSURANCE PLAN NAME OR | PROGRAM NAME |
| | YES X MO |) | |
| INSURANCE PLAN HAME OR PROGRAM HAME | foo. CLAIM CODES (Designated by NUCC) | J. IS TELETIE ANOTHER HEALTI | BENEFIT PLAM? |
| | | YES JNO | If yes, complete ilams 9, 9s, and 9s. |
| READ BACK OF FORM BEFORE COMPLETIN | | <u> </u> | D PERSON'S SIGNATURE Lauthorize |
| PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. Fault raize the to process this claim. False request payment of government benefits either. | e refease of any medical to other iglomation repassary | payment of medical twicelits to | o litte unnersigned physician or supplier ter |
| balow | and mission on the file faters, while Septiblis Visualising | services described helow. | |
| Signature on File | | | ion on File |
| SIGNED | !?ATE | SIGNED | <u></u> |
| MOA OD YY | CONTRACTOR MM - DD 1 YY | | O WORK IN CURRENT OCCUPATION WM : DD ; YY |
| QUAL. | ual. | FROM | то : į |
| 7. NAME OF REFERRING PROVIDER OR OTHER SOURCE. 17 | /a. | BR. HOSPITALIZATION DATES F | RELATED TO CURRENT SERVICES Y MM , DD , YY |
| DN KATHERINE D TRAVNICEK MD | 76. NP1 1356467831 | TROM | ro |
| 8. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) | Carrier of the State of the Sta | 20. OUTSIDE LAB? | \$ CHARGES |
| | | VES X NO | 1 |
| T DIAGNOSIS OR NATURE OF BLINESS OR BUSIRY. Retrie A-L to see | vine line below (24f.) | 22. RESUBMISSION | |
| | p.1. (a) | CODE | OR!GINAL REF, NO. |
| | U | 23. PRIOR AUTHORIZATION NU | 23-451-F4 |
| F. L | Н. С | | |
| L. <u>L. L. L. L. K.</u> 1 | L L | 5382EXL- | - 1 |
| A. DATE(S) OF SERVICE B. C. O. PROC | EDURES, SERVICES, OR SUPPLIES E. | | |
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| From TO PACE OF EMG CPTMC 12 07 17 12 07 17 11 9921 5. FEDERAL TAX LD. NUMBER SSN EIN 26. FATIENT'S 880245302 X 31614 1. SKRWATURE OF PHYSICIAN OR SUPPLIED 32. SERVICE S INCLUDING DRIGHTES OR DRIPPHINALS 1. PAIN 1435. | ACCOUNTING 27. ACCEPT ASSIGNMENT? CO | \$ CHARGES 1985 | NPI 1356467831 NPI 1356467831 NPI 1356467831 NPI N |

Run Date: 1/16/18

Patient Procedures Ledger

WALTER M KIDWELL MD, 7065 W ANN ROAD #130-548, LAS VEGAS, NV 89130-4990

(702)878-8252

Acct Num: 31614.00

JOYCE P SEKERA 7840 NESTING PINE PL

LAS VEGAS, NV 89143

Pat Type: 70/ARF

SSN:***-**-430 DOB: 3/22/1956 Sex: F

Empl/Sch:

Home Ph: 702 467-5457 Work Ph: 000 000-0000

Cell Ph: 702 467-5457

Email:

| Ins:4941 | GALLIHER ESQ. | KEIT Pol #: 31614-7180 | Group: | | ······································ |
|----------|---------------|----------------------------------|---------|--------------------|--|
| Date | Patient | Procedure Description | Amount | DailyTot | Balance |
| 11/30/17 | JOYCE | 6463550/FACET NERVE DESTRUCTION | 4200 00 | ******* | |
| 11/30/17 | JOYCE | 99152/CONSCIOUS SEDATION 15 MINS | 4200.00 | 4200.00 4200.00 | 15550.0C |
| | | | | | |
| 1/11/18 | JOYCE | 99214/EST. PT OFFICE 4 | 450.00 | 450.00 | 16000.00 |

Run Date: 1/16/19

Patient Procedures Ledger

WALTER M KIDWELL MD, 7065 W ANN ROAD #130-548, LAS VEGAS, NV 89130-4990

(702) 878-8262 SSN:***-**-430 DOB: 3/22/1956 Sex: F

Acot Num: 31614.00

JOYCE P SEKERA 7840 NESTING PINE PL

Pat Type:

Empl/Sch:

LAS VEGAS, NV 89143

Home Ph: 702 467-5457 Work Ph: 000 000-0000

Cell Ph: 702 467-5457

Email:

| Ins:4941 | GALLIHER ESQ | , KEIT Pol #: 31614-7180 | Group: | | |
|----------|--------------|--------------------------------|-------------|----------|--------------|
| Date | Patient | Procedure Description | Amount | DailyTot | Balance |
| 3/15/17 | JOYCE | NCNS/NCNS | 100.00 | 100.00 | 100.0 |
| | ٠. | | | | 100.0 |
| | | | | | 100.0 |
| | | | | | 100.0 |
| 12/07/17 | JOYCE | 99214/EST. PT OFFICE 4 | 450.00 | 450.00 | 550.0 |
| | | | | | 550.0 |
| 1/09/17 | JOYCE | 99244/CONSULT OFFICE 4 | 900.00 | 900.00 | 1450.0 |
| 1/30/17 | JOYCE | 99214/EST. PT OFFICE 4 | 450.00 | 450.00 | 1900.0 |
| 2/20/17 | JOYCE | 9921425/EST. PT OFFICE 4 | 450.00 | 450.00 | - 2350.0 |
| 2/20/17 | JOYCE | 20553/TRIGGER PT. 3 OR MORE MU | JSC 300.00 | 750.00 | 2650.0 |
| 3/09/17 | JOYCE | 6449350/FACET JOINT/NERVE LUM/ | | 3000.00 | 5650.0 |
| 3/09/17 | JOYCE | 99152/CONSCIOUS SEDATION 15 MI | INS | 3000.00 | 5650.0 |
| 3/15/17 | JOYCE | 99214/EST. PT OFFICE 4 | 450.00 | 450.00 | 6100.0 |
| 5/08/17 | JOYCE | 6449350/FACET JOINT/NERVE LUM/ | 'SA 3000.00 | 3000.00 | 9100.0 |
| 5/08/17 | JOYCE | 99152/CONSCIOUS SEDATION 15 MI | INS | 3000.00 | 9100.0 |
| 5/11/17 | JOYCE | 99214/EST. PT OFFICE 4 | 450.00 | 450.00 | 9550.0 |
| 6/01/17 | JOYCE | 99214/EST. PT OFFICE 4 | 450.00 | 450.00 | 10000.0 |
| 6/26/17 | JOYCE | 99214/EST. PT OFFICE 4 | 450.00 | 450.00 | 10450.0 |
| 7/10/17 | JOYCE | 99214/EST. PT OFFICE 4 | 450.00 | 450.00 | 10900.0 |
| 0/23/17 | JOYCE | 99214/EST. PT OFFICE 4 | 450.00 | 450.00 | - 11350.0 |

Page 1



| | ALLEY |
|--------|---|
| | SURGERY Patient Name: Joyce Schera Release of Information Checklist Patient's MR# 15365+ |
| V | Release of Information Checklist Patient's MR# 153/651 |
| | Release of Information Checklist Patient's MR# 15365+ |
| 1. | Authorization is Received Date: 12 Will 7 From: The Galliner Law Firm |
| 2. | VERIFY authorization is valid:NOT APPLICABLE - Subpoena, |
| | Authorization is valid DOS requested: 5/01/7 to preserv |
| | OR auth = lien as signed at admission Actual DOS: |
| | Enter in ROI Log (excel) |
| | If NO Notify requesting party that authorization is not valid and return with the |
| | request. (M:Medical Records/Release of Information/Return ROLdoc) |
| 3. | Make comment in AdvantX of request for record, pending copy by MedR / IM retrieval |
| 4. | Chart audit |
| | Chart to CNOrecord has been previously requested/audited |
| 5. | reviewed by: chart scanned to O-drive on |
| - - | BILLING DEPARMENT: statement requested? NOYes - Billing Records Attached |
| | |
| _ | Yes/Lien holder Acct -cc: fax to Billing Department to request bill (date/initials) |
| | Refer to: □ EAC □ Recovery Partners □ Canyon Medical |
| | □ EZ Business □ Other; |
| | Billing Staff Portion Completed By/Date; |
| 6. | Record is copied by MedR XRays/Films requested Y/N |
| | If yes, 'No Films' declaration included / attached |
| | Date Name |
| | Copied: □ All dates of service Billing attached □ Yes □ No |
| | □ specify DOS |
| | ☐ Min required (face sheet, H&P, op report, path report) |
| | _Make note in AdvantX |
| | Comment 'Copied by MedR mm/dd/yy' |
| | Information Disclosure screen in Registration |
| | File request in back, on left side of chart |
| | —————————————————————————————————————— |

M:\Medical Records-ROI\ROI checklist 3.2017.doox

7.

CERTIFICATE OF CUSTODIAN OF RECORDS

| STATE OF NEVADA) | |
|--|---|
|) \$S: COUNTY OF <u>CLARK</u>) | |
| COMES NOW lesi S | aavedra, being duly sworn deposes and says as follows: |
| | zed Agent for Valley View Surgery Center , |
| | |
| and in such capacity is the custodian of re | |
| | December, 2017, the deponent |
| | horization/subpoena for the release of records for: |
| Patient Name : Joyce Sekera | |
| Date of Birth : 03/22/1956 | |
| That the deponent has examined to | the originals of any and all records and has made a true and |
| exact copy of the records and provide a tr | ue and complete copy of those documents are attached hereto. |
| 4. That the original of the records w | as made at or near the time of the act and/or event recited |
| therein by or from information transmitted | d by a person with knowledge in the course of a regularly |
| | e office or institution in which the deponent is engaged. |
| ✓ Medical Records ✓ Billing Record | rds Radiology Other |
| b have been destroyed were lost, misplaced no records for date e other: | t be located after a thorough search of our files ed/purged. Records/Materials are maintained for |
| | to Be-L |
| | CUSTODIAN SIGNATURE |
| SUBSCRIBED AND SWORN to before t | me this 7 day of <u>December</u> , 20 17 |
| NOTARY PUBLIC in and for the said | Hug 27, 2820 |
| COUNTY and STATE | My Commission expires |
| C, LOPEZ Notary Public - State of Nevede County of Clark APPT, NO. 16-8574-1 My App. Expires Aug. 23, 2020 | JS477 |

CERTIFICATE OF CUSTODIAN OF RECORDS

| STATE OF | NEVADA |) | | | | |
|----------------------------------|--|--|--|--------------------|------------------|----|
| COUNTY | OF <u>CLARK</u> |) \$\$:) | | | | |
| | | Isai Saavedra | | - | - | |
| 1. That | the deponent is t | he <u>Authorized Agent</u> f | or <u>Valley View Sur</u> | gery Cent | er , | |
| | | stodian of records of th | | | | |
| 2. That | on the 7 | day of December | | 2017 | , the deponent | |
| received a H | PAA compliant | records authorization/s | ubpoena for the releas | e of records | for: | |
| Patient Name | Joyce Seker: | 9 | | | | |
| Date of Birth | : 03/22/1956 | 3 | | | | |
| 3. That | the deponent has | examined the original | s of any and all records | s and has ma | de a true and | |
| exact copy of | the records and | provide a true and com | plete copy of those do | cuments are | attached hereto. | |
| | | e records was made at | | | | |
| | | transmitted by a perso | | | | |
| | | onent, or the office or i | _ | | - • | |
| | Records / B | | Radiology | Other | | |
| 5 a b c d e f. | This pe have be were le no rece other: | ent has found no recomerson cannot be located error destroyed/purged. est, misplaced, stolen, ords for dates specified clogy orlocated is with : | l after a thorough searce Records/Materials are or damaged beyond re- of: | maintained pair | foryears. | |
| | | | / , | 1 / | | |
| | | | CUSTODIAN SIG | GNATIBE | ~~ <u> </u> | |
| | | | COBIODERNON | JIVATORE | | |
| SUBSCRIBE | D AND SWORN | I to before me this $\frac{7}{}$ | day of <u>Dece</u> | mber | , 20 <u>17</u> | ~ |
| NOTARY PU | BLIC in and for | the said | | Huen . | 27 , 2820 | |
| COUNTY and | | | My Com | mission exp | | |
| | C. LO Notary Public - S County o APPT, NO. 1 My App. Expires | inte of Hevada # Clink 6-9574-1 | | | JS4 | 78 |

ICATE OF CUSTODIAN OF RE

| STATE OF | <u>NEVADA</u> | * | | |
|---------------------------------|----------------------------------|--|--|--------|
| COUNTY OF | <u>CLARK</u> |) SS :) | | |
| | | | , being duly sworn deposes and says as follow | ws: |
| 1. That the | deponent is t | he Authorized Agent fo | YALLEY VEIW | _ |
| | | stodian of records of the | | |
| 2. That on t | he | day of MARCH | , 20_17, the deponent | |
| received a HIPA. Patient Name: | A compliant | records authorization/su | ibpoena for the release of records for: | |
| Date of Birth: | 03/22/1956 | 6 | | |
| | | | of any and all records and has made a true and | |
| | | | elete copy of those documents are attached hereto. | |
| | | | r near the time of the act and/or event recited | |
| | | | n with knowledge in the course of a regularly | |
| conducted activi | y of the depo | onent, or the office or in | stitution in which the deponent is engaged. | |
| ✓ Medical R | ecords | ✓ Billing Records | Radiology Other | |
| 5Th. a b c d e f | This per have be were lo no reco | een destroyed/purged. Rost, misplaced, stolen, or ords for dates specified or NONO X-RAYS/ | s/materials. after a thorough search of our files lecords/Materials are maintained foryears. t damaged beyond repair of: at another facility: | - - |
| | | | | ^ |
| | | (| CUSTODIAN SIGNATURE | |
| SUBSCRIBED A | ND SWORN | to before me this | day of | _ |
| NO PARY PUBI COUNTY and S | · | Le Marting | Teb. 16, 2018 | |

| - | VALLEY | VIEW SURGERY | TER (VVSC) | PATIENT | r re | STRAT | ION | |
|-------|---|---|--|---|--|---|---|---|
| | Patient 1 | nformation: | | | | K | | |
| البيع | Name JOYCE P SEE | TO THE | Birthda 03/22/5 | - | Sex F | ACCT# 153654 | | |
| ١., | Address | a second | Race | | Social : | | Marital | Status |
| | 7840 NESTIN | | Unknown | | 0914884 | 30 | \$ | |
| | Las Vegas, | | Cell P | | | | | |
| | nome Prone: Employer:br | (702) 467-5457 | Work P | | | | | |
| | | | | | | | | |
| | | EKERA, JOYCE P | | | | Relation | - | .f |
| | Address: 784 | O NESTING PINE Las | Veg NV 89143 | | ne: (102 |) 467-545 | , | |
| | Primary I | nsurance: | | | | | | |
| | Carrier: L | en Payer | | d: SEKERA, | | | | 6 |
| | Claims: ATTY Address | ; KEITH GALLIHER | | t's Relat 3/22/19 5 6 | | : Self :SS#:091- | 48-8430 | Sex:F |
| | 1950 E. SAH | ARA #107 | | nce ID: 00 | | | | |
| | Las Vegas, | NV 89104 | Auth # | : | | | | |
| | Ins. Phone: | (702) 735-0049 | Employ | er:brand | vegas | | | |
| | Secondary | Insurance | | _ | | | | |
| | Carrier: | | Insure | • | | | | _ |
| | Claims: | | Patien DOB: | t's Relat | ionship | : SS#: | | Sex: |
| | Address | | = - | nce ID: | | • | roup #: | |
| | , | | Auth # | : | | | • | |
| ı | Ins. Phone: | | Employ | er: | | | | |
| | | urgery: 11/30/201 BIL L5-81 RFTC RKI | 7 Surgeon: 1 | | | | | ement LUMB |
| | Authorizati hereby auth | on for Treatment: I have orize and permit VVSC | ereby authorize t to release medica | reatment a | at Valle data r | ey View S | Surgery C | enter, I service. |
| | responsible the insurar bill my insurar medical ber patient res final calcu the claim i the event m | greement and assignment for all charges incuive information that I urance for services refits payable on my be ponsibility that is collation of my financials processed. Any bally account is referred that there may be ad | rred, regardless of have provided, as eceived. I hereby shalf to VVSC for alculated and/or of responsibility if ance is due within to a collection s | f insuran listed a assign p services ollected s determi 30 days ervice du | ce cove bove is ayment at VVSC on this ned by of bill te to la | rage. I correct of all so I und date is the insuing to pock of pa | hereby that and that urgical a erstand an estimate contact from the contact on the contact on the contact are and a contact are | verify that t VVSC will and/or that my mate. The mpany when rom VVSC. In my part, I |
| | insufficier | k charge: I understar t funds (NSF), there turned unpaid a secon | will be a NSF fee | of \$35.00 referred | charge to a co | d to my llection | service | If the same for recovery. |
| | Signed: | are below | | | Date: | ((-3 | <u>0-1</u> | |
| | Relationsh | p if other than patie | Ry | | | | | |
| | | | U | | | | | |

PROCEDURE NOTE

VALLEY VIEW SURGERY CENTER 1320 S. Valley View Blvd. Las Veges, NV 89/02 702-675-4600 702-675-4604 fax

PATIENT: Joyce P Seltera DOS: 3/22/1956

SURGEON: Katherine D Travnicek MD Date of Service: November 30, 2017

DIAGNOSIS MS4.6 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 breeding, infection, blood closs, spiral headache, increased pain, damage to nerves and structures of the nect/back that can result in temporary or permanent path, weakness or paralysis, loss of bladder or bower control, alongs or other reactions to medication requiring resuscritation, air in the lung requiring chast tube, setzure, strake or death. Injection of conficosteroids can potentially cause suppression of the adversal gland and damage to bone, tissues or eyes. Transfert 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(8) PERFORMED: FLUOROSCOPICALLY DIRECTED FACET JOINT RADIOFREQUENCY RHIZOTOMY BILATERAL LISSI WITH CONSCIOUS SEDATION

ST 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. Stanle drapes were applied. Mediculous static technique was matritained. The skin and subcutaneous tissues were entesthetized with 1% lidocaine. Next, under direct fluorescopic guidence, insulated radiofequency needle(s) were inserted percuraneously and directed to the lateral base of the superior entectating process corresponding to the location of each nerve was simulated at 2 to 2 (whole) to varily needle proximity to the medial branch to be lesioned. Next, each nerve was stimulated at 2 to 2 (volta rule out major motor stimulation. Prior to lestoning, each nerve was anesthetized. Each nerve was finent estoned. The petient 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 was even an patient was given discharge instructions including instructions to contact me with any questions or concerns following this procedure. Edicar-up instructions were given. The patient was then discharged elect, oriented to hister driver.

SEDATION (medications titrated to effect): Fentanyt Midazolem
NEEDLE: 18g RF insulated Venom
LESION: 80 dégrees C for 90 seconds for one lesion each side
INJECTATE (each site): Bupivicaine (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

JS481

NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56 AGE: 61 DR: TRAVNICEK, KATHERINE M.D. DOS: 11/30/17 SEX: F

| ecuco | BLED PROCEDURE: Bilat LS-SI RFA |
|---------------------------|---|
| CHIEF: | COMPLAINTY REASON FOR PROCEDURE |
| ☐ Head ☐ Neck | |
| 🔲 Орра | extremity pain |
| _ | ack pain Other: |
| MEDIC | AL HISTORY: Other |
| Current i | nedications - see Patient Home Medication List (Medication Reconciliation List) |
| HISTOR | Ý OF PREVIOUS PÁIN MANAGEMENT PROCEDUDRE: |
| ☐ No | |
| ☑Yes Justifica | tion for repeat Epidural Steroid Injection |
| 🔲 Parti | al Improvement Other |
| ☐ Iran ☐ Sign | sient Improvement ficant Improvement |
| Retu | n of symptoms tent symptoms |
| Persi | nan sympuns |
| | / FAMILY HISTORY: Contributory |
| Other | |
| ALLER | GIES OF ABNORMAL DRUG REACTIONS: NKA |
| | .0 |
| <u>PHYSIC</u> Heart/Ca | ALEXAM: OPP |
| | spiratory |
| Other _ | |
| PLANN | ed anesthesia: |
| Ancs | thesiologist. 4RN ASA Score: □1 ☑12 □3 □4 |
| - | |
| 73bor | Hylosis (facet pein) |
| Spor | Adylosis w/o myelopathy |
| Dege | eneration Disc Disease |
| | aminectomy Syndrome Cervical Thoracic Lumbar |
| ABNO | MAL FINDINGS TO BE ADDRESSED ON DATE OF SERVICE PRIOR TO PROCEDURE: NA |
| | MD'S Signature Proceed Cancel procedure |
| | he confirmed whose with the henefits and risks of the procedure and alternative |
| 0.00 | takemed content take discussed with the nament, including the rate, policies, policies, policies, |
| with the p | Danned procedure and anesthesia. The Patient is cleared for procedure in VVSC ARGE NOTE: |
| | entions of None |
| Conditio | Stable: Discharge to home |
| | in the standard Mark |
| | 35462 |
| | Valley View Surgery Center Patient Name: NAME: SERRA, JOYCE P |
| | Doi: Managaranat History & Physical |
| | DR: TRADITION - AND: OI |
| M:\FORN | SYCHOLOGI FORMSYOT I Long PAIN MANAGEMENTH and P 3.3. (6ym.dob. DOS: 71/30/17 SEX: F |

| Noveland PRE-OP ORDERS: Admit to Valley View Surgery Center for scheduled procedure on consent. Noveland Process of the programment of the program | Date | STANDING ORDERS |
|--|--|--|
| J. Drine pregnancy leat on femiles having packadic manetrual cycles unless post hystercolony of no measural ports of including year. Results of Pho-public of unless that completed 1 days on easy parts of procondus with secopied for pregnancy animality. 2. Obtain BP, Blood Sugar and HCG regulate (if applicable) on periods grize to herving the patient change for the procedure. 3. Disbood glacose level on all disberts periods in the manufacture of the procedure | Nursa | The state of the s |
| year. Results of Phy-Op blood or urhe tests completed 7 days of less plant to procedure with the patient change for the procedure. 3. Do blood glacose level on all debetic patients. Report results greater than 150. 4. Insert 200 for alth to Salte level on the Unitron. Plant with the 150 plant of the 150 plant | Notation: | A 11 |
| 2. Obbein BP, Blood Sugge and HCG results (if applicable) on patients princ to hering the patient change for the procedure. 3. Ob blood glucone level on all disbetter patients. Report nesting greater than 150. 5. Freet 300 for cash for Setine lock or IV rebution. Flush wild arise 0.9% NS FRN. May use 0.5% Lidocaine 0.1-0.2mls subcutaneous before insertion. Set in 10.0 NS 200 in no operative side for canded procedures. 5 Discograms Ancred 1900mg IVPFIVPB (Anced 2900mgs IVPB for patients 120kg or greater). 6 Discograms Ancred 1900mg IVPFIVPB (Anced 2900mgs IVPB for patients 120kg or greater). 7. For conrical transformation lisections, general patients of the 10.0 NS 2000mg IVPF on patients 120kg or greater). 9. For Selsten Ganglion and Symposthetic injections, record a baseline temperature on appropriate bleateral extremities. 9. Document the date poster discontinued arty of the following medications. Acceptated days of discontinuation of artifinammatory medications for 4 days. I [Dournadion or] Planke-fort days. [] Except for Calabriax, all non-steroidal artifinammatory medications for 4 days. Inform IVD III days do not meet chiefes. 10. For blood patich procedures: Using sterile technique, insert at minimum a 20G IV catheter (preferable 18G) in the structural transferable second IV site for blood draw. 10. For blood patich procedures: Using sterile technique, insert at minimum a 20G IV catheter (preferable 18G) in the structural transferable record injection [] SNRR: [] TFEST: [] Float Joint Highest IV [] Float | | vest. Results of Pre-Op blood or urine tests completed 7 days or less prior to procedure will be accepted for pregnancy screening. |
| 5. Do blood glacose level on all dishertic patients. Report results greater than 150. Inter 200 M cat fit or Saline look of N bethinor. Plash at 95 Nh SPR M. May use 0.5% Lidocaine 0.1-0.2mls subcutaneous below insertion. Start W.O.s. Nh 250 mis KVO on non-operative side for central procedures. S. Discograms. Annot B (Orgon (PV-IVP) (Annot 2500mgs VPP) for patients [20tgs or greater). Hardware Bicoks, Implants. Pleasu Bibot, Pump Rottle, Superior Hypogestric Block, TTSCS and patients with history of MVP, and Schacule Beacterial Endocarditise. Cindemprint Brooming IV. 7. For centrical transforminal infections, going chalansetion (20fath) 4mg [VP over two to 5 minutes. 8. For Statens Ganglion and Symposthetic infections, record a beaseline lemperature on appropriate biblesrel extremilies. 9. Document the date potiont discontinued any of the following medizations. Acceptable days of discontinuence from date of procedures: Light-Card days, [1] Except for Calebrax, all non-steroids and inflammatory medications for 4 days. Inform MD if days do not meet original. Except for Calebrax, all non-steroids and inflammatory medications for 4 days. Inform MD if days do not meet original. Except for Calebrax, all non-steroids and inflammatory medications for 4 days. Inform MD if days do not meet original. Except for Calebrax, and inflammatory medications for 4 days. Inform MD if days do not meet original. Except for the procedures: Light startle for blood draw surgical Consent to read (CHECK ALL THAT APPLY): ERVICAL 10. For blood patch procedures: Light \$1 Right 1 Bilate religion 1 MBB Facet Nerve Injection 1 MBB Facet Nerve Injection 1 1 1 1 1 1 1 1 1 | | 2. Obtain BP, Blood Sugar and HCG results (if applicable) on patients prior to having the patient change for the procedure. |
| before insection. Start N.D.B. NS 250 mts NVO on non-operative aids for central procedures. 5. Disograms: Annel 1900mg NPP19/PVB (Ancel 2800mg NVPB for patients) Hardware Blocks, implants, Pleaus Block, Pump Roffle, Superior Hypogestric Block, TSCS and patients with history of MVP, and Subcacks Bacterial Endocarditics. Circial services in the Start State of Start | | 3. Do blood gives a level on all diabetic nationts. Report results greater than 150. |
| Hardware Blocks, Implants, Pleaus Block, Pump Refills, Superior Hypogestic Block, TSUS and passens were resort of an activation and subscules Backerial Endocardists (2 Indiamyter) 8000mg IV. 7. For carvical transforaminal lijections, give Ondersettion (20fan) ang IVP over two to 5 minutes. 8. For Stellate Ganglion and Sympathetic Injections, rock of baseline frommers through a property of the following medicardisms. Acceptable days of discontinuations of the following medicardisms. Acceptable days of not meet criteria. 10. For blood paticity procedures. Upling stellie technique, meet at minimum a 20G IV cathoter (preferable 18C) in the riscoutistal viring set the second IV sile for the following meet criteria. 10. For blood paticity procedures. Upling stellie technique, meet at minimum a 20G IV cathoter (preferable 18C) in the riscoutistal viring set the second IV sile for the following meet criteria. 11. Left Papint | | Insert 20G IV cath for Saline lock or IV solution. Flush w/3 mls 0.9% NS PRN. May use 0.5% Lidocaine 0.1-0.2mls subcuraneous helpe insertion. Start IV 0.9 NS 250 mls KVO on non-operative side for cervical procedures. |
| B. For Stellate Ganglion and Sympathetic Injections, record a baseline temperature on approtein blasteral expensive. D. Document the date posterior disconfined any of the following medications. Acceptable days of disconfinivance from disc of procedure: [JASA-7days., [Courselin or [Platk-for7 days., [] Except for Calebrax, all non-steroidal and inflammation ymedications for 4 days. Inform MDI if days do not meet offscie. 10. For blood patch procedures: Using statelle technique, insert at minimum a 203 IV catheter (preferable 16C) in the antecubital vein as the second IV site for blood draw. Burgical Consent to read (CHECK ALL THAT APPLY): EREVICAL [Endured Steroid rijection [] SNR8* [] TFEST* [] Float John Nijection [] IMB8 (Facet Nerve Injection)*** [Endured Steroid rijection [] SNR8* [] TFEST* [] [Da [] [71-2] [72-3] [73-4] [74-4] [74-5] [75-6] [76-7] [77-1] HORACC [27-2] [75-3] [75] [75] [75] [75] [75] [75] [75-6] [75 | | Hardware Blocks, Implants, Plexus Block, Pump Refills, Superior Hypogastric Block, T1SCS and patients with history of MVP, and Subacute Bacterial Endocarditis: Clindamycin 900mg IV. |
| D. Occurrent the date pastent disconfinued any of the following medications. Acceptable days of discommand in the date of procedure. [JASA-7days.] [Courage for 159s.] | | 7. For cervical transforaminal injections, give Ondansetron (Zofran) 4mg (VP over two to 5 minutes. |
| date of procedure: [JASA-7days.] (Cournedin or [Platko forf days.] [Except for Caleborax, all non-sterodal anti-inflammatory medications for 4 days. Inform MD if days do not mate checks.] [1] (0. For blood patch procedures: Using sterile technique, insert at minimum a 20G IV catheter (preferable 18G) in the Intercutibal view as the second IV safe for blood draw. Surgical Consent to read. (CHECK ALI. THAT APPLY): | | B. For Stellate Ganglion and Sympathetic injections, record a baseline temperature on appropriate bilateral extremities. |
| 10. For blood patch procedures: Using sterile technique, insert at minimum a 20G fV catheter (preferable 18G) in the strategicial to rise for blood draw | | date of procedure: [IASA-7davs. []Cournadin or []Plavix- for7 days, [] Except for Celebrax, all non-steroidal |
| ERVICAL | | (0. For blood patch procedures: Using sterile technique, insert at minimum a 20G IV catheter (preferable 18G) in the antecubital vein as the second IV site for blood draw |
| Epidural Steroid Injection SNRB* | | Surgical Consent to read (CHECK ALL THAT APPLY): |
| Statists Ganglion | ERVICAL | []Left []Right []Bilatered |
| EVELS: [C2 [C3 [C4 [C5 [C5 [C7 [C3 [C7-2] [C2-3] [C3-4] [C4-5] [C5-5] [C |] Epidural | Steroid injection [] SNRB* [] TFESP* [] Facet Joint Injection [] MBB (Facet Nerve Injection) |
| Epidural Sarold Injection I SNRS' Facas Joint Injection MBB (Facet Nerve Injection) | EVELS: { | [C2 []C3 []C4 []C5 []C6 []C7 []C8 []C1-2 []C2-3 []C3-4 []C4-5 []C5-6 []C6-7 []C7-71 |
| UMBAR Internation Interna | HORACIC | [] Left [] Right [] Bilatoral |
| Epidural Steriod Injection SNRB* Fresh Facet Joint Injection Medication |] Epidural (,EVELS; [| Seroid Injection [] SNR8" [] ITES!" [] Facat John (njection] MBB (Facet Nerva Injection)" [] Facotoric questry [] Discouraging [] Facet |
| SNRB-Selective Nerve Root Block "TFESI=Transforaminal Epidural Steroid Injection "MBB-Medial Branch Block" INTRAOPERATIVE ORERS: Oxygen at 24 L/NO CONSCIOUS SEDATION Versed | Epidural Sympath .EVELS: [OTHER: | Steroid injection [] SNR8* [] TFES!** [] Facet Joint injection [] Mibb (*acet Nerve injection)** blic [J. Radiotrequency (] Discography [] Caudal/Catheter Directed [] Sacrolliac Joint L1] L2 [] L3 [] L4 [] L5 [] S1 [] S2 [] L1-2 [] L2-3 [] L3-4 (] L4-5 [J.C5-S1 |
| Proportion | MINDER | FLUGROSCOPY TTSCS Trial Spinal Cord Stimulator |
| PACU ORDERS 1. Check vitats every 5 minutes x 2 then up to chair/dangle with 1 set of vitats. Record post-procedure temperature readings of patients who received Stellate Ganglion and Sympathetic injection procedures. If local infiltrate and no sedation performed, take vital signs x1. Discharge when patient stable. 2. For Stellate Ganglion and Sympathetic injections, record temperature on appropriate biliateral extremities. 3. Oxygen nasal prongs or mask to as needed to maintain one-op oxygenation level. 4. Joe chips or liquids as tolerated. Ondansetron 4mg IVPAM for nausea or vomiting pro. 5. Do blood sugar testing if pt. received treatment for blood sugar level. 6. Remove IV catheter just before discharge. 7. Resume all prior medications. [] NA 9. Provide and review written gory of post procedure instructions, with patient & family members. 10. Pt may be discharged in Whit if post-reversal agent. [] yes. [] no 11. Other orders: VALLEY VIEW SURGERY CENTER Standing Orders - K Travincek, M.D. NAME: SEKERA, JOYCE P ACT#: 153654 DOB: 03/22/56 AGE: 61 | | RATIVE CREES: Oxygen at 2-4 L/NC CONSCIOUS SEDATION Versed |
| 1. Check vitals every 5 minutes x 2 then up to chain/dargle with 1 set of vitals. Record post-procedure tamperature readings en patients who received Stellate Ganglion and Sympathetic injection procedures. If local infiltrate and no sedation genomed, take vital signs x1. Discharge when patient stable. 2. For Stellate Ganglion and Sympathetic injections, record temperature on appropriate bilateral extremities. 3. Oxygen nasal prongs or mask to as needed to maintain pre-op oxygenation level. 4. Ice chips or liquids as tolerated. Onderselron 4mg IVP/IM for nausea or vomiting pm. 5. Do blood sugar testing if pt. received treatment for blood sugar level. 6. Remove IV catheter just before discharge. 7. Resume all prior medications. [] NA 9. Provide and review written loops of post procedure instructions with patient & family members. 10. Pt may be discharged in year if post-reversal agent. [] yes. [] no 11. Other orders: VALLEY VIEW SURGERY CENTER Standing Orders - N. Travitock, M.D. NAME: SEKERA, JOYCE P ACT#: 153654 DOB: 03/22/56 AGE: 61 | Car Badlein | Trackment See DC Neurotomy Procedural News Form Medications drawn up as ordered on MD preference cards. |
| patients who received Stellate Ganglion and Sympathetic injection procedures. It local infiliates and no section gets intentional vital signs x1. Discharge when patient stables 2. For Stellate Ganglion and Sympathetic injections, record temperature on appropriate bilateral extremities. 3. Oxygen nasal prongs or mask to as needed to maintain ore-op oxygenation level. 4. Ice chips or liquids as tolerated. Onderseron 4mg IVPAM for nauses or vomiting pm. 5. Do blood sugar testing if pt. received treatment for blood sugar level. 6. Remove IV catheter just before discharge. 7. Resume all prior medications. [] NA 8. Resume all anticoagushis on next scheduled dose after the procedure. [] NA 9. Provide and review written gopy of post procedure instructions, with patient & family members. 10. Pt may be discharged in Why if post-reversal agent. [] yes [] no 11. Other orders: VALLEY VIEW SURGERY CENTER Standing Orders - IX Travinicals, M.D. NAME: SEKERA, JOYCE P ACCT#: 153654 DOB: 03/22/56 AGE: 61 | roi Rauloin | There's Head with the Telegraphy (Tuboda 1905) |
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| VALLEY VIEW SURGERY CENTER Standing Orders - K. Travnicck, M.D. NAME: SEKERA, JOYCE P ACT#: 153654 DOB: 03/22/56 AGE: 61 | FO FEIGHT | PACU ORDERS 1. Check vitals every 5 minutes x 2 then up to chair/dargle with 1 set of vitals. Record post-procedure temperature readings of patients who received Stellate Ganglion and Sympathetic injection procedures. If local infiltrate and no sedation particularly stable. 2. For Stellate Ganglion and Sympathetic injections, record temperature on appropriate biliateral extremittles. 3. Oxygen nasal prongs or mask to as needed to maintain pre-op oxygenation level. 4. Ice chips or liquids as tolerated. Ondansetron 4mg IVPAM for nausea or vomiting pm. 5. Do blood sugar testing if pt. received treatment for blood sugar level. 6. Remove IV catheter just before discharge. 7. Resume all prior medications. [] NA 8. Resume all anticoaguiants on next scheduled dose after the procedure. [] NA 9. Provide and review written loopy of post procedure instructions, with patient & family members. |
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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 OOB 3/22/1956

SURGEON: Ketherine D Travnicek MD

Date of Service: November 30, 2017

MAGNOSIS
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 nectorack that can result in temporatry or permanent pain, weakness or paralysis, loss of bladder or bowel control, all orgic or other reactions to medication requiring resultant, air in the lung requiring cless tube, setzure, stroke or death. Injection of conflocational and reamage to have a feet to the conflocation of the advantal read damage to have feet to the conflocation of the advantal read damage to have feet to the conflocation of the advantal read damage to have feet to the conflocation of the advantal read damage to the feet to the conflocation of the advantal read damage to the feet to the conflocation of the advantal read damage. The advantage is represented to the conflocation of the advantal read damage to the parallel feet to the conflocation of the advantal read damage. The advantage is required to the conflocation of the advantage is required. can potentially cause suppression of the adrenal gland and damage to bone, tissues or eyes. Transfert fluid retention is common. The patient indicates understanding and accepts the risks.

INDICATION: The patient is sity diagnostic facet joint / facet nerve injections from which she noted significant but trensient improvement. The patient is an appropriate candidate for radiofrequency ebiation.

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

The patient was positioned prone. Standard monitors were connected including pulse extinetry, NIBP and EKG. Supplemental Oxygen was given as needed. The skin was prepayed with a sterile surgical prep times three. Sterile drapes were applied. Meticulous sterile technique was maintained. The skin and subcutameous fiscues were anesthetized with 1 % lidocelne. Next, under direct fluoroscopic guidance, insulated rad direquency needle(s) were inserted perculaneously 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. Prioritio lesigning, each nerve was ansahetzed. Each nerve was fron losioned. 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, criented to hisher 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): Bupivicate (pf) 0.6% 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

JS484

NAME: SEKERA, JOYCE P

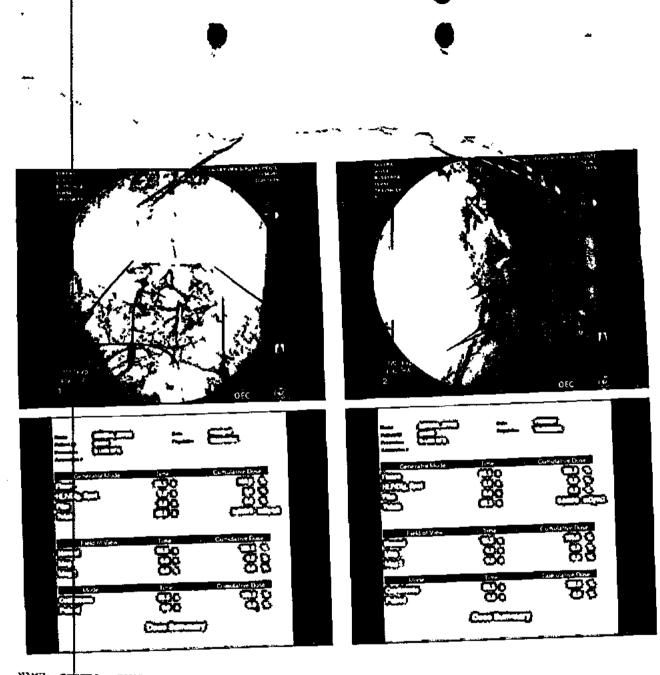
ACT#: 153654

AGE: 61 DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D.

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NAME: SERERA, JOYCE P ACT#: 153654 DOB: 03/22/56 AGE: 61 DR: TRAVNICEK, KATHERINE M.D.

DOS: 11/30/17

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Walley View Surgery Center

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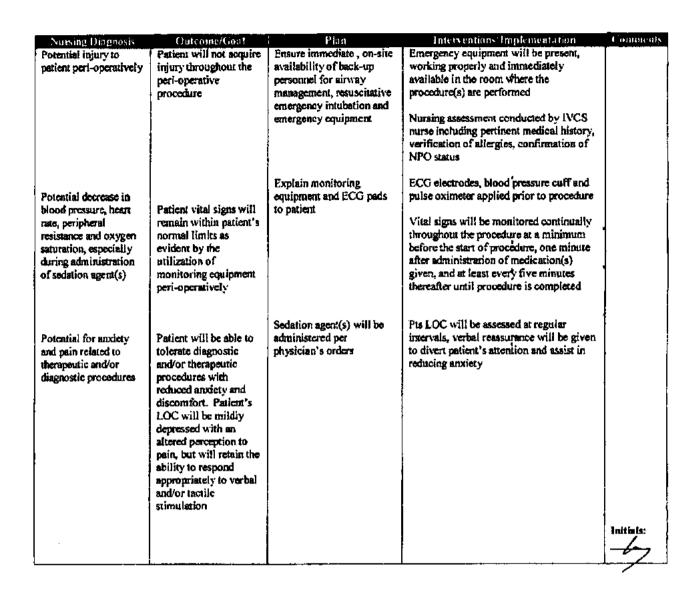
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| | | : | | Patient Care Plan | | |
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| | Nursing | Diagnosis | Goal | Pine | Implementation | Conanents |
| | Potential injur peri-operative | | Patient will not acquire injury throughout the peri-operative procedure. | Greet patient, check two patient identifiers and verify operative site, allergies and other pertinent | Operative site, correct patient and permanent history verified, Allergies noted. | |
| | | | programo, | information. Safety straps applied, patient positioned appropriately | Patient encouraged to ask questions about ours in the operating room. | |
| | | | | with good body alignment and pressure points padded. | Proper body alignment and safety straps used. | |
| | | | | | Electrical equipment checked and consumed to be in sufficient condition. | lmitials: |
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| | 2% Lido | | Dexamethasone | | Units Omnipaque 300 mg Added Ar | ncefmg |
| | 4% Lido | aine MPF | Methylprednisolone | Pump medication | on verified with attending MD | |
| | | | | ngied on the procedural report o | f the physician performing the procedure.) | |
| | | DIAGNOS | | | andy losser | |
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| | | l | Dr. K. Travnicek | l | ACT#: 153654 | 51 |
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Radiofrequency Neurotomy Procedural Form

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| Other: | | | | | Λ | , | | | | / | . 1 | .1 | • | | | <i>I.</i> | |
| | | | la la | 41 | 17 | | | | | , | 7/ | | | T | nitials | u | 7 |
| □ Other: | | <u> </u> | 2_ | 10 01 | łш | / | Cinne | י מאי נול נ | | | // | | | | | . / | |
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| □ Other: VCS RI Antibioti Patient | Printed Nam | . නිර dure w | vell an | d was | trans | ferred | comp to P/ | ACU: | at in app | parent | good (| | tion. | | | PA PA | <u></u> |
| □ Other: IVCS RI Antibioti Patient | N Printed Nam | . නිර dure w | vell an | d was | trans | ferred | comp to Panded | eleted ACU i over 1 | at_ in app to PA | erent | good (| | tion. | | M4 | Par | |
| □ Other: IVCS RI Antibioti Patient | Printed Nam | . නිර dure w | vell an | d was | trans | ferred | comp to Panded | ACU: | at_ in app to PA | parent , | good (| | tion. | | m4 | PA | <u></u> |
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|------------|---------------------------------|--|---------------|------------------------|------------------------|---|-----------------|---------------|--------------|
| Proce | pure: Radio 1 | regueragion | ve aldati | മവ് മു | bilat | Lumbar 5-Sac | al 1 | | |
| PreOp | B/P 152 (9) | Pulse RR N |)_SaO2 | 12% | Jra □ « | Lumbar 5-Sac Lumbar 5-Sac Lumbar 5-Sac | Z Pain Levi | <u></u> | itlais_()_ |
| Abait. | | 100 B | D. C. | | 201/4 | WEST WALKES WENT | tecounty. | | and the same |
| [22] | 43/11/48 | 16 95 | 98.9 | 8 | | nd movement of all extremities | ≢2 =1 | ٠ | <u> </u> |
| 1225 | 15971, 45/ | 16 95 | | 9 | Activity | ment of extremittee | =0. | P | |
| 1230 | 12/13/49 | 16 941 | CA | 1 | Breath de | eply and cough freely | =2 | 2 | - |
| 1935 | 147/7/53 | 18 74 6 | 24 | Ø | Aprica | nd/or impaired breathing | =1 Resp =0 | | 1 |
| ļ <u>.</u> | 17/0- | | | | Pt. esymp | e or improved over PreOp reedin plomatic | gs. ≠2 | 2 | |
| | | | | | Pt. outsid PreOp re | le of acceptable range based on edings, | Circ ∞1 | | ク |
| | | | | | Unstable | Hypotension or Hypertension wake, responding appropriate | ₩ 0 ₩ =2 | | |
| | 1 - | 1 | | _ | Respond | s to namé and/or verbal alimuli | =1 LOC | Ø | 2 |
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| NURSE | | ake composing force | | t B. K. S. A. T. O. W. | | Take to the first term of | CHRINE . | 2 | ALL PART |
| ANS | 205 /19 | o urealena | as Jun | stea | du | Pt. tolerated procedure withou | apparent injury | Yes | □ No* |
| 44 | ut tul | Daylog " | 10/1/00 | rew | راها. | Safety maintained: Vec C | | _ ~~_ | |
| 1 | denin | stated y | nclestin | 10-G | Les . | Nauses Vomilling NA | | | |
| 1301. | <u> anosna</u> | - Creuced | an p+ | 7 / / | 7/8 | Intake: PO 1977 mts | | | |
| 12/1/2 | 410.00 | MATERIAL DE | X 1/4 4 | K | | Discharge Criteria Met 🖾 Ye | | | |
| 13440 | 20 Harris | R Wear | Carran | D. O. | <u>√ .</u> | IV catheter removed / catheter | | | |
| 100 | exemile | - Langs | he solo | 62 4 | 0 1045 | S/S of complications due to IV | | | |
| | nother. | | aug | | 4 | Copy of discharge instructions Prescription given: DHA DY | | | |
| 4254 | amourat. | 158100 | y dai | # 4 | 24/, | medication as written on preso | | | en# |
| | ven pain log and mi ization. | nderstands instructi | orts he hoted | by pt.'s | -// | instructed pt. to resume medic | | | ed by MD. |
| Time | 124 | Pt. up in wheelcha | ir. Medically | discharg | god. | | | ZYes. | □ No |
| Waiting | | | | | | Pt/other status understanding | | | □ No* |
| Signatur | e 0/L | 46/ | Initials | A | u, | Mobility unchanged from Pre C Supplies given at discharge: | | ∐ No* | |
| Signatur | 3 | 18 | Initials | | | Discharged via w/s to responsi | | ss □ No* | |
| | | | | İ | | Discharge Pain Level: | Discharge T | , | 426 |
| | | | | | | | | | 1 - 2 |
| V_A | LLEY VII | EW SURGI | ERY CE | NTE | R | Patient Label | | JS4 | 90 |
| | POST | PROCEDURE R | FCORD | | | name: Sekera | ታስሂላው እ | | |
| | 1031 | volbant n | | | I | ACT#: 153654 | , ovica P | | |
| | | | | | | DOB: 03/22/5 | 6 A | GE: 61 | |
| | | | | | | DR: TRAVNICE | | | D. |
| M:\FO | MS\Clinical form | s\revised\018-Post | Procedure Re | ecord rev | 083017£ | l.doc DOS: 11/30/1 | , 5 | EX: Y | |



EVALUATION

Goal is obtained: Yes No HURSING DIAGNOSIS NURSING INTERVENTION PATIENT OUTCOME Altered alrevay Observe & maintain or support sirway Patient airway with maximum Function as needed respiratory compliance as Comments: evidenced by adequate Oz Post-anesthesia Oz on antival / PRN exchange, tissue perfusion & visible hemodynamics. - Monitor SeO₂ Appropriate position Clear sirway without assist Goal is obtained: 7 7 es No Altered hemodynemics . Monitor EDG for acritythmia Stable hemodynamics potential for hypovolemia Note/intervene for B/P +/- 50% of Comments: pre-op reading Observe surgical site for bleeding Goel is obtained: Yes No Altered lavtil of Stimulate adult patient PRN Patient will be arousable, consciousness · Do not stimulate pediatric patient if oriented and as alert as Comments: possible prior to discharge airway & harnodynamics are stable Orient patient to surroundings. Observe for altered L.O.C. Goal is obtained: Yes !! No Accepts healthcare measures Anxiety Recognize & acknowledge anxiety and has minimal enxisty. Orient to surroundings Comments: _ Able to verbalize pos-op instructions (i.e. diet, wound · Provide physical comfort · Complete/reinforce post-op teaching care, pain control & solivity) Goal to obtained: Pen No No trijury in PACU Potential injury Utilize side rails (pada PRN). Place bed in low position Comments: __ · Secure IV's and assess for patency Ensure correct physiological positioning Goal is obtained: Pee No Pain Relief of pain verbalized · Recognize and assess pain using pain scale Medicate as ordered Comments: · Teach relaxation techniques Position for comfort Goel is obtained Yes No Relief of neuros verbetzed Nauses & Varolling Recognize nausca Medicate as ordered Comments: EZN/A Teach relexistion techniques Position for comfort & to prevent. aspiration Au Initials of Nurse. Nurses Notes Continued as needed: If EKG strip affixed to record, complete the following: Time _____am/pm notified @_____am/pm Per MD's order: No treatment Treatment: _ Signature of RN: ___

M:\FORMS\Clinical forms\revised\018-Post Procedure Record rev 083017fd.doc

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| Date: \ | lasti | Time Adn | n/tted: <u>1135</u> | .PRE- | OP CI | HECKI IS | ST | | | 6 | walle of water | , | | |
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| Pt. ide | tifled by | / full name (| date of birth by |) Fro | m: FIH | ome DOM | har | | Vis | 17/ 11/2010 | alking () Wheelchair | <u>4 </u> | ded | |
| Planne | Proced | ure. Blog | 13-51 RFA | | | | NI | DO cinc | _ 7 | ĬŪÄ | AM Meds: 🛭 Yes | 7. | , icu | |
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| п туре | TEUZION | Manoket ∏ | gunest Pain/Previou | S MII (DE | τα | | upitat | aons i | JSeizi | ires / | Back/Neck Problem | 5 | | |
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| | | | er/Notes: C-PT | | | | | | | == | | | _ | |
| | | | sthesia Record and i | | | | | | | | | | | |
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| SAO ₂ | | TRA @ | L/min Temp <u>963</u> | Pulse_ | <u>3 ∠</u> Re | sp_1 <u>1/2</u> | | | | | | | _ | - |
| | | | Extremity temp: | | | | _ | | | | Diec F | 1 | _ | - |
| | | SMENT [] = F | all Risk II <u>D+1</u> or | | _ | • | | | | | CHECKLIST | Yes | No. | NA |
| Respira | 1 ' | | _ | - | | going fumi | | | | | Consent | 1 | \angle | |
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| | scular; | · . | | | | | | | | | EKG | <u> </u> | Ш | 4 |
| | tones: | regular | □ irregular _ | | | | | | | - | СВС | <u> </u> | | 4 |
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| Skin: | ł | Ø norma! | □ pink | 🗆 суа | | | | | | | Hepatitis Screen | lacksquare | \Box | 4 |
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| GI/GU: | ļ | normal | □ incontinent | O oth | | | | | | _ : | Medical Gerrance | | | 4 |
| Activity: | | | OM Caruses assisti | ve devlo N. – a . a | | all within | om E | _ oth | er ox h | 1 | Surgical Site Clipped | \square | _ | 4 |
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| - IMHES | | Metarca | ition / Dose | B | Ψ | Discharge | | | | | If no, how much was t | | | _ |
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| | ├ — | | | | | l | | L | | , | TETTINE ON HAIT | l acci | R.TS | |
| Procedu | a or sur | senrelta: | | | | Dentures Glasses/Co | | 14 | | ۱ | TESTING ON UNIT | - | | |
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| | Valle | y View S | urgery Centi | er | | | | | #: 1 | | A. JOYCE P 4 | | | |
| | 1 | RE-OP CI | RECKLIST | | \neg | | | | : 03 | | _ | 61 | | |
| M:V | ORMS/CI | inical forms/PRE | OP CHECKLIST rev 07 | 2217 61.00 | e | | | | | | EK, KATHERINE | | | |
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| ET/22/19 | TO and Preventing Falls, DT | risping trafoludine Ambilatory Surgery | institute for Quality Improvement, Potien | AReference: AAAHC |
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| | | | | TIME |
| | | | | **See BMR chart |
| | | | | eleitini e'senuM |
| | 7 | | th pt.: Jeweiry secured in closed plastic bs | *Confirmed/witnessed wi |
| | Pre-Op Nurse initials | \$3TON 2 | asun | |
| \mathcal{L} | 1 | | | <u></u> |
| | | | froimos toi noifisos • | |
| | | ' | eaupinflost notitization foseT • | |
| · — | Comments: | , | Medicate as ordered | |
| ONE | Goal is obtained: Vres | Pain verbalized using pain scale | nieq 229226 bns 93/mg009/1 • | गांड9 |
| | <u> </u> | [| Ensure correct physiological postitioning | |
| | 1 | · · · · · · · · · · · · · · · · · · · | yansted 101 assess & 2VI studge + 1 | |
| | Contraction | 1 | Piace bed in low position/chair locked | |
| PNC | 60al & obtained: Yes | No injury in Pre-Op | (MAY abeq) alien ebit esti보다 + | Potential Injury |
| | | 1 | gninbest qo-feog sonotalet (stellaring * | <u> </u> |
| | Ì | į | Provide physical comfort | |
| | Convinence: | Yakas laminim | egylbriuoraus of friehO • | |
| ONC | | sed bne samesem ensufficed stepsoa. | Recognize & acknowledge anxiety | Anxiety |
| | NOTTAUJAVE | 3MODTUO TN3ITA9 | MORSING INTERVENTION | NURSING DIAGNOSIS |

PRE-OPERATIVE PATIENT CARE PLAN

J\$493

| Height | Actus Veight | Ž Z | | |
|------------------|---|--|------------|-----|
| Estatura | 5 6 | ' HISTORY | Yes | i |
| Allergies | · | ' HISTORIAL | Ş İ | |
| "VietRies: | | 8. Do you smake? | | / |
| | | If yes, cigarettes per day: 3 | | |
| | you taken any of the following medications: | ¿Fuma? | | |
| | omado los medicamentos listados: | En caso que si, cuanto <u>s cigarri</u> llos per día | | |
| | Yes, date lest taken | 9. Do you have caps false teeth bridge, | | |
| | T 2), usuma recna comaça ——————————————————————————————————— | partials or contact lenses? (I) | | |
| ¿Plavix: | Yes, date last taken | . | • | į |
| • ! | T Si, ukuma techa tomado | ¿Tiene dientes falsos, tapas, | | į |
| Cournad | | dentaduras/Puente parsial o lentes de | | ÷ |
| | I Lar' delta Hist fercur | contacto | | ! |
| | Si, ultima fecha tornado | 10, Do you drink alcoholic beverages? | П | |
| | Invitatory: | If Yes, how much, last time | | 1 |
|) Anti-Inflai | T Lair case aggregg | ¿Consume bebidas alcolicas? | | i |
| MUM-MUN | 1 1 | En caso que si, cantidad | | 1 |
| n ## | Si, ultima fecha tomado | 11. Have you ever experienced any reaction to | _ | i. |
| | male patients only: | rubber or latex products? | | į. |
| | press mensure person | Alguna vez ha experimentado una reacción a | Ī | t |
| | nujeres solamente: fecha de su ultima | los productos de goma o létex | ! ! | ; |
| mens | \$1 uacion | If yes, please describe | ' | • |
| | | 1 | | |
| | I previous surgeries (and when) | En caso que si, por favor describa | | |
| 4. Do yo | COUNTY Su symptoms of tuberculosis o diagnosticado con Tuberculosis cough Yes No - Weakness, Fatigue Yes No | 12. Glaucoma Glaucoma Glaucoma 13. TMJ (dysfunction of temporomandibutar joint) TMJ (disfunction de la articulación temporomadibutar) 14. Stiff neck | | · (|
| -Tos produ | 1 1 | Cuello tieso | . | , (|
| -Bloody sp | | , <u>15.</u> Shortness of breath | Γ, | |
| -Esputo co | | Dificultad para respirar | ш | Ł |
| -Linexplain | and weight loss Tyes 1/10 -Fever Yes 1/16 | 16. Asthma | _ | |
| | peso inexplicable Fiebre | Asma | Ц | ı |
| HISTORY | | 17, Heart attack | _ | |
| HISTORIA | • | Ataque de Corazón | П | 1 |
| 5. Have | or are you taking "street drugs" | 18. Chest pain; angina | _ | |
| | , last date | Dolor de pecho | <u>.</u> | ٦. |
| | está tomando drogas ilégales | 19, Palpitations | _ | |
| | so que si, fecha ultima: | Palpitaciones | | |
| | ou use Medical Martjuana? | 20. High blood pressure | | |
| | , last date: | Alta presión | | ſ |
| | is la inarihuana medicinal | 21. implanted pacemaker/defibrillator | 1 | |
| | so que si, fecha última: | Marcapasos / desfibrilador | ₫ ' | |
| | you had recent weight change? | , moreopers anniemen | | |
| | ificant amount) / | ECHTINUE ON BACK | | |
| Has t | enido cambio significante en peso | CONTINUAR EN LA PARTE POSTERIOR | | |
| | | CONTROL SECTION OF A SECTION | | |
| | | | | |
| | -16 | J\$494 | 1 | |
| | Valley View Surgery Center | Patient Label | | |
| | Pre-Anesthesia Record | NAME: SEKERA, JOYCE P | | |
| | (Aduit, age 18 and over) | | | |
| M:VFO | RMS\Ctinical forms\Pre Anesthesie Record 01.2017.doc | DOB: 03/22/56 DR: TRAVNICEK, RATHERINE M.D. SEX: F | | |
| | | DR: TRAVNICER . SEX: F | | |
| | | DR: 11/30/17 | | |
| | | | | |

| | STORY ? | Yes Si | No | HISTORY HISTORIAL | Yes Si | No |
|-------------|--|-----------|------------|--|-------------------|------------|
| 22 | . Home oxygen | _ | _/ | 44. Alds / HTV Positive | _ | |
| | Usa oxigeno en el hogar | | | Sida / VIH Positivo | | |
| 23 | . Hepatitis | | _/ | 45. MVP (Mitral Valve Prolápse) | _ | ~ / |
| | Hepatitis | | I | Prolapso de la valvula Mitral | | 4 |
| | If Yes / En caso que si Type A B C C | | | 46. Metal Implants devives | ω/ | m |
| 24 | . Hiatai Hernia | | _ | urbreures wicrelling | TA | ш |
| | Hernia Hiatal | | DV | 47. Cancer | | |
| 25 | Previous Colonoscopy? | _/ | / | If Yes, Where | | |
| • | ¿Colonsocopy anterior? / | | | En caso que Si, en donde | | |
| | If Yes, when? 8/16 | | | 48. Drug resistant infection | | |
| | ¿En caso afirmativo, cuando? | | | Methicillin resistant Staph Aureus (MRSA) | | |
| 26. | Rheumatic Fever | | _ | - 49. Long term antibiotic treatment | | |
| • | Flebre Reumática | | | Tratamiento de antibloticos a largo plazo | | |
| 27 | Ulcers | | _ | 50. Draining wound | _ | _ , |
| •4 | Ulceras | | | Herida ablerta | | |
| ~~ | | | _ | 51. Have you or your family had a high or | | |
| 20, | Stroke | П | Ø | unexplained fever (hyperthermia) during or | п | N |
| | Derrame Cerebral | _ | _ | after surgery? | _ | |
| 29. | Seizures | П | 13 | ¿Usted o su familiar a tenido fiebre inexplicable | | |
| | Convulsiones | _ | | durante o despues de cirugia? | | |
| ąQ, | *Parkinson disease | | | 52. Have you traveled outside of country in the past | | |
| | Enfermedad de Parkinsons | _ | - | 6 months? | | |
| 31, | Blackouts | | □ ∕ | ¿Has viajado afuera de el país en los ultimo 6 | | |
| | Desmayos | _ | | meses? | | |
| 32 . | Sleep Apnea Bipap / C-pap | П | | Any additional information you want to communic | cate? | |
| | Deja de respirar durante la noche | ш | | Alguna otra información que desea comunicar: | | |
| 33. | Back / Neck Problems | ᆏ | | | | |
| | Problemas de cuello / espaida | 00 | _ | | | |
| 34, | Osteoporosis | п | œ | | | |
| | Osteoporosis | _ | L | | | |
| 35. | Muscle Diseases | п | D / | | | |
| | Enfermedad Muscular | ч | W. | | | |
| 36. | Arthritis | I | п | | | |
| | Artritis Diabetes | ₩, | | · | _ | |
| 84 | Diabetes | Ы∕ | | | | |
| 20 | Thyroid Problems | • | | | | |
| en. | Problemas de la Tiroldes | | ۵ | Signature (Patient/ or Person filling out form) | | |
| 39. | Hemophilia | | | (If other than patient; selationship :) | | |
| _ | Hempfilia / Desorden de sangrado | | | MCO extense) | | |
| ልስ | Sickle Cell Anemia | | | Firma (Paciente/representante) | _ | |
| ZY. | Anemia de Celulas falciformes | | 13 | (relación al paciente: | | |
| \$1. | Blood Transfusion | | | | | |
| | Transfusión de sangre | | Ŧ | <u> 11/30/</u> | $D_{\mathcal{L}}$ | |
| 12. | Kidney Disease | _ | | A Day- | echi | |
| | Enfermedad de Riñones | | Œ, | 1/30/1 | 7 | |
| 3. | Dialysis patient? | ם | / | Signature of Pre Op Nurse Deta | | |
| | ¿Paciente de diálisis? | _ | 130 | = Fall risk | | |
| | If yes, date of lest dialysis? | | | 15 | | |
| | ¿En caso que Si, fecha de ultimo tratamiento? | | - 16 | JS495 | • | |
| | Valley View Surgery Center | | | NAME: SEKERA, JOYCE B | | |
| | Pre-Anesthesia Record | | | ACT#: 153654 | | |
| | (Adult, age 18 and over) | | | DOB: 03/22/56 . AGE: 61 | | |
| | M:\FORMS\Clinical forms\Pre Anesthesia Record 01,2017. | doc | | DR: TRAVNICER, KATHERTAN | | |
| | | | , | DOS: 11/30/17 SEX: F | | |

| 946 Known Allergies ALLERGIES AND THEIR REACTIONS: List all madications taken over the great it months include presentations, was the counter viscolar backet annotations and | ACTIONS: | artha Davrinsia neg | the part the part | as ulterniva baskel armyli | | Median via ratak kirih namani inadmani | mans 1 |
|---|--------------------------------|-----------------------|----------------------|---|-----------------------------------|--|------------------------------------|
| Wedication Name | Dose | Frequency | Reason for Taking | Date of Viets: | | Date of Visit: | Date of Visit: |
| MeT FORMING | | | Air Datos | 11 6 6 11 | (Dances entrary) | (company) | (Decent throng) |
| | Samuel S | 2000 | Paid | 7108017 | | | |
| 2 | | | | | | | |
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|). I k | - | * * | | | | | |
| * | - | - | • | | | | |
| , A | | | | | | | |
| 3 × | | | | | | | |
| | <u> </u> | . a. 24 | 4. | | - | | • |
| | | | | | | | |
| New Prescriptions (Completed by Nurse) | Dose | (How offing?) | Reason for Taking | ☐ **New Ru given to pt. Copy in MR | □ **New Rugivan upt Copy in MR | "New Ric given to pt. Copy in MR | ☐™New Rughwan to pt. Copy in MR |
| | | | | | | | |
| | | | | | | | |
| ⇒Pre-Op Nurse Signature * Complete Medication information*Unknown by pt. = CMI Unknown | ermation*U | nknown by pt. = | - CMI Unk | - X | *TOMINA | * Tiche link | *DCM link |
| ¥ is PACU Nurse Signature ™ ⊠Check box if pt/og instructed on medication use, common side effect, and aftercare upon discharge. | ed on medic | stion use, commo | n side effect, and | peopy of med that | □ ¥ | ☐ Copy of med list | □ ¥ |
| ******* Conta | et your p | rescribing p | hysician for quest | Contact your prescribing physician for questions regarding any medica | medications liste | tions listed on this page** | ***** |
| , JO | | | | | | , | |
| 153654 03/22/56 RAVNICEK, EATHR 11/30/17 | AGE: 61 Ring M.D. Sex: f | | PATENT LABOR, | PAT | PATIENT CADEL | 174 | PATIENT LABBA |
| : 11/30/17 ORMSClinical form | ÇX: P | jet rev 010917 PP.dox | | | | _ | |



VVSC Surgical/Procedural Safety Checklist

| Note: | Patient is patient himself/herself or legal representative or surrogate | Pre-Op | OR | PACU |
|------------|---|---------------|-------|------------|
| 1 | a clean and sanitary environment for each patient. | 40 | 14 | AU |
| | identified as per VVSC policy & ID Band is on patient | W | 7 | Ady |
| | ies/ adverse reactions verified and stated on front of chart | LO . | 1 | Aug |
| 4. MD or | len(s) for planned procedure documented | 20 | Č | MEY |
| 6. MD's | riles for planned procedure is the same as the procedure consent | \mathcal{L} | () | AU |
| 6. Surger | /Procedure Consent: Operative Procedure & site verified with patient | 80 | 1. | |
| a. Pa | tient's Signature | 80 | 60 | |
| ъ. W | itness Signature | 80 | | |
| 7. Anceth | esia Consent: | | 5 | |
| a. Pe | tient's Signature | (R) | { 、 . | |
| 8. H & P | to include heart and lung (Noted on Pre-Op checklist form) | 100 | (| |
| 9. Pre-Op | MD Orders | Ø O | () | |
| a. A | s ordered, pre-op test(s): Completed, results reviewed and placed in chart | ew | , | |
| 1 54 | Not present, action taken (See pre-op checklist nurse's note), N/A anding Orders to draw plood sugar and /or urine pregnancy test N/A | L | | |
| | | 100 | | |
| | tions if blood sugar is out of range. Noted on back of Pre-Op Checklist and in blood par result log N/A | (D | | <u> </u> |
| d. Ar | tibiotic as ordered: Initiated Completed N/A | 120 | (, , | * |
| c. *, | ny special equipment, devices, implants Yos N/A | 20 | (~ | |
| 10. Proce | hire Site: MD marked Operative site Yes N/A | 120 | • | |
| 11. Pre-O | Anesthesia/Nurse Assessment Form / Medication List | ão. | *, | £.4 |
| a. Pa | tient Signature | 120 | | |
| ъ. Nt | rse Signature | 9/17 | | |
| c. M | edication list has dosage, frequency, date last taken. If pt. doesn't know, document | 10 | | |
| Any G-Co | iss occurrences ZNo Yes List G-Code See back of sheet | 10 | | |
| 12. | a orunted realization: Ensure a clean and sanitary environment for each patient | | | |
| 13. Intra | Operative briefing before procedure started: Time-Out performed per policy, allergy | | · | |
| | other concerns discussed- *difficult airway or aspiration risk or aspiration risk, risk of | ŀ | ż | |
| blood loss | f applicable | [| | |
| 14. Proce | dure site is marked and visible N/A | | | |
| | rant images properly labeled and displayed N/A | | | |
| | riefing after completion of procedure | | | े क |
| e. Nat | ne of procedure performed | - | - | |
| | nge, sharp count performed DNA | - | ~ ~ * | ** |
| c. Spe | cimens identified and labeled N/A | - | 10.5 | · |
| d, *A | y equipment problems to be addressed N/A | - | JS49 | 3 (|
| | y concerns for recovery and management of this patient N/A | | | |
| | NAME: SERERA ACT#: 153654 | , JOYCE | Ŧ | .1 |
| | DOB: 03/22/56 | | AGE: | 6 1 |
| | DR: TRAVNICES DOS: 11/30/17 | , KATHI | SEX: | |

| | Pre- | OR | PACU |
|--|-------|----------|----------|
| 17. Sterilization Documentation completed/initialed | | | |
| 18. O. R. Record Complete with out of OR time | | | |
| # 12 to #18 completed by | | (1) | |
| Any G-Codes occurrences No Yes List G-Code See below for references | | Ta. | |
| 19. Ensure a clean and sanitary environment for each patient | | | AU |
| 20. Admit time to PACU | | | AW |
| 21. Post Op Orders Noted | | | ALL |
| 22. Signature of Discharging MD for anesthesia recovery Discharge time on PACU record | | | ALL |
| 23. Discharge time to home or transfer to hospital noted Yes | | | AU |
| 24. Copy of VVSC's prescriptions Yes N/A | | | Au |
| 25. Name of responsible adult pt. discharged to noted on discharge instructions | | | Aly |
| 26. Phone number of the physician doing surgery or procedure on discharge instructions | | [| pply |
| Any G-Codes occurrences No Yes List G-Code See below for references | | | Au |
| Nurse Name: Printed L. Cultulous Signature: AO | | tials: | <u> </u> |
| Nurse Name: Printed Condice (Sun Signature: Cole (Man | / Ind | tials: (| |
| Nurse Name: Printed A Lang Ymo Signature: Clear | | tials: / | m |
| Nurse Name: Printed J Signature: | | tials: | |
| Nurse Name: Printed Signature: | | tials: | |
| RN Co-sign for LPN: Printed Signature: | / In | itials: | |

ALL AREAS MUST BE SIGNED OFF AT THE TIME OF DISCHARGE FROM PACU FOR CHART TO BE COMPLETEFirst and last name initials signify the purse has completed the listed responsibility. "O" with initials next to it signifies—the nurse assessed the responsibility and completion is needed. *Revisions/Additions to this form adopted from AORN Comprehensive Surgical Checklist that incorporated WHO, Joint Commission-Universal Protocol (JC) 2010 National Patient Safety Goals.

| Measure Description | G-Code |
|---|--|
| Patient Burn | G8908 Patient documented to have received a burn prior to discharge |
| Patient Fall | G8910 Patient documented to have experienced a fall within VVSC |
| Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant | G8912 Patient documented to have received/experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant |
| Hospital Transfer/Admission | G8914 Patient documented to have experienced hospital transfer/admission |
| Prophylactic IV Antibiotic Timing | G8916 Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time. |
| | G8917 Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time. |

M:\FORMS:Clinical forms\Surgical Procedural Safety Checklist rev 05.08.17 fd.doc

I consent to the admission to Valley View Surgery Center (VVSC) for my treatment(s) and authorize VVSC, staff, and doctor(s) to provide care. I authorize and direct <u>DR. TRAVNICEK</u> to perform the following treatment(s) or any other treatment deemed necessary at the discretion of the physician:

RADIOFREQUENCY NERVE ABLATION OF BILATERAL LUMBAR FIVE-SACRAL ONE MEDIAL BRANCHES WITH THE USE OF FLUOROSCOPIC GUIDANCE

Physicians providing services at VVSC are not agents or employees of VVSC.

I understand I have the right to be informed. My physician has explained the treatment(s) necessary to treat my condition, purpose of the treatment and its associated anticipated benefits, including but not limited material risks, and alternative methods of treatment and its associated anticipated benefits, including but not limited material risks. No guarantee has been given as to the results that may be obtained. I accept the risks of substantial and serious harm, if any, in hopes of obtaining desired beneficial results. I have the right to be informed of the likelihood of success and the problem(s) associated with recuperation and the possible results of non-treatment. I have the right to request/consent to or to refuse any proposed treatment at any time prior to its performance.

I have the right to be informed whether my physician has any independent medical research or economic interests related to the performance of the proposed operation/procedure. I have the right to be informed if any professional relationship to another health care provided or institution that may suggest a conflict of interest exists.

If applicable, I authorize the administration of anesthesia from an anesthesia provider as may be deemed necessary for the treatment,

My signature below authorizes the pathologist to use his/her discretion in disposing of any tissue removed from my person during the treatment(s) described above. I authorize x-rays, photographs, or videotaping for diagnostic or medical education purposes including utilization of medical residents, students, and/or manufacturing representatives.

I authorize to the drawing of a blood sample from my body in the event that an employee or physician of the surgery center has an accidental puncture or mucous membrane (eye, mouth, etc) exposure to my blood or body fluids. The blood samples will be tested for HIV and Hepatitis. No results of any tests done on my blood will be released or shown to any unauthorized person without my written consent.

My signature on this form indicates that I have read and understand the information provided on this form, that the treatment(s) described above has been adequately explained to me by my physician, that I have had the opportunity to ask questions, that I received the information I desire concerning the treatment, and that I consent and authorize to the performance of the treatment(s) upon myself.

| I understand and agree that I am solely responsible for maintainin received. | g the privacy of my protected health information in the paperwork 0400 |
|---|--|
| I have not eaten or drank since (Date& Time) 1 have a responsible adult to drive me home. Patient's Signature or Patient's Representative or Surrogate Relationship to Patient: Self Other | 7 |
| Signature of person witnessing the patient's or patient's legal represent Verified consent Initials of circulator | entative signature Date Time |
| | < SEKERA, JOYCE > JS499 |
| Valley View Surgery Center | Addressogramh NAME: SEKERA, JOYCE P ACT#: 153654 |
| Treatment Consent/Authorization M:\Consents - Psin Mgmt\TRAVNICEK CONSENTS\2017-11-30 TRAVNICEK co | DOB: 03/22/56 AGE: 61 |

Patient Consent for Anesthesia at Valley View Surgery Center

I understand:

I will need anesthesia services for the surgery/procedure to be done today,

- ➤ And the amount of anesthesis to be used will depend upon the procedure(s) and my physical condition. Anesthesia is a specialty medical service which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of a medical/surgical procedure.
- > During the course of the procedure, conditions may require additional or different anesthetic monitoring techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well being.
- Although serious harm or death as a result of anesthesia are uncommon occurrences, these can and do occur in spite of good medical care and are a part of the risks I must consider in deciding to have a procedure. Some of the unusual risks and complications of anesthesia may include but are not limited to allergic or adverse reactions, aspiration, backache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling and or redness, muscle aches, nausea, ophthalmic (eye) injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/by others, seizures, sore throat, and death.
- > A detailed explanation of anesthesia and its risks are given to me not to produce fear or anxiety, but to inform me.

 No guarantees have been made by anyone regarding the anesthesia services which I am agreeing to have.

| | | | | | | | | ling the anes | thesia sor | vices which | l am agre | cing to | have. | |
|-----|----------|---------|----------|----------------------------------|---|--------------------------|------------------|---|------------------|-----------------------------|---------------|----------|------------|------------|
| | | OF. | ANKS | THESIA | AND | EFINE | ITON | <u>8:</u> | | | | | | ·········· |
| | tlent | | | | | | | | | | | | | |
| 172 | tials | <u></u> | <u> </u> | -1 | | | | | | | _ | | | |
| | | 3 | 1. 2. | Endotred the track Larynge | nesthesia cheal An- ea (wind al/Mask | esthesia- lpipe) via | Anestl the no | es are passed (besia and res see or mouth ses are passe | picatory g or | ases are pa | ssed throug | gha tul | o placed | l in |
| | | ð | Deep | sedation | | | | | | | . | | | |
| | | đ | | Nerve bl transmis | ock-Loc | al anesth | etizing | agents are i | ijected int | to specific : | areas to inl | iibit ne | rve | |
| | | Ū | | | | | | of anesthetic ion allowed. | gases and | d no active | control of | airway | /respirati | on. |
| | | | 1. | body, for | nesthesia r exampl Anesthes | e, at the s ta- Surfa | urgica | agents are in L'procedure : sthesia is pro | úto. | | - | | | |
| 7 | | Ø | | ious Seda | tion by I | RN - Invo | | e use of intr sion of the p | | | | | | |
| | | | S: I un | _ | hat DNR | (do not i | esusch | tate) orders v | | | | | | ind |
| thi | infor | ned (| consent | for anesth | esia. I a | gree to ti | te adını | t my anestiae inistration of no anesthesia | the anest | hesia presc | | | | |
| X | De | 40 | کےج | Sece | 2 | \supset | _ | | | | 1/30/17 | | 103 | 1 |
| P | afit's S | gint | ure or P | atjent's Leg | al Repres | entative | | | | | 2130/19 | <u> </u> | 1734 | - |
| Sig | nature (| of per | son wit | nessing the | patient's | or patient | 's legal | representative | signature | | Dato | | Time | |
| ļ | all | ey | Vie | w Sur | gery | Cen | ter | Patient Label | ACT# : | SEKERA 153654 03/22/5 | 6 | AGE: | 61 | JS500 |
| M: | FORM | MS\(| Clinica |] forms\a | esthesia | a consen | t .doc | 06.21.17 £ | DR: ' | TRAVNICE 11/30/1 | K, KATHI 7 | SEX : | M.D. F | |

| Nest of Can/Parlente Próximo Name/Nombre: |
|--|
| In Case d'Emergency, I authorize VVSC to Contact. En caso de Emergencia, vo autorizo a VVSC contactar a Name/Nombre: MARISSA FRENHAN Relationship/Relacion: Address and/or telephone number/Domicilio o Numero de Telefono: 762 525-9001 |
| Name of person(s) / Nombre de persona (s) ARGS SA LOQUEAU |
| Advance Directive Directivas Anticipadas: (not applicable for patients under 18 years of age no es aplicable a pacientes menores de 18 años) Information regarding Advanced Directives is included in the Patient Information Packet La informacion sobre Directivas Anticipadas esta incluida en su paquete de informacion Led have an advanced directive Si tenga una Directiva Anticipada; A copy is provided to VVSC: Yes No Se propociona una copia a VVSC: Si No |
| I understand that it is my responsibility to inform my physicians of my Advance Directive / Yo entiendo que es mi responsabilidad informar a mis medicos de mi Directiva Anticipada. do not have an advanced directive / Yo no tengo una Directiva Anticipada |
| Acknow elgement of receipt of Patient Information Packet/Reconocimiento de paquete de informacion de paciente: As required by CMS (federal regulation), written and verbal notice regarding Patients Rights and Responsibilities, Advance Directives and the facility's corresponding Policy, and a list of VVSC business owners is given to patients. Signature below acknowledges receipt of the written and verbal notice. / Segun los requisitos de CMS (regulacion federal), por escrito y la notificacion n verbal sobre los Derechos y Responsabilidades de los Pacientes, directivas anticipadas y la politica correspondiente de la instalacion, y una lista de los dueños del negocio de VVSC se da a los pacientes. La firma debajo confirma que la a recibio por escrito y verbal. |
| Received this date / Recibido esta fecha Date / Fecha: |
| Valley View Surgery Center Patient Acknowledgements Patient Acknowledgements Patient Acknowledgements Patient Acknowledgements Patient bed NAME: SEKERA, JOYCE P ACT#: 153654 DOB: 03/22/56 DR: TRAVNICER, KATRERINE M.D. DOS: 11/30/17 SEX: P |

| responsibility for the scheduled procedure(s | es s. Secondary Ins. urance company, the estimate of your financial |
|--|---|
| Co-pay (not an estima | Total Due on DOS: S 1 - LIB |
| ☐ Deductible | _ |
| ☐ Estimate of Co-insurance ☐ ☐ ABN Needed Total Amount: \$ | |
| Did your doctor order any pre-op tests? If so, done | ? □ Yes (where?) □ No □ N/A |
| □ Verify Patient Demographics and insurance info | |
| ☐ Patient Information Packet received at doctor's offi | |
| Confirm that patient is to follow the instructions received. Arrival time Nothing to eat or drink for time prior to adm | |
| ☐ Confirm knowledge of location of VVSC | |
| Photo ID and insurance cards List of current medications, prescription and 6 months – Including dosage and last time t Payment as previously discussed A responsible adult to accompany you hom If you have an Advance Directive – bring a Leave jewelry, valuable at home. | e. |
| Comments: NO PT PSP - MIY UBN | - KETH GNUMBER, ESO |
| ☐ Spoke with Patient ☐ left message ☐ no | answer Chart Prepped by: |
| ☐ Per AdvantX Comment, pt pre-registered, 2 nd call not m | ade due to \$0.00 due |
| Date and time called: 1\29/17 | by: JS502 |
| Valley View Surgery Center | NAME: SEKERIA, JOYCE P |
| Valley View Surgery Center Pre Operative Patient Call | ACT#: 153654 DOB: 03/22/56 AGE: 61 DR: TRAVNICEK, KATHERINE M.D. |
| \\VVSC-SVR01\I ocalFolderRedirect\shanks\Deskton\2017 D\S | 50S: 11/30/17 SEX: F |

*First CPT code is the highest allowable + Second and all subsequent codes are 50% of Allowable

[Exception] CIGNA contract = 100%, 50% for second code and 25% for third and subsequent codes]

[Exception] MDCD contract = 100%, 50% for 2nd code, 25% 3rd code 10% for 4th and 5% subsequent codes]

[Exception] UHC contract = 100%, 50% for 2nd code, 25% 3rd No additional codes will be reimbursed]

| CPT Code | Allowable | (Sierra) x 90% | + 50% for second procedure | Total Allowable |
|--|-------------------|-------------------|---|-----------------|
| * 14435 x2 | 4 2800 to | | | r2600 |
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| | Total / | llowable for sake | duled procedures: | O Care |
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| If T | | | tible not satisfied, | |
| 11 1 | | | to collect on DOS | |
| 3 | | | | |
| | | | Total Allowable, | |
| | | | nter balance here: | |
| If there | e is an implant t | | in the allowable, | |
| | | - | mount of implant: ve 2 boxes, Total: | |
| Mu | Itiply the Total | | 6 of co-insurance: | |

Patient Valuables and Belongings List

| Jewelry | How | With | With | In | Comments |
|----------------------|---|--------|------------------|---------------------|---|
| | Many? | Family | Patient | Safe | |
| Watch | 1 1 | 11 | | <u> </u> | Color: []Yellow [] White |
| Ring (s) | ĪŢ. | [] | [] | [] | Color: []Yellow [] White |
| Necklace (s) | [] | [] | Tii | [] | Color: [[Yellow [] White |
| Bracelet | 11 | () | 11 | [] | Color: []Yellow [] White |
| Earrings/Piercings | [] | 1 1 | 1 | Ϊί | Color: []Yelfow ! White |
| Valuables | | | · · | | |
| Unopened | [] | [] | | 111 | · · · · · · · · · · · · · · · · · · · |
| Purse/wallet | 1 ' | 1., | 1., | 1'' | |
| Keys | [] | 11 | † i 1 | 11 | |
| Cell Phone | 1 i | 1 1 | li i | li | |
| ID Card | 111 | | i i | 111 | |
| Ins. Card | i i | i i | li i | Tì i | |
| Credit Card | 11 | | 1 | 7 1 | |
| Check Book | i | i i | 1 | Ιί | |
| Молеу/Сиггенсу | ίi | [] | () | ίĵ | Amount \$ [] Placed in enclosed envelope/secured WSC safe. |
| Clothing | | | | <u> </u> | |
| Blouse/ Shirt | | | 1+ | Г1 | |
| Pants/Shorts | (1) | 1 1 | 19 | ┞╼╬╼┦ ╌┤ | |
| Coat/Sweater Jacket | | 11 | المزا | | |
| Dress/Skirt | † † † · · · · · · · · · · · · · · · · · | 7 7 | 11 | <u> </u> | |
| Shoes/Slippers/Socks | in | 1 | ix | 1 1 | |
| Hat/Belt/Vest | 11 | FI | ; 7 | | |
| Bra/slip/ | | [] | 1 1 | 1 1 | |
| Undergarments | ' ' | ` ' | ' ' | ' ' | |
| Equipment | <u> </u> | | | | |
| Cane/Walker/ | [] | | () | [] | |
| Crutches | | ` ' | ` ' | , , | |
| Wheelchair/ | | | | 1 1 | |
| Scooter | • 1 | ' ' | ` ' | • | |
| Other | [] | Ti | (1) | 11 | |
| Eyeglasses/ | † † | | † 1 | | *In labeled Ziplock bag |
| Sunglasses | ' 1 | ` ' [| ` ' | ` ' | |
| Dentures/partials | | | | | |

| Delitarda dal percisso | | [[J | | | | |
|-------------------------|---------------|----------------|--------------|------------------------|-----------------------|------------|
| Patient Agreement at t | he time of Ad | knission and | Discharge | | | |
| understand that Valley | View Surger | y Center is No | OT responsib | ole for my personal be | elongings. I understr | and that I |
| have been advised to le | ave my jewel | ry/valuables | at home or v | with my responsible a | dult At VVSC. | |
| PreOp | • | | \cap | $\frac{1}{1}$ | | |
| Patient/Representative | (Deatlent is | unable to sk | eni a | undela | | |
| RN Witness: | ur · | Date: 1 1 |) 1 8 M | 7 | $\overline{}$ | - |
| PACU/Discharge | 1 | 7 | CT A | 7. 7.1 _ | | |
| Patient/Representative | if putient is | unable to sk | m): | Ac Salara |) . | |
| BOOK TALES ON | West home | with all being | rekis et it | ted above | | _ |
| YAN [] CNA Witness: | (OU) | | ite: | <u> </u> | | JS504 |
| Valley Vie | w Surge | by Cent | er | atient Libel | | |
| Patient Valua | ble and Bei | ongings | | NAME: \$ | SEKERA, JOYCE | P |
| | | - - | | ACT#: 1 | 153654 | |

M:\FORMS\Patient Valuable and Belongings Forms.docu nev 08/29/16vm

DOB: 03/22/56 AGE: 61 DR: TRAVNICEE, KATHERINE M.D.

SEX: F

DOS: 11/30/17

The injection you received contained an anesthetic or an anti-inflammatory steroid medication or both. You could possibly experience a decrease to your pain, numbness and/or weakness due to the anasthetic. The numbness and/or weakness usually lasts 2-8 hours and can at times last longer (should not be longer than 24 hours). Upon the anesthetic wearing off, you may experience some pain at the injection site and/or a temporary increase in your everyday pain. The increase of pain should decrease as the enti-inflammatory medication starts to take effect. This usually takes 3 to 5 days or possibly longer. Ice packs can be used to treat pain and/or inflammation at the injection site although ice packs should NOT be used for more than 20 minutes at a time. Please refer to your doctor's instructions for ALL PROCEDURES to include limitations of activities, changes with your medications and his/her specific requirements. Call your physician's office to schedule a follow up appointment.
If you are diabetic and received a steroid injection, check your blood sugar twice daily for one week and call your internal mefficine physician if your blood sugar is 250 or greater. [] Call your physician's office/answering service if you have any of the following symptoms...

> Severe headache and/or setzures.

> Difficulty by > Difficulty breathing and/or speaking. Loss of ability to feel or move your arms or legs. > Adverse reaction to the medication given >Infection (redness, swelling, drainage or fever greater than 101.5 F) > Chills and/or sweating Heavy pressure over the chest or palpitations (rapid heartbest) > Difficulty speaking and/or confusion >Bleeding at the injection site that is not stopped within 15 minutes of direct-pressure. days. [] As ordered by your physician: You are to resume Anticoagulant medication IF YOU ARE UNABLE TO REACH YOUR DOCTOR AND ARE EXPERIENCING ANY OF Dr. Travnicek THE SYMPTOMS LISTED ABOVE OR FEEL YOU NEED IMMEDIATE MEDICAL ATTENTION, CALL 911 OR GO TO THE NEAREST EMERENCY ROOM. 702-878-8252 Due to the injection procedure as well as the sedation you received during the procedure, DO NOT operate machinery, drive a vehicle, use stairs, drink alcoholic beverages, engage in any strenuous activities until the numbress has completely worn off and your full strength has returned. Do not sign legal documents for at least 24 hours if you were sedated for the procedure. <u>SPECIFIC INSTRUCTIONS AND/OR EXPECTATIONS FOR YOUR PROCEDURE ARE NOTED BELOW (SEE ALL THAT ARE CHECKED)</u> [] INTRATHECAL INJECTION [] EPIDURAL INJECTION/ SELECTIVE NERVE ROOT BLOCK [] FACET JOINT INJECTIONS DISCOGRAM LUMBAR SYMPATHETIC BLOCK [] SACRO-ILLIAC JOINT INJECTION **JALL OTHER PROCEDURES** [] KYPHO/VERTEBRALPLASTY As mentioned above, you may experience weakness in the back, arms and/or legs depending on the injection as well as an increase in pain after the anesthetic wears off. You should relax for the remainder of the day. This is a diagnostic procedure using an anesthetic. A steroid might also be used depending on your doctor's preference. You should return to normal activity, which usually causes your neck or back pain to see if the procedure effectively reduces or eliminates your pain. This will be temporary lasting only for hours. You should keep a diary/journal and record how much your pain has been reduced and for how long. Bring this diary/journal with you to your follow-up appointment. (1 STELLATE GANGLION BLOCK It is normal for your eyelid to droop, facial droop, hoarseness, numbness and/or weakness in your arm or face on the side of the injection. These symptoms should subside in 4 to 8 hours. If you develop any "stroke like" symptoms, such as slurred speech, unable to speak, confusion or unable to move your arms or legs, call 911 immediately or go to the nearest emergency room. [] TRIGGER POINT INJECTIONS [] INTERCOSTAL/PERIPHERAL NERVE BLOCK If any shortness of breath occurs, please call your physician. In cases of moderate to severe difficulty breathing call 911 or go to the nearest ernergency room. / RADIOFREQUENCY / RF / NERVE ABLATION DENERVATION You may experience more pain or discomfort after the procedure when the anesthetic wears off. This increase of pain can last 1 to 2 weeks and should gradually reduce while the radiofrequency procedure takes effect. [] SPINAL (INTRATHECAL) PAIN PUMP [] TRIAL OR PERMANENT SPINAL CORD STIMULATOR Both your physician and the equipment company representative will provide you with information relative to the equipment and the procedure! Please follow the instructions provided by your physician and the representative. Copy given to patient: Witness Signature Patient's Signature **J\$505** Relationship: Discharged to: M:\pain\PAIN DISCH INSTRUCT 2016update.docx Patient LNAME: SEKERA, JOYCE P Valley View Surgery Center ACT#: 153654 Discharge Instructions - Pain Management AGE: 61 DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D.

DOS: 11/30/17

SEX: F

PROCEDURE NOTE

VALLEY WEW SURGERY CENTER 1330 S. Valley View Blvd. Las Veges, NV 89102 702-675-4600 702-675-4604 fax

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

SURGEON: Kelherine D Travnicek MD

Date of Service: May 8, 2017

DIAGNOSIS M64.5 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 beging infection, blood clots, spinal headache, increased pain, damage to nerves and structures of the necksback that can result in temporary or cous, sprial regulations, increased plant, cominge to morres and suddless in the frontier reactions to medication requiring permanent pain, weakness or paralysis, loss of bladder or bowel control, allergic or other reactions to medication requiring resultentiation, air in the lung requiring chest tube, setzure, stroke or death, injection of confociatorads can potentially cause suppression of the adrenal gland and demage to bone, bissues or eyes. Transient fluid retention is common. The patient

INDICATION: This is a diagnostic injection.

PROCEDURE(S) PERFORMED: FLUOROSCOPICALLY DIRECTED DIAGNOSTIC FACET JOINT MEDIAL BRANCH BLOCKS BLATERAL L5-51 WITH CONSCIOUS SEDATION

The patient was positioned prone. Standard monitors were connected including pulse oximetry, NIBP and EKG. Supplementa! Oxygen was given as needed. The skin was prepoed with a sterile surgical prep times three. Sterile drapes were applied. Metiodous sterile technique was maintained. The skin and subcutaneous tissues were anesthetized with 1% lidocaine. Next, under direct fluoroscopic guidance, a styletted spinal needle was reserted perculaneously and directed to the lidocaine. Inducative, result interest in a continuous processes at corresponding to each nerve to be enesthetized. Each site was then injected with continuous to confirm location and to rule out inflavorscular 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 injecties and removed. The patient tolerated the procedure well. Vital signs remained stable and there were no commissions. The neitled tweeting to the recovery state and mentioned until electrons criticals were medications. of a person and removed, an expanent contains the procedure well. What sights remained stable and there were no complications. The patient was taken to the recovery area and monitoned until discharge orderia 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 thrated to effect): Altentan!! Midazolam CONTRAST: Omnipaque INJECTATE (each site): Lidozaina (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

NAME: SEKERA, JOYCE P

ACT#: 153654

AGE: **61** DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D. DOS: 05/08/17 SEX: F

| VALLEY VIEW SURGERYTER(VV | SC) PATIENT REGISTRATION |
|---|--|
| Patient Information: | |
| Name JOYCE P SEKERA | Birthdate Age Sex ACCT# |
| Address J. , | 03/22/56 61 F 153654 Race Social Sec # Marital Status |
| 7840 NESTING PINE PL | Race Social Sec # Marital Status Unknown 091488430 5 |
| Las Vegas, NV 89143 | 4 |
| Home Phone: (702)467-5457 | Cell Phone: |
| Employer: brand vegas | Work Phone: |
| Guarantor: SEKERA, JOYCE P | Deticutto Delutionation and |
| Address: 7840 NESTING PINE Las Veg NV 891 | Patient's Relationship: Self Phone: (702) 467-5457 |
| | |
| Primary Insurance: | |
| Claimar AMMY, WATER CALLERY | Insured: SEKERA, JOYCE |
| Claims: ATTY; KEITH GALLIHER Address | Patient's Relationship: Self Sex:F DOB: 03/22/1956 SS\$:091-48-8430 |
| 1650 E. SÄHARA #107 | DOB: 03/22/1956 SS#:091-48-9430 Insurance ID: 00000000000 Group #: |
| Las Vegas, NV 89104 | Auth #: APPROVED |
| Ins. Phone: (702) 735-0049 | Employer: N/A |
| | |
| Secondary Insurance Carrier: | Taburad. |
| Claims: | Insured:, Patient's Relationship: Sex: |
| Address | DOB: SS#: |
| | Insurance ID: Group #: |
| , | Auth #: |
| Ins. Phone: | Employer: |
| Date of Surgery: 05/08/2017 Surg | POD: TRAVNICEK, KATHERINE, M.D. |
| Procedure: BILAT $5^{\frac{1}{2}}$ S1 INJECTION(S), DIAGNOS PreOp DX: M54.5 | STIC Type of Service: Pain Management LUMB |
| I hereby authorized and permit VVSC to relationarial agreement and assignment of payme responsible for all charges incurred regard insurance information that I have provided services received. I hereby assign payment my behalf to VVSC for services at VVSC, not estimated co-pay is due and payable on the in full within 90 days from the date of ser | orize treatment at Valley View Surgery Center ase medical billing data relating to this service ont/benefits: I understand that I am financially cless of insurance coverage. I hereby verify that the is correct and that VVSC will bill my insurance for of all surgical and/or medical benefits payable on to exceed charges. Any unpaid deductible and/or day of service. The account is expected to be paid vice. |
| In the event my account is referred to a co I acknowledge that there may be additional | llection service due to lack of payment on my part, collection/legal fees added to my account. |
| Returned check charge: I understand that i for non sufficient funds (NSF), there will become \$50.00, If the same check is returned to a collection service for recovery. | if a payment by check is returned unpaid by my bank be a NSF fee charged to my account not to d unpaid a second time, it may be referred |
| Acknowledgement of receipt of HIPAA privacy Rights & Responsiblities. | notice information and Patient |
| Received this date, Initial Signed: | : Received previously, Initial; Date: |
| Relationship if other than patient: | |
| Witnessed by: | · |

| SCHEDULED PROCEDURE: BILOHIAI LS-SI MBB |
|---|
| CHIEF COMPLAINTY REASON FOR PROCEDURE: |
| Need and Low back pain |
| Upper extremity pain |
| Mid back pain. Other: |
| MEDICAL HISTORY: Other See Pre-Anesthesia Record |
| Current medications - see Patient Home Medication List (Medication Reconciliation List) |
| HISTORY OF PREVIOUS PAIN MANAGEMENT PROCEDUDRE: |
| distribution for whose Figure 100 |
| Justification for repeat Epidoral Steroid Injection Partial Improvement |
| Transient improvement |
| Significant Improvement |
| ☐ Return of symptoms ☐ Persistent symptoms |
| |
| SOCIAL FAMILY HISTORY: Non Contributory |
| Other |
| ALLERGIES'S' ABNORMAL DRUG REACTIONS: NKA - |
| |
| PHYSICAL EXAM: Heart/Cardiac PQ |
| Lungs/Respiratory COATR |
| Other |
| PLANNED ANESTHÉSIA: Anesthesiologist IVCS-RN ASA Score: [1] 1 2 [3] |
| / |
| PRE-OPERATIVE DIAGNOSIS: Spondylosis (facet pain) Cervinal Theregied to worker |
| Spondylosis w/o myelonathy |
| Displacement of interventebral disc |
| Degeneration Disc Disease Cervical Thoracic Lumber |
| Other Cervical Thoracic Lumbar |
| ABNORMAL FINDINGS TO BE ADDRESSED ON DATE OF SERVICE PRIOR TO PROCEDURE: NA |
| |
| MD'S Signature Proceed Cancel procedure |
| I have discussed with my patient the surgical or investive procedure to be performed along with the benefits and risks of the procedure and alternative with the planned procedure and anesthesia. The Patient is cleared for procedure in VVSC |
| with the planned procedure and anesthesia. The Patient is cleared for procedure in VVSC. DISCHARGE NOTE: |
| Complications None |
| ΦΦther; |
| Condition Stable: pDischarge to home JS508 |
| |
| Physician's leanture |
| Valley View Surgery Center Patient NAME: SERERA, JOSE P |
| Pain Management History & Physical ACT : 353654 |
| OB: 03/22/56 AGE: 61 |
| M:\FORMS\Clinical forum\U11 Long PAIN MANAGEMENTH and P J.3.16\text{yra.doc} DOS: -05/08/17 SEX: F |

| Date! | NUKO H. GENDIA DE OBIA DI 40 STANDING ORDERS |
|----------------------|--|
| Notation: | PRE-OP ORDERS: Admit to Valley View Super-Control |
| 1 | Unine pregnancy lest on females having periodic menstrual cycles unless post hysterectomy or no menstrual period for more than a year. Results of Pre-Op blood or unine tests completed 7 days or test prior to present unit to the complete of the compl |
| | year. Results of Pre-Op blood or urine tests completed 7 days or less prior to procedure will be accepted for pregnancy acreening. |
| | The state of the s |
| | 4. Insert 20G IV carb for Saline India of Assistant Saline India of Assistant Saline India of Assistant Saline India of Assistant Saline India of Assistant Saline India of Assistant Saline India of Assistant Saline India |
| | Seriore insertion. Start IV 0.9 NS 250 mls KVV on on one-operative side for cervical procedures. |
| í | |
| | and Subacute Bacterial Endocarditis: Clindamycin 900mg rv |
| | 7. For pervicel transforaminal injections, give Ondanselron (Zofran) 4mg IVP over two to 5 minutes. |
| | V. VI DICINE CONTRIBUTION AND SUMMER ASSOCIATION FOR TAXABLE CONTRIBUTION OF THE CONTR |
| | date of procedure: [IASA-7/4s/s [Coursello of Library (contained, Acceptable days of discontinuance from |
| | 10. For blood patch procedures: Using sterile because the state of the |
| | |
| ļ | Surgical Consent to read (CHECK ALL THAT APPLY): |
| | · |
| Stellate G | [] Left [] Right [] Bilete rai Steroid Injection [] SNRB* [] TFES ** [] Facet Joint Injection [] MBB (Facet Nerve Injection) *** ianglion [] Radiofrequency [] Discography [] Greater/Leaser Occipital C2 []C3 []C4*[]C5 []C8 []C7 []C8 []C1-2 []C2-3 []C3-4 []C4-5 []C5-6 []C8-7 []C7-T1 |
| ORACIC - | the floor floor floor |
| | erold injection [ISNRS* () TFES!** [] Facet Joint Injection [] MBB (Facet Nerve Injection)*** [] Radiofrequency [] Discography [6 |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Epidural S | terrid injection 1 1 SNDD+ 1 TERRITORIA - TERRITORIA |
| Sympathe | tic [] Radiofrequency [] Discography [] Caudal/Catheter Directed [] Sacrolliac Joint |
| OTHER: I | 1475°CS (1) 1445 (145 C145S) |
| UNDER F | LUCROSCOPY +TSCST-billS-boll-s-t-s- |
| IKB=Sēle¢ | thre Nerve Root Block "TFESI=Transforammet Epidural Steroid Injection ""MBB=Medial Branch Block |
| TRAOPER | The ourse |
| ropodol L///Le/ | Market Oktobro 1 Peritanyi Market Mar |
| Lysgey Prince | G & T D 1254 - LC PM mg Remarkeon mcg Romazicon mg mg mcg mcg mg |
| 7 | PACU ORDERS |
| | |
| . / [| Check vitals every 5 minutes x 2 then up to chald/dargle with 1 set of vitels. Record post-procedure temperature readings on patients who received Stellate Gangtion and Sympatifetic injection procedures. If local infiltrate and no sedation performed, take vital signs x1. Discharge when patient-statise. |
| ┞╂┷╁ | |
| | 2. For Stelltate Ganglion and Sympathetic injections, record temperature on appropriate bilateral extremities. |
| 1997 A | Oxygen nessal prongs or mask to as needed to maintain pre-op oxygenation level. |
| V 2 | los chips or liquids as tolerated. Ondansetron 4mg IVP/IM for nausea or vomiting pro. Do blood sugar testing if pt, received treatment for blood sugar lesting if pt, received treatment for blood sugar lesting. |
| | Remove IV catheter just before discharge. |
| 7 | Resume all prior predictations, [1NA |
| | Resume all anticoagulants on next scheduled dose after the procedure (1 No. |
| | Flowing and review whiten copy of post procedure install strong with potions & former. |
| - \\ ! | V. Friday be pischeryed in 2 hr i post-reversal direct. I have I have |
| <u>N</u> 1 | 1. Other orders: |
| SICIAN'S | SIGNATURE: |
| _ | WWW/ |
| , | VALUEY VIEW SURGERY CENTER Spanding Orders - K. Travnicek, Mig. Patient Label JS509 |
| | |
| | NAME: SEKERA, JOYCE P ACT#: 153654 |
| | DOH: 03/23/56 300. 61 |
| RMSVCIfme | in forms/Sharking Orders Paint/Travalcek standing orders revi22116pp.do. DR: TRAVNICEK, KATHERINE M.D. |
| | DOS: 05/08/17 SEX; F |
| | |

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 Travnicak MD

Date of Service: May 8, 2017

D'AGNOSIS M54.8 LOWBACK PAIN M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

INFORNIED 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 vertiled. The procedure was explained in detail. The major risks of the procedure were explained to the petient including but not limited to bleeding, infection, blood closs, spinal headache, increased pain, damage to nerves and structures of the neck/back that can result in temporary or permanent pain, weakness or peralysis, loss of bladder or bowel control, allergic or other reactions to medication requiring resuscitation, air in the lung requiring chest tube, seizure, strate or death. Injection of confociaroids can potentially cause suppression of the adrenal gland and damage to bone, assues 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 BLATERAL L5-S1 WITH CONSCIOUS SEDATION

The patient was positioned prone. Standard monitors were connected including pulse commetry, NIBP and EKG. Supplemental Oxygen was given as needed. The sidn was prepped with a sterile surgical prep times three. Sterile drapes were applied. Meticulous sterile technique was maintained. The sidn and subcutaneous tissues were aneathetized with 1% fidecaine. Next, under direct fluoroscopic guidence, a styletied 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 intravescular injection. Each site was then injected, All injected medications were preservative tree. Injection was made slowly after negative appration 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 elect, oriented to his/her driver.

SEDATION (medications titrated to effect): Alfententi 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

name: Sekera, Joyce P

ACT#: 153654

AGE: 61 DOB: 03/22/56

DR: TRAVNICEK, KATHERINE M.D. SEX: F DOS: 05/08/17

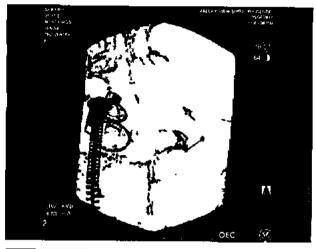
JS510

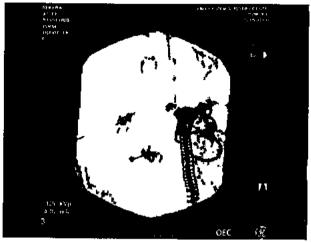
MD-702

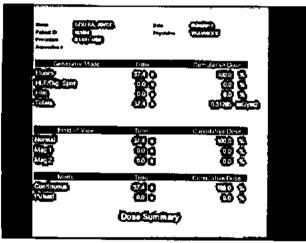
NAME: SEKERA, JOYCE P

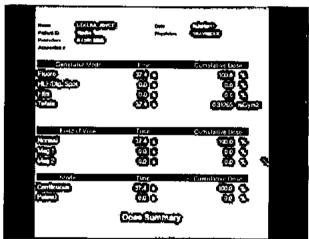
ACT#: 153654

AGE: 61 DOB: 03/22/56 OR: TRAVNICEK, KATHERINE M.D. SEX: F DOS: 05/08/17









NAME: SEKERA, JOYCE P

ACT#: 153654

AGE: 61 DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D.

DOS: 05/08/17

SEX: F

Valley View Surgery Center

Fluoroscopic Images

MAFORMS/clinineal forms/Clinical forms/025 - Fluoroscopic Images.doc

Poticnt label

NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D.

AGE: 61

DOS: 05/08/17

SEX; F

| Potential injury to patient | | Patient Care Plan | | |
|--|---|--|--|--------------|
| PORNER MISSEY IN MARIAME | Gna) | Plan | Implementation | Comments |
| peri-operatively | Patient will not acquire injury throughout the peri-operative | Greet patient, check two patient jdentifiers and verify operative | Operative site, correct patient and permanent history | |
| | procedure, | tile, affergies and other pertinent | verified. Allergies noted. | |
| | | information. Safety straps applied, parient positioned appropriately | Patient encouraged to sak questions about care in the operating room. | |
| 1 | | with good body alignment and | - • | İ |
| | | buckering borne begged | Proper body alignment and safety straps used. | M. |
| ĺ | | | Electrical equipment checked and ensured to be in | 7 |
| ALLERGIES! NK | A | | sure condition. | latials: |
| TX# Time in | TX: /250 " | TIMEOUT" by | See Pro | nt of Chart |
| Time PROCEDURE BI | EGAN: 1255 Time | PROCEDURE ENDED | @_1253 w/MD and all listed staff p | resent |
| If \$TAGED in room t | r change in position/dif | ferent site area: / | 1301 TIME PT LEAVING TX 1 | 202 |
| HIMEOUT BY | _@? w/MDand⊪al | I listed staff present | | |
| Time PROCEDURE B | EGAN: Tir | THE PROCEDURE ENDED- | TIME PT LEAVING TX | |
| PAINMANAGEME | NTRERSONNEL - | 7 Table 1 | The state of the state of | W# 3 14 |
| DR. PERFORMING PROCE | | ANESTHESIA: Z IVC | MAC LOCAL INFILTRATE GENERAL | T constant |
| ANESTHESIOLOGIS | T VIVCS NURSE | · Caroleuas ku ci | RCULATOR 11 Bustuer | Д О≀НБК |
| MEDICATIONS CIVEN 6 | COMPANY ONLY HAVE SUR- | ひじ しょういいいしょ サムルマンド | AY H. Terralage OTHER | |
| [1% Lidocaine MPF | Y PHYSICIAN DURING TI | IE PROCEDURE: | | |
| 2% Lidocaine MPF | Dexamethasone | == | | |
| 4% Lidocaine MPF | Methylprednisolone | Pump medientics | Inits Omnipaque 300 mg Added Ance verified with attending MD | fmg |
| (The dose and mute | of the motications given are n | Olto Ot the procedure) report at a | he physician performing the procedure.) | |
| C- DATE OF THE OWNER OWNER OWNE | 34 F WWW W 1-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | UTUCOON) | | |
| PRUCEDURE: [] Ce | rvical [] Thoracic [∕∫ Lum | nbar [ˈ] Caudal [] Hip [] # | nee [] Shoulder (Number mustiple procedures in | |
|] Discography | / | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | Service (2) |
|) Epidural Steroid Injection | | | | |
| | | | | |
| | 1 Bilatera) | | | |
|] Facets: [] Right [] Loft [| | | • | |
| Facets: Right [Left [] Întercostat Nerve Block: [| Right [] Left [] Bilateral | | | |
|] Facets: [] Right [] Left [] Intercostal Nerve Block: [] Medial Branch Block: [] R | Right [Left [Bilateral light [] Left [/ Bilateral | | • | |
| Facets:] Right [] Left [] Întercostal Nerve Block: [Medial Branch Bibck: [] R] Occipital, Greater/Lesser: [| Right [Left [Bilatora) Right [] Left [/ Bilatora] Right [] Left [] Bilatoral | | | |
| Facets:] Right [] Left [] Intercostal Nerve Block: [] Medial Branch Bibck: [] Right] Occipital, Greater/Lesser: [] Right] Right] Right] Right] | Right Left Bilateral tight Left Bilateral Right Left Bilateral Left Bilateral Speckf | Naurotomy Procedural Notes Fo | . | |
| Facets:] Right [] Left [] Intercostal Nerve Block: [] Medial Branch Bibck: [] Right [] Radiofrequency: [] Right [] Sacroiline Joint: [] Right [] | Right Left Bilateral tight Left Bilateral Right Left Bilateral Left Bilateral See RF Left Bilateral | | 7 0 | |
|] Facets: [] Right [] Left [] Intercostal Nerve Block: [] Medial Branch Block: [] R [] Occipital, Greater/Lesser: [] Radiofrequency: [] Right [] Sacroiline Joint: [] Right [] Selective Nerve Root Block | Right [Left [Bilateral tight [] Left [/ Bilateral Right [] Left [] Bilateral Left [] Bilateral | | 70 | |
| Facets:] Right [] Left [] Intercostal Nerve Block: [] Medial Branch Bibek: [] Right [] Occipital, Greater/Lesser: [] Radiofrequency: [] Right [] Sacroiline Joint: [] Right [] Selective Nerve Root Block [] Stellate Ganglion: [] Right | Right []Left []Bilateral kight []Left []Bilateral Right []Left []Bilateral]Left []Bilateral]Left []Bilateral :[]Right []Left []Bilate []Left []Bilateral | | 20 0 | |
| Facets:] Right [] Left [] Intercostal Nerve Block: [] Medial Branch Bibek: [] Right [] Occipital, Greater/Lesser: [] Radiofrequency: [] Right [] Sacroiline Joint: [] Right [] Selective Nerve Root Block [] Stellate Ganglion: [] Right | Right []Left []Bilateral kight []Left []Bilateral Right []Left []Bilateral]Left []Bilateral]Left []Bilateral :[]Right []Left []Bilate []Left []Bilateral | | 200 | |
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| | | Plan | Interventions/Implementation | onimerds |
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| Nursing Diagnosis Potential injury to patient peri-operatively | Outcome Goal Patient will not acquire injury throughout the peri-operative procedure | Ensure immediate, on-site availability of back-up personnel for airway management, resuscitative emergency intubation and emergency equipment | Emergency equipment will be present, working properly and immediately available in the room where the procedure(s) are performed Nursing assessment conducted by IVCS nurse including pertinent medical history, verification of allergies, confirmation of NPO status | |
| Potential decrease in blood pressure, heart rate, peripheral resistance and oxygen saturation, especially during administration of sedation agent(s) | Patient vital signs will remain within patient's normal limits as evident by the utilization of monitoring equipment peri-operatively | Explain monitoring equipment and ECG pads to patient | ECG electrodes, blood pressure cuff and pulse eximeter applied prior to procedure. Vital signs will be monitored continually throughout the procedure at a minimum before the start of procedure, one minute after administration of medication(s) given, and at least every five minutes thereafter until procedure is completed | |
| Potential for anxiety and pain related to therapeutic and/or diagnostic procedures | Patient will be able to tolerate diagnostic and/or therapeutic procedures with reduced anxiety and discomfort. Patient's LOC will be mildly depressed with an altered perception to pain, but will retain the ability to respond appropriately to verbal and/or tactile stimulation | Sedation agent(s) will be administered per physician's orders | Pis LOC will be assessed at regular intervals, verbal reassurance will be given to divert patient's attention and assist in reducing anxiety | ्रव्हे व्हां में क |
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| 1217 | 1474 | फ्रिन | দি | ala | VA. | | 10 | No movement of extremities =0- |
| ļ | | | - 4 - 4 - | 1914 | ▎▘▀▘ ▋ ▎ | - | 17.4 | 1 LIMITED English temperature |
| | - | | | | | | | Aprica = 1 Resp = 1 R |
| | !] | - 1 | | | • | | | PL outside of acceptable range based on Circ 0 0 |
| | ┝──┼ | | | | | | | Unitable Hypotension or Hypotension — o |
| | | - - † | | ┞─┤ | | | | Avert, fully awaike, responding appropriately =2 |
| <u> </u> | | | | | | | | Normal skin color/ScOs > P24 ac com sky |
| | | | | | | | | SnD < note with O and leave to Color |
| | | - | | | \rightarrow | | | Totals: |
| Bry Yilliam . Take | | | i | | | | | DISCHARGE CRITERIA-SCORE 10 or pre anesthesia |
| 1.1.2-1 (1) | TA MANAGEMENT | **3 | MEDIC | ATIONY | DOSE | ROUTE | (SITE FO | RUKORISO INJECTIONS IN LEVEL PROPERTY OF THE P |
| | | | | | | | | |
| HURSES | Normal a | | | | | | | |
| 1713- | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | W. W. | へっすか イカース | | Aputos 70 | THE MEC | arde ans | WerB) Discharge |
| Wa V | P 597 | w | NA) | | Ma | 10 | 131 UL | Pt tolerated procedure without apparent injury: Yes No Safety maintained: Yes No |
| ann | _ (Ø) | rate | JAN. | n 74 | 7 | -41 | 1) | LOC: Aert Oriented same as PreOp level Sedated |
| 10/10- | <u> </u> | | BW | e. | MA | (P | 5/2 | / [C] C reaused/vomming / [N/A Minimal/Not realed Treased |
| DA NA | $3\mu \nu \nu \nu$ | 12/2 | ena | $\frac{10}{200}$ | He | <u> AŞ54</u> | <u>65. P</u> | A(N) Intake PO_1022_mls IV + + mls |
| 0 10 | CARTIN | | wa | AM | ACTAD | hers | <u>10 .</u> | Oischarge Criteria Met |
| LIDYORY | 240W | KIN. | 4100 | 1 | 104 | NWS | <u></u> | S/S of complications due to IV. No Yes* |
| <u>'</u> | <u> </u> | | | | | | | |
| | <u> </u> | | | | | | | Copy of post op instructions given to pt/other. Yes No- |
| T | | | | · · · · | | | | Prescription givens: NA Tyes if yes, instructed puto take medication as written on prescription Tyes No |
| □Pt. given po | ain log and u | nderstand | s instructi | n ea epó | oted by | pL's verb | fization. | NA Instructed pt. to resume medications as instructed / oldeged by MD. |
| Timé: | | | | | | | | ☐ Yes ☐ No |
| Signature | DO | /\ \\\\\ |)/\\h | 42 (1/) | | itials | Waiting G | r ride. Pt./other states understanding of all Instructions: ☐ Yes ☐ No. Mobility unchanged from Pre Os/evet. ☐ Yes ☐ No. |
| Signature | - (~) ~ | V//-P | 000 | 1 00 | | itials | | Discharged via w/c to responsible adult. Yes [] Nor k |
| L | | | | - | | | | Discharge Paln Level: Discharge Time: 1728 |
| VAL | LEYV | 7EW | SIL | RGZ | DV | CEA | مر بزون ا | Patient Label |
| | | | | | | | A ACAK | |
| | PU | ST PRO | JCEDU | RE RE | COR | D | | NAME: SEKERA, JOYCE P JS515 |
| | | | | | | | | ACT#: 153654 |
| | | | • | | | | | DOB: 03/22/56 AGE: 61 DR: TRAVNICEK, KATHERINE M.D. |
| M:\FORM5\CI | inical face to | 11 0 n≓ | | | | | | DOS: 05/08/17 SEX: F |
| | | | | | | | | |

| | ST-OPERATIVE F | PATIENT CARE PON | EVALUATION |
|--|---|--|-----------------------------|
| | NURSING INTERVENTION | PATIENT OUTCOME | Goal is obtained Yes No |
| NURSING DIAGNOSIS | Observe & maintain or support alreay | Patient airway with meximum | |
| Attered already | es needed | respiratory compliance as evidenced by adequate Os | Comments: |
| Function Post-anesthesia | . On on actival / PRIN | | |
| 5025glideenses | L. Monitor SaOz | Landa in Indonesia (Carriera de Carriera d | |
| | Appropriate position | Clear already without assist Stable homodynamics | Goal is obtained: Ves \ No |
| | Monitor EDG for enthythmia | Stable homodynamics | Comments: |
| Altered hemodynamics potential for hypovolemia | Noterintervene for B/P +/- SIDE OF | } | |
| DOBUME TO HAD TO THE | pre-op reading Coserve surgical site for bleeding | \ | |
| | Observe surplicat site for sure- | | Goel Is obtained Yes I No |
| | | Patient will be prousable. | Goal is obtained . Yes LING |
| Altered level of | Stimulate adult patient PRN | I winner and as alori as | Corrette rita: |
| consciousness | Do not stimulate pediatric patient if sirvey & hemodynamics are stable | possible prior to discharge | ! i |
| | Colon cations in sufficiency | 4 | |
| | + Observe for aftered L.O.C. | <u> </u> | Was I No |
| | | Accepts healthcare measures | Goal is obtained: Yes No |
| Anxiety | Recognize & acknowledge anxiety Orient to surroundings | and has ministral anxiety. | Comments: |
| - | l — :4 | Able to verbalize pos-op instructions (i.e. det, wound | |
| ļ | Complete/reinforce post-op teaching | care, pain control & activity) | |
| | F | 1 | Goal is obtained: Yes No |
| | Utilize side rails (pads PRN) | No injury in PACU | Comments: |
| Potential injury | | Ì | Continues. |
| l . | The same of assess to partity | 1 | |
| | Ensure correct physiologicas | | |
| ļ. | positioning | Relief of pain verbsized | Goal is obtained. Yes No |
| | Recognize and easess pain | reguid begui acage | Comments: |
| Pain | . Maricoto de OCIMIGO | training person was a | |
|) | Teach relaxation techniques | | |
| | Position for comfort | \ | |
| Į | | Relief of nauses verbalized | Goal is obtained: Yes No |
| Neusea & Vomiting | Recognize nausea | , 0.00 | Comments: |
| 1/ | Medicate as ordered Teach relaxation techniques | 1 | |
| JÉ NA | Position for comfort & to prevent | Į | |
| Y | aspiration | | |
| | | | Initials of Nurse |
| <u></u> | | | |
| rses Notes Continued as Re | eaded: | | |
| 1868 Moras Commission of | | | |
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| | | | |
| | <u></u> | | |
| | <u> </u> | . _ | |
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| | | | |
| | or assessment the following: | | |
| EKG strip affixed to n | ecord, complete the following: | | |
| | | | |
| ime | _ausbu | | |
| | notified @ | am/pm | |
|)r | | | |
| er MD's order: 🔲 N | | | |
| Sel MD.s orger: H | eatment: | | |
| | | ******* | a n /pm |
| Discourse of DNI: | | (Ime: | |
| Signature of Kin | | | |

| | | | | | | | | | | | | DEBUC. | | | |
|-------|--------------------|------------------------|--------------------|-----------------------------|-------------|------------------------|-----------------------------|--|--|-----------|----------------|--|-------------------|-------------|--------------|
| | Date: | 02080 | Time Admitt | led: 「いり | PF | RE-OP | CHECKLI | ST | | i N |) (| e10-614 | 17 | ١ | |
| - | Pt. Ide | ntified by | Tull name Ed | ate of birth b | | Fram: (1 | Hothe () Di | ther | | Δ | <u></u> | ■ Walking □ Wheelch | $K \subset$ | J . | |
| | -4 | | [B-1 - LAP | 70 1 - 7 · 7 4 | | | | | | | | 0814 AM Meds: 01 | iir 130 | arrie۔ س | :C |
| - 1 | Respo | nşible Adı | uit taking pt. hon | ne: Mr\$40 | 01 | Drive | | Ω _N | -0.6 | ٥,٠ | | - Tueste - LA | es e | | |
| • | MEDIC | WE HISTO | MKY: U ASTRMA (|] Ukers 🖺 Hiatai F | Hem | ia ⊓ TM. | ים פרצהו | 451-1 | | | 10 C | 4-1 | | | = |
| (|] Нуре | ertension | Ø≶moker ∰c | hest Pain/Previous | s Mi | (Date | 1 De | الماناي دامار | reten | U MTN | /P U 3 | stroke (ISI ee p Apnea (S & Back/Neck Probk |) Hepa | atitis | |
| | Thyr | old Proble | ems @ AIDS/HIV | Positive Street | t Dra | IDS FRA | rthritie 🗺 | get. Gibir | auon: | . LJ 3 | reizuri Cab | BS & Back/Neck Proble | ims | | |
| 5 | URGH | CAL HISTO | ORY: □ Tonsils/A | denoids D Gallink | adde | or Dune | terestante | 7316 | oporo | 213 L | Other | Appendix Back | , | <u> </u> | |
| |] Sinus | Nasat 🗆 | Biopsy | n dec c | Van | er why | cerectomy | | ARG | ∪ Her | nta [| Appendix □ Back er/ICD □ Foot □ Cerv | Hip | | |
| | Knee | ☐ Eye S | urgery DOther/ | Notes: | Сир | -ca cacap ₁ | n widter i | тири | aruts i | J Pac | emake | er/ICD Foat Cerv | ical | | |
| | | | | esia Record and P | | nt Home | Madination | <u> </u> | | | | | | | _ |
| v | ITAL S | IGNS: W | eight 435 | | eight | | | | | | | | | | |
| S | AO ₂ _C | <u>ا پر بالا</u> | HRA ØD 1/ | min Temp QL 7 | Dud | 473 | Page IA | AL | LERGI | ES: ET | NKA_ | | | | |
| 8 | <u> آد</u> | เชียว | D-RTILarm I | Extremity temp: R | , ruc 2 | × - 7.7 | _ Ø NA | - | | | —- | | | | _ |
| 51 | STEM | IS ASSESS | MENT Die be | = Fall Risk (f≥4 | Ť | | _ HNA | <u></u> | | | | | Front | : of Ch | wrt |
| R | espira | tory: | | - (BH NI3A (124) | A O | a cneck | ea, y Fall Ki | SK B | and a | oplied | • | CHECKLIST | Yes | No | NA |
| | - | ration: | -2 unlabored | Diabored | | -th | | | | | | Consent | | | |
| | | • | : & audible | Officer Officer | | other | | — <u>-</u> | | _ | - | H&P | | | |
| | Cough | | Q-absent | ☐ non-productiv | | other | - 0.4 | | | | - | H&P (Podiatry) | | | |
| | _ | escular; | | C non-productiv | Arn P | a odničili | s nou | er_ | | | | CXR | | | \prod |
| | | tones: | e regular | D irregular | ο. | -th | | | | | | EKG | | | |
| | Color: | | □.pin k | Cyanotic | | | · | - - | | | | CBC | | | Ш |
| | | ensory: | 2000 | EI CYANOLIC | uc | ther | | | | | | Coag. | | | |
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| | ychoso | | & Caim | ☐ anxious | | xher | 5 ··· | | | | | Lytes/Chem panel | | | brack brack |
| Ski | | | ⊉†tormal | □ pink | | | ngry C oth | er | | | | Preg Urine/Serum | | \bot | \coprod |
| | | | 9 Warm | □ cool □ dry | | yanotic | | | | | | Hepatitis Screen | | | \prod |
| GI. | / GU: | | @normal | Dincontinent | | | ic Oother | | | | | HIV | | | \prod |
| | ivity: | | | | | ther | 41 . 1-1 | | | | | Bowel prep finished | | | \prod |
| | | ensity Le | vel: 4 | uses assistive Location: 10 | oevi 111 | | III WILDIN 3 F | 110 ^ ^ | ☐ otha مراخہ | er | | | | | \prod |
| | | CATIONS | | | | 3000 | | | | | | | | \perp | Ш |
| There | | | Medication | / Cose | ı | By | Pre-Op tea | Jenin Jesa | g done | Yes | | <u> </u> | | \bot | |
| | - | | | | | | Discharge Patient ride | 1673E. j Anna | ameq Bisseu | €Yes — | □No ~ | Surgical Site Clipped | | | Ц |
| _ | | | | | ┰┼ | | Valuables | | Patient | | | Medical Clearance | | | Ц |
| | | . | | | | | Dentures | | 4 | - | - | TEDs/SCDs | | | Ц |
| Pro | çedun | e or surge | ery site: | | | | Glasses/Con | tach | | | | TESTING ON UNIT | RESUL | , , , | |
| æС | - onlirm | ed w/pt: | ⊟right Gleft | ្រស់lateral 🛭 NA | A | | Hearing aids | | | | | Urine Pregnancy | 5 4 | OP. | _ |
| | | by MD | - | | • | | Clothes | | | | | AccuChek " | 80 | | _ |
| IV st | tarted | in holdin | ug: D∱es DNo | Attempts X2 | Initi: | al () | Jewelry/ | — | See | | | ⊋rf8S □ RBS | _ | | _ |
| | | | | | | | Body Jawelry | <u>, </u> | back | | | Normal range FBS 70 | - 200 | mg/d | 4 |
| Citor | n: LY3 | mis NS | ⊔w | | | mls | SIGNATUR | ŒS | | | | | {lr | nitin I) | 7 |
| Site: | | IK UL | U Juperior Dorsa | l □ Anticub | oltal | vein | | | | K | Ger | nab | 1 | 151 | 7 |
| ID by | ner: | | Санде 🛘 18 | □ 20 d 22 □ 24 € | xp:_ | <u>_0/74</u> }_ | | | _ " ' | | | | | <u>; U</u> | 1 |
| | | opiled by: eted tx. | | | | | To OR via: | | 0.6 | urne | / D s | ide rails up 🛭 bed 🗓 | low | | 1 |
| u r. | LUIGIT | eces pt. | | 3 Other | | | | | | arrie | | O walk in | | | 1 |
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| | L | alla | Vian S | | | Pa | tient Labe ⁱ Ni | AME | : SE | KER. | L , J | OYCE P | JS5 | 17 | |
| | | | | gery Center | | | | | : 15 | | | 3.00 | | | Į |
| | == | | E-OP CHEC | | | | | | 03/ עמשיי | | | AGE: 61 KATHERINE M.D. | | | |
| | M:\FO | KMSClinic | AL FORMS\PRE OP CI | HECKLIST rcv120716 | фр | ' | | | 05/ | | | | | | |



PRE-OPERATIVE PATIENT CARE PLAN

| NURSING DIAGNOSIS | NURSING INTERVENTION | PATIENT OUTCOME | EVALUATION |
|-------------------|---|---|--------------------------------------|
| Anxiety | Recognize & acknowledge anxiety Orient to surroundings Provide physical comfort. | Accepts healthcare measures and has minimal anxiety | Goal Is obtained: 27 No Comments: |
| Potential injury | Complete/reinforce post-op teaching Utilize side rails (pads PRN) Place bed in low position/chair locked Secure IVS & assess for patency Ensure correct physiological positioning | No injury in Pre-Op | Goal is obtained: JYBs 1No Comments: |
| Pain | Recognize and assess pain Medicate as ordered Teach relaxation techniques Position for comfort | Pain verbalized using pain scale | Goal is obtained: Mes LNO Comments: |

Pre-Op Nurse kritials,____

NURSE'S NOTES

*Confirmed/witnessed with pt.: Jeweiry secured in closed plastic bag. Bag placed in pt.'s belonging bag.

| TIME | | | | | | | | | | | 45.6 | A 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
|-------|--|------|-------------|-------------------|----|--|---|-------------|-----------|-------------|--------------|---|
| Ro | Rethent | cons | dagno | (() | OF | Diabetes | 2 | <u>dayi</u> | ago- | Docs not | ge lu | milical |
| | or ear | 1 4 | yet_ | 18 | | | | | | | | |
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Reference: AAAHC Institute for Quality Improvement, Patient Safety Toolkit: Ambulatory Surgery and Preventing Fails; 07/22/13

| Malaka | | - | | | | |
|--|----------|--------------|------------------|--|---------------|--------------|
| Height 5 'C' Actual/eight Peso | 20 | <u>S</u> 16. | | SISTORY | Yes | No |
| Allergies: | | V | | IISTORIAL | 51 | • |
| Alergias: | | | 8 | Do you smoke? | +- | <u> </u> |
| 1. Have you taken any of the following medic | ation | | ች ⁻ | If yes, cigarettes per day: 4 | | " 🗆 |
| Ha tomado los medicamentos listados: | -0 4011 | • | 1 ! | ¿Fuma? | : | |
| Aspirin: Yes, date last taken | | | 1 | En caso que si, cuantos cigardilos per día | į | , |
| | سهلا[] | _ | 9 | | 4 · | 4 |
| Plavix: Yes, date last taken | | - | ┤ ᆝ ̄ | partials or contact lenses? | i 🕪 | ∤⊔ |
| | D.HO | • | :] | ¿Tiene dientes falsos, tapas, | | _ |
| Courtadin: | | - | 1 | dentaduras/Puente parsial o lentes de | ! | į |
| Yes, date last taken | سهلا[| | i ' | contacto | j | i |
| Si, ultima fecha tomado | | | | | | 1 |
| Anti-Inflammatory: | | | 1 1 | 2. Do you drink alcoholic beverages? | ļ., | 7 |
| | 7.16 | | | If Yes, how much, last time | " | 154 |
| Anti-Inflamatorlos | | | | ¿Consume bebidas alcolicas? | | i |
| SI, ultima fecha tomado | | | _ | En caso que si, cantidad | ! | ; |
| 2. For female patients only: | · | | 1 | Have you ever experienced any reaction to | | |
| Date of last menstrual period | i mh | | | rubber or latex products? | | W |
| Para mujeres solamente: fecha de su ultima | D | D/A | | Alguna vez ha experimentado una reacción a | ! | |
| menstruación | | | : 1 | los productos de goma o látex | 1 | į |
| * *** | ıŁ | | <u> </u> | If yes, please describe | ' - ' | • |
| The state of the s | ***** | | ; | En caso que si, por favor describa | | |
| 3. List all previous surgeries (and when) | · | | i I | () mvav #440118B | | |
| Lista de todas cirugías previas (con fechas) | | | | | | |
| | | | | | | |
| | | · | 12 | Glaucoma | ٠ ١ | |
| the formation of the second of | | | - | Glaucoma | O ; | , G- |
| | | <u> </u> | 13 | TMJ (dysfunction of temporomandibular joint) | + | |
| 4. Do you symptoms of tuberculosis | , | | | TMJ (disfunción de la articulación temporomadibular) | | |
| Ha sido diagnosticado con Tuberculosis- | _/. | _ | 14 | Stiff neck | | ļ |
| -Productive cough ☐ Yes ☐ Mo -Weakness, Fetigue ☐ -Tos productiva — Fatiga, debilidad | AYes [| _1 № | - | Cuello tieso | | |
| |] Yes [| 7) No. | 7 | . Shortness of breath | _ | |
| -Esputo con sangre -Sudares nocturno | | | | - , | | |
| -Unexplained weight loss TYes THE -Fever T | Yes [|] Ng/ | | Dificultad para respirar | | |
| -Perdida de peso inexplicable -Fiebre | , | | 45 | Asthma | | EI. |
| HISTORY | Yes | No 1 | | Asma | | |
| HISTORIAL | Si | | 12 | , Heart attack | | П |
| 5. Have or are you taking "street drugs" | | † | \times | Ataque de Corazón | | |
| If yes, last date | | 10 | 128 | Chest pain; angina | _ [| 1 |
| Ha o está tomando drogas ilegales | | | L | Dolor de pecho | | |
| En caso que si, fecha ultima: | | | 19 | Palpitations | _ † | |
| 6. Do you use Medical Marijuana? | | + | 1 | Palpitaciones | | |
| If yes, last date: | | P | 20 | High blood pressure | . , | { |
| Utilizas la marihuana medicinal | | | Į- | Alta presión | | |
| En caso que si, fecha ultima; | | 1 1 | 21 | Implanted pacemaker/defibrillator | - ‡ | |
| | | + 1 | | Marcapasos / desfibrilador | | |
| Z. Have you had recent weight change? (Significant amount) | j | | ١. | | 1 | |
| Has tenido cambio significante en peso | j | | 57 | NTINUE ON BACK | | |
| mas teniuo cambio significante en peso | | | | NTINUAR EN LA PARTE POSTERIOR | | |
| | İ | i | FX | | | |
| | : | <u> </u> | | NAME: on- | S 5 19 |) |
| The second secon | <u> </u> | <u></u> J | | ACC. CAREDA | J- 10 | • |
| Valley View Surgery Center | | | Patier | 11abe DOB: 03/22/56 | | |
| Pre-Anesthesia Record | | | | DR: TRAVNICEK, KATHERINE M.D. 05/08/17 SEX: | | |
| (Adult, age 18 and over) | | | | DOS: 05/08/17 KATHERINE M.D | | |
| M:\FORMS\Ckinkal forms\Pre Anesthasia Record 01.201 | 7 400 | | | SEO W.D. | | |
| MILY OPMOTORISCE TOTTING PRESTRESIA RECORD 01.201 | 7.00C | | | SEX: F | | |

| | | _ | _ | | | | — | | |
|-----|----------------|---|----------|--|-------|-------|---|------------|----------|
| 1 | HIST | ORY | Yes | No 1 | | | SIURI T | Yes Si | No |
| | HIST | DRIAL | i si | i | | | STURIAL | , | |
|] ; | 22 . I | Home oxygen | | шļ | , | 44 | , Aids / HIV Positive | 0 | |
|] | _ | Usa oxigeno en el hogar | - | | | | Sida / VIH Positivo MVP (Mitral Valve Prolapse) | | |
| H | <u>23</u> , 1 | Hepatitis | Ī | | • | 93 | Prolapso de la valvula Mitral | | |
| ļ | | Hepatitis | • | | | 46 | Metal Implants | | _ |
| l | | lf Yes / En caso que si Type 🔲 A 🔲 🛭 🗎 C | į . | | | 376 | Inplantes Metálicos | | |
| H | <u>24</u> , I | Hiatal Hernia | i 🗖 | | | 47 | Cancer | | |
| | - 1 | Hernia Hiatal | | | | | If Yes, Where | П | 171 |
| Ù | <u> 25.</u> (| Previous Colonoscopy? | | [] | | | Cancer | _ | 440 |
| Γ | | ¿Colonsocopy anterior? | 127 | 🍳 | | | En caso que Si, en donde | | |
| | - 1 | If Yes, when? | | [| ' | 48 | Drug resistant infection | | М. |
| 1 | | ¿En caso afirmativo, cuando? | 1. |] | j | | Methicilin Lesizraur atabu warena (wway) | _ | U |
| ļ | 2 <u>6</u> , I | Rheumatic Fever | | | ا_ | 42 | Long term antibiotic treatment | П | |
| | ' | Fiebre Reumática | - | | | i | Tratamiento de antibioticos a largo plazo | _ | |
| | 27. I | Ulcers | ! | ا سا | _ | -50 | , Draining wound | | |
| 1 | | Ulceras | | | | | Herida abierta Have you or your family had a high or | | _ |
| | 20 | Stroke | İ | <u> </u> | _ | 5) | unexplained fever (hyperthermia) during or | _ | |
| ŀ | | Derrame Cerebral | | 1021 | | | after surgery? | | |
| | | Seizures | 1 | 1 | ' | | ¿Usted o su familiar a tenido fiebre inexplicable | | |
| 1 | | Convulsiones | | | _ | • | durante o despues de cirugia? | | |
| 1 | _ | Parkinson disease | ł | | | 52 | Have you traveled outside of country in the past | | |
| ļ | | Enfermedad de Parkinsons | | 10 | | , | 6 months? | | тh |
| 1 | | | ļ | | | | ¿Has viajado afuera de el país en los ultimo 6 | _ | ريدا |
| | | Blackouts | | | | | meses? | | |
| | | Desmayos | i | 1 1 | i | | | estu | |
| 1 | | Sieep Apnea Bipap / C-pap | | | - | | ny additional information you want to communi | caro | • |
| ł | | Deja de respirar durante la noche | 1 | <u>,</u> | | Al | lguna otra información que desea comunicar: | | |
| í | | Back / Neck Problems | | | | | | | • |
| | | Problemas de cuerlo / espaida | 1 | | ŀ | | | | |
| [| | Osteoporosis | | 图 | | | | | • |
| ì | | Osteoporosis Muscle Diseases | | 1. | | | | | |
| 1 | _ | Muscie Diseases Enfermedad Muscular | 1 | 10 | | _ | | | • |
| 1 | | Arthritis | 1 | ١. ١ | ١. | | | | |
| | 34. | Artritis | | | | _ | 0.4 | | • |
| ١ | 37. | Diabetes | 1_/ | A_ | | | $\sim (I/I)$ | | |
| ١ | | Diabetes | 8 | | | | Variation | | |
| ļ | 38, | Thyrold Problems | 10 | | | S | in turs (Patient/ or Person filling out form) | | |
| 1 | | Problemas de la Tiroldes | | | 1 | | (other than patient; relationship :) | | |
| ĺ | 39. | Hemophilia | | العا ا | ľ | _ | | | |
| | | Hemofilia / Desorden de sangrado | _ | - | | ī | | | - |
| 1 | 40. | Sickle Cell Anemia | † 🗖 | | ⇂ | | rma (Paciente/representante) | / | |
| | | Anemia de Celulas falciformes | 1 🗖 | 100 | | (r | elación al paciente: | <i>_</i> , | |
| 1 | 41. | Blood Transfusion | | , W | · | | S/8/1 | | |
| , | | Transfusión de sangre | _ | 14 | | _ | Date | /Feci | ho |
| | 42. | Kidney Disease | | . 🕪 | _ | | the around | | 32 |
| 1 | | Enfermedad de Riñones | _ | - | , | / SI | gnature of Pre Op Nurse Date | | |
| | 43. | Dialysis patient? | | ` (| | F | = Fall risk | | |
| | | ¿Paciente de diálisis? If yes, date of last dialysis? | | - | | _ | | | |
| | | ¿En caso que Si, fecha de ultimo tratamiento? | | | | | | | |
| | | Valley View Surgery Center | . " | | 1 | Patie | ent Label | | |
| | | | | | - | | | | |
| | | Pre-Anesthesia Record | | | | | | | |
| | | (Adult, age 18 and over) M:VFORMS\Clinical forms\Pre Anesthesia Record 01.20 | 17.doc | | | | JS52 | 20 | |
| | | INTA ALIMOIANTINGS INTERPREDE LIBRORY ATTER | | | ı | | | | |

| F17 * | | | <u></u> |
|--|---|--|---|
| | Date of Visit: Last Taken (Date/Time) | Copy of med list | PATERT LABE. |
| y Patient) | Date of Vielt: Last Taken (Date/Time) | Copy of med list | d on this page ***** |
| JST (As Provided b | Cast Taken (Date/Time) | Copy of med list | Redications lister |
| TEDICATION L | Date of Vist: | D'Internation Response to companies | PATRIN CARL |
| PATIENT HOME MEDICATION LIST (As Provided by Patient) Prescriptions or on the day of William processing. Prescriptions, over the counter-returning, technic supplements, medications via patch, blirth | Reason for Taking | jasent) | 1, JOYCE P 6 AGE: 61 K, KATHERINE M.D. 7 SEX: F |
| P.A. crm beck to WSC. | Frequency (Now other?) | Frequency (Nown by pt. = C | NAME: SEKERA, ACT#: 153654 DOB: 03/22/56 DDR: TRAVNICER, DOS: 05/08/17 Rev 010917 PP.doc |
| inter ind bring i CTIONS | Dose | Dose Dose medication | NAME ACT# DOB: 60 DR: M.D. DOS: E |
| Valley View Surgery Center Patient) Nemeriti inhighted these only and bring form back to was before or on the day of Wild DECATION LIST (As Provided by Patient) No Known Altergies ALLERGIES AND THEIR REACTIONS: Let all medications taken over the past 6 months (include prescriptions, over the courter view that an edications we putch, birth control breatment) | Medication | New Prescriptions (Completed by Nurse) (Completed by Nurse) (Complete Madication Information Unknown by pt. = CM! Unk * is PACU Nurse Signature * Editheck box if pL/cg instructed on medication use, common side effect, and affectere upon discharge. | NAME: SEKERA, JOYCE P ACT#: 153654 DOB: 03/22/56 AGE: UR: TRAVNICEK, KATHERINE DOS: 03/09/17 SEX: |



| Note: Patient is patient himsel@herself or legal representative or surrogate | Pre-Op | OR | PACU |
|---|--|--------------------|----------------|
| Ensure a clean and sanitary environment for each patient. | 13 | M | 120 |
| 2. Patient identified as per VVSC policy & ID Band is on patient | 11 | W | 100 |
| 3. Allergies/ adverse reactions verified and stated on front of chart | 14 | 6 | 12 |
| 4. Surgery/Procedure Consent: Operative Procedure & site verified with patient | 14 | lis | (^) |
| a. Patient's Signature | 1/ | | |
| b. Witness Signature | 1 | K | |
| 5. Anesthesia Consent: | 11 | 1/2 | |
| a. Patient's Signature | 1 | M | A. |
| b. Anesthesia Provider (Anesthesiologist or MD performing procedure) Signature | 1 | 6 | <u></u> |
| 6. H & P - to include heart and lung (Noted on Pre-Op checklist form) | 1 | h | <u></u> |
| 7. Pre-Op MD Orders | 1 7 | 6 | |
| a. As ordered, pre-op test(s): Completed, results reviewed and placed in chart Not present, action taken (See pre-op checklist nurse's note) | 1 | 4 | <u>*</u> , |
| b. Standing Orders to draw blood sugar and /or urine pregnancy test N/A | 1F | 7 | |
| Actions if blood sugar is out of range. Noted on back of Pre-Op Checklist and in blood sugar result log N/A | 18 | | |
| d. Antibiotic as ordered: Initiated Completed N/A | 1 | (a | ,, |
| e. *Any special equipment, devices, implants Yes N/A | | -9 | |
| 8. Procedure Site: MD marked Operative site Yes N/A | 13 | 4 | |
| 9. Pre-Op Anesthesia/Nurse Assessment Form / Medication List | 11- | $\overline{}$ | * |
| a. Patient Signature | 18- | / | |
| b. Nurse Signature | 1 | → i | |
| c. Medication list has dosage, frequency, date last taken. If pt. doesn't know, document | 12 | 1 2 | - |
| No Yes List G-Code See back of sheet for | 12 | { | |
| 10. IntraOp or Intra Treatment: Ensure a clean and sanitary environment for each patient | 13 | | |
| 11. Intra Operative briefing before procedure started: Time-Out performed per policy allegay | | | |
| status and other concerns discussed- *difficult airway or aspiration risk or aspiration risk, risk of blood loss if applicable | * | | |
| 12. *Procedure site is marked and visible N/A | | | |
| 13. *Relevant images properly labeled and displayed N/A | | 101 | y. |
| 14. *De-briefing after completion of procedure | - | | |
| a. Name of procedure performed | | z , [- | |
| b. Sponge, sharp count performed N/A | | + | —- |
| c. Specimens identified and labeled V N/A | | , | |
| d. *Any equipment problems to be addressed N/A | [| | . |
| e. *Key concerns for recovery and management of this patient \(\subseteq N/A \) | <u></u> P | I | ı |
| | | JS | 522 |

NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56

DR: TRAVNICEK, KATHERINE M.D.

DOS: 05/08/17 SEX: F

| | Pre- | OR | PACU |
|---|-------------|---------------|--------------|
| 15. Sterilization Documentation completed/initialed | | | |
| 16. O. R. Record Complete with out of OR time | ļ | <u> </u> | |
| # 10 to #16 completed by | <u>_</u> | ↓ | 1 |
| Any G-Codes occurrences No Yes List G-Code See below for references | | | |
| 17. Ensure a clean and sanitary environment for each patient | | ↓ • | |
| 18. Admit time to PACU | —— | ↓ | 125 |
| 19. Post Op Orders Noted | | ↓ | 15 |
| 20. Signature of Discharging MD for anesthesia recovery Discharge time on PACU record | | ↓ | |
| 21. Discharge time to home or transfer to hospital goted Yes | <u> </u> | <u> </u> | 15 |
| 22. Copy of VVSC's prescriptions Yes N/A | | <u> </u> | |
| 23 Name of responsible adult pt. discharged to noted on discharge instructions | <u> </u> | - | |
| 24 Phone number of the physician doing surgery or procedure on discharge instructions | <u> </u> | | 1/3 |
| Any G-Codes accurrences? No Yes List G-Code See below for references | | <u> </u> | |
| Nurse Name: Printed M Genova Signature: ALLOU | | tials: | 10 |
| Nurse Name: Printed Signature: | , | tials: | } ——— |
| Nurse Name: Printed D. WWW Signature: D. WWW | | tials: | <u> </u> |
| Nurse Name: Printed Signature: | | tials: | |
| Nurse Name: Printed Signature: | | itials: | |
| RN Co-sign for LPN: Printed Signature: | | itials: | |

**ALL AREAS MUST BE SIGNED OFF AT THE TIME OF DISCHARGE FROM PACU FOR CHART TO BE COMPLETE* First and last name initials signify the nurse has completed the listed responsibility. "O" with initials next to it signifies the nurse assessed the responsibility and completion is needed. Revisions/Additions to this form adopted from AORN Comprehensive Surgical Checklist that incorporated WHO, Joint Commission-Universal Protocol (JC) 2010 National Patient Safety Goals.

| Measure Description | G-Code |
|--|--|
| Patient Burn | G8908 Patient documented to have received a hurn prior to discharge |
| Patient Fall | G8910 Patient documented to have experienced a fall within VVSC |
| Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant | G8912 Patient documented to have received/experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant |
| Hospital Transfer/Admission | G8914 Patient documented to have experienced hospital transfer/admission |
| Prophylactic IV Autibiotic Timing | G8916 Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time. |
| | G8917 Patient with preoperative order (or IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time. |

I consent to the admission to Valley View Surgery Center (VVSC) for my treatment(s) and authorize VVSC, staff, and doctor(s) to provide care. I authorize and direct <u>DR. TRAVNICEK</u> to perform the following treatment(s) or any other treatment deemed necessary at the discretion of the physician:

BILATERAL LUMBAR FIVE-SACRAL ONE MEDIAL BRANCH BLOCKS WITH THE USE OF FLUOROSCOPIC GUIDANCE

Physicians providing services at VVSC are not agents or employees of VVSC.

I understand I have the right to be informed. My physician has explained the treatment(s) necessary to treat my condition, purpose of the treatment and its associated anticipated benefits, including but not limited material risks, and alternative methods of treatment and its associated anticipated benefits, including but not limited material risks. No guarantee has been given as to the results that may be obtained. I accept the risks of substantial and serious harm, if any, in hopes of obtaining desired beneficial results. I have the right to be informed of the likelihood of success and the problem(s) associated with recuperation and the possible results of non-treatment. I have the right to request/consent to or to refuse any proposed treatment at any time prior to its performance.

I have the right to be informed whether my physician has any independent medical research or economic interests related to the performance of the proposed operation/procedure. I have the right to be informed if any professional relationship to another health care provider or institution that may suggest a conflict of interest exists,

If applicable, I authorize the administration of anesthesia from an anesthesia provider as may be deemed necessary for the treatment.

My signature below authorizes the pathologist to use his/her discretion in disposing of any tissue removed from my person during the treatment(s) described above. I authorize x-rays, photographs, or videotaping for diagnostic or medical education purposes including utilization of medical residents, students, and/or manufacturing representatives.

I authorize to the drawing of a blood sample from my body in the event that an employee or physician of the surgery center has an accidental puncture or mucous membrane (eye, mouth, etc) exposure to my blood or body fluids. The blood samples will be tested for HIV and Hepatitis. No results of any tests done on my blood will be released or shown to any unauthorized person without my written consent.

My signature on this form indicates that I have read and understand the information provided on this form, that the treatment(s) described above has been adequately explained to me by my physician, that I have had the opportunity to ask questions, that I received the information I desire concerning the treatment, and that I consent and authorize to the performance of the treatment(s) upon myself.

I understand and agree that I am solely responsible for maintaining the privacy of my protected health information in the paperwork I received.

| I have not eaten or drank since (Date& Time) 0508 P 40 | ?^) | (am't), 🖾S | olid 050717 710m |
|--|---------------------------|-----------------|------------------|
| I have a responsible adult to drive me home. | | | |
| * Jacobaco | | ० ५०४। २ | 1120 |
| Parient's Signature or Patient's Representative or Surrogate | | Date | Time |
| Relationship to Patient: Self Other | | 650817 | 1150 |
| Signature of person witnessing the patient's or patient's legal representation | entative signature | Date | Time |
| Verified consentInitials of circulator | < SEKERA, J | OYCE> | |
| | | | JS524 |
| Valley View Surgery Center | Ad NAME: SEK ACT#: 153 | | |
| | ров: 03/2 | .z, J0 | ; 61 |
| Treatment Consent/Authorization | | CICEK, KATHERIN | |
| M:\Consents - Pain Mgmt\TRAVNICEK CONSENTS\2017-5-8 TRAVNICEK conse | nts.doon DOS: 05/0 | 08/17 SEX | ; F |

Patient Consent for Anesthesia at Valley View Surgery Center

I understand:

I will need anesthesia services for the surgery/procedure to be done today,

> And the amount of anesthesia to be used will depend upon the procedure(s) and my physical condition. Anesthesia is a specialty medical service which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of a medical/surgical procedure.

> During the course of the procedure, conditions may require additional or different anesthetic monitoring

techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well being. > Although serious harm or death as a result of anesthesia are uncommon occurrences, these can and do occur in spite of good medical care and are a part of the risks I must consider in deciding to have a procedure. Some of the unusual risks and complications of anesthesia may include but are not limited to allergic or adverse reactions, aspiration, backache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling and of redness, muscle aches, nausea, ophthalmic (eye) injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/by others, seizures, sore throat, and death.

> A detailed explanation of anesthesia and its risks are given to me not to produce fear or anxiety, but to inform me.

No guarantees have been made by anyone regarding the anesthesia services which I am agreeing to have. TYPES OF ANESTHESIA AND DEFINITIONS: Patient Initials General Anesthesia: 1. Mask Anesthesia- Gases are passed through a mask which covers the nose and mouth or Endotracheal Anesthesia- Anesthesia and respiratory gases are passed through a tube placed in the trachea (windpipe) via the nose or mouth or 3. Laryngeal/Mask Anesthesia- Gases are passed through a mask placed behind the tongue which covers the larynx (voice hox) or Deep sedation. Regional Anesthesia 1. Nerve block-Local anesthetizing agents are injected into specific areas to inhibit nerve transınission. ... Monitored Auesthesia Cate (MAC), Total Intravenous Anesthesia (TIVA) - The anesthesiologist monitors blood pressure, oxygenation, pulse, and mental state and supplements sedation and analgesia as appropriate. Local Anesthesia 1. Local Anesthesia-Anesthetizing agents are injected or infiltrated directly into a small area of the body, for example, at the surgical/procedure site. 2. Topical Anesthesia- Surface anesthesia is produce by direct application of anesthetizing agents on skin or membrane. Conscious Sedation by RN - Involves the use of intravenous medication administered by licensed registered nurses under the direct supervision of the physician performing the surgery/procedure. DNR ORDERS: I understand that DNR (do not resuscitate) orders will be suspended while I am in the procedure and until I completely recover from the effects of anesthesia. I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent for anesthesia. I agree to the administration of the anesthesia prescribed for me. I recognize that the alternative to the acceptance of anesthesia might be no anesthesia for the procedure. 1SU 050817 Spignature or Patient's Legal Representative Signature of person witnessing the patient's or patient's legal representative signature Valley View Surgery Center Patient Label JS525 NAME: SEKERA, JOYCE P ACT#: 153654 Anesthesia Consent DOB: 03/22/56 AGE: 61 DR: TRAVNICEK, KATHERINE M.D. M:\FORMS\Clinical forms\mestheria consent rev021116 ftLdoc DOS: 05/08/17 SEX: F

| Next of Kin/Pariente Proximo |
|--|
| Name/Nombre: CAROLE DIVITO Relationship/Relacion: MoVhel |
| Address and/or telephone number/Domicilio o Numero de Telefono: 702-610-6140 |
| |
| In Case of Emergency, I authorize VVSC to Contact |
| En casa de Emergencia, va autoriza a VVSC contactar a |
| Name/Nombre: Misty France Relationship/Relacion: Jauckles |
| Name/Nombre: Histy France Relationship/Relacion: Accepto States and/or telephone number/Domicilio o Numero de Telefono: 702 525-908 |
| |
| |
| authorize VVSC staff to discuss my medical care with / Yo autorizo al personal de VVSC para discutir mi cuidado |
| Name of person(s) / Nombre de persona (s) Capole DVJ MARISSON FRECHM |
| Name of person(s) / Nombre de persona (s) Capole WWY MARISS 17 TRE CHAN |
| |
| Advanced Directive / Directivas Anticipadas (not applicable for patients under 18 years of age / no es aplicable a |
| pacientes menores de 18 años) Information regarding Advanced Directives is included in the Patient Information Packet / |
| La informacion sobre Directivas Anticipadas esta incluida en su paquete de informacion |
| de have an advanced directive / Si tengo una Directiva Avancada; |
| A copy is provided to VVSC: Yes No / Se propociona una copia a VVSC: Si No |
| 1 understand that it is my responsibility to inform my physicians of my Advance Directive / |
| Yo entiendo que es mi responsabilidad informar a mis medicos de mi Directiva Anticipada. |
| to not have an advanced directive / You not tengo una Directiva Anticipada |
| Teorge have an advanced direction of the state of the sta |
| Acknowled some of receipt of Patient Information Packet/Reconocimiento de paquete de informacion de paciente: |
| As required by CMS (federal regulation), written and verbal notice regarding Patients Rights and Responsibilities, |
| Advance Directives and the facility's corresponding Policy, and a list of VVSC business owners is given to patients. Signature below acknowledges receipt of the written and verbal notice. / Segun los requisitos de CMS (regulacion |
| federal), por escrito y la notificacion n verbal sobre los Derechos y Responsabilidades de los Pacientes, directivas |
| anticipadas y la política correspondiente de la instalación, y una tista de los duenos del negoció de VVSC se da a los |
| pacientes. La firma debajo confirma que la a recibio por escrito y verbal. |
| □ Received this date / Recibido esta fecha |
| the Received with previous date of service ! Recibido con la fecha anterior del servicio |
| |
| Date / Fecha: 5/8/// |
| Patient/Patient Representative signature (if other than patient; relationship:) JS526 |
| Valley View Surgery Center Patient label NAME: SEKERA, JOYCE P ACT 1: 153654 AGE: 61 |
| Valley View Surgery Center ACT 1: 153654 AGE: 61 DOB: 03/22/56 ACT 2: 61 DOB: MATHERINE M.D. |
| Patient Acknowledgements DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D. DR: 05/08/17 DOS: 05/08/17 |

Patient Valuables and Belongings List

| Jewelry | How | With | With | In | Comments |
|-----------------------|---|--|--|---|--|
| | Many? | Family | Patient | Bafe | |
| Watch | [] | | 11 | 11 | Color:]Yellow [] White |
| Ring (s) | | () | fi i | 111 | Color: []Yellow] } White |
| Necklace (s) | i i | | 111 | 111 | Color: [Yellow White |
| Bracelet | () | 11 | | Ιίί | Color: [Yellow] White |
| Earrings/Piercings | [] | i i | 1 | 111 | Color: []Yellow [] White |
| Valuables | | 1-7 | <u></u> | , _ | Table () remain () verifice ; |
| Unopened | | Π | III | | <u> </u> |
| Purse/wallet | 1, , | ' ' | 1''' | ' ' | |
| Keys | 111 | i 1 | 1 1 | 7.1 | |
| Cell Phone | 17 1 | | 1 1 | 1 1 1 | |
| 1D Card | | | 1 1 | 1 1 | |
| Ins. Card | 11 1 | 11 | 1 1 | ++- | |
| Credit Card | 11 1 | 1 1 | 1: | | |
| Check Baok | | - | () | | |
| Money/Currency | [] | [] | [] | [] | Amount \$ [] Placed in enclosed envelope/secured VVSC safe. |
| Clothing | | — | | · | enrelopeyseculed 473C sale. |
| Biouse/Shire | 111 | 1 1 | T 1 | 7 1 1 | * |
| Hants/Shorts | 1 1 | 1 2 | | <u> </u> | |
| Coat/Sweater Jacket | ΪÍ | 1 1 | | -} | |
| Dress/Skirt | | <u> </u> | ' | + + + | |
| 8fioe)/Slippers &ocks | 111 | | 7 7 | T 2 | |
| HBV/Belt/Vest | i i | <u> </u> | ; ; · | -} | |
| Bra/slip/ | 1 1 | [] | <u>; , </u> | <u> </u> | |
| Undergarments | | ' ' | | ' ' | |
| Equipment | | | | _ | |
| Cane/Walker/ | () | [] | [] | | |
| Crutches | ` ' | ` ' | `' | ' ' | |
| Wheelchair/ | | <u> </u> | 7 7 | | |
| Scooter | ' | ` ' | '' | • '] | |
| Other | | | 7 1 | 7 1 | |
| Eyeglasses/ | i | † † | | † † † | *In labeled Ziplock bag |
| Sunglasses | | ' | | ٠, ١ | W INDUCED EXPINEN DOS |
| Dentures/partials | | | | | |

Patient Agreement at the time of Admission and Discharge

| I understand that Valley View Surger | y Center is NOT responsible for my personal belongings. I understand that I |
|--------------------------------------|--|
| have been advised to leave my lewel | ry/valuables at home or with my responsible adult At VVSC. |
| | as a commendation of the second of the secon |

| PreOp (|) (<i>I</i>) |
|--|----------------|
| Patient/Representative (if patient is unable to sign) : | TO COLOR |
| RN Witness: Date: OFFE | |
| PACU/Discharge | |
| Patient/Representative (if patient is unable to sign) : | y Joy (c Delos |
| the Marine I are the transfer of the processing the second | M Statel State |
| RN [] CNA Witness: JUN7 107 PC Date: | <u> </u> |
| Valley View Surgery Conton | Patieni Label |

Valley View Surgery Center

M:\FORMS\Patient Valuable and Belongings Forms.docs nev 08/29/16mm

NAME: SEKERA, JOYCE P

JS527

Patient Valuable and Belongings

ACT#: 153654

DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D.

AGE: 61

DOS: 05/08/17

SEX: F

| The injection you received contained an all setic or an anti-inflammatory steroid medication, both. You could possibly experience a decrease in your pain, numbness and/or weakness due to the anesthetic. The numbness and/or weakness usually lasts 2-8 hours and can at times last longer (should not be longer,than 24 hours). Upon the anesthetic wearing off, you may experience some pain at the injection site and/or a temporary increase in your everyday pain. The increase of pain should decrease as the anti-inflammatory medication starts to take effect. This usually takes 3 to 5 days or possibly longer, lice packs can be used to treat pain and/or inflammation at the injection site although ice packs should NOT be used for more than 20 minutes at a time. Please refer to your doctor's instructions for ALL PROCEDURES to include limitations of activities, changes with your |
|--|
| decrease in your pain, numbness and/or weakness due to the anesthetic. The numbness and/or weakness usually tasts 2-6 nours and can at times last longer (should not be longer,than 24 hours). Upon the anesthetic wearing off, you may experience some pain at the injection site and/or a temporary increase in your everyday pain. The increase of pain should decrease as the anti-inflammatory medication starts to take effect. This usually takes 3 to 5 days or possibly longer, ice packs can be used to treat pain and/or inflammation at the injection site although ice packs should NOT be used for more than 20 minutes at a time. Please refer to your doctor's instructions for ALL PROCEDURES to include limitations of activities, changes with your |
| medications and his/her specific requirements. Call your physician's office to schedule a follow up appointment. If you are diabetic and received a steroid injection, check your blood sugar twice daily for one week and call your internal medicine physician if your blood sugar is 250 or greater. Call your physician's office/answering service if you have any of the following symptoms Severe headache and/or seizures. Severe headache and/or seizures. Loss of ability to feel or move your arms or legs. Infection (redness, swelling, drainage or fever greater than 101.5 F). Heavy pressure over the chest or palpitations (rapid heartbeat). Bleeding at the injection site that is not stopped within 15 minutes of direct pressure. |
| [] As ordered by your physician: You are to resume indays. I[]N/A Anticoagulant medication |
| IF YOU ARE UNABLE TO REACH YOUR DOCTOR AND ARE EXPERIENCING ANY OF THE SYMPTOMS LISTED ABOVE OR FEEL YOU NEED IMMEDIATE MEDICAL 702-878-8252 ATTENTION, CALL 911 OR GO TO THE NEAREST EMERENCY ROOM. |
| Due to the injection procedure as well as the sedation you received during the procedure, DO NOT operate machinery, drive a vehicle, use stairs, drink alcoholic beverages, engage in any strenuous activities until the numbress has completely worn off and your full strength has returned. Do not sign legal documents for at least Z4 hours if you were sedated for the procedure. |
| SPECIFIC INSTRUCTIONS AND/OR EXPECTATIONS FOR YOUR PROCEDURE ARE NOTED BELOW (SEE ALL THAT ARE CHECKED) [] EPIDURAL INJECTION SELECTIVE NERVE ROOT BLOCK [] INTRATHECAL INJECTION [] LUMBAR SYMPATHETIC BLOCK [] FACET JOINT INJECTIONS [] DISCOGRAM [] SACRO-ILLIAC JOINT INJECTION [] KYPHO/VERTEBRALPLASTY [] ALL OTHER PROCEDURES; As mentioned above, you may experience weakness in the back, arms and/or legs depending on the injection as well as an increase in pain after the anesthetic wears off. You should relax for the remainder of the day. |
| IMEDIAL BRANCH BLOCKS This is a diagnostic procedure using an anesthetic. A steroid might also be used depending on your doctor's preference. You should return to normal activity, which usually causes your neck or back pain to see if the procedure effectively reduces or eliminates your pain. This will be temporary tasting only for hours. You should keep a diary/journal and record how much your pain has been reduced and for how long. Bring this diary/journal with you to your follow-up appointment. |
| [] STELLATE GANGLION BLOCK It is normal for your eyelid to droop, facial droop, hoarseness, numbness and/or weakness in your arm or face on the side of the injection. These symptoms should subside in 4 to 8 hours. If you develop any "stroke like" symptoms, such as sturred speech, unable to speak, confusion or unable to move your arms or legs, call 911 immediately or go to the nearest emergency room. |
| [] TRIGGER POINT INJECTIONS [] INTERCOSTAL/PERIPHERAL NERVE BLOCK If any shortness of breath occurs, please call your physician. In cases of moderate to severe difficulty breathing call 911 or go to the nearest emergency room. |
| [] RADIOFREQUENCY / RF / NERVE ABLATION DENERVATION You may experience more pain or discomfort after the procedure when the anesthetic wears off. This increase of pain can last 1 to 2 weeks and should gradually reduce while the radiofrequency procedure takes effect. |
| [] TRIAL OR PERMANENT SPINAL CORD STIMULATOR [] SPINAL (INTRATHECAL) PAIN PUMP Both your physician and the equipment company representative will provide you with information relative to the equipment and the procedure. Please follow the instructions provided by your physician and the representative. |
| Patient's Signature Witness Signature Leave |
| Discharged to: Carolc Relationship: mother |
| M:\pain\PAIN DISCH INSTRUCT 2016update.docx |
| Valley View Surgery Center Discharge Instructions - Pain Management DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D. DOS: 05/08/17 SEX: F |

VALLEY VIEW SURGERY TER (VVSC) PATIENT REPOTRATION Patient Information: <u>Rirthdate</u> Age Sex ACCT# 153654 Address Race Social Marital Status 7840 NESTING PINE PL Unknown Las Vegas, NV 89143 Home Phone: (702) 467-5457 Cell Phone: Employer: N/A Work Phone: Guarantor: SEKERA, JOYCE P Patient's Relationship: Self Address: 7840 NESTING PINE Las Veg NV 89143 Phone: (702) 467~5457 Primary Insurance: Carrier: LIEN PAYER Insured: SEKERA, JOYCE Claims: ATTY; KEITH GALLIHER Patient's Relationship: Self Address DOB: 03/22/1956 SS#:091~48~8430 1850 E. SAHARA #107 Insurance ID: 00000000000 Group #: Las Vegas, NV 89104 Auth #: APPROVED Ins. Phone: (702) 735-0049 Employer: N/A Secondary Insurance Carrier: Insured: , Claims: Patient's Relationship: Sex: Address DOB: SS#: Insurance ID: Group #: Auth #: Ins. Phone: Employer: Date of Surgery: 03/09/2017 Surgeon: TRAVNICEK, KATHERINE, M.D. Procedure: **NO SEDATION** BI Type of Service: Pain Management LUMB PreOp DX: M54.5 _______ Authorization for treatment: I hereby authorize treatment at Valley View Surgery Center I hereby authorized and permit VVSC to release medical billing data relating to this service Financial agreement and assignment of payment/benefits: I understand that I am financially responsible for all charges incurred regardless of insurance coverage. I hereby verify that the insurance information that I have provided is correct and that VVSC will bill my insurance for services received. I hereby assign payment of all surgical and/or medical benefits payable on my behalf to VVSC for services at VVSC, not to exceed charges. Any unpaid deductible and/or estimated co-pay is due and payable on the day of service. The account is expected to be paid in full within 90 days from the date of service. In the event my account is referred to a collection service due to lack of payment on my part, I acknowledge that there may be additional collection/legal fees added to my account. Returned check charge: I understand that if a payment by check is returned unpaid by my bank for non sufficient funds (MSF), there will be a MSF fee charged to my account not to exceed \$50.00. If the same check is returned unpaid a second time, it may be referred to a collection service for recovery. Acknowledgement of receipt of HIFAA privacy notice information and Patient Rights & Responsiblities. Received previously, Initial: Received this date. JS529 Relationship (if other than patient: NAME: SEKERA, JOYCE P Witnessed by: ACT#: 153654 DOB: 03/22/56 AGE: 60 DR: TRAVNICEK, KATHERINE M.D. DOS: 03/09/17 SEX: F

| | Current medications – see Patient Home Medication List (Medication Reconciliation List) |
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| į | HISTORY OF PREVIOUS PAIN MANAGEMENT PROCEDUDRE: |
| • | Justification-for repeat Epidural Steroid Injection Partial Improvement Other |
| | Transient Improvement |
| | Significant Improvement Return of symptoms |
| | Persistent symptoms |
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| | SOCIAL/ FAMILY HISTORY: Don Contributory |
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| | PHYSICAL EXAM: Heart/Cardiac |
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| | Other |
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| | Anesthesiologist |
| | HVCS-RN ASA Score: 12 3 4 |
| | → FVCS-RN ASA Score: 4 2 3 4 |
| | **PVCS-RN ASA Score: 4 2 3 4 **RE-OPERATIVE DIAGNOSIS: |
| | #FVCS-RN ASA Score: 12 2 3 4 *RE-OPERATIVE DIAGNOSIS: Spondylosis (facet pain) * Cervical Thoracics trumbar |
| | ### RE-OPERATIVE DIAGNOS IS: Spondylosis (facet pain) Spondylosis w/o myclopathy Displacement of intervertebral disc Cervical Thoracic Lumbar Cervical Thoracic Lumbar |
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| Date Nurse Notation: PRE-OP ORDERS: Admit to Valley View-Surgery Center-for scheduled procedure on consent. 1. Urine pregnancy lest on females having periodic menstrual cycles unless post hysterectomy or no menstrual privar. Results of Pre-Op blood or urine tests completed 7 days or less prior to procedure will be accepted for privar. Results of Pre-Op blood or urine tests completed 7 days or less prior to procedure will be accepted for privar. Results of Pre-Op blood or urine tests completed 7 days or less prior to having the patient change for 3. Do blood glucose level on all diabetic patients. Report results greater than 150. 4. Inject 20G IV cathyfor Saline lock or IV solution. Flush w/ 3 mis 0,9% NS PRN. May use 0.5% Lidocaine 0.1-0. before insertion. Starf IV 0.9 NS 250 mis KVO on non-operative side for cervical procedures. 5. Discograms: Ancef 1900mg IVP/IVPB (Ancef 2900mgs IVPB for patients 120kg or greater) Hardware Blocks, Implants, Plakus Block, Pump Refills, Superior Hypogastric Block, †TSCS and patients and Subacute Bacterial Endocarditis: Clindamyoin 900mg IV. | OARBOOK Sermonina |
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| PRE-OP ORDERS: Admit to Valley View-Burgery Center-for scheduled procedure on consent. 1. Urine pregnancy test on females having periodic menstrual cycles unless post hysterectomy or no menstrual pregnancy test on females having periodic menstrual cycles unless post hysterectomy or no menstrual pregnancy test. Results of Pre-Op blood or urine tests completed 7 days or less prior to procedure will be accepted for prior 2. Obtain BP, Blood Sugar and HCG results (if applicable) on patients prior to having the patient change for 3. Do blood glucose level on all diabetic patients. Report results greater than 150. 4. hysert 20G iv cathrior Saline lock or IV solution. Flush w/3 mis 0,9% NS PRN. May use 0,5% Lidocaine 0.1-0. before insertion. Start fv 0.9 NS 250 mis KVO on non-operative side for cervical procedures. 5. Obscoprams: Ancel 1900mg IVP/IVPB (Ancel 2900mgs IVPB for patients 120kg or greater) Hardware Blocks, Implants, Piéxies Block, Pump Refills, Superior Hypogastric Block, †TSCS and patients and Subacute Bacterial Endocarditis: Clindamycin 900mg IV. | OARBOOK Sermonina |
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| | with history of MVP, |
| 7. For cervical transforaminal injections, give Ondansatron (Zofran) 4mg (VP over two to 5 minutes | , , , |
| 0, FOI SiBilizing Ganglian and Sympathetic injections, record a begaling to the second state of the second | - i - i |
| date of procedure: []ASA-7days, []Counadin or []Playix-for7 days, [] Except for Celebrax, all non-strand-inflaffigatory medications for 4 days, Information and most most about most are stabled. | ance from eroldel |
| 10. For 0000 patch procedures: Using sterile technique Toxert et minimum a 200 l'Acethore (ex | eferable 18G) in the |
| Taxas as the second to site iot blood DIBM | 20.000 100/111110 |
| Surgical Consent to read (CHECK ALL THAT APPLY); | |
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| ERVICAL [] Right [] Bilateral | • |
| Stellate Ganotion [] SNRB" [] TFESI** [] Facet Joint Injection [] MBB (Facet Nerve Injection) | *** |
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| MBAR CARREST TO THE PROPERTY OF THE PROPERTY O | 7 |
| Epidural Steroid Injection [] 5NRB* [] TFEST* 64 Facet Joint Injection [] 148R (Facet Name Injection) | - |
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| MINER PLUURUSCUPT 9 ISCS Trial Spinol Cood Stimulator | |
| NRB=Selective Nerve Root Block "TFESI=Transforaminal Epidural Steroid Injection "MBB=Medial Branch Block | peditur |
| | mca/ |
| # mcg () Romazicon mg | - mula |
| r Radiofrequency Tragiment. See RF Neurotomy Procedural Notes Form. Medications drawn up as ordered on MD preference cards | . 1/3/9/N |
| PACU ORDERS 2 | a de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya dela compan |
| Check vitals every 5 minutes x 2 then up to chair/dengle with 1 set of vitals. Record post-procedure temperature of the light set of vitals. A second post-procedure temperature of the light set of vitals. | G-77 |
| patients who received Stellate Gangton and Sympathetic injection procedures. If local infiltrate and no sedation vital signs x1. Discharge when patient stable. | in performed, take |
| " 1 | |
| For Sigilate Canglion and Sympathetic injections, record temperature on appropriate bilateral extremities Oxygen asal profigs or mask to as needed to maintain pre-op oxygenation level. | <u>. </u> |
| Los thing or figures as tolerated. Ondansetron 4mg NPAM for nausea or vomiting pm. | |
| 5. Do blood sugar testing if pt. received treatment for blood sugar tevel. | |
| Remove IV catheler just before discharge. | |
| 7. Resume all prior medications, [] NA | |
| 8. Sesume all anticoagulants on next scheduled dose after the procedure 1 1 NA | - |
| 9. A rousde and review written copy of post procedure instructions with notion & family mombars | |
| 1 to 7 ft may be discharges in 2/11 it post-reversal agent. [] was [] no | |
| 11 Other orders: | |
| SICIAN'S SIGNATURE | , |
| VALLEY VIEW STORY | JS531 |
| VALLEY VIEW SURGERY CENTER Standing Orders - K Trevnicch, M.D. NAME: SEKERA, JOYCE P | 50001 |
| OREGINE CITATION AND THE NAME OF THE PROPERTY | |
| | |
| ACT#: 153654 | ; 60 |
| ACT#: 153654 DOB: 03/22/56 AGE: OR: TRAVNICEK, KATHERINE | |
| ACT#: 153654 | E M.D. |





PROCEDURE NOTE

VALLEY VIEW SURGERY CENTER 1330 S, Valley View Blvd. Les Veges, NV 89102 702-675-4600 702-675-4604 fex

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

SURGEON: Katherine D Travnicek MD

Date of Service: Merch 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, ellergic or other reactions to medication requiring resuscitation, air in the lung requiring chest tube, seizure, stroke or death. Injection of conficosteroids can potentially cause auppression of the adrenal gland and damage to bone, tissues or eyes. Transfert fluid retention is common. The patient indicates undenstanding and accepts the risks.

INDICATION: This is a diagnostic and therapeutic injection.

PROCEDURE(S) PERFORMED: FLUOROSCOPICALLY DIRECTED FACET JOINT INJECTION(S) BILATERAL LS-S1 The patient was positioned prone. Standard monitors were connected including pulse colmetry, NIBP and EKG. Supplemental Oxygen was given as needed. The skin was propped with a startle surgical prep times three Stelle drapes were applied. Mediculous sterile technique was maintained. The skin and subcutaneous fissues were anesthetized with 1% lidocalne. Next, under direct tuoroscopic guidance, a stylettad procedure need a was inserted percutaneously and directed to the posterior aspect of each facet joint to be injected without paraesthesis. Each site was than injected with contrast to to the posterior aspect or each races joint to be injected without paraestresia. Each joint was then injected with contilline to contilline flow into the joint and to rule out intravascular or intraffrecial injection. Each joint was then injected. All injected medications were preservative free, injection was made slowly after negative aspiration for blood and carebrospinal fluid. The needles were cleared of injectatie 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): Dexamethesone 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

NAME: SEKERA, JOYCE P

ACT#: 153654

AGE: 60

DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D.

DOS: 03/09/17



| A | | Patient Care Plan | | |
|--|---|--|--|---------------------|
| Potential injury to patient | Patient will not receive enjoye | Plan | Implementation | Conun |
| peri-operatively | Patient will not acquire injury throughout the peri-operative procedure. | Greet patient, check two patient identifiers and verify operative sign, altergies and other pertinent | Operative site, correct patients and permanent history verified. Altergies noted. | |
| * | | information. Safety straps applied, pattern positioned appropriately | Patient encouraged to ask questions about eare in the operating room. | |
| | | with good body alignment and pressure points padded | Proper body alignment and safety straps used. | 010 |
| L | | _ | Electrical equipment checked and ensured to be in sale condition. | ()(r Initials: |
| ALLERGIES: NK | | | See Fré | |
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| OR. PERFORMING PROCE | DURE: Dr. K. TRAVNICEK | | S MAC NI LOCAL INFILTRATE (] GENERAL | ് സംഭ |
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| MED NURSE A. PEN | | RUB LINKIHS XI | RAY C.COLE OTHER | — <u>—</u> |
| MEDICATIONS GIVEN B | | | | |
| LJJ% Lidocaine MPF M2% Lidocaine MPF | 0.5% Bupivacaine M | | | _ |
| 4% Lidocaine MPF | Methylprednisolone | 1 Permo medication | Units' D Omnipaque 300 mg Added Anon verified with attending MD | ¢f |
| (The dose and rough | of the medications given are | noted his procedural medication | the physician performing the procedure.) | |
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| |] Right [] Left [] Bilateral | | | |
|] Radio frequency: [] Right | [] Left [] Bilateral Sec R | F Neurotomy Procedural Notes Fo | econ | |
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|] Stellage Ganglion: [] Right | - · | Pes sel | | |
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| Sympathetic Block, Lumba | | • | | |
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| increase (+ 21% of pra-enerthetic level Within acceptable limits | } | 20 | a | 2 | | 1 | | 1 | ļ | | | 1 | 1 | | ļ | |
| Doctorse (- 21% of pre-encamentic level) | , i | 2 | 2 | 2 | | 1 | | | 1 | i i | | | | | | ļ |
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| No response | ! | 7 1. | . / 1 | 1 | | ŀ | ſ | | | | | i | | | • | |
| etal Sedation scale | | 3 | 3 | 3 | | 1- | | | * | | | | | | * | |
| (Optimal 3-5) | | | | | | L | 1 | | | | | 1 | | | | ł |
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| Alfentanii IV meg | | | | <u> </u> | 7. | | 2 6 | | | | | | | ~~ | | |
| Propofel IV rhg | | | ,4E | 7 | ⇗ | 120 | iti | 20 | | + | . * | Ь— | | - 1 | | |
| Romazicón IV mg | $\neg \neg$ | | <u> </u> | | | | * | - | | - | | | | | \longrightarrow | |
| Narcan IV mg | - | | - | | | | 1, 40 3 | | | - | | | | | | |
| Cefazolin IV mg | ~++ | ' | -+ | | <u>. </u> | | | | | | | | <u> </u> | | | ··· |
| Other: | - - | | | - | | - | | | | -+ | | | | | \longrightarrow | |
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| CS RN Printed Name: | <u> </u> | <i>1</i> /~1 | <u> </u> | <u>u</u> | | Sign | ature: | | <u>, 07</u> | Weg. | re | | In | itials | - (2 | _ |
| tibiotic: NA | | | | | | çom; | leted : | af | | 710 | | | | | | - |
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| eport given by IVCS/c | ican lat | ino m | ITEA OF | nd na | na ba | ndad | A140-1 | · mpp | CALL PI | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 7 | ~X/2 | ind | · . | K | |
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| VALLEY VIEW SI | | rk i | CER | AT TE | K | - | | D | -17: | 15365 | 4 | | | | | |
| | Dar Elki | | | | | 1 | | U | ەن. O | 3/22/ | 56 | | AGE | : 60 | ı | |
| IVCS | DÀ MI | | | | | | | | | | | | | ,, 90 | | |
| IVCS | Dy KN | | | | | | | DF | : TR | AVNIC 3/09/ | EK. | KATI | HERIN | DE M | D. | |

J\$534



| Nursing Diagnosis | Outcome Gnal | Plan | Interventions/Implementation | omments |
|--|---|---|---|-----------|
| Potential injury to patient peri-operatively | Patient will not acquire injury throughout the peri-operative procedure | Ensure immediate, on-site availability of back-up personnel for airway management, resuscitative emergency intubation and emergency equipment | Emergency equipment will be present, working properly and immediately available in the room where the procedure(s) are performed Nursing assessment conducted by IVCS murse including pertinent medical history, verification of allergies, confirmation of NPO status | |
| Potential decrease in blood pressure, heart rate, peripheral resistance and oxygen saturation, especially during administration of sedation agent(s) | Patient vital signs will remain within patient's normal limits as evident by the utilization of monitoring equipment peri-operatively | Explain monitoring equipment and ECG pads to patient | ECG electrodes, blood pressure cuff and pulse oximeter applied prior to procedure Vitat signs will be monitored continually throughout the procedure at a minimum before the start of procedure, one minute after administration of medication(s) given, and at least every five minutes thereafter until procedure is completed | |
| Potential for anxiety and pain related to therapeutic and/or diagnostic procedures | Patient will be able to tolerate diagnostic and/or therapeutic procedures with reduced anxiety and discomfort. Patient's LOC will be mildly depressed with an altered perception to pain, but will retain the ability to respond appropriately to verbul and/or tactile stimulation | Sedation agent(s) will be administered per physician's orders | Pts LOC will be assessed at regular intervals, verbal reassurance will be given to divert patient's attention and assist in reducing anxiety | Initials: |
| ļ | | | | 1-6 |

NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56 AGE: 60
DR: TRAVNICEK, KATHERINE M.D.

DOS: 03/09/17 SEX: F

| Date: 3/9/7 Monitors | s On 🗹 Ålarr | ns Set | Allergies; | rta <i>40.</i> . | |
|--|-------------------------|--|--|--|----------|
| Procedure;(5) { | ドナ | 7 |) (| See Front of Ch | art |
| PreOp: B/P/YU/Y Pulse 4 | (0) (1 | | | | |
| Preop: B/P/ YVT Pulse Y | BR CSBO2 | <u>96 %</u> E | RA□@L/min Temp: 96 Y | Pain Level: // Initials |) |
| ADMIT THE PARTY OF | 1026XT/ 45 | A PAN | POSTANETHESINASSESSMENT | REGOVERNO AL TRANS | - - |
| VAS NOTE LIVE | <u> </u> | S SEVEN | Purpose ut movement of all extremises | AND THE RESERVE | Œ) |
| 19/ | ┌╏┩┈╌┤┺ | 2 710 | Moves two extremities | | |
| 100 370 4V V | 79 | 340 | No movement of extremities | → 147 | İ |
| -13-31/31/43 (X) X | | 45' | Breath deeply and cough freely Umited and/or impaired breathing | =2 s1 Resp | 7 |
| | | | Apnes BP slable or improved over PreOp reading | ' ' 7 C | - |
| | | - | TL ABYINDIONIA BC | s. = 2 | 7 |
| | | | Pt. outside of acceptable range based on PreOp readings. | Circ | ł |
| | | - | Unstable Hypotension or Hypertension Alert, fully awaks, responding appropriately | =0 2 | <u>l</u> |
| | | | Responds to name and/or varbal samu! Unresponsive | =1 LOC | İ |
| | | - | Normal skin color/SpO ₂ > 92% on more size | = 2 | \dashv |
| | | | Pale, Supplemental Or for SpOz > 90% SpOz < 92% with Ox supplementation | -≥t Color 7: 7 | |
| | | <u> </u> | Totals: | | - |
| <u> </u> | <u> </u> | | DISCHARGE CRITERIA:SCORE 10 or pre | | \dashv |
| TOTAL PROPERTY OF THE PARTY OF | TION LOCKETIKOU | TE PSITE FOR | M OR SO NUECTIONS AND AND AND | PANA EVERAPORATION | 로 |
| | <u> </u> | | | SCHWART CITY MILLIONS | 4 |
| | | | | | 7 |
| WINDESTADTES YMENT TRANS COMMO | ritalion outcome | | A SHOW SHOW THE PARTY OF THE PA | <i>(</i> | 7 |
| | 2: 2: | | Pt folerated procedure withour a | ARGE 10 PAGE 1 | 1 |
| | | | Safety maintained: Yes N | lo* | |
| | | | LOC: Alen Oriented same | as PreOp level 🔲 Sedaled 🗍 | |
| | _ | _ | ☐ Naussa/Vomiting ☐ NHT ☐ | Minimal Not treated Treated | |
| , | · | | Intake: POmts IV Discharge Criteria Met: 2 Yes [| mis | |
| | | | V catheter removed / catheter int | | 1 |
| | | | S/S of complications due to IV: | | |
| | | , | | | |
| 7 | | · | Copy of post op instructions given | to pt/other: [] yes [] No* | |
| | | , | Prescription given: HA Yes | If yes, instructed pt.to take | |
| LP1, given pain log and understands instructi | ons as noted by pure | | medication as written on prescript | on 7 es No | |
| | ons as moreu by pr s v | erpazation. L | NA Instructed pt to resume medication | | |
| Pr. up in wheele | hair. Medically diseter | ent. Walting fo | Pt/other states understanding of a | ☐ Yes ☐ No | İ |
| Signature 1- | Initials | | Mobility unchanged from Pre Op le | vet 🖸 Yea 🗗 No* | |
| Signature | Initials | | Discharged via w/c to responsible : | adult [] Yee [] Net [] | i |
| - Curlina | | 14 | Discharge Pain Levet | Discharge Time: | |
| VALLEY VIEW SU | RCFRVCI | NTED | Patient Label | | |
| | | Marri | | | |
| POST PROCEDU | RE RECORD | | NAME: SEKERA, JOS ACT#: 153654 | CE P | |
| | | | DOB: 03/22/56 | AGE: 60 | i |
| | | | DR: TRAVNICEK, KA | | |
| | | | DOS: 03/09/17 | SEX: F | ł |

M:\FORM\$\Clinical &tres\018-Post Procedure Record rev120716pp.doc rev120716pp.

| | ST-OPERATIVE | PATIENT CARE | EVALUATION |
|---------------------------|--|--|--------------------------------|
| NURSING DIAGNOSIS | MINDSING INTERVENTION | I DATENIOUICUMS 1 | Goal is obtained: Ves U No |
| Attaced alivery | Observe & maintain or support alreay | Patient already with maximum respiratory compliance as | Comments: |
| Function | as needed | ا Authorized by adécal608 Qt | Comments. |
| Post-anes he sin | Q on arrival / PRN | mechanica dissue perfusion & | |
| | Monitor SeOs Appropriate position | visible hemodynamics. Clear airway without assist | |
| _ | | Stable hemodynamics | Goal is obtained: Yes I No |
| Altered hemodynamics | Monitor EDG for arrhythmie | 2206 1011007 | Comments: |
| potential for hypovolemia | Note/Intervene for B/P +/- 50% of pre-op reading. | | |
| | Observe surgical site for bleeding | 1 | |
| | | 1 | |
| | Stimulete adult patient PRN | Patient will be arousable. | Goel is obtained. Yes No |
| Altered level of | The second of the companies of the compa | oriented and as alert as | Commentat |
| consciousness | Alcured 2 hermodynamics are spanie | possible prior to discharge | l |
| | A Crient patent to surroundings | | |
| | Closerve for attered L.C.C. | | Goal is obtained: Yes No |
| | Fracognize & acknowledge analely | Accepts healthcare measures | |
| Anxety | T _ Orient to surroundings | and has minimal anxiety. Able to verbalize pos-op | Comments: |
| | Decide object comple | instructions (i.e. diel, would | |
| | Complete/reinforce post-op teaching | care, pain control & scrivity) | |
| | · | | Goal to obtained Yes No |
| Potential Injury | Utilize side rails (pads PRN) | No injury in PACU | Comments: |
| Latendar nim t | Deans had in low position | | Compania. |
| | Secure IV's end assess for patency Ensure correct physiological | | |
| | acegoning | | |
| | | Refer of pain verbalized | Goal is obtained: Yes No |
| Pain | Recognize and assess pain | natual bail ecage | Comments: |
| | Medicate as ordered Teach relexation techniques | | |
| | Position for comfort | | |
| ļ . | t Position to conserv | ł | |
| | | Relief of nausea verbalized | Goal is obtained: [] Wes [] No |
| Nauses & Vomiting | Recognize nauses Medicate as ordered | 1 | Comments: |
| □ N/A | . Teach relaxation techniques | 1 | |
| LIMA | Position for comfort & to prevent | ļ | |
| | aspiration | | |
| | | | Initials of Nurse |
| | | | |
| ses Notes Continued as ne | eded: | ····· | |
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| | the majore the following: | | |
| EKG strip affixed to re | cord, complete the following: | | |
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| me | _attAbut | | |
| | notified @ | am/pm | |
| (, | | | |
| Labor medani 🗀 Ala | treatment | | |
| er MD's order: 🗀 No | treatment atment: | | |
| - | | | |
| Investment of DAN | | Time: | am/pm |
| idustria oi Lur | | | |
| | | | |
| | | | |
| | | MARKE S | EKERA, JOYCE P |

NAME: SEKERA, JOYO

ACT#: 153654

DOB: 03/22/56 AGE: 60
DR: TRAVNICEK, KATHERINE M.D. AGE: 60

DOS: 03/09/17

MNFORMS/Clinical forms/018-Post Procedure Record rev120716pp doc rev120716pp

| Date: | 3/9/ | Time Admitta | ed: 65910 | PR | E-OP (| CHECKLI | et 1 | 4n | 2 - | そつ | 5-900 | ł | | |
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| Plann | ed Procedu | ле: A, / | at 65-5 | , | F.72 | | ner_ | 100 -1 | | VIA: 6 | Praiking Li Wheelchai | r 🖸 Car | ried | |
| Respo | onsible Adu | It taking pt. hom | ne: Dawsh! | \ | Driver | · Mar | ŦS | CA SI | nce:_ r | Kame | AM Meds: DY | :S 27N | ٥ | |
| MEDO | CAL HISTO | RY: 🛛 Asthma 🖺 |]Ulcers □ Hiatal I | Hem | la D TBAT | DSOR he | Dian | t | ` | 2 0 0 | roke DSleep Apnea | | = | = |
| O Hyp | pertension | Smoker D'Ch | nest Pain/Previou | e Mi | insta | пэсе П | julani Sistem | etes L | J M Y | -1 | roke Esleep Apnea 🗆 | Hepati | is | |
| □ Thy | roid Proble | ms DAIDS/HIV | Positive Stree | d Dec | oc Take | UF: | aipita | iuons | e Cu | eizure | s ⊔ Back/Neck Proble: | ПЗ | | |
| SURG | ICAL HISTO | RY: D Tonsils/A | denoids [] Galibi | adde | * D H/vet | prestomy | Jaco | poros | I Lien | ouner, | Appendix 🗆 Back 📑 | | | =_ |
| ☐ Sinu | rs/Nasal () i | Biopsy | 1 2800 | 440 | aroscom | иетескотту П Matelli | mola. | nete E | i Dess | nia U | Appendix ⊔ Back 🗓 r/ICD 🏿 Foot 🗘 Cervi | ,HIP | | |
| D Kne | e □ Eye Su | rgery Other/ | Notes: | 0 | L 22, | LI ITPECEP II | мріа | 116 (| race | make | NICD IT FOOT IT CENT | :81 | | |
| | | | esia Record and P | atie | nt Home | Medication | ı List | | | _ | | | | <u> </u> |
| VITAL | SIGNS: W | elght _ 99/ | Koz Ka He | eight | lake" | | | ERGIE | S- 27 | NKA | | | | _ |
| SAO ₂ | <u>~</u> *ø | RA @/ | min Temp & Y | Pull | se 48 | Resp (6 | ~~~ | | | | | | | _ |
| BP_ <u>/ Y</u> | 0 81 C | RO/Carm & | Extremity temp: F | R | | _ DAYA | | _ | | | [] Sae | Frent p | Cha | _ _ |
| SYSTE | MS ASSESS | MENT de M | = Faü Risk If ≥4 | 4 0 | check | ed Fell Ri | sk Ba | nd ap | plied | | CHECKLIST | Yes N | | IAN |
| Respir | atory: | _ | | | _ | v | | | • | | Consent | | 7 | 7 |
| Resp | iration: | unlabored | □lebored | | other | | | | | | H&P | | -+ | ┥ |
| Brea | th Sounds: | 1 audible | C clear | | other | | | | | | H&P (Podiatry) | | + | ᅱ |
| Caug | | Dabsent | □ non-producth | veÜ ρ | oroductiv | e Ødt | ier_ | Smel | ш. | | CXR | ┟╌┼╴ | \forall | ┥ |
| Cardio | vascular: | | | | | | | | | | EKG | | # | - |
| Hear | t tones: | ⊡1egula r | □ Irregular | | other <u> </u> | cooy, do | Mes | de | ZIAK | 555 | CBC | | \vdash | \dashv |
| Colo | | ○ pi nk | □ cyanotic | O ¢ | other <u>e</u> | Nest/pa/ | arto | <i>إبرالي</i> | CP. | _ | Coag. | | ₩ | \dashv |
| | Şensory: | _ | | | | , - , | " | , | • | | Urine | | T | ┪ |
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| Psycho | social; | Dealth(2) | Ja a nxious | Ωć | rying 🛭 a | ngry Zfoth | er | | | | Preg Urine/Serum | | + | ۲ |
| Skin; | | (2 normal | O pink | | yanotic | | | | | | Hepatitis Screen | - | † | 1 |
| 4 | | D warm | □ cool (Ø dry | ۵d | llaphoret | ic 🗆 ather | | | | | HIV | | 十 | 1 |
| GI/GU | | Gnormal | O incontinent | | ther | | | | | | Bowel prep finished | <u> </u> | \top | Ħ |
| Activity | · · | Ofull DROM | Tuses assistive | | | | | | <u></u> | | , | _ | \Box | ή |
| | DICATIONS | /el: <u>O/w</u> | Location: <i>B.</i> | Ack | /may | Pain Qual | _ | | *- | | | | ${\bf H}$ | |
| Times | | : Medication | / Podes | , | | Pre-Op tea | | | | | | | | V |
| - | | *************************************** | 7 0004 | | 8y | Olscharge | | | | | Surgical Site Clipped | | | |
| | | | | _ | | Patient ride | _ | | | | Medical Clearance | | | |
| | | | | \dashv | | Valuables | | Patlent | HIMDY | TORE | TEDs/SCDs | | |] |
| Procedu | re of surge | rv site: | | | | Dentures - Glasses/Corr | _ | | | 25 | | RESULTS | ٠. | -1 |
| | | | ∕Öbliateral ON | | | Hearing aids | | | | | Urine Pregnancy | <i>"</i> . | <u> </u> | † |
| □ Marke | id by MĐ | - Marie Later | /D 01011C/11 C/4 | · · | | Clothes | · | d | | 8 | AccuChek ' | | т | |
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| | * | Superior Dorse | | | | | | ∇ | Len | <u>. S</u> | hel | 10 | <u>~1</u> | |
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| | Žudo ca. | · · | Other | _ | | | | 00 | arrie | 1 | 2 walk in | | | |
| | Valley | View Sur | gery Center | | Pa | NAME: | | | | oyce | ₽ JS | 538 | | |
| | | E-OP CHEC | | | - | DOB: | | | | | AGE: 60 | | | |
| Ma | | | HBCKLIST rev 12071 | ópp | 1 | | | | - | | ERINE M.D. | | | |
| | | | , | F-7" | | DUS: | U\$/ | vy/1 | | | SEX: F | | | |



| NURSING DIAGNOS | IS NURSING INTERVENTION | PATIENT OUTCOME | EVALUATION |
|------------------|---|---|---|
| Anxiety | Recognize & acknowledge anxiety Orient to surroundings Provide physical comfort Complete/reinforce post-op teaching | Accepts healthcare measures and has minimal anxiety | Goel is obtained: "Mrs No Comments: |
| Patential Injury | Utilize side rails (pads PRN) Place bed in low position/chair locked Secure IVs & assess for patency Ensure correct physiological positioning | No Injury in Pre-Op | Goal is obtained: e les I No Comments: |
| Paln | Recognize and assess pain Medicate as ordered Teach relaxation techniques Position for comfort | Pain verbalized using pain scale | Goal is obtained: I Wes til No Comments: |
| | | | See the street intelled |
| | | 5 NOTES | Pre-Op Nurse Initials |
| | | | |
| TIME | | eause when I 72 J 1917 - I had to how | Lada Lopascoy. A Massion Mass |
| TIME | e list. 5. afraid of Anesthesia Begins cause point to my A ys by the hospilal " | - | Lada Lopas sogy. A Massing ansi Dumityl |
| TIME | - | - | Lada Copmiscoy. A MASSICO MASS |
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Reference: AAAHC Institute for Quality Improvement, Patient Sofety Toolkit: Ambulatory Surgery and Preventing Falls, 07/22/13

NAME: SEKERA, JOYCE P

DR: TRAVNICEK, KATHERINE M.D.

AGE: 60

SEX: F

ACT#: 153654 - DOB: 03/22/56

DOS: 03/09/17

| | .d .#5 | | | | |
|------------|--|---|--|-----------|--------------|
| | Height () Actual weight | | | | |
| | Estatura Peso ——Ib. | | STORY | Yes Si | No |
| | Allergies: | • | STORIAL | 34 | |
| | Alergias: NKA. | 84 | Do you smoke? | π/ | |
| 7 | L. Have you taken any of the following medications: | | If yes, digarettes per day: | _ | |
| | Ha tomado los medicamentos listados: | | ¿Fuma? | | |
| - 4 | Aspirin: Tyes, data last taken | | En caso que si, cuantos cigarrillos per día 🔔 | | / |
| | Aspirina: Si, ultima fecha tomada — Que | €. | Do you have caps, false teeth, bridge, 🔒 👢 | m/ | |
| | Plavix: Yes, date last taken | | partials or contact lenses? | ~ UV | Ĺ |
| _ | Si, ultima fecha tomado — " Wi | | ¿Tiene dientes falsos, tapas, | JO |) - |
| l | Coumadin: | | dentaduras/Puente parsial o lentes de | | |
| | Yzs, date last taken | | contacto | | |
| | SI, ultima fecha tomado | - 10 | Do you drink alcoholic beverages? | _ | / |
| 4 | Anti-Inflammatory: | | If Yes, how much, last time | | 4 |
| | Yes, date last taken | | ¿Consume bebidas alcolicas? | | |
| • | Inti-inflamatorios | | En caso que si, cantidad | | |
| _ | Sa formale methodo | / 11 | Have you ever experienced any reaction to | | . / |
| 4 | For female patients only: Date of last menstrual period | - | rubber or latex products? | | Q |
| | Para mujeres solamente: fecha de su ultima | | Alguna vez ha experimentado una reacción a | | |
| | menstruación | | los productos de goma o látex | | |
| | <u></u> | | If yes, please describe | | |
| 1_ | | | En caso que si, por favor describa | | |
| ١, | List all previous surgeries (and when) | | an opportunity of controls | | |
| * | Lista de todas cirugias previas (con fechas) | | | | |
| | rota at come tu alles hierars from telliant | | | | |
| | | 12. | Glaucoma | - | - / |
| 1 | | , | Glaucoma - | | 4/ |
| f | | 13. | TMJ (dysfunction of temporomandibular joint) | <u> </u> | -/ |
| 5 | Do you symptoms of tuberculosis | | TMJ (disfunción de la articulación temporomadibular) | | |
| _ | Ha sido diagnosticado cop-Tuberculosis- Productive cough ☐ Yes ☐ No -Weakness, Fatigue ☐ Yes ☐ No | · 14, | Stiff neck | _ | -/ |
| | os productiva -Fatiga, debilidad | | Cuello tieso | | W |
| -(| Bloody sputum Yes (2) No -Night sweats Yes 12 No | /15 . | Shortness of breath | _ | _/ |
| | Sputo con sangreSudores nocturnos | | Dificultad para respirar | ш | W |
| | mexplained weight loss | 16. | Asthma | _ | _/ |
| | rerdida de peso inexplicable -Flebre | _ | Asma | П | |
| | ISTORY · Yes No | 17. | Heart attack | _ | / |
| - 5 | | | Ataque de Corazón | П | |
| 3 | Have or are you taking "street drugs" | | Chest pain; angina | _ | _ / |
| | If yes, last date | | Dolor de pecho | | |
| | Ha o está tomando drogas llegales | 19. | Palpitations | _ | _ _ / |
| | En caso que si, fecha ultima: | - | Palpitaciones | | |
| , <u>D</u> | Do you use Medical Marijuana? | ~ 20. | High blood pressure | | _ / |
| 1 | rr yes, last date: | | Alta presión | | |
| | Utilizas la marihuana medicinal En caso que si, fecha ultima: | 21. | Implanted pacemaker/defibrillator | _ | |
| _ | | | Marcapasos / desfibrilador | | سبه |
| 4 | Have you had recent weight change? | | | | |
| 1 | (Significant amount) Has tenido cambio significante en peso | CÖ | NTINUE ON BACK | | |
| | uas tempo campio significante en beso | | YTINUAR EN LA PARTE POSTERIOR | | |
| | | - | | | |
| | | | | | |
| | V. n Vi | Patient | i phai | _ | |
| | Valley View Surgery Center | | JOYCE P | 3540 | l |
| | Pre-Anesthesia Record | [| NAME: SEKERA, JOYCE P | | |
| | (Adult, age 18 and over) | 1 | ΔCT 6U | | |
| | M:\FORMS\Clinical forms\Pre Arresthesia Record: 01.2017.doc | 1 | DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D. SEX: F | | |
| | | - | DR: TRAVALOUS SEX: F | | |
| | | | DOS: 03/03/2 | | |

| | tory Forial | Yes Si | No | HISTORY HISTORIAL | Yes Si | No |
|--------------|--|-----------|----|--|--------------|-----|
| 22. | Home oxygen | | | 44. Aids / HIV Positive | О | П |
| | Usa oxigeno en el hogar | _ | _ | Sida / VIH Positivo 45. MVP (Mitral Valve Prolapse) | _ | _ |
| 23. | Hepatitis | | | Projapso de la valvula Mitral | | |
| | Hepatitis | _ | _ | 46. Metal impiants | _ | |
| | If Yes / En caso que si Type A B C | | | Inplantes Metálicos | | C |
| 24. | Histal Hernia | | | 47. Cancer | | |
| 75 | Hernia Hiatal | | | If Yes, Where | | |
| ۴ɔ. | Previous Colonoscopy? ¿Colonsocopy anterior? | | | Cancer En caso que Si, en donde | | |
| | If Yes, when? | | | 48. Drug resistant infection | | |
| | ¿En caso afirmativo, cuando? | | | Methicillin resistant Staph Aureus (MRSA) | | |
| 26. | Rheumatic Fever | _ | _ | 49. Long term antiblotic treatment | _ | _ |
| | Fiebre Reumática | | | Tratamiento de antibioticos a largo plazo | | |
| 27. | Ulcers | _ | _ | 50. Draining wound | | Γ. |
| _ | Ulceras | | | Herida ablerta | _ | |
| 28. | Stroke | _ | _ | Have you or your family had a high or unexplained fever (hyperthermia) during or | | _ |
| - | Derrame Cerebral | | | after surgery? | | |
| 29. | Seizures | _ | _ | ¿Usted o su familiar a tenido fiebre inexplicable | | |
| ~ | Convulsiones | 0 | | durante o despues de cirugia? | | |
| <u>3</u> 0. | Parkinson disease | _ | - | \$2. Have you traveled outside of country in the past | | |
| | Enfermedad de Parkinsons | | | 6 months? | ø | C |
| 3 <u>t</u> , | Blackouts | | | ¿Has viajado afuera de el país en los ultimo 6 | | |
| | Desmayos | | | meses? | | |
| 32. | Sleep Apnea Bipap / Ç-pap | | | Any additional information you want to commun | icate | ? |
| | Deja de respirar durante la noche | _ | _ | Alguna otra información que desea comunicar: | | |
| 3ą, | Back / Neck Problems | | | | | |
| | Problemas de cuello / espalda | _ | _ | | | |
| 34. | Osteoporosis | | | | | |
| | Osteoporasis | _ | _ | | | |
| 35, | Muscle Diseases Enfermedad Muscular | | | | | |
| 36. | Arthritis | | | | | |
| ;. 0. | Artritis | | | | | • |
| 37. | Dinbetes | _ | - | $\alpha = \alpha \alpha$ | | |
| | Diabetes | | | Jacob Dage D | | |
| 38. | Thyroid Problems | | П | Signature (Patient) or Person filling out form) | | |
| | Problemas de la Tiroldes | _ | _(| (If other than patient; relationship : | | |
| 3 9. | Hemophilia Hemofilia / Desorden de sangrado | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | Firms (Paciente/representante) | | - |
| 49. | Sickle Cell Anemia Anemia de Celulas falciformes | | | (relación al paciente: | | |
| 43 | | | | 2.6 | , , <i>,</i> | |
| -4- | Transfusión de sangre | | | 0 <u>-3-4-</u> | Щ. | ~ |
| 42. | Kidney Disease | ъ | | | (Feg) | uğ. |
| | Enfermedad de Riñones | | با | Signature of the Op Nursa Dute | 41 | 1 |
| 43. | Dialysis patient? | | | F Fall risk | | |
| | {Paciente de diálisis? If yes, date of last dialysis? | _ | _ | 4 market 1 1 1 | 541 | |
| | ¿En caso que Si, fecha de ultimo tratamiento? | | | \/ | J-F 1 | |
| | Valley View Surgery Center | | | Patient Label NAME: SEKERA, JOYCE 2 | | |
| | Pre-Anesthesia Record | | | ACT#: 153654 | | |
| | (Adult, age 18 and over) | | | DOB: 03/22756 AGE: 6 | 0 | |
| | M;FORMS/CEnical forms/Pre Anasthasia Record 01.201 | 7.doc | | DR: TRAVNIÇEK, KATHERINE M | ı.D. | |

Valley View Surgery Center PATTENT HOME MEDICATION LIST (As Provided by Patient)

PRIME IN INCHAINT HOLD INC.

D. No Known Alergies

ALLERGIES AND THEIR REACTIONS:

| And an involvement over the parts (righted pre-chipated), over the course, herbit supplements, medications via patch, birth control tresteent, | | MENTE (MICHAEL | HOOLIGIUS OVER THE COUR | Nor, Vitaraine, herbail supp | emente, medications via | patch, birth control tree | (bagnt.) |
|--|-------------|----------------------------|-------------------------|---|--------------------------------------|--|--|
| Medication | | Frequency | Č. | Date of Visit: | Date of Visit: | Date of Visit: | Date of Visit: |
| Neme | }. | (How othern?) | for Taking | Last Taken (Date/Time) | Last Taken (Date/Time) | Last Taken (Date/Time) | Last Taken (Data/Time) |
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| | | | | j | | | |
| | | | * | | | | |
| New Prescriptions (Completed by Nurse) | Dose | Frequency (How often 7) | Reason for Taking | Orthur Ricgium is ct. Copy in Mil | Thew Rit given to pt. Capy in NRR | Copy in NAR | Copy in NR |
| | _ | - | | | | | |
| | | | | \ | | | |
| -Pre-On Muree Signature | | | | \ | | | |
| * Complete Medication Information Habonum | reales | | house a Children | *** | | 9 | 2 |
| | | | - CIRI CIIK | "CICIMION // | * COM UNK | *OCMB Unik | *COM UNK |
| ★ Is PACU Nurse Signature ▼ SIND Signature ▼ SIND Side Signature ▼ SIND Side Side Sided: and ▼ SIND Side Sided: and ▼ SIND Side Side Sided: and ▼ SIND Side Side Sided: and ▼ SIND SIDE SIDE SIDE SIDE SIDE SIDE SIDE SID | d on medica | filon use, commo | n side effect, and | 46/6h | * 0 | * | A C |
| aftercere upon discharge. | | Ĭ | | □Copy of med list given to pt. on DC. | OCopy of med list | □Copy of med list gives to of on DC | CCopy of med list |
| ******* Contact your prescri | # your p | rescribing p | hveician for cuest | bing physician for questions regarding any medications listed on this page. | madications lists | of on this pagett | 100 to 10 |
| | • | • | | | Non Ollawananan I | ים מו חוים אמאני | |

JS542

NAME: SEKERA, JOYCE P ACT#: 153654

DOB: 03/22/56 AGE: 60
DR: TRAVNICEK, KATHERINE M.D.
DOS: 03/09/17 SEX: F

PATIENT LABEL

PATTENT LABEL

PATENT LABEL

rev 610917 PP.doc



| Note: Patient is assignt himselfit and for | | | |
|--|------------------------------|----------|----------------|
| Note: Patient is patient himsel@serself or legal representative or surrogate | Pre-Op | OR | PAC |
| Ensure a clean and sanitary environment for each patient. | 3 | cm | 7 |
| 2. Patient identified as per VVSC policy & ID Band is on patient | 5 | ch | 179) |
| Allergies/ adverse reactions verified and stated on front of chart | 15 | Ch | 0 |
| 4. Surgery/Procedure Consent: Operative Procedure & site verified with patient | 18 | (M | |
| a. Patient's Signature | + 🗧 | On | |
| b. Witness Signature | $+ \leftarrow$ | CYD | |
| 5. Anesthesia Consent: | + | Mr. | |
| a. Patient's Signature | - - - | Om | - |
| b. Anesthesia Provider (Anesthesiologist or MD performing procedure) Signature | +< | Ch: | _ |
| 6. H & P - to include heart and lung (Noted on Pre-Op checklist form) | +2- | | - |
| 7. Pre-Op MD Orders | +~~ | Ch | |
| a. As ordered, pre-op test(s): Completed, results reviewed and placed in chart | 12 | 00 | |
| Not present, action taken (See pre-on checklist nurse) TV(4) | | 1000 I | |
| b. Standing Orders to draw blood sugar and for urine pregnancy test | 15 | |) |
| c. Actions if blood sugar is out of range. Noted on back of Pre-Op Checklist and in blood | 1 | <u> </u> | v . |
| sugar result log LIN/A | 1 > 1 | | |
| d. Antibiotic as ordered: Initiated Completed N/A | 151 | Ch | |
| e. *Any special equipment, devices, implants Yes >-N/A | 15 | Cin | * |
| 8. Procedure Site: MD marked Operative site Yes N/A | 1 | <u> </u> | |
| 9. Pre-Op Anesthesia/Nurse Assessment Form / Medication List | = | 4 | |
| a. Patient Signature | ≥ | * | |
| b. Nurse Signature | | | .й. <u>.</u> |
| c. Medication list has dosage, frequency, date last taken. If pt. doesn't know, document | $\downarrow \geq \downarrow$ | | * |
| hy G-Code See back of sheet for | 12-1 | | |
| 0. IntraOp or Intra Treatment: Ensure a clean and sanitary environment for each patient | | | <u> </u> |
| 1. Intra Operative briefing before procedure started: Time-Out performed per policy, allergy | | | |
| nation and other concerns discussed. "difficult airway or aspiration risk or aspiration risk wisk wisk | ļ . | 4 | |
| lood loss if applicable | <u> </u> | * | |
| 2. *Procedure site is marked and visible N/A | | | |
| 3. *Relevant images properly labeled and displayed N/A | | | |
| 4: *De-briefing after completion of procedure | | | |
| a. Name of procedure performed | | _ | |
| b. Sponge, sharp count performed N/A | | , | |
| c. Specimens identified and labeled XIN/A | | <u> </u> | |
| d. Any equipment problems to be addressed N/A |]. | | , |
| | | | |
| e. *Key concerns for recovery and management of this patient N/A | | J\$543 | |

NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56 AGE: 60
DR: TRAVNICEK, KATHERINE M.D.
DOS: 03/09/17 SEX: F

| | Pre- | OR | PACU |
|--|----------------|--|-----------------|
| 15. Sterilization Documentation completed/initialed | | | |
| 16. O. R. Record Complete with out of OR time | | CRV | <u> </u> |
| # 10 to #16 completed by Any G-Codes occurrences? No Yes List G-Code See below for references | | Ch | |
| 17. Ensure a clean and sanitary environment for each patient | <u> </u> | <u> </u> | // (|
| 18. Admit time to PACU | - | ↓ | |
| 19. Post Op Orders Noted | ┨—— | | 124-1 |
| 20. Signature of Discharging MD for anesthesia recovery Discharge time on PACU record | | ┿ | ╙ Ŀ┤ |
| 21. Discharge time to home or transfer to hospital noted Des | <u> </u> | ↓ | 14-1- |
| 22. Copy of VVSC's prescriptions Yes Y/A | <u> </u> | ↓ | 171 |
| 23 Name of responsible adult pt. discharged to noted on discharge instructions | | | 12-1- |
| 24. Phone number of the physician doing surgery or procedure on discharge instructions | | | 194 |
| Any G-Codes occurrences! No Yes List G-Code See below for references | | جـــــــــــــــــــــــــــــــــــــ | 177 |
| Nurse Name: Printed Signature: | <u> </u> | tials: | |
| Nurse Name: Printed Signature: | | tials: | aler) |
| Nurse Name: Printed C. M. Signature: | 7 | tials: | <u> </u> |
| Nurse Name: Printed Signature: | <u>مرا</u> د | itials: | \ |
| Nurse Name: Printed Signature: | | itials: | |
| RN Co-sign for LPN: Printed Signature: | | | FTC##Firet |

ALL AREAS MUST BE SIGNED OFF AT THE TIME OF DISCHARGE FROM PACU FOR CHART TO BE COMPLETEFirst and last name initials signify the nurse has completed the listed responsibility. "O" with initials next to it signifies the nurse basessed the responsibility and completion is needed. *Revision Additions to this form adopted from AORN Comprehensive Surgical Checklist that incorporated WHO, Joint Commission-Universal Protocol (JC) 2010 National Patient Safety Goals.

| Measure Description | G-Code |
|--|--|
| Patient Burn | G8908 Patient documented to have received a burn prior to discharge |
| Patient Fall | G8910 Patient documented to have experienced a fall within VVSC |
| Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong implant | G8912 Patient documented to have received/experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant |
| Kospital Transfer/Admission | G8914 Patient documented to have experienced hospital transfer/admission |
| Prophylactic IV Autibiotic Timing | G8916 Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time. |
| | G8917 Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time. |

JS544

NAME: SEKERA, JOYCE P AGE: 60 ACT#: 153654 DOB: 03/22/56

DR: TRAVNICEK, KATHERINE M.D.

DOS: 03/09/17

MnPORMS/Clinical forms/Surgical Procedural Safety Checklist Rev.doc 11/03/13 Id

2



I consent to the admission to Valley View Surgery Center (VVSC) for my treatment(s) and authorize VVSC, staff, and doctor(s) to provide care. I authorize and direct <u>DR. TRAVNICEK</u> to perform the following treatment(s) or any other treatment deemed necessary at the discretion of the physician:

BILATERAL LUMBAR FACET JOINT INJECTIONS WITH THE USE OF FLUOROSCOPIC GUIDANCE

Physicians providing services at VVSC are not agents or employees of VVSC.

I understand I have the right to be informed. My physician has explained the treatment(s) necessary to treat my condition, purpose of the treatment and its associated anticipated benefits, including but not limited material risks, and alternative methods of treatment and its associated anticipated benefits, including but not limited material risks. No guarantee has been given as to the results that may be obtained. I accept the risks of substantial and serious harm, if any, in hopes of obtaining desired beneficial results. I have the right to be informed of the likelihood of success and the problem(s) associated with recuperation and the possible results of non-treatment. I have the right to request/consent to or to refuse any proposed treatment at any time prior to its performance.

I have the right to be informed whether my physician has any independent medical research or economic interests related to the performance of the proposed operation/procedure. I have the right to be informed if any professional relationship to another health care provider or institution that may suggest a conflict of interest exists.

If applicable, I authorize the administration of anesthesia from an anesthesia provider as may be deemed necessary for the treatment.

My signature below authorizes the pathologist to use his/her discretion in disposing of any tissue removed from my person during the treatment(s) described above. I authorize x-rays, photographs, or videotaping for diagnostic or medical education purposes including utilization of medical residents, students, and/or manufacturing representatives.

I authorize to the drawing of a blood sample from my body in the event that an employee or physician of the surgery center has an accidental puncture or mucous membrane (eye, mouth, etc) exposure to my blood or body fluids. The blood samples will be tested for HIV and Hepatitis. No results of any tests done on my blood will be released or shown to any unauthorized person without my written consent.

My signature on this form indicates that I have read and understand the information provided on this form, that the treatment(s) described above has been adequately explained to me by my physician, that I have had the opportunity to ask questions, that I received the information I desire concerning the treatment, and that I consent and authorize to the performance of the treatment(s) upon myself.

I understand and agree that I am solely responsible for maintaining the privacy of my protected health information in the paperwork I received.

| I have not eaten or drank since (Date& Time) | 220) \square Fluid, (am't), \square Solid $\frac{31810}{100}$ |
|--|---|
| Phtient's Signature or Patient's Representative or Surrogate Relationship to Patient Solf Other | 3/9/17 09/0 Date Time |
| Signature of person witnessing the patient's of patient's legal represent CM/ Initials of circulator | resentative signature Date Time SEKERA, JOYCE > |
| \vee | JS545 |
| Valley View Surgery Center | NAME: SEKERA, JOYCE P ACT#: 153654 DOB: 03/22/56 AGE: 60 ACTHERINE M.D. |
| Treatment Consent/Authorization M:\Consents - Pain Mgmt\TRAVN\CEK CONSENT\S\2017-3-9 TRAVN\CEK co | DR: TRAVNICER, CEV. F |

t = t



i understand:

I will need anesthesia services for the surgery/procedure to be done today,

And the amount of anesthesia to be used will depend upon the pricedure(s) and my physical condition. Anesthesia is a specialty medical service which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of a medical/surgical procedure.

> During the course of the procedure, conditions may require additional or different anesthetic monitoring techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well being.

> Although serious harm or death as a result of anesthesia are uncommon occurrences, these can and do occur in spite of good medical care and are a part of the risks I must consider in deciding to have a procedure, Some of the unusual risks and complications of anesthesia may include but are not limited to allergic or adverse reactions, aspiration, backache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling and or reduces, muscle aches, nausca, ophthalmic (eye) injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/by others, seizures, sore throat, and death.

> A detailed explanation of anestitesia and its risks are given to me not to produce fear or anxiety, but to inform me.

No guarantees have been made by anyone regarding the anesthesia services which I am agreeing to have. TYPES OF ANESTHESIA AND DEFINITIONS: Patient Initials General Anesthesia: 1. Mask Anesthesia- Gases are passed through a mask which covers the nose and mouth or 2. Endotracheal Anesthesia- Anesthesia and respiratory gases are passed through a tube placed in the trachea (windpipe) via the nose or mouth or 3. Laryngeal/Mask Anesthesia- Gases are passed through a mask placed behind the tongue which covers the larynx (voice box) or Deep sedation. Regional Anesthesia 1. Nerve block-Local anesthetizing agents are injected into specific areas to inhibit nerve Monitored Anesthesia Care (MAC), Total Intravenous Anesthesia (TIVA) - The anesthesiologist monitors blood pressure, oxygenation, pulse, and mental state and supplements sedation and analgesia as appropriate. Local Anesthesia 1. Local Anesthesia. Anesthetizing agents are injected or infiltrated directly into a small-area of the body, for example, at the surgical/procedure site. 2. Topical Anesthesia- Surface anesthesia is produce by direct application of anesthetizing agents on skin or membrane. Conscious Sedation by RN - Involves the use of intravenous medication administered by licensed registered nurses under the direct supervision of the physician performing the surgery/procedure. DNR ORDERS: I understand that DNR (do not resuscitate) orders will be suspended while I am in the procedure and until I completely recover from the effects of anesthesia. I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent for anesthesia. I agree to the administration of the anesthesia prescribed for me. I recognize that the alternative to the acceptance of anesthesia might be no anesthesia for the procedure. ture or Patient's Legal Representative Time Signature of person witnessing the patient's or patient's legal representative signature Pale NAME: SEKERA, JOYCE P Valley View Surgery Center ACT#: 153654 **JS546** DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D. Anesthesia Consent DOS: 03/09/17 SEX: F M:\FORMS\Clinical forms\unesthesia consent rev 021116 fcl.doc

| Next of KINPariente Proximo HAR 155A Name/Nombre: CAROLE WILL FREEHA NE Hationship/Relacion: HAR 155A Address and/or telephone number/Domicilio o Numero de Telefono: 702 -525-900 7 |
|---|
| In Case of Emergency, Lauthorize VVSC to Contact En caso de Emergencia, vo autorizo a VVSC contactar al Name/Nombre: MARISSA FRONTIAN Relationship/Relacion: ACIÓNTER Address and/or telephone number/Domicilio o Numero de Telefono: |
| Name of person(s) / Nombre de persona (s) MARISSA FRESHAN CARS DIVIS |
| Advanced Directive / Directivas Anticipadas: (not applicable for patients under 18 years of age / no es aplicable a pacientes menores de 18 años) Information regarding Advanced Directives is included in the Patient Information Packet / La informacion sobre Directivas Anticipadas esta incluida en su paquete de informacion |
| de have an advanced directive / Si tenge una Diretiva Avancado; |
| A copy is provided to VVSC: Yes No / Se propociona una copia a VVSC: St No |
| I understand that it is my responsibility to inform my physicians of my Advance Directive/ |
| Yo entiendo que es mi responsabilidad informar a mis medicos de nú Directiva Anticipada. |
| do not have an advanced directive / To not sengo una Directiva Anticipada |
| As required by CMS (federal regulation), written and verbal notice regarding Patients Rights and Responsibilities, Advance Directives and the facility's corresponding Policy, and a list of VVSC business owners is given to patients. Signature below acknowledges receipt of the written and verbal notice. / Segun los requisitos de CMS (regulación federal), por escrito y la notificación n verbal sobre los Derechos y Responsabilidades de los Pacientes, directivas anticipadas y la política correspondiente de la instalación, y una lista de los dueños del negocio de VVSC se da a los pacientes. La firma debajo confirma que la a recibio por escrito y verbal. |
| □ Received this date / Recibido esta fecha |
| □ Received with previous date of service / Recibido con la fecha anterior del servicto |
| Patient/Patient Representative signature (if other than patient; relationship: Patient/Patient Representative signature (if other than patient; relationship: |
| Valley View Surgery Center ACT 1: 153654 |
| Patient Acknowledgements DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D. |
| MAFORMS\Registration forms\Next of Kin English.Spanish.doex DOS: 03/09/17 SEX: F |

Patient Valuables and Belongings List

| Jeweiry | How | With | With | In | Comments | |
|--|---|--|---|--------------------------------|---------------------------------------|--|
| | Many? | Family | Patient | Safe | | |
| Watch | () | | 111 | 11 | Color: Yellow White | ···· |
| Ring [5] | () | | 11 | [] | Color: []Yellow [] White | |
| Necklace (s) | 1() | | | li | Color: []Yellow [] White | |
| Bradelet / | [] | | 111 | 11 | Color:]Yellow] White | |
| Earrings Piercings | 111 | I i | | 1 | Color: []Yellow [] White | |
| Valuables | ·• · · — | | - 1 | | Tenon () vente | |
| Unopened | | 111 | [] | | | ¥ · · · · · |
| Purse/wallet | 1, , | , , |]' ' | ' ' | Ī | |
| Keys / | 1 1 | 1 7 | 1 1 | r ; | | |
| Cell Phone / | i i | 111 | 1 1 | 7 1 | | |
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| ins. Card | - | | | 1 1 | | |
| Credit Card | 11 | - | , , , | ┝╬╍╬╌┤ | | |
| Check Book | | | | | · · · · · · · · · · · · · · · · · · · | . |
| Money/Currency | 1 1 | 1 1 | | │ ┋ ╌╬╌╏ | Amount 6 | |
| | 1, , |]'' | '' | [] | Amount 5 [] Place | d in enclosed |
| Clothing | 1 | - | <u> </u> | | envelope/secured VVSC safe. | <u>*</u> _ |
| Myse/Shirt | <i>8</i> 4 | 1 1 | - T | | | |
| apts/Shorts | 107 107 | 11 | 1 | 11 | | . 1 |
| Oat/Sweater Jacket | | 1] | | ! | , | |
| Press/Skirt | W. | | | Ϋ́ | | |
| hoes/Slippers/Socks | I (| | | <u> </u> | | |
| lat/Belt/Vest | 14 | 1) | <u> </u> | <u> </u> | | |
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| ira/slip/ Indergarments | 111 | | H | | | |
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| wersianin that valley (| new Surgery | conter is NO | Tresponsible | for my pe | ersonal belongings. I understand | that i |
| OP) | e my jewelry | /valuables a | t home or with | h my resp | onsible adult At VVSC | |
| Op | <i>A</i> | | . J. A. | | | |
| ient/Representative (| | / | 1; <u>*</u> | HOON | 2000(a) | |
| Witness: | Oa | ite: <i>3 /</i> : | 477 64 | <u> </u> | / | |
| U/Discharge | | | N'A | (T) | Λ | |
| ient/Représentative (i | r patient is u | pable to sign | 1 | 2 1/2 | Kar | |
| A STATE OF THE PARTY OF THE PAR | VARN NORME W | dia sili balog | da (1) 19 to | above) | | |
| YCNA Witness: | Who he | Dat | <u> </u> | 4-7 | <u>-1 .</u> | |
| Valley View | Surger | v Cente | II NIA | AME | | |
| Patient Value | o us gul | у Септе | And | T#: 15 | EKERA, JOYCE P | JS548 |
| Patient Valuab | is sun befor | ARIUBS | | - " - 1.5 | 25056 | |
| ORMS\Patient Valuable an | i Balansines Fee | ant door on an | מון השתפת | B: 03/ | 22/56 AGE: 60 | |
| | | | | | | |
| | | | DO | S: 03/ | NICER Vining | |

| | Your insurance has neen verified for the pro Confirm name insurance company/companie | |
|-----------------|---|--|
| | Notice of OON | |
| | | rance company, the estimate of your financial |
| | Co-pay (not an estima | Total Due on DOS: \$ D - 4EA |
| i | Deductible | Total Due on DOS: S 0 9 40. |
| | ☐ Estimate of Ço-insurance | 1 |
| □ Al | BŅ Needed <u>Total Amount</u> : \$ | _ |
| 0 | Did your doctor order any pre-op tests? If so, done | Y Yes (where?) No N/A |
| 0 | Verify Patient Demographics and insurance info | rmation |
| | Patient Information Packet received at doctor's offi | |
| | If so, complete forms. If not, forms can be c | ompleted when arrive, bring list of meds. |
| | Confirm that patient is to follow the instructions red | eived for doctor's office: |
| | Arrival time Nothing to eat or drink for time prior to adm | it |
| | | |
| 🗗 | Confirm knowledge of location of VVSC | |
| П | Bring with you: | |
| | Photo ID and insurance cards List of surrent medications, prescription and | over the counter, including vitamins for the past |
| | List of current medications, prescription and 6 months – Including dosage and last time to | |
| | Payment as previously discussed | |
| | A responsible adult to accompany you home If you have an Advance Directive - bring a | |
| | Leave jewelry, valuable at home. | |
| | *0 A+ VCD | AMM (LUE) |
| Com | ments: NO PT KSP | - Ally/LIEN |
| | | |
| □Sn | oke with Patient | inswer Chart Prepped by: |
| _ | _ | |
| □ Pe | r AdvantX Comment, pt pre-registered, 2 ^{od} call not m | ade due to \$0.00 due |
| | | O |
| Date | 2/8/P | by: Of B |
| | | ∫ JS549 |
| | | |
| | Valley View Surgery Center | NAME: SEKERA, JOYCE P ACT#: 153654 |
| | | DOB: 03/22/56 AGE: 60 |
| | Pre Operative Patient Call | DR: TRAVNICEK, KATHERINE M.D. DOS: 03/09/17 SEX: F |
| \\ VV \$ | SC-SVR01\LocalFolderRedirect\sbanks\Desktop\Pre op Pa | |

Calculation of allowable charges and estimate of patient balance due on DOS

*First CPT code is the highest allowable + Second and all subsequent codes are 50% of Allowable [Exception] CIGNA contract = 100%, 50% for second code and 25% for third and subsequent codes] [Exception] MDCD contract = 100%, 50% for 2nd code, 25% 3rd code 10% for 4th and 5% subsequent codes]

| CPT Code | Allowable | (Sierra) x 90% | + 50% for second procedure | Total Allowable |
|----------|-----------------------------------|--------------------------------------|---|---|
| * 64493 | \$ 1236 19 | | | 11123619 |
| 64493 | 2123618 | | | 9123619 |
| | | | | |
| | | | | |
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| | | ···································· | duled procedures: | \$247227 |
| * Con | | | tible not satisfied: | |
| 11 1 | otal Allowable is The Total Allow | less than Deduc able is the total | tible not satisfied, to collect on DOS | ·· / · · · · · · · · · · · · · · · · · · · |
| subtrac | t deductible from | allowable and e | Total Allowable, nter balance here: | |
| If there | e is an implant th | | in the allowable, mount of implant: | |
| <u> </u> | | | ve 2 boxes, Total: | - - |
| Mu | ltiply the Total al | bove by % | of co-insurance: | · · · · · · · · · · · · · · · · · · · |

NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56 AGE: 60
DR: TRAVNICEK, KATHERINE M.D.
DOS: 03/09/17 SEX: F

The Injection you received contained an anesthetic or an anti-inflammatory steroid medication or both. You could possibly experience a decrease in your pain, numbress and/or weakness due to the anesthetic. The numbress and/or weakness usually lests 2-8 hours and can at times last longer (should not be longer than 24 hours). Upon the anesthetic wearing off, you may experience some pain at the Injection site and/or a temporary increase in your everyday pain. The increase of pain should decrease as the anti-inflammatory medication starts to take effect. This usually takes 3 to 5 days or possibly longer, ice packs can be used to treat pain and/or Inflammation at the injection site although ice packs should NOT be used for more than 20 minutes at a time. Please refer to your doctor's instructions for ALL PROCEDURES to include limitations of activities, changes with your medications and his/her specific requirements. [] Call your physician's office to schedule a follow up appointment. [] if you are diabetic and received a steroid injection, check your blood sugar twice daily for one week and call your internal medicine physician if your blood sugar is 250 or greater. [] Call your physician's office/answering service if you have any of the following symptoms... > Difficulty breathing and/or speaking. Severe headache and/or seizures. > Adverse reaction to the medication given > Loss of ability to feel or move your arms or legs > Infection (redness, swelling, drainage or fever greater than 101.5 F) > Chills and/or sweating > Difficulty speaking and/or confusion > Heavy pressure over the chest or palpitations (rapid heartbeat) > Bleeding at the injection site that is not stopped within 15 minutes of direct pressure. [] As ordered by your physician: You are to resume **Anticoagulant medication** IF YOU ARE UNABLE TO REACH YOUR DOCTOR AND ARE EXPERIENCING ANY OF Dr. Travnicek :# THE SYMPTOMS LISTED ABOVE OR FEEL YOU NEED IMMEDIATE MEDICAL 702-878-8252 ATTENTION, CALL 911 OR GO TO THE NEAREST EMERENCY ROOM. Due to the injection procedure as well as the sedation you received during the procedure, DO-NOT operate machinery, tinive a vehicle, use stairs, drink alcoholic beverages, engage in any strenuous activities until the numbriess has completely worn of and your full strength has returned. Do not sign legal documents for at least 24 hours if you were sedated for the procedure. SPECIFIC INSTRUCTIONS AND/OR EXPECTATIONS FOR YOUR PROCEDURE ARE NOTED BELOW (SEE ALL THAT ARE CHECKED) [] INTRATHECAL INJECTION [] EPIDURAL INJECTION/ SELECTIVE NERVE ROOT BLOCK [] DISCOGRAM [] FACET JOINT INJECTIONS LUMBAR SYMPATHETIC BLOCK [] KYPHO/VERTEBRALPLASTY i jall other procedures [] SACRO-ILLIAC JOINT (NJECTION As mentioned above, you may experience weakness in the back, arms and/or legs depending on the injection as well as an increase in pain after the anesthetic wears off. You should relax for the remainder of the day. [] MEDIAL BRANCH BLOCKS This is a diagnostic procedure using an anesthetic. A steroid might also be used depending on your doctor's preference. You should return to normal activity, which usually causes your neck or back pain to see if the procedure effectively reduces or eliminates your pain. This will be temporary lasting only for hours. You should keep a diary/journal and record how much your pain has been reduced and for how long. Bring this diary/journal with you to your follow-up appointment. [] STELLATE GANGLION BLOCK It is normal for your eyelid to droop, facial droop, hoarseness, numbness and/or weakness in your arm or face on the side of the injection. These symptoms should subside in 4 to 8 hours. If you develop any "stroke like" symptoms, such as slurred speech, unable to speak, confusion or unable to move your arms or legs, call 911 immediately or go to the nearest emergency room. [] TRIGGER POINT INJECTIONS [] INTERCOSTAL/PERIPHERAL NERVE BLOCK If any shortness of breath occurs, please call your physician. In cases of moderate to severe difficulty breathing call 911 or go to the nearest emergency room. [] RADIOFREQUENCY / RF / NERVE ABLATION DENERVATION You may experience more pain or discomfort after the procedure when the anesthetic wears off. This increase of pain can last 1 to 2 weeks and should gradually reduce while the radiofrequency procedure takes effect. [] SPINAL (INTRATHECAL) PAIN PUMP [] TRIAL OR PERMANENT SPINAL CORD STIMULATOR Both your physician and the equipment company representative will provide you with information relative to the equipment and the procedure. Please follow the instructions provided by your physician and the representative. TIME: 09/0 PM) Copy given to patient: Witness Signature Patient's Signature Relationship: 🗸 💯 Discharged to:

M:\pain\PAIN DISCH INSTRUCT 2016update.docx

Valley View Surgery Center

Discharge Instructions - Pain Management

JS551

AGE: 60

SEX: F

Patient L NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56

DOS: 03/09/17

DR: TRAVNICEK, KATHERINE M.D.

PROCEDURE NOTE

VALLEY VIEW SURGERY CENTER 1330 S. Valley View Blvd Las Vegas. NV 39102 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 binef 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 dots, spirial headache, increased pain, camage 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, ait in the lung requiring chest tube, setzure, stroke or death. Injection of concosteroids can potentially cause suppression of the adrenal gland and damage to bone, tissues or eyes. Transient fluid reference 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 BLATERAL L5-S1 WITH CONSCIOUS SEDATION

The patient was positioned prone. Standard monitors were connected including pulse eximetry. NIBP and EKG Supplemental Oxygen was given as needed. The skin was prepped with a sterile surgical prepitimes three. Sterile drapes were applied. Metautious sterile technique was maintained. The skin and supportaneous tissues were anesthebyted with 1% lidocarne. Next, under direct fluoroscopic guidance, a styletted spinal needle was inserted perculaneously and directed to the lateral base of the superior articulating process at corresponding to each nerve to be anesthebyted. 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 deared of injectate and removed. The patient to located the procedure well. Vital signs remained stable and there were no complications. The patient was taken to the recovery area and monitored until discharge cheria 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, chented to his/her driver.

SEDATION (medications titrated to effect). Alteritanii Midazolam CONTRAST. Omnipaque in Section 1998 (pt) 2% fina 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

MAME: SEKERA, JOYCE P

ACT#: 153654

POS: 03/22/56 ACE: 61 DR: TRAVNICEK, KATHERINE M.D. DOS: 05/08/17 SEX: F

| | VSC) PATIENT REGISTRATION |
|--|---|
| Patient Information: | |
| Name Joyce P Sekera | Birthdate Age Sex ACCT# 03/22/56 61 F 153654 |
| Address Address | 03/22/56 61 F 153654 Race Social Sec # Marital Status |
| 7840 NESTING PINE PL | Unknown 091486430 S |
| Las Vegas, NV 89143 | dimitorii opriodejo |
| Home Phone: (702) 467-5457 | Cell Phone: |
| Employer: brand vegas | Work Phone: |
| · | |
| Guarantor: SEKERA, JOYCE P Address: 7840 NESTING PING Las Veg NV 89 | Patient's Relationship: Self Phone: (702) 467-5457 |
| | |
| Primary Insurance: Carrier: LIEN PAYER | Insured: SEKERA, JOYCE |
| Claims: ATTY; KEITH GALLIHER | Patient's Relationship: Self Sex:F |
| Address | DOB: 03/22/1956 SS#:091-48-8430 |
| 1850 E. SAHARA #107 | Insurance ID: 00000000000 Group #: |
| Las Vegas, NV 89104 | Auth #: APPROVED |
| Ins. Phone: (702) 735-0049 | Employer: N/A |
| | |
| Secondary Insurance Carrier: | Insured:, |
| Claims: | Patient's Relationship: Sex: |
| Address | DOB: SS#: |
| | Insurance ID: Group #: |
| ; | Auth #: |
| Ins. Phone: | Employer: |
| | |
| Date of Surgery: 05/08/2017 Sur | geon: TRAVNICEK, KATHERINE, M.D. |
| PreOp DX: M54.5 | OSTIC Type of Service: Pain Management LUMB |
| Authorization for treatment: I hereby auth | horize treatment at Valley View Surgery Center |
| | ease medical billing data relating to this service |
| Financial agreement and assignment of paym | |
| | ment/benefits: I understand that I am financially |
| responsible for all charges incurred regar | dless of insurance coverage. I hereby verify that the |
| responsible for all charges incurred regar insurance information that I have provided | dless of insurance coverage. I hereby verify that the is correct and that VVSC will bill my insurance for |
| responsible for all charges incurred regar insurance information that I have provided services received. I hereby assign payment | dless of insurance coverage. I hereby verify that the is correct and that VVSC will bill my insurance for of all surgical and/or medical benefits payable on |
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| SCHEDULED PROCEDURE: BIJOHRAI LS-SI MBB |
|--|
| CHIEF COMPLAINT/ REASON FOR PROCEDURE: |
| Low back pain |
| Upper extremity pain |
| Mid back pain. Other: |
| MEDICAL HISTORY: Other |
| See Pre-Anesthesia Record Current medications - see Patient Co Mark Time - Mark Time - See Patient Co Mark Time - See Patient Co Mark Time - See Patient Co Mark Time - See Patient Co Mark Time - Mark Time - See Patient Co Mark Time - Mark T |
| Current medications - see Patient Florac Medication List (Medication Reconciliation List) |
| HISTORY OF PREVIOUS PAIN MANAGEMENT PROCEDUDRE: No Pes |
| Justification for repeat Epidural Steroid Injection |
| ☐ Latrial (mprovement |
| Transient Improvement |
| Significant Improvement Return of symptoms |
| Persistent symptoms |
| SOCIAL/FAMILY HISTORY: |
| Mon Contributory |
| Other |
| ALLERGIES'S ABNORMAL DRUC REACTIONS: |
| |
| PHYSICAL EXAM: Heart/Cardiac |
| Lungs/Respiratory (CARIC) |
| Other |
| PLANNED ANESTHESIA: |
| Anesthesiologist VCS-RN ASA Score: 1 2 2 3 4 |
| / - |
| PRE-OPERATIVE DIAGNOSIS: Spondylosis (facet pain) Cervical Thorocic tumber |
| Spondylosis (facet pain) |
| Displacement of intervertebral disc Cervicel Thorneis Luncher |
| Degeneration Disc Disease Cervical Thoracic Lumber |
| Post Laminectomy Syndrome Cervical Thoracic Lumber Other |
| ABNORMAL FINDINGS TO BE ADDRESSED ON DATE OF SERVICE PRIOR TO PROCEDURE: NA |
| - The state of the |
| MD'S Signature Proceed Cancel procedure |
| I have discussed with my patient the surgical or invesive procedure to be performed along with the benefits and risks of the procedure and alternative options. Informed consent was discussed with the patient, including the risks benefits and risks of the procedure and alternative |
| options. Informed consent was discussed with the patient, including the risks, benefits, potential complications, and any alternative options associated with the planned procedure and aneathesia. The Patient is cleared for procedure in VVSC. |
| DISCHARGE NOTE: |
| Complications CF None |
| Condition Stable: pDischarge to home |
| |
| Physician signature |
| V-V-VC |
| Valley View Surgery Center Patient NAME: SEKERA, JOSE P |
| Pain Management History & Physical |
| DR: TRANSTORY VANUED TO 18554 |
| M:\FORMS\Clinical forms\Ot1 Long PAIN MANAGEMENTH and P3.3,16ym.doc DOS:-05/08/17 SEX: F |

| Date | NORO H. GENDIA 050817 040 STANDING ORDERS |
|---------------------------|--|
| Notation: | PRE CR CROSS ALL STANDING ORDERS |
| TOGGOOK. | |
| <u> </u> | year. Results of Pre-Op blood or uring tests completed 7 days and professional period for more than a |
| | Obtain BP, Blood Sugar and HCG results (if applicable) on patients prior to having the patient change for the procedure. 3 Do blood glucose level on all disholis patients. |
| <u> </u> | |
| l | |
| - | Sefore insertion. Start IV 0.9 NS 250 mts KVO on non-operative side for cervical procedures. |
| | 5Discograms: Ancer 1900mg IVP/IVPB (Ancer 2900mgs IVPB for patients 120kg or greater) Hardware Blocks (molecus Plants Block properties) |
| | Hardware Blocks, Implents, Plexus Block, Pump Refills, Superior Hypogastric Block, †TSCS and patients with history of MVP, and Subacute Bacterial Endocarditis: Clindamycin 900mg IV. |
| | 7. For cervicel transforaminal injections, give Oridansetion (Zofran) 4mg (VP over two to 5 minutes. |
| | |
| ' | Document the date platient discontinued any of the following medications. Acceptable days of discontinuance from date of procedure: [IASA-7days Commado or Direct and State of procedure: IASA-7days Commado or Direct and State of procedure: IASA-7days Commado or Direct and State of procedure: Direct and Stat |
| i | date of procedure: []ASA-7days, []Counsdin or []Playts, for 7 days, [] Except for Celebrex, all non-steroidal |
| | anti-inflammatory medications for 4 days. Inform MD if days do not meet criteria. |
| | 10. For blood patch procedures: Using sterile technique, insertrat minimum a 20G IV catheter (preferable 18G) in the antecubital vein as the second IV site for blood draw |
| | Surgical Consent to read (CHECK ALL THAT APPLY): |
| | THE STATE OF THE CONTROL ALL CHAI APPLY); |
| | |
| Stellate C | Steroid Injection [] SNRB*] TFES!** [] Fecet Joint Injection] MBB (Facet Nerve Injection) *** Ganglion [] Radiofrequency [] Discography] Greater/Lesser Occipital [C2 []C3 []C4* []C5]C6]C7]C8]C1-2]C2-3]C3-4]C4-5]C5-6]C6-7]C7-71 |
| HURACK: | The state of the s |
|] Epidurais Svita sort | Serold Injection [] SNRB* [] FESS** [] Facet Joint Injection [] MBB (Facet Nerve Injection)*** [] Radiofrequency [] Discography [|
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| JMBAR | |
| | I SAME I I FEST I Facet Joint Injection - Tidage report blood for the second state of the second state o |
| - Syllipanie | Radiofrequency Discography Caudal/Carrieter Directed I Seconding Medical Property |
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| 'UNDER F | LUGROSCOPY +TSCST-16-10-10-10-10-10-10-10-10-10-10-10-10-10- |
| NKE=Selec | ctive Nerve Root Block "TFESI=Transforaminal Epidural Steroid Injection ""MBB=Medial Branch Block |
| VIRAOPER | ATRIE GOCINA. A. |
| Proposol | Marian Ma |
| | G S 17 P 1254 - LC P mg mg Romazicon mg mg mg mg mg mg mg mg |
| <u></u> - | Medications drawn up as ordered on MD preference cards. |
| | PACU ORDERS |
| - / | Check vitals every 5 minutes x 2 then up to chair/dangle with 1 set of vitals. Record post-procedure temperature readings on patients who received Stellate Gengtion and Sympathetic Interference and Sympathetic Interference and Interference |
| 3/1 | patients who received Stellate Ganglion and Sympathetic injection procedures. If local infiltrate and no sedation performed, take vital signs x1. Discharge when patient stable. |
| <i>t</i> | |
| | Congress and Charles Congress of the Congress |
| <i>1999</i> | |
| | ice chips or liquids as tolerated. Ondensetron 4mg IVP/IM for necessary vomiting pro. Do blood sugar testing if pt. received treatment for blood sugar level. |
| | Remove IV catheter just before discharge. |
| | 7. Resume all prior medications. [] NA |
| - I | B. Resume all anticoagulants on next scheduled dose after the procedure. [] NA |
| | Provide and review witten copy of post procedure instructions with patient & family members. |
| 1 | 10. Pt may be discharged in % hr if post-reversal egent. (1) yes: [] no |
| | 11. Other orders: |
| | |
| /SICIAN® | SIGNATURE: |
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| | VALUEY VIEW SURGERY CENTER |
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| | |
| | NAME: SEKERA, JOYCE P JS555 |
| | ACT#: 153654 |
| RMS\Ctime | DOB: 03/22/56 AGE: 61 Fall formus Standing Orders Puint Travalcek standing orders revi22116pp. do. DR: TRAVNICEK, KATHERINE M.D. |
| | |
| • | DOS: 05/08/17 SEX: F |

PROCEDURE NOTE

VALLEY VIEW SURGERY CENTER 1330 S. Valley View Blvd. Las Vegas, NV 89102 702-678-4600 702-678-4604 fax

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

SURGEON: Katherine D Travnicek MD

Date of Service: May 8, 2017

DIAGNOSIS
M54.5 LOWBACK 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 vertiled. The procedure was explained in detail. The major tisks of the procedure were explained to the patient including but not limited to bleeding, infection, blood dots, spinal headache, increased pain, damage to nerves and structures of the neck/back that can result in temporary or parmanent pain, weatness or paralysis, loss of bladder or bowel control, allergic or other reactions to medication requiring resuscitation, air in the tung requiring chest tube, saizure, strake or death. Injection of confoosteroids can potentially cause suppression of the actional gland and damage to bone, itssues 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 BLATERAL LISSI WITH CONSCIOUS SEDATION

The patient was positioned prone. Standard monitors were connected including pulse colmetry, NIBP and EKG. Supplemental Oxygen was given as needed. The sidn was prepped with a sterile surgical prepitimes three. Startle drapes were applied. Mediculous sterile technique was maintained. The skin and subcutaneous tissues were amentalized with 1% idocatine. Next, under direct fuoroscopic guidance, a sylvetied spinal needle was inserted percutaneously and directed to the lateral base of the superior articulating process at corresponding to each nerve to be anestinetized. Each site was then injected. 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 injected and removed. The patient foterated 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 limitariushors to contact me with any questions on oncerns following this procedure. Follow-up instructions were given. The patient was then discharged alore, oriented to his/her driver.

SEDATION (medications titrated to effect): Affentanti Michazolam CONTRAST: Omnipaque INJECTATE (each site): Udocalne (pf) 2% final concentration 0.5 mi injected into each site. PROCEDURE NEEDLE: 22g Quinke

POST-PROCEDURE PAIN: 100% reduction in usual pain.

Electronically signed by KATHERINE TRAVNICEK Date: 508/2017 Time: 13:38:07

NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56 AGE: 61
DR: TRAVNICEK, KATHERINE M.D.
DOS: 05/08/17 SEX: F

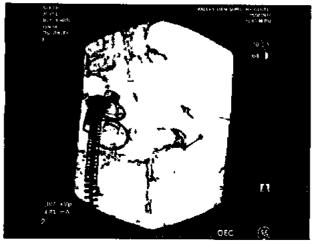
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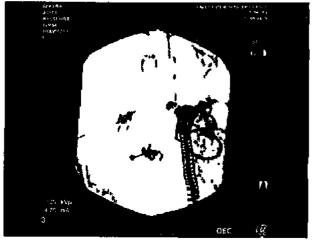
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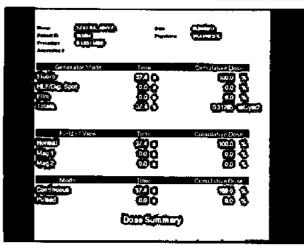
NAME: SEKERA, JOYCE P

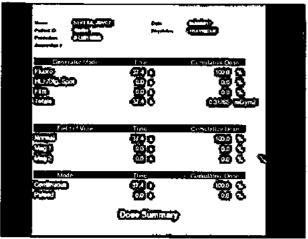
ACT#: 153654

AGE: 61 DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D. SEX: F DOS: 05/08/17









NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D. SEX: F DOS: 05/08/17

Valley View Surgery Center

Fluoroscopic Images

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Petront label

NAME: SEKERA, JOYCE P

JS557

ACT#: 153654

DOB: 03/22/56

AGE: 61 DR: TRAVNICEK, KATHERINE M.D.

DOS: 05/08/17

.., SEX; F

Patient Care Plan mrsing Hiagnosis Plan Implementation Comments Potential injury to patient Patient will not acquire injury Greet patient, check two patient Operative sité, correct patient and permanent history peri-operatively throughout the peri-operative identifiers and verify operative verified. Allergies noted procedure. sile, allergins and other pertinent information. Safety straps applied, Parient encouraged to ask questions about care in the patient positioned appropriately with good body alignment and operating room pressure points padded. Proper body alignment and safety straps used. Electrical equipment checked and ensured to be in safe condition. ALLERGIES! | NKA See Front of Chart Time in TX: 1250 "TIMEOUT" by M 1253 w/MD and all listed staff present Time PROCEDURE BEGAN: 1255 Time PROCEDURE ENDED: 130ı TIME PT LEAVING TX 1305 If \$TAGED in room or change in position/different site area: / "TIMEOUT" by w/MD and will listed staff present (A) Time PROCEDURE BEGAN: Time PROCEDURE ENDED: TIME PT LEAVING TX TROCEDURE ENDED: HIME I'L CEAVING IA PAINMANAGEMENTRERSONNEL" DR. PERFORMING PROCEDURE: Dr. K. TRAVNICEK ANESTHESIA: ZIVCS | MAC | LOCAL INFILTRATE | GENERAL | OTHER |

ANESTHESIOLOGIST | IVCS NURSE | L. Cardellas & Circulator | Injudicir m

MED NURSE | S. July Kill | N/A | SCRUB | DWINTCHT X-RAY | Indicate | OTHER |

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Ornnipaque 300 mg plain

Myoblock ___Units Ornnipaque 300 mg Added Ancef ___mg 🔲 0.5% Bupivacaine MPF 2% Lidocaine MPF Dexamethasone 4% Lidocaine MPF Pump medication verified with attending MD Methylprednisolone (The dose and route of the modications given are noted up the procedural report of the physician performing the procedure.)

PDIAGNOSIS: - Lumbar Spandiflow) PRE-OP DIXGNOSIS: PROCEDURE: [] Cervical [] Thoracic [] Lumbar [] Caudal [] Hip [] Knee [] Shoulder (Number multiple procedures in sequence) Discography [] Epidural Stero id-Injection [] Pacets: [] Right [] Left [] Bilateral [] Intercostal Nerve Block: [] Right [] Left [] Bilateral Medial Branch Block: |] Right |] Left | Bilateral [] Occipital, Greater/Lesser: [] Right |] Left [] Bilateral [] Radinfrequency: [] Right [] Left [] Bilateral See RF Neurotomy Procedural Notes Form [] Sacroiline Joint; [] Right [] Left [] Bifateral [] Schoolive Nerve Root Block: [] Right [] Left. [] Bilateral [] Stellate Ganglion: [] Right [] Left [] Silateral [] Sympathetic Block, Lumber [] Right [] Left [] Transforaminal epidural steroid injection: [] Right [] Left [] Bilateral [] Trial Spinal Cord Stimulator [] Trial Pain Pump [] Other Prep to operative site:

Duraprep Chloraprep: D Tinted Clear Positioning: □ Supine Prone □ Lateral □ Arms tucked Pillows for positioning Deadded toboggans used for arm protection Safety strap on x 3 POST OF DIAGNOSIS SAME Other Pain log given Radiation Skin Status - Pre Radiation All Clear Post Radiation All Clear CIRCULATOR SIGNATURE A Bustour a Patient Label Valley View Surgery Center
Pain Management OR Record NAME: SEKERA, JOYCE P ACT#: 153654 Dr. K. Travnicek AGE: 61 DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D. MAFORMS/Clinical forms/Pain Mgmt OR Record/917 Pain Mgmt OR Record Transfelk revi20316| DOS: 05/08/17

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| Cefazolin IV mg | | | <u> </u> | | $-\!$ | | [_ | | | | | | | | | ' | |
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| | | | | | | | Pati | ver to ent La | r A | CO NE | rse | | | <u> </u> | Jus | (Mr | - 14 |
| VALLEY VIEW ST | | LK) | (C | LN | TER | ξ. | | | M | AME: | SEKE: | RA, | OYCI | P | | JS | 559 |
| \FORMS\Clinical forms\017 | | | | | | | | | Δ | C1 # : | 1536 | 54 | | AGE | : 61 TE M. | | |

| | Outcome/Goal | Pfan | Interventions/Implementation | omments |
|--|---|---|---|-----------|
| Nersing Diagnosis Potential injury to patient peri-operatively | Patient will not acquire injury throughout the peri-operative procedure | Ensure immediate, on-site availability of back-up personnel for airway management, resuscitative emergency intubation and emergency equipment | Emergency equipment will be present, working properly and immediately available in the room where the procedure(s) are performed. Nursing assessment conducted by IVCS nurse including pertinent medical history, verification of allergies, confirmation of NPO status. | |
| Potential decrease in blood pressure, heart rate, peripheral resistance and oxygen saturation, especially during administration of sedation agent(s) | Patient vital signs will remain within patient's normal limits as evident by the utilization of monitoring equipment peri-operatively | Explain monitoring equipment and ECG pads to patient | ECG electrodes, blood pressure cuff and pulse oximeter applied prior to procedure. Vital signs will be monitored continually throughout the procedure at a minimum before the start of procedure, one minute after administration of fuedication(s) given, and at least every five minutes thereafter until procedure is completed | |
| Potential for anxiety and pain related to therapeutic and/or diagnostic procedures | Patient will be able to tolerate diagnostic and/or therapeutic procedures with reduced anxiety and discomfort. Patient's LOC will be mildly depressed with an altered perception to pain, but will retain the ability to respond appropriately to verbal and/or tactile stimulation | Sedation agent(s) will be administered per physician's orders | Pts LOC will be assessed at regular intervals, verbal reassurance will be given to divert patient's attention and assist in reducing anxiety | :elsikini |
| | | | | Initials |

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| 25- 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | P 87 | 1000 1000 1000 1000 1000 | NO THIN | 100 0 (4 20 10 417 | nd nd | OCA OCA ASSE OI Gens | 5700 1560 5721 557 10 | Pt. tolerated procedure without apparent inju Safety maintained: | vei⊡ Seda Irealed ⊡ m/s | |
| 217 - 217 ! 217 - | P 87 | MATO MASS | WO TO | 100 0 (4 20 10 417 | nd nd | 10. 41 01 | 5700 1560 5721 557 10 | Pt. tolerated procedure without apparent inju Safety maintained: Yes No LOC: Alert Oriented same as PreOp te Nausea/Vorniting NA Minime/No Intake: PO | y: 22 Yes vei () Seda Irealed (): mis | (No* ted*(Tredled |
| 25- 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | P 87 | MATO MASS | WO TO | 100 0 (4 20 10 417 | nd nd | 10. 41 01 | 5700 1560 5721 557 10 | Pt. toterated procedure without apparent inju Safety maintained: | y: 22 Yees vei | No* No* No* No* |
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| or your part of the property o | P 87 | MA PATC PUSTS TATC PARTS MICHAELER M | NO TO THE PARTY OF | TO (A) | Mod NAC VAC | DI ASSE DI CRES | South South | Pt. toterated procedure without apparent inju Safety maintained: | y: 22 Yes vei | ted" Treated No" |
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| Pt. given p Time: nature | P 597 | MA CASSON AS A CAS | wo Day B | hin Committee and the committe | model by a line line | DL's verba | STOUGHT PAGE TO STATE | Pt. toterated procedure without apparent injustified procedure without apparent injusted procedure without apparent injusted procedure without apparent injusted procedure without apparent injusted procedure without apparent injustified procedure with a procedure with a procedure with a proc | y: 2 Yes vei Secte freshed No No Vest No Vest No Vest No Vest No No No No No No No No No No | No* No* No* No* I by MO. |
| Pt. given p Time: nature | ain log and u | MA CASS + 10 STATE OF THE PARTY | WO TO THE PARTY OF | POPP as no | model by of the line of the li | DI ASSU- DI's verbus sitials altials | STOUGHT PAGE TO STATE | Pt. toterated procedure without apparent injustified procedure without apparent injusted procedure without apparent injusted procedure without apparent injusted procedure without apparent injusted procedure without apparent injustified procedure withou | y: 2 Yes vei Secte freshed No No Vest No Vest No Vest No Vest No No No No No No No No No No | No* No* No* No* I by MO. |
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| Pt. given p Time: nature | ain log and u | MA CASS + 10 STATE OF THE PARTY | WO TO THE PARTY OF | POPP as no | model by of the line of the li | DI ASSU- DI's verbus sitials altials | STOUGHT PAGE TO STATE | Pt. toterated procedure without apparent injustices of the complete states understanding of all instructions with two machineses as written an prescription of the complete states understanding of all instructions with two machineses as written an prescription of the complete states understanding of all instructions discharge of the complete states understanding of all instructions discharge of the complete states understanding of all instructions discharge of the complete states understanding of all instructions discharge of the complete states understanding of all instructions discharge of the complete states understanding of all instructions discharge of the complete states understanding of all instructions discharge pain Level: Patient Label Patient Label Patient Label | y: 2 Yes vei | No* No* No* No* I by MO. |

| | CT OPERATIVE F | NATION CARE PON | EVALUATION |
|-----------------------------|--|--|--------------------------------|
| | - TO CHORD OF INTERVENTION | PATIENT OUTCOME | Gosl is obtained Yes No |
| NURSING DIAGNOSIS | Observe & maintain or support shway NOKOSING BATTER | Patient sirvey with maximum respiratory compliance as | Comments: |
| Attered alloway | es needed | l | Contraction |
| Function Post-snesthesis | L Ocontatival / PRN | | |
| LMStatesans | Monitor SaCe | visible hemodynemics. Clear airway without assist | |
| | Appropriate position | Stable hemodynamics | Goal is obtained: Yes No |
| Altered hemodynamics | Monitor EDG for arrhythmia | Size in the size of the size o | Comments: |
| potential for hypovolemia | Noterintervene for E/P +/- 50% of | 1 | |
| P | pre-op reading Coserve surgical site for bleeding | ì | |
| | | | Goel is obtained / Yes No |
| | Stimulate adult patient PRN | Petient will be arousable. | Comments: |
| Attered level of | | oriented and as alert as possible prior to discharge | Comiters. |
| consciousness | | possible blue = and | \ |
| | Coloni coloni la suffoliazioni | 1 | |
| | Observe for altered L.O.C. | Accepts healthcare measures | Goal is obtained: La Yes La No |
| | Recognize & acknowledge anxiety | and has minimal anxiety. | Comments: |
| Anxiety | - Children ex SHITCHINGHISTE | ALL IN JOSEPH LYP BOSE CO | |
| | Provide physical confort Complete/reinforce post-op teaching | instructions (i.e. diet, wound care, pain control & activity) | |
| | · Completeness bear at | · | Goal is obtained (1 Yes No |
| | THE PRINT | No injury in PACU | |
| Potential injury | Utize side rails (peds PRN) Place bad in low position | | Comments: |
| | 1 Account Ma and SSSSS ICI Daniel | | |
| • | Engure correct physiological | | |
| | positioning | | Goal is obtained. Yes No |
| | Recognize and assess pain | Relief of pain verbalized using pain scale | Comments: |
| Pain | i sandinata sa MARISO | Call & Const | |
| } | Teach relaxation techniques | | |
| | Position for comfort | ļ. | Goal is obtained: Yes No |
| 1 | | Relief of nauses verbelized | |
| Neysea & Vomiting | Recognize nausea | | Comments: |
| | Medicate as ordered Teach relaxation techniques | ł | j |
| N/A | . Position for comfort & to prevent | \ | |
| | aspiration | | |
| | | | Initials of Nurse |
| - | | | |
| irses Notes Continued as a | eeded: | | |
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| | al - E-Housipett | | |
| If EKG strip affixed to I | record, complete the following: | | |
| | | | |
| Time | am/pm | | |
| _ | notified @ | an/pm | |
| | notified @ | | |
| | | | |
| Per Min a price : C II | o treatment realment: | | |
| | | | am/pm |
| Signature of RN: | | | |
| CIRCLE ST. C. | _ | | |

| | | | | | | | | | | | Depart, | | | |
|------------------|---------------------|-----------------------|----------------------|--------------|--|---------------------------|------------------|--------------|---------|-----------|---|---------------|---|--------------|
| | e: OSOSA | | | P | RE-OP (| CHECKLI | ST | | IN |) (| e10-614 | 17 | ļ | |
| Pt. I | identified by | Tiuli name Da | ete of birth b | | Parama Cal | | | | | | | | | 4 |
| Plan | ned Procedi | ure: Blater | al Ls-Si m | 186 | à | _ | | NPO s | ince: | OSO | 819 AM Meds: DY | | icionea C | ш |
| Res | ponsible Adı | alt taking pt. hom | re: Mch | 11 | Ortver | . " (r / | Q _V | 016 | ٠. ١ | Kam | TWalking Wheelchai 819 AM Meds: Ye Walting Gall at: | : S B | ю | |
| ME | HCAL HISTO | RY: 🗆 Asthma 🖸 | Uicers □ Hiatai i | Hen | ia 🗆 Taki | II sne b | · | | | 0.00 | troke Dieep Apnea | | | = |
| □ H ₁ | pertension | Smoker Tich | nest Pain/Previou | ₹ MI | .Ωate | ine | , Light Sight | 16162 | UMV | r u 5 | troke Lbieep Apnea D S & Back/Neck Proble | Нера | itis | |
| DTh | yrold Proble | ms DAIDS/HIV | Positive Stree | t De | UBC TA | / LIFE | aipit Tabit | acions | - u s | eizure | a Fargack/Meck blobie | ns | | |
| SUR | GICAL HISTO | RY: D Toncile/A | denoids D Callet | | ogs Dibas | contes <u>pro</u> c | 7205 | opero | SH2 LI | Other | Appendix Back | | | |
| O Sh | nus/Nasal 🖸 : | Bloosy | DORA C | 2000 | ei unyst | erectomy | U D | ABG I | ∐ Her | nia 🗆 | Appendix | Hip | | |
| □ Kn | ee OEve Si | irgery DOther/ | Notes: | a raf | wroscopy | ri wetsi li | ur D15 | ants i | J Pace | 2make | r/ICD D Foot D Cervi | cal | | |
| | | | esia Record and P | | | | _ | | | | | | _ | _ |
| VITA | I SIGNS: W | eight USS | | _ | | | | | | | <u> </u> | | | |
| SACh | QU KD | 24 € 16 | min Temp <u>OL-7</u> | eigh | | | AU | LERGI | es.et | NKA_ | | | | _ |
| BP BP | ้เนงทาใ | N~ 62 | xtremity temp: F | _ Pui | lse <u> 73 </u> | tesp (O | | | | | ····· <u></u> | | | |
| SVST | EME ACCEE | AACAIY DI DI | xtremmy temp: | <u> </u> | _ '_ | _ Ø NA | <u> </u> | | | | | Front (| of Ch | art |
| Resni | iratory; | raiser 173 of 173s | Fall Risk If ≥4 | • 3 0 | r g checke | ed, 🖫 Fall Ri | sk B | and a | plied | i | CHECKLIST | Yes | No | NA |
| | spiration: | -Ø unlabored | Ofebeend | _ | | | | | | | Consent | | | |
| | eath Sounds: | | Diabored | | other | | | | | | H&P | | \Box | \Box |
| | igh: | D-absent | Ø čica r | | | | _ | | | | H&P (Podiatry) | | | |
| | ovascular: | r-ausent | □ non-productiv | v ₽U | productive | e Dott | her_ | | | | CXR | | | \prod |
| | ort tones: | e regular | П ! | _ | | | | | | | EKG | | \perp | \coprod |
| Col | | Q-pink | □ irregular | | other | | | | | _ | CBC | ĪĪ | | \prod |
| | Sensory: | Property | □ cyanotic | Ш | other | | | | | _ | Coag. | | | T |
| Clar | | □ oriented | 57 | _ | | | | | | | Urine | | T. | \prod |
| - | osocial: | e Calm | Confused | | other | — <u> </u> | | | | _ | Lytes/Chem panel | | $oldsymbol{ol}}}}}}}}}}}}}}}$ | \mathbf{I} |
| Skin: | OJOLIEI. | | D anxious | | | ngry Coth | GL | | | | Preg Urine/Serum | | T | \prod |
| -30414. | | ؙormal ØWarm | □ piruk | | cyanotic | | | | | | Hepatitis Screen | \Box | T | П |
| GI/GI | 116 | | □ cool □ dry | | | c Oother | | | | | HIV | | Т | T |
| Activit | | Ømormal Øf⊲t Gross | ☐ incontinent | | other | | | | | | Bowel prep finished | \neg | 7 | П |
| | ·r· Intensity Le | vel: 4 | uses assistive | dev | rice DAFa | il within 3 i | mo | ☐ oth | er_ | | | | 7 | П |
| | DICATIONS | | Location: 10 | 1141 | ouic | | | | | | | | \mathbf{I} | |
| Times | | • Medication | / Dose | | 1 🖦 | Pre-Op tea | | | | | | | \perp | Π |
| | | | | | By | Oischarge | last. | given_ | ØŸes | □No. | Surgical Site Clipped | | | |
| | | | | | | Patient ride | | | | | Medical Clearance | | | |
| | | | | _ | | Valuables : Dentures | W/ | Patient | +Sirely | Hone | TEDs/SCDs | <u> </u> | Ш | |
| Proced | ure or sure | rv dte: | | | | Glasses/Con | | f | | <u></u> j | TESTING ON UNIT | RESULT. | 1 | <u>^</u> |
| & Confi | rmed w/pt: | Dright Cleft | 마alateral 미N | | | Hearing aids | | | L | | | s Cm | P | ╛ |
| | ed by MD | | C mustered in 1.6 | ~ | | Clothes | · ······· | | | | AccuChek | Ω 0_ | | |
| | • | er Ther DNA | Attempts 1/2 | I 24 | لدين | Jewelry/ | | | | | | 99 | 11 |] |
| | | • | _ | | lai <u>- '&</u> | Body Jawein | v | *See back | | | Normal range FBS 70 - | · 200 n | ng/d | 니 |
| Flush: | D/3 mls NS | 0 N | o | | | SIGNATUR | | | | | | fin | itial) | 1 |
| zite: | | D Superior Dorsa | D Anticul | bita | | | | | · R | Gu | 10.0 | | <u>}</u> | - |
| Other | r; | Gauge 🛚 18 | 0200220246 | Exp: | <u>0/23</u> | | | | | | | | ر ر | 4 |
| | | | | | | To OR via: | : | <u> </u> | turne | v 🗆 s | ide rails up D bed D | lmu. | | 4 |
| □ Pt. to | lerated tx. | [| 3 Other | _ | | | | | arrie | | 🗆 walk in | ~** | | |
| - | Valley | View Surg | ery Center | - | Pa | tient Labe ['] N | | : SF | | | OYCE P | JS5 | 63 | |
| | | E-OP CHEC | - | | | D | юв: | 03/ | 22/ | 56 | AGE: 61 | | | |
| M: | | | HECKLIST revi20716 | бро | ı | | | | | | KATHERINE M.D. | | | |
| | | | ,,,, | •• | | D | QS: | 05/ | 08/ | 17 | SEX: F | | | |

| NURSING DIAGNOSIS | NURSING INTERVENTION | PATIENT OUTCOME | EVALUATION |
|-------------------|---|---|--------------------------------------|
| Anxiety | Recognize & acknowledge anxiety Orient to surroundings Provide physical comfort | Accepts sealthcare measures and has minimal amilety | Goal is obtained: 27 No Comments: |
| Potential Injury | Complete/reinforce post-op teaching Utilize side reils (pads PRN) Place bed in low position/chair locked Secure IVs & assess for patency Ensure correct physiological positioning | No injury la Pre-Op | Goal is obtained: JYes No Comments: |
| Pam | Recognize and assess pain Medicate as ordered Teach relaxation techniques Position for comfort | Pain verbatized using pain scale | Goal is obtained: //es 1No Comments: |

Pre-Op Nurse inklais_____

NURSE'S NOTES

*Confirmed/witnessed with pt.: Jewelry secured in closed plastic bag. Bag placed in pt.'s belonging bag.

| TIME | | | | | | | | | | | | 3 - 4 | | -4 |
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| | or | cian | 17 | yet. | - /y | | | | | | | | | |
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Reference: AAAHC Institute for Quality Improvement, Patient Safety Toolkit: Ambulatory Surgery and Preventing Fails; 07/22/13

| Height 5 6 Actuarieight Estatura Peso Allergies: | 20 | S.b | | 1 | STORY STORIAL | Yes 51 | N |
|---|---|----------------|----------------|----------------------|--|------------|--------------|
| Alergias: DEA 1. Have you taken any of the following med | lications | }: | 1 | 8. | Do you smoke? If yes, cigarettes per day: | 0 | - |
| Ha tomado los medicamentos listados: Aspirin: Yes, date last taken | | | : -1 | | ¿Fuma? En caso que si, cuantos cigarrillos per dia | | |
| Aspirina: Si, ultima fecha tomada Plavix: Yes, date last taken | (1) Na | | 1 - | 9. | | 132/ | ∤⊏ |
| Si, ultima fecha tomado | OLHO . | | ; 1 | | ¿Tiene dientes falsos, tapas, | | _ |
| Yes, date last taken Si, ultima fecha tomado | سمعلا 🗓 | _ | İ | 1 }-== | dentaduras/Puente parsial o lentes de contacto | | ¦ |
| Anti-Inflammatory: Yes, date last taken | □No | | ; | 10. | Do you drink alcoholic beverages? If Yes, how much last time | | Ø |
| Anti-Inflamatorios Si, ultima fecha tomado | | | į | - | ¿Consume bebidas alcolicas? En caso que si, cantidad | | |
| 2. For female patients only: Date of last menstrual period | D | | · | 11 | Have you ever experienced any reaction to rubber or latex products? | | ¢ |
| Para mujeres solamente: fecha de su ultima menstruación | ıΨ | p/ec | | | Alguna vez ha experimentado una reacción a los productos de goma o látex | | 1 |
| interpretation and spirits, and the second spirits and second spirits are so that is a second spirits and the second spirits and the second spirits are second spirits. | ,, ,å + +,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | . . | י ניני | ; | If yes, please describe En caso que si, por favor describa | .' - | 1 |
| List all previous surgeries (and when) Lista de todas cirugías previas (con fechas) | | _ | | | | | |
| | | | | 12. | Glaucoma Glaucoma | <u> </u> | ; [] |
| 1. Do you symptoms of tuberculosis | | | | 13. | TMJ (dysfunction of temporomandibular joint) TMJ (disfunction de la articulación temporomadibular) | | 4 |
| Ha sido diagnosticado con Tuberculosis- Productive cough Yes Westmess, Fatigue Tos productiva | Ves [|] No | | _ | Stiff neck Cuello tieso | | |
| Bloody sputum Yes Ano Hight sweats Esputo con sangre Sudores noctur | mos | | | | Shortness of breath Dificultad para respirar | | _ |
| Unexplained weight loss Yes Faver Faver Ferdida de peso inexplicable Fiebre | ☐ Yes [[|] 1/9/ | | | Asthma Asma | | El |
| HISTORY HISTORIAL | Yes Si | No | | 17. | Heart attack | | D |
| Have or are you taking "street drugs" If yes, last date | | 0 | 1 | 18, | Ataque de Corazón Chest paín; angina | l] | · <u>-</u> - |
| Fla o está tomando drogas ilegales En caso que si, fecha ultima: | | | | | Dolor de pecho Palpitations | | |
| . Do you use Medical Marijuana? If yes, last date: | | D/ | 1 | | Palpitaciones High blood pressure | | Z |
| Utilizas la marihuana medicinal En caso que si, fecha ultima: | | | | 21. | Alta presión Implanted pacemaker/defibrillator | | 2 1. |
| Have you had recent weight change? (Significant amount) | | | ţ | | Marcapasos / desfibrilador | | 1 |
| Has tenido cambio significante en peso | | | | | TINUE ON BACE TINUAR EN LA PARTE POSTERIOR | | |
| Y.D. Tr. A | | | 1 - | | NAME: SERERA, JOYCE P | loe. | e F |
| Valley View Surgery Center | | | Pa | a den t i | 2008: 03/22/56 | JS5 | 00 |
| Pre-Anesthesia Record (Adult, age 18 and over) M:\FORMS\Cinkal forms\Pre Anesthesia Record 01.20 | | | | | DR: TRAVNICEK, RATHERINE M.D. DOS: 05/08/17 SEX: F | | |

| HIS | TORY | Yes | No 1 | | | i Oni | Yes Si | No |
|-------------------|---|----------|---------------|------------|-------------|---|------------------|------------|
| | TORIAL | ; si | | | | DIONIAL | 3 1 | |
| <u>22</u> . | Home oxygen | | | 1 | 4.4 | . Aids / KIV Positive Sida / VIH Positivo | | |
| - <u>-</u> - | Usa oxigeno en el hogar | 1 | | | 45 | MVP (Mitral Valve Prolapse) | _ | |
| <u>23</u> . | Hepatitis | i 🗖 | | / | | Prolapso de la valvula Mitral | | W |
| | Hepatitis If Yes / En caso que si Type □ A □ B □ C | į | | | 46 | , Metal Implants | п | n / |
| 24 | Hiatal Hemla | + | 1 [| _ | | Inplantes Metálicos | _ | حلية |
| <u> </u> | Hernia Hiatal | 10 | | | <u>47</u> . | Cancer If Yes, Where | | |
| 25. | Previous Colonoscopy? | ز_ ا | 7_1 | | | Cancer | | مس |
| | ¿Colonsocopy anterior? | Ø | ♥ | ' <u> </u> | | En caso que Si, en donde | | |
| | If Yes, when? | - | Ì | | 48 | Drug resistant infection | | ; (251) |
| | ¿En caso afirmativo, cuando? | <u> </u> | | ļ | | Methicillu tesistaur atabu whisha (wwaw) | | |
| 26. | Rheumatic Fever | | | _ | 42 | Long term antibiotic treatment | | |
| Ì | Fiebre Reumática | ļ | | | FA | Tratamiento de antibioticos a largo plazo Draining wound | _ | |
| 27 | Ulcers | ¦ 🗖 | | <u> </u> | -324 | Herida ablerta | | |
| | Ulceras | - | ļ — | | 51 | . Have you or your family had a high or | | |
| 26. | Stroke | 0 | | _ | • | unexplained fever (hyperthermia) during or | | 01_ |
| | Derrame Cerebral | ן " | | | | after surgery? | _ | - |
| 22. | Seizures | | | _ | | ¿Listed o su familiar a tenido fiebre inexplicable | | |
| | Convulsiones | - | | | | durante o despues de cirugia? Have you traveled outside of country in the past | | |
| 30. | Parkinson disease | | | <u></u> | 7€ | 6 months? | _ | rts |
| | Enfermedad de Parkinsons | 1 | | | | ¿Has viajado afuera de el país en los vitimo 6 | u | سلاا |
| 37 | Blackouts | | | | | meses? | | |
| 22 | Desmayos Sleep Apnea Bipap / C-pap | | | | | ny additional informatiqn you went to communi | cato | , |
| 75. | Deja de respirar durante la noche | | <u>D</u> | - | | guna otra información que desea comunicar: | | • |
| 33. | Back / Neck Problems | رـ ا | ∤_ | | ~, | Rolls of a substitution dec ocase opposition. | | |
| | Problemas de cuello / espaida | | | | _ | | | • |
| 34. | Osteoporosis | - | | [| | | | |
| i | Osteoporosis | | | t. | _ | | | |
| 35. | Muscle Diseases | | ∤ t _⁄ | ₽ | | | | |
| , | Enfermedad Muscular | 1 | \ ¯¯ . | - | | | | |
| 25. | Arthritis Artritis | | Ø. | | _ | | | • |
| 37. | Diabetes | 1./ | A _ [| | | \sim $(\chi 7/)$ | | |
| PAL | Diabetes | | | | | a careles | | _ |
| 38, | Thyroid Problems | | | | 2 | meture (Patient/ or Person filling out form) | | • |
| ļ | Problemas de la Tiroldes | " | | 1 | <u>, u</u> | ofher than patient; relationship :) | | |
| 29. | Hemophilia Hemophilia / Desorden de sangrado | | | r | _ | | | |
| _ | | ! | | | Ēi. | (Paciente/representante) | | - |
| 40. | Sickle Cell Anemia Anemia de Celulas falciformes | | | 1 | | elación al paciente: | / | |
| - 41. | Blood Transfusion | i | I . | - | • | -10-1 | 1 | 1, |
| , 32 | Transfusión de sangre | | , Q | - | | <u> </u> | | _ |
| 42, | Kidney Disease | ш | | | - | drup Occupated | Fect | 10 |
| ļ | Enfermedad de Riñones | | 60 | ٠, | <u> </u> | pature of Fre Op Nuise Date | _ | |
| 43. | Dialysis patient? | | ر⊈ا | / | F | = Fall risk | | |
| | ¿Paciente de diálisis? If yes, date of last dialysis? | | • | | | | | |
| | ¿En caso que Si, fecha de ultimo tratamiento? | | | | | | | |
| | Valley View Surgery Center | | | | Palle | ani Label | . — - | |
| | Pre-Anesthesia Record | | | | | | | |
| | (Adult, age 18 and over) | | | 1 | | 10.50 | | |
| | 11-1EORIAS/Clinical forms/Pre Anesthesia Record 01.20 | 17.doc | | -1 | | JS56 | סנ | |

| Valley View Surgery Center Presentili hthis highest only and bring form bect to WSC before or on the day brightness only and bring form bect to WSC before or on the day brightness only and bring form bect to WSC before or on the day brightness of the Read Surgicial | Date of Visit: Last Taken (Date/Time) (Date/Time) (Date/Time) | Trescriptions Dose Frequency Reason Frescriptions Dose Frequency Reason Frescriptions Frescriptions Frescriptions Frequency |
|--|--|--|
| TE MEDICATION FYEIT PRESENT. COUNTY, WINNING, Berbal su | Date of Vish: 2 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 | Copy of med list given to pt. on DC. ### Barbons regarding any |
| ATIENT HON Betons or on the day | Reason for Taking | Reason for Taiding for Taiding CMI Unk side effect, and welclan for que a your and a your a y |
| form beak to WSQ | Frequency (Now obser?) | Dose Frequency (Now chant) flow chant) flow chant) flow chant) flow chant) flow chant) cour presentition of weight and the common side our presentition of weight and the cour presentition of the cour presentition of the cour presentition of the cour presentition of the cour presentition of the course of |
| enter | Doge | Dose numericals |
| Valley View Surgery C Presectili Whighlighted breas only o No Known Allergies ALLERGIES AND THEIR RE- Let all medications taken over the | Name | New Prescriptions (Completed by Nurse) *Pre-Op Nurse Signature * Complete Medication Information Unknown by pt. = * Expect box if pt/cg instructed on medication use, common affectare upon discharge. ** Is PACU Nurse Signature ** Is PACU Nurse Signat |



| Note: Ustiant is actions bit and to the second seco | | | |
|--|---------------|------------------|--|
| Note: Patient is patient himself/herself or legal representative or surrogate | Pre-Op | OR | PACU |
| Ensure a clean and sanitary environment for each patient. | 13 | M | 100 |
| 2. Patient identified as per VVSC policy & ID Band is on patient | 11 | 1 in | 100 |
| 3. Allergies/ adverse reactions verified and stated on front of chart | 11 | 6 | 捡 |
| 4. Surgery/Procedure Consent: Operative Procedure & site verified with patient | 1/- | 7/- | 1 ″) |
| a. Patient's Signature | 1/ | 1 | _ |
| b. Witness Signature | 1 11 | 10 | |
| 5. Anesthesia Consent: | 11 | 1 | |
| a. Patient's Signature | 14 | N) | <u> </u> |
| b. Anesthesia Provider (Anesthesiologist or MD performing procedure) Signature | 1)- | 6 | |
| 6. H & P - to include heart and lung (Noted on Pre-Op checklist form) | 1 | 4 | |
| 7. Pre-Op MD Orders | 14 | 4 | |
| As ordered, pre-op test(s): Completed, results reviewed and placed in chart Not present, action taken (See pre-op checklist nurse's note) N/A | 12 | 7 | £ |
| o. Standing Orders to draw blood sugar and for urine pregnancy test N/A | 15 | /- - | |
| Actions if blood sugar is out of range. Noted on back of Pre-Op Checklist and in blood sugar result log N/A | 11 | | - |
| d. Antibiotic as ordered: Initiated Completed N/A | 12 | | * |
| e. *Any special equipment, devices, implants Yes N/A | T | -19 | *** - * |
| 8. Procedure Site: MD marked Operative site Yes YN/A | 14 | - kg | · |
| 9. Pre-Op Anesthesia/Nurse Assessment Form / Medication List | 11 | -/1 | |
| a. Patient Signature | 12 | · / • | |
| b. Nurse Signature | 1)- | - 4 | |
| c. Medication list has dosage, frequency, date last taken. If pt. doesn't know, document | 13 | | |
| nv G-Corlet shoureness? No Yes List G-Code See back of sheet for | 1/- | - } | |
| 0. IntraOp or Intra Treatment: Ensure a clean and sanitary environment for each patient | 12 | | |
| I. Intra Operative briefing before procedure started: Ting-Out performed per policy allowed | 18 | 1 | |
| status and other concerns discussed- *difficult airway or aspiration risk or aspiration risk, risk of allood loss if applicable | بر من | <u>*</u> | |
| 2. *Procedure site is marked and visible N/A | | | , <u>.</u> |
| 3. *Relevant images properly labeled and displayed N/A | ; | 1 2 2 | |
| 4. *De-briefing after completion of procedure | | ╼┵┪╌ | |
| a. Name of procedure performed | - | | |
| b. Sponge, sharp count performed N/A | | - | |
| c. Specimens identified and labeled 7 N/A | | | |
| | ı, | | |
| d. *Any equipment problems to be addressed N/A | | | <u> </u> |

NAME: SEKERA, JOYCE P

ACT#: 153654 DOB: 03/22/56 AGE: 61
DR: TRAVNICEK, KATHERINE M.D. DOS: 05/08/17 SEX: F

| | Pre- | OR | PACU |
|--|--|----------|------|
| 15. Sterilization Documentation completed/initialed | | <u> </u> | |
| 16. O. R. Record Complete with out of OR time | | - | |
| # 10 to #16 completed by | _ | ↓ | - |
| Any G-Codes occurrences? No Yes List G-Code See below for references | | <u> </u> | |
| 17. Ensure a clean and sanitary environment for each patient | <u> </u> | ↓ | |
| 18. Admit time to PACU | | <u> </u> | 11/5 |
| 19. Post Op Orders Noted | <u> </u> | <u> </u> | 15 |
| 20. Signature of Discharging MD for anesthesia recovery Discharge time on PACU record | | <u> </u> | |
| 21. Discharge time to home or transfer to hospital noted Yes | <u> </u> | | |
| 22. Copy of VVSC's prescriptions Yes N/A | | <u> </u> | |
| 23. Name of responsible adult pt. discharged to noted on discharge instructions | <u> </u> | <u> </u> | 1/5 |
| 24. Phone number of the physician doing surgery or procedure on discharge instructions | | | 13 |
| Any G-Codes occurrences? No Yes List G-Code See below for references | | <u> </u> | |
| Nurse Name: Printed & Genon Signature: Lenou | / Ini | tials: | 18 |
| Nurse Name: Printed Signature: | / Ini | tials: | · |
| Nurse Name: Printed D. WASYAV Signature: D. WASYAV | / Ini | tials: | 5 |
| Nurse Name: Printed Signature: | / In | tiels: | |
| I done transc | / Ini | tíals: | |
| Nurse Name: Printed Signature: PN Cossign for LPN: Printed Signature: | / In | itials: | |

ALL AREAS MUST BE SIGNED OFF AT THE TIME OF DISCHARGE FROM PACU FOR CHART TO BE COMPLETEFirst and last name initials signify the nurse has completed the listed responsibility. "O" with initials next to it signifies the nurse assessed the responsibility and completion is needed.*Revisions/Additions to this form adopted from AORN Comprehensive Surgical Checklist that incorporated WHO, Joint Commission-Universal Protocol (JC) 2010 National Patient Safety Goals.

| Measure Description | G-Code |
|--|--|
| Patient Burn | G8908 Patient documented to have received a burn prior to discharge |
| Patient Fall | G8910 Patient documented to have experienced a fall within VVSC |
| Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant | G8912 Patient documented to have received/experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant |
| Hospital Transfer/Admission | G8914 Patient documented to have experienced hospital transfer/admission |
| Prophylactic IV Antiblotic Timing | G8916 Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time. |
| | G8917 Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time. |

I consent to the admission to Valley View Surgery Center (VVSC) for my treatment(s) and authorize VVSC, staff, and doctor(s) to provide care. I authorize and direct <u>DR. TRAVNICEK</u> to perform the following treatment(s) or any other treatment deemed necessary at the discretion of the physician:

BILATERAL LUMBAR FIVE-SACRAL ONE MEDIAL BRANCH BLOCKS WITH THE USE OF FLUOROSCOPIC GUIDANCE

Physicians providing services at VVSC are not agents or employees of VVSC.

I understand I have the right to be informed. My physician has explained the treatment(s) necessary to treat my condition, purpose of the treatment and its associated anticipated benefits, including but not limited material risks, and alternative methods of treatment and its associated anticipated benefits, including but not limited material risks. No guarantee has been given as to the results that may be obtained. I accept the risks of substantial and serious harm, if any, in hopes of obtaining desired beneficial results. I have the right to be informed of the likelihood of success and the problem(s) associated with recuperation and the possible results of non-treatment. I have the right to request/consent to or to refuse any proposed treatment at any time prior to its performance.

I have the right to be informed whether my physician has any independent medical research or economic interests related to the performance of the proposed operation/procedure. I have the right to be informed if any professional relationship to another health care provider or institution that may suggest a conflict of interest exists.

If applicable, I authorize the administration of anesthesia from an anesthesia provider as may be deemed necessary for the treatment.

My signature below authorizes the pathologist to use his/her discretion in disposing of any tissue removed from my person during the treatment(s) described above. I authorize x-rays, photographs, or videotaping for diagnostic or medical education purposes including utilization of medical residents, students, and/or manufacturing representatives.

I authorize to the drawing of a blood sample from my body in the event that an employee or physician of the surgery center has an accidental puncture or mucous membrane (eye, mouth, etc) exposure to my blood or body fluids. The blood samples will be tested for HIV and Hepatitis. No results of any tests done on my blood will be released or shown to any unauthorized person without my written consent.

My signature on this form indicates that I have read and understand the information provided on this form, that the treatment(s) described above has been adequately explained to me by my physician, that I have had the opportunity to ask questions, that I received the information I desire concerning the treatment, and that I consent and authorize to the performance of the treatment(s) upon myself.

I understand and agree that I am solely responsible for maintaining the privacy of my protected health information in the paperwork I received.

| I have not eaten or drank since (Date& Time) | "/ ⊿Fluid, | (am't), 🗗 Se | olid 050917 7pm |
|--|--|-----------------|-----------------|
| I have a responsible adult to drive me home. | | | |
| 1 Jaga Deco | | 0.20813 | 11/20 |
| Patient's Signature or Patient's Representative or Surrogate | | Date | Time |
| Relationship to Patient: Self Other | | 620817 | 1150 |
| Signature of person witnessing the patient's or patient's legal represer | itative signature | Date | Time |
| Verified consentInitials of circulator | < SEKERA, J | OYCE > | |
| Valley View Surgery Center | Ad NAME: SEK ACT#: 153 DOB: 03/2 | | JS570 |
| Treatment Consent/Authorization | DR. TRAVN | ICEK, KATHERINI | |
| M:\Consents - Pain Mgmt\TRAVNICEK CONSENTS\2017-5-8-TRAVNICEK consen | DOG . 05/0 | | |

Patient Consent for Anesthesia at Valley View Surgery Center

! understand:

I will need anesthesia services for the surgery/procedure to be done today,

And the amount of anesthesia to be used will depend upon the procedure(s) and my physical condition. Anesthesia is a specialty medical service which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of a medical/surgical procedure.

> During the course of the procedure, conditions may require additional or different anesthetic monitoring

techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well being. > Although serious harm or death as a result of anesthesia are uncommon occurrences, these can and do occur in spite of good medical care and are a part of the risks I must consider in deciding to have a procedure. Some of the unusual risks and complications of anesthesia may include but are not limited to allergic or adverse reactions, aspiration, backache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia, infection, localized swelling and of redness, muscle aches, nausea, ophthalmic (eye) injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/by others, seizures, sore throat, and death.

> A detailed explanation of anesthesia and its risks are given to me not to produce fear or anxiety, but to inform me.

No guarantees have been made by anyone regarding the anesthesia services which I am agreeing to have. TYPES OF ANESTHESIA AND DEFINITIONS: Patient Initials "General Anesthesia: 1. Mask Anesthesia- Gases are passed through a mask which covers the nose and mouth or Endotracheal Anesthesia- Anesthesia and respiratory gases are passed through a tube placed in the traches (windpipe) via the nose or mouth or 3. Laryngeal/Mask Anesthesia- Gases are passed through a mask placed behind the tongue which covers the larynx (voice box) or Deep sedation. Regional Anesthesia 1. Nerve block-Local anesthetizing agents are injected into specific areas to inhibit nerve &ansmission. Monitored Anesthesia Care (MAC), Total intravenous Anesthesia (TIVA) - The anesthesiologist monitors blood pressure, oxygenation, pulse, and mental state and supplements sedation and analgesia as appropriate. Local Anesthesia i. Local Anesthesia-Anesthetizing agents are injected or infiltrated directly into a small area of the body, for example, at the surgical/procedure site. Topical Anesthesia- Surface anesthesia is produce by direct application of anesthetizing agents on skin or membrane. Conscious Sedation by RN - Involves the use of intravenous medication administered by licensed registered nurses under the direct supervision of the physician performing the surgery/procedure. DNR ORDERS: I understand that DNR (do not resuscitate) orders will be suspended while I am in the procedure and until I completely recover from the effects of aresthesia. I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent for anesthesia. I agree to the administration of the anesthesia prescribed for me. I recognize that the alternative to the acceptance of anesthesia might be no anesthesia for the procedure. 似り U20814 Signalure or Patient's Legal Representative Signature of person witnessing the patient's or patient's legal representative signature Valley View Surgery Center **JS571** NAME: SEKERA, JOYCE P ACT#: 153654 Anesthesia Consent DOB: 03/22/56 AGE: 61 DR: TRAVNICER, KATHERINE M.D. M:\FORM\$\Clinical forms\vnesthexia consent rev 021116 fcl.doc

DOS: 05/08/17

SEX: F

| Next of Kin/Pariente Proximo | M 11/2 |
|---|---|
| | Relationship/Relacion: |
| Address and/or telephone number/Domicilio o Numero d | le Telefono: 752-610-6140 |
| In Case of Emergency, I suthorize VVSC to Contacta En caso de Emergencia, yo autorizo a VVSC contactar a Name/Nombre: ## FRESHAD Address and/or telephone number/Domicilio o Numero de | 0 - 0 |
| nedico con Name of person(s) / Nombre de persona (s) | th / Yo autorizo al persopial de VVSC para discutir noi cuidado NOTO MARISSA FRE EMA |
| pacientes menores de 18 años) Information regarding Advanced Directives is included in La informacion sobre Directivas Anticipadas esta incluid de have an advanced directive / Si tenga una I A copy is provided to VVSC: Y | da en su paquete de informacion Dirctiva Avancada; |
| | ibilidad informar a mis medicos de mi Directiva Anticipada. |
| As required by CMS (federal regulation), written and ver Advance Directives and the facility's corresponding Poli Signature below acknowledges receipt of the written and federal), por escrito y la notificación n verbal sobre los i | Packet/Reconocimiento de paquete de informacion de paciente: rbal notice regarding Patients Rights and Responsibilities, iey, and a list of VVSC business owners is given to patients. I verbal notice. / Segun los requisitos de CMS (regulacion Derechos y Responsabilidades de los Pacientes, directivas on, y una lista de los dueños del negocio de VVSC se da a los r escrito y verbal. |
| □ Received this date / Recibido esta fecha | |
| the Received with previous date of service / Recil | bido con la fecha anterior del servicio |
| 1 de dono | Date / Fecha: 5/8/17_ |
| Patient Patient Representative signature (if other than | n patient; relationship: |
| Valley View Surgery Center | Patient label NAME: SEKERA, JOYCE P ACT 1: 153654 AGE: 61 |
| Patient Acknowledgements | DR: TRAVNICEK, MAINLES |
| M:\FORMS\Registration forms\Next of Kin English.Spanish.doex | DOS: 05/08/17 |

Patient Valuables and Relongings List

| Jowelry | How | With | With | In | Comments |
|--------------------------|---|---|--|--|--|
| L | Many? | Family | Patient | Safe | |
| Watch | [1] | 111 | 111 | 1 1 | Color:]Yellow [] White |
| Ring (s) | [] | [] | i i | † † † | Color: [Yellaw] White |
| Necklace (s) | [] | [] | 11 | 111 | Color: []Yellow [] White |
| Bracelet | [] | () | † † † | 111 | Color: []Yellow] White |
| Earrings/Piercings | [] | i i | 1 1 | 111 | Color: []Yellow [] White |
| Valuables | | | 1 <u>—1 </u> | | Total |
| Unopened | [] | 11 | [] | [] | |
| Purse/wallet | 1, , | , , | i ' ' | ' ' | |
| Keys | 111 | r 1 | [] | 7 1 | |
| Cell Phone | † ; ; | | | | |
| ID Card | 1} | | | | |
| Ins. Card | | <u> </u> | 1 1 | + + | <u> </u> |
| Credit Card | | 7 1 | ╀╬╼╌┤ | | |
| Check Book | + + + - | | | | |
| Money/Currency | | 1 1 | | | |
| | | _ 1 | [] | | Amount \$ [] Placed in enclosed envelope/secured VVSC safe. |
| Clothing | <u> </u> | | • | | |
| Biouse/Shirt | [[] | | | <u> </u> | 4 |
| Hants/Shorts | [] | i i | 1 1 | 7-1-1 | |
| Coat/Sweater Jacket | | Ť Ť | ì i | | |
| Dress/Skirt | | 1 | 7 1 | 111 | |
| 8hoe)/Slippers,&ocks | [] | i i | 11 | | <u> </u> |
| HaV8elt/Vest | ii | i i | ^ | | |
| Bra/slip/ | | | <u>i i </u> | | |
| Undergarments | i ' | ١, , | ١, ١ | '' | |
| Equipment | | | L | | <u> </u> |
| Cane/Walker/ | | | | T | |
| Crutches | l'' | ' ' | ' ' | ١,١ | |
| Wheelchair/ | | | | [] | |
| Scaater | l., 1 | '' | '' | 11 | |
| Other | 7 1 | [] | 1 | 7 1 | |
| Eveglasses/ | | | | 1 1 | in labeled Ziplock bag |
| unglasses | ' ' | '' | ''] | ' ' | Ju laneied Tiblock pag |
| Dentures/partials | r 1 | | | | <u> </u> |
| tient Agreement at the | time of Adm | ission and O | itcharge | | |
| inderstand that Valley V | Ten Surrence | ontor is \$101 | racinaigs Learnanailte i | £ | ersonal belongings. I understand that I |
| ve been advised to leav | o mu iawala. | kalushka -4 | responsible: | тығтыу ре | rsonal belongings, I understand that I |
| 600 600 | ~ und lessen Al | AgindOl62 91 | | mγ tesp | onsidie adult at VVSC. |
| tiont/Representative (i | f optient le 14 | anie te cien | مهرانا | ar - \ | 120 |
| Witness: Ventre | · hanesu 13 M | | | Y | |
| CU/Discharge | O# | .a:———————————————————————————————————— | Mar . | <u> </u> | 8 |
| tient/Representative (ii | 1 | k(_ ^ - ' | - Y | بيدا | cu Deleva |
| More, attention | | | | | |

| PreOp / |) (| <i>Y</i>) | |
|---|-----------------|------------|---------------|
| Patient/Representative (if patient is unable to sign) : | Jacob Carl | 120 ceca | |
| RN Witness: Date: OFFA | | | $\overline{}$ |
| PACU/Discharge | 7-10 | Xala | -) |
| Patient/Representative (if patient is unable to sign) : | X YM C | o Bellono | |
| Market at a Resident to the territories and the belofulness | Se stated above | | _ |
| RN [] CNA Witness: JUWWW Date: | माधार | | |
| Valley View Surgery Center | Patient Label | <u> </u> | _ |

Valley View Surgery Center

Patient Valuable and Belongings

JS573

M:\FORMS\Patient Valuable and Belongings Forms.dock rev 08/29/18mm

NAME: SEKERA, JOYCE P ACT#: 153654

DOB: 03/22/56 AGE: 61 DR: TRAVNICEK, KATHERINE M.D. DOS: 05/08/17 SEX: F

| The injection you received contained an all times are to the anest decrease in your pain, numbness and/or weakness due to the anest can at times last longer (should not be longer, than 24 hours). Upon injection site and/or a temporary increase in your everyday pain. I medication starts to take effect. This usually takes 3 to 5 days or printiammation at the injection site although ice packs should NOT be Please refer to your doctor's instructions for ALL PROCEDURI medications and his/her specific requirements. Call your physician's office to schedule a follow up appointment of your blood sugar is 250 or greater. Call your physician's office/answering service if you have any or severe headache and/or seizures. Loss of ability to feel or move your arms or legs Infaction (redness, swelling, drainage or fever greater the Heavy pressure over the chest or palpitations (rapid hear | sthetic. The numbness and/c in the anesthetic wearing off, the increase of pain should di ossibly longer, lee packs cal is used for more than 20 min ES to Include limitations of the following symptoms > Difficulty br > Adverse re than 101.5 F) > Chills and/o | or weakness usually lasts 2 you may experience some fecrease as the anti-inflam in be used to treat pain and utes at a time. If activities, changes with the week and call your intermediating and/or speaking, action to the medication gits. | -3 hours and pajn at the matory //or your mal medicine |
|---|---|--|--|
| > Bleeding at the injection site that is not stopped within 1 | 5 minutes of direct pressure | | ir ansta |
| [] As ordered by your physician; You are to resumeAnti | icoaguiant medication | indays. | I N/A |
| IF YOU ARE UNABLE TO REACH YOUR DOCTOR AND ARE E) THE SYMPTOMS LISTED ABOVE OR FEEL YOU NEED IMMED ATTENTION, CALL 911 OR GO TO THE NEAREST EMERENCY | IATE MEDICAL | Dr. Travnicek 702-878-8252 | e# |
| Due to the injection procedure as well as the sedation you rec vehicle, use stairs, drink alcoholic beverages, engage in any s and your full strength has returned. Do not sign legal docume | trenuous activities until the ents for at least 24 hours if | e numbness has comple you were sedated for the | tely worn off procedure. |
| SPECIFIC INSTRUCTIONS AND/OR EXPECTATIONS FOR YOUR PROOF [] EPIDURAL INJECTION/ SELECTIVE NERVE ROOT BLOCK [] LUMBAR SYMPATHETIC BLOCK [] FACET JOINT IN [] SACRO-ILLIAC JOINT INJECTION [] KYPHO/VERTEB As mentioned above, you may experience weakness in the back, a pain after the anesthetic wears off. You should relax for the remainstructure of the second control of | JECTIONS [] I JECTIONS [] I RALIPLASTY [] I srms and/or legs depending | NTRATHECAL INJECTIO DISCOGRAM ALL OTHER PROCEDURI | N ES ₄ |
| MEDIAL BRANCH BLOCKS This is a diagnostic procedure using an anesthetic. A steroid might return to normal activity, which usually causes your neck or back ppain. This will be temporary lasting only for hours. You should kee and for how long. Bring this diary/journal with you to your follow-up. | ain to see if the procedure e p a diary/journal and record | ffectively reduces or elimin | atęs your |
| [] STELLATE GANGLION BLOCK It is normal for your eyelld to droop, facial droop, hoarseness, num injection. These symptoms should subside in 4 to 8 hours. If you to speak, confusion or unable to move your arms or legs, call 911 if | develop any "stroke like" syn | nptoms, such as sturred sp | of the eech, unable 4 |
| [] TRIGGER POINT INJECTIONS [] INTERCOSTAL/PERIPI If any shortness of breath occurs, please call your physician. In can nearest emergency room. | HERAL NERVE BLOCK uses of moderate to severe d | ifficulty breathing call 911 | or go to the |
| [] RADIOFREQUENCY / RF / NERVE ABLATION DENERVATION OF THE Procedure was and should gradually reduce while the radiofrequency procedure. | when the anesthetic wears of | ff. This increase of pain ca | in last 1 to 2 |
| [] TRIAL OR PERMANENT SPINAL CORD STIMULATOR [Both your physician and the equipment company representative will procedure. Please follow the instructions provided by your physicial |] SPINAL (INTRATHECAL) ill provide you with information and the representative. |) PAIN PUMP on relative to the equipmen | it and the |
| [/Copy given to patient: DATE: 05 , 08, 17 | TIME: 1150 | AM) PM No U-1 | |
| Sank | lationship: | ter | |
| M:\pain\PAIN DISCH INSTRUCT 2015update.docx | | | - |
| Valley View Surgery Center Discharge Instructions – Pain Management | NAME: SEKERA, JO ACT#: 153654 DOB: 03/22/56 DR: TRAVNICEK, 3 | AGE: 61 CATHERINE M.D. | JS574 |
| | DOS: 05/08/17 | SEX: F | |



West Las Vegas Surgery Center, LLC

d/b/a Valley View Surgery Center 1330 Valley View Blvd Las Vegas, NV 89102 Tel: (702) 675-4600

Fax: (702) 333-4316

| | | Patient Name: _ | Sekera, | Joyce |
|------------------------|---|----------------------|---------------------|---------------------------------------|
| Ď | eclaration of No FILMS | | 15365 | _ |
| | | Patient's DOB: _ | 3/22/ | 1956 |
| To: Wi | hom it may concern: | | | |
| Our fa service | cility Valley View Surgery (es for the following: | Center and or Medica | al District Surgery | Center does not provide |
| 1. | X-Rays | | | |
| 2. | Radiology Films | | | |
| 3. | CT Scans | | | |
| 4. | MRI's | | 1 | |
| Terry G Custodian o | | _ | Signature | · · · · · · · · · · · · · · · · · · · |
| 3/16/ | 117 | | | |

The information contained in this facsimite transmittal is PRIVLEGED and CONFIDENTIAL intended ONLY for the use of the recipient named above. If the reader of this information is not the intended recipient, or employee or agent responsible for the delivery of this information to the intended recipient, you are hereby notified that this is not a waiver of privilege and arry dissemination, distribution or copying of this information is strictly PROHIBITED. If you have received the information in error, please immediately notify the sendent by telephone and arrange for return or destruction of the document(s). The DOCUMENT ACCOMPANYING THIS TRANSMISSION MAY CONTAIN CONFIDENTIAL IS RECULATED. THIS INFORMATION IS INFORMATION IS INFORMATION IS INFORMATION IS INFORMATION FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. THE AUTHORIZED RECIPIENT OF THIS INFORMATION IS PROHIBITED FROM DISCLOSING THIS INFORMATION TO ANY OTHER PARTY UNLESS REQUIRED TO DO SO BY LAW OR REGULATION AND IS REQUIRED TO DISTROY THE INFORMATION AFTER ITS STATED NEED HAS DESCRIPTION AND IS REQUIRED TO DISTROY THE INFORMATION AFTER ITS STATED NEED HAS DESCRIPTION.

BEEN FOLFILLED. In the event an error in transmission occurs, please contact the sender at: 702-675-4600

M:\Medical Records\ROI\ROI Declaration of No Films.docx

| VALLEY VIEW SURGERY CF R | VVSC) PATIENT RECT LATION |
|--|--|
| Patient Information: Name JOYCE P SEKERA Address | Birthdate Age Sex ACCT# #3/22/56 60 F 153654 Rage Social Sec # Marital Status |
| 7840 NESTING PINE PL | Unknown 091488430 U |
| Las Vegas, NV 89143 Home Phone: (702) 467-5457 Employer: N/A | Cell Phone: Work Phone: |
| Guarantor: SEKERA, JOYCE P Address: 7840 NESTING PINE Las Veg NV : | Patient's Relationship: Self Phone: (702)467-5457 |
| Primary Insurance: | |
| Carrier: LIEN PAYER Claims: ATTY; KEITH GALLIHER | Insured: SEKERA, JOYCE |
| Address | Patient's Relationship: Self Sex: F DOB: 03/22/1956 SS#: 091~48-8430 |
| 1850 E. SAHARA #107 | Insurance ID: 0000000000 Group 4: |
| Las Vegas, NV 89104 | Auth #:APPROVED |
| Ins. Phone: (702) 735-0049 | Employer: N/A |
| Secondary Insurance | |
| Carrier: Claims: | Insured:, Patient's Relationship: Sex: |
| Address | Patient's Relationship: Sex: DOB: SS#: |
| | Insurance ID: Group #: |
| , | Auth #: |
| Ins. Phone: | Employer: |
| Procedure: **NO SEDATION** BI PreOp DX: M54.5 | Type of Service: Pain Management LUMB |
| I hereby authorized and permit VVSC to refinancial agreement and assignment of pay responsible for all charges incurred regainsurance information that I have provide services received. I hereby assign payment my behalf to VVSC for services at VVSC, restimated co-pay is due and payable on the infull within 90 days from the date of some the event my account is referred to a I acknowledge that there may be additional. | puthorize treatment at Valley View Surgery Center elease medical billing data relating to this service yment/benefits: I understand that I am financially ardless of insurance coverage. I hereby verify that the ed is correct and that VVSC will bill my insurance for not of all surgical and/or medical benefits payable on not to exceed charges. Any unpaid deductible and/or me day of service. The account is expected to be paid service. collection service due to lack of payment on my part, all collection/legal fees added to my account. |
| for non sufficient funds (NSF), there wil | t if a payment by check is returned unpaid by my bank ll be a NSF fee charged to my account not to rned unpaid a second time, it may be referred |
| Acknowledgement of receipt of HIPAA priva Rights & Responsiblities. | |
| Received this date, Init. | |
| Signed: Wie Store | Date: 3/9/// J\$576 |
| Relationship of other than patient: | NAME: SEKERA, JOYCE P ACT*: 153654 DOP: 03/22/56 |
| - | DR: TRAVNICEK, KATHERINE M.D. DOS: 03/09/17 SEX: F |

SEX: F

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 styletted 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

| | SCHEDULED PROCEDURE: Deletate . A. lateral Lumpar 5-Saural, FUI |
|-----|---|
| | CHIEF COMPLAINT/ DEASON EOD DDACEDUDE. |
| | Head pain Neck pain Sacral pain |
| | Neck pain Sacral pain |
| | Upper extremity pain Lower extremity pain |
| | Mid back pain Other: |
| | MEDICAL HISTORY CO. |
| | MEDICAL HISTORY: Other See Pre-Anesthesia Record |
| | Current medications - see Patient Home Medication List (Medication Reconciliation List) |
| | |
| | HISTORY OF PREVIOUS PAIN MANAGEMENT PROCEDUDRE: |
| , | Yes |
| - (| Justification for repeat Epidural Storoid Injection |
| | Partial Improvement |
| | Transient Improvement |
| | Significant Improvement |
| | Return of symptoms |
| | Persistent symptoms |
| | SOCIAL/ FAMILY HISTORY: |
| | Don Contributory |
| / | Other |
| | |
| | ALLERGIES OF ABNORMAL DRUG REACTIONS: MINKA |
| | |
| | PHYSICAL EXAM: |
| | Heart/Cardiac |
| | Lungs/Respiratory |
| | Other |
| | PLANNED ANESTHESIA: |
| | Anesthesiologist |
| | DIVCS-RN ASA Score: 4 2 3 4 |
| | PRE-OPERATIVE DIAGNOSIS: |
| _ | Spondylosis (facet pain) Cervical Thoracic Sumbar |
| | Spondylosis w/o myelopathy Cervical Thoracic Lumbar |
| | Displacement of intervertebrat disc |
| | Degeneration Disc Disease |
| | Post Laminectomy Syndrome |
| | ☐ Other ABNORMAL FINDINGS TO BE ADDRESSED ON DATE OF SERVICE PRIOR TO PROCEDURE: ☐ NA |
| | ABNORMAL FINDINGS TO BE ADDRESSED ON DATE OF SERVICE FROM TO PROCEDURE: |
| | MD'S Signature Proceed Cancel procedure |
| | |
| | I have discussed with my patient the surgical or invasive procedure to be performed along with the benefits and risks of the procedure and alternative |
| | options. Informed consent was discussed with the patient, including the risks, benefits, potential complications, and any alternative options associated with the planned procedure and anesthesia. The Patient is cleared for procedure in VVSC. |
| | DISCHARGE NOTE: |
| | Complications Ga None |
| | (gOther: |
| | Condition Stable: dDischarge to home |
| | Physician American Med A - V// |
| | Physician signature: |
| | |
| | Valley View Surgery Center NAME: SEKERA JOYCE P |
| | ACT*: 193654 |
| | Pain Management History & Physical DOB: 03/22/56 AGE: 60 |
| | DR: TRAVNICEK, KATHERINE M.D. |
| | MANAGEMENT Comment of |

| MILLEY | , |
|--|--|
| Date | |
| Nurse | STANDING ORDERS |
| Notation. | |
| <u> </u> | year. Results of Pre-Op blood or unne lests completed 3 downstruction of the period for more than a |
| <u> </u> | 2. Obtain BP, Blood Sugar and HCG results (if applicable) on estimate the accepted for pregnancy screening. |
| | Do blood glucose level on all diabetic patients. Report results greater than 150. Insert 20G IV cath for Saline lock of |
| | before resertion. Start N/O c Nis 250 at the Start N/O c Nis 250 at the Start N/O c Nis 250 at the Start N/O c Nis 250 at the Start N/O c Nis 250 at the Start Nis 0.9% NS PRN. May use 0.5% Lidocaine 0.1.0 2mls at the Start Nis 0.9% NS PRN. May use 0.5% Lidocaine 0.1.0 2mls at the Start Nis 0.9% NS PRN. |
| | U. Discourants, ancer 1000 we introduced the control processings. |
| | Hardware Blocks, Implants. Plexus Block, Pump Refitts, Superior Hypogastric Block. †TSCS and patients with history of MVP, and Subacute Bacterial Endocarditis: Clindamycin 900mg IV. |
| ······································ | 7. For cervical transforaminal injections, give Ondansetron (Zotran) 4rng IVP over two to 5 minutes. |
| ļ | For Stellate Ganglion and Sympathetic injections, record a baseline temperature on appropriate bilateral extremities. Document the date patient discontinued any of the following medications. |
| | 9. Document the date patient discontinued any of the following medications. Acceptable days of discontinuance from date of procedure: [JASA-7days, []Cournadin or (]Playir, for days [] Secontinuance from the following medications of the following medications of the following medications of the following medications of the following medications. 9. Document the date patient discontinued any of the following medications. Acceptable days of discontinuance from the following medications. |
| <u> </u> | anninitiammatory madications for 4 days 145 |
| İ | 10. For blood patch procedures. Using sterile technique |
| | antecubital vein as the second IV site for blood draw |
| <u> </u> | Surgical Consent to read (CHECK ALL THAT APPLY): |
| CERVICAL- | |
| Epidural | Steroid Injection [] SNRB* [] FFESI** [] Facet Joint Injection [] MBB (Facet Nerve Injection) *** Sangtion |
| LEVELS: [] | Sangtion [] Radiofrequency [] Discography [] Greater/Lesser Occipital [C2 [] C3 [] C4 [] C5 [] C7 [] C8 [] C7 [] C9 [] C7 [] C9 [] C7 [] C9 [] C7 [] C9 [] C7 [] C9 [] C7 [] C9 [] C7 [] C9 [] C7 [] C9 [] C7 [] C9 [] C7 [] C9 [] C7 [] C9 [] C7 [] C9 [] |
| THORACIC : | []C1-2 []C2-3 []C3-4 []C4-5 []C5-6 []C6-7 []C7-T1 |
| Epidural S | formal logarities 1 Salphe |
| LEVELS: () | teroid Injection [] SNRB* [] TFESI** [] Facet Joint Injection [] MBB (Facet Nerve Injection)*** [] Radiofrequency { Discography ПВ [ПР |
| UNDER | Pracet Joint Injection MBB (Facet Nerve Injection) L1 L2 L3 J£4 J£5 S1 JS2 J£4 J£5 S1 JS2 J£4 J£5 J£5 S1 JS2 J£4 J£5 |
| INTRAOPER Proposol | ATIVE CRERS. Oxygen at 2-4 UNC CONSCIOUS SEDATION 11 Versed |
| or Radiofrequ | uency Treatment. See RF Neurotomy Procedural Notes Form. Medications drawn up as ordered on MD preference cards. |
| | |
| | 1. Check vitals every 5 migrates v 2 three ways 1 |
| | |
| _ ^ | vital signs x1. Discharge when patient otable |
| | / vital signs x1. Discharge when patient stable. 2. For Stellate Ganglion and Sympathetic injections, record to rec |
| | vital signs x1. Discharge when patient stable. For Stellate Ganglion and Sympathetic injections, record temperature on appropriate bilateral extremities. Oxygep hasal prongs or mask to as needed to maintain account. |
| , 1 | vital signs x1. Discharge when patient stable. For Stellate Ganglion and Sympathetic injections, record temperature on appropriate bilateral extremities. Oxygepriasal prongs or mask to as needed to maintain pre-op oxygenation level. Los Chips or liquids as tolerated. Ondansetron 4mp IVPAM for payers. |
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| YSICIAN'S | vital signs x1. Discharge when patient stable. 3. For Stellate Ganglion and Sympathetic injections, record temperature on appropriate bilateral extremities. 3. Oxygen fiscal prongs or mask to as needed to maintain pre-op oxygenation level. 4. Loe Chips or liquids as tolerated. Ondansetron 4mg IVP/MM for nausea or vomiting pro. 5. Do bigod sugar testing if pt, received treatment for blood sugar level. 6. Remove IV catheter just before discharge. 7. Resume all prior medications. [] NA 8. Resume all anticoagulants on next scheduled dose after the procedure. [] NA 9. Provide and review written copy of post procedure instructions with patient & family members. 10. Pt may be discharged in % for if post-reversal agent. [] yes [] no VALLEY VIEW SURGERY CENTER Standing Orders - K. Travaicek, M.D. NAME: SEKERA, JOYCE P ACT#: 153654 |

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 herves end 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 tung requiring chest tube, seizure, stroke or death. Injection of corticosteroids can potentially cause suppression of the adrenet 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 propped with a sterile surgical prop times three. Sterile drapes were applied. Meticulous sterile technique was maintained. The skin and subcutaneous tissues were anasthetized with 1% iddocains. Next, under direct fluoroscopic guidence, a styletted 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 desired 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

NAME: SEKERA, JOYCE P

ACT#: 153654

AGE: 60

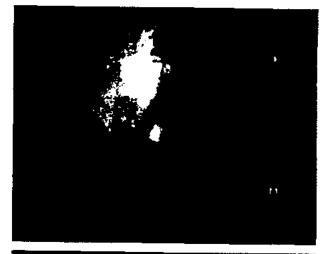
DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D.

DOS: 03/09/17

J\$580

MD-702





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NAME: SEKERA, JOYCE P

ACT#: 153654

AGE: 60 DOB: 03/22/56 DE: TRAVNICEK, KATHERINE M.D. DOS: 03/09/17

NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56 AGE: 60 DR: TRAVNICEK, KATHERINE M.D. DOS: 03/09/17

Valley View Surgery Center

Fluoroscopic Images

 $M\Delta FORMS (elimineal forms) Clinical forms) 025 *- Fluoroscopic Images, doe$

Parient label

NAME: SEKERA, JOYCE P

JS581

ACT#: 153654

DOB: 03/22/56 AGE: 60 OR: TRAVNICEK, KATHERINE M.D. DOS: 03/09/17 SEX: F

Patient Care Plan Sursing Diagnosis Implementation Comments Potential injury to patient Patient will not acquire injury Greet patient, check two patient Operative site, correct patient and permanent history acti-operatively throughout the peri-operative identifiers and verify operative ventice. Aftergies noted procedure site, allergies and other pertinent information. Safety straps applied. Patient encouraged to ask questions about care in the patient positioned appropriately operating room with good hody alignment and pressure points padded. Proper body alignment and safety straps used Electrical equipment checked and ensured to be in ALLERGIES: NI NKA See Front of Chart (00C) Timbe in TX: "TIMEOUT" by (NO.VA) @ 1005 w/MD and all listed staff present Time PROCEDURE BEGAN: 1006 Time PROCEDURE ENDED: 1013 TIME PT LEAVING TX 1015 If STAGED in room or change in position/different site area: _w/MD and all listed staff present "TIMEOUT" by (a) Time PROCEDURE BEGAN: Time PROCEDURE ENDED: TIME PT LEAVING TX PAIN MANAGEMENT PERSONNEL DR. PERFORMING PROCEDURE: Dr. K. TRAVNICE ANESTHESIA: DIVOS DIMAC TO LOCAL INTILITRATE DENERAL DOTHER DRILL NO CIRCULATOR CONTINUA NO RELIGIO VIVES NURSE VIRIZORI ■ ANESTHEŞIOLOGIŞT MED NURSE A. DENCHTULEN N/A SCRUB L. PRIA X-RAY OTHER MEDICATIONS GIVEN BY PHYSICIAN DURING THE PROCEDURE: Lidocaine MPF 0.5% Bupivacaine MPF Saline Mmnipaque 300 mg plain
Units Omnipaque 300 mg Added Ancel _____mg] 0.9% Normal Saline ½% Lidocaine MPF Myablock 7 4% Lidocaine MPF Pump medication verified with attending MD ☐ Methylprednisolone (The dose and route of the medications given are noted on the procedural report of the physician performing the procedure.)

OP DIAGNOSIS:

OP DIAGNOSIS: PRE-OP DIAGNOSIS: PROCEDURE: [] Cervical [] Thoracic | | Lumbar [] Caudal [] Hip [] Knee [] Shoulder (Number multiple procedures in sequence) 1 Discography |] Epidural Steroid Injection Miliacets: | | Right [| Left N Bilateral | | Intercostal Nerve Block: | | Right | | | Left | | Bilateral [] Medial Branch Block: [| Right [] Left [] Bilateral [| Occipital, Greater/Lesser: | | Right [] Left [] Bilateral [] Radiofrequency: [] Right [] Left [] Bilateral See RF Neurotony Procedural Notes Form [| Sacroiliac Joint: [] Right [] Left [] Bilateral [| Selective Nerve Root Block: [] Right [| Left |] | Bilateral [] Stellate Ganglion: [| Right [] Left [] Bilateral [| Sympathetic Block, Lumbar [] Right |] Left [] Transforaminal epidural steroid injection: [] Right [] Left [] Bilateral [] Trial Spinal Cord Stimulator |] Trial Pain Pump | | Other | Prep to operative site: | Duraprep X()Chloraprep: 🛛 Tinted **M**Clear , ARKIAS By: Positioning: □ Supine AProne □ Lateral □ Arms tucked APillows for positioning Safety strap on x 3 Padded toboggans used for arm protection POST OP DIAGNOSIS SAME Other Pain log given Radiation Skin Status - Pre Radiation All C 🐿 st Radiation 🕎 CIRCULATOR SIGNATURE NAME: SEKERA, JOYCE P Valley View Surgery Center ACT#: 153654 Pain Management OR Record DOB: 03/22/56 Dr. K. Travnicek AGE: 60 DR: TRAVNICEK, KATHERINE M.D.

M \FORMS\Clinical forms\Pain Mgnit OR Record\017 Pain Mgnit OR Record Travifice krevi 20816pp. ...

JS582

SEX: P

DOS: 03/09/17

Pre-OP Vitals BP YO W HR W RR C O2 Sat 46% TROOM air Oxygen @ 1/min Temperature 66 oF ALLERGIES | NKA See Front of Chart 1000 1000 1010 Time Legend: 220 v - Systolic BP 210 A = Diastofic BP 200 · = Pulse 190 180 $\overline{}$ 170 160 150 O, Appliance: Cangula Mask
O, Liter Flow @ Limen 140 130 ECG: ☐ NSR ☐ Sinus Bradycardia 120 110 Sinus Tachycardia 100 Other: 90 IV Site Right som 80 Left arm 70 Other: 60 Condition Falent • 50 40 Solution: Saline Lock
Isolyte 0.9% NaCl 30 SaO₂ Other: 16 RR Acceptable range 35-45mm/lg ETC 02 ETCO2 Waveform present ✓ CONSCIDENSEDATION SCAFF Respirations: 0. Appear Adequate
1 Impaired exchange
2. Dyspner/Obstructed Level of Consciousness: U. Alert or awakening 1 Follows commands: Intermittent arousal 2. Unresponsive Vital Signs: 1. Increase (+ 21% of pre-anesilyatic level) 2. Within acceptable broads 2 2 3 Decrease 4-21% of pre-enestheric levels Physical/Emotional Affect; D. Resistive / Interse / Anxious | Uramsy 1 Tempered or Imermation response/Calm / Toleram 2. No response Total Sedation scale 3 (Optimal 3-5) MEDICATIONS ☐ Versed IV mg ☐ Fernany IV mcg ☐ Alfentanil IV mcg teartier ☐ Propofol IV mg □ Romazicon IV mg Narcan IV mg Cefazolin IV mg Other: IVCS RN Printed Name: VJRIZARI Signature: Initials Antibiotic: (" NA completed at Patient tolerated procedure well and was transferred to PACU in apparent good conditions Report given by IVCS/circulating nurse and care handed over to PACU Nurse . Chan Patient Labe

VALLEY VIEW SURGERY CENTER IVCS by RN

NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56

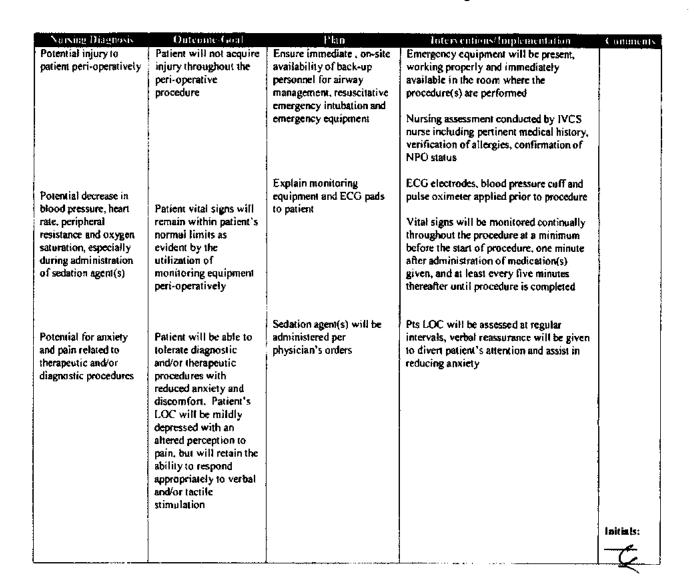
AGE: 60

DR: TRAVNICEK, KATHERINE M.D.

DOS: 03/09/17

SEX: F

M:\FORMS\Clinical forms\017A IVCS by RN.doc rev 100413 fd



NAME: SEKERA, JOYCE P

ACT#: 153654

DOB: 03/22/56 AGE: 60 DR: TRAVNICEK, KATHERINE M.D. DOS: 03/09/17 SEX: F

| Date: <u>3</u> | 1911 | Monitors | On 🗹 | | Alarms : | Set 📋 | Allergies: | | Ľ, | MAKA |
|--|----------------------|-------------|----------------|---------------------------------------|-------------------------------------|------------------|---|--|---|-------------|
| Procedure: | | $\int \int$ | 1 | | Z - | エト | | | See Fro | nt of Chart |
| PreOp: B/P/40/X Pulse 48/RR 16saO2 96 % RA @ L/min Temp: 96 Pain Level: 4 Initials | | | | | | | | | | |
| ADMIT TIME | PULSE | RESP | ,02 \$ | RA | TEMP | PAIN LEYEL | POST ANETHERIA ASSESSMENT RE SCORE | COVERY | ADM | INSCHARGE |
| (77.)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 7X -18 | 1/8 | 99 | | 4/2 | 3/10 | | ±2 =1 | | |
| 1020 39 | Ad 40 | ما | 96 | | | 51 | Activity | | 2 | 2 |
| 1025/3 | MI LIY | 10 | 1-12 | 27 | | 2010 | Breath deeply and cough freely | <u>=0-</u> =2 | ļ <u> —</u> | |
| | | 1 | | | | -3- | | =1 Resp =0 | 1 - | 2 |
| | | | | | | | BP stable or improved over PreOp readings. | <u>-</u> | -6 | |
| | | | | | | | Pt. asymptomatic Pt. outside of acceptable range based on | ≖2 Carc | ; | |
| 1. 1 | | | | ! | | | PreOp readings. | =1 | | < |
| | | | · - | | | - | Alert, fully awake, responding appropriately | ^{= 0} =2 | \sim | |
| | | | | \neg | | | Responds to name and/or verbal stimuli | =1 LOC | \sim | 2 |
| | | | 1 | | | | Normal skin color/SpO ₂ > 92% on room air | =0 = 2 | | |
| | | | | | | | Pale, Supplemental Ox for SpOx > 90% | ≐1 Co+or ≈0 | 7 | 2 |
| | | | | | 1 | ` - | Totals: | | | |
| <u></u> | | | | | | | DISCHARGE CRITERIA SCORE 10 or pre ar | esthesia | 10 | 17 |
| TIME | | MEDIC | ATION / | DOSE | / ROUTE | /SUF EX | IM OR SQ INJECTIONS | | (<u> </u> | |
| | | ~~~~ | | | | | THE OIL SE RESECTIONS | PAIN | LEVEL | INITIALS |
| | | | | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | · | |
| NURSES NOT | ES - (Music ma | ke comm | ents for | * outc | ome disc | harge ans | wers) Disch | ARGE | <u></u> _ | |
| | | · | | | - | | Pt. tolerated procedure without app | arent injury: | □ yø• | ₹ No" |
| | | | | | | | Safety maintained: Yes No | | | 1 |
| | | | | | | | LOC Alen Doriented same at | PreOp leve | I∏ Seda | ited*[] |
| <u> </u> | | | | | | | □ Nousea/Vorniting □ pl/4 □ Nousea/Vornitin | n Mot la | | Treated |
| | - | | | | | | Discharge Criteria Met | | nis | |
| | | | | | | | IV catheter removed / catheter inta | | 7 м | i |
| - · · · · · · · · · · · · · · · · · · · | | ·· | | | | | S/S of complications due to IV: 😡 | | _; NO | ļ |
| · <u></u> | · | | | | | | | | | |
| | | | | | | | Copy of cost on least where it is | _ | □ v | Í No: |
| | | | | | | | | opt./other. | ᆜᅇᆫ | |
| | | | | <u> </u> | | <u></u> | Copy of post op instructions given to Prescription given. | yes, instruc | lad pt to ta | ike |
| | | | | <u> </u> | | -u - | Prescription given. Prescription given. Prescription as written on prescription | yes, instruct n 🖟 Yes 🗀 | ted pt.to ta) No | ike |
| Pt. given pain l | og and understa | nds instruc | ctions as | noted t | y pt's ver | balization. | Prescription given. Prescription given. Prescription as written on prescription | yes, instruct n 🖟 Yes 🗀 | ted pt.to ta) No | ike |
| | | | | | _ | | Prescription given. MA | yes, instruct n | ted pt.to te No ed / ordease ZiYes | ed by MD |
| Time: | | | | | _ | balization. | Prescription given. MA Yes If medication as written on prescription instructed pt. to resume medication for ride. | yes, instructions | bed pt.to ta No ed / ordere Z Yes [2] Yes | ed by MD |
| Cime: | | | | | _ | | Prescription given. MA Yes If medication as written on prescription instructed pt. to resume medication for ride Pt /other states understanding of at Mobility unchanged from Pre Op ter | yes, instructions et Yes | lad pt.to ta) No ed / organ ☑ Yes ☑ Yes | ed by MD |
| Time: | | | | | y discharge | | Prescription given. MA | yes, instruct r | bed pt.to to No ed / organe Z Yes Z Yes Z No □ No | ed by MD |
| Cime: | | | | | y discharge Initials | | Prescription given. MA | yes, instructions et Yes | bed pt.to to No ed / organe Z Yes Z Yes Z No □ No | ed by MD |
| Signature Signature | uz m | up in whee | lutair M | fedicati | y discharge Initials Initials | ed Waiting | Prescription given. MA Yes If medication as written on prescription instructed pt. to resume medication for ride Pt /other states understanding of all Mobility unchanged from Pre Opier Discharged via w/c to responsible a Discharge Pain Level | yes, instruct r | bed pt.to to No ed / organe Z Yes Z Yes Z No □ No | ed by MD |
| Signature Signature | WZ M Le EY VIE | up in whee | lukair M | fedical | y discharge Initials Initials | ed Waiting | Prescription given. MA Yes If medication as written on prescription instructed pt. to resume medication for ride. Pt /other states understanding of all Mobility unchanged from Pre Opier Discharge dia w/c to responsible a Discharge Pain Level. Patient Label. | yes, instructions as instructions et Yes dult Yes Discharge Ti | bed pt.to to No ed / organe Z Yes Z Yes Z No □ No | ed by MD |
| Signature Signature | WZ M Le EY VIE | up in whee | lukair M | fedical | y discharge Initials Initials | ed Waiting | Prescription given. MA Yes If medication as written on prescription instructed pt. to resume medication for ride. Pt /other states understanding of all Mobility unchanged from Pre Opier Discharge dia w/c to responsible a Discharge Pain Level. Patient Label. NAME: SEKERA, JOY. | yes, instructions as instructions et Yes dult Yes Discharge Ti | bed pt.to to No ed / organe Z Yes Z Yes Z No □ No | ed by MD |
| Signature Signature | WZ M Le EY VIE | up in whee | lukair M | fedical | y discharge Initials Initials | ed Waiting | Prescription given. MA Yes If medication as written on prescription instructed pt. to resume medication for ride. Pt /other states understanding of all Mobility unchanged from Pre Opier Discharge dia w/c to responsible a Discharge Pain Level. Patient Label. | yes, instructions as instructions et Yes dult Yes Discharge Ti | bod pt to ta | ed by MD |
| Signature Signature | WZ M Le EY VIE | up in whee | lukair M | fedical | y discharge Initials Initials | ed Waiting | Prescription given. MA Yes If medication as written on prescription instructed pt. to resume medication Pt /other states understanding of at Mobility unchanged from Pre Opier Discharged via w/c to responsible a Discharge Pain Level Patient Labe! NAME: SEKERA, JOY ACT#: 153654 | yes, instructions s as instructions et | bod pt to ta | ed by MD |

M \FORM\$\Ctimical forms\018-Post Procedure Record rev120716pp.doc rev120716pp

| | ST-OPERATIVE F | PATIENT CARE | EVALUATION |
|---------------------------------|--|---|-------------------------------------|
| NURSING DIAGNOSIS | LILIERING INTERVENTION | Patient OUTCOME Patient sinvey with maximum | Goal is obtained: Yes No |
| Atered sirwsy | . Observe & maintain or support airway | iratory compliance as | Comments: |
| unction | as needed | avironment by adequate Or | |
| ost-anesthesia | O ₂ on arrival / PRN Monitor SaO ₂ | evictoricae, tiesue perfusion o | |
| | Appropriate position | visible hemodynamics. Clear arway without assist | Goal is obtained: Yes No |
| | | Stable hemodynamics | - 1 |
| Altered hemodynamics | Monitor EOG for arrhythmia Note/Intervene for B/P +/- 50% of | | Comments: |
| potential for hypovolemia | nceuro resolido | | 4 |
| | Observe surgical site for bleeding | | |
| | 1 | | Goal is obtained: Yes I No |
| | Stimulate adult patient PRN | Patient will be arousable, oriented and as alert as | 1 · I |
| Altered level of | Company street of the contract | possible prior to discharge | Comments: |
| Collegistation | airway & hemodynamics are stable Orient patient to surroundings | possible price | |
| | Observe for aftered L.O.C. | | |
| | | Accepts healthcare measures | Goal is obtained: Yes I No |
| Anxiety | Recognize & acknowledge entirety | and has minimal anxiety | Comments: |
| | Orient to surroundings Provide physical comfort | ANA in verhalité 005-00 | |
| | Complete/reinforce post-op teaching | instructions (i.e. diat, wound care, pain control & activity) | |
| | | care, pain consorts accounty? | Goal is obtained Yes No |
| | Logde PRM | No injury in PACU | |
| Potential injury | Usize side raits (pads PRN) Place bed in low position | | Comments: |
| | A Secure IV's and assess for patency | | |
| | Ensure correct physiological | | |
| | positioning | | Goel is obtained Yes No |
| | Recognize and assess pain | Retel of pain verbalized | Comments: |
| Pain | Mericate as ordered | using pain scale | Comments: |
| į | Teach relaxation techniques | | |
| | Position for comfort | 1 | |
| | | Relief of nausea verbalized | Goal is obtained Ves No |
| Nausea & Vomiting | Recognize nauses | Media Or Hauses Action | Comments: |
| | Madicate as ordered Teach relaxation techniques | į | |
| □ N/A | Position for comfort & to prevent | ļ | |
| ļ | aspiration | | |
| | | | Initials of Nurse |
| | | | Impas of radise |
| sas Notes Continued as ne | eded: | | |
| | | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| ., | | | |
| | | | |
| | and an explore the following | | |
| EKG strip affixed to re | ecord, complete the following. | | |
| | amlam | | |
| me | _ansb.ii | | |
| | notified @ | am/pm | |
| Г | | | |
| er MD's order: 🕎 No | treatment | | |
| er MU \$ 0100€1: 🛄 140 ☐ Tre | satment: | | |
| _ - | | | ാത്തിന്ന |
| ionature of RN | | Time: | am/pm |
| | | | |
| | | | |
| | | | |
| | | NAME: S | SEKERA, JOYCE P |
| | | NC7'4: 1 | 153654 |
| | | POR B | 153654 AGE: 60 3/22/56 AGE: M.D. |
| | | ער . מטע. פרי . מטע | |
| | | DK: 48 | 3/09/17 SEX: F |
| | 139/116 and not result | 1307 IAM | J/ 4-7 = |

MAFORMS/Clinical forms/G18-Post Procedure Record rev120716pp doc_rev120716pp

| Date: 3/9/1 | Time Admitte | ы: <u>6910</u> | PRE | E-OP CH | IECKLIST | 70 | 2-9 | \$2 | 5-9001 | | |
|---------------------|-------------------|---------------------|-------------|-----------------|--------------------------|----------|----------------|--------------|------------------------|--|--------------------|
| Pt. identified by (| aul name ∵ da | te of birth by | F | rom: Offic | me 🖰 Other | | ١ | اخ: a: ا | Walking @ Wheelchair | — r ⊜ Carr | ried |
| Planned Procedu | re: | ect 65-51 | , | ドブエ | | | | | AM Meds: 🗆 Ye | | |
| Responsible Adul | t taking pt. hom | e: Dausni | C | /Driver:_ | maris | sa | a | Same | Waiting Wall at: | | |
| | | | | | | | | | oke @Sleep Apnea @ | | is |
| ☐ Hypertension & | Smoker D*Ch | est Pain/Previous | Mt (I | Date |) 🖸 Palpi | itations | i. Se | izures | ☐ Back/Neck Problem | ns | - |
| | | Positive Street | | | | | | | | | |
| | | | | | | | | | ppendix 3 Back 12* | Hip | <u> </u> |
| 🗇 Sinus/Nasal 🗀 B | liopsy | 5 0&¢ Ç | Lapa | roscopy | □ Metal Imp | lants i | _ Pace | maker. | ICD Foot Cervic | cal | |
| Li Knee ☐ Eye Su | | | OQ. | . 22. | <u> </u> | | | | | - | |
| Medication list: | See Pre-Anesthe | esia Record and P | atien | t Home M | edication Li | st | | | | | |
| VITAL SIGNS: We | light 94 | Eco No He | ight | Tole " | A | LLERGI | ES: EN | IKA | | | |
| SAO2 94 % 21 | RA @L/ | min Temp 94 Y | Pulse | e <u>75</u>)Re | sp_[6] | | | | | | |
| BP 140 1/ 3 | R⊡∕Larm E | Extremity temp: R | · | | JAK _ | ··· | | | () \$ee | Front of | Chart |
| SYSTEMS ASSESSE | MENT ()* or ()^= | = Fall Risk If ≥4 | l* or | ^ checked | Pisk Risk | Band a | pplied | | CHECKLIST | Yes N | o NA |
| Respiratory: | | | | | • | | | | Consent | +1 | |
| Respiration: | Unlabored | ⊜ labored |] ¢ | ther | | | | | H&P | | |
| Breath Sounds: | L audible | ा cle ar | | ther | | | | | H&P (Podiatry) | <u> </u> | \top_{\triangle} |
| Cough: | () absent | ☐ non-production | ve∏p | roductive | Gther | Sm | <u> du.</u> | | CXR | | / |
| Cardiovascular: | | | | | | | | | EKG | + +- | <i>1</i> ††† |
| Heart tones: | ⊡ reg ular | □irregular | ij o | ther <u>Bu</u> | est/palps | es di | 43/11 | 55 | CBC | | [] |
| Cotor: | Dink | ○ cyanotic | □ 0 | ther e A | est/palpi | tate | 1cp. | | Coag. | 1 | 1 |
| Neuro Sensory: | | | | | , , , | , | | | Urine | | |
| t: alert | ≨ friented | O^ confused | ും | ther | | | | _ | Lytes/Chem panel | | |
| Psychosocial: | ⊇ €almc> | ⊉ anxious | ∷c | rying 🗆 an | gry &other | | | | Preg Urine/Serum | † · 1 · | 1 |
| Skin: | ☑ normal | J pink | Op | yanotic | | | | | Hepatitis Screen | + | - |
| | Љwarm | ිcool Œdry | ⊋d | iaphoretic | : Gother_ | | | | HIV | | |
| GI / GU: | ⊠normal | C incontinent | | ther | | | | | Bowel prep finished | | 11 |
| Activity: | Efull DROM | 🛘 ^uses assistive | e devi | ice 🏻 ^Fal | l within 3 ma | o 🗆 ot | her | v | | | 77 |
| *Pain Intensity Le | vel: <u>G/w</u> | Location:/2 | Bek. | 149 | Pain Quality | | | | | | |
| PREMEDICATIONS | | | | | Pre-Op teac | | | | | | |
| Times | Medication | A / Dose | | By | Discharge in | | | | Surgical Site Clipped | | |
| | | | | | Patient ride co | | _ | | Medical Clearance | | $\perp I$ |
| | · | | | | Valuables w | ' | nt Family | None | TEDs/SCOs | | - 1 |
| | | | | | Dentures 7 | • • | - | 1 | TESTING ON UNIT | RESULTS | » N/A |
| Procedure or surg | - | | | | Glasses/Conta | icts | <u> </u> | ~ | Urine Pregnancy | 7" | 14 |
| Confirmed w/pt | : Singnt Sient | . /C pilateral r | NA | | Hearing alds | <u> </u> | . | 0 | AccuChek | · | |
| ☐ Marked by MD | | | | | Clothes | *54 | | | ☐ FBS ☐ RBS | <u> </u> | |
| IV started in holdi | ng: ∕t., Yes : No | o Attempts | _ Initi | iai | Jewelry/ Body Jewelry | bac | į į | [× | Normal range FBS 70 | – 200 n | ng/dL |
| Flush: 13 mls NS | 11 v | c | | mls | SIGNATURE | | | | | (in | itial) |
| | ☐ Superior Dor | | | vein | | 7 | \ .c. | < | 1 | | <u>~i</u> |
| Other: | Gauge [1 | .8 🖯 20 🗆 22 🗆 24 | Exp: | | · | | J-4-2. | <u> </u> | 0 | 1 | 1 |
| ID band applied by | y: | - | | - | To QR via: | | | | side rails up 🔾 bed 🖯 | low | |
| ZPt. tolerated tx. | | ⊕ Other | | | | | Carrie | ed. | walk in | | 1 |
| Valley | View Sui | rgery Cente | er | Pé | NAME: ACT#: | | | OYCE | | JS58 | 37 |
| P | RE-OP CHE | | 21.6 | | DOB: (| | | KATI | AGE: 60 MERINE M.D. | | |

DOS: 03/09/17 SEX: F

PRE-OPERATIVE PATIENT CARE PLAN **EVALUATION** PATIENT OUTCOME **NURSING INTERVENTION** NURSING DIAGNOSIS Goal is obtained: Yes Recognize & acknowledge anxiety Accepts healthcare measures and Anxiety Comments: has minimal anxiety Orient to surroundings Provide physical comfort Complete/reinforce post-op teaching Goal is obtained: Yes No Injury in Pre-Op Potential Injury Utilize side rails (pads PRN) · Place bed in low position/thair locked . Secure IVs & assess for patency Ensure correct physiological positioning No Pain verbalized using pain scale Goal is obtained: " Pain • Recognize and assess pain Comments: · Medicate as ordered Teach relaxation techniques Position for comfort Pre-Op Nurse Initials **NURSE'S NOTES** *Confirmed/witnessed with pt.: Jewelry secured in closed plastic bag. Bag placed in pt.'s belonging bag. Nurse's Initials ADR List -5. TIME NAME: SEKERA, JOYCE P ACT#: 153654 DOB: 03/22/56 AGE: 60 OR: TRAVNICEK, KATHERINE M.D. POS: 03/09/17 SEX: F

Reference: AAAHC Institute for Quality Improvement, Patient Sofety Toolkit: Ambulatory Surgery and Preventing Falls, 07/22/13

| * | | | • | | |
|--|---------------|-------|--|------------|------------|
| Height G Actual weight Estatura Peso – | | | HISTORY HISTORIAL / | Yes Si | No |
| Allergias: Alergias: 1. Have you taken any of the following medicar Ha tomado los medicamentos listados: | tions: | | B. Do you smoke? If yes, cigarettes per day: ¿Fuma? | D | |
| Aspirin: Yes, date last taken Aspirina: Si, ultima fecha tomada *Plavix: Yes, date last taken Si, ultima fecha tomado *Cournadin: Yes, date last taken |) MO | | En caso que sí, cuantos cigarrillos per día | .Φ/ Σολ | / |
| Si, ultima fecha tomado Anti-inflammatory: Yes, date last taken Anti-inflamatorios | No. | | 10. Do you drink alcoholic beverages? If Yes, how much, last time ¿Consume bebidas alcolicas? En caso que si, cantidad | D | Q / |
| Si, ultima fecha tomado 2. For female patients only: Date of last menstrual period Para mujeres solamente: fecha de su ultima menstruación | □ \#\X | | 11. Have you ever experienced any reaction to rubber or latex products? Alguna vez ha experimentado una reacción a los productos de goma o látex If yes, please describe En caso que si, por favor describa | 0 | 4 |
| List all previous surgerles (and when) Lista de todas cirugías previas (con fechas) | | | | | |
| | | | 12. Glaucoma Glaucoma | | |
| 4. Do you symptoms of tuberculosis Ha sido diagnosticado con Tuberculosis -Productive cough | 🗌 Yes 🗓 | MG | 13. TMJ (dysfunction of temporomandibular joint) TMJ (disfunction de la articulación temporomadibular) 14. Stiff neck Cuello tieso 15. Shortness of breath Dificultad para respirar 16. Asthma Asma | | |
| HISTORY HISTORIAL | Yes Si | No | 17. Heart ≥ttack ✓ Ataque de Corazón | | |
| 5. Have or are you taking "street drugs" If yes, last date | | Ġ | 18. Chest pain; angina Dolor de pecho | | |
| Ha o está tomando drogas ilegales En caso que si, fecha ultima: 6. Do you use Medical Marijuana? | | m / | 19. Palpitations Palpitaciones 20. High blood pressure | 0 | |
| If yes, last date: Utilizas la marihuana medicinal En caso que si, fecha ultima: | _ _ | حلانا | Alta presión 21. Implanted pacemaker/defibrillator Marcapasos / desfibrilador | 0 | 9 |
| Have you had recent weight change? (Significant amount) Has tenido cambio significante en peso | | | CONTINUE ON BACK CONTINUAR EN LA PARTE POSTERIOR | | |
| Valley View Surgery Center Pre-Anesthesia Record (Adult, age 18 and over) M:\FORMS\Clinical forms\Pre Anesthesia Record 01 | 2017.dac | | Patent Label NAME: SEKERA, JOYCE P ACT#: 153654 AGE: 60 DOB: 03/22/56 DR: TRAVNICEK, KATHERINE M.D. DOS: 03/09/17 SEX: F | S58 | 9 |

| | | Yes | No | | HIST | ORY | | | | Yes | No |
|------------------|--|---------|-----|----------------|-------|------------------------------|---------------------------------|-------------------------------|---|-------------|---------------|
| HISTOI HISTOI | | Si | | | | DRIAL | | | | \$I | |
| | owe oxideu | | □ | | | Alds / HIV Po | | | | | |
| U | sa oxigeno en el hogar | | _ | | 45 | Sida / VIH Po MVP (Mitral | isiuvo I Valve Pi | rolapsel | | _ | |
| | epatitis | | | | | Prolapso de | la vaivula | a Mitral | | | |
| Н | epatitis — — — — — — | _ | | | 46. | Metal Impla | nts | | | | |
| 11 | Yes / En caso que si Type 🔲 A 🔲 B 🔲 C | | | | | Inplantes M | etálicos | | | _ | |
| | liatal Hernia | | | | 47. | Cancer | | | | _ | П |
| | Jernia Hiatal | | | | | If Yes, When Cancer | | <u> </u> | | | <u></u> i |
| | revious Colonoscopy? Colonsocopy anterior? | | ₽ | | | En caso que | SI, en do | onde | ······- | | |
| | f Yes, when? | | | | 48. | Drug resists | ant infect | tion | /44DC4\ | | |
| | En caso afirmativo, cuando? | | | | | Methicillin | resistant | Staph Aure | nz (wikow) | | |
| | Rheumatic Fever | | 0 | | 49. | Long term i | entebiot k o de antil | c treatment bioticos a lar | go plazo | | |
| | iebre Reumática | _ | ٥ | | 50. | Draining W | | 2101112 | - , | | |
| 27. (| Ulcers | | | | | Herida abie | erta | | _ | | |
| | Ulceras | _ | | | 51. | Have you o | r your fa | mily had a h | iigh or | | |
| | Strake | | | } | | | | hypertherm | is) online or | | |
| | Derrame Cerebral | | | | | after surge | ryc u familiar | r a tenido fie | bre inexplicable | | |
| | Seixures | | |) | | durante o c | despues (| de cirugia? | | | |
| | Convulsiones | | | | 52 | Have you ! | raveled (| outside of co | untry in the pasi | t | |
| 30. | *Parkinson disease Enfermedad de Parkinsons | | |] | | 6 months? | • | | | | |
| | | _ | _ | | | | do afuera | a de el país el | n los ultimo 6 | | |
| 31. | Blackouts Desmayos | | | J | | meses? | | | | | |
| 32 | Sleep Apnea Bipap / C-pap | | _ | ٦. | Aı | y addition: | al inforn | nation you | want to commi | an ica: | te? |
| 32. | Deja de respirar durante la noche | u | | J | Al | guna otra ii | nformac | ión que des | ea comunicar: | | |
| 33. | Back / Neck Problems | | | ٦ | _ | | | | | | |
| | Problemas de cuello / espalda | _ | • | _ | | | | | | | |
| 34. | *Osteoporosis | |) [| _ | - | | | | | | _ |
| | Osteoporosis | | | | | | | | <u></u> | | |
| 35. | Muscle Diseases Enfermedad Muscular | |) [| J | _ | | | | <u> </u> | | |
| 36 | Arthritis | _ | | _ | | | | <u></u> | <u> </u> | | |
| 50. | Artritis | | J |) | _ | | | | ~ | | |
| 37. | Diabetes | Е | 1 | | | \cap | $\bigcirc \mathbb{A}$ | . 1 |) | | |
| | Diabetes | _ | | | | - Total 100 | - 1/1 1001 00 | Person fillin | e out form) | | _ |
| 38. | . Thyrold Problems Problemas de la Tiroldes | 2 | 3 | | _ a | father than | patient; | relationship | · | _} | |
| 26 | Hemophilia | - | _ | _ \ | < - 1 | () | • | | | | |
| 37 | Hemofilia / Desorden de sangrado | |] | | _ | | | | | | |
| 40 | . Sickle Cell Anemia | | _ | | | | | resentante) | | 1 | |
| 70 | Anemia de Celulas falciformes | ı | _ | ш | t | relación al p | aciente. | | | | نيسو |
| 41 | . Blood Transfusion | 1 | 3 | | | | i | n | _32 | 1-/ | 1_ |
| | Transfusión de sangre | | | | | \wedge | . , | | ! |) - | פוסום: ראי |
| 42 | t. Kidney Disease Enfermedad de Riñones | [| ⋾ | | | - / . [| | | Date | 7-1-7 | 4' |
| 43 | 3. Dialysis patient? | , | ⊐ | П | | Signature of the | r op mose II risk | • | | | |
| | ¿Paciente de diálisis? | 1 | _ | | | ~ []" | | | | | |
| | if yes, date of lest dialysis? | | | | | \/ | | | | | _ |
| | ¿En caso que Si, fecha de ultimo tratamiento? | | | _ - | Pε | tent Label | NAME | : SEKERA | , JOYCE P | | |
| | Valley View Surgery Center | | | | - | | ACT# | : 153654 | | | |
| | Pre-Anesthesia Record | | | | | | DOB; | 03/22/5 | - | : 60 | |
| | (Adult, age 18 and over) M:/FORMS/Clinical forms/Pre Anesthesia Record 0 | 1.2017. | do¢ | | | | | | K, KATHERIN | EM. : F | ,υ. |
| | M. V. CHUNDICKI SCOTT TOTAL TO | | | | | | 908: | 03/09/1 | , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |

| ALLERGIES AND ITEM NATIONAL THE PART & months (Inc. Let all medications taken over the part & months (Inc. Medication Dose Frequency Name | | | | and an in the state of the stat | ente medications via pat | ch, birth control treats | Mrn.) |
|---|------------|---------------------------|--------------------------|--|---|---|--|
| Medication | est 6 mon | the (Include preso | riptions, over the count | duce prescriptions, over the counter, vitamins, series outper | | Oate of Walft: | Date of Visit: |
| | | | | Date of Wag: | Date of Visit: | | And I don't |
| | Dose | Frequency (How often?) | Reason for Taking | Last Taken (Date/Time) | Last Taken (Date/Time) | Last laken (Date/Time) | (Date/Time) |
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| New Prescriptions (Completed by Nurse) | Dose | Frequency (How often?) | Reason for Taking | O-Tuew Ra gaven to pi. Copy an MR | Cory in MR | Copy in MR | Copy in MR |
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| apre-Op Nurse Signature | | Inknown by of. | = CMI Unk | / Comment | * CCM) Unk | *CICMI UPA | *CICMI UNK |
| * Complete Medication michi | IIdua | | | 1/17/1/1/ | * | * | * |
| * is PACU Nurse Signature ** SCheck box if pl/cg instructed on medication use, common side effect, and ** Scheck box if pl/cg instructed on medication use, common side effect, and | d an medik | cation usa, commo | n side effect, and | Copy of med list | □Copy of med list given to pt. on DC | OCopy of med list given to pt. on DC | Copy of med list given to pt. on DC |
| ******** Contact Vour pres | t vour | prescribing | physician for que | cribing physician for questions regarding any medications listed on this page | y medications list | ed on this page" | * |
| SEX | • | | PATIENT LABEL | | PATENT LABEL | | PATIENT LABEL |
| 6 KATHE | AGE: 60 | á | | | | . _ | |



| | D O- | O.D. | 0.4/11 |
|---|------------|----------|---------|
| Note: Patient is patient himself herself or legal representative or surrogate | Pre-Op | OR | PACU |
| Ensure a clean and sanitary environment for each patient. | \sum_{i} | CM2_ | 94 |
| 2. Patient identified as per VVSC policy & ID Band is on patient | 5_ | Ch. | |
| 3. Allergies/ adverse reactions verified and stated on front of chart | LS | Cm | 2 |
| 4. Surgery/Procedure Consent: Operative Procedure & site verified with patient | 5 | OB_ | |
| a. Patient's Signature | 5 | Orb | |
| b. Witness Signature | 5 | Or | |
| 5. Anesthesia Consent: | 5 | CM | |
| a. Patient's Signature | S | On_ | |
| b. Anesthesia Provider (Anesthesiologist or MD performing procedure) Signature | 5 | CP) | |
| 6. H & P - to include heart and lung (Noted on Pre-Op checklist form) | 5 | Ch | |
| 7. Pre-Op MD Orders | 5 | ()n | |
| a. As ordered, pre-op test(s): Completed, results reviewed and placed in chart | 5 | Cm | |
| b. Standing Orders to draw blood sugar and for urine pregnancy test N/A | _ | (VI) - | |
| | 2 | <u> </u> | |
| c. Actions if blood sugar is out of range. Noted on back of Pre-Up Checklist and in blood sugar result log \(\sum \text{N/A} \) | > | | |
| d. Antibiotic as ordered: Initiated Completed N/A | 5 | Ch | - |
| e. *Any special equipment, devices, implants Yes N/A | 5 | Cin | |
| 8. Procedure Site: MD marked Operative site Yes N/A | 5 | V1/ | |
| 9. Pre-Op Anesthesia/Nurse Assessment Form / Medication List | 5 | | ` |
| a. Patient Signature | 5 | - | |
| b. Nurse Signature | 5 | | |
| c. Medication list has dosage, frequency, date last taken. If pt. doesn't know, document | 5 | • | |
| Any G-Codes occurrences? No Yes List G-Code See back of sheet for | 5 | | |
| 10. IntraOp or Intra Treatment: Ensure a clean and sanitary environment for each patient | | | |
| 11. Intra Operative briefing before procedure started: <i>Time-Out</i> performed per policy, allergy status and other concerns discussed- *difficult airway or aspiration risk or aspiration risk, risk of blood loss if applicable | | | |
| 12. *Procedure site is marked and visible \(\subseteq \text{N/A} \) | | | |
| 13. *Relevant images properly labeled and displayed N/A | | | |
| 14. *De-briefing after completion of procedure | | | |
| a. Name of procedure performed | | | |
| b. Sponge, sharp count performed N/A | | | |
| c. Specimens identified and labeled N/A | | | |
| d. *Any equipment problems to be addressed N/A | | 105 | 22 |
| e. *Key concerns for recovery and management of this patient N/A | | JS5 | 94 |

NAME: SEKERA, JOYCE P

ACT#: 153654 DOB: 03/22/56

AGE: 60

DR: TRAVNICEK, KATHERINE M.D. DOS: 03/09/17

SEX: F

| | Pre- | OR | PACU |
|---|-----------------|-------------|--------------------|
| 5. Sterilization Documentation completed/initialed | | | |
| 6. O. R. Record Complete with out of OR time | - | CM | |
| | | 1 an | |
| Any G-Codes occurrences? No Yes List G-Code See below for references | | 101 | 127 |
| 17. Ensure a clean and sanitary environment for each patient | | | // (-) |
| 18. Admit time to PACU | +- | | 1 |
| | | | } '-/ |
| 20 Cienture of Discharging MD for anesthesia recovery Discharge time on The | | + | 1 |
| 21. Discharge time to home or transfer to hospital notes | | _ | 14.5 |
| S - CAVASC's prescriptions Yes WA | | | h |
| discharged to noted on discharge manual | _ | _ | 12 |
| 23. Name of responsible adult pt. discharges or procedure on discharge instructions 24. Phone number of the physician doing surgery or procedure on discharge instructions See below for references | _ | | 丁しし |
| Any G-Codes occurrences? No Tes Dist G-Codes | -1 - | nitials: | <u> </u> |
| Nurse Name: Printed Janua July Signature | i | nitials: | |
| Nurse Name: Printed | W/ | nitials: | <u>(U) _</u> |
| Nurse Name: Printed C. T.M. T. M. Signature: Signature: | 63 h | initials: | 4- |
| Nurse Name: Printed | · _ | lnitials: | <u> </u> |
| Nurse Name: Printed | | Initials: | |
| RN Co-sign for LPN: Printed Signature. | ART TO E | E COMP | LETE**Firs |

ALL AREAS MUST BE SIGNED OFF AT THE TIME OF DISCHARGE FROM PACU FOR CHART TO BE COMPLETEFirst and last name initials signify the nurse has completed the listed responsibility. "O" with initials next to it signifies—the nurse assessed the responsibility and completion is needed. *Revisions Additions to this form adopted from AORN Comprehensive Surgical Checklist that incorporated WHO, Joint Commission-Universal Protocol (JC) 2010 National Patient Safety Goals.

| | G-Code |
|--|---|
| Measure Description | |
| | G8908 Patient documented to have received a burn prior to discharge |
| atient Burn | |
| | G8910 Patient documented to have experienced a fall within VVSC |
| Patient Fall | Gaylo Fadein december |
| | G8912 Patient documented to have received/experienced a wrong site |
| Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant | wrong side, wrong patient, wrong procedure or wrong implant |
| | G8914 Patient documented to have experienced hospital |
| Hospital Transfer/Admission | G8914 Patient documented to have any |
| | transfer/admission |
| | G8916 Patient with preoperative order for IV antibiotic surgical site |
| Prophylectic IV Antibiotic Timing | G8916 Patient with preoperative order to |
| Lichard Commence | infection (SSI) prophylaxis, antibiotic initiated on time. |
| | to for IV antibiotic surgical site |
| | G8917 Patient with preoperative order for IV antibiotic surgical site |
| | infection (SSI) prophylaxis, antibiotic not initiated on time. |

NAME: SEKERA, JOYCE P

AGE: 60 ACT#: 153654 DR: TRAVNICEK, KATHERINE M.D. DOB: 03/22/56

DOS: 03/09/17

M. FORMS Clinical forms Surgical Procedural Safety Checklist Rev.doc 41:03/13 fd

JS593

2

I consent to the admission to Valley View Surgery Center (VVSC) for my treatment(s) and authorize VVSC, staff, and doctor(s) to provide care. I authorize and direct <u>DR. TRAVNICEK</u> to perform the following treatment(s) or any other treatment deemed necessary at the discretion of the physician:

BILATERAL LUMBAR FACET JOINT INJECTIONS WITH THE USE OF FLUOROSCOPIC GUIDANCE

Physicians providing services at VVSC are not agents or employees of VVSC.

I understand I have the right to be informed. My physician has explained the treatment(s) necessary to treat my condition, purpose of the treatment and its associated anticipated benefits, including but not limited material risks, and alternative methods of treatment and its associated anticipated benefits, including but not limited material risks. No guarantee has been given as to the results that may be obtained. I accept the risks of substantial and serious harm, if any, in hopes of obtaining desired beneficial results. I have the right to be informed of the likelihood of success and the problem(s) associated with recuperation and the possible results of non-treatment. I have the right to request/consent to or to refuse any proposed treatment at any time prior to its performance.

I have the right to be informed whether my physician has any independent medical research or economic interests related to the performance of the proposed operation/procedure. I have the right to be informed if any professional relationship to another health care provider or institution that may suggest a conflict of interest exists.

If applicable, I authorize the administration of anesthesia from an anesthesia provider as may be deemed necessary for the treatment.

My signature below authorizes the pathologist to use his/her discretion in disposing of any tissue removed from my person during the treatment(s) described above. I authorize x-rays, photographs, or videotaping for diagnostic or medical education purposes including utilization of medical residents, students, and/or manufacturing representatives.

I authorize to the drawing of a blood sample from my body in the event that an employee or physician of the surgery center has an accidental puncture or mucous membrane (eye, mouth, etc) exposure to my blood or body fluids. The blood samples will be tested for HIV and Hepatitis. No results of any tests done on my blood will be released or shown to any unauthorized person without my written consent.

My signature on this form indicates that I have read and understand the information provided on this form, that the treatment(s) described above has been adequately explained to me by my physician, that I have had the opportunity to ask questions, that I received the information I desire concerning the treatment, and that I consent and authorize to the performance of the treatment(s) upon myself.

I understand and agree that I am solely responsible for maintaining the privacy of my protected health information in the paperwork I received.

| I have not eaten or drank since (Date& Time)I have a responsible adult to drive me home. | <i>220</i> 0 □Fluid, | (am`t), 🗹 🕏 | olid 3/8/17 42a |
|---|------------------------|----------------|-----------------|
| Prijent's Signature or Patient's Representative or Surrogate | - | 3/9/17 Date | OG 10 Time |
| Relationship to Patient Self Other Signature of person witnessing the patient's or patient's legal rep | presentative signature | 3 9 17 Date | OG/0 Time |
| Verified consent (M) Initials of circulator | < SEKERA, JO | DYCE > | |
| Valley View Surgery Center | NAME: SEKEY | | |
| Treatment Consent/Authorization | DOB: 03/22 | CEK, KATHERINE | M.D. |

Patient Consent for Anesthesia at Valley View Surgery Center

I understand:

I will need anesthesia services for the surgery/procedure to be done today,

- ➤ And the amount of anesthesia to be used will depend upon the procedure(s) and my physical condition. Anesthesia is a specialty medical service which manages patients who are rendered unconscious or with diminished response to pain and stress during the course of a medical/surgical procedure.
- > During the course of the procedure, conditions may require additional or different anesthetic monitoring techniques, and I ask that the anesthesiologist provide any other necessary services for my benefit and well being.
- > Although serious harm or death as a result of anesthesia are uncommon occurrences, these can and do occur in spite of good medical care and are a part of the risks I must consider in deciding to have a procedure. Some of the unusual risks and complications of anesthesia may include but are not limited to allergic or adverse reactions, aspiration, backache, brain damage, coma, dental injury, headache, inability to reverse the effects of anesthesia. infection, localized swelling and or redness, muscle aches, nausea, ophthalmic (eye) injury, pain, paralysis, pneumonia, positional nerve injury, recall of sound/noise/by others, seizures, sore throat, and death.
- > A detailed explanation of anesthesia and its risks are given to me not to produce fear or anxiety, but to inform me. No guarantees have been made by anyone regarding the anesthesia services which I am agreeing to have.

TYPES OF ANESTHESIA AND DEFINITIONS

| Patient Initials | OF ANESTHESIA AND DEFINITIONS: |
|---------------------|--|
| | _ General Anesthesia: |
| | Mask Anesthesia- Gases are passed through a mask which covers the nose and mouth or Endotracheal Anesthesia- Anesthesia and respiratory gases are passed through a tube placed in the trachea (windpipe) via the nose or mouth or |
| | Laryngeal/Mask Anesthesia. Gases are passed through a mask placed behind the tongue which covers the larynx (voice box) or Deep sedation. |
| | Regional Anesthesia |
| | Nerve block-Local anesthetizing agents are injected into specific areas to inhibit nerve transmission. |
| | Monitored Anesthesia Care (MAC), Total Intravenous Anesthesia (TIVA). The anesthesiologist monitors blood pressure, oxygenation, pulse, and mental state and supplements sedation and analgesia as appropriate. |
| | Local Anesthesia |
| | Local Anesthesia- Anesthetizing agents are injected or infiltrated directly into a small area of the body, for example, at the surgical/procedure site. |
| 0 | Topical Anesthesia- Surface anesthesia is produce by direct application of anesthetizing agents or skin or membrane. |
| | Conscious Sedation by RN - Involves the use of intravenous medication administered by licensed registered nurses under the direct supervision of the physician performing the surgery/procedure. |

DNR ORDERS: I understand that DNR (do not resuscitate) orders will be suspended while I am in the procedure and until I completely recover from the effects of anesthesia.

I have been given the opportunity to ask questions about my anesthesia and feel that I have sufficient information to give this informed consent for anesthesia. I agree to the administration of the anesthesia prescribed for me. I recognize that the alternative to the acceptance of anesthesia might be no anesthesia for the procedure

| Y Patient Signature or Patient's Legal Representative | no anesthesia for the pro | 3/9/0 | 2 04/4 |
|--|---|-----------|--------------------------|
| Signature of person witnessing the patient's or patient's legal | | Date Date | 7 Time 7 Oylc Time |
| · | Pair NAME: SEKERA, ACT#: 153654 DOB: 03/22/56 | | |
| Anes thesia Consent M:/FORMS/Clinical forms/anesthesia consent rev 02116 fd doc | TRAtare. | AGE: co | JS595 |

| Next of Kin/Pariente Práxima: HAR 155A Name/Nombre: CAROLE SUITA FRECHA | |
|--|--|
| Address and/or telephone number/Donficilio a Numero de I | elejono: 102 225-1001 1 |
| In Case of Emergency, I authorize VVSC to Contact/ | |
| En caso de Emergencia, vo autorizo a VVSC contactar a: | 1 |
| Name/Nombre: MARISSA FRONTAL) Address and/or telephone number/Domicilio o Numero de I | |
| Address and/or telephone number-120micino o Numero de 1 | eegano. |
| I authorize VVSC staff to discuss my medical care with | Yo autorizo al personal de VVSC para discutir mi cuidado |
| medico con: | 6 10 15 |
| Name of person(s) ! Nombre de persona (s) MARISSA | * FRECHAN/CARDE DIVINO |
| Advanced Directive / Directivas Anticipadas: (not applies | able for patients under 18 years of age / no es aplicable a |
| pacientes menores de 18 años) Information regarding Advanced Directives is included in the La informacion sobre Directivas Anticipadas esta incluida e | ne Patient Information Packet / |
| I do have an advanced directive / Si tengo una Dire | |
| A copy is provided to VVSC: Yes | |
| ,, , | ility to inform my physicians of my Advance Directive |
| Yo entiendo que es mi responsabili | dad informar a mis medicos de mi Directiva Anticipada. |
| do not have an advanced directive / Yo no tengo | ana Directiva Anticipada |
| Acknowledgement of receipt of Patient Information Pace As required by CMS (federal regulation), written and verbal Advance Directives and the facility's corresponding Policy, Signature below acknowledges receipt of the written and ver- federal), por escrito y la notificación n verbal sobre los Der anticipadas y la política correspondiente de la instalación, pacientes. La firma debajo confirma que la a recibio por escri | I notice regarding Patients Rights and Responsibilities, and a list of VVSC business owners is given to patients, rbal notice. / Segun los requisitos de CMS tregulación rechos y Responsabilidades de los Pacientes, directivas y una lista de los dueños del negocio de VVSC se da a los |
| ☐ Received this date / Recibido esta fecha | |
| ☐ Received with previous date of service / Recibida | o con la fecha anterior del servicio |
| * Joya Seleia | Date (Fecha: 3-9-17 |
| Patient/Patient Representative signature (if other than pa | |
| , | NAME: SEKERA, JOYCE P |
| Valley View Surgery Center Patient Acknowledgements | ACT#: 153654 DOB: 03/22/56 AGE: 60 |
| M: FORMS Registration forms Next of Kin English Spanish dock | DR: TRAVNICEK, KATHERINE M.D. DOS: 03/09/17 SEX: F |
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Las Vegas, NV 89104

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Patient Ledger History - Detail

JOYCE SEKERA (153654)

7840 NESTING PINE PL

Las Vegas, NV 89143 (702) 467-5457

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ACT#: 153654
ACT#: 153654
DOB: 03/22/56
DR: TRAVNICEK, KATHERINE M.D.
DR: TRAVNICEK,

| Detail |
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| Patient |

WLVSCdba Valley View Surg Cr 1330 S Valley.View Blvd Las Vegas, NV 89102 (702) 675-4600

Page: 1 12/07/17 3:20:42 PM

> JOYCE SEKERA (153654) 7840 NESTING PINE PL. Las Vegas, NV 89143 (702) 467-5457

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Fax: (702) 732-6071 Phone: (702) 732-6000 www.sdmi-lv.com

Patient Name: Joyce P Sekera

Patient: Jovce P Sekera SDMI #: 790179.0

Physician: Jordan Webber DC Dr. Fax: (702) 463-9772 Dr. Phone: (702) 463-9508 Pt. DOB: 03/22/1956

Pt. Sex: Female

Dr. Addr.: 7810 W Ann Rd Ste 110 Las Vegas, NV 89149 Cc:

Date of Service: 12/21/16 SDMI Location: CH

Cc:

MRI CERVICAL SPINE WITHOUT CONTRAST

CLINICAL HISTORY:

Neck pain and bilateral arm numbness, pain, weakness

TECHNIOUE:

T1 sagittal, T2 sagittal and axial T2 images were obtained. 117 images.

COMPARISON:

None

FINDINGS:

There is mild dextrocurvature centered at C6-7. There is straightening of the cervical lordosis. Vertebral bodies are normal in alignment. Vertebral body heights are maintained. Bone marrow signal is normal. Spinal cord is normal in signal. The paravertebral soft tissues appear unremarkable. The intervertebral discs throughout the cervical spine are desiccated without significant loss of height.

- C2-3: No disc bulge, spinal canal or neuroforaminal stenosis.
- C3-4: No disc bulge, spinal canal or neuroforaminal stenosis. Mild bilateral facet hypertrophy.
- C4-5: No disc bulge, spinal canal or neuroforaminal stenosis. Mild left uncovertebral arthropathy. Mild bilateral facet hypertrophy.
- C5-6: Mild broad disc protrusion. Spinal canal AP diameter of 12 mm. Bilateral facet hypertrophy. Bilateral uncovertebral arthropathy. Mild left greater than right neuroforaminal stenosis.
- C6-7: Mild broad disc protrusion. Spinal canal AP diameter of 10 mm. No significant neuroforaminal stenosis.
- C7-T1: No disc bulge, spinal canal or neuroforaminal stenosis.

IMPRESSION:

Mild multilevel degeneration. Mild neuroforaminal stenosis at C5-C6. No spinal canal stenosis throughout. Mild dextrocurvature. Straightening of the cervical lordosis which may be seen with muscle spasm.

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

2767 N. Tenaya Way, Las Vegas, NV 89128 4 Sunset Way, Building D, Henderson, NV 89014 2950 S. Maryland Pkwy, Las Vegas, NV 89109 6925 N Durango Dr, Las Vegas, NV 89149 800 Shadow Ln. Las Vegas, NV 89106

2850 Sienna Heights, Henderson, NV 89052 9070 W. Post Road, Las Vegas, NV 89148

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Phone: (702) 732-6000 www.sdmi-ly.com Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Interpreted by: Sarah Kym MD

12/22/2016 8:20 AM

Electronically approved by: Sarah Kym MD Date: 12/22/16 10:47

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

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Fax: (702) 732-6071 www.sdmi-lv.com Phone: (702) 732-6000

Patient Name: Joyce P Sekera

Patient: Joyce P Sekera SDMI #: 790179.0 Pt. DOB: 03/22/1956

Physician: Jordan Webber DC Dr. Fax: (702) 463-9772

Pt. Sex: Female

Dr. Phone: (702) 463-9508

Dr. Addr.: 7810 W Ann Rd Ste 110 Las Vegas, NV 89149

Date of Service: 12/21/16 SDMI Location: CH

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 paraspinous 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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2850 Sienna Heights, Henderson, NV 89052 9070 W. Post Road, Las Vegas, NV 89148

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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

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

2767 N. Tenaya Way, Las Vegas, NV 89128 4 Sunset Way, Building D, Henderson, NV 89014 2950 S. Maryland Pkwy, Las Vegas, NV 89109 6925 N Durango Dr, Las Vegas, NV 89149 800 Shadow Ln. Las Vegas, NV 89106 2850 Sienna Heights, Henderson, NV 89052 9070 W. Post Road, Las Vegas, NV 89148

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Phone: (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: 12/16/16 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

Ce: Ce:

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/3DTime 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

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

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 6925 N Durango Dr, Las Vegas, NV 89149
 800 Shadow Ln. Las Vegas, NV 89106

2850 Sienna Heights, Henderson, NV 89052 9070 W. Post Road, Las Vegas, NV 89148

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STEINBERG DIAGNOSTIC MEDICAL IMAGING CENTERS

Phone: (702) 732-6000 www.sdmi-lv.com Fax: (702) 732-6071

Patient Name: Joyce P Sekera

Interpreted by: David Browne M.D. 12/16/2016 3:37 PM

Electronically approved by: David Browne, M.D. Date: 12/16/16 19:23

Physician Access To Images and Reports Is Available Online at www.sdmi-lv.com

2767 N. Tenaya Way, Las Vegas, NV 89128 4 Sunset Way, Building D, Henderson, NV 89014 2950 S. Marytand Pkwy, Las Vegas, NV 89109
 6925 N Durango Dr, Las Vegas, NV 89149
 800 Shadow Ln. Las Vegas, NV 89106

2850 Sienna Heights, Henderson, NV 89052 9070 W. Post Road, Las Vegas, NV 89148

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Steinberg Diagnostic Medical Imaging

Account Number: 790179.0

Guarantor: Joyce P Sekera

Account Financial Ledger

| Posted | Provider | Voucher | Name | Description | Amount | Balance |
|----------|----------|---------|-----------------|--|---------|---------|
| 12/27/16 | 28 | | Sekera, Joyce P | Adj - HPN Capitated Services | -350.00 | 0.00 |
| 12/27/16 | 41 | | Sekera, Joyce P | Adj - HPN Capitated Services | -350.00 | 350.00 |
| 12/27/16 | 28 | 4809997 | Sekera, Joyce P | Mri Lumbar Spine ; Without Contrast (72148, 12/21/16) | 350.00 | 700.00 |
| 12/27/16 | 41 | 4809996 | Sekera, Joyce P | Mri Cervical Spine ; Without Cntrst (72141, 12/21/16) | 350.00 | 350.00 |
| 12/22/16 | 10 | | Sekera, Joyce P | Adj - HPN Capitated Services | -350.00 | 0.00 |
| 12/22/16 | 10 | | Sekera, Joyce P | Adj - HPN Capitated Services | -350.00 | 350.00 |
| 12/22/16 | 10 | 4803395 | Sekera, Joyce P | Mr Angio Head Without (70544, 12/16/16) | 350.00 | 700.00 |
| 12/22/16 | 10 | 4803395 | Sekera, Joyce P | Mri Brain Without Contrast (70551, 12/16/16) | 350.00 | 350.00 |

CERTIFICATE OF CUSTODIAN OF RECORDS TO ACCOMPANY COPIES OF RECORDS

| | - Nices of order | |
|-----------------------|--|---|
| NOW COM | | , who declares as follows: |
| 1. That | the declarant is the <u>VLCLD bo</u> | MIST (position or title) of |
| | 1 1 | mployer) and in his or her capacity as |
| _ recupho | position or | title) is a custodian of the records of |
| — 1215C | (name of em | ployer). |
| 2. That | I DISC | (name of employer) is licensed to |
| do business as a | Mysician | in the State of <u>Nevada</u> . |
| 3. That | or the day of the month of D | Of the year 2017, |
| the declarant was | sent an authorization requesting the | production of records pertaining to |
| _JOCKLS | Kera | |
| 4 That | the declarant has examined the orig | nal of those records and has made or |
| caused to be incide | true and exact copy of them and | hat the reproduction of them attached |
| hereto is true and co | nplete. | |
| 5. That | he original of those records was made | te at or near the time of the act, event, |
| condition, opinion o | r diagnosis recited therein by or from | n information transmitted by a person |
| with knowledge, is | the course of a regularly con- | ducted activity of the declarant or |
| DISC_ | (name of emp | |
| Pursuant to N | RS § 53.045, I declare under penalty | of perjury under the laws of the State |
| of Nevada that the fo | regoing is true and correct. | , |
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| : . | Ву: | Minam Cityaliz |
| į | Name | MMaly Munan |
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Sekera, Joyce

61 Y old Female, DOB: 03/22/1956
Account Number: 10429
7840 Nesting Pine Place, LAS VEGAS. NV-89143
Home: 702-467-5457
Guarantor: Sekera, Joyce Insurance: THE GALLIHER
LAW FIRM Payer ID: PAPER
Referring: LAW FIRM THE GALLIHER
Appointment Facility: Desert Institute of Spine Care

Progress Notes: Andrew M. Cash, MD

10/05/2017

Current Medications

Taking

Metformin HCl

Past Medical History

Diabetes

Surgical History

Denies Past Surgical History

Family History

Family Member: diagnosed with Diabetes

Social History

Tobacco Use:

Tobacco Use/Smoking

Smoking Status: current smoker

How many cigarettes a day do you smoke? 5 or less

Occupational:

Occupation History: The patient is currently working. Her duties include walking and

sitting.

<u>Drugs/Alcohol:</u>

Do you drink alcohol?: No.

Do you smoke marijuana?: Denies,

Miscellaneous:

Marital status: single.

Children: has 1 daughter.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

General/Constitutional;

Chills denies. Fatigue admits. Fever denies. Sweats admits. Weight gain admits. Weight loss denies.

ENT:

Hoarseness denies. Visual charges admits. Difficulty

Reason for Appointment

1. Neck and back

History of Present Illness

Todays Visit:

The patient is a 61 year old female who was involved in a slip and fall on 11/4/2016. The patient was walking through The Venetian Hotel when she slipped on a liquid that was spilled on the floor. She reports that both legs flew up in front of her and she landed on her back. Immediately after the fall she felt pain in her left elbow, neck, and back. She states that her pain is constant throughout the day. On average her neck pain is 6/10, 7/10 at its worst. On average her back pain is 5/10, 7/10 at its worst. She complains of numbness, tingling, weakness, and pain in her upper and lower extremities. The pain affects her ability to sleep and perform physical activity.

Current Treatment:

Pain Management, Chiropractic.

Prior Injuries::

None.

Vital Signs

Ht 5 ft 6 in, Wt 180 lbs, BMI 29.03 Index, RR 16 /min, Taken by aj.

Examination

General Examination:

GENERAL APPEARANCE: well nourished and hydrated. EYES/ENT: Pupil: Bilateral equal and direct reaction to normal light, normal conjuctiva and lids.

ENT inspection shows no scars, lesions or foreign bodies. Lips, teeth, and gums appear normal.

NECK, THYROID: No masses, symmetrical, no enlargement of thyroid.

NEUROLOGIC: Cranial nerves:

II Optic: Bilateral visual acuity

III Oculomotor: Normal pupillary constriction.

IV Trochlear: Normal bilateral.

V Trigeminal: Normal bilateral.

VI Abducens: Normal bilateral. VII Facial: Normal bilateral.

VIII Acoustic: Normal hearing betteral.

Patient: Sekera, Joyce DOB: 03/22/1956 Progress Note: Andrew M. Cash, MD 10/05/2017
Note generated by eClinicalWorks EMR/PM Software (cvviv.eClinicalWorks.com)

swallowing denies. Stuffed nose or sinuses admits. Sore throat denies. Respiratory:

Breathing problems denies. Frequent coughing admits. Blood in sputum denies. Sputum production denies. Cardiovascular:

Chest pain denies. Irregular heartbeat denies. Gastrointestinal:

Hemorrhoids denies. Ulcers denies. Painful bowel movements denies. Black stool denies. Abdominal pain denies. Blood in stool denies. Change in bowel habits denies. Diarrhea denies. Heartburn admits. Nausea denies. Voniting denies. Genitourinary:

Loss of urine denies. Blood in urine denies. Frequent urination denies. Kidney stones denies. Painful urination denies. Musculoskeletal:

Neck pain admits. Low back pain admits. Pain down the legs admits. Pain down the arms admits. Hip pain denies . Skin:

Easy bruising denies. Easy bleeding denies. Lumps under the skin denies. Rash denies. Neurologic:

Blackouts denies. Slarred Speech denies. Fainting denies. Headache admits. Loss of strength admits. Seizures denies. Stroke denies. Tingling/Numbness admits.

Tremor denies.

<u>Psychiatric</u>:

Tension denies. Memory loss admits. Anxiety denies. Depressed mood denies. Difficulty sleeping admits.

The patient's handwritten intake forms and information has been reviewed, documented, verified, & reconciled, through oral confirmation, and the type written dictation incorporated all information, representing the complete and corroborated historical and current account.

NEUROPSYCHIATRIC: Approprite judgement and insight, alert and oriented x_3 .

Associations-Intact.

 ${\bf Thought\ Processes/Cognitive\ Function-Approprite\ fund\ of\ knowledge.}$

Imaging Studies:

Results: Lumbar disc protrusion(s).

Time was spent with the patient reviewing imaging in the office today offering full explanations of the pathology therein, as well as different treatment options that could be provided for such pathological findings. As appropriate, the patient was shown illustrations and models for a better understanding of the condition as well as given literature. I reviewed with the patient the records, images, and diagnostic/therapeutic protocol in detail and to their satisfaction. Medical Records:

Records reviewed from:

Dr. Travnicek and Steinberg

Spine:

Lumbar:

There is painful extension, facet tenderness, and concordant facet loading.

There is bilateral paraspinal musculature pain and tenderness.

Muscle strength is 5/5 bilaterally.

Deep tendon reflexes are symmetrical.

Light touch sensation is intact.

The hip exam is unremarkable.

The sacroiliac joint exam is unremarkable

Assessments

1. Facet syndrome - M12.88 (Primary)

Treatment

1. Facet syndrome

Referral To:Pain Medicine Reason:lumbar RFA

Diagnostic Imaging

Imaging: CRV MINUMUM 4 VIEWS

Imaging: RADEX SPI LUMBOSAC MINIMUM 4 VIEWS

Disability/Prognosis/Causation

DISABILITY:

Lumbar restrictions: No repetitive bending, twisting, stooping crawling, climbin e^{r} -quatting, or lifting more than 10 pounds

Patient: Sekera, Joyce DOB: 03/22/1956 Progress Note: Andrew M. Cash, MD 10/05/2017
Note generated by eClinicalWorks EMR/FM Software (www.eClinicalWorks.com)

frequently or 20 pounds occasionally. PROGNOSIS:

Prognosis: Diminished without the recommended treatment..

Prognosis: The patient may experience future exacerbations as there is structural compromise to the spine and will require future treatment.

CAUSATION:

In my opinion the patient's symptoms which we are evaluating are directly related to the above mentioned accident(s). This opinion is based on patient's history, physical exam, diagnostic studies, and medical records provided. I welcome the opportunity to review any and all medical records regarding past or present treatment of the patient which could possibly reinforce or otherwise affect the above opinions. Final causation requires review of records .

Opioid Risk:

The risks of opioid medications were explained to the patient. The patient understands and agrees to use these medications only as prescribed. The patient agrees to obtain pain medications from this practice only. We have fully discussed the potential side effects of the medication with the patient. These include, but are not limited to, constipation, drowsiness, addiction, nausea, vomiting, impaired judgment and the risk of fatal overdose if not taken as prescribed. We have warned the patient that sharing medications is a felony. We have warned the patient against driving while taking sedating medications.

Procedure Codes

72050 X-RAY EXAM OF NECK SPINE 72110 X-RAY EXAM OF LOWER SPINE

Follow Up 4 Weeks

Electronically signed by Andrew Cash MD on 10/06/2017 at

Sign off status: Completed

09:49 AM PDT

Desert Institute of Spine Care 9339 W SUNSET RD

Patient: Sekera, Joyce DOB: 03/22/1956 Progress Note: Andrew M. Cash. MD 10/05/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

LAS VEGAS, NV 89148-4849 Tet: 702-630-3472 Fax: 702-946-5115

Patient: Sekera, Joyce DOB: 03/22/1956 Progress Note: Andrew M. Cash, MD 10/05/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



| Height: <u>5 6</u> | Weight: | / | |
|---|---------------------------|---|-----------------------------|
| Height: 3 6 What is your chief complaint? | Lower Bot | Weck/ARM F | xain/leapain |
| Mark on the body diagram hel within the body lines. Pay atte | ow where you are experien | icing any pain, numbriess or | |
| FRONT | June K | BACK |), |
| Right Night | Wisghing Area | | Right |
| IF YOUR INJURY RESULTED I How did impact happen? Please p | ROM MOTOR VEHICI | LE ACCIDENT: Date of acc | sident/injury:// |
| | | | |
| IF YOUR INJURY RESULTED F Describe what happened Be spe with anything during the fall? The wastian of Fell My Feel were up in FR | Shipped ON Lie | FALL: Date of accident/injun p on? What, body parts did your of hAT, 1395 CV en be A Thir The FL MHY JEST Si | ou land on? Did you collide |
| OTHER: | | | |
| Page 4 | | | |
| · ••• · · | | | JS614 |



CURRENT TESTS & TREATMENTS

| Have you had an | y of the following: | tests for your CURR | | LEM? | | | |
|--------------------|-------------------------------|------------------------------|-------------------|-----------------------|--|-------------|--------------|
| TEST: | BODY PART | (S): | | DATE | 1 | | |
| MRI | BRAIN. | UHBAR CERU | cal New | { | | | |
| CTSCAN | | | | | | | |
| X-RAY | /eSTA | RM | | | | | |
| OTHER | | | | | | | |
| Have you had an | y of the following | NON-OPEI | | EATMENTS CURRENT P | ROBLEM? | | |
| TREATMENT: | DOCTOR: | <u> </u> | BODY PAR | T(S): | но | W LONG: | |
| PHYSICAL THER | APY DA (| Jelder) | BACK | Legs, A | DHC : | 840 | |
| CHROPRACTIC | | velle | 10211-11 | | | | |
| OTHER | | | | | | | |
| Have you had an | | PAIN t treatment for your of | MANAGE CURRENT | | | ··· | |
| | | T DATE: | | 1376: | · <u></u> | | |
| DOCTOR TAN | vineuch | | | | | | |
| INJECTION(S) | In Transmit | | | | | | |
| - | | | · | <u> </u> | <u>.</u> ., | | |
| | | | <u> </u> | | | | - |
| Please list all me | dications you are | N CURRENTLY takin | | | | | |
| NAME: | | DOSAGE: | | JENCY: | REASO |)N: | |
| HeTfor | mun_ | Idail | 4 - | | | | |
| ······· | ······ | | <u> </u> | _ . | | | |
| | | | | | - | | |
| | ···· | | | | | | |
| Please list all de | nctors treating you | TRE for your CURRENT | ATING DO | | | | |
| DOCTOR NAME: | Table of the same of the same | LAST DAT | | TREATME | NT TVPE: | | |
| C 6/) T | } | | | | | | |
| DANKAR | | · | | | · <u></u> | | |
| <u> </u> | .,,, | | | - | | | |
| · | | | | | | | |

Page | 7



OTHER THAN THE INJURIES YOU ARE BEING SEEN FOR TODAY, HAVE YOU EVER HAD A SIGNIFICANT INJURY/PROBLEM TO ANY OF THE SAME BODY PARTS?

| 1 | | | | | | |
|--|---------------|----------------------|--------------------------|-------------|--|------------------|
| A//X | | _ | · | | . <u> </u> | |
| 1410 | | | | | | |
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| | | т | DEVIO | t TC was | NG 0 BY 5 . 60 | |
| | | 1 | KE VIO | OS TEST | IS & TREATMENTS | |
| ave you had any | of the follow | ing <u>tests</u> for | a PREVIO | OUS PRO | BLEM? | |
| TEST: | | BODY | PART(S) | : | DATE: | HOW IT HAPPENED: |
| /RI | | | | | | |
| TSCAN | <u>.</u> | <u> </u> | | | | |
| · D + T / | | | | | | |
| | | | | | <u> </u> | |
| | | | | | | |
| THER | of the follow | ing <u>non-ope</u> | NON-OPF | ERATIVI | E TREATMENTS a PREVIOUS PROBI | LEM? |
| THER | of the follow | | NON-OPE | nents for | E TREATMENTS a PREVIOUS PROBI PART(S): | LEM? HOW LONG: |
| THER IVEL LAGENY REATMENT: | росто | | NON-OPF rative treatr | nents for | a PREVIOUS PROBI | |
| THER IVALUATE LANGER OF THE PROPERTY OF THE P | У | | NON-OPF | nents for | a PREVIOUS PROBI | |
| THER IVEL LAGENY REATMENT: IVSICAL THERAP | У | | NON-OPI | nents for | a PREVIOUS PROBI | |
| THER EVALUATE INCENTS REATMENT: EVSICAL THERAP ERROPRACTIC CA | DOCTO | OR: | rative treatr | BODY N MANA | a PREVIOUS PROBI | |
| THER IVEYER PAGENTY REATMENT: INSICAL THERAP REOPRACTIC CA | DOCTO | OR: ment treatmo | PAI ent for a PR | BODY N MANA | a PREVIOUS PROBI PART(S): AGEMENT S PROBLEM? | |
| THER VEYOR VACANY REATMENT: VSICAL THERAP REOPRACTIC CA | DOCTO | OR: | PAI ent for a PR | BODY N MANA | a PREVIOUS PROBI | |
| THER VEYOR LANGERRY REATMENT: IVSICAL THERAP REOPRACTIC CA | DOCTO | OR: ment treatmo | PAI ent for a PR | BODY N MANA | a PREVIOUS PROBI PART(S): AGEMENT S PROBLEM? | |
| THER VALVE LAGENY LEATMENT: IVSICAL THERAP REOPRACTIC CA | DOCTO | OR: ment treatmo | PAI ent for a PR | BODY N MANA | a PREVIOUS PROBI PART(S): AGEMENT S PROBLEM? | |
| THER VEYOR LAGRANY REATMENT: IVSICAL THERAP REOPRACTIC CA | DOCTO | OR: ment treatmo | PAI ent for a PR | BODY N MANA | a PREVIOUS PROBI PART(S): AGEMENT S PROBLEM? | |
| THER VEYOR PAGENTY REATMENT: IVSICAL THERAP REOPRACTIC CA | DOCTO | OR: ment treatmo | PAI ent for a PR | BODY N MANA | a PREVIOUS PROBI PART(S): AGEMENT S PROBLEM? | |
| THER VALVE LAGENY LEATMENT: IVSICAL THERAP REOPRACTIC CA | DOCTO | ment treatmo | PAI ent for a PR | BODY N MANA | a PREVIOUS PROBI PART(S): AGEMENT S PROBLEM? | |





NECK PAIN: Only complete this page if you have neck pain.

PLEASE CIRCLE THE NUMBER THAT MOST APPLIES TO YOU IN ALL SECTIONS. SECTION 6: Concentration SECTION 1: Pain Intensity 0. I can concentrate fully when I want to with no difficulty. 0. I have no pain at the moment 1. I can concentrate fully when I want to with slight difficulty. 1. The pain is mild at the moment. 2. I have a fair degree of difficulty in concentrating when I want to. 2. The pain comes & goes & is moderate. 3.1 have a lot of difficulty in concentrating when I want to. 3. The pain is moderate & does not vary much. 4. I have a great deal of difficulty in concentrating when I want to. 4. The pain is severe but comes & goes. 5. I cannot concentrate at all. 5. The pain is severe & does not vary much. SECTION 7: Work SECTION 2: Personal Care (Washing, Dressing etc.) 0. I can do as much work as I want to. 0. I can look after myself without causing extra pain. 1. I can only do my usual work but no more. To can look after myself normally but it causes extra pain. 2. I can do most of niv usual work but no more. 2. It is painful to look after myself and I am slow & careful. 3.1 cannot do my usual work. 3. I need some help but manage most of my personal care. 4. I can hardly do any work at all. 4. I need help every day in most aspects of self-care. S. I cannot do any work at all. 5. I do not get dressed: I wash with difficulty and stay in bed. SECTION 8: Driving SECTION 3: Lifting 0. I can drive my car without neck pain. 0. I can lift heavy weights without extra pain. 1. I can lift heavy weights, but it causes extra pain. 1. I can drive my car as long as I want with slight pain in my neck, 2. I can drive my car as long as I want with moderate pain in my neck. 2. Pain prevents me from lifting heavy weights off the floor, but I can if 3. Leannot drive my car as long as I want because of moderate pain in my they are conveniently positioned, for example on a table. 3. Pain prevents me from lifting heavy weights, but I can manage light to neck. 4. I can hardly drive my car at all because of severe pain in my neck. medium weights if they are conveniently positioned. 5. I cannot drive my car at all. 4 I can only lift very light weights. 5. I cannot lift or carry anything at all. SECTION 9: Sleeping SECTION 4: Reading 0. I have no trouble sleeping. 0. I can read as much as I want to with no pain in my neck 1. My sleep is slightly disturbed (less than 1 hour sleepless). 1. I can read as much as I want with slight pain in my neck. 2. My sleep is mildly disturbed (1-2 hours sleepless). 2. I can read as much as I want with moderate pain in my neck. 3. My sleep is moderately disturbed (2-3 hours sleepless). 3. I cannot read as much as I want because of moderate pain in my neck. Decannot read as much as I want because of severe pain in my neck. 4 My sleep is greatly disturbed (3-5 hours sleepless). 5. My sleep is completely disturbed (5-7 hours sleepless). 5. I cannot read at all because of neck pain. SECTION 10: Recreation SECTION 5: Headache 0. I am able to engage in all recreational activities with no pain in my neck 0. I have no headaches at all. 1. I have slight headaches that come infrequently. at all. 1. I am able to engage in all recreational activities with some pain in my 2.1 have moderate headaches that come in-frequently. neck. 3. I have moderate headaches that come frequently. 2. I am able to engage in most, but not all, recreational activities because 4. I have severe headaches that come frequently. 5. I have headaches almost all the time of pain in my neck. 3. I am able to engage in only a few of my usual recreational activities because of pain in my neck. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at ail. Sexual Activity Please place a check mark next to the statement that applies to you: I am able to perform sexual activity when I want with no pain I can perform sexual activity with little pain Lean perform sexual activity but it increases my pain level gan hardly perform sexual activity because of my pain annot perform any sexual activity because of my pain NECK, ARM OR SHOULDER PAIN: Please circle your pain level 0 = No Pain, 10 = Worst possible pain What is your AVERAGE: No Pain 1 What is voor WORST: No Pain 1 2 3 4 5 6 7 8 9 10 Werst Pain

What makes pain feel worse? (Circle all that apply) Work, sit, stand, walk, lie down, daily activity, How much did these treatments help your pain? Physical therapy % Chiropractic ____ % Injections ___ % Surgery __ % If you have neck AND ann pain, which is worse (or they about equal)? Neck - HOTE Page | 5 **JS617**



Phone: 702-630-3472 Fax: 702-946-5115 (h)

BACK PAIN: Only complete this page if you have back pain PLEASE CIRCLE THE NUMBER THAT MOST APPLIES TO YOU IN ALL 10 SECTIONS SECTION 1: Pain Intensity **SECTION 6: Standing** 0. I have no pain at the moment. 0. I can stand as long as I want without pain. 1. The pain is mild at the moment, 1. I have some pain on standing but it does not increase with time. 2. The pain comes & goes & is moderate. 2, I cannot stand for longer than I hour without increasing pain. The pain is moderate & does not vary much. (22) cannot stand for longer than 1/2 hour without increasing pain. 4. The pain is severe but comes & goes. 4. I cannot stand for longer than 10 minutes without increasing pain. 5. The pain is severe & does not vary much. 5. I avoid standing because it increases the pain immediately, SECTION 2: Personal Care (Washing, Dressing etc.) SECTION 7: Social life Q. I can look after myself without causing extra pain. 0. My social life is normal and gives me no pain. Lifean look after myself normally but it causes extra pain. 1. My social life is normal but it increases the degree of pain 2. It is painful to look after myself and I am slow & careful. 2. Pain has no significant effect on my social life apart from limiting my 3. I need some help but manage most of my personal care. more energetic interests, for example, dancing, etc., 4. I need help every day in most aspects of self-care. 3 Pain has restricted my social life and I do not go out very often. 5. I do not get dressed; I wash with difficulty and stay in bed, 4. Pain has restricted my social life to my home. 5. I have hardly any social life because of pain SECTION 3: Lifting SECTION 8: Driving 0. I can lift heavy weights without extra pain. I get no pain when traveling. 1. I can lift heavy weights, but it causes extra pain. 1. I get some pain when traveling but none of my usual forms of travel 2. Pain prevents me from lifting heavy weights off the floor, but I can if make it any worse. they are conveniently positioned, for example on a table. 2. I get extra pain while traveling but it does not compel me to seek 3. Pain prevents me from lifting heavy weights, but I can manage light alternate forms of travel. to medium weights if they are conveniently positioned. I get extra pain while traveling which compels me to seek alternate 47 can only lift very light weights. forms of travel. 5. I cannot lift or carry anything at all. 4. Pain restricts me to short necessary journeys under ½ hour. 5. Pain restricts all forms of travel. SECTION 4: Walking SECTION 9: Sleeping 0. I have no pain on walking. 0. I have no trouble sleeping. 1. I have some pain on walking but it does not increase with distance. 1. My sleep is slightly disturbed (less than 1 hour sleepless). 2. I cannot walk more than I mile without increasing pain. 2. My sleep is mildly disturbed (1-2 hours sleepless). 3. I cannot walk more than 1/2 mile without increasing pain My sleep is moderately disturbed (2-3 hours sleepless). (4) cannot walk more than 1/4 mile without increasing pain 4 My sleep is greatly disturbed (3-5 hours sleeploss). 5. I cannot walk at all without increasing pain. 5. My sleep is completely disturbed (5-7 hours sleepless). SECTION 5: Sitting SECTION 10: Recreation 0. I can sit in any chair as long as I like. 0. My pain is rapidly getting better. 1. I can sit only in my favorite chair as long as I like. 1. My pain fluctuates but is definitely getting better. Pain prevents me from sitting more than I hour. Pain prevents me from sitting more than 1/2 hour. My pain seems to be getting better but improvement is slow. 3. My pain is neither getting better or worse. Pain prevents me from sitting more than 10 minutes. 4. My pain is gradually worsening. I avoid sitting because it increases pain immediately. 5. My pain is rapidly worsening. Sexual Activity Please place a check mark next to the statement that applies to you; am able to perform sexual activity when I want with no pain l can perform sexual activity with little pain I can perform sexual activity but it increases my pain level 🔊 can hardly perform sexual activity because of my pain I cannot perform any sexual activity because of my pain BACK OR LEG PAIN: Please complete the following: Please circle your pain level 0 = No Pain, 10 = Worst possible pain What is your AVERAGE: No Poin What is your WORST: No Pain What makes pain feel worse? (Circle all that apply) Work, sit, stand, walk, He down, daily activity, How much did these treatments help your BACK pain? Physical therapy 40% Chiropractic 1/0% Injections % Surgery & % If you have back AND leg pain, which is worse (or they about equal) Page | 6



| Review of Systems- Have you been experien | cing any of | the following | g in the last month? Circle all that apply |
|--|-----------------------------|------------------------|---|
| General: Fever, Chills, Swcats, Fatigue, Weig | ht Gain, We | ight Loss, | |
| Gastrointestinal: Nausea, Vomiting, Change Ulcer, Heartburn, Painful bowel movements, | in bowel hab Abdominal p | its, Blood in pain. | Stool, Black Stool, Hemorrhoids, Diarrhea, |
| Neurologie: Weakness, Numbness, Fainting, S | Seizure, Strok | te, Blackout, | Headache, Tremors, Slurred Speech. |
| Genitourinary: Loss of urine, Frequent Urinati | on, Painful L | rination, Blo | ood in urine, Kidney Stones. |
| Psychiatric: Depression, Anxiety, Tension Me | mory loss, | ifficulty slee | eping. |
| Musculoskeletal. Low back pain, Neck pain, | lip Pain,(Pair | i down Legg | Pain down Arms. |
| Skin: Rashes, lumps under the skin, easy bruis | ing, easy blo | eding. | |
| Eyes/Ears/Nosc/Throat/Mouth: Sore throat, di | fficulty swall | owing, stuffe | ed nose or sinuses, hourseness, visual changes. |
| Cardiovascular: Chest pain, skipped or irregula | | | |
| Respiratory: Trouble breathing, frequent cough | ing, product | ion of sputun | n, blood in sputum. |
| ALLERGIES: Please list the allergy below al | | | • |
| Allergy: React | ion: | | |
| | YES | NO | EXPLAIN |
| DO YOU SMOKE | | | Figlay |
| DO YOU DRINK ALCHOL | | V | |
| DO YOU USE ILLEGAL SUBSTANCES | | | |
| ARE YOU MARRIED | | | |
| DO YOU HAVE CHILDREN DO YOU USE RECREATIONAL | 1 | <u></u> | 1 haughte e |
| SUBSTANCES | <u> </u> | $\perp V$ | |
| DECUPATIONAL HISTORY: Describe your DEMANDS (how much weight do you lift, how most bothersome or painful activities: (L) ORIGINAL HISTORY: Describe your painful activities: (L) ORIGINAL HISTORY: Describe your painful activities: (L) ORIGINAL HISTORY: Describe your painful do you lift, how much weight do you lift, how much weight do you lift, how much weight do you lift, how much weight do you lift, how much weight do you lift, how much weight do you lift, how much weight do you lift, how much weight do you lift, how much weight do you lift, how much weight do you lift, how most bothersome or painful activities: (L) ORIGINAL HISTORY: Describe your painful activities: | often and ho | w long) and I | work with focus on your MOST PHYSICAL how long do you sit, stand, and what is are the |

MEDICAL HISTORY: Please indicate if YOU have had any of the conditions listed below:

| CONDITION | | EXPLAIN |
|---------------------|----|---------|
| DIABETES | | |
| HIGH BLOOD PRESSURE | NO | |
| KIDNEY DISEASE | NO | |
| CANCER | NO | |
| OTHER. | NO | |

FAMILY HISTORY: Please indicate if a BLOOD RELATIVE has a history of the following:

| CONDITION | | EXPLAIN | . " |
|---------------------|----|----------|-----|
| DIABETES | | Dad | |
| HIGH BLOOD PRESSURE | NO | | |
| KIDNEY DISEASE | NO | | |
| CANCER | NO | | |
| OTHER | | <u> </u> | |

PAST SURGICAL HISTORY: Please mark all surgical procedures and implantable devices you have had:

| ABI | DOM | INAL |
|-----|-----|------|
|-----|-----|------|

CERVICAL

METAL IMPLANT

APPENDIX

LUMBAR

PAIN PUMP

GALLBLADDER

THORACIC

ROD(S)

HERNIA

SHOULDER

SHRAPNEL OR BULLET

AORTIC ANEURYSM

DEFIBRILLATOR

SCREW(S)

CAROTID

PACEMAKER

PLATE(S)

BYPASS

VALVE

OTHER

VEIN STRIPPING

THYROID

THAVE HAD NO SURGERIES

NA

| Page ! | 9 |
|------------|---|
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Financial Policy, Assignment of Benefits, HIPAA, and Medication Policy Signature Form I, the undersigned patient, assign payment (s) directly to Desert Institute of Spine Care or DISC; Dr. Andrew Cash. I also authorize this office to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions whether manual or electronic. I acknowledge that payment is due at the time of treatment, I accept full-financial responsibility for all charges not covered by insurance. Certain tests may be ordered by Dr. Cash such as X-rays and or toxicology screens. I agree to be financially responsible for these services should they be considered "non-covered", "out of network" or not medically indicated by my insurance company. As a courtesy referrals will be sent out according to the physicians recommendations, it is my responsibility to verify that these providers are within my insurance network. I understand that DISC is not responsible for charges incurred or treatment performed on an out of network basis. If my treatment is involved in a lien, it is my responsibility to notify the office if there are any changes in legal representation. If my treatment is involved with a work related injury and Dr. Cash is to file Workman's Compensation claims on my behalf, I authorize the doctors and staff to discuss plan of treatment, care and appointment information with claims payers and/or case workers. There will be a charge of \$50.00 for All NO Show Appointments or cancellations less than 24 hours prior to the scheduled appointment time. There will be a charge of \$50.00 for all returned checks. If my account becomes delinquent and referred to a collection agency, I will be responsible for the costs of collection and/or legal fees. There will be an interest (initial) I hereby assign Andrew M. Cash MD, their charge of \$50.00 for all delinquent payments at time of service._ Physician Assistants, and surgical technologists any or all benefits for surgical and medical care. I also authorize release of (initial) information to secure payment. A photocopy of this assignment is to be considered as valid as the original. Putient name Agreement as to resolution of concerns: KeRD (patient name). "Physician" Andrew M. "I", "Patient/Guardian" shall be understood to mean ______ Cash M.D. Desert Institute of Spine Care. Further, I understand that I am entering into a contractual relationship with Physician for professional care. I further understand that meritless and frivolous claims for medical malpractice have an adverse effect upon the cost and availability of medical care, and may result in irreparable harm to a medical provider. As additional consideration for professional care provided to me by Physician, I, the patient/guardian and/or my representative agree not to advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of medical malpractice against Physician. Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I ____ (patient name) and/or my representative agree to use American Board of Orthopaedic Surgery Layce DeKerA (ABCS) board-certified expert medical witness (es) in the same specialty as Physician. Furthermore, I agree that these expert witnesses will be members in good standing of and adhere to the guidelines and/or code of conduct defined for expert witnesses by the Clark County Medical Society. Should I initiate or pursue a meritorious medical malpractice claim against Physician, I agree to use as expert witnesses (with respect to issues concerning the standard of care), only physicians who are board certified by the American Board of Medical Specialties in the same specialty as the Physician. Further, I agree that these physicians retained by me or on my behalf to be expert witnesses will be members in good standing of the North American Spine Society and American Academy of Orthopaedic Surgeons. I agree the expert(s) will be obligated to adhere to the guidelines or code of conduct defined by the North American Spine Society and American Academy of Orthopaedic Surgeons and that the expert(s) will be obligated to fully consent to formal review of conduct by such society and its members Clark County Medical Society. In further consideration for this, Physician agrees to the same stipulations, Patient/guardian and Physician acknowledge that monetary damages may not provide an adequate remedy for breach of this Agreement. Such breach may result in irreparable harm to Physician's reputation and business. Patient/guardian and Physician agree in the event -sciffic performance and/or injunctive relief, in addition to monetary damages. of a breach to allow Parient or responsible party signature Effective date of treatment Physician signature Page ! 11 JS621



PLEASE CHOOSE ONE:

| Primary Insurance Co. Na | <u>Insurance only</u> me: | |
|---|--|--|
| Insured Name: | | sured Social Security # |
| | Signature; | |
| I also have an attorney represe | enting me; the attorney information is: | |
| Attorney name: | Law Firm: | |
| I understand by using my priv | | in Attorney, I will be responsible for payment at |
| Signature: | | |
| | | |
| I <u>DO NOT</u> have health insurance below: | Lieu Only e. Therefore, mease bill all of my office v | risits and or charges directly to the attorney listed |
| Attorney name: Keith | CALLER LAW Firm: GOLD | iher Date Of injury: 1/4/6 |
| Print Name: Jayce So | KERA Signature Lyco | Spend 174/16 |
| | Waiving insurance/ Attor | |
| I have health insurance; the naminsurance. Therefore, please bil Attorney name: ReiTh (| e of my insurance is: Med CO Lall of my office visits and or charges directly Law Firm: Go | however I choose not to use my health ectly to the attorney listed below: Date Of injury: |
| Print Name: Jouce S | Ker A Signature Joy | |
| | Worker's Compensati | on: |
| I have a Work Comp claim; | | |
| Company name | laim Number | Date of Injury |
| Adjuster Name | Adjuster Phone | ı |
| Page 12 | | |



| Social Media Site Used: [] Facebook [] Twitter [] Pinterest [] Instagram [] Other: |
|--|
| Referring Source: |
| Patient Name: Seker Joyce Pirst Name Middle Address: 7840 Nestwo Pive PL Las Voyas Name Country |
| Phone: Home (X) City State Zip code Country Cell (702) 467-5457 Email: Lyce Selectic Jahro, COM |
| Employer Phone: ()Employer Name: |
| Sex: (circle one) Female Male Date of Birth: 3 122156 Social Security Number: 97 - 48 - 8430 |
| Ethnicity: Gogasine Decline Race: White Decline D |
| Spouse NA Last Name, First Name DOB Social Security # |
| Employer Name:Employer Phone: (|
| Emergency contact: MARISSA FROMANKelationship: Jan Feb. Phone: 702(525-9001) |
| Primary Insurance Co. Name: Insured Name: Insured DOB: |
| |
| Insured Social Security # - Policy ld# Group# |
| · |
| Insured Social Security # - Policy ld# Group# Secondary Insurance Co. Name: Insured Name: Insured DOB: Insured Social Security # - Policy Id# Group# Worker's Compensation: |
| Insured Social Security # - Policy 1d# Group# Secondary Insurance Co. Name: Insured Name: Insured DOB: Insured Social Security # - Policy Id# Group# Worker's Compensation: Company Name Address |
| Insured Social Security # Policy Id# Group# |
| Insured Social Security # Policy ld# Group# |
| Insured Social Security # Policy Id# Group# |
| Insured Social Security # Policy Id# Group# |

Page | 1

J\$623



X-RAY CONSENT: During the duration of your care, the doctor may feel that x-rays will be needed in order to diagnose your condition. In order to perform x-rays on any patient our office requires the patients consent. I understand that my doctor may need x-rays in order to diagnose my condition. I give permission of all needed diagnostic tests. With full understanding of the above and believing that I am not currently at risk. I understand that if I am pregnant and have x-rays taken which expose my lower torso to radiation, it is possible to injure the fetus. I have been advised that the ten (10) days following onset of a menstrual period are generally considered to be safe for x-ray exams. With those factors in mind, I am advising my doctor that I am NOT pregnant. I wish to have an x-ray examination performed today if requested by my doctor will be responsible for any balances due and owing if payment for x-rays is denied.

Signature Patient/Responsible Party NARCOTIC AGREEMENT: Andrew M. Cash MD is dedicated to providing you the best treatment we possibly can. For Dr. Cash to prescribe you pain medication, we require that you read and follow our narcotic contract. Dr. Cash does not prescribe long term narcotic pain medication, if you have ongoing pain that requires chronic pain medication you will be referred to a pain management specialist for all narcotic medication needs. The following medication policy is intended for the safety of our patients and to limit the chance of drug interactions and abuse. I am currently not abusing prescription or nonprescription drugs, and I am not undergoing treatment for addiction or substance abuse. I certify that I have disclosed to my physician any past diagnoses or treatments of psychiatric conditions, drug or alcohol abuse. I agree that while I am being treated with narcotic medication I will abstain from alcohol use. I understand the dangers involved in using alcohol while also taking narcotic medications. I have never been involved in the sale, illegal possession or transport of controlled substance such as narcotic, sleeping pills, pain pills or other illegal substances. I agree to only use one pharmacy for filling of prescriptions, and will supply Dr. Cash with name and number of pharmacy. I agree to allow Dr. Cash to communicate with referring physicians and pharmacists and the Drug Enforcement Agent (DEA) regarding my medications. I understand that Practitioners are required to obtain a PMP Report before Initiating Some Prescriptions for a Controlled Substance. Section 16 of the bill amended the applicable statute, NRS 639.23507(1), such that practitioners are now obligated to obtain a PMP report before "initiating" a controlled substance prescription in most cases. Obligation arises where: 1. prescription is for a controlled substance listed in schedule II, III or IV, and 2. patient is a new patient of the practitioner; or 3. Prescription is for more than 7 days and is part of a new course of treatment for the patient. I agree to take my medications as prescribed; I will not alter my dosage or timing of medications without consulting Dr. Cash. I certify that I am not pregnant, and will stop taking nurcotic medications if I become pregnant. I agree to have a urine or blood test done randomly at my physician's request. I understand that lost, stolen or misplaced prescriptions or medications will not be replaced unless you provide proof that a police report has been filed. I understand that narcotic medication may cause drowsiness. If I feel impaired, I will not operate a car or potentially dangerous machinery. I understand that due to the nature of some medications (such as Class II) medications cannot be called

| in to the pharmacy. If I deviate from the above guidelines, I understa | and that I will not receive any more modifications for |
|--|--|
| Andrew M. Cash, MD and could result in my termination of care. | and the receive any more integreations from |
| Jaca Sakara | Date: 10/5/17 |
| Patient/Responsible Party | / / |
| Gonzal Mucine | Date: [0/5/17 |
| Signature Witness | |
| I DO NOT agree to the narcotic agreement, therefore I will NOT | receive any medications from Andrew M. Cash MD Date: |
| Signature | |
| PHARMACY: Please list the name, address and phone number | of your pharmacy. |
| Name: WOLGROENSPHARMAY | |
| Address: 7755 N. DURAN 90 | |
| Phone Number (702) 396-4728 | · |
| Page 2 | |



Patient Name: Seiters, Jayce P DOB: 22-Mer-1956 ID: 790179.0 Study Date: 21-Dec-2016 18:56

Final Report ARR Mri Lumbar Spine Without

Patient: Joyce P Sekera 1888 9: 790179.0 Pt. 108: 63/22/1955 Pt. 382: Fomale

Physician: Jordan Mobber DC 28:, Fax: (702) 463-9772 Dr. Phone: (702) 463-9508 Dr. Addr.: 7810 W Ann R4 Ste 110 Las

Wegae, MV 89149

Date of Service: 12/21/16 Cc:

9DMI Location: CH Cc:

MRI IMMBAR SPINE WITHOUT IV CONTRAST

CLINICAL HISTORY:

Lower back pain secondary to fall 2011 415. Bilateral arm and log pain and mumbrees as well as weakness.

TECHNIQUE:

Multiplanar imaging is performed without IV contempt, 148 images.

FINDINGS:

The comus meduliaris is in normal position with normal signal. Formal lumber vertebral body height, signal and alignment with discognic endplate changes at L2, L3, minimally at L6 as well as at L5. Disc desiccation throughout the lumber spine with normal disc space height.

At T12-L1, no disc bulge or camel stemosis. No neural foraminal narrowing.

At 1.1-2, mild disc bulge without canal stancers. AP dimension of the canal at this level 12 mm. No neural foraminal narrowing.

At 1.2-3, coinimal approdylogis and disc bulge with AP dimension of the canal at this level 12 we without canal stenders. No neural forminal BAKESWING.

At L3-4, mild disc bulge with AP dimension of the canal at this level 11 mm without canal stangers. We named foraminal narrowing. Mild Capat and ligamentum Clavom hyportrophy bilatomally.

At L0-5, left paracentral disc bulge with annular finguring. Ab dimension of the canal at this level 11 mm without canal standers. Pacet and ligamentum flavom hypertcophy bilaterally. We neural foraminal energaelment.

At L5-81, central disc bulge with facet hypertrophy bilaterally. AP disension of the canal at this lovel 10 mm without canal stangers. We neural formainal narrowing noted. There is note made of a synomial coat measuring B mm extending posteriorly of the left facet joint into the paraspinous empeulature without neural impingount.

IMPRESSION:

Multilevel lumber degenerative disc disease with disc bulges extending from L1-2 through L5-91. Annular figuring at L4-5. We canal stenoois or neutral formanial narrowing at any level. There is note made of facet and ligementum flavom hypertrophy at multiple levels.

JS625

https://www.sdmiradpoint.com/wpp/ShowReport.asp

10/5/2017

Parient Portfolio Page 2 of 2

Interpreted by: Saul Ruben 80.D. 12/22/2016 8:47 MM

Electronically approved by: Saul Ruben, M.D. Date: 12/22/16 08:41

Signed by: Ruben, Seul Signed on: 22-Dec-2016 08:41

J\$626

10/5/2017

Patient Portfolio Page 1 of 2



Patient Name: Bakars, Joyca P DOB: 22-Mar-1956 ID: 790179.0 Study Date: 21-Dec-2016 18:40

Final Report MR Mri Cervical Spine Without

Patient: Joyce P Sekera 9DMI #: 790179.0 Pt. IOR: 03/22/1956 Pt. Sex: Febale

Physician: Jordan Mebber DC Er. Fax: (702) 453-9772 Dr. Phone: (702) 453-9508 Dr. Addr.: 7816 W Ann Rd Ste 110 Lag Wegas, WV 89149

Date of Service: 12/21/16 Cc:

9TMI Location: CH Ĉc:

MRI CERVICAL SPINE RETRICHE COMPRAST

CLINICAL HISTORY:

Nock pain and bilateral arm numbrage, pain, weakness

TECHNIQUE:

Tl sagittal, T2 sagittal and axial T2 images were obtained. 117 images.

COMPARISON:

Коле

FINDINGS:

Those is mild distrocurvature centered at CS-7. There is straightening of the corvical lordesis. Vertebral bodies are normal in alignment. Vertebral body heights are maintained. Hone marrow signal is normal. Spinal cost is normal in signal. The paravertebral soft tissues appear unresarkable. The intervertebral discs throughout the cervical spine are desicested without significant loss of height.

C2-3: No disc bulge, spinel canal or neuroforaminal stangers.

C3-4: We disc bulge, spinal canal or neuroforaminal stangers, Hild bilateral facet hypertrophy.

C4-5; No disc bulge, spinal canal or neuroforaminal stenosis. Mild left uncovertabral arthropathy. Mild bilateral facet hyportrophy.

C5-6: Mild broad disc protrusion. Spinal canal AP diameter of 12 cm. Bilateral facet hypertrophy. Bilateral uncovertebral arthropathy. Mild left greater than right neuroforaminal stenosis.

C5-7: Mild beead disc protession, Spinal canal AP dismeter of 10 mm. No significant neuroforzeinal stenosia.

C7-T1: We disc bulge, spinal canal or neuroforaminal stenosis.

IMPRESSION:

JS627

https://www.sdmiradpoint.com/wpp/ShowReport.asp

10/5/2017

Patient Portfolio Page 2 of 2

Mild multilevel degeneration. Mild neuroforaminal stemosis at C5-C6. No spinal canal stanges throughout. Wild dextrocurvature. Straightening of the cervical lordosis which may be seen with muscle space.

Interpreted by: Sarah Kyo MD 12/22/2016 8:20 AM

Electronically approved by: Sarah Nym MD Date: 12/22/16 10:47

Signed by: Kyrn, Sarah E. Signed on: 22-Dec-2016 10:47

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): Bupivicaine (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

PROCEDURE NOTE

VALLEY VIEW SURGERY CENTER 1330 S. Valley View BAIL Las Vegas, NV 89102 702-675-4600 702-675-4604 fax

PATIENT: Joyce P Sekers DOB: 3/22/1656

SURGEON: Katharing D Travelook LED

Date of Service: May 8, 2017

DIAGNOSIS

M54.5 LOW BACK PAIN

MATS 17 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 concent was obtained and verified. The procedure was explained indetail. The major risks of the procedure were explained to the patient including but not limited to bleeding, infection, blood clots, epinal headache, incressed pain, damage to nerves and structures of the neckback that can result in temporary or permanent pain, weakness or paralysis, to a of bladder or bowel control, allergic or other reactions to medication equiring resuscitation, air in the total requiring chest tube, setzure, stroke or death. Injection of contrasteroids can potentially cause suppression of the adverse stand damage to bone, tissues or eyes. Transport fluid relation is common. The patient indicates understanding and accepts the risks.

MOCATION: This is a depres be intection.

PROCEDURE(S) PERFORMED: PLUOROSCOPICALLY DIRECTED DIAGNOSTIC FACET JOINT MEDIAL BRANCH BLOCKS BILATERAL LE-ST WITH CONSCIOUS SEDATION

The patient was positioned prone. Standard monitors were connected including pulse extractry, NEP and EKG. Supplemental Oxygen was (then as needed. The sidn was propped with a sierile surgical grep limes those. Startle drapes were applied. Mediculous sterile technique was mointained. The akin and autocutateous floruse were anosthelized with TA lidecaine. Next, under direct fluoroscopic guidence, a styletted spinal readle was inserted perculansously and directed to the lateral base of the superior adicataling process at corresponding to each nerve to be aneathetized. Each alle was then injected with contrast to confirm location and to rule out infravencetar injection. Each alle was then bjected. All injected medicators were preservative free injection was made alouty after negative activation for blood. The needed were deared of injectate and removed. The patient identical his procedure well. Vital signs remained states and there were no complications. The patient was taken to the recovery area and monitored until discharge orderia were met. The patient was given discharge instructions. instructions to contact me with any questions or concerns following this procedure. Policy-up instructions were given. The patient was then decharged alors oriented to higher other.

SEDATION (medications tiraled to effect): Albriant Midazotam

CONTRAST: Omnipaque

NUECTATE (each allo): Liliocaine (pf) 2% final concentration 0.5 ml injected into each alle.

PROCEDURE NEEDLE: 22g Quinks

POST-PROCEDURE PAIR: 100% reduction in usual pain.

Electronically signed by KATHERINE TRAVNICEK Date: 5/08/2017 Time: 13/38:07

PROCEDURE NOTE

VALLEY VIEW SURGERY CENTER 1330 S. Valon View Bivs. Lan Vogas, NV 89102 702-875-4600 702-875-4604 fax:

PATENT: Joyce P Sekera

DOB: 3/22/1956

SURGEON: Kalherine D Travnicek MD

Date of Service: March 9, 2017

DIAGNOSIS

M54.5 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY /SPONDYLOSIS

hir-OrdnieD COnsident: Medical history was reviewed with the polient 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 take of the procedure were explained to the patient incisions but not limited to bleeding, infection, blood dots, splinal headache, increased pain, damage to nerves and sinustance of the neckback that can result in temporary or permanent pain, wasteness or paralysis, loss of bladder or bowel control, allorgic or other reactions to medicale; must require, as in the sing requiring chest tube, seture, stroke or death. Injection of conficultations can potentially cause suppression of the advental pland and damage to bone, tissues or eyes. Transfert fluid retention is common. The patient indicates understanding and accepts the rists.

INDICATION: This is a disgnostic and therapsulic injection.

PROCEDURE(S) PERFORMED: FLUOROSCOPICALLY DRECTED FACET JOINT BUJECTION(S) SILATERAL L6-S1
The patent was positioned prone. Standard monitors were connected including pulse collectly, NEP and BCS. Supplemental Owgen was given as needed. The sidn was prepared with a sterile suggical prep lines three. Statis drapes were applied. Medicalcus sterile ischnique was meinteined. The sidn and subcutsneously and directled with 11% fidocalne. Next, under cirect fluoroscopic guidance, a shielded procedure meetle was insented progutaneously and directled to the position aspect of each facet joint to injected with contrast to confirm flow into the joint and to rule out intravezablar or intraffical injection. Each joint was then injected. All injected medicallons were preservable free, injection was rasde along after negative application for blood and carebrospinal fluid. The needles were deared of injectale and removed. The patient interaction were no instructions. The patient was taken to the recovery area and manifored until discharge critists were met. The patient was given discharge instructions including instructions to contact me with any questions or concerns following this precedure. Follow-up instructions were given.

The patient was then discharged start, criented to higher others.

CONTRAST: Omnipaque

INJECTATE (each alle): Decemelhaone 4 mg (pf) in Marcaine (pf) 0.5% final concentration. 1 millipeded into each alle. PROCEDURE NEEDLE: 22s Quinke

POST-PROCEDURE PAIR: 100% extuction in usual pain.

Electronically signed by KATHERINE TRAVPICEK Date: 5/09/2017 Time: 11:21:44

PAIN INSTITUTE OF NEVADA

7426 W. Abura Drive, Sta 190 Las Vegns, NY 69130 Tel: 702-878-8252 Fax 702-678-6086

CARRICH MINT

Balla of Sandon Colobar 29, 2017

Polient Name: Joyce P Sakara Palient DOB: 3/22/1968

PAIN COMPLAINTS

Nack Low back

Joyce returns locky for follow up. She was trying to smold the RFA but her back pain is bad anough now she wants to proceed. VAS is a 6 today. She say that pain is in the same location, done not radiate down her legs, and leaks actly, sharp, and shooting at times. She came in to discuss the RFA and somes to received

INTEREM HISTORY

Mospilelizations or ER visits. Mone Changes in health: None Problems with medications: None Obtaining pain made from other physicians: Poliant during. New Inferior or MIVA's: No Work Status: Unable to work due to pain Therapy: Plie not committy receiving physical or chiroceactic therapy.

MAGNIGITESTING

MRI brain without contrast Report dated 12/18/2018

Brain normal for age.

BERI cervical spine without contrast: Report dated 12/21/2016

Midd de infrocurve lure with draightening of carvical birdosis.
C3-6: Mild bilateral facel hypertrophy.
C4-6: Mild bilateral facel hypertrophy. Mild tell uncovertebral arthropathy.
C5-6: Mild disc protrusion with mild bilateral facel hypertrophy. Bilateral incovertebral arthropathy with mild bilateral facel hypertrophy. Bilateral incovertebral arthropathy with mild bilateral facel from mild bilateral face elle nor

CS-7: Mild broad disc profession AP dismeller spinal canal 18 mm.

MRI fumber spine without contrast: Report dated 12/21/2018

L.1-2: MBd disc bulge:

L2-2: Minimal sponsylosis and disc bulge.

L3-4: Mild dista bulge with mild facet and ligamentum flavors by perforphy biliderally. AP dimension of the aphablicated 1 min.

L4-5: Left paracontrat disc builds with an ruter liseuring. Assessment and ligamentum liseurs hypertrophy biteleratly. AP dimension spinal canal 11 mm. L5-S1: Central disc builds with lacet hypertrophy biteleratly. AP dimension spinal canal 10 mm.

PROCEDURES

03/09/2017 FJ B L681 Poel injection: Complete a solution of your pain Sustained: No relief of usual pain.

05*X*146701 7

MBB B L681 Poet Interfer: Complete Resolution of usual pain.

Sustained: 2 days at 100% relief then pain returned.

BEDICAL HISTORY Disheles type 2, HBA1C 8.6

ALLENG ES

No known drug allergies

MEDICATIONS

Malicomin 1 (ablat daily

SURGECAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Status: Single / not maked , has children , lives with lamily Occupation: Customer service / Unemployed

Highlis: The peliant emokes remay. The peliant does not drink. The peliant decies recreational drug use.

.18632

SYSTEMS REVEW

Constitutional Symptoms: Fallaus

Visual: Naga Bro ENT: Negative

Cardiovascular: Negativa Retainston: Negative Gestrointestinet Negative Geniturinary: Negative Endocrine: Negative Musculodialistic San HPI Naturological: Nagaibre Hereal alogic: Negative Integumentary: Negative Psychological: Incomole

WITAL SIGNA

Height BEICE behave Weight 202.00 Pounds Blood Press: 118/78 mmHg Didge At BOLL Postoira Bont: 16 RPM

PAUL 32 ft. Paire 05

PHYSICAL EXAMINATION GENERAL AFTE ARANCE Appearance: Mild discombint

Transition: Normal

Ambiliellon: Palient can ambile le will out a seiglance.

Gelf. Gali is normal

LIMBAR SPAIR

Terreinvessa: Moderate fendemess noted bilateral lower fundar apline. Spaner: Mild spaner is noted in the persivers best mucoulabre. Forcet Tendermans: Face Licin Llandermans is noted bilateret 15-81 Solvious Fenderness: Spinous processes are non-lander. ROLL RES ROM with path. Straight Leg Raising: Nagative at 90 day bitalerally. Does not produce redicate pain.

PSYCHOLOGICAL EXAMPLATION Orientation: The patient is start and oriented x3. No sign of impairment. Mond/Affect: Mond is normal. Full effect.

Thought Process Intact. Memory: Intoct. tration: Inlact. Sciolai idealor: None.

CLACKETER

MAG ALLOW BACK PARK

M47.617 LIMBOSACRAL FACET JOINT ARTHROPATHY / SPONOVLOSIS

Redictional Rhizolomy

The police! received extension counseling recentling radiolinguality this plants of the procedure to be performed was applicated in detail using skullated and anatomic model. The patient understands that RFR is a neurodealisuolive procedure intended to cautistize nerves for poin relief. It is expected that the nerves will re-generation 0-24 months and repeal RFR would be needed if the pain returns. The type of sadation to be used was explained at well. All quations were answered.

Informed Consent: The procedurate) was reviewed with the patient in debit using a similal structed. All guestions were answered. The rich were reviewed and include but are not limited to braness in pain, blanding, infection, discille, damage to nerves, spinel cord, sinuctures of the rest and back, spinel headache, reaction to madication, loss of sirvety, presmothered, setzure, sindle, persyste and death. No quarantees were made approling outcome.

The risks of injustion of confeccionaids include but are not limited to thirming of bones, tractures, avessurer necrosis of the high, caterants, weathering of abructures such as Spame rise, follow crossis, climpSup of stain, adversal suppression. Common side effects inducting water majorifico, Bursting, importunity. increased pulse and blood pressure. The policy will have increased blood suggest for about a weak after injection. The policy has the collection for each of the procedure. I advised the policy like to procedure a five policy of the policy of the policy of the policy of the policy of the policy of the policy of the procedure. This will not be a deep saddler. The policy of may not have recall of the procedure. The risk of eadalion includes loss of airway, application, reaction to medication and damage to nerves.

Médication Management: 1 have reviewed the patient's medications with the patient including the potential risks and side effects.

Start GABAP ENTIRE SOUNG , City: 30, Rollins: 1, etg: TAKE 1 Citts for NiERVE PAINt for RFA pain flame

Start CELEBREX 200MG, Clyc 80, Radia: 1, alg: TAME 1 BID for PAIN Prid by 72/TRAVI on 10/23/2017 at 01:21 PM

*RADIOFREQUENCY RINZOTOMY (84836) BILATERAL 16-S1

·· Made above

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

.18633

Katherine D. Trevnicek MO

Electronically signed by KATHERINE TRAVINICEN. Date: 10/22/2017 Time: 16/22/21

Name: SEKERA, JOYCE

DOB: 03-22-1956

Date: 10-23**Name:** SEKERA, JOYCE Page 1 of 5 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: Date of Evaluation: 11-04-2016

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:

| | NAME | DOSAGE | 310 | DISCONTINUE DATE |
|-----------------------------|-----------------|---------|-----------------|------------------|
| | Metfomin | | | |
| 0 7- 1 0-2017 | METFORMIN | | | |
| 07-10-2017 | CELEBREX | | | |
| 05-02-2017 | m ethocarbam ol | | | |
| 05-02-2017 | ibuprofen | | | |
| 04-11-2017 | ZPAK | | ASDIRECTED | |
| 02-07-2017 | ROBAXEN | UNKNOWN | PRN | |
| 02-07-2017 | METHOCARBOM | UNKNOWN | TWICE DAILY PRN | |
| | OF | | | |
| 12-20-2016 | IBUPROFEN | 600MG | 1 TAB PRN HA | |

REVIEW OF SYSTEMS

JS635

10/24/2017 AM FRCM: 702-641-4600 TO: (702) 946 5115 : 004 OF 0D6

Name: SEKERA, JOYCE

DOB: 03-22-1956

Date: 10-23 Name: SEKERA, JOYCE Page 3 of 5 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 Arrespt 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 | 18 | | 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.

JS636

Name: SEKERA, JOYCE

DOB: 03-22-1956 Date: 10-23 Name: Page 4 of 5 DOE:

SEKERA, JOYCE

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, withdrawl, 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,

JS637

Name: SEKERA, JOYCE DOB: 03-22-1956 Date: 10-23**Name:** Page 5 of 5 **DOE:**

SEKERA, JOYCE

Russell/Shah

10-23-2017

Rusself J. Shah, MD

cc: Dr. Jordan Webber

cc: Dr. Waher Kidwell

cc: Dr. Andrew Cash

Name: SEKERA, JOYCE

DOB: 03-22-1956 Date 10-23 Name:

SEKERA, JOYCE

Page 2 of 5 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, (-) slurted speech, no tongue numbness, no perioral

numbness

Negative unless documented in the HPI and/or Present complaints. No palpitations, no chest Cardiac:

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.

Gŀ 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 (-) eve pain is present.

Negative unless documented in the HPI and/or Present complaints. (+) headache, (+) neck Neurologic:

> 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 positioin

JS639

PAIN DISTITUTE OF NEVADA 7435 W. Abure Drive, 2th 190 Les Vegas, NV 68 130 Tel 702-87 6-8252 Fax 702-87 6-9099

ССАМВИ Т

Date: January 9, 2017 Politeit Joyce P Seitere DOS: 1922/1866

Referred By: Jordan Wetther , DC

PARI COSEPLAINTS Low back BP longe pain

60 vest did female here lockly with the above complaints that elemed after a slip and fell beolowerds at work. She was walking and eligned on a liquid that was on the floor. She says she can't remember the whole event as she hill her head and was dezed. She want to the hospital, was treated and released. She has been in chirographics since and feels it helps. She has neck, low back and billateral lones pain. She derive history of prior injuries or chronic pain of these areas also. She has contest, brain and lumber MRIIs, reports reviewed but no images available for inview.

She reports har neets pain is black not and redistings into both should are. She denies pain radialing down her arms. She has numbroses and finaling in both trands. She deries weakingte, gell changes, and bladder and bowel dyealn clion. Activities that appraisable the pain: Constant pain, locking up and side to side

Admitted that relieve the point Exercise and host, actd, other, (buproten (she takes 1 every other day), traction Description of the ceim: Tingling, numbress, and constant each

Least pain Proughout day (0-10): 4/10 Most pain Broughout day (0-10): 8-9/10 Pen-helpful Irestments: Plotter labba

Hier how back pain is bileforal and does not radiate down her lags. She denies numbrases, lingling and wonteness in her lags. She also denies sad de arrest haste. Her lines pain is separate and there is some swelling in her larges that comes and goes. She denies radinast, immerged warmin and

Activities that aggrevate the point Constant, bend, \$31, brist, is aring back.

Activities that retieve the pain: Exercise and heat and ica

Description of the pain: Constant ache Least pain throughout day (0-10): 4/10 blost pain throughout day (0-10): 6/10

NAMY HISTORY

Delta of Injury: 11/04/2018 Accident Description: Silpped on some liquid at work.

Urgani Care: Na Hote let Yes.

Mospital Name / Localine: Contennial Hospital Length of stay: Faw house Ambulance Transport, No

Hill head: Unknown

Lots of consciousness: Yes, Brief. Pain stocked: Immediately a liar the impact. In that injuries to policent furthern poin What injuries have improved 7: Leit althou paig

What injures have not improved? Neck and low back pein Trinding physicians recenting this injury: Jordan Wildber, DC

Chiropta citic Thatapy: Yes. Currently in treatment. Weeks of therapy: 6

Physical Therapy: Norm

Osla coathic Marioutation Therapy: None

Massaga Therapy: Yes Acupuncture: None

MRI: Yes Brein, convices, and lumber

Prior Iran ments to agine: None Spine Injections: None

Regionequency Rhippigmy: Nane

Discognam: Nome

Spinel Cord Simulator: None Nack or back surgery: None Prior neck in alless Nione Prior nack pain: None Prior bask injuries: None

Prior back pain: Yee, Lumber pain 3 years ago - resolved after 1 day

Prior MVA's: None

Prior work comp claims: None Salling Time: < 16 mileste Standing time: < 15 minutes Walking Sime: < 15 minutes

Lifting: Can only \$3 to libe due to pain.

DIAGNO:55 M64.2 MECK PAIN M60.22 MID CERVICAL DESCOPATHY M47.812 CERVICAL FACET JOSET ARTHROPATHY / SPCNOYLOSIS M64.5 LOW BACK PARK M51.28 LUMBAR DISCOPATHY M61.27 LUMBOSACRAL DISCOPATHY M47.617 LUMBAR FACET JOINT ARTHROPATHY / SPONDYLOSIS M47.617 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS ME2 ASS MUSCLE SPASM W19 NO SLIP AND FALL

DISCUSSION

Next pein - I suspect front and disc mediated spin. MRI report indicates disc profusions at C68 and C67 levels and disc mediated spin. MRI report indicates disc profusions at C68 and C67 levels and disc mediated spin.

Low back pain - I suspect facet and disp mediated pain. MIKI lumber spine report includes as 1.45 enruder liceure and bilaters to call hypertrophy at Various lively.

She has not taken any medications basides as masted Busholes. Fit have her change to Neprosyn and selections basides as masted Busholes have her back in 3 works fine to re-evaluate. She demiss history of prior injuries to her neck and low back. Thus, its more Bush than not that her pain is causally related to the last on 14-4-2018.

PRESCRIPTIONS

Medication Menagement: I have reviewed the patients medications with the patient including the potential risks and side a flects.

SHARI MAPRO XEM 600MG, Clyr. 20, RABBE: 0, sig: TAKE 1 BID by PARA 2 weeks

Siant ROBAIGN GOIMG, City: 30, Ruillis: 0, eig: TAKE 1 BID by SPASIA Pad by 69/CLARY on 01/08/2017 at 08/12AM

MAN

* CONTINUE CURRENT CHIROPRACTIC THERAPY

"Meds as above
"RETURN: 3 wasta for m-evaluation with test

Katharina D Travnicek MD

Electronically signed by KATHERINE TRAVINICEK Date: 1/06/2017 Tyne: 13:33:36

Defining: New Combined by page Shape is distanted by pain.

ADL's: Unimited - she has incubile banding to put on parity shoes

World Pit is emphis to world due to pain Utself Occupation Continuer earning

MAGRICATING

MRI brain will hour contrast: Report dated 12/16/2016

Brain normal for age.

MRI convicti spine without contrast: Report dated 12/24/2016 Mild destrocurve here with straightening of consissi landosis.

C5-C Mild bilateral fe cel hypertrophy.

Co-c wild bibliost in call hyperhophy. Mild hill uncoveriebral arthropathy.

Co-c: Mild bibliost in call hyperhophy. Mild hill uncoveriebral arthropathy.

Co-c: Mild disc profession with mild bibliost facul hyperhophy. Bibliost uncoveriebral arthropathy with mild hill greates flow right neural foreshind.

C6-7: Mild brand disc proloution AP dismelor spins) canel 10 mm.

MRI lamber spine without contrast: Report dated 12/21/2016

L 1-2: Mild dies bulge.

L2-3: Minimal sponophosis and disc builds

L3-E MBd disc bulge with mild bacet and ligamentum terrum hyperingrity biblionity. AP dimension of the spinal opinal 11 mm. L4-E Left opresented data bulge with annular lieuwing. And ligamentum lieuwin hyperingrity bibliotatily. AP dimension against canal 11 mm. L5-31: Cantral data bulge with facet hyperingrity bibliotatly. AP dimension against canal 10 mm.

MEDICAL HISTORY

No medical problems reported by police!

ALLERG IES

No known drug ellergine

MEDICATIONS

Buerolin 600ma um

NV PMP REVIEWED 14/1/8-14/17

SURGICAL HISTORY

No prior exergence reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Statut: Single Inclimated, has children, Sves with tentry

Competion: Customer service

Historia: The patient another test than 1/2 pack parithy. The patient does not drink. The patient donies recreation at drug use.

SYSTEMS REVIEW

Constitutional Symptoms: Felique Visuel: Blurred vision decreased vision

ENT: Headache Cardiovetouter: Negative Remainstory: Negative Geofrairin silve: Negalive Gerötzinary: Migaliye Endotrina: Regalive Musty beforeste: Negalive Meurological Negative Hemalologic: Negative

Integramentary: Plegative Psychological: Artisely depressed mond Insomnie

WITAL SOCIAL Height 68.00 inches Weight 268.00 Pounds Blood Press: 120/78 mmHg

Public 72 BPM **EMIL 33.6** Pain: 09

PHYSICAL EXAMINATION CENERAL APPEARANCE Appearance: No disconsult.

Amaulation: Palie ill can ambutete without assistance

Galf. Galf is normal

CERVICAL SPINE

Appoarance: Greeky normal. No scare, rednass, lesions, preding or deformilies. Head position: Head is in neutral polition. No abnormal posturing or toricolitic

Tendemose: None roted Prigger Points: None noise. Shants: No speson relact. Fanet Tendermass: No facet frint landerness noted. Spirous Tenderness: Spinous processes are non-tender. ROLL: FLE RICK! with pain in limiton mostly. Nogelive Spurling's on left Negative Sourting's on sight

Mata/Sineagh Tealing Delicid (CS): LS/5, RS/5 Biosps (CS+CS): LS/5, RS/6 Tricopo (CSY: L65, R66 White extension (CS): L66, R66 White extension (CS): L66, R66 White flexion (CS): L66, R66 Grip (CS): L66, R66 Intercessi (T1): L66, R66

Samon

Cri: Normet bilaterathy CO: Normal bibalarally C7: Normal Michaelly C& Normal Malerally T1: Normal titalerally

erane.nec: Biospe (C6): Left 2+, right 2+ Brachieraristic (C6): Left 2+, right 2+ Tricens (CT): Left 2+, right 2+ Michigan hollmans blaterally

THORACIC SPINE

Appropriate No massas, lesions or a becomessas. Spine appriate abaig M. Pelpelion: No Tenderness, Irigger points, or spesm. Range of Motion: Full range of motion... Severary: Intect in all dermatomes.

LLANGER STRIE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities. Alignment: Spins is straight and in normal alignment. Tenderness: None noted. Physiar Points: None relied, Speakir: No speakir noted. Feact Teritormaa: No facel joint landamens noted. Spilhous Tenderness: Spinous processes are non-tender. ROM: FLE ROM with pain in Sealon Straight Lag Raising: Negative at 90 dag bilisterally. Does not produce redinuter pain.

Malon Strangth Tasking: Hip Badon (L2-L3): L6/6, R6/6 HED abduction (L4-S1): L 5/6, R 6/6 Knee extension (L3-L/I): L5/5, R 5/5 Knee Bestion (L6-81): 1 5/5, R 6/6 Antita invariation (L4): L 6/6, R 6/5 Anitio eversion (S1): L 6/5, IR 6/5 Ankle domifiedon (LA, LS): L.6/5, R.6/6 Antie physical process (S1): L 65, R 55 EHL(L5): L 65, R 56

Sertiony: L.1: Normal bile levelly L2 Normal bile levelly L.3: Normal bits locally L.A. Monntel bile invelly Life Nicernal bits locally \$1: Normal bilaterally

Knee (Lift: Left 24, right 24 Ankle (S1): Laf 1+ right 2+ No Clonist bile e sily

PSYCHOLOGICAL EXAMINATION:

Orientation: The patient is that and crimited x3. No sign of impairment. Mond/ Alliest: Mood is normal. Full alliest. Thought Process: Intact Memory: Intact. Concentration: Intact. Suited I dealine: None.

PAN NISTITUTE OF NEWADA

7426 W. Abus Drive, St. 189 Las Vegas, NV 69130 Fax 702-878-9096

PRESENTE MARKET

Date of Sarvice: January 30, 2017

Poliani Name: Joyce P Sekara Paliani DOR: 3/22/1966

PARA COMPLAINTS

Nieck Pein Low Back Pai HL Fines Pair BL Shoulder Print

Joyce mitures below for follow up. She is likeling belief overell with hisproxyn PRM and chiro. She was abaid of Rubbadn as she got like generic form. witch starts with "metho" and did if I want any opinios and identifation this. We discussed made at long this spain loday.

Next pain is constant and finite editinate now. VAS 47 and mostly moderate pain. Made better by shiro and naprosym.

Low back pain is comfort and early. She thinks this is mostly moderate pain.

She no longer has severe pain. She is not working and feels she partition has job. I amouraged finding dask work or another job.

INTERNA HISTORY

Hospitalizations or ER visits: None Changes in health None Problems with medications: None Obitaining pain meds from other physicians: Patien) denies.

New Injuries or MNA's: No

Work Status: Umable to work due to pain Thurspy: Pilis currently succiving chiropecolic therapy.

MAGRIG/TESTING

MRI brain without.com/mail: Report dated 12/16/2018 Brain normal for age.

MRII oprvioni spine without contrast: Report dated 12/2 1/2016
Mild de alrocurve lure with straightening of convical forderie.
CS-4: MRII bilisteral is cell hypertrophy.
C4-5: MRII bilisteral is cell hypertrophy. MRII hall uncoverte brat arthropally.
C5-6: MRII date protestion with mild bils laraf facet hypertrophy. MRIII has receiptly. Site lore brat arthropally with mild laft prester their right recent foreminal elescate.

C8-7: Mild broad disc probation AP dismeter spinst const 10 mm.

MPE hamber spine without contrast Report dated 12/21/2016

L1-2 Mitt ditte builge.

L2-3: Minimal opendylesis and disc builds.

1.3-4: MAC class builte with mild in set and Epamerium iterum hyperinophy bilaterally. All dimension of the spiral cenet 11 men.

L4-6: Left paracontrat data busps with sortian featuring. Assessment and Scamentum Bower hypertroopy bitaleraty. AP dimension spinal canel 11 mm. L5-61: Central data busps with lacet hypertroopy bitaleraty. AP dimension spinal canel 10 mm.

WEDICAL HISTORY

No madical problems reported by patient.

ALLENG RES

No known drug ellergie s

MEDICATIONS

Naurosan 500mo PRM

SURGICAL HISTORY

No action auropation correct set

FAMILY HISTORY

Lung Conser

Family Status: Single I not married , has children , lives with simily

Occupation: Customer service

Habitat This palient amother less than 1/2 pock par day. This palient does not drink. This palient dentes repressional drugues.

SYSTEMS REVIEW

Considerional Symptoms: Fallous Vistual: Elurred vision decreased vision

ENT: Houdache Cardiovekostar, Nepaliva Respiratory: Nepaliva Gestroininative: Negative

Geriffarinery: Megalive Endocrine: Megalive Musiculo desietet: See HIPI Neurological: Megalive Hamet diopic: Megalive Infoquimentary: Negalive Infoquimentary: Negalive

Integramentary: Nagative Psychological: Antiety depressed mood inscendig

WTAL SIGNS Height 68.00 Inches Blood Press: 114/60 mmHg Pulse: 66 BPM Respirations: 16 RFM

Petr 06

PHYSICAL EXAMINATION GENERAL APPEARANCE

GENERAL APPEARANCE
Appearance: No discomilors
Transition: Normal

Ambulation: Patient can ambatate without assistance.

Galf: Galf is normal

CERVICAL SPINE

Appreciance: No masses, legions or abnormalities. Rormal head position.

Periodicn: No Tendemess, tripper points, or speem.

Range of Motion: Full range of motion in legion, and englan and rotation.

LUMBAR SPINE

Appearance: No messes, listions or abnormalities. Normal head position. Polipsifor: No Tendemess, trigger points, or spesim. Range of Motion: Full tange of motion in lieuton, extension and rotalism.

PSYCHOLOGICAL EXAMBNATION
Orientation: The patient is steel and oriented x3. No sign of impairment.
Algord / Alford Mond is normal. Full affect.
Thought Process: Inted.
Memory: Inted.
Suboidal Idention: Inted.
Suboidal Idention: Name.

DIAGNOSIS M64.2 NECK PADI M54.5 LOW BACK PADI M62.838 MUSCLE SPASM

PRESCRIPTIONS

Medication Management: I have reviewed the policel's medications with the patient including the policelist siste and side effects. The patient has been countebind not to sail, there, are observed distributed his or her medications with other people. The patient size effects that all medications can have advance effects exch as impairment and that dangerous advation as driving are prohibited white impairment and that dangerous advation and to drive alter taking controlled substances. The patient is advanced in all the risks of options are disting controlled substances. The patient is advanced in the risks of options are distingt or recorded substances and other controlled substances polentially include addition, tolerance, with drawnel, and accidental over dosage, it was emphasized to the patient take the medications exactly as prescribed. The appropriate said lates and intuited appropriate federal and state law. Compliance to the treatment plan was amphasized. The patient reports no intolerable side effects. The patient is compliant. No observent behavior is noted. No impairment is noted. The patient is appropriate to nearly emphasized.

Start ROBAXON 600MiG, Qhy. 36, Robbs: 0, sig: TAKE 1 BID for SPASSA Prid by 73/TRAV1 on 01/30/2017 at 08:56 AM

StantGABAPENTIN CAPSULE SOCIETY, CIV: 30, Relibe: 0, eig: TAKE 1 CHS for PAIN: Prid by 73/TRAV1 on 01/30/2017 at 08:58 AM:

FLAM

- ** CONTINUE CURRENT CHIROPRACTIC THERAPY
- ** Continue regressyn pry
- Meds as above
- ** RETURNE 3 weeks for re-evaluation with full

Kaliharina D Travnicak MD

Electronically signed by KATHERBRE TRAVARCEK, Date: 1/30/2/17 Time: 0:51:45

PAIN INSTITUTE OF NEVADA 7495 W. Atura Drive, Sie 190 Las Veges, NV 691 30 Tel 702-676-6252 Fax 702-676-0086

OFFICE VALUE

Date of Service: Fabruary 20, 2017

Peliant Name: Joyce F Selam Pallin I DOB: 3/22/1968

PARK COMPLAINTS EL Shoulder Pain Los Back Publ

Jovan reluins today for follow up. She has no neck pain but does have bligtered top of shoulder pains. VAS is 6 loday. Constant ache and made worse with arm neaching and shoulder movements. Pain improved with thire, heat, and medications. We discussed trigger point injections and she would like to proceed. She also clich't sizet palvapement after she read all of the adverse effects the could have. I will get her table done in Jan 2017 and neview with Per Harf Sma

Low back pain: VAS is 8 bidley. VAS ranges 2-7. She reports a consist of side, pain worse with tember extension. She denies leg symptoms. Feels belief with heat, massage, chiro, reproxyn and repeats. We discussed town tember specification and after would like to process.

INTERNAL HISTORY

Hospitalizations of ER Visite Name Changes in health: Name Problems with medications: None Obtobring pain me de itom either physicians: Patient de riese. New Interior or MANAGE NO Work Status: Unable is work due to pain Therepy: Pile carrently receiving chirappeolic danapy.

MAGING/TESTING

MRI brain without contrast Report dated 12/18/2018

Brain ronnel for age.

MRI cervical spine without contrast: Report dated 12/21/2016

ent opvice gaste wanter commer respon seed 1 a/2 man o Mild de discourve but with straightering of canvices brotosis. CS-8: Mild bibliotes is out hypertrophy. C4-6: Mild bibliotes is out hypertrophy. Mild left uncovertebres withropethy. C5-8: Mild disc profitation with mild bibliotes (acet hypertrophy, Milaters) uncovertebres withropethy with mild left greeter (han right neutral foreminal ete node

CB-7: Mild broad dista probablism AP distractor spinal panel 10 mm.

MRI fumber spire without contrast Report detect 12/21/2018

L (-2: Mild diez buige.

L23: Minimal spondylosis and disc bulgo.

LS-4: MBd disp bulge with mBd facel and Spenerium Sevium hypertroppy tilescelly.

L46: Lall parametris des fulge with enrular fassing. Accessment and ligarientum favors hypertrophy bitaleraty.

LS-S1: Control disc hulge with facel typestrophy bilaterally. AP dimension spinal canel 10 mm.

MEDICAL HISTORY

Nomedical problems reported by patient

ALLERG (PS

No known drug allergie s

MEDICATIONS

Macroson 600mg hid Robarán 600 ma bid

SURGICAL HISTORY

Nic prior surportes reported

FAMILY HISTORY

SOCIAL HISTORY

Family Status: Single I not mainfed , has children , lives with temply

Ozcarpation: Customer service / Unemployed

Pathlis: The patient amount less than 1/2 pack per day. The patient does not drink. The patient denies recreational drug week.

SYSTEMS REVIEW

Consilhifional Symptoma: Falique Visual: Elerand vision decreased vision

BNT: Nagative

Cordovescular: Negative Respiratory: Negative

- ** CONTINUE CURRENT CHROFRACTIC THERAPY

 *** DIAGNOSTIC / THERAPEUTIC FACET JOINT SUJECTION (64489) BILATERAL L6-S1

 *** RETURN: 1 week hipper point injudices with go

 *** RECORDS FROM: Leb work dans in Jan, to re-essage gabes entire date for her

 *** RETURN: 3-4 weeks for ne-evaluation with add.

Kelherine D Travnicak MD

Sectionically signed by KATHERINE TRAVNICEK Date: 2/20/2017 Time: 8:40:01

PAIN MISTITUTE OF NEVADA

7436 W. Azure Drive, Ste 180 Lac Vegas, NV 89130 Tel 702-876-8252 Fax 702-878-9098

OFFICE VISIT

Date of Sentce: March 15, 2017

Patient Name: Joyce P Sekera Patient DOS: 3/22/1956

PAIN COURS AUGS Neck pain Low back pain

Joyce returns loday after facet joint injections. The patient is at facet total injection bilisteral 1.5-31 immediate post procedure pain: 190% relief of usual pain for 6 hours Sustained improvement None Symptoms are golling worse. VAS is 8 today.

Function is declining. Site takes no medications right now. Repeatinjection is recommended - bitalaral modial transh blocks at LSS1 and then RFA if the has account positive black

Het neck pain to bad today also. She has bilateral shoulder muscle pains, and interprepalate weren't likel successful she feets and would not like to espeat.

INTERMINESTORY Hospitalizations or ER visits: None Changes in health: None Problems with medications: None Obtaining pain made from other physicians: Patient denies. New Injuries or MVA's: No Work Status: Unable to work due to pain Therapy: Pt is currenly receiving chiropractic therapy.

MAGING/TESTING

MRI brain without contrast: Report dated 12/16/2016

Brein normal for age.

MRI servical aplina without contrast Report dated 12/21/2016 Mild destrogaryature with etalphiening of cervical lordeds.

C3-4: NMs bilisteral facet hypertrophy.

CL-5: Mild bilateral facet hyperhophy. Mild left uncoverlebralisativopality.
CS-8: Mild disc profusion with mild bilateral facet hyperhophy. Bilateral uncovertebral anthropathy with mild left prestor from right neural braminal signos

CB-7: Mild broad disc protruction AP dismeter spinal canal 10 mm.

MRI lumbar spine without contrast Report dated 12/21/2018

1.1-2 delict clies business

12-3: Minimal spendylesis and disc buige.

13-4: Mild dies buige with mild facet and ligamentum flavors hypertophy bilaterally. AP dimension of the aginst canal 11 mm.

L4-5: Left paracentral disc bulge with annular fassing. Assessment and figurentum favors hypertuptly titalerally. AP dimension epinal canal

L5-S1: Central clac bulge with facel hypertrophy bitalerally. AP dimension spinal canal 10 mm.

PROCEDURES 03/08/2017 F.II B 1.591

Post injection: Complete assolution of usual pain Sustained: No relief of usual pain.

MEDICAL HISTORY

No medical problems reported by patient

ALLERGES No known drug allergies

MEDIC ATTIONS No medication

NV PNP REVIEWED 14/13-14/17

SURGICAL HISTORY

PREBURIPHONS

Management | These reviewed the pollent's medications with the pollent including its polential risks and side effects.

Start CELESPEX 200MG, Cby: 42, Rollin: 0, sky: TAKE 1 6ID for PAIN Pris by 65/86GAY on IB/15/2017 at 01:50PM

- PLAN

 *** DIAGNOSTIC FACET MEDIAL BRANCH BLOCKS (64493) BRATERAL LS-S1

 *** Calebrex sizit inday

 *** RETURN: 1 week after injection with gn / light

Ketherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 3/15/2017 Time: 13:58:01

No prior aumentee reported.

FAMILY MISTORY Lung Cancer

SOCIAL HISTORY

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

Compation: Customer service / Unemployed

Habilis: The pallent smokes less than 1/2 pack per day. The pallent does not drink. The pallent denies recreational drug use.

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue

Visuat: Negativo
ENT: Negativo
Cardiovascular: Negativo
Pempiratory: Negativo
Ganitucinery: Negativo
Ganitucinery: Negativo
Endocrine: Negativo
Huesuloakeletet: See HP1
Heurologicat: Negativo
Hemalologic: Negativo
Hemalologic: Negativo
Peychologicat: Insoratis

VITAL \$40kis Helph: 60.00 inches Blood Prees: 12673 mmHg Pulse: 74 BPM Pain: 08

PHYSICAL EXAMINATION GENERAL APPEARANCE Appearance: Significant pain Transfon: Stoht Immed

Ambulation: Patient can ambulate without assistance.

Out: Gall is animipio

LLABAR SPINE

Approximent: Grossly normal. No searc, redineer, isolone, expling or deformation.

Alimment Spine is straight and in normal alignment.

Tenderness: Swere landerness noted bilateral left > right L5-S1

Digge*r Points:* None noted.

Sparm: Moderate spacer is noted in the persecriporal musculature.
Facet Terrelements: Facet joint tenderness is noted. left > right L5-S1.

Spinous Yenderneur Spinous processes are non-lender.

ROM: Range of molion is decreased due to pain.

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is sirri and oriented x3, No sign of impairment.

Abod /Affect Mood is normal. Full affect.

Thought Process: Intact. Mismay: Intact. Concentration: Intact. Suicidel Deation: None.

DIAGNOSIS N542 NECK PAIN NF0-1 NYOFASCIAL PAIN NF2-858 MJSCLE SPASM N54-5 LOW BACK PAIN

IMTEST LUMBOSACRAL FACET JOINT ARTHROPATHY /SPONDYLOSIS

COUNSELMG

Spine intections

Informed Concent for Spine Procedures: The procedure(c) was reviewed with the patient in detail using a skeletal model. As questions were answored. The risk were reviewed and include but are not imited to increase in pain, bleeding, infection, discitis, damage to nerves, aptrail cold, structures of the neck and back, opinal headsche, reaction to medication, loss of allowsy, presumptionss, solute, stroke, paralysis and death. No querantines were made eigenting outcome. The risks of injection of corticosteropic include but are not limited to triming of bones, fractures, avascular necrosis of the high, cateracis, weakening of structures such as ligaments, bit necrosis, dimpling of stin, advangle suppression. Common side effects include water retention, flustring, incomnis, increased pulse and blood pressure. Diabetics with new increased blood sugers for about a week after injection. The patient has the option for each of the procedure. I solvined the patient flust conscious actision may be utilized to provide a "swiight" effect. The patient will be arguested and able to pagent includes toget of airway, sepiration, rescition to medication and damage to asymptonic structure. The procedure. The risk of sedation includes toget of airway, sepiration, rescition to medication and damage to asympton.

Cashcinicalinat Nacatina Certifuliyary: Nagaliya Enclossing: Negative Manusipaladolat: San HFT Naurologicat: Negative Hemelologic Napeline In leg simentary: Klegialise

Psychological: Analety depressed mood insomnia

WITAL SIGNS Height 68 00 leches Blood Press: 108/80 mmHp Respiratore: 16 RPM

PHYSICAL EXAMPLATION GENERAL AFFE ARANCE Ascerance: No decomina

Transition: Normal

Ambulation: Palient cuin ambulate without secialence.

Referent 2+ and equal in the upper extremities.

Gair: Gaillia normal

CERVICAL SPINE

Approximate No masses, institute or abnormalities. Normal hand position. experient No Tendernette, tripper points, or speam. Range of Motion: Full range of motion in Sevien, extension and rotation. Motor: All 6/6 in the upper maternille Swittery: In lead in the upper entremities.

LIMBAR SPACE

Anaberance: Grossly normal. No scars, redness, lesions, swelling or deformalies. Alignment: Spins is straight and in normal alignment. Fanctioness: 1800 lenderness noted billiones former furnisher soline. Pigger Points: None relied. Specific Milit experim is noted in the parameters in exculative Fasti Tendermos: Fasti join landemess is rolled bibliorei LS-S1 Spinous Tendermass: Spinous processes are non-lander. ROM: Runge of motion is decreased due to pain. Straight Leg Ralaing: Megalive at 90 deg biliderally. Does not produce radioder pain.

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is start and oriented vo. No sign of imprimum. Mond Allent Wood is sermed. Full affect.

Thought Process: Intest. Marriary: Intact. Concentration: Intert Subsidial (dentilian: None.

CLACHO SIX

MEZ ERB MUSCLE SPASM M79.1 MYCFASCIAL FAM M64.5 LOW BACK PAIN M47.616 LUMBAR FACET JOSHT ARTHROPATHY / SPCHDYLOSIS M47_017 LUMB OSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

COLUMN BACK

Spine Medians

Informed Consent for Spine Procedures: The procedure(s) was reviewed with the petient in detail using a state tel model. All questions were engaged.

The risk were professed and include but are not limited to increase in pain, bleeding, infection, decilia, demage to nerves, spinet cord, structures of the meck and back, spinel has deche, shadion to medication, loss of airway, presumptionax, saleure, stroke, paralysis and death. No quarantees were made regarding collower. The risks of injection of corticostarcide include but are not limited to thirming of bones, tracking a stroke a vescular morphis of the high. celeracis, weathering of discovers such as ligaments, bit mecrosis, dimpling of skin, adversal suppression. Common side effects include water retention, likehing, incommis, increased pulse and blood pressure. Disbetics will have increased blood sugars for shoul a week after injudion. The patient has the option for each into the procedure. I solvested the palient final connectors sectation may be utilized to provide a "wellight" effect. The palient will be arroughed and able to respond throughout the procedure. This will not be a deep sectation. The patient may not have need to the procedure. The risk of and elicn includes loss of sirvery, aspiration, reaction to medication and demage to nerves.

Trigger Point Injections - done boday

The political was exembated regarding the paintife efforts. The injections were described to the patient in detail. The risks and barrefts were assombled.

PROCEDURE NOTE

TRICGER POBIT BUILDINGS. Informed contains was obtained, fishs reviewed. The alles to be injected were identified and propped with alcohol. Injections were performed without difficulty or complice fion.

Ministración injections: Billia formal trappazionis menerales. Sevaltos essapista

Excel: Mantaine 0.26% mixed in Lidoceans 2% and a loter of 7 mixed but of 10 mi prepared.

Post injection: 80% relief of usual bills lend choulder pain

PLAN

FAIN INSTITUTE OF NEVADA 7435 W. Ature Drive, Ste 193 Las Vegas, NV 89130 T# 703-878-8252

Fax 712-678-0096

OFFICE VIEW T

Date of Service: June 26, 2017

Polishi Nemer Joyce P Salara Palishi DOB: 3/22/1966

PARI COMPLAINTS

Mid bank

Joyce retains to office today. The patient is also maded branch blocks trible rail L5-S1 immediate post procedure pain: 100% railed of usual pain. Sustained improvemment None Symplams are returning. VAS is a 6% her low back lodge. Recommendations: RFA billiones 1.631 (soci join)

She wants to think about it.

HITEMAN HISTORY

Hospitalizations or ER visits: Name Changes in health: None Problems with medications: None Obtaining pain made from other physicians: Policel denies. New Injuries or MVA's: No.

Work Status: Unable to work due to gain Therapy: Pi is not ourselly receiving physical or chiropractic therapy.

MAGNIGITESTING

ART brain without contrast Report dated 12/18/2018 Brain normal for age.

MRI dervicel spine without contrast: Report dated 12/2 1/2016 Miled destinatory to have with offering his ning of convicted land-table.

Bits destroken to with yearing to convers process.

C3-d: Mild bitsless i to all hyperingly.

C4-5: Mild bitsless i figet hyperingly. Mild tell uncoveriebre entirepelly.

C5-6: Mild discordingly with mild bits lend facel hyperingly. Bitsless i incoveriebre entirepelly with mild tell granter than right neural foreminst. alle rente.

C6-7: MBd broad disa reclamation AP dismeter spinet cancil 10 mm.

MRI kumbar asikra willhout contrast Report dated 12/21/2018

L1-2: Wild disc bulge. L2-3: Wining spondylosis and disc bulge.

L3-4: MBd dies builde with mBd fo call and Egamentum Bakum hypertrophy blisterally. AP dimension of the spinet cancil 11 mm.

L4-5: Latt personness dies builde with enruler featuring. Assessment and Egamentum Bakum hypertrophy bitalenally. AP dimension spinet cancil 11 mm.

LE-\$1: Control disc budge with face Livypertrophy bits foreity. AP dimension spinal canal 10 mm.

PROCEDURES.

(3/09/2017

FJI 8 L681

Post injuction: Complete testilution of usual pain Sustained: No relief of usual pain.

05/06/2017

MRB BL681

Post Injection: Complete Resolution of usual pain. Sustained: 2 days at 100% reflet, 24 days out No Change.

MEDICAL HISTORY

Distriction No. 2, HEAT C.E.S.

ALLENG RS

No known drug starging

MEDICATIONS

Mailineain 1 (abins 3v a mash

Celebraix 200mg PRN 1 table (a week

NV PMP REVIEWED 8/10/18-8/118/17

法用GICAL HISTORY

No prior surgeries reported.

FARE Y HISTORY

.18652

Lung Cander

SOCIAL HISTORY

Family Status: Single / not married , has children , lives with femily Costribution: Customer service / Unemplayed

Highlia: The patient smokes less than 1/2 pack per day. The patient does not drink. The patient denies recreational drug use.

SY STEMS REVEW

Consiliutoral Symptoma: Falique

Vistal Magagers ENT: Nageline

Cardiovascular: Negalive Respiratory: Negative Control to the College Continues: Nagative Endocrine: Negative Musculocksinist: See HFT Neurological: Negative Manatologic: Nagalive in legismentary: Negath Paychological: Insomnia

VITAL SIGNS Height 68.00 Inches Blood Frank: 128/62 mmHg Pulse: 88 BPM Respirations, 18 RPM

PHYSICAL EXAMINATION GENERAL APPEARANCE Appearance: Mod discomicst TransMore Normal

Atheniation: Palient can ambutate without assistance.

Geff: Coll is normal

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is start and orientering, No sign of impatience).

Money Alleric Mood in resmet. Full effect.

Phought Propess: Infact. Mantery Intact Concentration: Inlead. Suloidal Iduation: None.

DIAGNOSES

M64.6 LOW BACK PARK

M47.817 LUMB OSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

MAR ASA MUSCLE SPASM

COLNERS INC

Radiofractiency Rhizelamy

The policel received extensive countains respecting radiofrequency rhizolomy (RFR). The procedure to be performed was explained in delet using stabled and an elemic model. The pelient understands that RFR is a neurodestructive procedure intended to cautistice nerves for pain relief. It is expected that the nerves will re-generate in 6-24 months and repeat RFR would be vegeted if the pain returns. The type of sectation to be used was emplained as well. All duestions were assurance.

Informed Content: The procedura(s) was neviewed with the patient in detail using a similal model. All questions were arrawared. The risk were reviewed and include but are not limited to increase in pain, bleeding, informer, daniely, damage to nerves, spinel conf., shuggings of the mode and back, spinel hastische, resolion lo medication, loss of sirvey, pneumothoror, selbure, stroke, persiyate and death. No quarantees were made segenting outcome. The risks of injection of controcts rolds include bull are not limited to thirring of bones, fractures, eventually recreate of the high, cateracts, we already of structures such as Egaments, in I motivate, directing of skin, across suppression. Common side effects include maker miscalion, Bushing, incommis, increased pulse and blood pressure. Disbelics will have increased blood sugars for about a week aller injection. The police has collon for decision for the procedure. I advised the patient that conscious sectation may be utilized to provide a "witight" ellect. The patient will be assumed to an able to respond throughout the procedure. This will not be a deep soddfion. The patient may or may not have recell of the procedure. The tiek of section includes loss of sirvery, septration, resolion to medication and demage to nerves.

PRESCRIPTIONS

PLAN "RETURN: 2 wasts for re-evokuplion with ligh

Katharina Di Trannicak MD

Electronically signed by KATHERBIE TRAVNICEK Date: 8/20/2017 Time: 14/29/26

PAIN METTUTE OF NEVADA 7425 W. Azure Orive , 516-190 Las Vegas, MV 691 30 Tel 702-878-8252 Fax: 702-878-0096

OFFICE VANT

Date of Service: July 10, 2017 Pofant Name: Joyce P Sekera Palient DOE: 3/22/1966

PARK COSULARITS Ninck Patn

Low back pain

Joyan returns foday for follow up. She declines the RFA procedure for her low back pain. VAS ranges 0-6 and comes and goes. She describ feel her pain is so were emough to get the RFA and she works a permanent solution. She takes calcium as readed. She will nake which a permanent solution. She takes calcium as readed. She will nake which a permanent solution. the RFA should her pain warren.

INTERNA HISTORY

Hospitalions or ER visits None Changes in health: None Problems with medications: None Obtaining pain made from other physicians; Patient denies.

New injuries of MVA's: No Work Status: Unemployed

Therapy: Pt is not currently receiving physical or chicographic therapy.

MAGNOTESTAG

MRI brein without contrast Report dated 12/16/2016 Brain normal for pos.

MRI convicté spine without contrast. Report dated 12/2 1/2016

NEU cervical spane wannes contrast responsesson 12/21/2010
Mild destrocurvature with straightening of cervical londeries.
CS-4: Mild bitalianal facel hyperfronty.
CS-6: Mild bitalianal facel hyperfronty. Mild felt uncovertebral arthropathy.
CS-6: Mild bitalianal facel hyperfronty. Mild felt uncovertebral arthropathy.
CS-6: Mild disc profession with mild bitalianal facel hyperfronty. Bitalianal uncovertebral arthropathy with mild felt greater than right neutral foreminal

C8-7: MRd broad distriprofrusion AP diameter spins i canal 10 mm.

MRI lumber spins without contrast Report dated 12/21/2016

L1-2: Mild disc builds.

1.23: Allinimal spondylosis and disc builds.

L3-E Mild disc builds with mild lacet and ligamentum Revum hypertrophy Staterally. AP dimension of the spinal canal 11 mm.

L4-6: Left paracentral disc bulge with an outer listuring. Accessment and figurerists hypertrophy bitaleraby. AP demonstrat canal 11 mm. LE-S1: Control data builde with facet hyperfrontly little raily. AP demonstran spinnel can at 10 mm.

PROCEDURES

03/09/2017 F.J. & L.6.81

Post injection: Complete medation of usual pain

Stratement: No religit of test at pain.

05/08/2017 MEB BL6S1

Post tricolore Complete Firsthi for of itsust pain Sustained: 2 days at 100% retief. 24 days out No Change.

MEDICAL HIS TORY Disheles type 2, HBA1C 8.6

ALLENG @8

His landern drug aftergies

MEDICATIONS

Malionnia 11/2014 Siza waat Calabras 200mg 1-2x a month

NV PMP REVIEWED 010/16/6/110/17

SURGICAL HISTORY No prior surgeries reported.

FAMILY HISTORY

Liung Cancer

SOCIAL HISTORY

Family Status: Single I not married, has children. Eves with territy

Occupation: Customer service: / Unemployed
Habits: The patient smokes rarely. The patient does not drink. The patient smokes rarely. The patient

SYSTEMS REVIEW

Constitutional Symptomia: Fallous

Visual: Negative ENT: Negative Cardiovascular: Negative Respiratory: Nagative Gastroinia stirat: Nagative Gerikeinery: Negative Endocrine: Negative Musculoskololat: See HFI Naurological: Negative Hematologic: Negative Integrimentary: Negative Psychological: Insomnia

WTAL SIGNS Height: 60.00 Inches Blood Press: 128/72 mmHg Pulse 62 BPM Respire fore: 16 RPM Pain: 05

PHYSICAL EXAMINATION

GENERAL APPEARANCE Appearance: No decomfort. Transition: Normal Ambunishon: Palient can ambulate will out a seistence.

Gall: Gall is normal

PSYCHOLOGICAL EXAMINATION Orientation: The patient is start and oriented 23. No sign of impairment. Mood? Allicat Mood is normal. Full effect.

Thought Process: Intact Mamory: Initacl. Concentration: Intact. Substat laudion: None.

M64.6 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONOYLOSIS

PRESCRIPTIONS

PLAN "RETURN: As mississi

Kalkerine D Tramices MD

Electronically signed by KATHERBRE TRAMBCEK. Date: 7/10/2017 Time: 8:13:00

PARK SISTIFUTE OF NEVADA 7495 W. Amure Orine, Sie 190 Last Vegas, NV 69130 Tel 7/12-878-8262

Fat: 702-878-9096

OFFICE VENT

Date of Service: May 11, 2017

Policei Name: Joyce P Selecta Policei DOR: 3/22/1868

FAM COMPLAINTS Loar Peack Pain

Joyce returns for follow up today.

The patient is expressful branch blocks, bitaland 1.6-81 immediate post procedure pain: 180% relief of usual pain Sustained improvement: 60% reduction in usual pain. Pain reported 3/10

Symptoms are improving. She has a phobing lealing in her low back half is mild and not limiting her function. Recommends from: When her pain zeturns, I recommend an RFA at billeteral LS-S1 joints.

NITERAL HESTORY

Hospitalizations or ER visits: None Changes in health: None Problems with madicalions: None

Oblaining pain made from other physicians: Polieni denine.

New truries of MVA's No.

Work Statut: Plie working this duty.

Thereby: Pt is not currently requiring physical or obsographic thereby.

MAGING/TESTRAG

MRI brain without contrast Report dated 12/18/2016

Brain normal for age.

MRI certical spine without contrast: Report deied 12/21/2018 Mild dexinocurvature with straightening of carnical lordosis.

Midd destrouverure wan etragmening or carresse corosse.
C3-4: Mild bilisteral local hyperfrophy.
C4-5: Mild bilisteral facet hyperfrophy. Mild full uncoveriebral arthropathy.
C4-5: Mild bilisteral facet hyperfrophy. Mild full uncoveriebral arthropathy.
C5-6: Mild class production with mild bilisteral facet hyperfrophy. Bilisteral uncovertebral arthropathy with mild left greater than right neural foraminal elé-node. C8-7: Mild brond dies profitation AP dismeter spiral con el 10 mm.

MRI Aunther spins willhould contrast Report dated 12/21/2016

1.1-2: Mild disc builds

L23: Minimal epondylosis and disc belige.

E.S.-E. Mikd disco builtie with mild in and send ligarmentum Severn hypertrophy billiteratly. All demonstran of the aginet canal 11 mm.

Left: Left paraconited date builty with annular liseuring. Assessment and ligamentum Bayum hypertrophy bilateraby, AP dimension spinal candi 11 mm. LS-S1: Central disc builty with Facult hypertrophy bilateraby. AP dimension spinal candi 11 mm.

PROCEDURES

03/09/2017

F.J. F. L681

Post irrigation: Complete macketion of usual pain

Sustained: No relief of usual pain.

Post Injection: Campiele Resolution of usual pain.

Sualifined: 2 days at 100% relief and then now at 60% relief

MEDICAL HISTORY

Nomedical problems reported by called

ALLENGIES No bnown dryg allergies

MEDICATIONS Niche

SARGICAL HISTORY

No prior surgeries reported

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

Family Statut: Single I not mainled , has children , lives with family

Occupation: Customer service: / Unemployed

Habita: The patient smokes less than 1/2 packages day. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVEW

Constitutional Symptome: Fallque Visual: Nagative

ENT: Negative Cordovascular: Negative Rimpiratory: Negative Gastrointestinat: Negative Geritarinary: Negative Endocrine: Hegalive Munocipalistick: See NPA Misurelegical: Negative Hematologic: Negative Integumentary: Negative Psychological: Internals

WITAL SIGNS

mi AL SEGNES Malght: 68.00 Inches Blood Press: 110/86 inmirig Respire Bons: 16 RPM Pain: 63

PHYSICAL EXAMENTATION
GENERAL APPE ARANCE
Aspertmen: No discensioni
Transifore Normal
Antichitati: Paliani can ambatate without assistance.
Gait: Gait is normal

PSYCHOLOGICAL EXAMINATION

Ortensation: The patient is start and criented x3. No sign of impairment. Meed / Allina: Mood is normal. Full allical.

Thought Process: Intack Magnon: Intact Concentration: Intact. Suicidal Idention: None.

DIAGNOSIS

MGI.S.LOW BACK PAIN: MGI.S.LOW BACK PAIN: MGI.S.LOW BACK PAIN: MGI.S.LOW BACK PAIN: MGI.S.LOW BACK PAIN: MGI.S.LOW BACK PAIN: MGI.S.LOW BACK PAIN:

PRESCRIPTIONS

None

PLAN "RETURN: 3 wasta for re-ovaluption with tall

Katherine D Tremlook MD

Beckronically signed by KATHERINE TRAVANCEK Date: \$/11/2017 Time: 8:35:68

PAYER INVOICE

Desert Institute of Spine Care 9339 W SUNSET RD STE 100 LAS VEGAS, NV 89148-4849

LAS VEGAS, NV 89148-4849 702-630-3472

TAX ID #: 208772860

TOTAL AMOUNT DUE:

\$1,750.00

INVOICE DATE:

12/18/17

DUE DATE:

01/17/18

THE GALLIHER LAW FIRM 1850 E. SAHARA AVE #107 LAS VEGAS, NV 89104

MAKE CHECKS PAYABLE TO:
Desert Institute of Spine Care

| DATE | DESCRIPTION | | CHARGES | PMT / ADJ / WITHHELD | BALANCE |
|----------|--|------------------------------------|----------|-------------------------|-----------|
| | Sekera, Joyce | Acc. No: 10429 SSN: XXX-XX-8430 | | | |
| 10/05/17 | Claim:1962, Provider: Andrew M. Cash, MD | | | İ | |
| 10/05/17 | 72050 X-RAY EXAM | OF NECK SPINE | \$500.00 | İ | |
| 10/05/17 | 72110 X-RAY EXAM OF LOWER SPINE | | \$400.00 | İ | |
| 10/05/17 | 99244 Office Consultation Level 4 | | \$850.00 | | |
| | Claim Balance: | | r: | į | \$1,750.0 |
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TOTAL CHARGES:

\$1,750.00

Desert Institute of Spine Care

a copy of the invoice with the remittance. Thank you.

This invoice is for outstanding - arges. Please return

\$0.00

TOTAL AMOUNT DUE:

TOTAL PMT / ADJ / WITHHELD:

\$1,750.00

PAGE NO: 1

William D. Smith, MD Janon E. Gorban, MD, FACS Stuart S. Kaptan, MO, FACS Gregory L: Douds, MD.



3061 S Maryland Pawy Sine 200 Las Vegas, NV 89 109 0227 Phone: (702) 737-1948 Sex (702) 227-7195

Patient #: 379090

DOB: 03/22/1958 (61 years)

Patient: Joyce Sokera

Date of Encounter: 02/22/2018

History of Present Whose

The patient is a 61 year old temale who presents to the practice today for a transition into care. The patient is transitioning into care and a simplery of tare was reviewed. Note for "Transition into care"; I had the opportunity and pleasure of seeing this 61-yrisr-rail woman in thy office today. This woman works at The Viriatian here in Vegas. She is a salestierson who selfs show todays at a booth, there. The patient had then there for some time. She was it her issuit state of good health when she went to lunch. She staped on a wet those while there. She apparently had a loss of consciousness. She was soon by the Vinettan medical start. She was told that she should go to the hospital staft. She decided to drive herself there. She was soon at Centennial Hospital and released.

Since this accident, she has had severe low leach pain, she does have some moderate cervical coins discomfort as well. She leads that 90% of heir discomfort is coming from her lower back. She also states that prior to this accident, to her excellention, she has not been seen by a medical professional regarding any spine issues. Over the past year, she has been seen by chimprodic care, for Weber. She has had some mild transient migrovement. Therefor, pain has continued to be quitt severe. She has been seen by Pain.

Alanagement. She had several epitural stematic injections without any significant relief.

On 11/30/17 approximately one year after the injury, she did have a facet children. She had a five-day relief of her haln, but her pain has now returned. She tens not wish to take any type of pain medications. She takes an excasional Tylenol. She does have some improvement in her back pain with changes in position, a heating paid, and reminibelies, Bending, litting, and twisting worsens for pain. Prolonged sitting and not changing her against also wursens her pain. She is here turkly for a consultation.

Allergies No known Allergies 02/26/2016 No Known Orum Allergies 02/26/2018

Past Medical History

Past Medical History
No Known Problems (02/28/2018)

Family History
Mother: Deceased
Brother 1: In good kealth
Sister 1: In good kealth
Sister 1: In good health

Occasion Work Status: Retrement (Health Related). Markor Status: Single Children: 1. Livino siluation: Lives with his mother Tetracco use: Current some day smoker; Smokes 3-2 clearables a week Alcohol Use. No alcohol use Illiatt drug use: Never HIV risk factors: Norte Highest recreation level prior to spino condition: No Response.

Medication History

No Current Medications.

Past Surgical None (02/26/2018)

Diagnostic Studies
Chiropactor
Exercise Theropy
Exercise Theropy
MRI Britin, Brain Stem
MRI Britin, Brain Stem
MRI Lumbar Spine
Lumbar Spine
Lumbar Spine
Lumbar Spine
Lumbar Spine
Lumbar Spine
Lumbar Spine X-ray

Review of Systems
General Not present- Excessive Patible, Fever, Night Sweats, Weight Gair and Weight Lines
MEENT Not Present-Ralance Disturtance, Calaracts, Ear Infection, Ear Palm, Eve Infection, Eye Injury, Glaucotta, Hoading Loss, General Not Present - Excessive Patigite, Tever, Night Sweats, Weight Cain and Weight Loss
General Not Present - Adjance Disturbance, Calaracts, Par Infection, Par Pain, Bye Infection, E

Hernatology Nut Prosent- Anemia, Easy Artising, Excessive bleeding and Gland problems.

Vitals:
22/26/2018 10:26 AM
Weight: 200 to Height: 66 in
Body Surface Area: 2 m* Body Make Index: 32:28 kg/m²

Physical Exam.
The physical examination which is a phasent woman who him is blear understanding of his medical condition. She has mild Physical Exam.

The physical examination, ship is a pleasant women who him a their understanding of her medical condition. She has raided paraginal muscle spassine to paraginal muscle spassine to paraginal muscle spassine to paraginal muscle spassine to application in her protector cervical talagte more so an height than on the loft. Pleador and extension is full. She has pain on extell loading, but not a Libermities. She also has path on what loading during a Spurling's nationary but it realty only raditions to her shoulders bilatorally. She is full power throughout, She is smalled in the upper posterior between the seasons of thingos. Regarding her lower back, she has reduced this anshell in the upper has a positive histerial linger Forth test more not her left than on the right. She does not a smalled calculation on the right, she does have a positive Gaersian's left patent, which is normorefloxic. She does not have pain on privic distriction or compression. Shu is applicate other than in the somewhat flazed, Once again, floaton and extension of the lumbar spine is rectanced. She does have pain of deep flaxion and deep lexion both.

William D. Smith, MD Jacon E. Gurbor, MD, FACS Stuart S. Kaptan, MD, FACS Gregory L. Douds, MD



->

2001 5 Maryland Pkwy Culie 200 145 Vepas, NV 80100-8227 Venue: (702) 737-1948 Fax: (702) 737-7198

Procedure Order

Ordering Site

WRCBSS Meryland Parkway 3081 S Maryland Pkwy Suite 200 Les Vegas, NV 88109-6227 (702) 737-1948 Fax: (702) 737-7198

Report Date: 02/27/2018

Patient Information

Joyce Sexera 7840 Nesting Pine Place Las Vegas, NV 89143 (707) 467-5457 Gender Femele Gal 7

Date of Birtin 03/22/1956 SSN (lent 4 digits)

Patient insurance information

Farmers Work Compensation (800) 987-1007 Group #NONE Plan #WC10132190

Procedures Ordered

Procedures Ordered

CT OF LUMBAR SPINE WITHOUT CONTRAST (72131)

CT OF LUMBAR SPINE, ASCRAIGHDE (724.6 | MS3.3) Ordered by: William D Smith, MD

X-RAY OF LUMBAR SPINE, AP, LATERAL FLEXION, AND EXTENSION VIEWS (72110)

Dispinish: Back pain, ascraighe (724.6 | MS3.3) Ordered by: William D Smith, MD

X-RAY OF CERVICAL SPINE, AP, LATERAL, FLEXION AND EXTENSION VIEWS (77050)

Dispinish: Back pain, ascraighe (724.6 | MS3.3) Ordered by: William D Smith, MD

V-DAY OF ENTIRE BRIDGE AP AND LATERAL INCLUDING DISPINANCE EXTENSION OF EXTENSION O

Diagnosis: Back pain, secrolisic (728.0 | Miss.s) Ordered by: William D. Smith, MIJ.

X-RAY OF ENTIRE BPINE, AP AND LATERAL INCLUDING RIGHT AND LEFT BENDING 3 FOOT STANDING VIEWS (72083)

Diagnosis: Back pain, secrolisic (774.6 | Miss.s) Ordered by: William O. Smith, MD.

X-RAY-OF LUMBOSACRAL SPINE, AP, LATERAL AND FLEXION-EXTENSION VIEWS (22110)
ROBE LATERAL VIEW OF LUMBAR SPINE X-RAY MUST INCLUDE SUPERIOR ENOPLY TO OF LUMBAR SPINE X-RAY MUST INCLUDE SUPERIOR SPINE X-RAY MUST INCLUDE SUPERIOR SPINE X-RAY MUST INCLUDE SUPERIOR SPINE X-RAY MUST INCLUDE SUPERIOR SPINE X-RAY MUST INCLUDE SUPERIOR SPINE X-RAY MUST INCLUDE SPINE X-R

Present Process France, Diagnosis, Back pain, cacrollac (724.6 [M53.3); Ordered by William D Smith, MD

End of Procedures Ordered

William D Snith, MD

Tuesday, February 21, 2018



To Whom it may concern:

On December 28th, 2015 Joyce Sekera was first employed by Brand Vegas as a crew member. She reamioned employed by Brand Vegas until December 10, 2016.

As a result of an incident occurring on November 4, 2016 she was unable to work from November 5, 2016 to December 10, 2016.

Joyce Sekera earned \$8,25 per hour, plus commission. She worked 8 hours per day and 40 hours per week. She earned approximately \$500.00 per week

Based upon the above referenced information, Joyca Sekera sustained wage losses totaling approximately \$2,500.00

Warren Church Jr.

Chief Operating Officer

MACLIF

ELECTRONICALLY SERVED 7/20/2018 4:14 PM

| 3 4 | 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 Telephone: (702) 735-0049 Facsimile: (702) 735-0204 kgalliher@galliherlawfirm.com Attorney for Plaintiff CLARK COU JOYCE SEKERA, an Individual, Plaintiff, V. VENETIAN CASINO RESORT, LLC, d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; LAS VEGAS SANDS, LLC d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants. PLAINTIFF JOYCE SEKERA'S FIRST SU 16.1(a)(3) PRE-7 COMES NOW, JOYCE SEKERA, by a LAW FIRM, hereby submits the following Disclosure Statement List of Documents and as Plaintiff intends to introduce the following NEW ITEMS LISTED IN BOLD. | CT COURT UNTY, NEVADA CASE NO.: A-18-772761-C DEPT. NO.: 24 DEPT. NO.: 24 DOCUMENTS AND WITNESSES, AND NRCP TRIAL DISCLOSURE and through her attorneys of record, THE GALLIHER 3. First Supplement to the Early Case Conference Witnesses and NRCP 16.1(a)(3) Pre-Trial Disclosure, g documents and witnesses at the trial of this matter. |
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| 1 1 | 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 | Keith E. Galliher, Jr., Esq. Nevada Bar No. 220 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 Telephone: (702) 735-0049 Facsimile: (702) 735-0204 kgalliher@galliherlawfirm.com Attorney for Plaintiff DISTRI CLARK COL JOYCE SEKERA, an Individual, Plaintiff, V. VENETIAN CASINO RESORT, LLC, d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; LAS VEGAS SANDS, LLC d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants. DISCLOSURE STATEMENT, LIST OF 16.1(a)(3) PRE- COMES NOW, JOYCE SEKERA, by a LAW FIRM, hereby submits the following Disclosure Statement List of Documents and as Plaintiff intends to introduce the following NEW ITEMS LISTED IN BOLD. |

THE GALLIHER LAW FIRM 1 Keith E. Galliher, Jr., Esq. 2 Nevada Bar No. 220 1850 East Sahara Avenue, Suite 107 3 Las Vegas, Nevada 89104 Telephone: (702) 735-0049 Facsimile: (702) 735-0204 5 kgalliher@galliherlawfirm.com Attorney for Plaintiff 6 DISTRICT COURT 7 CLARK COUNTY, NEVADA 8 CASE NO.: A-18-772761-C 9 JOYCE SEKERA, an Individual, DEPT. NO.: 24 10 Plaintiff, 11 850 E. Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 702-735-0049 Fax: 702-735-0204 THE GALLIHER LAW FIRM 12 VENETIAN CASINO RESORT, LLC, d/b/a THE VENETIAN LAS VEGAS, a 13 Nevada Limited Liability Company; 14 LAS VEGAS SANDS, LLC d/b/a THE VENETIAN LAS VEGAS, a Nevada 15 Limited Liability Company; UNKNOWN EMPLOYEE; DOES I 16 through X, inclusive, 17 Defendants. 18 PLAINTIFF JOYCE SEKERA'S FIRST SUPPLEMENTAL EARLY CASE CONFERENCE 19 DISCLOSURE STATEMENT, LIST OF DOCUMENTS AND WITNESSES, AND NRCP 20 16.1(a)(3) PRE-TRIAL DISCLOSURE 21 COMES NOW, JOYCE SEKERA, by and through her attorneys of record, THE GALLIHER 22 23 LAW FIRM, hereby submits the following First Supplement to the Early Case Conference 24 Disclosure Statement List of Documents and Witnesses and NRCP 16.1(a)(3) Pre-Trial Disclosure, 25 as Plaintiff intends to introduce the following documents and witnesses at the trial of this matter. 26 NEW ITEMS LISTED IN BOLD. 27 28 1

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1850 E. Sahara Avenue, Suite 107

Las Vegas, Nevada 89104

THE GALLIHER LAW FIRM

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LIST OF WITNESSES

1. Joyce Sekera

c/o The Galliher Law Firm

1850 E. Sahara Avenue, Suite 107

Las Vegas, Nevada 89104

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

2. Yet to be identified employees

The Venetian Las Vegas

c/o Royal & Miles LLP

1522 W. Warm Springs Road

Henderson, Nevada 89014

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

3. Person Most Knowledgeable and/or

Custodian of Records

The Venetian Las Vegas

c/o Royal & Miles LLP

1522 W. Warm Springs Road

Henderson, Nevada 89014

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

4. Person Most Knowledgeable and/or

Custodian of Records

Centennial Hills Hospital

6900 N. Durango Drive

Las Vegas, Nevada 89149

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

5. Person Most Knowledgeable and/or

Custodian of Records

Shadow Emergency Physicians

1000 River Road, Suite 100

Conshohocken, Pennsylvania 19428

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

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

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

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

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

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

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

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

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

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

Michelle Hyla, D.O.
 Person Most Knowledgeable and/or Custodian of Records
 Southern Nevada Medical Group
 1485 E. Flamingo Road
 Las Vegas, Nevada 89119

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

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

She will render expert opinions that all of the past and future medical care provided to Plaintiff was reasonable and necessary, that the need for said care was caused by the subject incident, that all charges were reasonable and customary, that the Plaintiff has, and will continue to have, restrictions on her activities and ability to work, that the Plaintiff will have a diminished work life expectancy and a diminished life expectancy. The basis for Dr. Hyla's opinions include, but are not limited to, her education, training, and experience, the nature of the trauma Plaintiff was subjected to because of Defendant's negligence, Plaintiff's history and symptoms, any diagnostic

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tests that were performed, her review of Plaintiff's medical records. In addition, Dr. Hyla will testify as a rebuttal expert to any medically designated defense experts in which she is qualified.

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

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

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

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

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

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

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 Person Most Knowledgeable and/or Custodian of Records Las Vegas Pharmacy
 2600 W. Sahara Avenue, Suite 120 Las Vegas, Nevada 89102

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

13. Katherine D. Travnicek, M.D. Person Most Knowledgeable and/or Custodian of Records Pain Institute of Nevada 7435 W. Azure Drive, Suite 190 Las Vegas, Nevada 89130

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

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

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

14. Person Most Knowledgeable and/or Custodian of Records Valley View Surgery Center

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1330 S. Valley View Blvd.

Las Vegas, Nevada 89102
*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.

15. Person Most Knowledgeable and/or Custodian of Records

Steinberg Diagnostics P.O. Box 36900

Las Vegas, Nevada 89133

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

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

Las Vegas, Nevada 89148

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

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

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

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

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

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

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

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

18. Marissa Freeman 8929 Monte Oro Drive Las Vegas, Nevada 89131

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

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

| | 1 2 3 4 5 6 | 20. Carole Divito 7840 Nesting Pine Place Las Vegas, Nevada 89143 | cal condition before and after the incident which cal condition before and after the incident which | | | | |
|--------|---------------------------------|---|--|--|--|--|--|
| | 8 | 21. Any and all witnesses named by the De | 21. Any and all witnesses named by the Defendant. | | | | |
| | 9 | II. | | | | | |
| | 10 | COMPUTATION OF DAMAGES | | | | | |
| | 11 12 | 1. Centennial Hills Hospital | \$4,454.00 | | | | |
| | 13 | 2. Shadow Emergency Physicians | \$1,272.00 | | | | |
| L. | 14 | 3. Desert Radiologists | \$77.00 | | | | |
| 647 FB | 15 | 4. Dr. Webber | \$10,756.00 | | | | |
| | 16 | 5. Las Vegas Radiology | \$848.00 | | | | |
| | 17 18 | 6. Dr. Hyla | \$1,975.00 | | | | |
| | 19 | 7. Dr. Shah | \$17,613.50 | | | | |
| | 20 | 8. PayLater/WellCare Pharmacy | \$282.33 | | | | |
| | 21 | 9. Las Vegas Pharmacy | \$1,090.93 | | | | |
| | 22 | 10. Dr. Travnicek | \$16,000.00 | | | | |
| | 23 | 11. Valley View Surgery Center | \$15,489.48 | | | | |
| | 2425 | 12. Steinberg Diagnostics | \$1,400.00 | | | | |
| | 26 | 13. Dr. Cash | \$1,750.00 | | | | |

14. Wage loss and loss of earning capacity

(To be determined)

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- Actual surgical hardware, plates screws, surgical tools, and surgical equipment as used in Plaintiff's medical treatment and anticipated to be used in future treatment;
- b. Demonstrative and actual photographs and videos of surgical procedures and other diagnostic tests Plaintiff has undergone and will undergo in the future;
- Actual diagnostic studies and computer digitized diagnostic studies; c.
- Samples of tools used in surgical procedures;
- Diagrams, drawings, pictures, photos, film, video, DVD and CD ROM of various parts of the human body, diagnostic tests and surgical procedures;
- Computer simulation, finate element analysis, mabymo and similar forms of computer visualization;
- Power point images/drawings/diagrams/animations/story boards, of the related vehicles involved, the parties involved, the location of the motor vehicle accident and what occurred in the motor vehicle accident;
- h. Pictures of Plaintiff's Prior and Subsequent to the Subject accident;
- Surgical Timeline;
- Medical treatment timeline;
- Future Medical timeline;
- Charts depicting Plaintiff's Life Care Plans;
- Charts depicting Plaintiff's Loss of Hedonic Damages;
- Charts depicting Plaintiff's Loss of Household Services;
- Photographs of Plaintiff's Witnesses;
- Charts depicting Plaintiff's Life Expectancy;
- Story boards and computer digitized power point images;
- Blow-ups/transparencies/digitized images of medical records, medical bills, photographs and other exhibits;

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- s. Diagrams/story boards/computer re-enactment of motor vehicle accident;
- t. Diagrams of various parts of the human body related to Plaintiff's injuries;
- u. Photographs of various parts of the human body related to Plaintiff's injuries;
- v. Models of the human body related to Plaintiff's injuries;
- w. Samples of a spinal cord stimulator and leads;
- Sample of an intrathecal drug delivery system and leads;
- y. Samples of the needles and surgical tools used in Plaintiff's various diagnostic and therapeutic pain management procedures

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

DATED this 12 day of July, 2018

THE GALLIHER LAW FIRM

Keith E. Galther, Jr., Esq. Nevada Bar Number 220

1850 E. Sahara Avenue, Suite 107

Las Vegas, Nevada 89104 Attorneys for Plaintiff

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

CERTIFICATE OF SERVICE

| CERTIFICATE OF SERVICE |
|--|
| I HEREBY CERTIFY that I am an employee of THE GALLIHER LAW FIRM and that |
| service of a true and correct copy of the above and foregoing FIRST SUPPLEMENTAL EARLY |
| CASE CONFERENCE DISCLOSURE STATEMENT was served on the day of July |
| 2018, to the following addressed parties by: |
| First Class Mail, postage prepaid from Las Vegas, Nevada pursuant to N.R.C.P 5(b) |
| Facsimile, pursuant to EDCR 7.26 (as amended) |
| Electronic Mail/Electronic Transmission |
| Hand Delivered to the addressee(s) indicated |
| Receipt of Copy on this day of, 2018, |
| acknowledged by, |
| |
| Michael A. Royal, Esq. Gregory A. Miles, Esq. ROYAL & MILES LLP 1522 W. Warm Springs Road Henderson, Nevada 89014 Attorneys for Defendants |

An employee of THE GALLIHER LAW FIRM