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 08:30 p.m.
Elizabeth A. Brown
Clerk of Supreme Court
REAL PARTY IN
INTEREST'S APPENDIX,
VOLUME 10
(Nos. 1841–2024)

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

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

Attorneys for Real Party in Interest, Joyce Sekera

INDEX TO REAL PARTY IN INTEREST'S APPENDIX

DOCUMENT DESCRIPTION	LOCATION
Plaintiff Joyce Sekera's Early Case Conference	Vol. 1, 1–229
Disclosure Statement, List of Documents and	l '
Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/04/2018)	Vol. 3, 460–689
Plaintiff Joyce Sekera's First Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/20/2018)	Vol. 3, 690–703
Plaintiff Joyce Sekera's Second Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 09/28/2018)	Vol. 4, 704–917
Transcript of October 11, 2018 Deposition of Joseph Larson	Vol. 4, 918–954
Plaintiff Joyce Sekera's Third Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/31/2018)	Vol. 5, 955–973
Plaintiff Joyce Sekera's Fourth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 12/17/2018)	Vol. 5, 974–1058
Transcript of March 14, 2019 Deposition of Joyce P. Sekera	Vol. 6, 1059–1258 Vol. 7, 1259–1475

DOCUMENT DESCRIPTION	LOCATION
Plaintiff Joyce Sekera's Fifth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 03/20/2019)	Vol. 8, 1476–1497
Transcript of April 17, 2019 Deposition of Maria Consuelo Cruz	Vol. 8, 1498–1560
Transcript of April 22, 2019 Deposition of Milan Graovac	Vol. 8, 1561–1609
Plaintiff Joyce Sekera's Sixth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/17/2019)	Vol. 8, 1610–1623
Plaintiff Joyce Sekera's Seventh Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/21/2019)	Vol. 8, 1624–1642
Plaintiff Joyce Sekera's Eighth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 06/27/2019)	Vol. 8, 1643–1658
Plaintiff Joyce Sekera's Ninth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/10/2019)	Vol. 8, 1659–1699

DOCUMENT DESCRIPTION	LOCATION
Plaintiff Joyce Sekera's Tenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/16/2019)	Vol. 9, 1700–1722
Plaintiff Joyce Sekera's Eleventh Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/25/2019)	Vol. 9, 1723–1759
Plaintiff Joyce Sekera's Twelfth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 08/13/2019)	Vol. 9, 1760–1777
Plaintiff Joyce Sekera's Thirteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 08/23/2019)	Vol. 9, 1778–1796
Plaintiff Joyce Sekera's Fourteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 09/03/2019)	Vol. 9, 1797–1815
Answer to First Amended Complaint (filed 09/20/2019)	Vol. 9, 1816–1820

<u>I</u>	DOCUMENT DESCRIPTION	LOCATION
Early Ca		Vol. 9, 1821–1840
Early Ca	`	Vol. 10, 1841–1860
Sixteent	to Plaintiff Joyce Sekera's The Supplemental Early Case Ince Disclosure Statement	
Exhibit	Document Description	
40	Medical and Billing Records from SimonMed	Vol. 10, 1861–1866
41	Medical and Billing Records from Desert Institute of Spine Care	Vol. 10, 1867–1919
42	Medical Records from Desert Chiropractic & Rehab/Core Rehab	Vol. 10, 1920–1943
43	Medical and Billing Records from Las Vegas Neurosurgical Institute	Vol. 10, 1944–2024
44	Medical and Billing Records from Pain Institute of Nevada	Vol. 11, 2025–2144
45	Medical and Billing Records from Radar Medical Group	Vol. 12, 2145–2341

<u>I</u>	DOCUMENT DESCRIPTION	LOCATION
Supplement Statemer and NR	Joyce Sekera's Seventeenth ental Early Case Conference Disclosure at, List of Documents and Witnesses, CCP 16.1(a)(3) Pre-Trial Disclosure 0/13/2020)	Vol. 13, 2342–2361
Sevente	to Plaintiff Joyce Sekera's enth Supplemental Early Case nce Disclosure Statement	
Exhibit	Document Description	
45	Medical and Billing Records from Radar Medical Group	Vol. 13, 2362–2382
46	Pharmacy records from PayLater Pharmacy	Vol. 13, 2383–2390
47	Declaration page Pain Institute of Nevada	Vol. 13, 2391–2395
48	Declaration page and billing from Desert Radiologists	Vol. 13, 2396–2398
Statemer and NR	Joyce Sekera's Eighteenth ental Early Case Conference Disclosure at, List of Documents and Witnesses, CCP 16.1(a)(3) Pre-Trial Disclosure 1/04/2020)	Vol. 13, 2399–2418
Exhibit Eighteen Confere	to Plaintiff Joyce Sekera's nth Supplemental Early Case nce Disclosure Statement	
Exhibit	Document Description	
49	Worker's Compensation file	Vol. 13, 2419–2577

DOCUMENT DESCRIPTION	LOCATION
Exhibit 38 to Fifth Supplement to Defendants'	•
16.1 List of Witnesses and Production of	Vol. 15, 2798–3017
Documents for Early Case Conference (served	Vol. 16, 3018–3237
01/04/2019)	
Exhibit 56 to Eleventh Supplement to	Vol. 17, 3238–3256
Defendants' 16.1 List of Witnesses and	
Production of Documents for Early Case	
Conference (served 05/13/2019)	
Exhibit 81 to Sixteenth Supplement to	Vol. 17, 3257–3277
Defendants' 16.1 List of Witnesses and	
Production of Documents for Early Case	
Conference (served 07/22/2019)	

ELECTRONICALLY SERVED 4/15/2020 4:12 PM

Case Number: A-18-772761-C	Page 1 of 20		CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 702-655-2346 • Fax 702-655-3763	1 2 3 4 4 5 6 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	CLARK COUNT 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. Page	CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1
					Defendants.	
Defendants.	Defendants.	Defendants.			l	
through X, inclusive, Defendants.	through X, inclusive, Defendants.	through X, inclusive, Defendants.				
26 YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants.	26 YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants.	26 YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants.			SANDS, LLC d/b/a THE VENETIAN LAS	
SANDS, LLC d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants.	SANDS, LLC d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants.	SANDS, LLC d/b/a THE VENETIAN LAS VEGAS, a Nevada Limited Liability Company; YET UNKNOWN EMPLOYEE; DOES I through X, inclusive, Defendants.			THE VENETIAN LAS VEGAS, a Nevada	DISCLOSURES PURSUANT TO N.R.C.P.
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.	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.	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.			VENETIAN CASINO RESORT, LLC, d/b/a	
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.	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.	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'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1			v.	DEPT. NO.: XXV
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, DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	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, DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	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, DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1 Defendants.			Plaintiff,	
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, 21 22 V. 23 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. CASE NO.: A-18-7/2/61-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	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. CASE NO.: A-18-7/2/61-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1			JOYCE SEKERA, an Individual,	
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. CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	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. CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	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. CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	S		CLARK COUI	NTY, NEVADA
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. CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	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. CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	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. CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	LAC			
DISTRICT COURT CLARK COUNTY, NEVADA 19 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. DISTRICT COURT CLARK COUNTY, NEVADA CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	DISTRICT COURT CLARK COUNTY, NEVADA 19 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. DISTRICT COURT CLARK COUNTY, NEVADA CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	DISTRICT COURT CLARK COUNTY, NEVADA 19 JOYCE SEKERA, an Individual, Plaintiff, v. 21 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. DISTRICT COURT CLARK COUNTY, NEVADA CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	GE 4101 1 Las 12-65		Attorneys for Plaintiff	
DISTRICT COURT CLARK COUNTY, NEVADA 19 JOYCE SEKERA, an Individual, 20 Plaintiff, v. 21 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, 27 Defendants. DISTRICT COURT CLARK COUNTY, NEVADA CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	DISTRICT COURT CLARK COUNTY, NEVADA 19 JOYCE SEKERA, an Individual, 20 Plaintiff, v. 21 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, 27 Defendants. DISTRICT COURT CLARK COUNTY, NEVADA CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	DISTRICT COURT CLARK COUNTY, NEVADA 19 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.	TT & Mead s Veg 5-234	16		
DISTRICT COURT CLARK COUNTY, NEVADA 19 JOYCE SEKERA, an Individual, 20 Plaintiff, 21 V. 22 V. 23 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, 27 Defendants. District Court CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	DISTRICT COURT CLARK COUNTY, NEVADA 19 JOYCE SEKERA, an Individual, 20 Plaintiff, v. 21 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, 27 Defendants. District Court CASE NO.: A-18-772761-C DEPT. NO.: XXV PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.1	DISTRICT COURT CLARK COUNTY, NEVADA 19 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.		15	Las Vegas, Nevada 89104	
The veneral network of	The veneral New York of the Ve	(702) 735-0049 – Telephone (702) 735-0204 – Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA 19 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 1 through X, inclusive, Defendants.	KES Lane, evadi	14		
The veneral of the ve	The veneral of the ve	(702) 735-0049 – Telephone (702) 735-0204 – Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA 19 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 1 through X, inclusive, Defendants.	S LA Suite a 8910	13	Nevada Bar No. 15043	
The part of the pa	The part of the pa	(702) 735-0049 – Telephone (702) 735-0204 – Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA 19 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 1 through X, inclusive, Defendants.	W F e 100 07	12		
The veneral network of	The veneral network of	(702) 735-0049 – Telephone (702) 735-0204 – Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA 19 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 1 through X, inclusive, Defendants.	FIRN 3	11	Jeffrey L. Galliher, Esq.	
Jeffrey L. Galliher, Esq. Nevada Bar No. 8078 Kathleen H. Gallagher, Esq. Nevada Bar No. 15043 THE GALLIHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0049 - Telephone (702) 735-0049 - Telephone (702) 735-0049 - Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA JOYCE SEKERA, an Individual, Plaintiff, 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 1 through X, inclusive, Defendants. Defendants.	Jeffrey L. Galliher, Esq. Nevada Bar No. 8078 Kathleen H. Gallagher, Esq. Nevada Bar No. 15043 THE GALLIHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0049 - Telephone (702) 735-0049 - Telephone (702) 735-0049 - Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA JOYCE SEKERA, an Individual, Plaintiff, 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 1 through X, inclusive, Defendants. Defendants.	Jeffrey L. Galliher, Esq. Nevada Bar No. 8078 Kathleen H. Gallagher, Esq. Nevada Bar No. 15043 THE GALLIHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0204 - Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA 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 1 through X, inclusive, Defendants.	~			
New ada Bar No. 220 Jeffrey L. Galliher, Esq. Nevada Bar No. 8078 Kathleen H. Gallagher, Esq. Nevada Bar No. 15043 THE GALLHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0049 — Telephone (702) 735-0204 — Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA 19 20 21 22 V. 23 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 1 through X, inclusive, Defendants.	New ada Bar No. 220 Jeffrey L. Galliher, Esq. Nevada Bar No. 8078 Kathleen H. Gallagher, Esq. Nevada Bar No. 15043 THE GALLHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0049 — Telephone (702) 735-0204 — Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA 19 20 21 22 V. 23 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 1 through X, inclusive, Defendants.	New Add Bar No. 220 Jeffrey L. Galliher, Esq. Nevada Bar No. 8078 Kathleen H. Gallagher, Esq. Nevada Bar No. 15043 THE GALLIHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0204 - Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA 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 1 through X, inclusive, Defendants.			glogan@claggettlaw.com	
10	10 Keith E. Galliher, Jr., Esq. Nevada Bar No. 220 Jeffrey L. Galliher, Esq. Nevada Bar No. 15043 THE GALLIHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0204 - Facsimile Attorneys for Plaintiff Attorneys for Plaintiff 18	Nevada Bar No. 220 Jeffrey L. Galliher, Jr., Esq. Nevada Bar No. 100 Jeffrey L. Galliher, Jr., Esq. Nevada Bar No. 15043 THE GALLIHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0049 - Telephone (702) 735-0049 - Telephone (702) 735-0049 - Facsimile Attorneys for Plaintiff DISTRICT COURT CLARK COUNTY, NEVADA 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 1 through X, inclusive, Defendants.			wsykes@claggettlaw.com	
Wsykes@claggettlaw.com glogan@claggettlaw.com glogan@clagettlaw.com glogan@claggettlaw.com	Wsykes@claggettlaw.com glogan@claggettlaw.com glogan@claggettlaw.com glogan@claggettlaw.com glogan@claggettlaw.com glogan@claggettlaw.com lil lil lil lil lil lil lil lil lil li	Waykes@claggettlaw.com glogan@claggettlaw.com keith E. Galliher, Jr., Esq. Nevada Bar No. 220 Jeffrey L. Galliher, Esq. Nevada Bar No. 8078 Kathleen H. Gallagher, Esq. Nevada Bar No. 15043 THE GALLIHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0049 - Telephone (70			(702) 655-3763 – Facsimile	
(702) 655-3763 – Facsimile sclaggett@claggettlaw.com wsykes@claggettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com percelled.com wskespclagettlaw.com percelled.com clags.com clags.c	(702) 655-3763 – Facsimile sclaggett@claggettlaw.com wsykes@claggettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com wskespclagettlaw.com vexada Bar No. 15043 THE GALLiHER LAW FIRM 1850 Ear Sahar Avenue, 5045 THE GALLiHER LAW FIRM 1850 Ear Sahar Avenue, 5045 THE GALLiHER LAW FIRM 1850 Ear Sahar Avenue, 5045 THE GALLiHER LAW FIRM 1850 Ear Sahar Avenue, 5045 THE GALLiHER LAW FIRM 1850 Ear Sahar Avenu	(702) 655-3763 – Facsimile sclaggettl@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com sukes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com sukes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com sukes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com sukes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com sukes@claggettlaw.com sukes@claggettlaw.com wsykes@claggettlaw.com sukes@claggettlaw.com sukes.claggettlaw.com sukes.claggettlaw.co				
The color of the	Total Color	To company the company of the compan			4101 Meadows Lane, Suite 100	
Align	Align	A			Nevada Bar No. 013910	
Variable Bar No. 013910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 (702) 655-3363 - Facsimile Selaggett@elaggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com tel. Clark	Variable Bar No. 013910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 (702) 655-3363 - Facsimile Selaggett@elaggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com wayks@laggettlaw.com tel. Clark	Nevada Bar No. 013910			Nevada Bar No. 009916	
Nevada Bar No. 009916 Geordan G. Logan, Esq. Nevada Bar No. 013910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suire 100 Las Vegas, Nevada 89107 (702) 655-2346 — Telephone (702) 655-3763 — Faesimile selargetti@v.com glogan@claggettlaw.com wyskes@claggettlaw.com glogan@claggettlaw.com	Nevada Bar No. 009916 Geordan G. Logan, Esq. Nevada Bar No. 013910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suire 100 Las Vegas, Nevada 89107 (702) 655-2346 — Telephone (702) 655-3763 — Faesimile selargetti@v.com glogan@claggettlaw.com wyskes@claggettlaw.com glogan@claggettlaw.com	Nevada Bar No. 009916 Geordan G. Logan, Esq. Nevada Bar No. 013910				
William T. Sykes, Esq. Nevada Bar No. 009916 Geordan G. Logan, Esq. Nevada Bar No. 013910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 (702) 655-2346 — Telephone (702) 655-3763 — Facsimile sclargetti@w.com glogan@claggettlaw.com	William T. Sykes, Esq. Nevada Bar No. 009916 Geordan G. Logan, Esq. Nevada Bar No. 013910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 (702) 655-2346 — Telephone (702) 655-3763 — Facsimile sclargetti@w.com glogan@claggettlaw.com	William T. Sykes, Esq.			Sean K. Claggett, Esq.	
Scan K. Claggett, Fsq. Nevada Bar No. 008407 William T. Sykes, Esq. Nevada Bar No. 009916 Geordan G. Logan, Esq. Nevada Bar No. 013910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 (702) 655-2346 — Telephone (702) 635-3763 — Fassimile Sclaggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com sclaggettlaw.com sclaggett	Scan K. Claggett, Fsq. Nevada Bar No. 008407 William T. Sykes, Esq. Nevada Bar No. 009916 Geordan G. Logan, Esq. Nevada Bar No. 013910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 (702) 655-2346 — Telephone (702) 635-3763 — Fassimile Sclaggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com sclaggettlaw.com sclaggett	Sean K. Claggett, Esq. Nevada Bar No. 008407 William T. Sykes, Esq. Nevada Bar No. 009916 Geordan G. Logan, Esq. Nevada Bar No. 019910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 (702) 655-3763 - Facsimile sclaggett@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com glogan@claggettlaw.com sclagget@claggettlaw.com sclagget@claggettlaw.com sclagget@claggettlaw.com Sean Callibrer, Esq. Nevada Bar No. 220 Jeffrey L. Gallibrer, Esq. Nevada Bar No. 15043 THE GAILLHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0049 - Telephone (702) 735-0049 - Telepho		1	ECC	
Scan K. Claggett, Fsq. Nevada Bar No. 008407	Scan K. Claggett, Fsq. Nevada Bar No. 008407 William T. Sykes, Esq. Nevada Bar No. 009916 Geordan G. Logan, Esq. Nevada Bar No. 013910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 (702) 655-2346 — Telephone (702) 635-3763 — Fassimile Sclaggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com sclaggettlaw.com sclaggett	Sean K. Claggett, Esq. Nevada Bar No. 008407 William T. Sykes, Esq. Nevada Bar No. 009916 Geordan G. Logan, Esq. Nevada Bar No. 019910 CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 (702) 655-3763 - Facsimile sclaggett@claggettlaw.com wsykes@claggettlaw.com wsykes@claggettlaw.com glogan@claggettlaw.com sclagget@claggettlaw.com sclagget@claggettlaw.com sclagget@claggettlaw.com Sean Callibrer, Esq. Nevada Bar No. 220 Jeffrey L. Gallibrer, Esq. Nevada Bar No. 15043 THE GAILLHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0049 - Telephone (702) 735-0049 - Telepho		ı		

4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 702-655-2346 • Fax 702-655-3763

COMES NOW, Plaintiff, JOYCE SEKERA, by and through her counsel of record, CLAGGETT & SYKES LAW FIRM and provides the following sixteenth supplement to Initial Disclosures Pursuant to N.R.C.P. 16.1 as follows:

I.

PRODUCTION OF DOCUMENTS

DOCUMENTS:

EX.	DESCRIPTION	BATES NUMBERS
1.	Records and billing from Centennial Hills Hospital	JS001-074
2.	Billing from Shadow Emergency Services	JS075-076
3.	Records and billing from Desert Radiologists	JS077-082
4.	Records and billing from Dr. Webber	JS083-243
5.	Records and billing from Las Vegas Radiology	JS244-262
6.	Records and billing from Dr. Hyla	JS263-303
7.	Records and billing from Dr. Shah	JS304-378
8.	Billing from PayLater Pharmacy	JS379
9.	Billing from Las Vegas Pharmacy	JS380-381
10.	Records and billing from Dr. Travnicek	JS382-475
11.	Records and billing from Valley View Surgery Center	JS476-601
12.	Records and billing from Steinberg Diagnostics	JS602-608
13.	Records and billing from Dr. Cash	JS609-658
14.	Records from Dr. Smith	JS659-661
15.	Wage loss document	JS662
16.	Records and billing from Dr. Smith	JS663-847

Page 2 of 20

70.	Page 2 of 20	SEKERA001020- SEKERA001030
40.	Third supplemental expert report from Dr. Travnicek Medical and Billing Records from SimonMed	SEKERA001026-
38.	Second supplemental expert report from Thomas Jennings, P.E.	JS1023 JS1024-1025
37.	Billing from Dr. Garber	JS1022
36.	Surgical estimate from Western Regional Center for Brain & Spine	JS1021
35.	First supplemental expert rebuttal report from Dr. Anthony	JS1018-1020
34.	Billing from Valley View Surgery Center	JS1016-1017
33.	Records from Dr. Smith	JS1014-1015
32.	Records from Dr. Smith	JS1011-1013
31.	Report from Wilson C. "Toby" Hayes, Ph.D. regarding case "Wall v South Point Hotel & Casino"	JS996-1010
30.	Records from Dr. Smith	JS994-995
29.	Records from Valley View Surgery Center	JS993
28.	Records from Dr. Travnicek	JS989-992
27.	Third Supplemental expert report from Dr. Baker	JS981-988
26.	Second Supplemental expert report from Dr. Baker	JS980
25.	Supplemental report from Dr. Baker	JS953-979
24.	Supplemental report from Thomas Jennings	JS951-952
23.	Supplemental report from Dr. Travnicek	JS950
22.	Records from Dr. Travnicek	JS946-949
21.	Records and billing from Dr. Smith	JS939-945
20.	Records from Core Rehab	JS869-938
19.	Records from Dr. Travnicek	JS866-868
18.	Certificate of Custodian of Medical Records from Dr. Smith	JS865
17.	Tax returns from 2016	JS848-864

Page 3 of 20

702-655-2346 • Fax 702-655-3763 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

41.	Medical and Billing Records from Desert Institute of Spine	SEKERA001031-
	Care	SEKERA001082
42.	Medical Records from Desert Chiropractic & Rehab/Core	SEKERA001083-
	Rehab	SEKERA001105
43.	Medical and Billing Records from Las Vegas Neurosurgical	SEKERA001106-
	Institute	SEKERA001185
44.	Medical and Billing Records from Pain Institute of Nevada	SEKERA001186-
		SEKERA001304
45.	Medical and Billing Records from Radar Medical Group	SEKERA001305-
		SEKERA001500

Any and all documents provided by the Defendant and/or any other party to this litigation.

The Plaintiff reserves the right to supplement her production of documents as discovery is ongoing.

II.

LIST OF WITNESSES

Joyce Sekera is the Plaintiff in this matter and will testify to the allegations contained in the Complaint and any information relevant thereto; her recollection of the facts and circumstances surrounding the subject incident; her pre-and post-incident status, including medical conditions, injuries, treatments, outcomes, diagnoses, and prognoses; her employment and income history; the medical special damages she claims to have incurred as a result of the incident, including the existence of any and all liens, insurance claims and payments, and any monies received in connection therewith; any and all meetings, communications, and observations of the parties, police officers and witnesses.

1.	Joyce Sekera
	c/o Claggett & Sykes Law Firm
	4101 Meadows Lane, Suite 100
	Las Vegas, Nevada 89107

The following witness are expected to testify regarding the facts and circumstances surrounding the subject incident, the allegations contained in the Complaint and any information relevant thereto and/or the Plaintiff's condition, lifestyle and activities before and after the incident.

Page 4 of 20

CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107

702-655-2346 • Fax 702-655-3763

1.	Marissa Freeman 8929 Monte Oro Drive
	Las Vegas, Nevada 89131
2.	Brian Freeman
	8929 Monte Oro Drive
	Las Vegas, Nevada 89131
3.	Carole Divito
	7840 Nesting Pine Place
	Las Vegas, Nevada 89143

The following witnesses are Defendants in this action and it is anticipated that they will testify their knowledge of the allegations contained in the Complaint, the Answer and Affirmative Defenses; any and all observations, meetings, communications and interactions with the parties, police officers, and witnesses; any notes, photos or memoranda created about the accident or matters alleged in the Complaint, Answer and Affirmative Defenses:

1. NRCP 30(b)(6) Witness(es) for
VENETIAN CASINO RESORT, LLC
d/b/a THE VENETIAN LAS VEGAS
c/o Royal & Miles LLP
1522 West Warm Springs Road
Henderson, Nevada 89014

2. NRCP 30(b)(6) Witness(es) for
LAS VEGAS SANDS, LLC
d/b/a THE VENETIAN LAS VEGAS
c/o Royal & Miles LLP
1522 West Warm Springs Road
Henderson, Nevada 89014

The following witnesses are expected to testify as to the facts surrounding the subject incident, the resulting injuries, medical treatment, symptoms, post-injury condition and/or damages in connection with the subject incident.

1.	Louie Calleros
	2557 Land Rush Drive
	Henderson, Nevada 89002
	(702) 414-9956
2.	Rafael Chavez
	5850 Sky Point Drive
	Las Vegas, Nevada 89130
	(702) 556-9385

Page 5 of 20

CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 702-655-2346 • Fax 702-655-3763

3.	Warren Church, Jr.
	Brand Las Vegas, LLC
	3130 S. Rainbow Blvd., Suite 305
	Las Vegas, Nevada 89146
	(702) 538-9000
4.	Maria Cruz
	911 Melrose Dr.
	Las Vegas, Nevada 89101
	(702) 504-1742
5.	Milan Graovac
	7660 W. Eldorado Ln. #140
	Las Vegas, Nevada 89113
6.	Sang Han
	3180 Molinos Dr.
	Las Vegas, Nevada 89141
	(702) 607-2262
7.	Chris Johnson
	8445 Las Vegas Blvd. So, #2106
	Las Vegas, Nevada 89123
	(702) 241-2302
8.	Joe Larson, EMT
	3339 Horned Lark Court
	Las Vegas, Nevada 89117
	619-961-8167
9.	David Martinez
	517 North Yale St.
	Las Vegas, Nevada 89107
	(702) 878-2504
10.	Christina Tonemah
	3140 White Rose Way
	Henderson, Nevada 89014-3100
	(702) 672-5240
11.	Kecia Powell
	121 Parrish Ln.
	Las Vegas, Nevada 89110-4838
	(702) 245-1792
12.	James Sturiale
	5521 Kettering Pl.
	Las Vegas, Nevada 89107-3739
	(702) 237-9960
13.	Dianne Willoughby
	1100 W. Monroe, #231
	Las Vegas, Nevada 89106
	(702) 578-9916
14.	Dawit Wadajo
	5060 W. Hacienda Ave., Apt. 1101
	Las Vegas, Nevada 89118-0349
	(702) 742-7988

Page 6 of 20

CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 702-655-2346 • Fax 702-655-3763

15.	Pete Krueger
	7028 Edwin Aldrin Cir.
	Las Vegas, Nevada 89145-6127
16.	Alma Coloma
	6118 Carter Caves Ave.
	Las Vegas, Nevada 89139
	(702) 217-1118
17.	Charry Kennedy
17.	c/o Royal & Miles LLP
	1522 West Warm Springs Road
	Henderson, Nevada 89014
	(702) 471-6777
18.	Edward R. DiRocco
18.	
	3130 S. Rainbow Blvd., Suite 305
10	Las Vegas, Nevada 89146
19.	Gary Shulman
	10263 Jamapa Dr.
	Las Vegas, Nevada 89178-4028
20	(702) 487-2207
20.	NRCP 30(b)(6) Witness(es) for
	Brand Las Vegas, LLC
	3130 S. Rainbow Blvd. Suite 305
	Las Vegas, Nevada 89146
	(702) 538-9000
21.	Micki Cimini
	4110 Springville Ave.
	Las Vegas, Nevada 89121-6338
	(702) 769-5983
22.	Barry Goldberg
	c/o Royal & Miles LLP
	1522 West Warm Springs Road
	Henderson, Nevada 89014
	(702) 471-6777
23.	Michael Conery
	c/o Royal & Miles LLP
	1522 West Warm Springs Road
	Henderson, Nevada 89014
	(702) 471-6777
24.	Rhonda Salinas
	c/o Royal & Miles LLP
	1522 West Warm Springs Road
	Henderson, Nevada 89014
	(702) 471-6777
25.	Marnie Pipp
	c/o Royal & Miles LLP
	1522 West Warm Springs Road
	Henderson, Nevada 89014
	(702) 471-6777

Page 7 of 20

702-655-2346 • Fax 702-655-3763

26.	Anna Hersel
	c/o Royal & Miles LLP
	1522 West Warm Springs Road
	Henderson, Nevada 89014
	(702) 471-6777

The following witnesses are experts in this action and it is anticipated that they will testify to their opinions in their reports and any supplements thereto. They may testify to any documents reviewed by them in reaching their opinions, and any other documents or reports that may be relevant to their opinions or defense of those opinions. They may also be called to rebut the opinions of the Defendants' experts to the extent said opinions conflict their own or to the extend said opinions fall within their specialized knowledge, skill, experience, training or education.

•	ons fall within their specialized knowledge, skill, experience, training or education.
1.	Francis Del Vecchio, MD and/or
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Centennial Hills Hospital
	6900 N. Durango Drive
	Las Vegas, Nevada 89149
2.	Francis Del Vecchio, MD and/or
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Shadow Emergency Physicians
	PO Box 13917
	Philadelphia, PA 19101
3.	Kaveh Kardooni, M.D. and/or
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Desert Radiology
	2020 Palomino Lane, Suite 100
	Las Vegas, Nevada 89106
4.	Jordan B. Webber, D.C. and/or
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Desert Chiropractic
	& Rehab/Core Rehab
	10620 Southern Highlands Parkway, Suite 110-329
	Las Vegas, Nevada 89141
5.	James D. Balodimas, M.D. and/or
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Las Vegas Radiology
	3201 S. Maryland Parkway, Suite 102
	Las Vegas, Nevada 89109
6.	Michelle Hyla, D.O. and/or
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Southern Nevada Medical Group
	1485 E. Flamingo Road
	Las Vegas, Nevada 89119
7.	Russell J. Shah, M.D. and/or
	NRCP 30(b)(6) witness and/or

Page 8 of 20

CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 702-655-2346 • Fax 702-655-3763

	Contailing of December for Dade (M. Perl Co.)
	Custodian of Records for Radar Medical Group
	10624 S. Eastern Avenue, #A-425
	Henderson, Nevada 89052
8.	NRCP 30(b)(6) witness and/or
	Custodian of Records for PayLater/Wellcare Pharmacy
	P.O. Box 1200
	Las Vegas, Nevada 89125
9.	NRCP 30(b)(6) witness and/or
	Custodian of Records for Las Vegas Pharmacy
	2600 W. Sahara Avenue, Suite 120
	Las Vegas, Nevada 89102
10.	Katherine D. Travnicek, M.D.
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Pain Institute of Nevada
	7435 W. Azure Drive, Suite 190
	Las Vegas, Nevada 89130
11.	Katherine D. Travnicek, M.D.
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Valley View Surgery Center
	1330 S. Valley View Blvd.
	Las Vegas, Nevada 89102
12.	Sarah Kim, M.D.
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Steinberg Diagnostics
	P.O. Box 36900
	Las Vegas, Nevada 89133
13.	Andrew Cash, M.D.
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Desert Institute of Spine Care
	9339 W. Sunset Road, Suite 100
	Las Vegas, Nevada 89148
14.	Willian D. Smith, M.D.
	NRCP 30(b)(6) witness and/or
	Custodian of Records for Western Regional Center for Brain & Spine
	3061 S. Maryland Parkway, Suite 200
	Las Vegas, Nevada 89109
15.	Jason E. Garber, M.D.
	NRCP 30(b)(6) witness and/or
	Custodian of Records for LVNI Center for Spine and Brain Surgery
	3012 S. Durango Drive
	Las Vegas, Nevada 89117
16.	Travis Snyder, D.O.
	NRCP 30(b)(6) witness and/or
	Custodian of Records for SimonMed Imaging
	7450 Oso Blanca Road, #140
	Las Vegas, Nevada 89149
	(866) 282-7905

Page 9 of 20

702-655-2346 • Fax 702-655-3763 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

	355 W. Mesquite Blvd., D30
	PMB 1-111
	Mesquite, Nevada 89027
18.	John E. Baker, Ph.D., P.E.
	7380 S. Eastern Avenue, Ste. 124-142
	Las Vegas, Nevada 89123

The following treating physicians are expected to testify, and may give expert opinions as nonretained treating physicians, regarding their treatment of the Plaintiff. Their testimony and opinions will consist of the necessity of the medical treatment rendered, diagnosis of the Plaintiff's injuries, prognosis, the reasonableness and necessity of future treatment to be rendered, the causation of the necessity for past and future medical treatment, their opinion as to past and future restrictions of activities, including work activities, caused by the incident. Their opinions shall include the authenticity of medical records, the cost of past medical care, future medical care, and whether those medical costs fall within ordinary and customary charges in the community, for similar medical care and treatment. Their testimony may include opinions as to whether the Plaintiff has a diminished work life expectancy as a result of the accident. They will testify in accordance with their medical chart, including records contained therein that were prepared by other healthcare providers, and any documents reviewed by the treating physician outside of his or his medical chart in the course of providing treatment or to defend that treatment. Such documents may include, but are not limited to, records from other healthcare providers, expert opinions, reports and testimony from experts retained by any party, and any other documents that may be relevant to the treating physician's treatment or defense of his or her treatment of the Plaintiff.

1. Francis Del Vecchio, MD and/or NRCP 30(b)(6) witness and/or Custodian of Records for Centennial Hills Hospital 6900 N. Durango Drive Las Vegas, Nevada 89149 (702) 835-9700 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

Page 10 of 20

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

CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 702-655-2346 • Fax 702-655-3763

	1		expected to testify as to the authenticity of the medical and billing records associated with
	2		Plaintiff's care and treatment.
		2.	Francis Del Vecchio, MD and/or
	3		NRCP 30(b)(6) witness and/or Custodian of Records for Shadow Emergency Physicians
	4		PO Box 13917
	7		Philadelphia, PA 19101
	5		(800) 355-2470
			The Person Most Knowledgeable is expected to testify regarding the care and treatment
	6		rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this
	7		litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are
	ĺ		also expected to testify regarding medical causation of injury and the reasonableness and
	8		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
	9		expected to testify as to the authenticity of the medical and billing records associated with
1	10		Plaintiff's care and treatment.
		3.	Kaveh Kardooni, M.D. and/or NRCP 30(b)(6) witness and/or
	11		Custodian of Records for Desert Radiology
.	12		2020 Palomino Lane, Suite 100
φ.	-		Las Vegas, Nevada 89106
9- 7	13		(702) 759-8600
02-655-2346 • Fax 702-655-3763	14		The Person Most Knowledgeable is expected to testify regarding the care and treatment
Fax	14		rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this
• .	15		litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are
234			also expected to testify regarding medical causation of injury and the reasonableness and
	16		necessity of medical treatment and billing. They will also testify regarding future medical
-0	17		treatment and future medical expenses, if any. Additionally, the Custodian of Records is
₹ '	١ /		expected to testify as to the authenticity of the medical and billing records associated with
	18	4.	Plaintiff's care and treatment. Jordan B. Webber, D.C. and/or
	19	4.	NRCP 30(b)(6) witness and/or
	19		Custodian of Records for Desert Chiropractic
2	20		& Rehab/Core Rehab
,	ς,		10620 Southern Highlands Parkway, Suite 110-329
4	21		Las Vegas, Nevada 89141
2	22		(702) 463-9508
			It is expected that Dr. Webber will testify as a non-retained expert in his capacity as medical
2	23		physicians who provided medical care to Plaintiff, following the subject incident. Dr.
	24		Webber is expected to give expert opinions regarding the treatment of Plaintiff, the
_	- ſ		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,
2	25		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
4	26		customary charges for similar medical care and treatment. His testimony may also include
2	27		expert opinions as to whether Plaintiff has a diminished work life expectancy, work
			capacity, and/or life expectancy as a result of the incident.
2	28		

Page 11 of 20

4 5 6 7 8 9 10 11 702-655-2346 • Fax 702-655-3763 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28

2

3

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 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.

5. James D. Balodimas, M.D. and/or

NRCP 30(b)(6) witness and/or

Custodian of Records for Las Vegas Radiology

3201 S. Maryland Parkway, Suite 102

Las Vegas, Nevada 89109

(702) 254-5004

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

6. Michelle Hyla, D.O. and/or

NRCP 30(b)(6) witness and/or

Custodian of Records for Southern Nevada Medical Group

1485 E. Flamingo Road

Las Vegas, Nevada 89119

(702) 386-0882

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

Page 12 of 20

702-655-2346 • Fax 702-655-3763 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

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 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.

7. Russell J. Shah, M.D. and/or NRCP 30(b)(6) witness and/or Custodian of Records for Radar Medical Group 10624 S. Eastern Avenue, #A-425 Henderson, Nevada 89052 (702) 644-0500

> *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.

8. NRCP 30(b)(6) witness and/or Custodian of Records for PayLater/Wellcare Pharmacy

Page 13 of 20

CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107

Las Vegas, Nevada 89125 2 (702) 852-660 *The Person Most Knowledgeable is expected to testify regarding the care and treatment 3 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 4 also expected to testify regarding medical causation of injury and the reasonableness and 5 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 6 expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment. 7 9 NRCP 30(b)(6) witness and/or 8 Custodian of Records for Las Vegas Pharmacy 2600 W. Sahara Avenue, Suite 120 9 Las Vegas, Nevada 89102 (702) 220-3906 10 *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 11 litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are 702-655-2346 • Fax 702-655-3763 12 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 13 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 14 Plaintiff's care and treatment. 10. Katherine D. Travnicek, M.D. 15 NRCP 30(b)(6) witness and/or 16 Custodian of Records for Pain Institute of Nevada 7435 W. Azure Drive, Suite 190 17 Las Vegas, Nevada 89130 (702) 878-8252 18 *It is expected that Dr. Travnicek will testify as a retained treater/expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. 19 Dr. Travnicek is expected to give expert opinions regarding the treatment of Plaintiff, the 20 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, 21 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 22 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 23 capacity, and/or life expectancy as a result of the incident. 24 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 25 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 26 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. 27 She will render expert opinions that all of the past and future medical care provided 28 to Plaintiff was reasonable and necessary, that the need for said care was caused by the

P.O. Box 1200

Page 14 of 20

	4
	5
	6
	7
	8
	4 5 6 7 8 9
	10
: 100 : 100 07 5-3763	12
S L.A Suite a 891(02-655	13
LAGGETT & STRES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 702-655-2346 • Fax 702-655-3763	11 12 13 14 15 16 17 18 19 20 21 22 23 24
dows	15
L I I 1 Mez as Ve 555-23	16
410 1 1 1 1 1	17
	18
	19
	20
	21
	22
	23
	24
	25
	26
	27
	28

2

3

11.

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.
Katherine D. Travnicek, M.D.
NRCP 30(b)(6) witness and/or
Custodian of Records for Valley View Surgery Center

Custodian of Records for Valley View Surgery Center 1330 S. Valley View Blvd. Las Vegas, Nevada 89102 (702) 675-4600

*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.

12. Sarah Kim, M.D. NRCP 30(b)(6) witness and/or Custodian of Records for Steinberg Diagnostics P.O. Box 36900

> Las Vegas, Nevada 89133 (702) 732-6000

*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. Andrew Cash, M.D. NRCP 30(b)(6) witness and/or

Custodian of Records for Desert Institute of Spine Care

9339 W. Sunset Road, Suite 100

Las Vegas, Nevada 89148

(702) 630-3472

*It is expected that Dr. Cash will testify as a retained treater/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,

Page 15 of 20

CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107

702-655-2346 • Fax 702-655-3763

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.

14. Willian D. Smith, M.D.

NRCP 30(b)(6) witness and/or

Custodian of Records for Western Regional Center for Brain & Spine

3061 S. Maryland Parkway, Suite 200

Las Vegas, Nevada 89109

(702) 737-1948

*It is expected that Dr. Cash will testify as a retained treater/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.

Page 16 of 20

CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107

27

28

2

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.

15. Jason E. Garber, M.D.

NRCP 30(b)(6) witness and/or

Custodian of Records for LVNI Center for Spine and Brain Surgery

3012 S. Durango Drive

Las Vegas, Nevada 89117

(702) 835-0088

*It is expected that Dr. Garber will testify as a non-retained expert in his capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Garber 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. Garber'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. Garber will testify as a rebuttal expert to any medically designated defense experts in which he is qualified.

16. Travis Snyder, D.O.

NRCP 30(b)(6) witness and/or Custodian of Records for SimonMed Imaging

7450 Oso Blanca Road, #140

7430 Oso Dianca Road, #14

Las Vegas, Nevada 89149

(866) 282-7905

Any and all witnesses listed by the Defendants and/or any other party to this litigation.

The Plaintiff reserves the right to supplement her list of witnesses as discovery is ongoing.

Page 17 of 20

CLAGGETT & SYKES LAW FIRM 4101 Meadows Lane, Suite 100 Las Vegas, Nevada 89107 702-655-2346 • Fax 702-655-3763

III.

DAMAGES

EX.	DOCUMENT	AMOUNT
1.	Centennial Hills Hospital	\$13,362.00
2.	Shadow Emergency Physicians	\$1,272.00
3.	Desert Radiologists	\$78.00
4.	Desert Chiropractic & Rehab/Core Rehab	\$10,756.00
5.	Las Vegas Radiology	\$3,000.00
6.	Southern Nevada Medical Group	\$1,975.00
7.	Radar Medical Group	\$17,613.50
8.	PayLater/Wellcare Pharmacy	\$282.33
9.	Las Vegas Pharmacy	\$1,090.93
10.	Pain Institute of Nevada	\$16,000.00
11.	Valley View Surgery Center	\$21,089.48
12.	Steinberg Diagnostics	\$1,400.00
13.	Desert Institute of Spine Care	\$1,750.00
14.	Western Regional Center for Brain & Spine	\$1,675.00
15.	LVNI Center for Spine and Brain Surgery	\$1,700.00
16.	SimonMed Imaging	\$16,179.00

Page 18 of 20

702-655-2346 • Fax 702-655-3763

Total Past Medical Spe	cials To Date	\$109,223.24
Future Medical Expens	es	\$2,957,936.99
Past Wage Loss		To Be Determined
Loss of Earning Capacity	1	To Be Determined
Past Pain, Suffering, Men	ntal Anguish, and Loss of Enjoyment of	To Be Determined
Life		
Future Pain, Suffering, M	Mental Anguish, and Loss of Enjoyment of	To Be Determined
Life		
Attorney's Fees and Cos	ts	To Be Determined

DATED this 15th day of April, 2019.

CLAGGETT & SYKES LAW FIRM

/s/ Geordan G. Logan
Sean K. Claggett, Esq.
Nevada Bar No. 008407
William T. Sykes, Esq.
Nevada Bar No. 009916
Geordan G. Logan, Esq.
Nevada Bar No. 013910
4101 Meadows Lane, Suite 100
Las Vegas, Nevada 89107
(702) 655-2346 – Telephone

Keith E. Galliher, Jr., Esq. Nevada Bar No. 220 Kathleen H. Gallagher, Esq. Nevada Bar No. 15043 THE GALLIHER LAW FIRM 1850 East Sahara Avenue, Suite 107 Las Vegas, Nevada 89104 (702) 735-0049 – Telephone Attorneys for Plaintiffs

Page 19 of 20

702-655-2346 • Fax 702-655-3763

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 15th day of April, 2019, I caused to be served a true and correct copy of the foregoing **PLAINTIFF'S SIXTEENTH SUPPLEMENT TO INITIAL DISCLOSURES PURSUANT TO N.R.C.P. 16.**1 on the following person(s) by the following method(s) pursuant to NRCP 5(b):

Via E-Service

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

CLAGGETT & SYKES LAW FIRM

/s/ Maria Alvarez
An Employee of CLAGGETT & SYKES LAW FIRM

Page 20 of 20

EXHIBIT 40

վիորմիլինդենկեսկուներինիկիկյինիկինիկ



LAS VEGAS NV 89703-9757 ATU WEADONS IN SIE 700 VERDONS PROBLES OF THE PROBLEM OF





CLAGGETT SYKEZ LAW FIRM ATTY 4101 MEADOWS LN STE 100 LAZ VEGAS NV 89107-3121

HEALTH INSURANCE CLAIM FORM

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

PICA											PICA
1. MEDICARE MEDICAI	_	CHAMP	r—n ĤEA	ALTH PLAN pro-	FECA BUXTUNG		1a, INSURSO'S LD. NU	JABER		(For Program	in Item 1)
(Medicareti) (Medicaidi 2. PATIENT'S NAME (Last Name	<u> </u>	(Membe)		"SOIRTH DATE	(404)	(ID#)	03221956 4. INSURED'S NAME (Lost Nama C		L'ardio Noirieu	
SEKERA JOYCE	r, Pirst Name, Middle in	nranj	ก็ร้อ	21956	็ผเา	EX F X	SAME	zastivanio, r	irs: waine.	arouse ministry	
5. PATIENT'S ADDRESS (No., S	treet)		6. PATIENT	RELATIONSH	RP TO INSU		7. INSURED'S ADDRE	SS (No., Stre	et)		
7840 NESTING	PINE PL		Seif X	Spouse	Omila 🗍	Other	SAME				
CITY		STATE	E 8. RESERV	ED FOR NUCC	USE		CITY				STATE
LAS VEGAS		N\	/								
ZIP CODE	TELEPHONE (Includ					:	ZIP CODE	T	ELEPHON	E (Include Area	Code)
89143	(702) 467		Ì						()	
9. OTHER INSURED'S NAME (L	ast Name, First Name, I	Middle Initiat)	10. IS PATIE	ENT'S CONDIT	ION RELAT	ED TO:	11. INSURED'S POLIC	Y GROUP OF	A FECA NU	IMBER	
a OTHER INSURED'S POLICY	SO COCUE NUMBER			MENT? (Cuirer	et or Orașini	um k	a, #NSURED'S DATE C	NE BIOTH		SEX	
a Other Maureparociet	ON GROOF NOMBER		a. Elv-rco1	YES	[X] NO	,	0322	ÍGSÁ	ke.		F X
b. RESERVED FOR NUCC USE	<u></u>) b. AUTO AC		ш		b. OTHER CLAIM ID (6		NUCCI	<u>. </u>	· 🔼
			Ì	YES	******	ACE (State)	:	Jusig iraica by	140007		
c, RESERVED FOR NUCC USE			c. OTHER A	LJ	1771		c. INSURANCE PLANT	NAME OR PR	OGRAM N	IAME	
			-	X YES	NO		CLAGGETT	SYKES	S LAW	V FIRM	ATTY
d. INSURANCE PLAN NAME OF	PROGRAM NAME		104. CLAIM	CODES (Desig	pnased by Ni	JCC)	d. IS THERE ANOTHE	R REALTH BI	NEFIT PL	AN?	
			ļ				YES X	NO If y	es, cample	e items 9, 9a, a	nd 9d.
READ 12. PATIENT'S OR AUTHORIZEI	BACK OF FORM BEF				r information	DRCRESZO:	13. INSURED'S OR AU payment of medical				
to process this claim. Lalso reclaim.							services described		e u. iuo:siÿ	ved huikaitiist. Ot	enbhies; ici
				120	010						_
SIGNED SIGNATI				ATE 120	313					N FILE	_ · · · · · · · · · · · · · · · · · · ·
14. DATE OF CURRENT ILLNES 09302019 Q	IS, INJURY, OF PREGN DAL: 431		5. OTHER DATE WAL: 439	−ďőa	02019	ďΥ	16. DATES PATIENT L MM DC FROM	NARLE JO M	YORK IN C	MM : DD :	PATION
17 NAME OF REFERRING PRO			7a J.J.	093	OZOI.		18. HOSPITALIZATION	DATES REL			VICES
DN JASON GARI			l!	164489	480		FAOM DO) YY	70		¥Υ
19. ADDITIONAL CLAIM INFORE		/ NUCC)					20. QUTSIDE LAB?		\$ C	HARGES	
							YES X	ио			
21. DIAGNOSIS OR NATURE OF	LUNESS OR INJURY	Helate A-L to se	rvice line below	(24E) ICD	ind 0		22. RESUBMISSION CODE		RIGINAL R	EF NO.	
A. M54.2	_{a. 1} M54.5	C.	<u>\$39.9</u> 2	<u>2x</u> a	D						
E. L	F. (G.	·		н. Ц		23. PŘIOŘ AUŤHÓRIZ		SER		
Ł L DATE(S) OF SERVIC	J. LE. B. T	K,C,D, PROC	EDUAES, SEA	udoce on ou	L. L.		LIEN VERI			,	
From	TO PLACE OF	(Exp	otaen Unusual Ci	roumstances)		DIAGNOSIS		DAYS SAS CA Fac URBES PO	H I. EST ID. Esy: OLIAL		SERING
MM DD YY MM D	D YY SERVICE	EMG CPT/HC	PCS :	MODIFIEE	n	POINTER	S CHARGES	Uriers P	to - OUIAL.	PHEOVII	DER ID. #
09302019 0930	2019 11	721	L48	!!!	!	В	2500.00	1.0	. MPI	127563	4612
		, ,	· - ;	•	•	: -	, <u></u>	· 			- · -
09302019 0930	2019 11	721	L41			Α	2243.00	1.0	NPI	127563	14612
			i								
09302019 0930	02019 11	721	L31		•	BC	1843.00	1.0	NPI	127561	L4612
									<u>.</u>		
09302019 0930	02019 11	720	052 📒 -			Α	612.00	1.0	NPI	127561	L4612
ου ένα τη του ένα σ	120201211	777	(1.4.)	: :	:	ne :	F06.00	ות בו	1	ゴラフをごう	1/645
<u>09302019 0930</u>	170TA IT	/	L14			ВС	596.00	1.0	NPI	127561	14017
	; i 1	I	ł	: :		į .)		NPI		
25. FEDERAL TAX I D. NUMBER	SSNEIN	26. PATIENT'S	ACCOUNT NO	27. <u>8</u> 0	CCEPT ASSI	: IGNMENT?	28. TOTAL CHARGE	29. AM	OUNT PA	D 30. Rsv	d for NUCC U
264000683		Z645SD				nie wek NO	s 7794.0	- 1			794.00
31. SIGNATURE OF PHYSICIAN	OR SUPPLIER	. :	FACILITY LOGA				33. BILLING PROVIDE			6) 282-	
NCLUDING DEGREES OR ((I certify that the statements of	n the reverse	SIMONM	MED IMA	AGING	CENTE	ENNIA	SMI IMAC	JING L		·,	
JOSEPH "KAVANA			OSO BLA				PO BOX 2	207465	5		
			GAS, M		149-		DALLAS,	TX 7		7465	
signed 12	209 <u>1,9</u>	a.		b.			<u>- 1972004</u>				
NUCC Instruction Manual		/.nucc.org	PLI	EASE PRIN	IT OR TY	PE CR	061653 APPRO	SERVE	RA00	14 027 RM	1500 (02-1
113241	-93										



CLAGAST ZYKEZ LAW FIRM ATTY 4101 MEADOWS LN STE 100 LAS VEGAS NN 84107-3121

HEALTH INSURANCE CLAIM FORM

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

1. MEDICARE MEDICAL	D TRICAR	F	CHAMPV	A GRO	NP E	FCA OTHER	la INSUREDISTO N	IIIMRED		(Ear Broad	rom in Item 1)
(Medicare#) (Medicaid			(Member IC	— ĤEĂI	LTH PLAN BL	ECA OTHER DK LUNG (10#)	03221956			(FOI FIOG	ram in Hem 1)
2. PATIENT'S NAME (Last Name	e, First Name, Mid-	 Idle Initial)		3. PATIENT	S BIRTH DATE	SEX	4. INSURED'S NAME		e, First Nar	ne, Middle Initia	()
SEKERA JOYCE		_		0322	21956 M	^.	SAME				
5. PATIENT'S ADDRESS (No., S	•			6 PATIENT	RELATIONSHIP T		7 INSUREO'S ADDR	E\$\$ (No., \$	(treet)	_	
7840 NESTING	PINE P	'Ļ		Self X	Spouse Child	d Other	SAME				
CITY			STATE	8. RESERVE	D FOR NUCC US	E	CITY				STATE
LAS VEGAS			NV								
ZIP CODE	TELEPHONE (I						ZIP CODE		TELEPH	ONE (Include A	ea Code)
89143	(702) 4	67-54	457						()	
9. OTHER INSURED'S NAME (L	ast Name, First Na	ame, Middle	> Initial)	10. IŞ PATIE	NT'S CONDITION	RELATED TO.	11. INSURED'S POLI	CY GROUP	OR FECA	NUMBER	
							Ĺ				
a OTHER INSURED'S POLICY	OR GROUP NUMI	BER		a. EMPLOYN	MENT? (Current or	Previous)	a. INSUREO'S DATE	OF BIRTH		SE	
OCCUMENTA CONTROL DO						K] NO	[™] 0322	<u> 1956</u>		м	F X
b. RESERVED FOR NUCC USE	i			b. AUTO AC		PLACE (State)	b. OTHER CLAIM ID	(Designated	by NUCC)	
. December				-	X YES	NO NV					
c. RESERVED FOR NUCC USE				c. OTHER AC		-	c. INSURANCE PLAN				
4 110 15 110 5						K] _{NO}	CLAGGETT				<u>YTTA M</u>
d. INSURANCE PLAN NAME OF	1 PROGRAM NAM	E		10d. CLAIM (CODES (Designate	ad by NUCC)	d. IS THERE ANOTHE		BENEFIT	PLAN?	
										olete items 9, 9a	
12. PATIENT'S OR AUTHORIZE	D BACK OF FORM D PERSON'S SIG	NATURE I	authorize the n	release of any r	medical or other into	ormation necessary	13. INSURED'S OR All payment of medical				
to process this claim. I also re- below.	quest payment of gr	overnment b	enefits either I	io myself or to f	he party who accer	pts assignment	services described	below.	annyagi :	- over priyatolor	- coppine to
					44054						
SIGNED_SIGNATI				DA		.9				ON FI	
14. DATE OF CURRENT ILLNES 11192019 0	·	_			11192	Soa XY	16 DATES PATIENT	UNABLE TO D	MOHK IV	CURRENT OC MM DI	CUPATION 2 , YY
TITYZUTY 0	DVIDER OR OTHE			<u>1. 439</u>	11192	:019	FROM :			ro	
		, in Sounce	- '''	1 1	4622466	. 	18. HOSPITALIZATION	D YY) · YY
DN RUSSELL SI 19. ADDITIONAL CLAIM INFORI	MATION (Designal	1ed by NHC	C) 176.	NP1 13	4632409	,,	FROM 20. OUTSIDE LAB?			CHARGES	<u>:</u>
	1000g.c.	10 4 b) 1100	0,					ا مندا	Þ	CHARGES	
21. DIAGNOSIS OR NATURE OF	FILLNESS OR IN.	JURY Bela	te A-J to servir	ce line helow (24F)			NO			
A IR41.3	8 SO6.				ICD III	0	22 RESUBMISSION CODE	- 1	ORIGINAL	REF. NO.	
E.L.	8 (300.1	UNDA	C. ∟		_ D		23. PRIOR AUTHORIZ	ATION NU	MRER		·
E. L.	F L		G. ∟	 -	— н , 1	L			W.DEI'		
J		1. C.	K L.	OURES, SERV	L. ICES, OR SUPPLI	IES E.	F.	1 6	н		
24. A. DATE(S) OF SERVICE	E B				tumstances)	DIAGNOSIS		DAYS	H. I. EPSOT O	RE	NDERING
From	TO PLACE							ŲН			
From	TO PLACE	MCE EMG	CPT/HCPC		MODIFIER	POINTER	\$ CHARGES	UNITS	Plan QUA		OVIDER ID. #
From MM DD YY MM D	TO PLACE DD YY SERV	MCE EMG	CPT/HCPC	os _I	MODIFIER	POINTER	\$ CHARGES		Plan QUA	L PRO	
From MM DD YY MM D	TO PLACE DD YY SERV	MCE EMG		os _I	MODIFIER			1.0		L PRO	973376
MM DD YY MM D	70 PLACE DD YY SERV	1	7055	i1	: !	POINTER	\$ CHARGES 3500.00	1.0	Plan QUA	13969	973376
MM DD YY MM D	70 PLACE DD YY SERV	1	7055	os _I	: !	POINTER	\$ CHARGES	1.0	Plan QUA	13969	
MM DD YY MM D	92019 1:	1	7055	51 14 59	: !	POINTER	\$ CHARGES 3500.00 2885.00	1.0	Plan QUA	13969 13969	973376 973376
MM DD YY MM D	92019 1:	1	7055	51 14 59	: !	POINTER	\$ CHARGES 3500.00	1.0	Pan QUA	13969 13969	973376
MM DD YY MM D	92019 1:	1	7055	51 14 59	: !	POINTER	\$ CHARGES 3500.00 2885.00	1.0	Pan QUA	13969 13969	973376 973376
MM DD YY MM D	92019 1:	1	7055	51 14 59	: !	POINTER	\$ CHARGES 3500.00 2885.00	1.0	Pan QUA	13969 13969	973376 973376
MM DD YY MM D	92019 1:	1	7055	51 14 59	: !	POINTER	\$ CHARGES 3500.00 2885.00	1.0	Pan QUA	13969 13969 13969	973376 973376
MM DD YY MM D	92019 1:	1	7055	51 14 59	: !	POINTER	\$ CHARGES 3500.00 2885.00	1.0	Pin QUA	13969 13969 13969	973376 973376
MM DD YY MM D	92019 1: 92019 1: 92019 1:	MCE EMG	7055 7054 7637	51 61 77 		A B	\$ CHARGES 3500.00 2885.00	1.0	Pin QUA	13969 13969 13969	973376 973376
MM DD YY MM D 11192019 1119 11192019 1119	92019 1: 92019 1: 92019 1:	MCE EMG 1 1 26. F	7055 7054 7637	51 61 77 		POINTER	\$ CHARGES 3500.00 2885.00 2000.00	1.0	NP	13969 13969 13969	973376 973376
MM DD YY MM D 11192019 1119 11192019 1119 11192019 1119 25. FEDERAL TAX I.O. NUMBER 264000683	92019 1: 92019 1: 92019 1: 92019 1:	MCE EMG 1 1 26. F	7055 7054 7637 7637	51 61 59 77	27 ACCEP	POINTER A B A PT ASSIGNMENT? claims, see back) I NO	\$ CHARGES 3500.00 2885.00 2000.00	1.0	NP NP NP NP	13969 13969 13969	973376 973376 973376
MM DD YY MM D 11192019 1119 11192019 1119 11192019 1119 25. FEDERAL TAX I.O. NUMBER 264000683	92019 1. 92019 1. 92019 1.	WCE EMG 1 1 26.F	7055 7054 7637 7637 PATIENT'S AC	51	27 ACCEP IN SIGNAL X YES	POINTER A B A TASSIGNMENT? Clanic, sea back? INO DN	\$ CHARGES 3500.00 2885.00 2000.00	1.0 1.0 1.0 	NP	13969 13969 13969	973376 973376 973376
MM DD YY MM D 11192019 1119 11192019 1119 11192019 1119 25. FEDERAL TAX I.D. NUMBER 26400683 31. SIGNATURE OF PHYSICIAN INCLUDING DEGREES OR C (It periff) that the statements or (It periff) that the statements or	P2019 1: 92019 1: 92019 1: 92019 1: P2019	WCE EMG 1 1 26. F 32. 6 SI	7055 7054 7637 7637 PATIENT'S AC	51 61 77 CCOUNT NO.	27 ACCEP 10 Y gov. W YES ION INFORMATIO GING CE	POINTER A B A TASSIGNMENT? Claims, sail back! INO DIN NTENNIA	\$ CHARGES 3500.00 2885.00 2000.00 28 TOTAL CHARGE \$ 8385.0	1.0 1.0 1.0 29 30 3 R INFO & 6	NP N	13969 13969 13969	973376 973376 973376
MM DD YY MM D 11192019 1119 11192019 1119 11192019 1119 25. FEDERAL TAX I.D. NUMBER 264000683 31. SIGNATURE OF PHYSICIAN INCLUDING DEGREES OF C	P2019 1: 92019 1: 92019 1: 92019 1: P2019	MCE EMG 1 1 26. F 32. G SI 74	7055 7054 7637 7637 PATIENT'S AC 52KBNL SERVICE FACE MONME 150 OS	51 61 77 60 60 60 60 60 60 60 60	27 ACCEP TO GOM. X YES ION INFORMATIO GING CE NCA ROA	POINTER A B A *TASSIGNMENT? claims, value back) NO NTENNIA D # 140	\$ CHARGES 3500.00 2885.00 2000.00 28 TOTAL CHARGE \$ 8385.0 33 BILLING PROVIDE	1.0 1.0 1.0 1.0 1.0	NP	13969 13969 13969	973376 973376 973376
MM DD YY MM D 11192019 1119 11192019 1119 11192019 1119 11192019 1119 25. FEDERAL TAX I.D. NUMBER 264000683 31. SIGNATURE OF PHYSICIAN INCLUDING OF PHYSI	P2019 1: 92019 1: 92019 1: 92019 1: P2019	MCE EMG 1 1 26. F 32. G SI 74	7055 7054 7637 7637 PATIENT'S AC	51 61 77 60 60 60 60 60 60 60 60	27 ACCEP TO GOM. X YES ION INFORMATIO GING CE NCA ROA	POINTER A B A TASSIGNMENT? Claims, sail back! INO DIN NTENNIA	\$ CHARGES 3500.00 2885.00 2000.00 2000.00 28 TOTAL CHARGE \$ 8385.0 38 BILLING PROVIDE SMI IMAC	1.0 1.0 1.0 1.0 1.0 29 5 S S S S S S S S S S S S S S S S S S S	NPI	13969 13969 13969 13969 13969 13069 13069 13069 13069	973376 973376 973376 973376 973376



SMI IMAGING LLC AZ PO BOX 204165 DALLAS, TX 75320-4165

ATTY ATTY THE GALLIHER LAW FIRM 1850 E SAHARA AVE STE 107 LAS VEGAS NV 89104-3745

Ways To Pay...



Automated Attendant 1,888,685,3907 (24 hours a day)

www.mydocbill.com/SIMONMEDAZ

For Payments Please Call: 1,888.965.1830 For Billing Questions Please Call: 1,888.665.3907

Account Number Amount Due 3209249-QSIMN-1A \$7,794.00

Statement Date 02/12/20

New & Improved Online Experience

Date Due Upon Receipt

STATEMENT

Account	Summary
---------	---------

3209249-QSIMN-1A
0.00
7794.00
0.00
7794.00

See Detail on Back

Go Green www.mydocbill.com/SIMONMEDAZ

Pay Online | Update Info

Gain the power to pay your bill or update your information at your convenience 24 hours a day. This not only benefits the environment it benefits you and your time!

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT TO UPDATE GO TO www.mydocbill.com/SIMONMEDAZ

Insurance	CLAGGETT SYKES LAW FIRI		
Group/Plan			
ID Number	03221956		
SECONDARY			
Insurance			
Address			
City/State/Zip			
Group/Plan			
ID Number			

SMI IMAGING LLC AZ

DALLAS, TX 75320-4165

Patient Name: JOYCE SEKERA

Invoice Number: 6724576 Billing Questions: 1.888.685,3907

PO BOX 204165

About Your Statement

Have a billing question or concern about your statement? E-MAIL us at simnbilling@mydocbill.com.

See Statement Details on Back



Amount Due!

STATEMENT DATE 02/12/20

AMOUNT DUE \$7,794.00

ACCOUNT NO. 3209249-QSIMN-1A

CHARGES AND CREDITS MADE AFTER

SHOW AMOUNT PAID HERE

հոլիվումիդրժիրինեկ||իլինիդրինիլեցիժիգրիհրիկի _{108061 - 169}

ATTY ATTY THE GALLIHER LAW FIRM 1850 E SAHARA AVE STE 107

247E-404PB VM ZADBY ZAL

MAKE CHECKS PAYABLE / REMIT TO:

SMI IMAGING LLC AZ PO 80X 204165 DALLAS, TX 75320-4165 [[Մ][[բ]եվ[բմ][գմիեն թվոլ[ՍեՄԻ[ՎՈՒ]-գՈւ[ՄՈւյլ[Վ[Եվհ-

0672457600779400000003209249SIMN&

SEKERA001029
Pay Online: www.mydocbill.com/SIMONMEDAZ

101955

Ē

www.mydocbill.com/SIMONMEDAZ

Summary of Service Charges

DATE	PROC CODE	UNITS	DETAILS OF SERVICES	CHARGES	PAY/ ADJ	INSUR. PENDING	PATIENT BALANCE
Patient: JO	YCE SEKER	А		Services Were Provided at		eferred By: JAS IMAGING CEN	
09-30-19	72148	1	MRI LUMBAR SPINE W/O DYE	2500.00	0.00	0.00	2500.00
12-09-19			FILED PRIMARY TO CLAGGETT SYKE	S LAW FIRM (CL051)			
02-07-20			GUARANTOR RESPONSIBILITY DATE	(CHARGEID: 18281678)		., .	-
09-30-19	72131	1	CT LUMBAR SPINE W/O DYE	1843.00	0.00	0.00	1843.00
12-09-19		-	FILED PRIMARY TO CLAGGETT SYKE	S LAW FIRM (CL051)	•		
02-07-20			GUARANTOR RESPONSIBILITY DATE	(CHARGEID: 18281853)			
09-30-19	72052	1	X-RAY EXAM NECK SPINE 6/>VWS	612,00	0.00	0.00	612.00
12-09-19			FILED PRIMARY TO CLAGGETT SYKE	S LAW FIRM (CL051)			
02-07-20			GUARANTOR RESPONSIBILITY DATE	(CHARGEID: 18282025)			
09-30-19	72141	1	MRI NECK SPINE W/O DYE	2243.00	0.00	0.00	2243.00
12-09-19			FILED PRIMARY TO CLAGGETT SYKE	S LAW FIRM (CL051)			
02-07-20			GUARANTOR RESPONSIBILITY DATE	(CHARGEID: 18282098)			
09-30-19	72114	1	X-RAY EXAM L-S SPINE BENDING	696.00	0.00	0.00	596.00
12-09-19			FILED PRIMARY TO CLAGGETT SYKE	S LAW FIRM (CL051)			
02-07-20			GUARANTOR RESPONSIBILITY DATE	(CHARGEID: 18282224)		· · · · · ·	

Current	31-60 Days	61-90 Days	Over 90 Days
\$7794.00	\$0.00	\$0.00	\$0.00

WE HAVE FILED YOUR INSURANCE. YOU ARE NOW RESPONSIBLE FOR THE BALANCE OF THIS ACCOUNT.

DATE DUE:	BALANCE DUE:
Upon Receipt	\$7,794.00

SMI IMAGING LLC AZ PO BOX 204165 DALLAS, TX 75320-4165 1.888.685.3907

If your insurance has issued payment directly to you, please send us this payment immediately to stop the collection efforts.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Patient Statement For: ATTY ATTY THE GALLIHER LAW FIRM	Statement Date
	02/12/20
	Account Number
	3209249-QSIMN-1A

STATEMENT
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

SEKERA001030

EXHIBIT 41



4101 Meadows Lane #100 | Las Vegas, NV 89107 Tel. 702.655.2346 | Fax 702.655.3763 | daggettlaw.com

January 8, 2020

VIA FACSIMILE

Desert Institute of Spine Care 702-946-5115

Updated Records for: 10/05/17 - Present

Re: Medical and Billing Records Request

Client Name:

Joyce Sekera 11/4/2016

Date of Loss: DOB: 03/22/1956

To Whom It May Concern,

I understand that our client, Joyce Sekera, treated at your facility in relation to the above-referenced date of loss. Please send us copies of all medical and billing records, including:

- ALL PAST RECORDS (even if unrelated to condition as alleged within the current claim) and all medical records which are in the control or possession of this witness
- ALL CLINICAL DOCUMENTATIONS: all notes (handwritten or otherwise), prescriptions, surgical reports, all sign-in sheets, dictated reports, chart notes, insurance forms, progress notes, patient questionnaires, blood tests, laboratory findings, all test results, appointment records, discharge reports, admission reports, and nurses' notes
- ALL DIAGNOSTICS: X-ray reports, X-ray films, MRI reports, MRI films, and CT-scans (if
 possible, please put films on CD-ROM or DVD. Please contact our office before you put them
 on CD-ROM or DVD)
- ALL BILLING RECORDS: invoices and statements (please include CPT coding & ICD-10)

Please also provide all correspondence with any and all insurance companies or providers regarding the treatment of our client including, but not limited to, all requests for treatments, referrals, referral forms, authorizations, and denials.

Enclosed please find a copy of a medical authorization signed by our client. <u>PLEASE BE</u>
<u>SURE TO COMPLETE AND SIGN THE DECLARATION FOR CUSTODIAN OF RECORDS</u>
(NOTARY NOT NEEDED) ON THE THIRD PAGE OF THIS REQUEST.

Claggett & Sykes Law Firm will reimburse any reasonable copying charges you may incur. Please include a statement of copying fees. Please feel free to contact me if you have any questions.

Sincerely, CLAGGETT & SYKES LAW FIRM

Isl Paola Jimenez

PAOLA JIMENEZ

SEKERA001031

PAYER INVOICE

Desert Institute of Spine Care

9339 W SUNSET RD STE 100

LAS VEGAS, NV 89148-4849 702-630-3472

TAX ID #: 208772860

TOTAL AMOUNT DUE:

\$1,750.00

INVOICE DATE:

01/14/20

DUE DATE:

02/13/20

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, Provide	r: Andrew M. Cash, MD			
10/05/17	72050 X-RAY EXAM	OF NECK SPINE	\$500.00		
10/05/17	72110 X-RAY EXAM	OF LOWER SPINE	\$400.00		
10/05/17	99244 Office Consu	Itation Level 4	\$850.00		
		Claim Balance:			\$1,750.00
				•	

TOTAL CHARGES:

\$1,750.00

Desert Institute of Spine Care

TOTAL PMT / ADJ / WITHHELD:

\$0.00

This invoice is for outstanding charges. Please return

a copy of the invoice with the remittance. Thank you.

TOTAL AMOUNT DUE:

\$1,750.00

PAGE NO: 1

SEKERA001032

DECLARATION FOR MEDICAL RECORDS AND MEDICAL BILLING RECORDS

STATE OF NV
COUNTY OF CHARLES) ss:
COMES NOW MIND (L) MUD, who after first being duly sworn, deposes and says:
1. That Declarant is the Custodian of Medical Records and of Medical Billing Records for Desert Institute of Spine Care .
2. That Desert Institute of Spine Care is licensed to do business in the State of
3. That on the day of, 20, 20
4. That Declarant has examined the original of both those Medical Records and Medical Billing Records and has made or has caused to be made a true and exact copy of them, and that the reproduction of them attached hereto is true and complete.
5. That the original of both those Medical Records and Medical Billing Records were made at or near the time of the act, event, condition, opinion, diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of Declarant or Desert Institute of Spine Care;
6. That the services provided were reasonable and necessary and the amounts charged for the services were reasonable and necessary at the time and place that the services were provided.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on: H day of AOM, 20 20 DECLARANT
\checkmark



9339 W. Sunset Rd#100 Las Vegas, NV 89148 Phone: (702) 630-3472 Facsimile: (702) 946-5115

Date:	

ACKNOWLEDGEMENT RECEIPT

I	, do herby acknowledge receipt of the
requested medical records and billing regarding	patient School Dylle
on behalf of	· · · · · · · · · · · · · · · · · · ·
Received by:	
Sign	Date
Please sign and return letter.	Med Rec
Via Fax at: 702-946-5115	B1115
Via Email at: msierra@disclv.com	
Via Mail at: DISC 9339 W. Sunset Rd. Suite #100 Las Vegas, NV 89148 Attention: Medical Records	4 NO FILMS*

Thank You Kindly for your cooperation

BRANDI ROSE



rieight. 3 6	T D/ $1/L$ $1/L$
What is your chief complaint? <u>Lower Bol</u>	Weck ARM PAN Leg PAIN noting any pain, numbress or tingling. Please try to stay
Mark on the body diagram below where you are experies within the body lines. Pay attention to front/back and rig	
FRONT Face PAIN IN MINISTRA	Right:
IF YOUR INJURY RESULTED FROM MOTOR VEHICLE How did impact happen? Please provide ALL details	LE ACCIDENT: Date of accident/injury://
IF YOUR INJURY RESULTED FROM A SLIP, TRIP or Describe what happened Be specific. What did you slip/tr with anything during the fall? The length of Lice and Lice a	p on y may pour parts did you land on? Did you coulde
OTHER:	,
Page 4	SEKERA001035
	·- · · · · · · · · · · · · · · · · ·



CURRENT TESTS & TREATMENTS Have you had any of the following tests for your CURRENT PROBLEM? DATE: BODY PART(S): TEST: LUHBAR CERVICA NEC MRI BRAIN. CTSCAN X-RAY eST ARH OTHER NON-OPERATIVE TREATMENTS Have you had any of the following non-operative treatments for your CURRENT PROBLEM? HOW LONG: BODY PART(S): TREATMENT: DOCTOR: SHO PHYSICAL THERAPY CHIROPRACTIC CARE OTHER PAIN MANAGEMENT Have you had any pain management treatment for your CURRENT PROBLEM? LAST DATE: DOCTOR TROVUNCE INJECTION(S) DA TRAILEMA **MEDICATIONS** Please list all medications you are CURRENTLY taking. FREQUENCY: REASON: DOSAGE: NAME: Hotborness TREATING DOCTORS Please list all doctors treating you for your CURRENT PROBLEM. TREATMENT TYPE: LAST DATE:

0	
PAPP	. ,



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?

PREVIOUS TESTS & TREATMENTS Have you had any of the following tests for a PREVIOUS PROBLEM? TEST: BODY PART(S): DATE: HOW IT HAPPENED: MRI CTSCAN X-RAY OTHER NON-OPERATIVE TREATMENTS Have you promise following non-operative treatments for a PREVIOUS PROBLEM? TREATMENT: DOCTOR: BODY PART(S): INOW LONG: PHYSICAL TIERAPY CHROPRACTIC CARE PAIN MANAGEMENT PAIN MANAGEMENT PAIN MANAGEMENT TYPE: DOCTOR	HAVE YOU EVER BI	EEN IN A	A PREVIOUS CAR IF S	ACCIDEN SO PLEASI	T, SLIP AND FALL O	OR OTHER ACCIDENT / INJURY
Have you had any of the following tests for a PREVIOUS PROBLEM? TEST: BODY PART(S): DATE: HOW IT HAPPENED: MRI CT SCAN X-RAY OTHER NON-OPERATIVE TREATMENTS Have you be following non-operative treatments for a PREVIOUS PROBLEM? TREATMENT: DOCTOR: BODY PART(S): HOW LONG: PHYSICAL THERAPY CHROPRACTIC CARE PAIN MANAGEMENT PAIN MANAGEMENT PAIN MANAGEMENT NAME: LAST DATE: TYPE:	-\A				,	
Have you had any of the following tests for a PREVIOUS PROBLEM? TEST: BODY PART(S): DATE: HOW IT HAPPENED: MRI CT SCAN X-RAY OTHER NON-OPERATIVE TREATMENTS Have you be geny of the following non-operative treatments for a PREVIOUS PROBLEM? TREATMENT: DOCTOR: BODY PART(S): INOW LONG: PHYSICAL THERAPY CHROPRACTIC CARE PAIN MANAGEMENT PAIN MANAGEMENT NAME: LAST DATE: TYPE: DOCTOR	His				. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Have you had any of the following tests for a PREVIOUS PROBLEM? TEST: BODY PART(S): DATE: HOW IT HAPPENED: MRI CT SCAN X-RAY OTHER NON-OPERATIVE TREATMENTS Have you be geny of the following non-operative treatments for a PREVIOUS PROBLEM? TREATMENT: DOCTOR: BODY PART(S): INOW LONG: PHYSICAL THERAPY CHROPRACTIC CARE PAIN MANAGEMENT PAIN MANAGEMENT NAME: LAST DATE: TYPE: DOCTOR						
Have you had any of the following tests for a PREVIOUS PROBLEM? TEST: BODY PART(S): DATE: HOW IT HAPPENED: MRI CT SCAN X-RAY OTHER NON-OPERATIVE TREATMENTS Have you had any of the following non-operative treatments for a PREVIOUS PROBLEM? TREATMENT: DOCTOR: BODY PART(S): HOW LONG: PHYSICAL TIERAPY CHROPRACTIC CARE PAIN MANAGEMENT PAIN MANAGEMENT PAIN MANAGEMENT AME: LAST DATE: TYPE:						
TEST: BODY PART(S): DATE: HOW IT HAPPENED: MRI CT SCAN X-RAY OTHER NON-OPERATIVE TREATMENTS Have year part any of the following non-operative treatments for a PREVIOUS PROBLEM? TREATMENT: DOCTOR: BODY PART(S): HOW LONG: PHYSICAL THERAPY CHROPRACTIC CARE PAIN MANAGEMENT Aver you had any pain management treatment for a PREVIOUS PROBLEM? NAME: LAST DATE: TYPE: DOCTOR			PREVI	OUS TES	TS & TREATMENTS	
TEST: BODY PART(S): DATE: HOW IT HAPPENED: MRI CT SCAN X-RAY OTHER NON-OPERATIVE TREATMENTS Have year part any of the following non-operative treatments for a PREVIOUS PROBLEM? TREATMENT: DOCTOR: BODY PART(S): HOW LONG: PHYSICAL THERAPY CHROPRACTIC CARE PAIN MANAGEMENT Aver you had any pain management treatment for a PREVIOUS PROBLEM? NAME: LAST DATE: TYPE: DOCTOR		ie follow	ing <u>tests</u> for a PREV	IOUS PRO	DBLEM?	
MRI CT SCAN X-RAY OTHER NON-OPERATIVE TREATMENTS Have your threatly of the following non-operative treatments for a PREVIOUS PROBLEM? TREATMENT: DOCTOR: BODY PART(S): HOW LONG: PHYSICAL THERAPY CHROPRACTIC CARE PAIN MANAGEMENT PAIN MANAGEMENT NAME: LAST DATE: TYPE: DOCTOR	TEST:					HOW IT HAPPENED:
NON-OPERATIVE TREATMENTS Have your profession of the following non-operative treatments for a PREVIOUS PROBLEM? TREATMENT: DOCTOR: BODY PART(S): HOW LONG: PHYSICAL THERAPY CHROPRACTIC CARE PAIN MANAGEMENT PAIN MANAGEMENT HAVE you had any pain management treatment for a PREVIOUS PROBLEM? NAME: LAST DATE: TYPE: DOCTOR					<u> </u>	·
NON-OPERATIVE TREATMENTS Have yet part any of the following non-operative treatments for a PREVIOUS PROBLEM? TREATMENT: DOCTOR: BODY PART(S): HOW LONG: PHYSICAL THERAPY CHROPRACTIC CARE PAIN MANAGEMENT PAIN MANAGEMENT NAME: LAST DATE: TYPE: DOCTOR					 	
NON-OPERATIVE TREATMENTS Have you had any pain management treatment for a PREVIOUS PROBLEM? PAIN MANAGEMENT PAIN MANAGEMENT PAIN MANAGEMENT NAME: LAST DATE: TYPE:						
Have you had any pain management treatment for a PREVIOUS PROBLEM? PAIN MANAGEMENT PAIN MANAGEMENT PAIN MANAGEMENT Fave you had any pain management treatment for a PREVIOUS PROBLEM? NAME: LAST DATE: TYPE:	OTHER					
TREATMENT: DOCTOR: BODY PART(S): HOW LONG: PHYSICAL THERAPY CHROPRACTIC CARE PAIN MANAGEMENT PAIN MANAGEMENT Have you had any pain management treatment for a PREVIOUS PROBLEM? NAME: LAST DATE: TYPE: DOCTOR	Have ver partany of the	e followi	NON-O ing <u>non-operative</u> tre	PERATIV atments for	E TREATMENTS a PREVIOUS PROB	LEM?
PAIN MANAGEMENT Have for hid any pain management treatment for a PREVIOUS PROBLEM? NAME: LAST DATE: TYPE:	,		<u> </u>		- · · · · · · · · · · · · · · · · · · ·	
PAIN MANAGEMENT Have too hid any pain management treatment for a PREVIOUS PROBLEM? NAME: LAST DATE: TYPE: DOCTOR	PHYSICALTHERAPY					
PAIN MANAGEMENT Have too hid any pain management treatment for a PREVIOUS PROBLEM? NAME: LAST DATE: TYPE: DOCTOR	CHROPRACTIC CARE			\neg		
DOCTOR THE STATE OF THE STATE O	Mare For had any pain	managen	P. nent treatment for a l	AIN MAN. PREVIOU	AGEMENT S PROBLEM?	
	NAME:	ւ	AST DATE:		TYPE:	
INJECTION(S) INJECTION(S) INJECTION(S) INJECTION(S)	DOCTOR	$-\!\!\!\!+$				
NJECTION(S)						
	NJECTION(S)				_	
		$-\bot$				
		L	_			
						

Page | 10



Phone: 702-630-3472 Fax: 702-946-5115



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

PLEASE CIRCLE THE NUMBER THAT MOST.	APPLIES TO YOU IN ALL SECTIONS.
SECTION 1: Pain Intensity	ESECTION 6: Concentration
0, I have no pain at the moment.	0. I can concentrate fully when I want to with no difficulty.
1. The pain is mild at the moment.	1. I can concentrate fully when I want to with slight difficulty.
2. The pain comes & goes & is moderate.	Z. I have a fair degree of difficulty in concentrating when I want to.
35The pain is moderate & does not vary much.	3.) have a lot of difficulty in concentrating when I want to.
4. The pain is severe but comes & goes.	4. I have a great deal of difficulty in concentrating when I want to.
5. The pain is severe & does not vary much.	S. I cannot concentrate at all.
ECTION 2: Personal Care (Washing, Dressing etc.)	SECTION 7: Work
I can look after myself without causing extra pain.	0, I can do as much work as I want to.
Can look after my self normally but it causes extra pain.	1. I can only do my usual work but no more.
. It is painful to look after myself and I am slow & careful.	2. I can do most of my usual work but no more.
. I need some help but manage most of my personal care.	3) cannot do my usual work.
. I need help every day in most aspects of self-care.	4. I can hardly do any work at all.
. I do not get dressed; I wash with difficulty and stay in bed.	5, I cannot do any work at alt.
, I do not get thessed, I wash with difficulty discussion in one	
	SECTION 8: Driving
ECTION 3: Lifting	0. I can drive my car without neck pain.
I can lift heavy weights without extra pain.	1. I can drive my car as long as I want with slight pain in my neck.
I can lift heavy weights, but it causes extra pain.	2. I can drive my car as long as I want with moderate pain in my neck.
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
ey are conveniently positioned, for example on a table.	
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.
redium weights if they are conveniently positioned.	
Lean only lift very light weights.	5. I cannot drive my car at all.
I cannot lift or carry anything at all.	
ECTION 4: Reading	SECTION 9: Sleeping
I can read as much as I want to with no pain in my neck.	O. I have no trouble sleeping.
I can read as much as I want to with slight pain in my neck.	1. My sleep is slightly disturbed (less than 1 hour sleepless).
I can read as much as I want with singul pain in my neck.	2. My sleen is mildly disturbed (1-2 hours sleepless).
t can read as much as I want with interestate paint of my needs	3. My sleep is moderately disturbed (2-3 hours sleepless).
I cannot read as much as I want because of moderate pain in my neck.	My sleep is greatly disturbed (3-5 hours sleepless).
A cannot read as much as I want because of severe pain in my neck.	5. My sleep is completely disturbed (5-7 hours sleepless).
l cannot read at all because of neck pain.	
SECTION 5: Headache	SECTION 10: Recreation
). [have no headaches at all.	0. I am able to engage in all recreational activities with no pain in my neck
. I have slight headsches that come infrequently.	at all.
I have moderate headaches that come in-frequently.	1. I am able to engage in all recreational activities with some pain in my
3. I have moderate headaches that come frequently.	neck.
	2. I am able to engage in most, but not all, recreational activities because
4. I have revere headsches that come frequently.	
I have severe headaches that come frequently.	of pain in my neck.
I. I have severe headacties that come frequently. 5. I have headacties almost all the time	of pain in my neck.
I have severe headaches that come frequently.	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. I have severe headaches that come frequently.	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. I have severe headaches that come frequently.	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. 4/I can hardly do any recreational activities because of pain in my neck.
I have severe headaches that come frequently. 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. I have severe headaches that come frequently. 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. 4/I can hardly do any recreational activities because of pain in my neck.
I. I have severe headaches that come frequently. 5. I have headaches aimost all the time Sexual Activity Please place a check mark next to the statement that applies to you:	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. 4/I can hardly do any recreational activities because of pain in my neck.
Sexual Activity Please place a check mark next to the statement that applies to you: Lam able to perform sexual activity when I want with no pain	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. 4/I can hardly do any recreational activities because of pain in my neck.
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	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. 4/I can hardly do any recreational activities because of pain in my neck.
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 but it increases my pain level	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. 4/I can hardly do any recreational activities because of pain in my neck.
Sexual Activity Mease 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 Loan perform sexual activity but it increases my pain level	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. 4/I can hardly do any recreational activities because of pain in my neck.
I have severe headaches that come frequently. I have headaches almost all the time 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	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. 4/I can hardly do any recreational activities because of pain in my neck.
I have severe headaches that come frequently. I have headaches almost all the time leave 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 I can perform sexual activity but it increases my pain level I can hardly perform sexual activity because of my pain	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. At can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all.
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 Jean hardly perform sexual activity because of my pain Adaman perform any sexual activity because of my pain	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. At can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN:
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 I can perform sexual activity but it increases my pain level I san hardly perform sexual activity because of my pain I can perform any sexual activity because of my pain	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. All can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: No Pain, 10 - Worst possible pain
I have severe headaches that come frequently. I have headaches almost all the time 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 Associated perform any sexual activity because of my pain NECK, ARM Please circle your pain level	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. 1. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 8. No Pain, 10 - Worst possible pain
I have severe headaches that come frequently. I have headaches almost all the time Sexual Activity The sexual activity The sexual activity when I want with no pain I can perform sexual activity when I want with no pain I can perform sexual activity but it increases my pain level I wan hardly perform sexual activity because of my pain I want with no pain I want with no pain activity but it increases my pain level I wan hardly perform sexual activity because of my pain I want with no pain NECK, ARM Please circle your pain level	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. 1. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 8. No Pain, 10 - Worst possible pain
I have severe headaches that come frequently. I have headaches almost all the time lease 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 lean hardly perform sexual activity because of my pain NECK, ARM Please circle your pain level	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. 1. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 8. No Pain, 10 - Worst possible pain
I have severe headaches that come frequently. I have headaches almost all the time Lexual Activity Hease place a check mark next to the statement that applies to you: Lean parform sexual activity when I want with no pain Lean perform sexual activity with little pain Lean perform sexual activity but it increases my pain level Joan hardly perform sexual activity because of my pain NECK, ARM Please circle your pain level hat it your AVERAGE; No Pain 1 2 3 4	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. All can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: The No Pain, 10 - Worst possible pain 6 8 9 10 Worst Pain
I have severe headaches that come frequently. I have headaches almost all the time Lexual Activity Hease place a check mark next to the statement that applies to you: Lean parform sexual activity when I want with no pain Lean perform sexual activity with little pain Lean perform sexual activity but it increases my pain level Joan hardly perform sexual activity because of my pain NECK, ARM Please circle your pain level hat it your AVERAGE; No Pain 1 2 3 4	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. All can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: The No Pain, 10 - Worst possible pain 6 8 9 10 Worst Pain
I have severe headaches that come frequently. I have headaches almost all the time lexual Activity tease 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 I can perform sexual activity but it increases my pain level ican hardly perform any sexual activity because of my pain NECK, ARM Please circle your pain level are it your AVERAGE: No Pain 1 2 3 4 hat is your WORST: No Pain 1 2 3 4	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. 4. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 8 No Pain, 10 = Worst possible pain 6 8 9 10 Worst Pain 6 7 8 9 10 Worst Pain
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 I can perform sexual activity but it increases my pain level I san hardly perform sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity activity because of my pain NECK, ARM Please circle your pain level (hat is your WORST: No Pain 1 2 3 4	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. 4. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 8 No Pain, 10 = Worst possible pain 6 8 9 10 Worst Pain 6 7 8 9 10 Worst Pain
I have severe headaches that come frequently. I have headaches almost all the time 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 but it increases my pain level I can hardly perform sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain NECK, ARM Please circle your pain level That is your WORST: No Pain 1 2 3 4 What is your WORST: No Pain 1 2 3 4 What makes pain feel worse? (Circle all that apply) Work, sit, sta	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. At can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 8 9 10 Worst Pain 6 7 8 9 10 Worst Pain and, walk fie down, daily activity.
I have severe headaches that come frequently. I have headaches almost all the time 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 but it increases my pain level I can hardly perform sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain NECK, ARM Please circle your pain level That is your WORST: No Pain 1 2 3 4 What is your WORST: No Pain 1 2 3 4 What makes pain feel worse? (Circle all that apply) Work, sit, sta	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. At can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 8 9 10 Worst Pain 6 7 8 9 10 Worst Pain and, walk fie down, daily activity.
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 I can perform sexual activity but it increases my pain level I can hardly perform sexual activity because of my pain I can perform any sexual activity beca	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. 1. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 1. No Pain, 10 = Worst possible pain 6. 8 9 10 Worst Pain 10. Worst Pain 11. Chiropractic% Injections% Surgery%
I have severe headaches that come frequently. I have headaches almost all the time Lean parties 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 but it increases my pain level I can hardly perform sexual activity because of my pain I can perform any sexual activity because of my pain NECK, ARM Please circle your pain level hat is your WORST: No Pain 1 2 3 4 That makes pain feel worse? (Circle all that apply) Work, sit, state our much did these treatments help your pain? Physical therapy %	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. 1. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 1. No Pain, 10 = Worst possible pain 6. 8 9 10 Worst Pain 10. Worst Pain 11. Chiropractic% Injections% Surgery%
I have severe headaches that come frequently. I have headaches almost all the time 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 I can perform sexual activity but it increases my pain level I wan hardly perform sexual activity because of my pain NECK, ARM Please circle your pain level That is your WORST: No Pain 1 2 3 4 What makes pain feel worse? (Circle all that apply) Work, sit, station much did these treatments help your pain? Physical therapy You have neck AND arm pain, which is worse (or they about equal)?	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. 1. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 1. No Pain, 10 = Worst possible pain 6. 8 9 10 Worst Pain 10. Worst Pain 11. Chiropractic% Injections% Surgery%
I have severe headaches that come frequently. I have headaches almost all the time 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 but it increases my pain level I can hardly perform sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain I can perform any sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity but it increases my pain level I can perform sexual activity because of my pain I can perform sexual activity but it increases my pain level I can perform sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity because of my pain I can perform sexual activity but it increases my pain I can perform sexual activity because of my pain I can perform sexual activity but it increases my pain I can perform sexual activity but it increases my pain I can perform sexual activity but it increases my pain I can perform sexual activity but it increases my pain I can perform sexual activity but it increases my pain I can perform sexual activity but it increases my pain I can perform sexual activity but it increas	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. 1. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 1. No Pain, 10 = Worst possible pain 6. 8 9 10 Worst Pain 10. Worst Pain 11. Chiropractic% Injections% Surgery%
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 Loan perform sexual activity but it increases my pain level than hardly perform sexual activity because of my pain NECK, ARM Please circle your pain level	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. 1. I can hardly do any recreational activities because of pain in my neck. 5. I cannot do any recreational activities at all. OR SHOULDER PAIN: 1. No Pain, 10 = Worst possible pain 6. 8 9 10 Worst Pain 10. Worst Pain 11. Chiropractic% Injections% Surgery%



Phone: 702-630-3473 Fax: 702-946-5115

BACK PAIN: Only complete this page if you have back pain.

6: Standing				
nd as long as I w				
			increase with tin	
			increasing pain	
			ut increasing pai	
			thout increasing (pain.
tanding because	it increas	es the pass	i immediately.	
7: Social life				
al life is normal a				
si life is normal t				
			fe apart from lim	iiting n
etic interests, for				
restricted my sor			t go out very ofte	ER.
resulcied my sol rely any social l			7.	
	are recaus	sc oi pain		
8: Driving				
pain when traveli		_		_
	æling but	noneofm	ny usual forms of	finave
worse.				
ra pain while trav	eling but	it does no	t compel me to s	eek
rms of travel.		·		
a pain while trav ivel.	eling whi	icu combe	ls me to seek afte	ernate
		. i	sada I/ Ferri	
ricts me to short ricts all forms of	necessary	, journeys	unkser 22 nour.	
	uavel.			
9: Sleeping				
trouble sleeping).			
is slightly distu	rbod (less	than 1 ho	ur sicepiess).	
is mildly disturb	bed (1-2 h	iours sleep	oless).	
is moderately di	isturbed (2-3 hours	sleepless).	
is greatly distur				
is completely di	isturbed (5-7 hours s	sleepless).	
10: Recreation				
is rapidly getting	better.			
fluctuates but is	definitely	getting be	etier.	
seems to be getti	ng better	but impro	vement is slow.	
is neither getting	better or	worse.		
is gradually wors				
is rapidly worsen	ning.			
			·	
:			·	
= No Pain, 10	= Wors	st possibl	e pain	
6 7	8	9	10 Worst Pa	in
6 (7)	8	•	10 3/	
	·	. 9	10 Worst P	217
n, daily activity	114. V 2			
my about the	<u>,</u>	·		
/	60% I	njections	🦳 % Surger	y ko
Chiropractic ¹ ;	_	- 1		~
Chiropractic 1				
Chiropractic 2				
	Chiropractic 2	Chiropractic 1/0%	Chiropractic 1/0% Injections	Chiropractic 1/0% Injections % Surger



Review of Systems-Have you been experien	cing any of (he following	in the last month? Circle all that apply
General: Fever, Chille, Sweats, Fatigue, Weig	ht Gain, Wei	ght Loss.	
Gastrointestinal: Nausea, Vomiting, Change i Ulcer Heartburn, Painful bowel movements,			Stool, Black Stool, Hemorrhoids, Diarrhea,
Neurologie: Weakness Numbness Fainting, So	eizure, Strok	e, Blackout,(F	leadache, Tremors, Slurred Speech.
Genitourinary: Loss of urine, Frequent Urination	on, Painful U	rination, Bloo	od in urine, Kidney Stones.
Psychiatric: Depression, Anxiety, Tension Me	mory loss,	ifficulty sleep	ing
Musculoskeletal. Low back pain, Neck pain, H	ip Pain, Pain	down Legs, I	ain down Arms.
Skin: Rashes, lumps under the skin, easy bruisi	ng, easy blee	ding.	
Eyes/Ears/Nose/Throat/Mouth: Sore throat, diff	ficulty swalls	wing, stuffed	nose or sinuses, hoarseness, visual changes
Cardiovascular: Chest pain, skipped or irregula	r heartbeats.		
Respiratory: Trouble breathing, frequent cough	ing, producti	on of sputum,	, blood in sputum.
ALLERGIES: Please list the allergy below alc	ong with the i	reaction.	
Allergy: Reacti	ion:		
GENERAL HISTORY			
	YES	NO	EXPLAIN
DO YOU SMOKE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		3aday
DO YOU DRINK ALCHOL		V	
DO YOU USE ILLEGAL SUBSTANCES			
ARE YOU MARRIED		V	иштининининининининининининин
DO YOU HAVE CHILDREN	1 1/		1 Sayotto
DO YOU USE RECREATIONAL, SUBSTANCES		1/	
	<u> </u>	<u> </u>	
OCCUPATIONAL HISTORY: Describe your DEMANDS (how much weight do you lift, how most bothersome or painful activities: (1) alknow; Attempt Mensurion	often and ho	w long) and h	work with focus on your MOST PHYSICAL ow long do you sit, stand, and what is are the
Page 8			

MEDICAL HISTORY: Please indicate if YOU have had any of the conditions listed below: **EXPLAIN** CONDITION DIABETES NO HIGH BLOOD PRESSURE NO KIDNEY DISEASE CANCER OTHER FAMILY HISTORY: Please indicate if a BLOOD RELATIVE has a history of the following: EXPLAIN CONDITION DIABETES مکم HIGH BLOOD PRESSURE KIDNEY DISEASE CANCER OTHER PAST SURGICAL HISTORY: Please mark all surgical procedures and implantable devices you have had: **CERVICAL METAL IMPLANT ABDOMINAL** PAIN PUMP LUMBAR **APPENDIX** ROD(S) **THORACIC GALLBLADDER** SHRAPNEL OR BULLET **SHOULDER** HERNIA DEFIBRILLATOR **AORTIC ANEURYSM** SCREW(S) **PACEMAKER CAROTID** PLATE(S)

VALVE

THYROID

Page | 9

VEIN STRIPPING

BYPASS

SEKERA001041

OTHER

THAVE HAD NO SURGERIES



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 correcto be financially responsible for these services should they be considered "non-covered",

and or toxicology screens. I agree to be maintainly responsible for the company. As a courtesy referrals will be sent out according to the "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 charge of \$50.00 for all delinquent payments at time of service. (initial) I hereby assign Andrew M. Cash MD, their physician Assistants, and surgical technologists any or all benefits for surgical and medical care. I also authorize release of information to secure payment. A photocopy of this assignment is to be considered as valid as the original. (initial)
Joyce Selera 10517
Patient name Patient signature Date
Agreement as to resolution of concerns: "I", "Patient/Guardian" shall be understood to mean
Page 11



PLEASE CHOOSE ONE:

Primary Insurance Co	Insura . Name:	nce only
Insured Name:	-	Insured Social Security #
	Signature:	
I also have an attorney rep	presenting me; the attorney inform	nation is:
Attorney name:	Law	Firm:
I understand by using my time of service. And any c	private health insurance, althoug harges not covered by my insura	h I have an Attorney, I will be responsible for payment at nee.
Signature:		
I DO NOT have health insu	rance. Therefore, please bill all of t	Only ny office visits and or charges directly to the attorney listed
Attorney name: Rei	The Calling Law Firm:	Galliher Date Of injury: 114/16
Print Name: Jay ce	Seleca Signature	eyca istora
		ce/ Attorney only
		however I choose not to use my health charges directly to the attorney listed below; irm: Galline C Date Of injury;
	Skep Signature	ry Rosa
	Worker's G	Ompensation:
I have a Work Comp claim;		
Сотрапу пате	Claim Numbe	r Date of Injury
Adjuster Name	Adjuster Phone	

Page | 12



	sed: [] Pacebook [] I witte	i () I miterest [] instagram	[] Other:
Referring Source: [Physician/health care provi	ider Friend/ Relative	Insurance book or website
Hospital/ER name	ER PHYSICIAN	applicable) Advertisement	DISC website Google Yahoo Phonebook
Patient Name: Las	eKeRA	JOYCE First Name	Middle Middle
Address: <u>7840</u> Stre	Neslay Pine 17	First Name City State	Zip code Country
Phone: Home (X)	City State Ceil (702) 467-	<u>5457 </u>
•		COM	
		ployer Name:	
_			ity Number: <u>09/ - 48 - 843</u> 0
. / .		white Declin	ne 🛄
Spouse		DOB	Social Security #
Employer Name:		Employer Phone: (
Emergency contact:	MARISSA FROMA	Relationship: dath E	Phone: 702(525-9001)
Primary Insurance C	o. Name:	Insured Name:	Insured DOB:
Insured Social Securi	ty# Po	olicy Id#	Group#
Secondary Insurance	Co. Name:	Insured Name:	lnsured DOB:
Secondary Insurance Insured Social Securi	Co. Name: P	Insured Name:	Insured DOB:
Secondary Insurance	Co. Name: P	Insured Name:	Address
Secondary Insurance Insured Social Securi Worker's Compensat Claim Number	ty # P ion: Company Name Related Body Part (S)	Insured Name: Policy Id# Adjuster Name	Address (Adjuster Phone,
Secondary Iusurance Insured Social Securi Worker's Compensat Claim Number Attorney Lien: Ke	ty #P ion: Company Name Related Body Part (S)	Insured Name: Policy Id# Adjuster Name	Address Adjuster Phone Law office fax Date of accident
Secondary Insurance Insured Social Securi Worker's Compensat Claim Number Attorney Lien: Ke Med Pay Co. Name:	Co. Name:P ty #P ion: Company Name Related Body Part (S) Attorney name Cont	Insured Name: Policy Id# Adjuster Name Law office phone lact:	Address (
Secondary Iusurance Insured Social Securi Worker's Compensat Claim Number Attorney Lien: Ke	ty #P ion: Company Name Related Body Part (S)	Insured Name: Policy Id# Adjuster Name Law office phone lact:	Address Adjuster Phone Law office fax Date of accident
Secondary Insurance Insured Social Securi Worker's Compensat Claim Number Attorney Lien: Ke Med Pay Co. Name:	Co. Name:P ty #P tou:P Company Name Related Body Part (S) Attorney name Continue Claims Addres be billed:C	Insured Name: Policy Id# Adjuster Name Law office phone lact:	Address Adjuster Phone Law office fax Date of accident
Secondary Iusurance Insured Social Securi Worker's Compensat Claim Number Attorney Lien: Ke Med Pay Co. Name: Claim#: If Insurance is not to	Co. Name:P ty #P ion: Company Name Related Body Part (S) Attorney name Cont Claims Addres be billed: Patient sig	Insured Name: Policy Id# Adjuster Name Law office phone tact:	Address Adjuster Phone Law office fax Date of accident
Secondary Iusurance Insured Social Securi Worker's Compensat Claim Number Attorney Lien: Ke Med Pay Co. Name: Claim#: If Insurance is not to Please be advised tha Patient Signature: By signing this form I second	Co. Name: ty # P ion: Company Name Related Body Part (S) Attorney name Claims Addres be billed: Patient sig t if you later decide to bill to y consent to and authorize medical	Insured Name: Policy Id# Adjuster Name 102.735.0049 (Law office phone lact: nature nealth insurance it will be bi	Address Adjuster Phone Law office fax Date of accident
Secondary Insurance Insured Social Securi Worker's Compensat Claim Number Attorney Lien: Ke Med Pay Co. Name: Claim#: If Insurance is not to Please be advised tha Patient Signature: By signing this form I let of Deems advisable and beces	Co. Name: ty # P ion: Company Name Related Body Part (S) Attorney name Claims Addres be billed: Patient sig It if you later depide to bill to ye consent to and authorize medical spany based on his/her judgment.	Insured Name: Adjuster Name Adjuster Name Law office phone lact: Insurance it will be bit Insurance it will be bit	Address Adjuster Phone, Law office fax Date of accident Phone: Bled from that time and date only.
Secondary Insurance Insured Social Securi Worker's Compensat Claim Number Attorney Lien: Ke Med Pay Co. Name: Claim#: If Insurance is not to Please be advised tha Patient Signature: By signing this form I secue Deems advisable and beces Notice of Privacy Ir	Co. Name: ty # P tou: Company Name Related Body Part (S) Attorney name Claims Addres be billed: Claims Addres t if you later decide to bill to be consent to and authorize medical gary based on his/her judgment. Iformation Practices of A	Adjuster Name Adjuster Name Law office phone lact: Date: treatment, tests, and procedures per ndrew M. Cash MD policy rej	Address Adjuster Phone Law office fax Date of accident Phone: Illed from that time and date only.



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.

Signiture Patient/Responsible Party

Date

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 narcotic 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 understand that I will not receive any more medications from Αı

ndrew M. Cash, MD and could result in my termination of care	
- Suc Spice	Date: 10/5/17
Signature Patient/Responsible Party	′ /
GonzalyMurane	Date: <u>[0/5/17</u>
Signature Witness	
l DO NOT agree to the narcotic agreement, therefore I will No	O'T receive any medications from Andrew M. Cash MD. Date:
Signature	·
PHARMACY: Please list the name, address and phone num	ber of your pharmacy.
Name: Walgeens Pharmay	
Address: 7755 N. DURAW90	·
Phone Number (702) 396-4728	

Page | 2



Patient Name: Sakara, Jayon P DOR: 22-Mer-1950 ID: 790179.0 Study Date: 21-Dec-2016 18:56

Final Report NR Mri Lumbar Spine Without

Patient: Joyce P Sekera \$2001 9: 790179.0 Pt. 1034: 03/22/1956

Pt. Som: Fosale

Physician: Jordan Habber DC Dr. Fax: (702) 453-9772 Dr. Phone: (702) 463-9508 Dr. Addr.: 7810 W Ann Rd Ste 118 Las

Wegas, NV 89149

Date of Service: 12/21/16 Cc:

SDMI Location: CH

Če:

HRI IMMERS SPINE NUMBER OF THE CONTRAST

CLINICAL MISTORY:

Lower back pain secondary to Gall 2011 415. Bilateral are and log pain and members as well as weakness.

TECHNIQUE:

Waltiplanar imaging is performed without IV contrast, 108 images.

FINDINGS:

The comus medullaris is in normal position with normal signal. Normal lumber vertebral body height, signal and alignment with discognic endplate changes at L2, L3, minimally at L4 as well as at L5. Disc deviceation throughout the lumbar uping with normal disc space height.

At T12-L1, no disc bulge or camal stenosis. We neural foraminal marrowing,

At L1-2, mild disc thinge without canal stempsis, AP dimension of the canal at this level 12 mm. We neutal formainal narrowing.

At 1.2-3, minimal approxylesis and disc bulge with AP dimension of the canal at this level 1.2 mm without canal stancers. We neutral formulal narrowing,

At L3-4, mild disc bulge with AP dimension of the canal at this level 11 Mm without canal stemosis. We neural Coraminal narmowing. Mild facet and ligamentum flavum hyportrophy bilatorally.

At 14-5, left personntral disc bulgs with annular fissuring. AP dimension of the canal at this level 11 mm without canal stanosis. Facet and ligamentum flavom hypertrophy bilaterally. We neural forandnal engroschment.

At Li-51, central disc bulge with facet hypertrophy bilaterally. AP dimension of the canal at this level 16 mm without canal stenosis. No neural formatial narrowing noted. There is note made of a symbolial cyst measuring 8 mm extending posteriorly of the left facet joint into the paraspinous musculature without neural impingment.

IMPARȘION:

Multilevel lumber degenerative disc disease with disc bulges extending from L1-2 through L5-81, Annular flaguring at L4-5, No canal stemosis or several foreminal narrowing at any level. There is note made of facet and ligamentum flavom hypertrophy at multiple levels.

SEKERA001046

10/5/2017

Parient Portfolio Page 2 of 2

Interpreted by: Saul Ruben M.D. 12/22/2016 8:07 AM

Ricctronically approved by: Sami Ruben, M.D. Date: 12/22/15 08:41

Signed by: Ruben, Soul Signed on: 22-Dec-2018 08:41



Petient Name: Sakars, Joyce P DOG: 22-Mar-1956 ED: 700176.0 Study Date: 21-Dec-2016 18:40

Final Report ARR Net Corvical Spine Without

Patient: Joyce P Sekera 9041 4: 750179.0 Pt. DOB: 03/22/1956 Pt. Sex: Female

Date of Service: 12/21/15

STMI Location: CH

Ce: Ç¢:

MRI CERVICAL SPINE MITECUT CONTRAST

CLINDCAL HISTORY:

Week pain and bilateral arm numbers, pain, smakness

TECHNIQUE:

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

Hypician: Jordan Wabber DC

Togas, NV 89149

Br. Fax: (702) 463-9772 Br. Phone: (702) 463-9508 Br. Rddr.: 7810 W Ann Rd Ste 110 Las

COMPARISON:

Моля

FINDINGS:

There is mild dantrocurvature contered at C5-7. There is straightening of the cervical lordesis. Vertebral bodies are normal in aliqueent. Vertebral body heights are maintained. Home matrix signal is normal Spinal coor is moreal in signal. The paravertebral soft tissues appear unremarkable. The interventebral discs throughout the cervical spins are desiccated without significant loss of height.

C2-1: No disc bulge, spinal canal or neuroforaminal stemosis.

C1-4: No disc bulge, spinal camal or neuroformainal stempsis. Mild bilateral facet hypertrophy.

C4-5: No disc bulge, spinal camel or neproformainal stanosis. Mild left proportebral arthropathy. Mild bilateral facet hypertrophy-

C5-5: Mild broad disc protrusion. Spinal canal AP diameter of 12 mm Bilateral facet hypertrophy. Bilateral uncovertabral arthropathy. Mild left greater than right more openinal stemosis.

C6-7: Mild broad disc protrusion. Spinal canal AP diameter of 10 nm. We significant neuroforaminal stanosis.

C7-T1: No disc bulge, spinal canal or neuroforuminal stemosis.

IMPRESSION:

Patient Portfolio Page 2 of 2

Mild multilevel degeneration. Mild metrocoraminal stemosis at C5-C5. No spixel canal stemosis throughout. Mild dextrocurvature. Attaightening of the cervical locates which may be seen with muscle space.

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

Electronically approved by: Sarah Nya ND Date: 12/22/16 16:47

Signed by: Kym, Sarah E Signed on: 22-One-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 LS-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 prep times three. Sterile drapes were applied. Meticulous sterile technique was maintained. The skin and subcutaneous tissues were anesthetized with 1% lidocalne. 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): BupMicaine (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 Blvd. Les Veges, NV 89102 702675-4600 702-675-4604 fex

PATIENT: Jayce P Seions DOS: 3/22/1956

SURGEON: Katherine D Travnicek MD

Date of Service: May 8, 2017

DIAGNOSES

MEAS LOW BACK PAIN

MAY BYT LUNGOSACHAL FACET JOINT ARTHROPATHY /SPONDYLOSIS

PAPORABED CONSENT: Medical history was reviewed with the petion) and brief physical examination performed. No contraindications to the procedure were noted, informed consent was obtained and veilled. The procedure was explained to detail. The major risks of the procedure were explained to the pelient including but not limited to blooding, bullection, blood clots, spirel headache, increased pain, demans to nervee and siructures of the neclabeds. Their can requit in temporary or permanent point, weathness or perstysis, loss of triadder or bowel coeffol, allergic or other reactions to medication equating requestation, air in the darp regulating chaes tube, welcome, stroke or death. Injection of conficuencies can potentially cause suppression of the actional planet and demands to bone, tissues or eyes. Transfert fluid retention is common. The potent indicates understanding and accepts the risks.

INDICATION: This is a degree to injection.

PROCEDURE(S) PERFORMED: PLUOROSCOPICALLY DIRECTED DIAGNOSTIC FACET JOINT MEDIAL BRANCH SELOCIS

BILATERAL LE-81 WITH CONSCIOUS SEDATION

The patient was positioned prone. Standard monitors were connected including pulse extractly, NEP and EKG. Supplemental Chygen was placed to a needed. The attn was preceded with a storile surplical pap times fives. Startle drapes were applied. Medications storile technique was replicated. The attn and substatute over anesthetized with 1% lidocaine. Next, under direct fluoroscopic guildence, a styletted spinel needle was tracted perceipneously and directed to the lateral base of the aspector efficiently process abcommonating to each nerve to be anotherized. Each allo was tract injected with contrast to confirm location and to rule out intravescular injection. Each allo was then bjected. All injected medications were preservative free, injection was made stortly after negative assistant for blood. The needles were deared of injected and removed. The patient intensied the procedure well. Vital signs remained shallo and there were no complications. The patient was laten to the recovery area and manifored unit discharge criteria were met. The patient was plum discharge instructions including instructions to contact me with any questions or concerns following trial procedure. Follow-up trainedions were given. The patient was then discharged sign, oriented to higher driver.

SEDATION (medications throted to effect): Alternant Mickestern CONTRAST: Omripeque BLIECTATE (each title): Literaine (pf) 2% final concentration U.S milinjected into each site. PROCEDURE NEEDLE: 22p Quinto

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

Electronically aloned by KATHERINE TRAVNICEK Date: S08/2017 Time: 19:38:07

PROCEDURE NOTE

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

PATIENT: Joyce P Sekera DOS: \$22/1966

SURGEON: Katherine D Travnicek MD

Date of Service: March 9,2017

DIAGNOSIS M54.5 LOW BACK PAIN MIT 817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

INFORMED CONSENT: Madical history was reviewed with the pollent and brief physical examination performed. No contraindications to the procedure were repted, informed cancers was obtained and vediled. The procedure was explained in detail. The major rests of the procedure was explained to the pollent including but not limited to bleeding, infection, bleed clots, spinal headache, increased pain, damage to nerves and structures of the neckback that can result in temporary or permanent pain, westerness or persysts, to as of standar or bowel control, altergic or other reactions to medication equiring restactistion, sir in the ting requiring chast tube, setture, strote or death. Injection of contrastistation as potentially cause suppression of the advance gland and damage to borne, tissues or eyes. Transfert fluid retardion is common. The potent. halicates understanding and accepts the rists.

INDICATION: This is a disponent; and the spoulic injection.

PROCEDURE(8) PERFORMED: R.WOROSCOPICALLY DRIECTED FACET JOINT SUFCTION(8) BLATERAL L6-81 The patient was positioned grone. Standard monitors were comnected including pulse estimatry, NEP and ISCS. Supplemental Congain was then as needed. The with was propped with a storile surgical prop times three. Storile drapes were applied. Medicatious a terile technique was maintained. The skin and subcutaneous tiesues were anesthetized with 1% licknosine. Med, under direct fluorescept; guidence, a styletized procedure readle was inserted parautaneously and directed to the posterior supect of each floot joint to be injected without paraethesis. Each ahoda Each ally was then injected with contrast to confirm flow into the joint and to rule out infravalentar or initializable hijection. Each joint was then hisoted. All injected medications were preservative free, injection was made glowly after required on for blood and caretrospinal fluid. The needles were desired of injectate and removed. The pollent interaled the precedure wall. 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 statusting instructions to contact me with any quantions or concerns following this procedure. Follow-up instructions were given. The patient was then discharged alors, oriented to bloker driver.

CONTRAST: Ownfpaque

PUECTATE (each after Decemberone 4 mg (pf) in Marcaine (pf)0.5% final concentration, 1 m liniested into each effe.

PROCEDURE NEEDLE: 22; Quinke

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

Electronically eigned by KATHERINE TRAVNICEK Date: 3/09/2017 Time: 11:21:14

PAIN INSTITUTE OF NEVADA 7495 W. Azure Drive, \$16193 Las Veges, NV 89130 Tel 702-678-6252 Fax 7/2-8/8-0006

OFFICE WAIT

Date of Service: Oblober 39, 2017 Policei Name: Joyce P Selects Policei DOR: 3/22/1960

MAN COMPLAINTS

Nack Lor tock

Joyce minims locally for follow up. She was trying to provid the RFA but her back pain is had anough now she wants to precent. VAS is a 6 local. She say her pain is in the same localism, does not radiate down her tags, and fasts acts, etherp, and shooling all licess. She came in to discuss the RFA and

INTERNAL HISTORY

Hospitalizations of ER visits. Name Changes in health: None Problems with medications: None Obtaining pain made from other physicians: Palient denies.

New Injuries or MVA's: No

Work Status: Une bie to work due to geth

Therapy: Plie not currently excelving physical or chirographic therapy.

MAGNOTESTING

MRI train without contract Report dated 12/16/2016

Brein normel for age.

MRI consider spine without contrast: Report dailed 13/2 1/2016

bett dextrecurvelure with straightening of carvical lendopie.
C3-4: Mild bilateral book hypertrophy. Mild set uncovertebral enthropethy.
C4-6: Mild bilateral facul hypertrophy. Mild set uncovertebral enthropethy.
C5-6: Mild disc protrusion with mild bilateral facul hypertrophy. Statemat uncovertebral arthropethy with mild tell greeter than right neural foreminal.

CB-7: Mild broad disc protection AP dismeter spiret canal 10 mm.

MRI lumber agine without contrast: Report deted 12/21/2016

L.1-2 Mild dies bulce. L.3-2 Minimal apparationie erné dies bulge.

L3-2 Mid disc bulge with mild droit and ignmentum flavum hypertrophy billetrally. AP dimension of the opinal const 1 mm.
L4-6: Left paracentral disc bulge with annular flavuring. Appearanced and figure-right flavour hypertrophy billetrally. AP dimension spinal const 1 f mm.
L6-31: Central disc bulge with facel hypertrophy billetrally. AP dimension spinal const 10 mm.

PROCEDURES

CULTINGON 7 F.B.Q FAST

Post injection: Complete resolution of usual pain

Sustained: No relief of usual pain.

05/08/2017 MEE BLES!

Post injection: Complete Resolution of timusi pain. Sustained: 2 days at 100% raths from pain returned.

NEDICAL HISTORY Districts type 2, HbA1C (L6

ALLERGES

No longum drug allergies

DETECATIONS

Mediorrain 1 leblet delle

SURGICAL HISTORY

No prior extraging reported.

PANELY HISTORY

Lung Canour

Family Stellar: Single / act mainled , has children , Ivez with limity

Occupation: Customer service / Unemployed Habita: The patient emotion mustly. The patient does not drink. The patient deries recreational drup use.

SYSTEMS MEYEW

Constitutional Symptoms: Falique

Visual: Negali SWT: Negethe Cardiovelouler: Nagalive Require lary: Negative Gestrohiestrat: Necetive Geritativery: Negative Sindporting: Negative Stance Spalanteist: See HPI Neurological: Negative Hematologic: Negative integersentery. Negative Psychological: Insomnia

WITH SOME Height 88 (C) Inches Weight 202.00 Pounds load Press: 119/75 menilig Pulsa: 64 EPM Respire from: 16 RPM BM: 12.6

Petre 06

PHYSICAL EXAMINATION **GENERAL APPEARANCE** Aggregation: Mild discoming Transificat Named

Ambilitation: Potoni qui embata le withqui sesialines.

Gelt. Gell is normal

UNDER STE

Tenderneen: Moderate tenderneen noted bileteral lower tumber apilite. Space: Mild opens is noted in the parameteres musculature. Facel Tenderses: Facel Joint tendemess is noted billeteni LS-81 Spinous Tandamess: Spinous proceedes are non-tender. ROLL FLE ROM with pain.

Straight Lag Raining: Nagative at 60 deg bilderally. Does not produce redicular pain.

PSYCHOLOGICAL EXAMBLATION
Orientation: The patient in short and crimited x3. No sign of Impalement.
Mead/Affect Mood in normal. Full affect. Thought Process: Intact. Margary: Inlact. Concertration: Interct. Suicidal Idention: None.

CLAGNOSES

M61.6 LOW BACK PAIN

MAT BYTU ME OSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

COLMEN NO.

Redotted series Rhizolomy

The politinit received enfantive countelling respecting radiothequatory discribing (RFR). The propagate to be performed was explained in defail using shalloted and analysis model. The politic understands that RFR is a neurodestimative propadure intended to gettimize nervice for pain ratio. It is expected that the nervax will re-generate in 6-24 months and repeat RFR would be needed if the pain returns. The type of sadding to be used was explained as wall. All questions were answered.

informed Corporal: The procedurals) was reviewed with the pollent in detail using a sheletal model. All questions were antenested. The risk were reviewed and include but are not limited to increase in pain, bleading, infection, decide, demage to nervee, spinal cord, sinustants of the reck and back, spinal and motics but any not make to accept in pain, beauting, mactice, comage to injuries, spinal cord, which has not mot, against the property of the property of

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

STANLIGABAPENTEN SOUMG CON: 30, Referent 1, and: TAKE 1 QHB for MERKIE PARK for RFA pain face

Start CELEBREX 200MG, Cly: 80, Roller: 1, etg: TARE 1 BID for PAIN Prid by 78/TRAV1 on 18/28/2017 at 01/21 PM

"RADIOFREQUENCY RHIZOTOMY (BIASE) BLATERAL LE-\$1

" Made above

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

Katharina D Travninsk MD

Electronically signed by KATHERINE TRAVESCEK. Date: 19/28/2017 Time: 18:22:21

Name: SEKERA, JOYCE

DOB: 03-22-1956 Date: 10-23**Klathe**;

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:

11-04-2016

Date of Evaluation:

10-23-2017

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

HISTORY OF INJURY

Date of Injury: 11-04-2016

Medications:

DATE	NAME	DOSAGE	SIO	DISCONTINUE DATE
10 23 2017	Motfomin			
07-10-2017	METFORMIN	,		
07-10-2017	CELEBREX			
05-02-2017	m ethocarbam of			
05-02-2017	ibuprofen			
04-11-2017	ZPAK.		AS DIRECTED	
02-07-2017	ROBAXIN	UNKNOWN	PRN	
02-07-2017	METHOCARBOM	UNKNOWN	TWICE DAILY PRN	
	OL			
12-20-2016	BUPROFEN	600MG	I TAB PRN HA	

REVIEW OF SYSTEMS

Page: 1 SEKERA001056

Name: SEKERA, JOYCE DO8: 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, (-) slurred speech, no tongue numbness, no perioral

numbness

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

pain, no shortness of breath during activities is present. No syncope

Respiratory: Negative unless documented in the HPI and/or Present complaints. No asthma, no

bronchitis, no fever, no chills, no coughing and no shortness of breath is present.

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 (-) eye pain is present.

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

pain, (+) mid back pain, (+) low back pain, (+) weakness in the arms, (+) weakness in the hands, (-) weakness in the legs, (-) weakness on walking, (-) numbness or tingling in the

arms, (-) numbness or tingling in the legs.

Psychiatric: Negative unless documented in the HPI and/or Present complaints. (-) depression, (-)

anxiety, (+) restlessness, no sleep onset difficulties, no active or recent suicidal ideation,

thought, attempt or plan.

RECORD REVIEW

chart

PRESENT COMPLAINT

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

She is no longer working as a ticket sales type positioin

SEKERAO POR PORT

Name: SEKERA, JOYCE DOB: 03-22-1956

Date: 10-23 Name: Page 3 of 5 DOE:

SEKERA, JOYCE

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	ВМІ	BP SYST	BP DIAST	SPO2	
98.6	51	16	66	202	33	138	81	 98	

General:

The patient is awake, alert appropriate and non-toxic appearing

The patient appears to be in no distress.

The patient has a clear sensorium

The patient is a fair historian, Mood appears okay, no staring off,

oriented, insightful, follows commands, okay simple naming, spelling and

calculations

Obesity

Cranial Nerves:

Hearing was intact. The smile is symmetric.

Motor:

EOMI

Normal power Reflexes 2 to 2+

Coordination:

Unremarkable

Gait:

Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

SEKERA00 1098: 3

Name: SEKERA, JOYCE DOB: 03-22-1956

Date: 10-23 Marne: 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,

SEKERA00 1009 4

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

SEKERA, JOYCE

10-23-2017

Russellfshah

Russell J. Shah, MD

cc: Dr. Jordan Webber

cc: Dr. Walter Kidwell

cc: Dr. Andrew Cash

PARI BUSTITUTE OF NEWADA 7456 W. Ahma Drive, Sin 193 Las Veges, NV 62 (30) Tel 702-678-6262 Fex 702-676-6068

COMMUNITY T

Date: January 9, 2017 Patient Joyce P Salera DOM: 3/22/1956

Referred By: Jordan Walter , DC

PAIN COMPLANTS Reck Los back ed to se pain

86 year old female here today with the above complaints that started allow a slip and fall backwards at work. She was walking and alloped on a Squid that was on the Book. She says she can't remember the whole event as the hit har head and was dashed. She went to the hospital, was besied and related. She has been in chicoprotice also eard field it helps. She has read, by both and blaken lines pain. She decise higher of prior injuries or chronic pain of these also. She has carried, brain and humber 2001s, reports reviewed but no images available for review.

She rejorls has neck poin is billeted and rediales into both should are. She derive pain radia ing down has arms. She has numbered and ingling in both lands. She derive we placed, gall changes, and bladder and board dysterotion.

Activities the Legrevale the pain: Constant pain, tooling up and side to side

Activities the Littlews the pain: Exercise and hast, cold, other, theprolin (also takes 1 every other day), tracken

Description of the pain: Tracking, manhouse, and constant ache

Legal pain Proughout day (0.10): 4/10 Most pain Proughout day (0-10): 8-8/10 Non-helpful traciments: Roller Labor

Her low back pain is billeteral and does not recicle down har tags. She deries numbered, finaling and was known in her lage. She also deries exactle arresthesis. Her tree pain is superse and there is some eventing in her losses that comes and goes. She denies reciness, incressed warmith and

Activities the trapprovate the pain: Constant, being, fill, fulls, leaving back

Activities that relieve the pain: Exercise and heat and its Description of the pain: Constant some

Land pain Broughout day (0-10): 4/10 Most pain Broughout day (0-10): 4/10

NAMES OF STORY

Date of highly: 11,642018 Accident Description: Stipped on some liquid et work. Urgant Core: No

Hospital: Yes.

Hospital Name / Location: Contential Hospital Long in of eley: Few fours

Ambulance Transport No Hill head: Unknown

LOSE of consciousness: Yes, Brief. Pain started: Immediately after the impact. Initial injuries to patient full arm gain

What injuries have improved? Left allow pain

What injures have not improved?; Neak and low back pain

Treating physicians recarding this injury Jordan Wester, DC Chingon of a Transpy: Yes. Currently in treatment. Wester of therepy: 8

Physical Therapy: None

Calacpathic Manipulation Thatapy: None

Manage Therapy: Yes

Acupuncture: None

MRI: Yes Brain, corrical, and himber

Prior treaments to spine: None

Spine Injections: Name Raciolinquency Rhizolomy: Name

Discogram: None

Spinel Cord Stimulator: None

Mitch or back surgery: None Price nack friends Name

Prior neals pelo: None Prior back injuries: None

Prior back paint Yee. Lumber pain 3 years ago - readined after 1 day

Prior MVA's: None

Prior work comp claims: None State Time: < 15 minutes

Standing lime: < 15 minutes Walling lime: < 15 minutes

Liffing: Can only fill 16 this day to pain.

Driving: Not Brolled by ppin

Sings in disturbed by pair.

ADL's: Unlimited - she has boutle bending to put on gards/shoes

Work: Pt is unable to work due to pain Usual Cocupation: Customer service

MAGING/TESTING

ARY brain without contrast Report dated 12/16/2016

Brain normal for age.

MRI carrical agine without contrast Report dated 12/2 1/2016 MRI destrouwer time with straightening of cervical londcale.

CS-C Mild bilideral local hyperhophy.

C4-6: Mild bilideral incal hyperhophy. Mild left uncovertabrel entiropethy.

C5-6: Mild disc proincide with mild bili enert face thyperhophy. Effected uncovertabrel entiropethy with nelld left specific foremore.

C6-7: Mild broad disc profusion AP dismotor spins i canal 10 mm.

MRI lumber spine without contrast: Report delect 12/21/2016

L1-2 Mild dies tulge.

L2-2: Minimal epondylopie and disc hulge

L3-C blance opencycles and seep seep.
L3-C bill diso being with mild in oal and Somershim Servan hyperinophy blistensity. AP dimension of the aginet cares 1 i men.
L4-6: Left persoon hat diso being with annular Seeming. And Sigmension Six van hyperinophy biletersity. AP dimension apinal cares 15 mm.
L5-31: Central diso being with facet hyperinophy biletersity. AP dimension apinal cares 10 mm.

REDICAL HESTORY

No medical problems reported by policet.

MALERGIES

No locum drug allurghas

MEDICATIONS

Ibuprolim #COmg pm

NV PAP REVIEWED 144/15-1/4/17

SURGICAL HISTORY

No prior surgeries regarded.

FAMILY HISTORY

Lung Canoni

SOCIAL HISTORY

Family Steke: Single I not married , has children , lives with family

Compation: Customer service

Meditor: The patient smoking been the patient day. The patient does not drink. The patient denine recreational drug into

SAZIENZ KEAEM

Constitutional Sympleme: Fallgue Visual: Blurred vision decreased vision

BIT: Headache

Cordovatoliar: Negative Respiratory: Nagative Genfreinieslinst Negative Gariturinary: Nagative Endocring Negative Music feelinists: Negative Neurolatical: Negative Hametologic: Negative

Integration in the sales in the

WTAL SIGHS Height 85.03 Inches Weight 208.00 Pounds Blood Press: 120/76 mmHg Pulse: 72 BPM BAIL 33 S Point Of

PHYSICAL EXAMINATION GENERAL APPEARANCE

Appearation: No disconsided Transition: Normal

Ambulaton: Patient can ambulate without abatetan ca.

Gail: Gall is cornel

CERVICAL SPINE

Apparament Crossly rermal. No septs, redness, leatens, swelling or deformilies. Head position: He ad is in neutral goellion. No absorme I posturing or leaflocilis.

Tenderness: None noted Rigger Points: None noted. Spaner: No season round. Famel Faratermen: No facet joint fendermess noted.
Spirous Fendermen: Spirous processes are non-tender.
ROM: Full ROM: with pain in flesion mostly. Negative Spuring's on led. Magazive Spuring's on right

Maior/Strangth Faciling:
Delical (CS): U.S.E., RSS
Bicopa (CS+ CS): U.S.E., RSS
Bicopa (C7): U.S.E., RSS
Widel extension (CS): U.S.E., RSS
Widel fluxion (C7): U.S.E., RSS Gro (CS): L56, R56 Inhumani (T1): L56, R66

Sirina'y: CE: Normal bileterally CE: Normal bileterally

C7: Normal Materally CE: Normal Materally

T1: Normal bilaterally

Ralema: Biospa (C6): Lell 2+, right2+ Brachloracialia (C6): Lell 2+, right 2+ Tricego (C7): Lell 2+, right2+ Nagalius hollmana tiletarally

THORACIC SPINE

Angeleration: No makes, lesions of abnormalities. Spine appears equiph. Painting: No Tendermos, Irigaer points, or speam.
Range of Mollon: Full range of mollon. Sensoric Intact in all dermatemes.

Appearance: Grossly normal. No stens, regimes, lettons, swelling or deformilies. Alignment: Spins is straight and in normal alignment. Tendernasa: Nove noted. Tandernete: None noted.
Pringer Polinis: None noted.
Spaint: No egeem noted.
Spaint: No egeem noted.
Facel Tendermess: No facel joint landermess noted.
Spaint: Tendermess: Splinous processes: are non-tender.
RCM: RM RCM with pain in fladon
Skraight Lag Raising: Negethe at 90 dag bilaterally. Does not produce red lauter pain.

Molo/Strangth Tasking HID MINION (L2-L3): L GJE, R GJS HD shription (LA-S1: L. 6/5, R. 6/6 Knus extension (L1-L/): L. 5/6, R. 6/6 Knus Buston (L6-S1: L. 6/6, R. 6/6 Anide liveration (L/It L 6/6, R 5/5 Anthervention (S1): L65, R65 Antia dorellation (L.4, 16): L6:5, R 6:6 Antia plantarilation (81): 1, 5:5, R 5:5 EHL(L6): L 5:5, R 6:6

Security:

L1: Normal title tarally L2 Normal bilateral L2 Hornel blisterally L4: Normal bilaterally Life Hormal bila terally \$1: National bilaterally

Man (Lift Laft 2+, right 2+ Anida (S1): Lall 2+, right 2+ No Clones Ministrally

PSYCHOLOGICAL EXAMINATION Orientation: The patient is elect. and criminal x3. No sign of impairment. Mond / Allicet Mond is normal. Full effect. Thought Pricese: Inlack Memory: Intect. Concentration: Intect. Suicidal Idention: None.

DAGNOSIS M54.2 MECK PAIN MED 22 MED CERVICAL DISCOPATHY MAT #12 CERVICAL FACET JOINT ARTHROPATHY / SPONDYLOSIS MELE LOW BACK PAR M61.26 LUMBAR DISCOPATHY
M61.27 LUMBOSACRAL DISCOPATHY MAT ATT LUMB CSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS MAT ATT LUMB CSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS MAC ASS MUSCLE SPASM WIS NO SEP AND FALL

Discussion
Nack cein - I suspect is call and disc mediated pain. NRI report indicates disc profusions at C56 and C67 levels and bilateral is set hypertrophy.

Low back pain - I suspect fecal and disc mediated pain. \$181 hamber spine report indicates a L45 an other listure and billuland level imperirophy at

She has not laken any medications besides as needed disprofes. Fit have her change to Hispropys and cobasin for 2 weeks straight than also and see har back in 3 weeks lime to re-eventuals. She deries history of prior injuries to her reads and bur back. Thus, its more likely than not that her pain is causally related to the fell on 11-4-2016.

PRESCRIPTIONS

Medication Management: I have reviewed the patients medicalizes with the patient including the potential rights and alde etimols.

Stant NAPROXEN 600MG, Clyc 30, Raillin: 0, sig: TAKE 1 BID by PAR 2 weeks

Start ROBAXON GOOMIG, Gly: 30, RWINE: 0, eig: TAKE 1 BID for SPASSA Prid by 69/CLARY on 01/09/2017 et 09: 12AM

- * CONTINUE CURRENT CHROPRACTIC THERAPY
- ... biede es ebore
- "RETURN: 3 waste for re-evaluation with tell

Kathering D Treenless MD

Electronically signed by KATHERBIE TRAVMICEK Date: 1/59/2017 Time: 13:33:26

PARA INSTITUTE OF MEMBERS 7426 W. Atura Drive , Ste 180 Lac Veges, NV 69130 Tel 702-679-6262 Fax 702-676-0096

OFFICE VISIT

Date of Service: January 20, 2017

Petient Neme: Joyce P Select Petient DOR: 3/22/1968

PARI CONTLABITS Nack Pet Low Back Pain BL Khée Peln EL Shoulder Pain

Joyce returns lodgy for follow up. She is feeling briller owered with Neprosyn PRN and chiro. She was afraid of Robertn as she gold the generic form which starts with "metho" and dight went any opicids so didn't take this. We discussed made at larger again today.

Plack pain its constant and freek stiffness now. WAS 8-7 and mostly moderate pain. Made batter by chino and negrossys. Low back pain is constant and actly. She thinks this is mostly moderate pain. She notonger has some pain. She is not working and finals after carff do her job. I encouraged finding deak work or another job.

INTERNAL HERMONY Hospitalizations or ER visits: None Changes in health: None Problems with madications: None Obtaining pain made from other physicians: Patient denies. New Interior or MANTE: No Work Sinker: Unable to work due to pain Therapy: Pi is correctly receiving chicoprecise therapy.

MRS brain without contrast Report daied 12/16/2018 Brain ronnet ibr age.

MRI nervicel spine with null contrast. Report dated 12/21/2016

New particular party was construct the control of t

C8-7: Mild broad disa probation AP diameter aging cond 10 mm.

MRI fumber spire- without contrast Report dated 12/21/2016

L1-2 Mild dies buige.

1.2-3: Minimal epondylosis and disc bulgs.

LS-4: Mild disc butte with mild focal and Egomenham Berum hyperinophy bilderelly. AP dimension of the aginal cenal 11 mm.

L4-6: Laft paradentral disc butte with sender Estuding. Addedment and Ecomentum Berum hyperinophy bilderelly. AP dimension aginal canal 11 mm.

L6-51: Caninst disc butte with facet hyperinophy bilderelly. AP dimension aginal canal 10 mm.

NEDICAL HISTORY

No madical problems reported by patient

ALL PROPERTY.

No known drug allerdes

PEDICATIONS

Magroanan All Greet P RNA

SURGICAL HISTORY No orior suscentes rescribed.

FAMILY HESTORY Lung Cancer

SOCIAL HISTORY

Family Status: Single / not meeted , has children . Eves with family

Cocups for: Customer service

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

SYSTEMS REVEW

Constitutional Symptome: Fafigue Visual: Burnel vision decreased vision

ENT: Headache Condiovatoubir: Nagative Postpiratory: Negative Gastroirinatinat: Negative

Geritotrary: Negative Endocrine: Negative Matericalistatet See HFI Neurological: Nager Hemelologic: Negative

integumentary: Ringative Psychological: Audaly depressed mood incomnic

Height 46.03 Inches Blood Press: 114/80 mm/lg Puller 66 BPM Respirations: 16 RPM Pain: 08

PHYSICAL EXAMPLATION GENERAL AFTE ARANCE Apprenense No discombet Transillor: Normal Ambulation: Patient can ambalate without a salotence. Gall: Gall is normal

CERMICAL SPINE

Appearance: No meetes, listions or a bnormalities. Normal has a position. Pelpelier: No Tendermess, litigaer points, or speam. Range of Molien: Full range of molion in Berdon, subjection and rotation.

Apparament: No messes, lesions or a to ormalities. Mormal head position. Pelipellon: No Tendemess, trigger points, or specim. Range of Motion: Full range of motion in Bestion, and ension and coletion.

PEYCHOLOGICAL EXAMINATION Orientation: The patient is start and oriented x8, No sign of impairment. Mond? Allest Mond is normal. Full effect. Thought Process Intent Methory: Inlact. Concertration: Intent.

CLAGNO 525 M64.2 NECK PAIN MEI & LOW BACK PAIN MEZ ESO MUSCLE SPASM

Stroidel Idention: Hone.

PREACH FITCHE

Medication Management: I have reviewed the patients medications with the potent including the potential risks and side attack. The patient has been counseled not to sail, share, are otherwise distributed his or her medications with other people. The patient understands that all medications can have adverse effects such as impairment and the Lidengerous activities such as driving are probabled while impaired. The patient is advised soil to drive stocks while latting controlled substances. The patient understands that the risks of option-type medications and other controlled substances potentially include addition, tolerance, withdrawet, and soold milet over dosage and that death can result from accidental over dosage. It was emphasized to the patient table the incidental according to patients of the patient table to the patient death of the patient death of the patient death of the patient table to the patient death of t issues reporting misuse were discussed in debit. These discussions included appropriate listeral and elete law. Compliance to the treatment plan was amphasized. The patient reports no intelestable side effects. The patient is compliant. No absenced behavior is noted. No impairment is noted. The patient (ainciliosite in a receive medicalionis).

STAND ROBATON BEELING, QNr. 30, RAMBE (L. etg.: TAKE 1 EED for SPASSA Prici by 72/TRAY! on 01/20/2017 at 08:58AM

SLANGASAPEATIN CAPSULE SIGNIG, CAY SO, RAISE: Q. 40: TAKE 1 QAS for PAIN Prid by 73/TRAVI on 01/30/2017 at 08:68 AM

FLAN

- *CONTINUE CURRENT CHROPRACTIC THERAPY
- "Confinite deprosyn pro "Meds as above
- "RETURN: 3 wasts for re-evaluation with led

Katharine D Travnicak MD

Electronically aigned by KATHERINE TRAVNICEK Date: (80/2017 Time: 8:61:46

FAMILISTITUTE OF NEVADA 7426 W. Azure Drive, Ste 180 Last Veges, NV (EH 3) Tel 762-878-8262 F## 702-678-0006

OFFICE VALUE

Date of Service: February 20, 2017

Policel Name: Jayon P Salera Policel DOB: 3/22/1968

MAN COMPLAINTS EL Shoulder Pain Low Back Pain

Joyce hith me today for follow up. She has no neck pain but does have bilisteral top of shoulder pains. VAS is 6 today. Constant acts and made worse with annimating and shoulder movements. Pain improved with other, heat, and medications. We discussed bigger point injuritons and she would big. to properd. She also cidn't start gabapaniin alliar she read all of the adverse effects she could have. I will get har take done to Jan 2017 and raview with

Low back pain: VAS to 6 licker. VAS respect 27. She reports a constant siche, pain words with lumber extension. She denies leg symploms. Feels befor with heat, message, other, reprotes and rebacks. We discussed lower tumber social joint injections and she would like to proceed.

MISSIN HISTORY Hospitalizations or ER Visits: None Changes in health None Problems with medications: None Obtaining pain meds from other physicians: Patient deries. New Interfes or MARS: No Work Sin hus: Unable to work due to pain Transpy: Pi is currently receiving chiroprecise therapy.

MAGING/FRATILITY MRII brein willhout contrast Report deled 12/18/2016 Brain normal for age.

MRII convical spine without contrast: Report dated 13/21/2016 Mild destroopwhere with straightening of carried lardonic.
C3-4: Mild biblistel is call hypertrophy.
C4-6: Mild biblistel Steel hypertrophy. Mild fell uncovertebral arthropolity. CS-0: Mild date production with mild blintend faces hyperine by Blistend uncoverished anthrops by with mild left greater than right natural foresting C8-7: Mild broad disc protrusion AP dismalar spins) cancel 10 mm.

MRI turnbur opine without contrast: Report delect 12/21/20/16

L1-2: Mild dies buise

L2-2 Minimal eponopiosis and disc buige.

Lo-a Marmia approyects and out output.

Lo-a Marmia approyects and boat and Spanishium Series hyperhophy bilitierally.

Lo-a: Laft date builts with mild boat and Spanishium Series hyperhophy bilitierally.

Lo-a: Central date builts with facet hyperhophy bilitierally. AP dimension spinal control 10 men.

MEDICAL HISTORY No medical problems reported by sellest

ALLENG ES No known drug allurgies

FEDICATIONS Maproxim Goding bld Robertin Gilleng Md

ERROCAL HISTORY No prior eurgeries reported

FAMILY HISTORY

Lung Caneer

SOCIAL HISTORY

Stoutest, represent Family Status: Single I not married , has children , thes with temily Occupation: Customer service / Unamployed Hebits: The patient entokes legs then 1/2 pect per day. The petient does not drink. The patient dentes recreational drug use.

SYSTEMS REVEW Constitutional Symptomic: Fatigue Witness States of the Company of the ENT: Nagativa Cardiovascular: Hagailya Respiratory: Negative

Gestahiselinet Negalite Gerikatrary: Negative Encloseine: Hugeline Municipalulatet: See HIT Nauroladast: Negal Hamalologic: Negative

Inligurantary: Nagatha Payshetetical: Assisty depresent mood inscends

WITAL SIGNE Height: 66.00 Inches Blood Press: 106.60 mmHg Respirations: 18 RPM

Pain: Oil

PHYSICAL EXAMINATION GENERAL APPEARANCE Appearance No discomion or Hrmal

Ambiolitica: Palleni cain ambitate willness a saintance.

Gall: Gall is normal

CERVICAL SPINE

Appearance: No masses, feelons or atmormatiles. Normal head position. Periodics: No Tendemess, trigger points, or eparen. Range of Mollan: Full range of molian in fierdan, extension and solution. Mater: All (() in the upper extremities. Seneogy: intext in the upper extremities Referent 24 and equal to the upper automittee.

HERER SPACE

Accessmental: Grantly normal. His scare, redness, letions, bredling or delamilles. Allgronest: Spine is straight and in recrust alignment.

Tenderness: Stild intermess noted billateral lower lumber spine. Witness Points: None noted. Souten: Mild speam is noted in the personne and managiletone.
Facet Fenderman: Fecet joint landermans is noted billetoni. 15-81
Spirous Fandermans: Spirous processes are non-tender. RCM: Range of motion is decreased due to path. Straight Lag Ratalog: Negative at 80 dag billularaby. Does not produce redicular pain.

PSYCHOLOGICAL EXAMINATION Orientative: The patient is start and oriented x3. No eign of impairment. Mond/Albeit Mond is normal. Full allect. Thought Process: Intest. Mamore Intent Concentration: Inlant Subject (despion: Name

DAGMO SES

M62 536 MUSCLE SPASM M79.1 MYOFASCIAL PARK ME4.6 LOW BACK PAIN M47 #16 LUMBAR FACET JOST ARTHROPATHY / SPONDYLOSIS M47.617 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

COLUMN NO.

String Principles

Spine Injections
In broad Consent for Spine Procedures: The procedure(e) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risk were reviewed and include but are not limited to informed in pain, bleeding, infection, discrite, demaps to nerves, spinel conf. structures of the next and back, spinel has dark, reaction to medication, lose of sirvery, presumethorax, asterna, whole, persysts and death. Propurenties were made regarding outcome. The risks of injection of confeccionaride include that are not limited to billioning of bones, trackers, avenuals recorder the high, nationals, was being of short, avenual suppression. Common side effects include well are not limited to be suppression. Common side effects include well are not limited, and suppression. Common side effects include well are nothing, internals, intrinsected pulse, and blood presents. Otherwise well have increased blood sugarite for about a weak after injudion. The patient has the option for another for the procedure. I advised the patient that constitutes and after many or the y not have excelled the procedure. The risk of accidion includes less of allower, application, reaction to medication and demaps to nervee.

Yrigger Paint injections - done beday.
The pallent was counteded regarding inger pain injections. The injections were described to the patient in detail. The right and benefits were also

PROCEDURE NOTE

TRICGER POWT BLECTIONS. Informed consent was obtained, richs reviewed. The alles to be injuried were identified and propped with phosful. Informed without difficulty or complication.

Reutolofs) injected: Bila hard - Impertise muscles - Herefor gaspute Local: Marceine 0.25% inhed in Lidocates 2% and a local of 7 ml used out of 10 ml pregented. Post injection: 80% millet of usual lifeteral shoulder pain

PLAN

- ** CONTINUE CURRENT CHROPRACTIC THERAPY
 *** DIAGNOSTIC / THERAPSUTIC FACET JOINT PUBCTION (64493) BILATERAL 1.5-\$1
 *** RETURN: 1 week higger point injections with on
 *** RECORDS FROM: Leb work done in Jen, tore-example publication doze for her
 **** RETURN: 3-4 weeks for no-4 with fich with high.

Katherine D Travnicet MD

Electronically signed by KATHERBIE TRAVISCEK Date: 2/26/2017 Time: E-40:01

PAIN MISTITUTE OF NEVADA 7435 W. Ature Orine, \$16 100 Last Vegas, NY 801 20 Tel 702-878-8252 Fax 702-878-0006

OFFICE VISIT

Date of Service: June 28, 2017

Pellant Norme: Joyce P Seluce Pellant DCB: 3/22/1968

PAIN COMPLAINTS Nack Mid back

Jorea miluma is cilinic locary. The patient is of presided branch blocks, bileteral E.S.-\$1 immediate post procedure pair: 100% relief of start pair. Sustained improvement Mone Symptoms are returning. VAS is a 6 in her few back today. Recommendations: RFA bills level £681 facet joint She wants to think should it.

PATTERNAL HISTORY Historial Pattern of ER yield: None Changes in health None Problems with medications: None Obtaining pain meds from other physiolens: Palign Literatus. New Injuries or MVA's: No Work Status: Untille to work due to pain Transpy: Pl is not currently receiving physical or chiropropiic tharapy.

MAGNO/TESTING ARY brain without contrast Report dated 12/16/2016 Brain normal for age.

NRS nandost spine without contrast: Pepost dated 13/21/2016 New nervous gener wances constant capets dated 1 a/2 1/2sn to
bill of destrocitive buse with schaightening of carvings fordering.
C3-4: Billd billstens I food hypertrophy.
C4-6: Billd billstens I to all hypertrophy. Billd left encovertebrel arthropathy.
C5-6: Billd dies profession with mild billstens faced hypertrophy. Billstens ancovertebral arthropathy with mild left granter than right neveral foresting. C8-7: Mild broad disc probusion AP dismaler spinel cand 10 mm.

MRI fumber spine without contract Report dated 12/21/2016

L1-2: Mild dies huige.

L2-2: Minimal open chicais and class bulge.

Lock terrory open may caso page.

1.3-4: Mild disc builge with mild figure and ligamentum lievum hyperhophy billetently. AP dimension of the spinal canal 11 mm.

1.4-6: Left performinal disc builge with annifer listuring. Assessment and ligamentum listers hyperhophy billeterstly. AP dimension aginal canal 11 mm.

1.6-51: Carrival disc builge with facet hyperhophy billeterstly. AP dimension eginal canal 10 mm.

PROCEDURES 03/08/2017 FJI 8 L681

Poel injection: Complete mechation of estuat pain Suddened: No relief of cital at pain.

CONTRACTOR 2 MAN BLES1

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

MEDICAL HISTORY Disheles type 2, HbA1C 6.6

ALLENG #5 No known drug stlergies

MEDICATIONS Mellormin i lattel 3x4 week Celebrax 200mg PRIN 1 tablet a week

NV PMP REMEMED 6/10/18-6/110/17

SURGICAL HISTORY Mo prior eurgenes reported.

FAMILY HISTORY

Lung Canon

SOCIAL MESTORY

Family Status: Single / not married , has shilden , fines with family Occupation: Customer service / Unemployed

Habila: The palled smokes less than 1/2 pack per day. The palled does not drink. The palled during repressional drug use.

SYSTEMS REVIEW

Constitutional Symptoms: Falique

Visual: Negative ENT: Negative Cardiovascular: Negative

Respiratory: Negative Gestroiniestinet: Negative Gerikalany: Negr Endonine: Negative Mutculoskalakat: See HF4 Heurologicat: Negative Hamatologic: Negative Inlegamentary: Negative Psychological: Instemnie

VITAL SI COAS Haight: 68.03 Inches Blood Press: 128/82 numbig

Pides (8 BPM Respire itom: 16 RPM Pein: 05

PHYSICAL EXAMINATION GENERAL APPEARANCE Appearance: Mod discoming

Transition: Named

Ambination: Pallent can ambatale with cultimation co.

Gall: Gallis normal

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is start and oriented x3. No sign of impairment. Mand/ Albeit Mood is normal. Full effect.

Thought Process Intack Mechany Interd Concentration: Inleed. Suicidal Idention: Name.

DIAGNOSIS

M64.6 LOW BACK PAIN M47.617 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

COUNTED BIG

Redicines were Rhizologov

The patient received selective concentral requesting regarding redictivency discionry (RFR). The procedure to be performed was explained in detail uning shall be and engineers and engineers of the patient and engineers of the patient of the patie expirined as well. All quiestions were presumed

Informed Contact: The procedura(e) was reviewed with the patient in detail using a statistal model. All quantions were entered. The risk were reviewed and include but are not limited to increase in cain, bleating, infection, discille, damage to marks, against cond, structures of the reck and back, against handache, reaction to medication, loss of siretty, presmotheres, estaure, sirche, perstyels and death, his puscentess were made argenting outcome.
The rights of injection of controllerates include but are not limited to thinning of bones, tractures, avectuar necrosis of the higs, callaracts, we steering of the test of person of conscious a rector of the masses of annual constant, and the effects include water missing, incomes, we are made an abundance and the effects include water missing, incomes, incomes, property pulse and those pressure. Distance will have incomes the disparation for the procedure. I advised the patient that constitute actions may be affected to provide a "tellight" effect. The patient was the artistable and while to respond throughout the procedure. This will not be a deep eachillor. The politic terms of many not have recall of the procedure. The risk of seeding thickness took of already, expits ion, resolute to medically a demand to respect.

PRESCRIPTIONS

None

"RETURN: 2 weeks for co-evaluation with total

Katharing D Travnicak MD

Electronically eighed by KATHERINE TRAVNICEK Date: 626/2017 Time: 14:20:25

PARI HISTITUTE OF NEVADA 7436 W. Azure Ditve, Ste 180 Las Venna, NV 88130 Tel 782-878-8252 Fex 702-878-8096

OFFICE VISIT

Date of Service: March 16, 2017

Pallant Name; Joyce P Setura Pallant DOS: 3/22/1958

PAIN COMPLAINTS Neck pein Low back pain

Joyce returns today after facet joint injections. The patient is all facet joint injection bilateral LS-S1 immediate post procedure pain: 180% relief of usual pain for 6 hours Sustained Improvemment None Statemby improvements runny

Authorities are goting under VAS is 8 inday.

Fullidion is declining. She takes no medications right now.

Repeat injection is recommended - biotexal medications right now.

Her neck pain is lead today elec. She has bilateral shoulder muscle pains, and higger points weren't that successful she feels and would not die to mpant.

INTERM MISTORY Hospitalizations or ER visite None Changes in health: None Problems with modifications: None Obtailing pain meds from other physicians: Pallent denies. New injuries or MVA's: No Work Status: Unable to work due to pain Therapy: Pt is currently receiving chiropractic increpy.

MAGNG/TESTING MARY brain will sout contrast: Report dated 12/18/2016 Brain normal for age.

Mitt contact notes without contract Percent delect 12/21/2016 hild destrous nature with stratisticating of contest lorders. C3-4: Mild bilateral facet hypertrophy.

OI-5; Mild bitaleral facet hypertrophy. Mild ieft uncovertebral arthropality. C5-6: Mild disc profusion with mild bitaleral facet hypertrophy. Eliabret uncovertebral enterspectly with mild left greater than right neural

CO-7: Mild broad disc protection AP diameter spinel canal 10 ram.

MRI humber spine without contrast Report deled 12/21/2016

L1-2 Mind discoulde.

12-3: Minimal spandylosis and disc bulge.

1.3-4: Mild dies bulge with mild facet and Resmontum Several hypertophy Ministrally. AP dimension of the spinel canel 11 m.m. Lif-5: Left personnital dies bulge with annular Several hypertophy Ministrally. AP dimension spinel canal

LS-S 1: Camiral diec buige with facet hypertraphy bilaterally. AP dimension spiral canel 10 mm.

PROCEDURES 03/08/2017 FJIB L581 Post injection: Complete teachillon of timuel pain Susinings: No relief of usual pain.

MEDICAL MISTORY
No medical problems reported by patient

ALLERGES No known drug allergies

MEDICATIONS No medication

NV PNP REVIEWED 18/73-18/77

BURGICAL HISTORY

No prior suggested reported.

FAMILY HISTORY Lung Concer

SOCIAL HISTORY

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

Occupation: Customer service /Unemployed

Habite: The patient amother team than 1/2 pack per day. The patient does not drink. The patient denice recreational drug use.

SYSTEMS REVEW

Constitutional Symptomic Fallous

Visual: Negative

ENT: Negative Ourdiovancian: Negative Respiratory: Negative Gestrointeginat Hageli Confluence: Negative Entiocrine: Negative Musiciostoletet: See (4) Haurdegleet: Nagative Hematologic: Negative Integrative Negative Phychological: Incomnia

VITAL SIGHS Height: 68.00 Inches Glood Prose: 126/78 mm/la Puller: 74 BPM Pain: 06

PHYSICAL EXAMINATION GENERAL APPEARANCE Appearance: Spriftcant pain

Washing Ships amond

Ambulation: Patent con ambulate without accidence.

Golf: Golf is entainte

U.MBAR SPINE

Appearance: Greenly normal. No scars, rednast, leaking, exciting or deformation.

Alignment Spine is straight and in normal alignment. Sendemean Severe tendemous noted bilistemi left > right LS-S1

Wigger Points: None noted.

Spalem: Moderate apaem is noted in the peravertebral musculature. Pacel Territomess: Pacet joint tendemore in noted tell > right L5-31 Spinous Tendemoss: Spinous processes are non-londer.

ROLL Pance of motion in decreased due to pain.

PSYCHOLOGICAL EXAMINATION

Crientelion: The policytic elect and oriented x3. No sign of impairment. About /Affect Mood is normal. Full affect.

Thought Process: Intact.

Admony: Intact

Concentration: Intest. Subtrei Meation: None.

DIAGNOSIS

ME42 NECK PAIN

MTB.1 MYOFASCIAL PAIN

M62.638 MUSCLE SPASM

MEAS LOW BACK PAIN MEAST FLURIDGE CRAL FACET JOINT ARTHROPATHY /SPONDYLOSIS

COURSE! SIO

Spine injections

informed Consent for Spine Procedures: The procedure(e) was reviewed with the patient in detail using a skeletal model. All quantions were anomored. The data were reviewed and include but are not limited to increase in pain, bleeding, infection, discille, damage to nerves, spinal conf., structures of the neck and back, spinal needeche, specifical to medication, loss of airway, procured to receive, airche, paralysis and death. He guarantees were made agasting existence. The risks of injection of controlleroids include but are not timiled to thinking of bones, fractures, averages necrosis of the hips, coloracts, weakening of structures such as illustrated, for necrosis, dimping of stin, advent restriction. Common side official include water relevation, flushing, incomes, increased pulse and blood pressure. Discourse with save barressed blood august for about a week after injection. The pellent that the procedure of the procedure. I advised the patient that conscious sediction may be utilized to provide a "autignt" offici. The pellent will be around the procedure. I advised the patient that This will not be a deep radiation. The pellent may or may not have recall of the procedure. The sist of sedicion includes tous of always, suppression, reaction to medicate and durange to nervee.

PRESCRIPTIONS

Medication Management: I have reviewed the person's medications with the patient including the potential ris to and side effects.

Short CELESPEX 200MG, Cay: 42, Relin: 0, aig: TAKE 1 BID by PAIN Prof by 63/86GAY on 03/16/2017 at 01:50PM

- PLAN

 ** DIAGNOSTIC FACET LIEDVAL BRANCH BLOCKS (84493) BLATERAL LS-S1

 ** Calabrax start today

 ** RETURN: 1 week aller injection with gn / kgt

Katherine D Travnicet MD

Bedronksey algorid by KATHERINE TRAVISCEX Date: 3/15/2017 Time: 13:58:01

PAIN RESTITUTE OF NEVADA 7435 W. Attire Orive, Sie 100 Lass Verges, NV (EH 30) Tel 742-878-8262 Fax 702-678-6096

OFFICE VISIT

Dele of Service: Ady 10, 2017

Pellentéleme: Joyce F Selecte Pellent DOR: 3/22/1966

PAIN COMPLAINTS Nack Petr Low back cain

Joyce returns lodey for follow up. She declines the RFA procedum for her low-back pain. VAS ranges 0-6 and comes and goes. She depart she har pain is severe enough to get the RFA and she works a partner and selection. She takes calculate as needed. She will return here when she is ready to do

MICHAEL HOSTORY Hospitalions of ER visits None Changes in health None Problems with medications: Hone Obtaining pain made from other physicians: Pallant dering. New Interest of AUVACE NO Work Steles Unamployed Therapy: Plain not currently receiving physical or chirographs therapy.

APR brain without contrast Report stated 12/16/2016

Brain normal for age.

Milit curvical spine without contrast: Report dated 12/21/2016.

Net covers spine wongs spine, regen come 1 are 1/2 in a.

Net destroblive and electrophy.

C3-4: billd billetest is set by partrophy.

C4-6: billd billetest is set by partrophy. Mild bill uncoverie brit arthropathy.

C5-6: billd billetest is set by partrophy. Mild bill uncoverie brit arthropathy.

C5-6: billd disc profusion with mild billeteral faced hypertrophy. Billeteral uncoverie brit arthropathy with mild bill granter than right neural formalist.

C6-7: Mild broad disc profusion AP diameter spinel osnal 10 mm.

NRC hander spine williow contract Report dated 12/21/2018

L1-2 Mild dies bulge. L2-2 Mildmeil epondytosis end dies bulge.

8.3-8 billed dies builtie with milled final and Epimerium Revum hypertrophy billaturally. All dimension of the aphret const 11 mm.

L4-6: Left personning date budge with averday limening. Accommend and Spanney in the hypertrophy bilalarally. AF dimension spinal 11 mm.

L6-5: Carried date budge with facet hypertrophy bilalarally. AF dimension spinal operat 10 mm.

PROCEDURES

03/09/2017

F.其台 1.6条1

Poel Injustion: Complete mechalism of satural pain

Sucinhed: No relief of usual pain.

05/06/2017

MRB B L681
Post Injection: Complete Reschillon of Usual pain

Sustained: 2 days at 100% relief. 24 days out No Change.

MEDICAL HIS TORY Disheles type 2, HbA1C 8.6

No known drug allerdes.

MEDICATIONS

Madornan Habiel Six a week Calabras 200mg 1-2s a month

NV PMP REVIEWED 6/10/16/8/10/17

SURGICAL HISTORY Pio prior surgeries reported

FAMILY HISTORY Ling Canon

SOCIAL HISTORY

Family Status: Single I not meeted , has children , from with family

Occupation: Customer service / Unemployed Habita: The paliest amobies ramely. The palient closs eat drink. The palient decies re-creational drug use.

SA SLERIZ LE ASM

Constitutional Symplemic Fallette

Constitutional Sympleme: F Visual: Negative ENT: Negative Cardiovanciar: Pagative Respiratory: Negative Gestroiniestinal: Negative Endoorliniesti: Sas HPI Neurological: Negative Humalological: Negative Inlegative Inlegative Inlegative Inlegative Inlegative Inlegative Inlegative Inlegative Psychological: Incomnie

VITAL SIGNS Height 66.00 Inches Blood Press: 128/72 mmHg Pullet 62 SPM Respiretions: 16 RPM Pain: 06

PHYSICAL EXAMINATION GENERAL APPEARANCE Apprenente: No discominet
Francisco: Remai
Archelicit: Remai
Archelicit: Patient can ambula te without assistance.
Galf: Galf is normal

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is start and oriented x5. No sign of impairment. Mond/Affred Mond is normal. Full affect.
Thought Process: Inted. Manary: Initial.

Concentration: Intent. Science / contion: Name.

DIAGNOSES

MEAS LOW BACK PAIN MAT. 117 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

PRESCRIPTIONS

None

PLAN

** RETURNS As mediat

Katharine D Travnicel: MD

Electronically signed by KATHERINE TRAVANCER: Date: 7/10/2017 Time: 8:18:00

PARTSETTUTE OF NEWADA 7485 W. Ature Drive, Sie 120 Les Vegas, NV 881 80 Tel 702-678-6262 Fax 702-678-6086

OFFICE VISIT

Date of Service: May 11, 2017

Pallant Name: Joyce P Sale ra Pallant DCB: 3/22/1968

MAN COMPLAINTS Low Break Pain

Jayon returns for follow up today.

The patient is o'p medial branch blocks: billuleral 8.6-81 immediate post procedure pain: 100% relief of your pain. Intercepts pass processes pasts 100% respects usual pasts.

Subjected 3/10

Subjected 3/10

Subjected 3/10

Subjected 3/10

Subjected 3/10

Subjected 3/10

Recommends Subjected 3/10

Subjected

PATENCE HESTORY

Hospitalizations or ER visits: None Changes in health: None Problems with medicalions: None Oblighing pain medit from other physicians: Palisni denies. Now busines or MVA's: No Work Statut: Plic working is only. Therapy: Ft is not currently receiving physical or officepractic therapy.

MAGNICITECTING

MRI brain without contract Report dated 12/18/2016

Brain somet its age.

NRI carried spine without contrast: Report detect 13/2 1/2016 NRI destrocurysture with straightening of carried tordesis.

CS-0: Mild billions i seek hypering or converse or reque.

CS-0: Mild billions i seek hyperinghy.

CS-0: Mild billions i seek hyperinghy. Mild left encoveriebral arthropally.

CS-0: Mild distant feek hyperinghy. Mild left encoveriebral arthropally.

CS-0: Mild dist profusion with mild billional facat hyperinghy. Site left succeeds bral arthropathy with mild left granter than right navral foremand.

CB-7: Mild broad disc probation AP discuster spins) canal 10 mm.

NRO humber spine willhout continue: Report dated 12/21/2016

L1-2 Mild dies builde. L3-5 Milmal spondylpain and dies builde.

Lock Mild dies builge with mild fiscel and Spannenium Severa hyperinophy bilaterally. AP dimension of the aginal canal 11 mm.

Lock Lattpersonnes des Eulge with manufer Securing. Appersonnest and Spannestum Severa hyperinophy bilaterally. AP dimension aginal canal 11 mm.

Lock: Carried dies beige with facet hyperinophy bilaterally. AP dimension aginal canal 10 mm.

PROCEDURES

03/08/2017 F.J.B L681

Post injection: Complete machation of utual pain

Sustained: No negation used main.

05/08/2017

Post Injection: Complete Resolution of usual pain.

Sustained: 2 days at 100% rather and their now at 80% ratio

MEDICAL HIS TORY

No medical problems reported by police!

ALLENGES

No longum drug allurgion

MEDICATIONS

ERROCAL HISTORY

Monter surgeties reported

PANLY HISTORY

Luig Cancer

SOCIAL HISTORY

Family Sinks: Single / not mented , has children , lives with limity Cocupation: Customer service / Unamployed

Plablic: The patient smokes less than 1/2 prokiper day. The patient does not drink. The patient denine recreational drug use.

\$YSTEMS AT WEW

Constitutional Symptomic Faligue Visual: Negative

ENT: Negative Cardovpender: Negative Programmer, Negative Gestraintestinat Hegeline Geritariany: Negative Endocrine: Negative Musicalcolateist: See 1674 Maurologicat: Negative Hersetologic: Negative Integernantary: Nagether Psychological: Incomnie

WITAL SIGNS

Wind Street Height 66,03 leches Blood Press: 110,08 mentig Respirations: 16 RPM Pair: 03

PHYSICAL EXAMINATION GENERAL APPEARANCE

Apparament his discerning
Franchiser Numer
Acobustics: Palled on ambulate without assistance.

Gall: Gall is normal

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is shell and oriented \$2. No sign of impairment. Mond/ Affect. Mond is normal. Full effect.

Process total Memory: Inlact. Concentration: Inlact. Suicidal Idention: None.

DIAGNOSIS

M64.5LONVBACK PAIN M64.5LONVBACK PAIN M67.8LTLUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSS

PRESCRIPTIONS

None

FLAN "RETURN: 3 wasta for co-evoluption with Indi

Katherine D Travnicok MD

Electronically eigned by KATHERINE TRAVANCEK Date: 6/11/2017 Time: 0:35:58



Sekera, Joyce

61 V 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 GALLHER
LAW FIRM Payer ID: PAPER
Referring: LAW FIRM THE GALLHER
Appointment Facility: Desert Institute of Spine Care

10/05/2017

Progress Notes: Andrew M. Cash, MD

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?

now many eigarettes a day do you smoke 5 or less

Occupational:

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

Drugs/Alcohol:

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 changes 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 2010.3 Indea, 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 bilateral.

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

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

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

Chest pain denies. Irregular heartbeat denies. Gastrointestinal:

Hemorrhoids denies. Uteers 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. Vomiting 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. Slurred Speech denies. Fainting denies. Headache activitie. Loss of strength activitie. Seizures denies. Stroke denies. Tingling/Numbness activities. Tremor denies.

Psychiatric:

Tension denies. Memory loss (Garilly, Anxiety denies, Depressed mood denies, Difficulty sleeping (Garilly,

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 x3.

Associations-Intact.

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, climbing, squatting, or lifting more than 10 pounds

Patient: Sekera, Joyce DOB: 03/22/1936 Progress Note: Andrew M. Cash, MD 10/05/2017
Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com) 10/05/2017

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 .

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 09:49 AM PDT

Sign off status: Completed

Desert Institute of Spine Care 9339 W SUNSET RD

Patient: Sckera, Joyce DOB: 03/22/1936 Progress Note: Andrew M. Cash, MD 10/05/2017

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

UAS VEGAS, NV 80148-4840 4.0: 702-030-3472 1.ax: 702-046-5115

Patient: Sekera, Joyee – DOB: 03/22/1956 – Progress Note: Andrew M. Cash, MD – to/05/2017

Note generated by eClinicalWorks EVIQ Fig. 3 the are in this eClinicalWorks com-

EXHIBIT 42

DR. JORDAN WEBBER



4101 Meadows Lane #100 | Las Vegas, NV 89107 Tel. 702.655.2346 | Fax 702.655.3763 | daggettlaw.com

January 8, 2020

VIA FACSIMILE

Desert Chiropractic & Rebab / Core Rehab (702)463-9772

Updated Records for the dates: 05/01/17 - Present

Re:

Medical and Billing Records Request

Client Name:

Joyce Sekera

Date of Loss:

11/4/2016

DOB: 03/22/1956

To Whom It May Concern,

I understand that our client, Joyce Sekera, treated at your facility in relation to the abovereferenced date of loss. Please send us copies of all medical and billing records, including:

- ALL PAST RECORDS (even if unrelated to condition as alleged within the current claim) and all medical records which are in the control or possession of this witness
- ALL CLINICAL DOCUMENTATIONS: all notes (handwritten or otherwise), prescriptions, surgical reports, all sign-in sheets, dictated reports, chart notes, insurance forms, progress notes, patient questionnaires, blood tests, laboratory findings, all test results, appointment records, discharge reports, admission reports, and nurses' notes
- ALL DIAGNOSTICS: X-ray reports, X-ray films, MRI reports, MRI films, and CT-scans (if
 possible, please put films on CD-ROM or DVD. Please contact our office before you put them
 on CD-ROM or DVD)
- ALL BILLING RECORDS: invoices and statements (please include CPT coding & ICD-10)

Please also provide all correspondence with any and all insurance companies or providers regarding the treatment of our client including, but not limited to, all requests for treatments, referrals, referral forms, authorizations, and denials.

Enclosed please find a copy of a medical authorization signed by our client. <u>PLEASE BE</u>
<u>SURE TO COMPLETE AND SIGN THE DECLARATION FOR CUSTODIAN OF RECORDS</u>
(NOTARY NOT NEEDED) ON THE THIRD PAGE OF THIS REQUEST.

Claggett & Sykes Law Firm will reimburse any reasonable copying charges you may incur. Please include a statement of copying fees. Please feel free to contact me if you have any questions.

Sincerely, CLAGGETT & SYKES LAW FIRM

Ist Paola Jimenez

PAOLA JÍMENEZ

DR. JORDAN WEBBER

ATTENTION

Nevada Revise Statute 25.260 **REQUIRES** a certificate of custodian of records for **ALL** medical and billing records used during litigation.

THE ATTACHED DECLARATION OF RECORDS MUST BE SIGNED, IT DOES NOT REQUIRE NOTARY SIGNATURE.

DR. JORDAN WEBBER

DECLARATION FOR MEDICAL RECORDS AND MEDICAL BILLING RECORDS

STATE OF
COUNTY OF
COUNTY OF
1. That Declarant is the Custodian of Medical Records and of Medical Billing Records for Desert Chiropractic & Rehab / Core Rehab.
2. That Desert Chiropractic & Rehab / Core Rehab is licensed to do business in the State of;
3. That on the day of Jayvary, 2020, Declarant was served a Medical Records and Medical Billing Records Request in connection with the above-entitled cause, calling for the production of Medical Records and Medical Billing Records pertaining to: JOYCE SEKERA.
4. That Declarant has examined the original of both those Medical Records and Medical Billing Records and has made or has caused to be made a true and exact copy of them, and that the reproduction of them attached hereto is true and complete.
5. That the original of both those Medical Records and Medical Billing Records were made at or near the time of the act, event, condition, opinion, diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of Declarant or Desert Chiropractic & Rehab / Core Rehab;
6. That the services provided were reasonable and necessary and the amounts charged for the services were reasonable and necessary at the time and place that the services were provided.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on: day of, 20





CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and 45 CFR 164.508

To: Desert Chiropractic & Rehab / Core Rehab (Medical Care Provider)

05/01/17 - Present

Information to Be Disclosed:

Any and all document relating to my physical and mental condition, any and all documents relating to treatment which I have received or am currently receiving. Such documents include, but are not limited to, any and all x-rays, radiographic studies, films, or reports, lab studies and reports, all other diagnostic studies and reports, treatment notes, handwritten notes, chart notes, nurses' notes, doctors' orders, prescription records, written records, billing statements and records, chart covers and backs, all records, and any other document of information which is or may be considered a part of my medical file, and which may be considered related to the undersigned prior, current, and/or future physical condition, treatment, and/or bospitalization.

The following items must be initialed to be included in the use and/or disclosure:

HIV/AIDS Related Information and/or Records
Mental Health Information and/or Records
Genetic Testing Information and/or Records
Drug/Alcohol Diagnosis, Treatment or Referral Information
Describe:

Purpose or Usc of Authorization:

The documents and information referred to herein shall be used for the purposes of settling and/or litigating a disputed injury claim, with regard to any injury or incident which occurred on or about 11-4-2016. The documents and/or information to be disclosed pursuant to this Authorization "ARE NOT" limited to the documents related to the subject injury or incident. This Authorization allows for the production of documentation and information relating to "ALL DATES."



DR. JORDAN WEBBER



Revocation:

This Authorization shall expite on 10/10/21, unless otherwise revoked. I understand that if I desire to revoke this Authorization, prior to the above-referenced date, I must do so in writing, and deliver such writing to the entity listed above. I understand that such revocation will be effective, except to the extent that (a) the covered entity has taken action reliance thereon; or (b) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, by 45 CFR 164.508, or other applicable statutes.

I understand that the release of personal health information through this Authorization will not effect my treatment, payment, enrollment or eligibility for benefits.

I further understand that the above-referenced entity may not disclose my information, as requested herein, without my signature on this Authorization, and that my signing or refusing to sign this Authorization will not affect my ability to receive treatment, payment, or health care operations from the above-referenced entity.

THIS AUTHORIZATION IS A CONTINUING AUTHORIZATION WHICH PERMITS MY ATTORNEY AND THEIR STAFF TO OBTAIN UPDATED RECORDS BEYOND THE DATE OF THIS AUTHORIZATION.

A photostatic copy of this Authorization shall be considered as effective and valid as the original.

DATED this / day of / 2019.

.. ,

RECEIVED 07/11/2019 03: 29PM_7024639772 Jul. 11. 2019 3:28PM

DR. JORDAN WEBBER

No. 6910 P. 1/3

PAIN INSTITUTE OF NEVADA 7435 W. Azure Drive, Ste 190 Les Vegas, NV 89130 Tel 702-878-8252 Fax 702-878-9096

OFFICE VISIT

Date of Service; July 10, 2019

Palient Name: Joyce P Sakera Patient DOB: 3/22/1956

PAIN COMPLAINTS

Neck Low back

Mrs Sekera returns for follow up. She saw Dr. Smith yesterday and his notes say she got no relief from the RFA. She tells me this must be an error as she feels about 70% relief in her low back pain. Her memory Isn't too good she tells me so can't remember exactly what he told her but that she would need surgery at some point. She has mild pain dow, improved range of motion, has less AM pain, and walks longer / farther now.

Activities that aggravate the pain: Silting and walking for prolonged periods

Activities that relieve the pain: Stretch and exercise

Description of the paint Ache

Least pain throughout day (0-10): 3/10

Most pain throughout day (0-10): 3/10

Neck stiffness comes/goes and isn't too bothersome. She denies arm symptoms.

Activities that aggravate the pain: Turning to the left

Activities that relieve the pain: Heat

Description of the pain: Dull

Least pain throughout day (0-10): 0/10, no pain.

Most pain throughout day (0-10): 3/10

INTERIM HISTORY

Hospitalizations or ER visits: None Changes in health: None

Problems with medications: None

Obtaining pain meds from other physicians: Patient denies.

New Injuries or MVA's: No

Work Status: Unemployed

Therapy: Pt is not currently recaiving physical or chiropractic therapy.

MAGING/TESTING

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

Brain normal for age.

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

Mild dextrocurvature with straightening of cervical lordosis.

C3.4: Mild bilateral facet hypertrophy.
C4-5: Mild bilateral facet hypertrophy. Mild left uncovertebral arthropathy.
C5-6: Mild disc protrusion with mild bilateral facet hypertrophy. Bilateral uncovertebral arthropathy with mild left greater than right neural foraminal stenosis.
C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

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

L1-2; Mild disc bulge.

1.2-3: Minimal spondylosis and disc bulge.

13-4: Mild disc burge with mild facet and ligamentum flavum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.

L4-5: Left paracentral disc burge with annular fissuring. Assessment and ligamentum flavum hypertrophy bilaterally. AP dimension spinal canal 11 mm.

L5-S1; Central disc bulge with facet hypertrophy bilaterally. AP dimension spinal canal 10 mm.

XRAYS cervical spine with Flex/Ext : Report dated 7/31/2018

Cervical spine straightening with mild degenerative disc disease at C5, there is 6 to a lesser degree. C4-C5. Multilevel mild spondylosis. Flexion and extension views demonstrate no ligamentous taxity or instability.

AP and lateral thoracic and tumbar spine with right and left lateral bending: Report dated 7/31/2018

Mild endplate esteephytosis of the mid thoracic and lumbar spine. Equal excursion of right and left lateral bending. No significant socilosis measured on chronic exam.

X-ray lumbar spine with flexion and extension: Report dated 7/31/2018

Mild degenerative disc disease at L1-L2 mL, 2-3 with multilevel mild spondylosis, most evident at L4-S1. Vascutar calcifications noted with slight levoconvex curvature. No evidence of subtoxation with flexion extension views.

CT lumbar spine: Without contrast: Report dated 7/31/2018

Mild levoscollosis of the lumber spine with anterior osteophyte formation at L1-L3. Moderate facet hypertrophy is seen at right L4-S1 levels and mild facet

hypertrophy seen within the remainder of the lumbar spine.

Disc bulges causing mild spinal canal narrowing at L2-13, L3-14, and L4-15 with bilateral lateral recess narrowing at L4-15.

X-rays lumbar spine: Report dated 8/22/2018

Spurring seen mildly throughout lumbar spine, or focal involving £2-L3. Mild sclerosing of left St joint.

RECEIVED 07/11/2019 03:29PM_7024639772 Jul. 11. 2019 3:28PM

DR. JORDAN WEBBER

No. 6910 P. 2/3

PROCEDURES

03/09/2017 FJI B LSS1

Post injection: Complete resolution of usual pain

Sustained: No relief of usual pain.

05/08/2017

MBB B L5St

Post Injection: Complete Resolution of usual pain.

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

RFA B L5S1

Sustained: ROM has improve significantly, 80% resolution of usual pain. Tender ache with right side more than left.

06/20/2019

RFA 8 L5S1

Sustained: 70% reduction of usual pain with Improved ROM again

MEDICAL HISTORY

Diabetes type 2, HbA1C 6.5 Memory impairment from mild TBI

Low back pain

ALLERGIES

No known drug allergies

MEDICATIONS

Metformin 500mg, qd

NV & CA PMP REVIEWED 6/5/17-6/5/19 NO MEDS FOUND

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

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

Occupation: Customer service / Unemployed Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW

Constitutional Symptoms: Negative

Visual: Negative ENT: Negative

Cardiovascular: Negative

Raspiratory: Negative Gastrointestinal: Negative Geniturinary: Negative Endocrine: Negative Musculoskeletat: See HPI Neurological: Negative

Hematologic: Negative Integumentary: Negative Psychological: Negative

VITAL SIGNS

Height: 66.00 inches Weight: 205.00 Pounds Blood Fress: 134/78 mmHg

Pulse: 82 BPM BMI: 33.1

Pain; 03

PHYSICAL EXAMINATION GENERAL APPEARANCE Appearance: Mild discomfort

Transition: Slight limited

Ambulation: Petient can ambulate without assistance,

Geit: Gait is normal

LUMBAR SPINE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities. Tenderness: Mild tendemess noted bilateral lower lumber spino

Trigger Points: None noted.

Spasm: Mild spasm is noted in the paravertebral musculature.

RECEIVED 07/11/2019 03: 29PM_7024639772 Jul. 11. 2019 3:28PM

DR. JORDAN WEBBER

No. 6910 P. 3/3

Facet Tenderness: Facet joint tenderness is noted. Spinous Tenderness: Spinous processes are non-tender. ROM: Full ROM with mild pain on extension only Straight Leg Raising: Negative at 90 deg bitaterally. Does not produce radicular pain.

PSYCHOLOGICAL EXAMINATION Orientation: The patient is alert and oriented x3. No sign of impairment. Mood / Affect; Mood is normal. Full affect. Thought Process: Intact. Memory: Intact. Concentration: Intact. Suicidal ideation: Mone.

DIAGNOSIS

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS M51.27 LUMBOSACRAL DISCOPATHY M62.838 MUSCLE SPASM

PRESCRIPTIONS

None

PLAN

** RETURN: As needed when her pain returns

Katherine D Travnicek MD

Copy to: William Smith MD

Electronically signed by KATHERINE_TRAVNICEK | Date: 7/10/2019 Time: 11:20:13

Name:

DOE:

RECEIVED 07/12/2017 05:51P4 7024639772 WED/JUL/12/2017 17:22 DR. JORDAN WEBR≒R

Jul. 12. 2017 5:40PM

SEKERA, JOYCE 07-10-2017

RADAR MEDICAL GROUP, LLP

Mailing address: 10624 South Bastern Avenue, Suite A-425, Honderson, NV 89052 Phone (702) 644-0500 Fax (702) 641-4600

> Russell J. Shah MD Neurology /Neurophysiology

NEUROLOGY Follow Up

PATIENT NAME:

SEKERA, JOYCE

DOB:

03-22-1956

Gender:

F

Date of Injury:

11-04-2016

Date of Evaluation:

07-10-2017

JOYCE SEKERA was seen on 67-10-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury:11-04-2016

Medications'

Medications:			DIA COLUMNIA TITO IN A TYO
NAME	DOSAGE	sig	DISCONTINUE DATE
METFORMIN			
CELEBREX			
methocarhanol			
ibup <u>rofen</u>			
ZPAK		AS DIRECTED	······································
ROBAXIN	UNKNOWN	PRN	
METHOCARBOM	L UNKNOWN	TWICE DAILY PEN	
IBUPROFEN	DM009	1 TAB PRN HA	

REVIEW OF SYSTEMS

Constitutional Normal appente, normal steady weight, no malaise, no generalized weakness, no

RECEIVED 07/12/2017 05:51F4, 7024609778

Jul. 12. 2017 5:40PM

IDR. KORDAN WEBSER

No. 2642 P. 376

SEKERA, JOYCE Name:

07-10-2017 DOE:

diaphoresis, no unexplained weight loss

Negative unless documented in the HPI and/or Present complaints. No sore throat, no ENMT

painful swallowing, no change of speech, (-) slurred speech, no tongue numbness, no

perioral numbress

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

Negative unless documented in the HPI and/or Present complaints. No asthma, no Respiratory:

bronchitis, no fever, no chills, no coughing and no shortness of breath is present.

Negative unless documented in the HPI and/or Present complaints: (+) nausea; no vomiting;

no diarrhes and no constipation is present. No blood in the stool

Negative unless documented in the HPI and/or Present complaints. No bowel urgency, (+) GU:

bladder urgency, no bowel incontinence, no bladder incontinence, no painful urination, and

no blood in the urine

Negative unless documented in the HPI and/or Present complaints. (-) double vision, (+) Visual:

blurred vision and (+) eye pain is present.

Nogative 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, (+) numbress or tingling in the

arms, (+) numbness or tingling in the legs.

Negative unless documented in the HPI and/or Present complaints. (+) depression, (+) Psychiatric:

anxiety, (+) restlessness, no sleep onset difficulties, no active or recent suicidal ideation,

thought, attempt or plan.

RECORD REVIEW

chart

PRESENT COMPLAINT

She is on celebrex as needed for low back pain

She has constant low back pain and uses Celebrex

She is with diabetes on metformin

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

Page: 2

CORE REHAB

PAGE 11/23

No. 2642 P. 4. 6

RECEIVED 07/12/2017 05:51PM_7024639772 WBD/JUL/12/2017 (7:28

Jul. 32. 2017 5:40PM

DR. JORDAN WEERER

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

prior to the fall

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

she does not feel better nor worse with pain

She is noting pain down the legs interminently

- She is not using is on gabapentin

Her mood is better

She is not upset, angry or tear any more

She is with some forgetfulness and overall better

She is not working

EXAMINATION

Vital Si		RESP	170	ייייי	BMI	BP SVST	BP DIAST	COMMENT	SPO2
TEMP	PULSE 74	14	NT 66	200	32	740	70	AG	98

General:

The patient is awake, alert appropriate and non-toxic appearing

The patient appears to be in no distress. Mild distress on cervical and lumbar ROM

The patient has a clear sensorium. The patient is a fair historian

Musculoskeletal;

There is cervical, thoracic and lumbar paraspinal tendnemess, positive tightness thoracic and lumbar paraspinals and limited cervical and lumbar ROM, positive axial compression, no temporal artery tenderness, no Lhremittes

Lumbar range:

Lumbar range of motion was limited on extension

Obesity

Cranial Nerves:

EOMI

Hearing was intact.

Page: 3

DR. JÖRDAN WEBRER

RECEIVED 07/12/2017 05:51PM 7024639772 WED/JUL/12/2017 17:24

Jul. 12. 2017 5:41PM

No. 2642 P. 5/5

PAGE 12/23

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

The smile is symmetric.

Motor:

Normal power

Reflexes 2 and 2+ lowers

Coordination:

Unremarkable

Gait:

Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome

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

Corvical strain/headaches

- spine restrictions
- education in depth
- 3. Migraines secondary to #1/2
- Secondary insomnia due to #1,2, and #5
- partially improved

Page: 4

DR. JORDAN WEBPER

RECEIVED 07/12/2017 05:51RM 7024639772 WED/JUL/12/2017 17:24

Jul. 12. 2017 5:41PM

SEKERA JOVCE

No. 2642 P. 6/6

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

- 5. Lumbar strain with leg pain/ache
- spine restrictions
- weight loss
- 6. Carpal timnel syndrome
- wrist splints to continue
- education
- neurodiagnostic studies in 4 months if the symptoms persist
- hand surgeon if symptoms persist

Russell & Shah

Sincerely,

Russell J. Shah, MD

ce; Dr. Jordan Webber

Page: 5

RECEIVED 05/04/2017 03:53₽₩ 7024639772 May. 4. 2017 3:49PM

DR. JORDAN WERRER

No. 8521 P. 2/5

 2^{d_1}

Name:

SEKERA, JOYCE

DOE:

04-11-2017

RADAR MEDICAL GROUP, LLP

Mailing address: 10624 South Eastern Avenue, Suite A-425, Henderson, NV 89052 Phone (702) 644-0500 Fax (702) 641-4600

> Russell J. Shah MD Neurology/Neurophysiology

NEUROLOGY Follow Up

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

PATTENT NAME:

SEKERA, JOYCE

DOB:

03-22-1956

Gender:

F

Date of Injury:

11-04-2016

Date of Evaluation:

04-11-2017

Dear Dr. JORDAN WEBBER:

JOYCE SEKERA was seen on 04-11-2017 for a neurologic follow up evaluation.

HISTORY OF INJURY

Date of Injury:11-04-2016

MEDICATIONS/ MEDICATION ALLERGY

Medications:

TATORITORIS:		
NAME	DOSAGE	DISCONTINUE DATE
ZPAK	AS DIRECTED	

RECEIVED 05/04/2017 03:53PM 7024639772 May. 4. 2017 3:49PM DR. JORDAN WERRER

No. 8521 P. 3/5

Name: SEKERA, JOYCE

DOE: 04-11-2017

REVIEW OF SYSTEMS

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

ENMT Negative unless documented in the HPI and/or Present complaints. No sore throat, no painful swellowing, no change of speech, (-) slurred speech, no tongue numbness, no perioral numbness

Cardiac: Negative unless documented in the HPI and/or Present complaints. No palpitations, no chest pain, no shortness of breath during activities is present. No syncope

Respiratory: Negative unless documented in the HPI and/or Present complaints. No asthma, no bronchitis, no fever, no chills, no coughing and no shortness of breath is present.

GI: Negative unless documented in the HPI and/or Present complaints. (+) nausea, no vomiting, no diarrhea and no constipation is present. No blood in the stool

GU: Negative unless documented in the HPI and/or Present complaints. No bowel urgency, (+) bladder urgency, no bowel incontinence, no bladder incontinence, no painful urination, and no blood in the urine

Visual: Negative unless documented in the HPI and/or Present complaints. (-) double vision, (+) blurred vision and (+) eye pain is present.

Neurologic: Negative unless documented in the HPI and/or Present complaints. (+) headache, (+) neck pain, (+) mid back pain, (+) low back pain, (+) weakness in the arms, (+) weakness in the legs, (+) weakness on walking, (+) numbress or tingling in the arms, (+) numbress or tingling in the legs.

Psychiatric: Negative unless documented in the HPI and/or Present complaints. (+) depression, (+) anxiety, (+) restlessness, no sleep onset difficulties, no active or recent suicidal ideation, thought, attempt or plan.

RECORD REVIEW

chart

PRESENT COMPLAINT

She is better and not crying andmuch less emotional

She is better in her memory and less forgetful and notes improvement and stopped all medications due to

Page: 2

RECEIVED 05/04/2017 03:5354 7024639772 May. 4. 2017 3:50PM

DR. JORDAN WEB¤€R

No. 8521 P. 4/5

Name: SEKERA, JOYCE

DOE:

04-11-2017

pain shots

She is with less neck pain and the numbness int he hands is much better

She had injections 2-3 weeks ago and then subsequently had a cough and cold illness which she is recovering from and has delayed her pain shot treatment with Dr. Kidwells's group

She is with low back pain

She has stiffness and ache in the shoulder blades

She is not working now and was in sales.

She is unable to work due to the injury

She is on zpack antibiotics completion today and inhaler

She is off medication as she just had injections and was ill

She has stifness and achiness in the legs

She had an mri of the cervical and lumbar at LV Radiology at Durango

She has noted less hand numbress

EXAMINATION

Vital Sign	sc								
	PULSE.	RESP	enr Sin	WT	BMI *	BP SYST	BPDIAST	COMMENT	
98	61	16	66	207	33	148	76	AG	

General:

The patient is awake, alert appropriate and non-toxic appearing

The patient appears to be in mild distress.

The patient has a clear sensorium:

The patient is a fair historian

No pausing during conversation, fair eye contact, fair vocal prosody, no psychomotor

retardation, masked face or decrease eye contact. Attentive throughout

Musculoskeletal:

There is mild lumbar paraspinal muscle tenderness.

Page: 3

RECEIVED 05/04/2017 03:53P4 7024639772 May. 4. 2017 3:50PM

DR. JORDAN WERRER

No. 8521 P. 5/5

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

There is no lumbar sacral spinous processes tenderness.

There is tightness and/or spasm of the lumbar paraspinal muscles There is no florrid muscle spasm of the lumbar paraspinal muscles

Lumbar range:

Lumbar range of motion was limited on extension. No SLR, no Tinels at the fibrilar

Commence of the strong of the strong of the strong of the strong of

head or tarsal tunnel

Obesity

Cranial Nerves:

EOM

No nystagmus. Anicteric

Hearing was intact. The smile is symmetric.

Motor:

Lower:

Normal power of 5

Able to heel and toe stance

Coordination:

Unremarkable

Gait:

Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

IMPRESSION from 11/4/2016 Trauma

- 1. Post transmatic brain syndrome
- will reinitiate aricept after the illness recovers
- Cervical strain/headaches
- f/u pain management hold any procedures till she recovers from the recent illness. She was told that injections/procedures and/or steroids may lower her immune system and will notify pain management

Brown and the state of the stat

Salar Barrell Commencer Co

- 3. Migraines secondary to #1/2.
- 4. Secondary insomnia due to #1,2, and #5

Page: 4

RECEIVED 02/17/2017 09:44AM 7024639772 FRI/FEB/17/2017 09:12

DR. JORDAN WEBBER

P. 002

2/16/2017 2:39 PM FROM: 702-641-4600 TO: (702)977-9801 PROM: 002 OF 007

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

RADAR MEDICAL GROUP, LLP

Mailing address: 10624 South Eastern Avenue, Suite A-425, Handerson, NV 89052 Phone (702) 644-0500 Fax (702) 641-4600

> Russell J. Shell MD Newslogy/Numephysiology

NEUROLOGY Follow Up

JORDAN WEBBER D.C. 2425 N Lamb Blvd Sie #100 Las Vegas, NV 189115

PATIENT NAME:

SEKERA, JOYCE

DOB:

03-22-1956

Gonder:

F

Date of Injury:

11-04-2016

Date of Evaluation:

02-07-2017

Dow Dr. JORDAN WEBBER-

JOYCE SEKERA was seen on 02-07-2017 for a nearchogic follow up evaluation.

HISTORY OF INJURY

Date of Injury:11-04-2016

MEDICATIONS/ MEDICATION ALLERGY

Medications

Title components.			
	The second of th		PRESENTANTES AND PROPERTY OF THE PROPERTY OF T
MANUFACTURE STREET, ST			A COLUMN TO A CASE OF THE PARTY
AND THE PROPERTY OF THE PARTY O	Marie Control of the		
PORAKNI	T BOOK KIND TEFAT	PRN	
BOBAKIN	DESPOS O AV LA	T ALA	<u> </u>

Page: 1

2/17/17 SEKERA001100V

CORE REHAB

PAGE 19/23

RECEIVED 02/17/2017 09:4444_7024639772 FR1/FEB/17/2017 09:13 DR. JORDAN WEBBER. P. 003

2/16/2017 2:38 TM FROM: 702-641-4600 NO: (702)377-9801 PAGE: 003 OF 007

Name:

SEKERA, JOYCE

DOE:

02-07-2017

METROCARBOAROL UNKNOWN

TWICE DAILY PRN

REVIEW OF SYSTEMS

Constitutional Normal aportite, normal steady weight, no malaise, no generalized weaksess, no disphoresis, no morphimed weight loss

ENMIT

Negative unless documented in the RPI and/or Present complaints. No sore theorie, no painful swallowing, no change of speech, (-) shared speech, no tangue munitocss, no periodel numbers

Cardiac

Megative naices documented in the HPI and/or Present complaints. No palphintions, no chest pain, no shortness of bresit during activities is present. No syncope

Respiratory:

Negative unless documented in the HPI and/or Present complaints. No assistant no broachies no fever so dails, so coughing and so shortness of breath is present.

Œ

Negative unless documented in the HPI and/or Present complaints. (+) names, no vomiting, no diamines and no constignation is present. No blood in the stoof

GU:

Negative unless documented in the HPI and/or Present complaints. No howel negative, (‡) bladder negative, no pointful estimation, and no blood in the using

Vienes:

Regarive unions documented in the HPI sadior Present complaints. (-) double vision. (+) blurred vision and (+) eye pain is present.

Neurologic

Negative unless documented in the HPI and/or Present completions. (+) headsche, (+) modified in the HPI and/or Present completions. (+) headsche, (+) weakness in the heads, (+) weakness in the lega, (+) weakness on walking, (+) must head or lingling in the arms, (+) numbers or lingling in the legs.

Psychiatric:

Negative unless documented in the HPI and/or Present complaints. (+) depression. (+) anxiety. (+) resilences, no sleep onset difficulties, no active or secent micidal idealion, thought, attempt or plan.

RECORD REVIEW

chart

PRESENT COMPLAINT

She is less emotional and feels better

Page: 2

CORE REHAB

PAGE 20/23

RECEIVED 02/17/2017 09:44444_7024639772 FRI/FEB/17/2017 09:13 DR. JORDAN WEBBER

P. 004

2/16/2017 2:38 PM FROM: 702-641-4500 TO: (702)\$77-9801 PAGE: 004 OF 007

Name: SEKERA, JOYCE DDE: 62-07-2017

She is noting problems with her memory and forgetfulness. She is not recalling items to do and she is forgetting appointments and is walking into rooms and not remembering why she is walking into the room. She is noting the headsclass and neck pain as well as the low back pain are improved and she is not improving in her memory. This is the biggest issue.

She is with Dr. Webber and had MRFs of the cervical and lambar completed

The dizziness and nauses are significantly better now.

Bilisteral leased numbers and traging worse on left and positive flick, positive nocturnal repositioning noted.

EXAMINATION

Vital Siggs:

YEAR SHERE					Action Control of the	
THAT THE SECOND		建设设施		RESPONDED.	REDIASTA	CANADA STREET,
Karanta - Talaban - Talaba		46 4064		952	-05	CC
922 72	16	66 296.2	35	110	00	icts

General:

The patient is awake, what appropriate and non-toxic appearing

The patient appears to be in mild distress.

The patient has a clear seasonium. The patient is a fair historian

No passing during conversation, fair eye contact, fair vocal propedy, no psychomotor

retardation, marked face or decrease eye contact. Attentive throughout

Mascaloskeletak

There is mild curvical paraspinal muscic tendences.

There is no cervical spinsi processes tendemess.

There is hightness and/or muscle speem of the cervical paraspinal region

There is no florrid muscle spasm of the cervical paraspinal area

Tendemens to both imperior muscles was present.

Tenderness overlying the shoulder blades was not present.

No sates or lenderaces to the left shoulder areas was present.

A positive Tises's sign at left wrists.

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

A positive Phalen's sign at the bilateral wrist.

No asterior chest 1st. 176 tendentess

There is maid apper thoracic paraspinal muscle teaderness.

There is no said thoracic paraspinal muscle tenderness

There is no lower paraspinal muscle tenderaces

There is no thoracic spinel processes tendemess.

Page: 3

RECEIVED 02/17/2017 09:44AM_7024639772 FRI/FRB/17/2017 09:14 DR. JORDAN WEBBER,

P. 005

2/16/2017 2:38 PM FRCM: 702-641-4600 TO: (702)277-2001 FASE: 005 OF 007

Name: 9EKERA, JOYCE | DOE: 02-07-2017

There is appear tightness and/or muscle spann of the the theracic paraspinal muscles

There is no florid muscle spann of the thousaic paraspiral muscles.

There is resident in tuber paraspient muscle leaderness. There is no humber secret spinous processes tentemens.

There is tightness and/or spann of the humber paraspinal ususcles. There is no flortid muscle spann of the humber paraspinal muscles.

Cervical range:

Cervices sauge of motion was limited.

Pain on extension:

yes yes

Pain on lateral flexion:

Positive axial compression measurer

No Linnaittes.

Lambar range:

Lumbar range of motion was limited.

Obesity

Shoulder range:

Shoulder range of motion was normal on the right side Shoulder range of motion was absorbed on the left side

Cranial Newess

ECRAIL

No systema.

Asictesic

Shoulder slang was performed.

Heating was intect.
The smile is symmetric.

Motor: Nomal power of 5, bilateral AFB is nomal power and no muscle

fesicalations.

Reflexes were 2 throughout appear

No drift

Lower:

Normal power of 5

Able to heel and toe strace

Reflexes 2

Coordination:

Unremarkable

Gait:

Nonwick based guit which is symmetric.

Rossburg was performed and demonstrated with no sway.

Page: 4

RECEIVED 02/17/2017 09:44AM_7024639772 FRI/FRB/17/2017 09:15 DR. JORDAN WEBBER

P. 006

2/16/2017 2:30 PK FROM: 702-641-4600 TO: (702)@T7-9801 PAGE: 006 OF 007

Name: SEKERA, JOYCE DOE: 02-07-2917

IMPRESSION from 11/4/2016 Trauma

- 1. Post transmitte brain syndrome
- Cervicai strain/headaches
- Migraines secondary to #1/2
- Secondary insomnia due to #1,2, and #5
- 5. Lambar strain
- 6. Caspel issued syndrome

DISCUSSION

JOYCE SEKERA was seen for a neurologic follow up casher today. The main symptoms being addressed today are of memory appairment. These complaints are being medically evaluated and treated.

CAUSATION

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

PLAN

- Continue Roberin and improfes as needed.
- 2. Initiate aricapt 5 mg po qd. Off label treatment risk/benefits discussed. Patient wishes to try the medication and ammerous SE, addiction, weight changes, affects cate the mood and psychology of the besin, cholinergic and assicholinergic systems discussed. Not taking the medication and alternatives were fully discussed. Risk, benefits, adverse reactions were explained to the patient.

Potential termogenic medication side effects were explained to the patient. The patient madershood the small but potential risk of birth defects by using this medication.

The patient agreed to accept the risk of this medication. The patient will be cautions about the potential adverse reactions and side effects. The patient was fold and verbalized as understanding that a motor vehicle or heavy machinery is not used in case the potential side effects of drowness, sleepiness occurs. In the rare chance of a significant adverse reaction not limited to severe rash, the patient will proceed to the closest emergency room for prompt evaluation and treatment.

I discussed the use of medications in detail with the parient including side effects, usual potential adverse reactions, doing to drug interactions, alternative therapies including son-medication and/or son prescription medications in detail. I explained the mechanism of the medication therapies, goals of therapy, compliance

Page: 5

RECEIVED 02/17/2017 09:44AM_7024639772 FRI/FEB/17/2017 09:15 DR. JORDAN WEBBER

P. 007

2/16/2017 2:38 PM FACM: 702-641-4500 TO: [702]877-9901 PAGE: 007 OF 007

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

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

- 3. Re-confinate in 2 months
- 4. Spine restrictions
- 5. May need neuropsychology
- 6 Obtain spine MRI's results
- Wrist splints bilateral for symptometic carpal tunnel-education on how to use was extensive
- 8. May need hand surgeon
- 9. Compliance
- 10. Weight less program and conditioning for improvement of post transmatic train syndrome
- 11. Gyra member ship recommendations

Russell HA

12. Education greater than 50% of the evaluation time

Sincerely,

Ressell J. Shah, MD

Page: 6

EXHIBIT 43

4101 Meadows Lane #100 | Las Vegas, NV 89107

Las Vegas Neurosurgical Institute Center For Spine And Brain Surgery

3012 S. Durango Dr. Las Vegas, NV 89117 For Spine & Brain Surgery

(702)410-5642

VIA FACSIMILE

Attn: Mayra

Re:

Medical and Billing Records Request

Client Name:

Joyce Sekera

Date of Loss:

11/4/2016

To Whom It May Concern.

I understand that our client, Joyce Sekera, treated at your facility in relation to the abovereferenced date of loss. Please send us copies of all medical and billing records, including:

- ALL PAST RECORDS (even if unrelated to condition as alleged within the current claim) and all medical records which are in the control or possession of this witness
- ALL CLINICAL DOCUMENTATIONS: all notes (handwritten or otherwise), prescriptions, surgical reports, all sign-in sheets, dictated reports, chart notes, insurance forms, progress notes, patient questionnaires, blood tests, laboratory findings, all test results, appointment records, discharge reports, admission reports, and nurses' notes
- ALL DIAGNOSTICS: X-ray reports, X-ray films, MRI reports, MRI films, and CT-scans (if possible, please put films on CD-ROM or DVD. Please contact our office before you put them on CD-ROM or DVD)
- ALL BILLING RECORDS: invoices and statements (please include CPT coding & ICD-10)

Please also provide all correspondence with any and all insurance companies or providers regarding the treatment of our client including, but not limited to, all requests for treatments, referrals, referral forms, authorizations, and denials.

Enclosed please find a copy of a medical authorization signed by our client. PLEASE BE SURE TO COMPLETE AND SIGN THE DECLARATION FOR CUSTODIAN OF RECORDS (NOTARY NOT NEEDED) ON THE THIRD PAGE OF THIS REQUEST.

Claggett & Sykes Law Firm will reimburse any reasonable copying charges you may incur. Please include a statement of copying fees. Please feel free to contact me if you have any questions.

> Sincerely, CLAGGETT & SYKES LAW FIRM

Ist Paola Jimenez

PAOLA JIMENEZ

LVNI

Jan 20 2020 12:35pm

ATTENTION

Nevada Revise Statute 25.260 **REQUIRES** a certificate of custodian of records for ALL medical and billing records used during litigation.

THE ATTACHED DECLARATION OF RECORDS MUST BE SIGNED, IT DOES NOT REQUIRE NOTARY SIGNATURE.

DECLARATION FOR MEDICAL RECORDS AND MEDICAL BILLING RECORDS

STATE OF
COUNTY OF (IMP) ss:
COMES NOW May who after first being duly sworn, deposes and says:
1. That Declarant is the Custodian of Medical Records and of Medical Billing Records for Center For Spine & Brain Surgery. WM
2. That Center For Spine & Brain Surgery is licensed to do business in the State of WM
3. That on the 13 day of 100000000000000000000000000000000000
4. That Declarant has examined the original of both those Medical Records and Medical Billing Records and has made or has caused to be made a true and exact copy of them, and that the reproduction of them attached hereto is true and complete.
5. That the original of both those Medical Records and Medical Billing Records were made at or near the time of the act, event, condition, opinion, diagnosis recited therein by or from information transmitted by a person with knowledge, in the course of a regularly conducted activity of Declarant or Center For Spine & Brain Surgery;
6. That the services provided were reasonable and necessary and the amounts charged for the services were reasonable and necessary at the time and place that the services were provided.
I declare under penalty of perjury that the foregoing is true and correct.
Executed on: W day of MANAM, 20 W Andry DECLARANT



CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

09



Revocation:

This Authorization shall expire on 10/10/21 unless otherwise revoked. I understand that if I desire to revoke this Authorization, prior to the above-referenced date, I must do so in writing, and deliver such writing to the entity listed above. I understand that such revocation will be effective, except to the extent that (a) the covered entity has taken action reliance thereon; or (b) if the authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

I understand that the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, by 45 CFR 164.508, or other applicable statutes.

I understand that the release of personal health information through this Authorization will not effect my treatment, payment, enrollment or eligibility for benefits.

I further understand that the above-referenced entity may not disclose my information, as requested herein, without my signature on this Authorization, and that my signing or refusing to sign this Authorization will not affect my ability to receive treatment, payment, or health care operations from the above-referenced entity.

THIS AUTHORIZATION IS A CONTINUING AUTHORIZATION WHICH PERMITS MY ATTORNEY AND THEIR STAFF TO OBTAIN UPDATED RECORDS BEYOND THE DATE OF THIS AUTHORIZATION,

A photostatic copy of this Authorization shall be considered as effective and valid as the original.

DATED this /O day of / O , 2019.

Patient History - Summary

By Date of Service All Date ranges All Providers Show last billed date

LAS VEGAS NEUROSURGICAL INSTITUTE

													All Items
บี	Chart #:	Ξ	11250		٠		壬	Home Phone:		(702) 467-5457			
æ	Patient Name:	ਲ	KERA	SEKERA, JOYCE			ō	Office Phone:					
¥	Address:	8	340 NE	7840 NESTING PINE PLACE	LACE		ž	Resp. Party:	v	SEKERA, JOYCE			
ð	City, State, Zip: LAS VEGAS, NV 89143	5	S VEC	5AS, NV 89143			ž	Resp. Acct#	9	69356			
U Code	ľ	ļ ģ	æ	Source I B Service Date	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Date Billed Balance Carrier	Date Billed	Resp Party This Charge
8	99213	-	≻	Y Y 1/10/2020 GARB	GARB	190954	\$350.00	\$0.00	\$0.00	\$350.00	\$350.00 ATTYGLF	01/14/2020	69356
86	99213	>	>	Y Y 10/10/2019 GARB	GARB	164335	\$350.00	\$0.00	\$0.00	\$350,00	\$350.00 ATTYGLF	10/16/2019	69356
66	99204	>	>	Y Y 9/17/2019 GARB	GARS	156339	\$1,000.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00 ATTYGLF	09/19/2019	69356
Grand	Grand Total:						\$1,700.00	\$0.00	\$0.00	\$1,700.00	\$1,700,00		

LVNI

SEKERANSES * I = Bill Insurance * B = Insurance Billed

1 * U = Unapplied * I = Bill Insurance * B = Insurance Billed

Powered M. A. d. Varked M.

_____Fax:7028263052

PATIENT CHART -SEKERA, JOYCE 7840 NESTING PINE PLACE LAS VEGAS NV 89143 (702) 467-5457

DOB: 3/22/1956 AGE: 63 yrs. Acct#: 11250

DEMOGRAPHICS

NAME: SEKERA, JOYCE
PATIENT ID/#: 11250
MRN:
BIRTH DATE: 3/22/1956
AGE: 63 yrs.
GENDER: F
ADDRESS: 7840 NESTING PINE PLACE
LAS VEGAS NV 89143
Home: (702) 467-5457
Work:
Cell: (702) 467-5457
EMAIL: JOYCESEKERA@YAHOO.COM
PROVIDER: GARBER, JASON, MD, FACS
REFERRING PROVIDER: JASON GARBER MD
3012 S DURANGO DR
LAS VEGAS NV 89117-918
(702) 835-0088

INSURANCE

ATTORNEY GALLIHER LAW FIRM 1850 E SAHARA AVE 107 LAS VEGAS, NV 89104

Policy #: 03221956

Policy Holder: JOYCE SEKERA

ALLERGIES

NKDA Current

Reaction: Treatment:

LVN

Jan 20 2020 12:37pm

P008/080

GARBER, JASON, MD, FACS **3012 S DURANGO DR** LAS VEGAS, NV 89117-9186

SEKERA.JOYCE - DOB: 3/22/1956 Conservative Treatment Form - 9/16/2019 Phone: (702)835-0088 Fax: (702)826-3162

Guidelines Required Prior to Submission for Surgical Authorization

Aetna, Anthem, Blue Cross, Cigna, Care Allies, Clark County Self Funded, HPN, Loomis, Teachers Health Trust & UHC Require 6 weeks of conservative treatments that must be tried prior to submission of surgical request. These records must be provided to our office before we can submit for authorization.

Failed at least 6 weeks of nonsurgical treatment below:

- 1. Inter-disciplinary rehabilitation programs;
- 2. Physical therapy; Active exercise program;
- 3. Spinal manipulation
- 4. Cognitive-behavioral therapy (which may include progressive relaxation techniques);
- 5. Pain management, such as prescribed medication at maximal individual appropriate dosages for at least 6 weeks (for example, analgesics, non-steroidal anti-inflammatory drugs [NSAIDS], muscle relaxants, possiby injections of prescribed steroids or other analgesics.

Physical Therapy Facility Name: n/a

Location: n/a

Phone Number:

Dates Attended: n/a

Pain management Dr. name:

Dr Travnicek

Location: azure dr.

Phone Number:

702-878-8252

Treatments: injections/rhizotomy

Injection dates: n/a

<u>LVNI Fax:7028263052 Jan 20 2020 12:37pm P009/080</u>

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

Phone: (702)835-0088 Fax: (702)826-3162

SEKERA, JOYCE - DOB: 3/22/1956 Conservative Treatment Form - 9/16/2019

Medications:

n/a

Stimulator Trial date:

Was psych Clearance done? Yes No Chiropractic Facility/ Dr. Name: dr. webber

Location: ann rd

Phone Number: n/a

Dates Attended: 11/08/2016 - 07/2017

By signing this, you understand that there may be a delay with authorization submission due to obtaining required supporting documentation

Joyce Sekera

09/05/2019

Patient Initials:

Date:

LVNI

Jan 20 2020 12:38pm

P010/080

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

SEKERA, JOYCE - DOB: 3/22/1956 Insurance Information - 9/16/2019 Phone: (702)835-0088 Fax: (702)826-3162

Insurance Information

Today's date: 09/05/2019

Patient's First Name: Joyce

МІ:р

Last Name: Sekera

Did your injury happen at the job?

Yes. No 🗆

Did you report the accident to your employer?

Yes 🗸 No 🗆

Was this a result of an auto injury?

Yes 🗖 No 🗸

What date did the injury occur? 11/04/2016

Please complete the following section according to the insurance carrier or party liable for your claims:

Primary

Insurance Or Auto

Insurance Or Attorney Or Worker's Compession Information FIRM Name or Insurance Company: ATTORNEY CALLIFIER LAW FIRM

Address: 1850 E SAHARA AVE 107

City: [PatientPrimaryInsCity]

State: [PatientPrimaryInsState]

Zip:

Insured's Name:

joyce sekera

DOB:03/22/1956

SSN: No data was returned

Insured's Employer Name:

brand vegas

Group or Claim Number:

Policy ID Number: 11042014

Adjuster or Contact Name: n/a

Phone Number:

702-735-0049

Secondary Insurance Or Attorney Information

Name or Insurance Company: n/a

Address:

n/a

LVNI

Fax:7028263052

Jan 20 2020 12:38pm

Phone: (702)835-0088

Fax: (702)826-3162

P011/080

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

SEKERA, JOYCE - DOB: 3/22/1956 Insurance Information - 9/16/2019

City:

State: n/a]

Zip: n/a

Insured's Name:

DOB:n/a

SSN: n/a

Insured's Employer Name:

Group or Claim Number:

Policy ID Number: n/a

Adjuster or Contact Name: n/a

Phone Number:

n/a

All professional services rendered are charged to the patient. The patient is responsible for all fees, regardless of Insurance coverage. In the event of collection proceedings due to lack of payment on my part, I agree to pay any and all collection fees that may be added to my account in order to recover monies due to Dr. Garber, Kaplan, and Douds.

Our office will file insurance for all reimbursable services, to both your primary and secondary insurance carries. Please remember you are responsible for all deductible, copay, and non-covered service amounts.

The undersigned guarantees payment in full. Guarantor understands all patients including those with Medicare or other insurance are personally responsible for the balance after the insurance company has made payment. I hereby assign and direct you to pau any surgical or medical benefits under claims submitted directly to William D. Smith, MD, Jason E Garber, MD, Stuart S Kaplan, MD, and Gregory Douds, MD. I also authorize the release of ant medical records or information requested by the insurance companies, in connection with the above assignments. I understand that my doctor has no obligation to my attorney to furnish consult, narrative reports or depositions. I also understand that under no circumstances, will my doctor appear as a witness in court on my behalf.

js

09/05/2019

Patient Initials or responsible Party:

Date:

LVNI

Jan 20 2020 12:38pm

P012/080

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

SEKERA, JOYCE - DOB: 3/22/1956 Medical History Form - 9/16/2019 Phone: (702)835-0088 Fax: (702)826-3162

							Med	ical H	istroy	Form	1						
	tient Name rst:	Joyc	e					M)	(; p			Las	t Nam	e: S	Sekera	•	
Da	te of Birth:	03/2	2/1	956		Age	: 63 yr	rs.	•	Veigh	i t: 2	00			Sex:	fema	le
He	eight: 5'6			E	mail:	JOY	CESE	KERA	@YAI	.00E	СОМ	Í					
	imary Care ysician:	dr.	m	egrorey					deferri Physici		Ja	ason (Garbei	· MD			
Re	ason for tod:	ay's v	isi	t:													
	Brain tumor	• (7	Carpal t	unnel	syndi	rome		Caud	a equi	ina sy	/ndro	me	٥	Cereb	ral pals	y
1	Chronic pair	n ()	Dizzine	SS				Head	ache				0	Hernia	ated dis	c ·
1	Low back p	ai n .	/	Neck pa	un			1	Leg p	ain				σ	Arm p	ain	
	Numbness &	& ting	lin	g		Weat	kness i	n limb	s, etc.			Scol	iosis		Spond	ylolistk	nessis
	Subarachno	id her	mc	rrhage		Follo	w up v	visit	ø P	ostop	erativ	e vis	it	□	Sched	uled po	stop visit
0	Non-routine	post	gc	visit	1	Worl	k-relate	d heal	lth pro	blem			Indepe	nden			mination
	Other:												_				
•	_ ,	-	•	problems	•												
lov	v back ache/n	eck p	ain	/leg pain	l												
	w Long have 04/2016	e you	ha	d sympt	oms?												
	your current	_			lt of a	ın acc	ident?		Yes√	•	No	-					
	Yes', mark a Car accident			slip and	fall	0	Blunt	force	trauma	1	σ	Fa	11 ()	Wo	rk acci	dent	

Fax:7028263052 Jan 20 2020 12:39pm P013/080 GARBER, JASON, MD, FACS 3012 S DURANGO DR Phone: (702)835-0088 LAS VEGAS, NV 89117-9186 Fax: (702)826-3162 SEKERA, JOYCE - DOB: 3/22/1956 Medical History Form - 9/16/2019 Other Date of injury: 11/04/2016 Location of injury: venetian Injured Body Part(s): neck/back/legs Date(s) of prior injuries: Additional Comments: If car accident, please complete below: ☐ Driver Front seat passenger ☐ Right rear passenger ☐ Left rear passenger Type of accident: □ Rear-end ☐ T-Bone ☐ Side Swipe Head-on Other n/a Airbags deployed Paramedics called ☐ Hospital transport and evaluation if yes, where: n/a **Past Medical Problems** Major illnesses and/or injuries (Checked all that apply below): Cardiovascular If you have experienced chest pain or angina, what was the date of your last EKG? n/a

 Myocardial infarction Congestive heart failure ☐ Peripheral vascular disease

Cerebrovascular disease ☐ Hypertension (high blood pressure)

Other n/a

Respiratory

Date of last chest x-ray: n/a

Chronic pulmonary disease ■ Emphysema ☐ Asthma

Fax: 7028263052 Jan 20 2020 12:39pm P014/080

GARBER, JASON, MD, FACS

3012 S DURANGO DR LAS VEGAS, NV 89117-9186 Phone: (702)835-0088 Fax: (702)826-3162

LVNI

SE <u>M</u> e	EKERA,JOYCE - DOB: 3/22/1956 edical History Form - 9/16/2019
0	Bronchitis
Œ	Liver disease
Ge	Renal/Kidney disease
	isculoskeletal
□	Arthritis
	Other n/a n/Breast Connective tissue disease
Dat	e of last mammogram: n/a Result of mammogram: n/a
0	Other n/a
•	Chiatric Depression
	locrine
✓	Diabetes
O	Other pre diabetes
Her	natology/Lymphatic
ø	Anemia

Family Member	Alive	Health Status	Deceased	Cause of Death	Age
Mother	✓	good	O		
Father	□		✓	stage 4 cancer	79
✓ Brother □ Sister		good	ø		
☐ Brother ✓ Sister	0	good	٥		

LVNI

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

SEKERA, JOYCE - DOB: 3/22/1956 Medical History Form - 9/16/2019 Phone: (702)835-0088 Fax: (702)826-3162

Social History								
What is your occupation? sales								
What is your current work status? (specify below)								
☐ Currently working (Full time) ☐ Currently working (Part time) ☐ Homemaker ☐ Retired (due to ill health) ☐ Retired (voluntarily) ☐ Full-time student ☐ Unpaid leave ✓ Medical disability - short term ☐ Medical disability - long term ☐ Unemployed ☐ No response								
If "Currently working," indicate your work's physical demands: (specify below) Sedentary -little or no lifting, seated most of the time Light/moderate -light to moderate lifting, on feet part or most of the time Heavy -heavy lifting, stairs, ladders, squatting, etc								
If "Currently working," has your spine condition impacted your work status and/or the amount of physical work you can perform? Yes No N/A								
Indicate date last worked: 11/04/2016 Marital Status: ✓ Single □ Married □ Separated □ Divorced □ Widowed								
Do you have children? Yes ✓ No □ Number of Adult (age 18 and over)? 1								
Number of Child (age 0-17)? n/a								
Do you live alone? Yes□ No ✓ Who lives with you? mother								
Do you currently smoke or chew tobacco? Yes ✓ No □ If 'Yes', How much do you smoke? □ less than 1 pack per day □ 1 pack per day □ N/A, currently use chewing tobacco								
If 'No', specify: ☐ Never smoked ☐ Quit 0-6 months ago ☐ Quit 6-12 month ago								

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

Phone: (702)835-0088 Fax: (702)826-3162

SEKERA, JOYCE - DOB: Medical History Form -	: 3/22/1956 9/16/2019		
Quit more than 1 year a	go, less than 2 years ago	☐ Quit more t	han 2 years ago
Do you drink alcohol?	No, never ✓ Occasion	nally 🗖 1 glass/day (ligi	nt)
C	2-4 glass/day (moderate)	☐ 5 or more (heav	_
Do you use illicit drugs?	✓ Never ☐ Rarely ☐ Once or more per day	☐ Once a month ☐ C	nce a week
Are you at risk for HIV?	(e.g. drug abuse, previous blood	1 transfusion)	
	explain:	· · · · · · · · · · · · · · · · · · ·	
	Spine Specific tional level you engaged in just		ion. (Mark one below)
☐ Contact sports ✓	Non-contact sports	ght recreationai 🔲 Sed	entary
□ N/A - Disabled □	No response		
Is your recreation level aff	ected by your spine condition?	Yes ✓ No 🗆	l
	Medications		
Are you taking pain medic	ations? (Mark all that apply be	elow)	
✓ No ☐ Yes, over-th	ne-counter pain medications	☐ Yes, prescribed pair	medication
If 'Yest, how often do you t	ake pain medications?		
One dose/week as neede	d □ 1 dose every 2 days	☐ 1 or 2 doses per day	3 or more doses per o
List your Current Medicati	ions Do	se Fre	quency
metformin	500	twice daily	

LVNI

Jan 20 2020 12:40pm

Phone: (702)835-0088 Fax: (702)826-3162

P018/080

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

Surgeries	Month/Day/Year	Su	rgeon	Con	plications	
Have you had prior spine sur	gery? 🗇 Yes	✓ No	If yes,	please specify:		
Have you ever had problems	with anesthesia?	☐ Yes	✓ No	If yes, please specify:		
	Surgical	History				
Do you take other medication of the second s	ons not listed above	?	☐ Yes	✓ No		
D						
					·.	
•	, .					
	, .					

LVNI Fax: 7028263052 Jan 20 2020 12:40pm P019/080 GARBER, JASON, MD, FACS 3012 S DÜRANGÒ DR Phone: (702)835-0088 Fax: (702)826-3162 LAS VEGAS, NV 89117-9186 SEKERA, JOYCE - DOB: 3/22/1956 Medical History Form - 9/16/2019 Have you had more surgeries not listed above? ☐ Yes O No If yes, what are they? **Diagnostic Studies** Indicate if you have undergone any of the following therapies for your back/neck and/or leg/arm before today?

(Mark all that apply)

0	None		Acupuncture	Behavior therapy
	Bracing/immobilization	1	Chiropractic	
/	Epidural steroid injections Date: n/a			

Physician who performed injection? dr,travnicek

	Medications	EMG biofeedback]	Exercise therapy		☐ Physical therapy ☐ TEN
	Traction	Bone density study	3	MRI brain	i	☐ MRI cervical spine
1	MRI thoracic spine	✓ MRI lumbar spine	;	✓ CT brain ✓		CT cervical spine

S DÜRANGÖ DŘ Phone: (702)835-0088 /EGAS, NV 89117-9186 Fax: (702)826-3162

SE Me	EKERA,JOYCE - DOB: 3/22/1956 edical History Form - 9/16/2019	•	
,	CT thoracic spine / CT luml	par spine	y cervical spine
1	X-ray thoracic spine / X-ray lu	mbar spine Hip x-ray	.
	Other (specify) n/a	. ,	
		Review of Systems	
	Do you currently have the followi	ng problems? (Mark all that apply	below)
	General	Cardiovascular	Neurological
	☐ Fever	☐ High blood pressure	☐ Fainting spells
	☐ Weight loss	☐ lrregular pulse	☐ Blacking out
	✓ Weight gain	☐ Heart murmur	☐ Seizures
	☐ Night sweats	☐ High cholesterol	☐ Problems with memory
	☐ Excessive fatigue	 Swelling of extremities 	☐ Disorientation
		✓ Leg pain and/or swelling	Difficulty with speech
	Head, Ears. Eyes, Nose, Throat	Contrating at 1	☐ Inability to concentrate
	☐ Wears glasses/contact lenses	Gastrointestinal	☐ Double vision
	☐ Eye infection		☐ Blurred vision
	Eye injury	□ Nausea	☐ Face weakness
	☐ Glaucoma	O Vomiting	☐ Incoordination
	☐ Cataracts	□ Vomiting blood	☐ Headaches
	☐ Hearing loss	☐ Jaundice	
	☐ Wears hearing aids	☐ Abdominal pain	Psychiatric
	☐ Ear pain	☐ Change in bowel habits	☐ Anxiety
	☐ Ear infection	Genitourinary	Depression
	☐ Ringing in the ears	☐ Blood in urine	
	☐ Balance disturbance	☐ Urinary frequency	Endocrine
	□ Vertigo	☐ Painful urination	☐ Appetite changes
	☐ Spinning sensation	☐ Urinary urgency	Thyroid problems
	☐ Nose bleed	incontinence	☐ Excessive thirst
ı	☐ Nasal congestion		☐ Excessive urination
ı	☐ Nasal drainage	Musculoskeletal ✓ Neck pain	☐ Excessive sweating

LVNI Fax:7028263052 Jan 20 2020 12:41pm P021/080 GARBER, JASON, MD, FACS **3012 S DURANGO DR** Phone: (702)835-0088 Fax: (702)826-3162 LAS VEGAS, NV 89117-9186 **SEKERA, JOYCE - DOB: 3/22/1956** Medical History Form - 9/16/2019 inability to smell Cold intolerance ✓ Arm pain Sinus problems Heat intolerance Arm weakness Sinus headaches Hair changes Back pain Leg pain Hematology Respiratory Leg weakness Easy bruising Chronic cough Joint pain Excessive bleeding Shortness of breath Joint swelling Gland problems □ Bloody sputum Decreased range of motion Anemia Asthma **Breast** Breast pain Breast tenderness □ Breast swelling Nipple discharge

Joyce Sekera

09/05/2019

Patient Initials

Date

LVNI

Jan 20 2020 12:41pm

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

SEKERA, JOYCE - DOB: 3/22/1956 Pain Drawing - 9/16/2019 Phone: (702)835-0088 Fax: (702)826-3162

Pain Drawing					
Name: Joyce Se	kera	Date: 09/05/2019			
Please select 1 or more options and explain in detail the location of the pain					
□ Numbness					
☐ Pins & Need!	es				
☐ Burning Pain					
☐ Stabbing Pair	lower back				
☐ Aching Pain	lower back				
	Visual Ar	nalogue Scale			
Please mark on the line the pain level that most accurately represents your pain					
a) Right Now		•			
No Pain: 6		Unbearable Pain			
b) At Best					
No Pain: 4		Unbearable Pain			
c) At Worst		*			
No Pain: 3	•	Unbearable Pain			

LVNI

Jan 20 2020 12:41pm

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

SEKERA, JOYCE - DOB: 3/22/1956
Patient Questionnaire Form - 9/16/2019

7. Did you try other pain medication?

Phone: (702)835-0088 Fax: (702)826-3162

Patient Questionnaire
1. What activities are impaired by your symptoms? (Please select all that apply)
✓ Walking ✓ Standing ✓ Bathing ✓ Dressing □ Cooking
2. Have you been using a cane or walker? (Or wheelchair/scooter): Yes No 🗸
If yes, when did you start:
3. Did you attend physical therapy? Yes ✓ No □
To your best estimate, what were the beginning and end months:
11/08/2016 - 07/2017
4. Do you have an exercise routine? Yes□ No ✓
How long have you followed that routine:
5. Did a pain management doctor give you spinal epidural injections? Yes ✓ No □
To your best recollection, what were the dates of the injections?
n/a
6. Did you try anti-inflammatory medication (prescription or over-the-counter)?
Which ones? n/a
Milligram strength? n/a
Times per day? n/a
When did you start taking them? n/a

LVNI

Jan 20 2020 12:41pm

P024/080

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

Phone: (702)835-0088 Fax: (702)826-3162

SEKERA, JOYCE - DOB: 3/22 Patient Questionnaire Form	OYCE - DOB: 3/22/1956 estionnaire Form - 9/16/2019	
Which ones?		
Milligram strength? n/a		
Times per day? n/a		
When did you start taking the	em? n/a	
8. * Not applicable to some peop	ple:	
Have you tried losing weight	to help your back pain? n/a	
How many pounds did you lo	ose? n/a	
	er lifestyle changes prior to surgery? Yes□ No 🗸	
Comments		
Height 5'6'	Weight 200	
Do you have an implanted meta	d objects in your body?	
Yes□ No ✓	Where: n/a	
n/a	When: n/a	
Do you have any vascular grafts	Do you have a Pacemaker?	
Yes□ No ✓	Yes□ No ✓	
n/a	n/a	
Are you claustrophobic?	Do you wish to be pre-medicated (sedated) for MRI Scans?	
Yes✓ No □	Yes□ No ✓	
n/a	n/a	
•		

How did you hear about our practice:

LVNI

Jan 20 2020 12:42pm

P025/080

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

Phone: (702)835-0088 Fax: (702)826-3162

SEKERA, JOYCE - DOB: 3/22/1956
Patient Questionnaire Form - 9/16/2019

Physician:

Hospital:

Patient:

Other:

Friend:

keith galliher

Magazine:

Newsletter:

Newspaper:

Internet:

Jan 20 2020 12:42pm

Fax: (702)826-3162

Phone: (702)835-0088

P026/080

GARBER, JASON, MD, FACS 3012 S DURANGO DŘ LAS VEGAS, NV 89117-9186

SEKERA, JOYCE - DOB: 3/22/1956

Welcome Form - 9/16/2019

Welcome to Our Office

LVNI

Today's Date:

09/05/2019

Doctor I am seeing today:

Referring Doctor:

Jason Garber MD

First Name: Joyce

MI: p

Last Name: Sekera

Home Address: 7840 NESTING PINE PLACE LAS VEGAS, NV 89143

City: las vegas

State: nevada

Zipcode: 89143

Sex: M □

F 🗸

Marital Status: S

 $M\Box$

 $D \square$

Birth Date: 03/22/1956

Age: 63 yrs.

Telephone:

(702) 467-5457

Cellphone: No office phone on file

Work Number: n/a

May we contact you at work?

Yes□ No 🗸

Email Address: JOYCESEKERA@YAHOO.COM May we send you information here?

Yes ✓ No 🗇

Occupation:

sales

SSN: No data was returned

Employer:

brand vegas

Employer's Address: s. rainbow

City: las vegas

State: nv

Zipcode: n/a

In case of emergency, contact:

marissa freeman

Relationship: daughter

LVNI

Jan 20 2020 12:42pm

P027/080

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

Phone: (702)835-0088 Fax: (702)826-3162

702-525-9001 Home phone:	ie: n/a	
Please complete the following if s	someone other than the patient is	Financially Responsible
First Name: n/a	MI; n/a	Last Name:n/a
Home Address: n/a		
City: n/a	State: n/a	Zipcode: n/a
Sex: M □ F ✓	Marital Status: S✓	MCJ DCJ
Birth Date: n/a	Age: n/a	
Felephone: n/a	Cellphone:	n/a
Relationship to patient: n/a	•	·
Occupation: n/a		SSN: n/a
Employer: n/a		
Employer's Address: n/a		
City: n/a	State: n/a	Zipcode: n/a
Race:		
J Asian 🗖 Native Hawaiian	Other pacific Islander	
Black/African American	American Indian/Alaskan native	✓ White:
No Response:		
Chnicity:		
Hispanic	✓ No Response:	
anguage:		
	French Chinese Othe	r

Jan 20 2020 12:42pm

Phone: (702)835-0088 Fax: (702)826-3162

GARBER, JASON, MD, FACS 3012 S DURANGO DR LAS VEGAS, NV 89117-9186

SEKERA, JOYCE - DOB: 3/22/1956 Welcome Form - 9/16/2019

walgreens

Pharmacy Name:

Pharmacy Phone Number:

702-396-4728

LVNI

Location:

farm/durango

LAS VEGAS NEUROSURGICAL INSTITUTE

3012 S Durango Dr Las Vegas, NV 89117-9186 Phone: (702) 835-0088 Fax: (702) 826-3162

Jason E. Garber MD, FAANS Stuart S. Kaplan MD, FAANS Gregory L. Douds MD, FAANS

Scott G. Glickman DO Patrick S. McNulty MD Albert H. Capanna MD

Patient: Joyce Sekera

Patient#: 11250

LVNI

DOB: 03/22/1956

Date of Encounter: 9/17/2019 8:45:00 AM

History of Present Illness: The patient presents today after being the victim of a slip and fall accident at the Venetian Hotel on 11/04/2016. The patient apparently slipped on liquid on the floor. Since that time she has had axial mechanical back pain with intermittent radiation to her buttocks with intermittent extension down her lower extremities. She also has axial mechanical neck pain with intermittent medial scapular radiation with intermittent extension down her upper extremities left greater than right.

The patient had physical therapy in the past as well as injections. I do not have the injection reports at this time.

On examination today, the patient has no focal motor weakness on examination. The patient's reflexes are zero throughout. Strength however appears to be intact.

It is my understanding that the patient has no prior history of any spinal pathology ever necessitating treatment prior to the accident in question. She will follow-up with me after her new imaging studies.

Patient was involved in a slip and fall. n/a. Location: n/a.

Date of injury was 11/04/2016.

Location of injury: venetian Date(s) of prior injuries: n/a

Allergies: NKDA

Past Medical History: - Date of last EKG: n/a n/a. - Date of last chest x-ray: n/a n/a. n/a n/a. - Arthritis n/a. - Result of mammogram: n/a - Date of last mammogram: n/a n/a. n/a. - Diabetes pre diabetes. - If yes, date of Blood transfusion: n/a n/a. n/a.

Family History: Mother Alive - Health Status: goodFather Deceased - Age n/a - Cause of Death: stage 4 cancer

Brother - Health Status: good Sister - Health Status: good

Social History: Patient Occupation: sales - Medical disability - short term -Date last worked: 11/04/2016 Marital Status; Single, Children: Yes - Number of Adult (age 18 and over): 1 - Number of Child (age 0-17): n/a

Patient Lives Alone: No - Patient lives with: mother

Smoking Status: Yes - Smoke per/day: less than 1 pack per day - Alcohol Consumption: Occasionally

Illicit Drug Usage: Never

Risk of HIV: No

Patient: Joyce Sekera

Patient#: 11250

DOB: 03/22/1956

Date of Encounter: 9/17/2019 8:45:00 AM

Medications: No current medications on file

Past Surgical History: Problems with anesthesia: No

Prior spine surgery: No

Diagnostic Studies: - Chiropractic - Epidural steroid injections Date: 09/05/2019

Physician performed injection: dr,travnicek - MRI thoracic spine - MRI lumbar spine - CT brain - CT cervical spine - CT thoracic spine -

CT lumbar spine - X-ray thoracic spine - X-ray lumbar spine n/a

Review of Systems: - Weight gain - Neck pain - Arm pain - Back pain - Leg pain - Leg weakness

Vitals: Weight: 200 lbs. Height: 66 in. BMI: 32.3

Physical Exam:

General:

Mental Status: Alert

General Appearance: well-nourished, well groomed, Not Sickly

Orientation: Oriented X3

Build & Nutrition: Well nourished and Well developed

Posture: Normal posture

Eye Pupil: Equal and direct reaction to light normal.

Chest and lung exam: Normal Excursion with symmetric chest walls.

Cardiovascular examination: Normal heart sounds regular rate and rhythm with no murmurs.

Abdomen Inspection: No Visible peristalsis

Neurologic Mental Status:

Speech: No impairments of naming, No impairment of word repetition.

Cognitive Function: No impairment of Attention, No impairment of Concentration, No impairment of long term memory, No

impairment of short term memory..

Sensory Light Touch: Intact Globally.

Reflexes: Left Biceps: 0. Right Biceps: 0. Left Triceps: 0. Right Triceps: 0. Left Brachioradialis: 0. Right Brachioradialis: 0. Left Achilles:

0. Right Achilles: 0. Left Patella: 0. Right Patella: 0.

Upper Extremities: Bilateral Detloid 5/5. Bilateral Bicep 5/5. Bilateral Tricep 5/5. Bilateral Wrist Extensors 5/5. Bilateral Wrist

Flexors 5/5. Bilateral Intrinsics 5/5.

Lower Extremities: Bilateral Illopsoas 5/5. Bilateral Quadriceps 5/5. Bilateral Hamstrings 5/5. Bilateral Tibialis Anterior 5/5.

Bilateral Gastroc-Soleus 5/5, Bilateral EHL 5/5,

Coordination: No Impairment of heel-to-shin, No Impairment of finger-to-nose, No Impairment of rapid alternating movements.

Associations - Intact

Thought Processes/Cognitive Function: Appropriate fund of knowledge

Review of Diagnostic Test:

MRI of the cervical spine performed 12/21/2016 reveals a central disc protrusion at C6-7.

MRI of the lumbar spine performed 12/21/2016 reveals a disc herniation L4-5 with facet arthropathy and synovial cyst left L5-S1 with facet arthropathy L4-5 and L5-S1.

Page 2|3

LVNI

Fax:7028263052

Jan 20 2020 12:43pm

P031/080

Patient: Joyce Sekera

Patient#: 11250

DOB: 03/22/1956

Date of Encounter: 9/17/2019 8:45:00 AM

Assessment and Plan:

I have ordered new imaging studies, specifically x-rays and MRIs of the cervical and lumbar spines, a copy of Dr. Travnicek's injection history and she is to follow up with me thereafter.

M54.5 - LOW BACK PAIN

M51.26 - OTH IV DISC DISPLACEMENT LUMBAR RGN

#16860- AP/LAT, FLEX/EXT CERVICAL SPINE X-RAY (72050), AP/LAT FLEX/EXT LUMBAR SPINE X-RAY (72110), CT Lumbar Spine W/O Contrast (72131), MRI Cervical Spine W/O Contrast (72141), MRI Lumbar Spine W/O Contrast (72148), Follow up after study

Electronically Signed: JASON GARBER on/at 09/17/2019 10:19:58

Page 3|3

Jan 20 2020 12:43pm

LAS VEGAS NEUROSURGICAL INSTITUTE

3012 S Durango Dr Las Vegas, NV 89117-9186 Phone: (702) 835-0088 Fax: (702) 826-3162

Jason E. Garber MD, FAANS Stuart S. Kaplan MD, FAANS Gregory L. Douds MD, FAANS

Scott G. Glickman DO Patrick S. McNulty MD Albert H. Capanna MD

Patient: Joyce Sekera

Patient#: 11250

LVNI

DOB: 03/22/1956

Date of Encounter: 10/10/2019 8:45:00 AM

History of Present Illness: Patient presents today with ongoing axial mechanical back pain and lower extremity radiculopathy. She does have some paraspinal cervical discomfort and pain as well.

Patient was involved in a slip and fall. n/a. Location: n/a.

Date of injury was 11/04/2016.

Location of injury: venetian Date(s) of prior injuries: n/a

Allergies: NKDA

Past Medical History: - Date of last EKG: n/a n/a. - Date of last chest x-ray: n/a n/a. n/a n/a. - Arthritis n/a. - Result of mammogram: n/a - Date of last mammogram: n/a n/a. n/a. - Diabetes pre diabetes. - If yes, date of Blood transfusion: n/a n/a. n/a.

Family History: Mother Alive - Health Status: goodFather Deceased - Age n/a - Cause of Death: stage 4 cancer

Brother - Health Status: good Sister - Health Status: good

Social History: Patient Occupation: sales - Medical disability - short term -Date last worked: 11/04/2016 Marital Status: Single. Children: Yes - Number of Adult (age 18 and over): 1 - Number of Child (age 0-17): n/a

Patient Lives Alone: No - Patient lives with: mother

Smoking Status: Yes - Smoke per/day: less than 1 pack per day - Alcohol Consumption: Occasionally

Illicit Drug Usage: Never

Risk of HIV: No

Medications: No current medications on file Past Surgical History: Problems with anesthesia: No

Prior spine surgery: No

Diagnostic Studies: - Chiropractic - Epidural steroid injections Date: 09/05/2019

Physician performed injection: dr,travnicek - MRI thoracic spine - MRI lumbar spine - CT brain - CT cervical spine - CT thoracic spine -

CT lumbar spine - X-ray thoracic spine - X-ray lumbar spine n/a

Review of Systems: - Weight gain - Neck pain - Arm pain - Back pain - Leg pain - Leg weakness

Patient: Joyce Sekera

Patient#: 11250

DOB: 03/22/1956

Date of Encounter: 10/10/2019 8:45:00 AM

Vitals: Weight: 200 lbs. Height: 66 in. BMI: 32.3

Physical Exam:

General:

Mental Status: Alert

General Appearance: well-nourished, well groomed, Not Sickly

Orientation: Oriented X3

Build & Nutrition: Well nourished and Well developed

Posture: Normal posture

Eye Pupil: Equal and direct reaction to light normal.

Chest and lung exam:Normal Excursion with symmetric chest walls.

Cardiovascular examination: Normal heart sounds regular rate and rhythm with no murmurs.

Abdomen Inspection: No Visible peristalsis

Neurologic Mental Status:

Speech: No impairments of naming, No impairment of word repetition.

Cognitive Function: No impairment of Attention, No impairment of Concentration, No impairment of long term memory, No

impairment of short term memory...

Sensory Light Touch: Intact Globally.

Reflexes: Left Biceps: 0. Right Biceps: 0. Left Triceps: 0. Right Triceps: 0. Left Brachioradialis: 0. Right Brachioradialis: 0. Left Achilles:

O. Right Achilles: O. Left Patella: O. Right Patella: O.

Upper Extremities: Bilateral Detloid 5/5. Bilateral Bicep 5/5. Bilateral Tricep 5/5. Bilateral Wrist Extensors 5/5. Bilateral Wrist

Flexors 5/5. Bilateral Intrinsics 5/5.

Lower Extremities: Bilateral Illopsoas 5/5. Bilateral Quadriceps 5/5. Bilateral Hamstrings 5/5. Bilateral Tibialis Anterior 5/5.

Bilateral Gastroc-Soleus 5/5. Bilateral EHL 5/5.

Coordination: No Impairment of heel-to-shin, No Impairment of finger-to-nose, No Impairment of rapid alternating movements.

Associations - Intact

Thought Processes/Cognitive Function: Appropriate fund of knowledge

Review of Diagnostic Test:

MRI of the cervical spine reveals a disc bulge at C6-7. No frank cord compression is noted. Mild straightening of the cervical spine consistent with spasm is noted.

MRI of the lumbar spine reveals multilevel lumbar spondylitic disease with some degree of facet arthropathy. No disc herniations are noted.

Assessment and Plan:

The patient has ongoing axial mechanical back pain with radiculopathy. The patient has ongoing symptomatology which has failed conservative management. I recommended a stimulator trial.

M54.2 - CERVICALGIA

M54.5 - LOW BACK PAIN

Referral to Pain Management for Stimulator Trial

Follow up after specialist

Page 2|3

LVNI

Fax:7028263052

Jan 20 2020 12:44pm

P034/080

Patient: Joyce Sekera

Patient#: 11250

DOB: 03/22/1956

Date of Encounter: 10/10/2019 8:45:00 AM

Electronically Signed: JASON GARBER on/at 10/10/2019 11:04:08

Page 3|3

LAS VEGAS NEUROSURGICAL INSTITUTE

3012 S Durango Dr Las Vegas, NV 89117-9186 Phone: (702) 835-0088 Fax: (702) 826-3162

Jason E. Garber MD, FAANS Stuart S. Kaplan MD, FAANS Gregory L. Douds MD, FAANS

Scott G. Glickman DO Patrick S. McNulty MD Albert H. Capanna MD

Patient: Joyce Sekera

Patient#: 11250

LVNI

DOB: 03/22/1956

Date of Encounter: 1/10/2020 8:00:00 AM

History of Present Illness: Patient presents today with some additional questions regarding the dorsal column stimulator trial. The patient is still having axial mechanical back pain and her injections have failed. Again, there is no surgical intervention beyond the stimulator trial and possible implantation I have recommended.

Patient was involved in a slip and fall. n/a. Location: n/a.

Date of injury was 11/04/2016.

Location of injury: venetian Date(s) of prior injuries: n/a

Allergies: NKDA

Past Medical History: - Date of last EKG: n/a n/a. - Date of last chest x-ray: n/a n/a. n/a n/a. - Arthritis n/a. - Result of mammogram: n/a - Date of last mammogram: n/a n/a. n/a. - Diabetes pre diabetes. - If yes, date of Blood transfusion: n/a n/a. n/a.

Family History: Mother Alive - Health Status: goodFather Deceased - Age n/a - Cause of Death: stage 4 cancer

Brother - Health Status: good Sister - Health Status: good

Social History: Patient Occupation: sales - Medical disability - short term - Date last worked: 11/04/2016 Marital Status: Single. Children: Yes - Number of Adult (age 18 and over): 1 - Number of Child (age 0-17): n/a

Patient Lives Alone: No - Patient lives with: mother

Smoking Status: Yes - Smoke per/day: less than 1 pack per day - Alcohol Consumption: Occasionally

Illicit Drug Usage: Never

Risk of HIV: No

Medications: No current medications on file Past Surgical History: Problems with anesthesia: No

Prior spine surgery: No

Diagnostic Studies: - Chiropractic - Epidural steroid injections Date: 09/05/2019

Physician performed injection: dr,travnicek - MRI thoracic spine - MRI lumbar spine - CT brain - CT cervical spine - CT thoracic spine -CT lumbar spine - X-ray thoracic spine - X-ray lumbar spine n/a

Review of Systems: - Weight gain - Neck pain - Arm pain - Back pain - Leg pain - Leg weakness

Patient: Joyce Sekera

Patient#: 11250

DOB: 03/22/1956

Date of Encounter: 1/10/2020 8:00:00 AM

Vitals: Weight: 200 lbs. Height: 66 in. BMI: 32.3

Physical Exam:

General;

Mental Status: Alert

General Appearance: well-nourished, well groomed, Not Sickly

Orientation: Oriented X3

Build & Nutrition: Well nourished and Well developed

Posture: Normal posture

Eye Pupil: Equal and direct reaction to light normal.

Chest and lung exam: Normal Excursion with symmetric chest walls.

Cardiovascular examination: Normal heart sounds regular rate and rhythm with no murmurs.

Abdomen Inspection: No Visible peristalsis

Neurologic Mental Status:

Speech: No impairments of naming, No impairment of word repetition.

Cognitive Function: No impairment of Attention, No impairment of Concentration, No impairment of long term memory, No

impairment of short term memory..

Sensory Light Touch: Intact Globally.

Reflexes: Left Biceps: 0. Right Biceps: 0. Left Triceps: 0. Right Triceps: 0. Left Brachioradialis: 0. Right Brachioradialis: 0. Left Achilles:

O. Right Achilles: O. Left Patella: O. Right Patella: O.

Upper Extremities: Bilateral Detloid 5/5. Bilateral Bicep 5/5. Bilateral Tricep 5/5. Bilateral Wrist Extensors 5/5. Bilateral Wrist

Flexors 5/5. Bilateral Intrinsics 5/5.

Lower Extremities: Bilateral Illopsoas 5/5. Bilateral Quadriceps 5/5. Bilateral Hamstrings 5/5. Bilateral Tibialis Anterior 5/5.

Bilateral Gastroc-Soleus 5/5. Bilateral EHL 5/5.

Coordination: No Impairment of heel-to-shin, No Impairment of finger-to-nose, No Impairment of rapid alternating movements.

Associations - Intact

Thought Processes/Cognitive Function: Appropriate fund of knowledge

Review of Diagnostic Test:

Assessment and Plan:

She will follow-up after the stimulator trial with Dr. Travnicek.

M54.5 - LOW BACK PAIN

M51.26 - OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION

Referral to Pain Management for Stimulator Trial

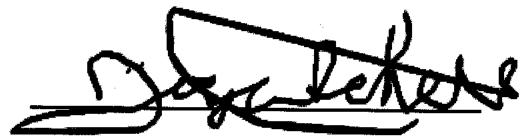
Follow up after specialist

Electronically Signed: JASON GARBER on/at 01/10/2020 09:59:18

Page 2|2

Acknowledgment of Review of Notice of Privacy Practices

I have reviewed the Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.



Signed 09/05/2019

Signature of Patient or Personal Representative

Joyce Sekera

Name of Patient or Personal Representative

__n/a_

Description of Personal Representative's Authority

Consent to Treatment

Las Vegas Neurosurgical Institute

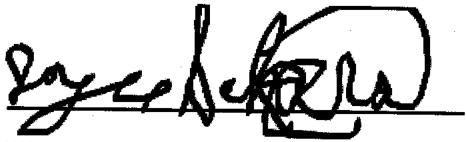
I hereby give my permission for the physicians at the LVNI to give me medical treatment. I allow the Practice to file for insurance benefits to pay for the care I receive. I understand that:

LVNI

- the Practice will have to send my medical record information to my insurance company.
- I must pay my share of the costs.
- I must pay for the cost of these services if my insurance does not pay or I do not have insurance.

I understand:

- I have the right to refuse any procedure or treatment.
- I have the right to discuss all medical treatments with my provider.



Signed 09/05/2019

Signature of Patient or Legal Guardian

Joyce Sekera

Note: This document is a template only. It does not reflect the requirements of your state's laws. You should consult with advisors (your state or local medical or specialty society, or legal or other counsel) familiar with your state's privacy laws prior to using this document.

LVNI

Contract for Controlled Substance Prescriptions

Controlled substance medications (narcotics, tranquilizers, and barbiturates) are very useful but have a high potential for misuse and abuse and are, therefore, clearly controlled by the local, state and federal governments. They are intended to relieve pain or to improve function and/or ability to work and not simply to feel good. Because my doctor is prescribing such medication for me to help manage my pain, I agree to the following conditions:

- 1. I AM RESPONSIBLE FOR MY CONTROLLED SUBSTANCE MEDICATIONS. If the prescription or medication is lost, misplaced, or stolen or if I use up the medication sooner than prescribed, I understand that IT WILL NOT BE REPLACED.

 2. I WILL NOT REQUEST NOR ACCEPT controlled substance medication from another physician or individuals while I am receiving such medication from any doctors at Las Vegas Neurosurgical Institute. It is illegal to do so (NRS 453-391) and may endanger my health. The only exception is if it is prescribed while I am admitted at the hospital.
- 3. REFILLS OF CONTROLLED SUBSTANCE MEDICATIONS:
 - A. Will be taken ONLY Monday-Friday 8:00 am-5:00 pm. YOU MUST ALLOW 5 WORKING DAYS FOR REFILLS TO BE AUTHORIZED by your Doctor. REFILLS WILL NOT BE MADE ON CLINIC DAYS, HOLIDAYS, OR WEEKENDS.
 - B. WILL NOT BE MADE IF "I RUN OUT EARLY".I am responsible for taking medication in the dose prescribed and for keeping track of the amount on hand
 - C. WILL NOT BE MADE AS AN :'EMERGENCY" such as on Friday afternoon because I suddenly realize that I will "run out tomorrow". I must keep track of the medication and plan ahead. I WILL CALL ATLEAST 24 HOURS AHEAD IF I NEED ASSISTANCE with a controlled substance medication prescription.
- 4. I understand that IF I VIOLATE ANY OF THE ABOVE CONDITIONS, my controlled substance and/or treatment may be ended immediately. If there is a violation involved in obtaining controlled substances from another described above, I may also be reported to my primary physician, local and medical facilities, and other authorities.

I understand THE MAIN TREATMENT GOAL IS TO IMPROVE MY ABILITY TO FUNCTION AND/OR WORK. In consideration of this goal, I AGREE TO HELP MYSELF BY FOLLOWING BETTER HEALTH HABITS. Specifically involving exercise, weight control, and the use of tobacco and alcohol.

Signed 09/05/2019

Patient Signature

Joyce Sekera

Disclosure of Information

 Joyce sekera (please print your full legal na the answering service/voicemail messaging at: 	me) Give permission for this off	ice to leave detailed messages on
My Home (please initial)		
No.		
Signed 09/05/2019		
My cellular phone (please initial)		
Jl.		

Signed 09/05/2019

Disclosure if Information to Patient's Companion(s)

The physicians at Las Vegas Neurosurgical Institute are committed to complying with HIPPA regulations. Therefore, we require our patients to sign authorization stating that companion(s) (family members, friends, etc.) accompanying them to their appointment are approved to hear discussion regarding the patients health information.

TO BE COMPLETED BY THE PATIENT

I authorize the following individuals to be involved in the discussion of my medical health information and relieve Las Vegas Neurosurgical Institute of any responsibility for harmful neglect (release of medical health information) by my authorize companion(s):

Relationship	Name
mother	carole divito
<u>daughter</u>	<u>marissa freeman</u>
·	

- SEKERA001145

Signed 09/05/2019

Patient Signature

Joyce Sekera

LVNI

Fax: 7028263052

HIPAA Compliant Authorization for Disclosure of Health Information

Patient Name: Joyce Sekera Birth Date: 03/22/1956

Address: 7840 NESTING PINE PLACE LAS VEGAS, NV 89143 City, State, Zip: LAS VEGAS, NV 89143

Authorizes: dr. smith

To Release To:
LVNI
3012 S Durango Dr
Las Vegas NV 89117

Format to be provided:

Printed Copy Electronic Copy
Dates of Service: 11/04/2016 to 08/05/19, or all dates.
Information to be released: **will be provided records by LVNI only**

Entire record

Office visits Procedure reports Billing Lab results Medications Consultation Diagnostic results Other (Specify): _____

I understand that if the person(s) and/or organizations(s) listed above are not health care providers, health plans or health care clearinghouses, which must follow the federal privacy standards, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards and my health information may be redisclosed without obtaining my authorization.

Your rights with respect to this authorization:

Purpose of disclosure: __n/a_

- 1. I understand this contest may be revoked at any time, with the exception and to the extent that disclosure of this information has already occurred prior to the receipt of revocation by the above named provider.
- 2. I understand if written revocation is not received, this authorization will be considered valid for a period of time not to exceed 12 months from the date assigned. To initiate revocation of this authorization, I must submit my request in writing to the "authorize" entity above.
- I understand a photocopy of this authorization is to be considered as valid as the original.
- 4. I understand the information used or disclosed pursuant to this authorization may be transmitted electronically and may be subject to redisclosure by the recipient and may no longer be protected by Federal law.
- 5. I understand that I have the right to refuse to sign this authorization, am signing this authorization voluntarily, and that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining the authorization.
- 6. I have the right to receive a copy of this authorization and any records obtained with its use.
- I understand this consent includes disclosure of. Alcohol, Drug Abuse, and/or Psychiatric records, Sexually Transmitted Disease and HIV/AIDS information.
- 8. I have the right to inspect or copy the health information I have authorized to be used or disclosed by this authorization form. I may arrange to inspect my health information, or obtain copies of my health information, by contacting the Privacy Officer.

Expiration Date: This authorization is good until the following date(s) __n/a_ or for one year from the date signed.

I have had the opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signed 09/05/2019

Signature of Patient or Legal Representative

Joyce Sekera

If si	gned by other than patient, select author	rity and pro	vide documentation:
	Parent of minor child Power of	Attorney	Representative of Deceased's Estate
	Representative of incapacitated adult	Othe	r (Snacify): n/a
			i (Specity). <u>Iva</u>

P043/080

HIPAA Privacy Rule of Patient Authorization Agreement

Authorization for the Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.508(a))

I understand that as part of my healthcare, this Practice originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment, and any plans for future care or treatment. I understand that this information serves as:

- · a basis for planning my care and treatment;
- a means of communication among the health professionals who may contribute to my health care;
- a source of information for applying my diagnosis and surgical information to my bill;

LVNI

- a means by which a third-party payer can verify that services billed were actually provided;
- a tool for routine health care operations such as assessing quality and reviewing the competence of health care professionals.

I have been provided with a copy of the *Notice of Privacy Practices* that provides a more complete description of information uses and disclosures.

I understand that as part of my care and treatment it may be necessary to provide my Protected Health Information to another covered entity. I have the right to review this Practice's notice prior to signing this authorization. I authorize the disclosure of my Protected Health Information as specified below for the purposes and to the parties designated by me.

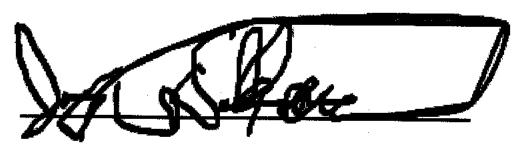
Privacy Rule of Patient Consent Agreement

Consent to the Use and Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.506(a))

I understand that:

- · I have the right to review this Practice's Notice of Information practices prior to signing this consent;
- that this Practice reserves the right to change the notice and practices and that prior to implementation will mail a copy of any notice to the address I've provided, if requested;
- I have the right to object to the use of my health information for directory purposes;
- I have the right to request restrictions as to how my Protected Health Information may be used on dischosed to carry out treatment, payment, or healthcare operations, and that this Practice is not required by law to agree to

• 1 may revoke this consent in writing at any time, except to the extent that this Practice has already taken action in reliance thereon.



Signed 09/05/2019

Signature of Patient or Legal Representative Joyce Sekera



Signed 09/05/2019 Witness Signature

WItness Name: carole divito

Consent to Obtain Patient Medication History

Patient medication history is a list of prescriptions that healthcare providers have prescribed for you. A variety of sources, including pharmacies and health insurers, contribute to the collection of this history.

The collected information is stored in the practice electronic medical record system and becomes part of your personal medical record. Medication history is very important in helping providers treat your symptoms and/or illness properly and avoid potentially dangerous drug interactions.

It is very important that you and your provider discuss all your medications in order to ensure that your recorded medication history is 100% accurate. Some pharmacies do not make prescription history information available, and your medication history might not include drugs purchased without using your health insurance.

Also over - the - counter drugs, supplements, or herbal remedies that you take on your own may not be included.

I give my permission to allow my healthcare provider to obtain my medication history from my pharmacy, my health plans, and my other healthcare providers.



Signed 09/05/2019

Signature of Patient or Legal Guardian

Patient Name: Joyce Sekera

By signing this consent form you are giving your healthcare provider permission to collect and share your pharmacy and your health insurer information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health issues such as depression.

Notice of Privacy Practices

Effective Date: 09/05/2019

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the Privacy Officer at (702) 835-0088

OUR OBLIGATIONS:

We are required by law to:

- · Maintain the privacy of protected health information
- · Give you this notice of our legal duties and privacy practices regarding health information about you
- · Follow the terms of our notice that is currently in effect

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways we may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our practice Privacy Officer.

For Treatment. We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

For Health Care Operations. We may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure the medical care you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Research. Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

SPECIAL SITUATIONS:

As Required by Law. We will disclose Health Information when required to do so by international, federal, state or

To Avert a Serious Threat to Health or Safety. We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

LVNI

Business Associates. We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release Health Information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release Health Information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose Health Information in response to a court or administrative order. We also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release Health Information to funeral directors as necessary for their duties.

SEKERA001153

LVNI Fax:7028263052 Jan 20 2020 12:50pm P049/080

Protective Services for the President and Others. We may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

<u>USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT</u>

Individuals Involved in Your Care or Payment/or Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

- 1. Uses and disclosures of Protected Health Information for marketing purposes; and
- 2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS:

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to the Privacy Officer. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state of federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Electronic Medical Records. If your Protected Health Informational Englishment in an electronic format (known as an electronic medical record or an electronic health record), you have the right

LVNI Fax:7028263052

it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

Right to Get Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

Right to Amend. If you feel that Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the Privacy Officer.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the Privacy Officer.

Right to Request Restrictions. You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the Privacy Officer. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item service for which you have paid us "out-of-pocket" in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our web site, www.wrcbss.com. To obtain a paper copy of this notice, contact the Privacy Officer.

CHANGES TO THIS NOTICE:

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right-hand comer.

COMPLAINTS:

SEKERA001155

If you believe your privacy rights have been violated, you may file a complaint with our office or with the

Privacy Officer at (702)855-0088. All complaints must be made in writing. You will not be penalized for filing a complaint.

For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the HIPAA security rules, please visit ACOG's web site, www.acog.org, or call (202) 863-2584.

Fax: 7028263052

Use of this form is optional and not required under the HIPAA privacy rule.

LVNI

Las Vegas Neurosurgical Institute

Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for LAS VEGAS NEUROSURGICAL INSTITUTE (the Practice) to use and disclose my protected health information (PHI) to perform treatment, payment and health care operations (TPO).

With this consent, the Practice may call me or email me to my home or other alternative location and leave a message by voice, email or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and anything pertaining to my clinical care, including laboratory test results.

With this consent, the Practice may mail to my home or other alternative location any items that assist the practice in performing TPO, such as appointment reminder cards, patient statements and anything pertaining to my clinical care as long as they are marked "Personal and Confidential."

By signing this form, I am consenting to allow the Practice to use and disclose my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the Practice has already made disclosures upon my prior consent. If I do not sign this consent, or later revoke it, the Practice may decline to provide treatment to me.



Signed 09/05/2019

Signature of Patient or Legal Guardian

Patient Name: Joyce Sekera

Note: This document is a template only. It does not reflect the requirements of your state's laws. You should consult with advisors (your state or local medical or specialty society, or legal or other counsel) familiar with your state's privacy laws prior to using this document.

Patient Consent Form for Electronic Exchange of Individual Health Information

HealtHIE Nevada is a non-profit organization dedicated to connecting the healthcare community to share information electronically and securely to improve the quality of healthcare services. To learn more about the Health Information Exchange (HIE), read the Patient Information brochure. You can ask the doctor that gave you this form for it, or go to the website www.healtHIEnevada.org.

Details about patient information in HealtHIE Nevada and the consent process:

LVNI

- 1. How your information will be used and who can access it: When you provide consent, only Healt HIE Nevada participants (such as doctors, hospitals, laboratories, radiology centers, and pharmacies), will have access to your health information. It can only be used to:
 - Provide you with medical treatment and related services.
- Evaluate and improve the quality of medical care provided to all patients, using de-identified health information.
- 2. Types of information included and where it comes from: The information about you comes from organizations that have provided you with medical care, and are HealtHIE Nevada participants. These may include hospitals, physicians, pharmacies, clinical laboratories, and other healthcare organizations. Your health records may include a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), and lists of medications your doctor has prescribed. This may include information created before the date of this Consent Form. This information may relate to sensitive health conditions, including but not limited
- Alcohol or drug use problems planning)
- HIV/AIDS
- · Birth control and abortion (family
- Genetic (inherited) diseases or tests Mental health conditions
- · Sexually transmitted diseases
- 3. Improper Access or Disclosure of your Information: Electronic information about you may be disclosed by a participating doctor to others only to the extent permitted by Nevada State Law. If at any time you suspect that someone who should not have seen or received information about you has done so, you should notify your doctor.
- 4. Effective Period: Your consent becomes effective upon signing this form and will remain in effect until the day you revoke it or HealtHIE Nevada ceases to conduct business.
- 5. Revoking your consent: At any time, you may revoke your consent by signing a new consent form and giving it to your doctor. These forms are available at your doctor's office, or by calling 855-484-3443. Changes to your consent status may take 24-48 hours to become active in the system.

Note: Organizations that access your health information through HealtHIE Nevada while your consent is in effect may copy or include your information into their own medical records. Even if you later decide to withdraw your consent, they are not required to return it or remove it from their records.

6. How your information is protected: Federal and State laws and regulations protect your medical information. HIPAA, the Healthcare Insurance Portability and Accountability Act of 1996, is the federal law that protects your medical records and limits who can look at and receive your health information, including electronic health information. HIPAA's protections were further strengthened by another federal law, the HITECH Act of 2009, which may impose severe financial fines on anyone who violates your medical privacy rights. All health information made available on the HIE, including your medical information, is encrypted to federal standards and is accessible only as allowed by Nevada State law (NRS 439.590). In addition, your doctob English According with a Notice of Privacy Practices, which describes how he or she uses and protects your medical information

PATIENT NAME: Joyce Sekera

PREVIOUS NAME(S): joy GENDER: M F

STREET ADDRESS / P.O. BOX: 7840 NESTING PINE PLACE

CITY: 7840 nesting pine place

STATE: <u>nevada</u>

ZIP CODE: 89143

PHONE NUMBER: <u>702-467-5457</u>

EMAIL: [PatientEmail]

DATE OF BIRTH: 03/22/1956

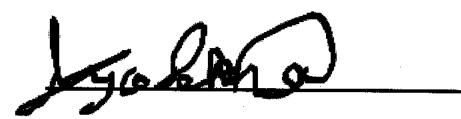
Nevada Medicaid Patients Please Read: Nevada law mandates that "a person who is a recipient of Medicaid or insurance pursuant to the Children's Health Insurance Program may not opt out of having his or her individually identifiable health information disclosed electronically" (NRS 439.539). When a patient is no longer a Medicaid recipient, it is the patient's responsibility to change their consent choice, if they choose to do so. Please sign below to indicate your acknowledgement.

Consent Choices: (CHECK ONE) Nevada Medicaid Patients are exempt from making a selection. Your choice to give or to deny consent may not be the basis for denial of health services.

CONSENT for all HIE participants to access ALL of my electronic health information (including sensitivity) in connection with providing means health are applied in the literature of the litera	ve
information) in connection with providing me any health care services, including emergency care.	•

CONSENT ONLY IN CASE OF AN EMERGENCY for all hie participants to access ALL of my electronic
health information (include sensitive information) ONLY in the event of a medical emergency

DO NOT CONSENT for any HIE participants to access ANY of my electronic health information EVEN in the event of a medical emergency.



Signed 09/05/2019

Signature of patient or authorized representative

If I sign this form as the Patient's Authorized Representative, I understand that all references in this form to "I", "me" or "my" refer to the Patient.

SEKERA001159

inuce celera

<u>myselt</u> Relationship

702-467-5457

Address of authorized representative singing this form (please print):

Phone number of authorized representative



502.91XA SKULL BX S13.9XXA CLOSED FX GERVICAL

SZADOMA POSED PALIMEAR S

ENPRY OW FORTH	
REASON FOR RETURN VISIT:	TOTAL CHARGES
RETURN IN: DAYS WEEKS MONTHS	The state of the s
NP-LIEN-DOI: 11/4/16-PT TO BRING FILMS-C/ELIMBAR-EMAIL	CASH CHECK C MC SEMERADO1061 WHER

LUMBAR DEGENERATI

CERVICAL HAP WIMYE

THORACIC HIP W/MY

POSTLAME SYNEROME

DESCITES, CERVICAL

G91,1

G25.0

G20 .

G40.311

NYDROCEPHALIS

PARKINSON'S TREMOR

ESSENTIAL TREMOR

PILESY GENERALZE

151.36

100.00

M51.04 M96.1

446.42

SELAXA SPACE CAN

523.3XXA SPRAIN T-SPINE

SOULSPINE SPRAIN LISPINE

LVNI

PT/OT of

Psych Eval / Clearance

<u>CAN</u>

PATEUT PARCO	Soleyn
	, force that a suite of the
D2-09-10	94
illa Usoz	N.

LVNI

ATTORNEY,	Call	rer	aw	TYP
m.1				
ADDRESS:				
CHYST.	- 101. (
PHONE TO	ユア	5 8		
PAX	672	in the		

RE: PHYSICIANS LIEN AND MEDICAL REPORTS AUTHORIZATION

(do berely uniquene). VMI or function or account with a fall report of all madical records, because physicisms and expenditures moter, account to the physicisms of 1, 1775.

I do hooling authorize and direct any observe, to pay to each Decrit such assess as easy by the such owner that or market survey medicant sus hook to proceed any other will that are due to collect and to want that any collections, programs or varieties as any to accommon to proceed any collections of the process of any entire collections or varieties and to proceed any entire collections or varieties and the process of any entire collection or varieties and the process of any entire collection of the process of the process of any entire collection of the process of the

Lagrer day I will not received this discounter and day a recounts will not be forecast by my Athenton. I havely natived that in the event market manner in the native and anti-control apply the case in If I mention by him. My necessary is a considerance in the my destroy is being actively pureled through the process of angulations, authorized pureless by which I may constantly support self-time.

I fully and material that I are discuss and fully comparable to extrinuous for all medical bills adjusted by him for service produced and and the constitution of the services produced. I further and extended that make property is not constituted as a service of the services produced. I further and extended that make property is not constituted as a service of the services and the constitution of the services and the constitution of the services and the constitution of the services and the services and the services are services as a service of the services and the services and the services are services as a service of the services and the services are services as a service of the services and the services are services as a service of the services and the services are services as a service of the services and the services are services as a service of the services are services are services as a service of the services are services are services as a service of the services are services are services are services are services are services as a service of the services are services

I desprise actions image and fully except the parms of this decapation by signing, below. I have actioned that if any entermory does not with he co-common to action the state of the control of the cont

I expressly water the Statistic of Limitations regarding my division right of recover

We further undergrood that the desire shall be needed to all separation each of collectes, including the not include to, bit attentions from and play of success for all cost of promotes and follows each of more reducing to preparation of collectes and follows each of the collectes to preparation and follows each of the preparation of the collectes are collected as a condition of the collected as a condition of

This Lies, applies to any excession persons over on which may increase populate to the political, his first leads, big less legal paradients or legal approximation on our any moreover collected or to be collected, whether by judgment, sentiment of compromise from any framework company(s) or by any presents) who are it present unbowers, who may be labeled in demagne.

I further agree that a per-ice char days from the date of service, and the under	ngo of the passage (2%) par a rigned Series square to pay 2	end an ary again' failmen dell ha sh Bengan general ay an an an	del (1) my companing bilance (1) a , beleding researchill secures	
PATIENT SIGNATURE (OR LEGALIZE)	MDIAN AND AND AND AND AND AND AND AND AND A	Mua)	DATE	19-17-19
WITHESS SEGNATURE	MOUT		Annani	9/17/10
4	W			

settlement, judgment, or vertically, may be	secondary to adoquately printed or	id dieser above squael.		
TYPE OR PRINT ATTORNEY NAME	Committee that was the committee of the committee of		and the same of th	
ATTORNEY SIGNATURE				PATE
STATE OF NEVADA 1	Qallar date	****	20	· · · · · · · · · · · · · · · · · · ·
COUNTY OF CLARK)	personally appeared before ma- whereacters/sugged to two due.)	A Notey Public		
Section 1997	H. T			
NOTARY SIGNATURE				DATE
(Seal)				

FINAL

SimonWed Centennial
DIAGNOSTIC MAGING REPORT

Patient Sekera, Joyce

Sex: F DOB: Mar 22, 1956 Age: 63 Diag Imaging # 3349958

Status: Outpatient

Referring Physician: Jason Garber M.D.

Exam # 27621613 - Sep 30, 2019 - MRI 3T - LUMBAR SPINE W/O CONTRAST

Exam Performed at SimonMed Centennial

HISTORY: Lower back pain after a slip and fall injury at work on 11/04/16.

TECHNIQUE: Multisequence T1 and T2 weighted images were obtained.

COMPARISON: No prior studies are available for comparison.

FINDINGS: The comes meduliaris appears normal. The lordotic curvature of the humbar spine is preserved. No evidence for abnormal solid or cystic lesions is identified. No prevertebral or paravertebral masses or fluid collections are seen and there is no evidence for abnormal marrow replacing lesion. Segmental analysis of the lumbar spine is as follows:

At L1-2, there is bulging of the disc. This results in anterior impression on the thecal sac. There is no canal stenosis or foraminal stenosis.

At L2-3, there is bulging of the disc resulting in effacement of the anterior thecal sac. There is facet hypertrophy with bilateral facet effusions. There is mild bilateral foraminal stenosis. There is no central canal stenosis.

At £3-4, there is facet hypertrophy with small bilateral facet effusions. There is no posterior disc hernistion, central canal stenosis, or foraminal stenosis.

At L4-5, there is building of the disc resulting in effacement of the anterior thecal sac. There is facer hypertrophy. There is mild bilateral foraminal stenosis. There is no central canal stenosis.

At L5-S1, there is facet hypertrophy, with bilateral facet effusions. There is mild left foraminal stenosis. There is mild central canal stenosis to 0.9 cm. There is no right foraminal stenosis.

IMPRESSION:

1. At £1-2, there is bulging of the disc. This results in anterior impression on the thecal sac.

Petiest: Sekers, Joyce

SEKERA00 16464

Jan 20 2020 01:02pm

- 2. At L2-3, there is builging of the disc resulting in effacement of the anterior thecal sac. There is facer hypertrophy with bilateral facer effusions. There is mild bilateral foraminal stenosis.
- 3. At L3-4, there is facet hypertrophy with small bilateral facet effusions.

LVNI

- 4. At L4-5, there is bulging of the disc resulting in effacement of the anterior thecal sac. There is facet hypertrophy. There is mild bilateral foraminal stenosis.
- 5. At L5-S1, there is facet hypertrophy, with bilateral facet effusions. There is mild left foraminal stenosis. There is mild central canal stenosis to 0.9 cm.

ELECTRONICALLY SIGNED BY: Kavanagh M.D., Joseph on Oct 01, 2019

dd: September 30, 2019

Reported by: Joseph Kavanagh M.D.

Electronically signed by: Joseph Kavanagh M.D.

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

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-1861). The rules prohibit you from making any further disclosure of this information unless further disclosure is engressly-permitted by the written consent of the person to whom it permits, or se otherwise permitted by statute.



FINAL

SimonMed Contennial DIAGNOSTIC MAGING REPORT

Panent: Sekera, Jayce

Sex: F DOB: Mar 22, 1956 Age: 63 Diag. Imaging # 3349958

Status: Outpatient

Referring Physician: Jason Garber M.D.

Exam # 27621628 - Sep 30, 2019 - CT - LUMBAR SPINE W/O CONTRAST

Exam Performed at SimonMed Centennial

HISTORY: Low back pain after a slip and fall injury on 11/4/2016.

TECHNIQUE: CT of the lumbar spine was performed without intravenous contrast material. Sagirtal and coronal reformatted images were provided. The CT scan was performed according to ALARA (As Low As Reasonably Achievable) protocol.

FINDINGS: There are degenerative changes throughout the lumbar spine with osteophyte formation. There is also anterior endplate sclerosis at L1-2 and L2-3. There is facet hypertrophy, most pronounced in the lower lumbar spine.

There is no acute fracture or dislocation. The vertebral body heights and intervertebral disc spaces are preserved. There are no suspicious bony lytic or sclerotic lesions.

Evaluation of the individual levels demonstrate:

At L1-2, there is no disc berniation, spinal stenosis or neural foraminal narrowing.

At L2-3, there is no disc hemistion, spinal stenosis or neural foraminal narrowing.

At L3-4, there is no disc hemistion, spinal stenosis or neural foraminal narrowing.

At L4-5, there is no disc herniation, spinal stenosis or neural foraminal narrowing.

At L5-S1, there is no disc hemistion, spinal stenosis or neural foraminal narrowing.

IMPRESSION:

1. There are degenerative changes throughout the lumbar spine with osteophyte formation. There is also anterior endplate selerosis at L1-2 and L2-3. There is facet hypertrophy, most pronounced in the lower lumbar spine.

Pettent: Selem, Joyce

SEKERA00 1066

- 2. No acute fractures.
- 3. Please see the separate dictation for the MRI of the lumbar spine dated the same day for additional findings related to soft disc pathology.

ELECTRONICALLY SIGNED BY: Kavanagh M.D., Joseph on Oct 01, 2019

LVNI

dd: September 30, 2019

Reported by: Joseph Kavanagh M.D.

Electronically signed by: Joseph Kavanagh M.D.

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

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibly you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.

FINAL

Simonfied Centerriel

DIAGNOSTIC WAGING REPORT

Patient: Sekera, Joyce

Sex: F DOB: Mar 22, 1956 Age: 63 Diag. Imaging #3349958

Status: Outpatient

Referring Physician: Jason Garber M.D.

Exam # 27621434 - Sep 30, 2019 - MRI 3T - CERVICAL SPINE W/O CONTRAST

Exam Performed at SimonMed Centennial

HISTORY: Neck pain after a slip and fall at work on 11/4/2016.

TECHNIQUE: Multisequence T1-weighted and T2-weighted images were obtained.

FINDINGS: The exam is slightly limited by motion artifact.

The posterior fossa structures are normal. The cervical cord structures are normal. There is loss of the normal lordotic curvature of the cervical spine. In the correct clinical setting, this may reflect injury. Clinical correlation is recommended. No preventebral or paravertebral masses or fluid collections are identified.

Segmental analysis of the cervical spine is as follows:

At C2-3, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

At C3-4, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

At C4-5, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

At C5-6, there is bulging of the disc. This results in an anterior impression on the thecal sac, There is no central canal stenosis or foraminal stenosis.

At C6-7, there is a right paracentral disc hemiation demonstrating elevation of the posterior longitudinal ligament and effacement of the anterior thecal sac. There are no osteophytes. There is mild central canal stenosis to the right to 1.0 cm. There is no foraminal stenosis.

At C7-T1, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

IMPRESSION:

Patient: Sekera, Joyce

- 2. There is loss of the normal lordotic curvature of the cervical spine. In the correct clinical setting, this may reflect injury. Clinical correlation is recommended.
- 3. At C5-6, there is bulging of the disc. This results in an anterior impression on the thecal sac.
- 4. At C6-7, there is a right paracentral disc herniation demonstrating elevation of the posterior longitudinal ligament and effacement of the anterior thecal sac. There are no osteophytes. There is mild central canal stenosis to the right to 1.0 cm. Figure 1, Image 10, Series 2. The arrow is pointing to the posterior disc herniation at C6-7. Figure 2, Image 23, Series 4. The arrow is pointing to the herniating disc material effacing the right anterior thecal sac at C6-7.

ELECTRONICALLY SIGNED BY: Kavanagh M.D., Joseph on Oct 01, 2019

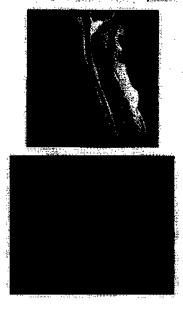
dd: September 30, 2019

Reported by: Joseph Kavanagh M.D.

Electronically signed by: Joseph Kavanagh M.D.

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

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentially rules (42CFR Pmt 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by statute.



FINAL

Simonified Contermial DIAGNOSTIC BRAGING REPORT

Patient: Sekera, Joyce

Sex: F DOB: Mar 22, 1956 Age: 63 Diag. Imaging # 3349958

Status: Outpatient

Referring Physician: Jason Garber M.D.

Exam # 27621676 - Sep 30, 2019 - X-Ray - CERVICAL SPINE COMP WIFLEX VIVEXT

Exam Performed at SimonMed Centennial

HISTORY: Neck pain after a slip and fall injury on 11/4/2016.

TECHNIQUE: AP, open-mouth, lateral neutral, lateral flexion, lateral extension, and swimmer s view radiographs of the cervical spine.

FINDINGS: There is straightening of the normal cervical fordosis which can be seen in acute cervical injury. Clinical correlation is recommended.

There are no significant changes in vertebral body alignment on the lateral flexion/extension views to indicate ligamentous laxity or instability.

There are degenerative changes at C4-5 and C5-6 with anterior osteophytes.

There is no fracture or dislocation. The dens is intact. The preventebral soft tissues are unremarkable.

IMPRESSION:

- 1. There is straightening of the normal cervical lordosis which can be seen in acute cervical injury. Clinical correlation is recommended.
- 2. There are no significant changes in vertebral body alignment on the lateral flexion/extension views to indicate ligamentous laxity or instability.
- 3. There are degenerative changes at C4-5 and C5-6 with anterior osteophytes.
- 4. Please see the separate dictation for the MRT of the cervical spine dated the same day for additional findings.

FLECTRONICALLY SIGNED BY: Kavanagh M.D., Joseph on Oct 01, 2019

Patient: Sekera, Joyce

SEKER #001170

dd: September 30, 2019

Reported by: Joseph Kavanagh M.D.

Electronically signed by: Joseph Kavanagh M.D.

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

NOTICE: This information has been disclosed to you from records protected by Federal and State confidentiality rules (42CFR Past 2-sind/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information imless further disclosure is expressly permitted by the written consent of the person to whom it is classes, or as otherwise permitted by statute.

Patient: Sekera, Joyce

SEKERA-00/171

FINAL.

SknonMed Centernial
DIAGNOSTIC MAGNIS REPORT

Patient: Sekera, Joyce

Sex: F DOB: Mar 22, 1956 Age: 63 Diag. Imaging # 3349958

Status: Outpatient

Referring Physician: Jason Garber M.D.

Exam # 27621697 - Sep 30, 2019 - X-Ray - LUMBOSACRAL SPINE COMP W/BENDING VIEWS MIN 6 VIEWS

LVNI Fax: 7028263052

Exam Performed at SimonMed Centennial

HISTORY: Low back pain after a slip and fall injury on 11/4/2016.

TECHNIQUE: AP, lateral neutral, lateral flexion, lateral extension, coned-down lateral, left oblique, and right oblique radiographs of the humbar spine.

FINDINGS: There are degenerative changes to the lumbar spine with deteophyte formation. There is also facet hypertrophy in the lower lumbar spine.

There are no significant changes in vertebral body alignment on the lateral flexion/extension views to indicate ligamentous laxity or instability.

The facets demonstrate appropriate alignment on the oblique radiographs.

IMPRESSION:

- 1. There are degenerative changes to the lumbar spine with osteophyte formation. There is also facet hypertrophy in the lower lumbar spine.
- 2. There are no significant changes in vertebral body alignment on the lateral flexion/extension views to indicate figamentous laxity or instability.
- 3. Please see the separate dictation for the MRI of the lumbar spine dated the same date for additional findings.

ELECTRONICALLY SIGNED BY: Kavanagh M.D., Joseph on Oct 01, 2019

Patient: Sekera, Joyce

dd: September 30, 2019

Reported by Joseph Kavanagh M.D.

Electronically signed by: Joseph Kavanagh M.D.

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

NOTICE: This information has been disclosed in you from records protected by Federal and State confidentiality rules (42CFR Part 2 and/or ARS 36-3661). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by shalpin.

Patient: Sekera, Joyco

SEKER#001173

From:LVM

7028283162

09/30/2019 16:58

#122 P.001/001

OL	V	NI
47	للا (بروبايا	

(Sea!)

rament Joyce Sekera	ATTORNEY Galanerlaw Fire
SOCIAL SECURITY #:	ADDRESS:
m 03.22-1956	CITY/ST
mr. 11:04:2016	PHONE 102 735 0049
ACCIO.	PAX: 702 735 0204

RE: PRYSICIANS LIEN AND MEDICAL REPORTS AUTHORIZATION

I do family materiae LVIVI to familiak my macrasy with a full report of all marginal records, inclu-remarks reporting the published to which I wan involved to th, including physicians and constant stone across, reduced retain and other __ned which required windstance by the physicians of LVNL

I do bursty, sutherts and direct my statemy to pay to said Dergor such states or may be one and owing him to medical review consisted me inch by resear of this excitates and by reason of any other hills that we don't be effect and to withhold such a time from my seriousest, Judgment or vended as said for concerning to present adoptions, and processed of the serious of the seriou

I agree that I will not received the decreases and then a proclusion will not be bracked by my Attenday. I breaky instrume that in the event market attending in this according to the process of the pro

I fully sufficient that I am deverty and fully improvible to said choice for all medical bills submitted by him for service innoted me, and that the appearant if medical policies additional policies and in confidentian of his available princes. I further understand that sixth payment is not continued on my collected, payment in our available into a value of the continued of the service of the

I denote achieve ledge and fully accept the terms of this degrammed by signing below.) have advised that if my staying does not wisk to no operate in granting the decree the decree will not arrive payment but will improve the decree with finite if my states or resolver such finite and order or resolver such finite in the state of the state o

Fexionsily realize the Statesteel Limitations regarding my decrees right to surprise

It is further medicatered that the decision is half be emploid to all sementable costs of collection, including but not limited to, his accoming feet and notice of pult to encourse the feet of newtonest as a result of systell or my attentive country, established, or consecution and folding station or line in support of the country of the feet of the system of the country of the feet of the system of the country of the feet of the system of the country of the feet of the system of the sys

This lies applies to any amounts more due or which may benefite become payable to the pasient, higher been, higher legal quantities or legal representation on of any recovery or recovery

I further agree that a netwice charge of two persons (2%) par month on any mapaid balance also	If he wided to any entered the between a secretary and a second
days from the dark of service, and the understand further stress to pay all copy of collection of any real	haleness, metaling reactivities strongers from and come of will.
PATIENT SONATURE (OR LEGAL EVARDIAND	04TE X 9-17-19
WITNESS SIGNATURE THE	9/17/10
470	Will de la constant d

selfingent, judgment, ir verdict at me) be accusate to adaptaging pro	and said decree shows cornect.	no ma imites of lare shake 100 150	see to withhird such some from any
TYPE OR PRINT ATTORNEY NAM	E KGAC	ede.		
AFTORNEY SIGNATURE	<i>U</i>			MR 10+1-19
STATE OF NEVADA	On this date	·		
COUNTY OF CLARK)		re sat, A Plattery Fublic, that haddle essented the shape in		
NOTARY SIGNATURE				XAT6: ::

PLEASE BATE, NOW AND RETURN ONE COPY TO OUR OFFICE. A PROTOCOPY OF THIS PORM WILL ME CONSIDERED VALUE IT GENERAL IS NOT AVAILABLE RETURN FAR (1920 DE-3) (or

SEKERA001174

Market and the second and the second

INS BALANCE: \$1,000.00

FAX: (703) 826-3162 FEDERAL TAX 10: 322636612

Pationi, Name & Address:

LAS VEGAS, NV 89143

7840 HESTING PINE PLACE

008: 03/22/1956

SEX: F

SEKERAJOYCE

3612 S DARANGO DA LAR VEGAS, AV 89117-9186 DIST: ATTORNEY GALLIHER L. VISAT #: 164335 DIVART. #: 11250 HOME PHONE: (702) 467-5457 PT SALANCE: \$0.00

63Y/ 6 M F/W Comments Below

orong a minipal					· Dennis	re Codes	earle Herrie de la colonia				J. 19445 .		
					21.00	Talks of the			- 14 28 7 7 . · ·		i i i i i i i i i i i i i i i i i i i	100	
Maria de 🔻													
99202	HEW AT EXPANE		99202	5/40/6/15	PT. PR	1 2007	DI ME D	**************************************	337 ga	TO CAR	RECONSTRUCT	Transfer of the second	TO PROCE SHOW
99703	NEW PT DETAIL			STABLISHED	DT 8V	Towners	The state of		13.00	277.0	וכתהויי		
	NEW PT COMPRE		A SAME OF THE PARTY OF THE PART	21780-0-3		1 04434	NAT I	1		##^			
				Stendis							eri Pittigasi	************	3488
99205	NEW PT COMPLE	X L	MALE E	STATE OF THE	PT. 60	199024	POST OF	FORES				diam'r diam'r	******
.						99070	SUTURE	DEM TO			Podadin (*	*******************************	CONTRACT OF THE
1 Epiz (1887 / 1.)		en de la companya de	10024		77	(4)	1749.00	THE PERSON	*		140 1000000		
1444					Ciaono	de Codes		V C 000 MOD		William	3223 - Axees		
													34.000
						MIN TYPE SEP	Service Committee		N. Carlotte	SOME SALES NO.	formania corre	ال يومان مخوميون الاستان	14 TO TO 1 4 4 47 500
161.9	A STATE WITH THE PROPERTY OF THE PARTY.	OPENSET CONTRACTOR	and the second	a por establishmen	Children or compress	The state of the s				S. 15.113	0) 104	h Turkin teknasi	4 A
	PATRACETER		G50.9	THE CAPETRE	12 To			11 4	BARSAC	1553.0			125
262.06	SUBORRA H	EMORRIE	31.9	FACIAL NE	#VES					(3)3.2	··· REN	CHE THE REAL	TANKS.
165.29	OCCISTEN E	RCTID	GS4.0	IN COLUMN	CUTIET SY	100		,≓ಕಾ;⊋'ಜಽ)	100	630	Control (Co.	14.00	
165.09	OCC/STEN VE	OTERNAL I	G93.2	Company II	TRACHANIA	10000	A 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the second second	7.70		**************************************	16 8 6 37	
177.74	DISSECTION		246	- m-2,500 000		27774		Callign.	2* W.C.	693.6	CER	FRALED	33 A
			Sec. 1988		THE RESERVE TO BE SERVED TO A	10 x 2 4 10 10 10 10 10 10 10 10 10 10 10 10 10				The second of the			

Marie Anna Carlo Car	and the second second	Programme Contract St.		PARTICULAR SECURITY	E 1000	KIRAN L
165.09 OCC/STEN VERTERRAL	993.2	BEHIGH INTRACTANIA	349.2	UNSAFCIFIED, SPINE	G93.6	CEREBUAL EDENA
17774 DISSECTION OF VERT	G45.9	TRANS CEREBRAL ISCH.	C71.8	MALIGNAST, CEREBRI	975.0	CRANCSTREETCESS
167.1 ANGURYSM MARKUT	G06.1	ENTRASPINAL ABSCES	£71.1	MALICANT, FRONTAL		HEADACH
	956.60	CARPAL TUNNEL SYND	212	MALIGNATA TEMPOR	Control of Control of Control	TRENCE USERCOLET
M48.02 CERVICAL	G56.20	LEROR SERVE	271.5	HALIGIANT, BRAIN YE	7 2 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	PEAC HORY, CONCU
PAR DA THORACE	G\$6.30	RACKAL NERVE		And the second of the second o	506.000	HEAD DISEAS WAS LO
M48.07 ILMBOBACRAL			1771.6	NA KRIGHT REDUCES	514 HGA	
M48.062 SPOWE STEWESTS LUIN		CEVICAL WATERVELO	C71.7	MALICHARI SKALKIST		COMPUTATION OF SERVICE
	W/7-12	CERVICAL W/ MYELOP	C71.9	WALGER SERVE	4.	
MESSES STRVER		THORACE WAS HITEL	C70.8	MALISMANT CEREBRA		
MS4.16 THORACIC/LUMBOSAC		THORACIC W/ MYELOP	C70.1	MALIGNANT SYNAL	H46.1	S.G.O.
	M47.817	LUMBAR W/O MYELOP	D32.1	DENIGN, SPINAL NENT	MS1.06	EURBER HER WATER
PERSON SOUTHERN SERVICE		LUMBAR W/ MYELOPA	032.9	BENESH HEOMYCH OL		And the property of the second
WEAUN REPORT	a process	THE PARTY OF THE P	033.2	PENIGN BRAIN	سيست فينون بنداري	
MS4.6 THERACIC SPINE	MS020	CERVICAL HAR W/O M	293.3	ENGN TRANSLINER	M53.88	SAMESSAME
	751.26	LUMBAR HAR WAS MY	D32.0		T. 10. Chr. 8 a. 15.	Daniel Con (Ch)
M79 XOS LIME PAIN	951.24	THORACIC NAP W/O M	2 - P - 2 - 4 - 7 - 10 ;	END CERT	Q05.9	
		CERVICAL DEGENERAT	D33.4	BENKEY, SPINAL CORE	<u> </u>	Sign for higher managements arranged to the form of the control of
	P450,30	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D35,2	BERGEN NEW YEAR OF		
SOLSIXA SKOLER	ar anna anna-ar-ar-ar-ar-ar-	THORAS C RECENTIA	£49.6	HER KENNERSE	-7	and the second s
STANCA (LOSED FX CHANCA)	M51.36	LUMBAR DEGENERATI	i Santa personana	Martine and Martine recommendation of a polytechnique		
S22.009A CLOSED FILTHOWAY	3 3	CERTICAL HAR WAYE.	691.1	NCROPHUS		SHAN FARE
	P451.04	THE PACIF HAP WAN	626	PARKINSON'S TREMOR	Sar Dece	STANCTON
SSA 0094 CLOSED FX, LUMBAN	1 1496.1	POSTLANT SYNOROHE	625.0	ESSENTIAL TREMOR		
	William Transfer Control	Company of the Compan	Mark Alleman Communication		THE RESIDENCE OF THE PARTY OF T	100000
	P48.42	DISCITIS, CERVICAL	G#R 311	EPILEPSY GENERALIZE		

REASON FOR RETURN VISIT RETURN IN DAYS WERES MENTES	TOTAL CHARGES
Lien - C/L -if/u after maging (Simul/ted)	C CASH C CHECK C NC SEKERAQ0175 onen

	D	GARI	ER			
Patient Name: C) () C)CI	-CY	<u> </u>		
Visit Date:	[ס	101	G	Control of the Contro	rana kanudiya e 2046	Ĩ
Girsk	X-RA	YS TO	be or	กุลรุฐภร		
AP/LAT Cervical Spine	**		A	P/Lat, flex/ex	T Cervical Som	· č
AP/LAT Thoracic Spain AP/LAT Lumber Spine		<u> </u>	A	PLAT, FLEXÆX PLAT, FLEXÆX	T Thoracic Spin	
Shout scales		7	\$	kull 2 View/ 4 Vie		8 1;
anse/e	CI-SC	AN TO	BE OR	DERED:		
T Cervical Spine	with	Ž	witho	ut contrast		
CT Thoracie Sping CT Eumbar Spine	with	1	36 5 7 7 7 7 7	ut contrast		
CT Head	with with			ut contrast ut contrast		N.
CT Scan ENTIRE Spine	with	Ž.		ut contrast		\$
Cl' Angiogram	with	Ž.	witho	ut contrast		(
SHO((a))	TYEL!)GRAN	A TO B	LORDERED:		;; ;;
**************************************	······································	î îîîr	77571. (III19 ²		i. Partitus sur sur sur sur sur sur sur sur sur s	:
CT Myelogram - Cervical CT Myelogram - Thoracie			with with		it contrast it contrast	řě <u>ř</u> ís:
CT Myclogram - Lumbar			with	45 Sec. A 0.1 (96.38%)	il contrast il contrast	
CT Myelogram - ENTIRE		}	with	2.000	at countrast	
CHOOM	SC AN	TET RE	ADRE	BED.		

Rapid Sequence MRI of B		with	4	without contra	0.03.1	
MRI Brain w/CSF Flow S MRI Angiogram	tudy	with with	#	without contra		.!
MRI Venograni		with	F.	without contra without contra		
MRI Cervical Spine		with	y .	without contra	K	
MRI Thoracia Spine		with	4	without contra		
MRI Lumbar Spine		with	A.	without contra		
MRI of Brain PPT Seed		with	F	without contra	88 5	
PET Soan		YARA I		o Nyida o	٨	¥
Neurologia - Referral to:						ŧ
for EMG/NCV/Other:		r-		$N \sim N$		
	median	X 7	^	~\~\\\\		
Pain Management - Réferral to	**10. 3189	<u>X</u>	3			
PT/OT SE		N.) »			30
	4			SERVICE CONTRACTOR	10.000	ri.
Other				 <u> </u>		:
	HU: (111111111111111111111111111111111111111	, 000 Cm iri	=

FAX: (702) 829-3162 FEDERAL TAX ID:

7840 MESTING PINE PLACE

IAS VEGAS, NV B9143

3012 S DURANGO DR

LAS YECAS, NV 80117-9186 INSTRACTIONNEY GALLHEST 622636612 Patient Name & Address: 068 03/22/1966 SEX: F INS2: CCPAY: \$0:00 / \$0:00 SEKERAJOYCE

CHART #; 11250 PRE AUTH #: INS BALANCE: \$1,750,00

PT BALANCE: \$0.00

				5 100 (445.80)	0.66 0.662	t 201 paradologia
99.201 HEW PT EXPANSED P		77. 20.	TO THE PROPERTY OF THE PARTY OF THE	Trees	ं । १८५५ । । । । । । । । । । । । । । । । । ।	
99203 NEW PT DETAILED	A DAN ETABLISE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	SHANT PROGRAMMI	***********	CARRIED TO SECTION	
99204 DEW PL COMBREHEN						
SOME NEW STOWNERS		CONTRACTOR AND ADMINISTRAÇÃO DE LA CONTRACTOR DE LA CONTR	PLSE OF FULLOW-(()	
		950770	SATURE REMOVAL			
		Districts Codes		- 1		2235556 1000 1000 1000 1000 1000 1000 1000
	A STATE OF THE STA	THE PARTY OF THE P	ACTION AND AND AND AND AND AND AND AND AND AN			
edenas iri						
		Med. 46	ASCITE LIMBAR	G40.30	ETREPSY GRAN	DIVITE

			:		
		<u>Michigan ark</u>	NAME OF THE PARTY.	G40.301	ETREPSY CRAIG HAT
161.9	BYTRACEHERAL HEY	COLD TRISERENA MERVE	P46.8/ DESCRITS, LUMBARSAL	G93,0	CENEROL CYSTS
162.00	SAKKINA HENCKIH	CS) 3 N FACOL MENUS		393.2	HENIGH MITRACRAMA
H65.29	DECISIENCARUTIO	COAD THOMACCOUNTERS	APAS LACENTARIO BANA	G93.5	CHIARL L
165.09	OCC/STEN VERTEBRAL	G93.2 BENIGN INTRACRAN	A DARK WARREST DO STORE	G93.6	CEPTERAL EDENA
4.000	DESECTION OF VERT	G45.9 TRANS CERBRAL ISC	CATA MALIGNANT, CEREBRI	075.0	CRANIOSYNOSIOSIS
167.1	ANELSKY MONSURT	SAG.1 INTRASPIBLE ABSCS	SILL MALIGNAT ROTTAG	R51	HEADACIE
Carry Comment		ESGUAL EARPAL TUNNET SYN	D MALIGNAY, TEMPOR	R25.1	TREMOR UNSPECIFIED
MM8.02	CERVICAL	STATE TOWN VERSE	CZ .5 PELIGNANT, BRAIN VE	\$06.009	HEAD IN FIRST CONCU
M48.04	THORACIC	COR 30 PARKAL HERVE		S06.0X0	HEAD DALLAN AWICILD
M48.07	LANDSACRAL	84 G. C.	CTA NALIGINATINE DE AS	514 109A	ENSTRUMY LAST CENT
M48,062	SPIRAL STENOSIS LIVE	SERVICE WORKE		209	Est (SS) (SYMPLES)
		MOTE CHRIST WATER	2 27.9 MALIGNANT NEOPLAS	rigeres (Charle	T THE CONTRACT OF THE CONTRACT
M54.12	CERVICAL	MATERIAL THERESE WILL HAVE	C/0.0 MALICHANT CEREBRA	WIND IN	Section II accord
M54.16	THERACICALINECESC	M47.14 THORACIC W/ MYELC	P 201 MALKAWAT SPINAL	9446.1	SACRONAL P.
1907 34 64	第二 法治验院物产不可	MITALT REMBAS WIS MYELD	DIZE BYRIGH SPRING MENTS	MS1.36	LIPER HEP WINE
M25,50	DOBAT PAIN, UNSERC	PAY 46 THE HARRY MY MYET CO	COLO MONGH NEOPLON OF	M53.3	SACROLLAC PAIN
454.2	CERVICAL SPINE	and the second of the second o	D3: 2 DENGE BYAN	M53.86	SI JOINT EVSEURCTIO
954.5	THORACIC SPINE	MAN TO CHESTER THE THE	033.3 BENIGH CRANEN NER	M71.38	OTHER BURSAL CYST
HHAY.	LUMBAR SPINE	CHROSEN LUNGER HAP WORK	A DEEL BENGA CEREBAL W	DOF 9	SOTINA DISTORI DALGO VI
old Control	LIMB PAIN	THORACE HIR W/O	M D214 BENEGA SPIRAL CORD		
K - 100	1.5. 1 (4.2888) P	MSI 30 CERVICAL DECEMBER			MARINO CERCO NACE
148.52XA	COLLAPSED VERTERRA	1451 34 THURSCIC DESERVE		Bos la constant	
02:91XA	SKILLFX	M51.36 EUNBAR DEGENERAT		# H: #137 #	SPAIN COPE
12.98XA	CLOSED FX, CERVICAL	PEG.00 CERVICAL HIRE W/HY	A		SHAIR I SHE
22,008A	CLOSED FX. THORACT	MS1.04 THORACIC HAP W/M		533.5XXA	SPRAIN L'SPINE
532.009A	LOSED FIL LUMBAR	MS6.1 POSTLAMI SYNOROM			
	133444	MM6.42 DISCUIS CERVICAL	COST PRESCRIPTION		
***			H to the last of t	10 10 10 10 10 10 10 10 10 10 10 10 10 1	

I have the second of the secon	
DEACON DOG BETTING LOCK	
	The state of the s
RETURN IN LAYS WEEKS WENTHS	PAYMENT RECEIVED
37 19000 11	SEKEDA001177
1/u pt de l'action anné des .	
	LI CASH LI CHECK LI MC LI VISA LI OTHER

WELCOME TO OUR OFFICE!

Today's date 3/1/2 days

ABITANE DOCEMENT	Mi:	<i>P</i> : Zas			100 m
			7		
					<u></u>
					<i>4/ +</i>
an Santara i respensive de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la companya					5
					Z
Actupation .					
riployer:				******	
		5 3 33	State:	7 5 ;	<u>.</u> :
case of emergenicy, comp		• • • • • • • • • • • • • • • • • • •	Relations		
ome Plaoned		Work Phone			
		or and the selection of the			<u>-</u> 5
**************************************			****		
rat Name:		Alt <u>land</u> Land N	strie:		
ome Address:		Cay	Status	Zipende:	į
DIC ME Martin	l Statute 6M	00	lirth Date:	Age:	
daphone (L)	Cell Ph		mit.		
	1110		,	200	
lationskip to patient:		550		**	
rployer's Address:		· Defense:			



CEUTE LOS TANGES AND SENSE	INSURANCE INFORMATION Tolary design (2002)
Putient's Plast Names (1995) (1995) Did your injury happen at the job? Did your report the accident to your employer? We this a made of an east injury? What date did the injury occur?	Last Hames ACM A
	A CONTRACT C
Number on Instrument Company : 162 / 164 /	Plous Amber () Plous Amber () ZOZAZ CORNE INFERSATOR AMBER () SOR ()
Inserted's Name: DOB Inserted's Employer Name; Group or Claige Number: Adjuster or Contact Name; All professional services residented are charged to the patient. The coverage, in the event of collection processings due to lack of pa	98N. Policy ID Neighber Phose Norther patters in responsible for all fees, regardent of instructor country part. I serve to pay and see of instructor fees.
that may be added to my account in order to recover monling time. Our office will file insurance for all reinfacturable services, to both consumber you are extraorable for all deductible, co pay, and non- The undersigned guarantees payment in full. Guaranter understance are personably responsible for the halance after the less you to play any corplets or mention benefits under claims submittee.	gour primary and secondary insurance certies: Pipege covered service announce. Inde of positivati including those with Medicare or other present company has made payment. I hereby assign and direct. If directly to lesse if Serber, 149, Shight & Applem, 1410, and
Singory Courte, MS. I also exhibite the release of set resided in Connection with the above replanments. I undertained that and in connection and the above replanments. I undertained that under up introduced that under up introduced. Signature of policies of replanments.	factor has no obligation to my assumer to famish consult.
For internal set, out; Patitur Separated with ID card(s)/ Fac, reason ID card(s) and produced Resided May M. 508	



LVNI

To happy 1. All Designation Co. Less Valor. NV 2015 Less Valor. NV 20		IIPAA COMP	***************************************		A			
Let Yours By Book and Co. Let Yours By Co. Let Your By Co. Let You By Co. Let						en (3=2)	2-4≍(ú ₆ ,	
Let Yours By Book and Co. Let Yours By Co. Let Your By Co. Let You By Co. Let								
Les Vanns IV Site market to be provened finance Copy of Electronic Copy Debug of forceion market to be released. "All he provided sensor by produced by UNI copy finance of the street of the provided person of the provided of the street of the stree		11 : 11 · · · · · · · · · · · · · · · ·	etru.s ***** ()er		The state of the s		(***********************	
provided Corp. to Rectamin Copy. Decise of Services. In Contract Copy. Decise of Services. College of Services. College Specify). **Services of Services of Services of Copy. Services of Services on the Services of Services. Decise of Services. College Services of Services on the Services of Services. Services of Services on the Services of Services. Services of Services on the Services of Services. Services of Services. Services of Servi				<u> </u>				
Exception to be released." Self be presented security produced by UNE crystalline of the released." Self be presented security accepted to the transition of the presented security. The security of the presented security of the presented security. The security of the presented security of the presented security of the sufficient security of the security of the presented security of the sufficient	191 2	**************************************		<u> </u>	700			
Exception to be released." Self be presented security produced by UNE crystalline of the released." Self be presented security accepted to the transition of the presented security. The security of the presented security of the presented security. The security of the presented security of the presented security of the sufficient security of the security of the presented security of the sufficient			V					
Section of the personal personal of their section (Special) Addition (Disgration personal of Chief (Special)) Addition (Disgration personal of Chief (Special)) Addition (Disgration personal) males organizational latest place my me health care providers, health place the section personal	risked Cor		o Bestronia	Cape	Date of the	TV.00*		
control that if the percental matter organization of history my not health one powerism. Leath his organization is the extending of the entrological matter may be followed by the factory standards, the health information for the organization may be refundated within most believe the percental who advantage the health information for the organization may be refundated within many as former to percental who advantage the percental to the advantage of the entrological and my be considered and my be refundated and my in a several organization. I (understand) that consent may be revealed at they than with the complete and to the organization of the information has already operated prior to the receipt of revealed by the above percentage. I (understand) if written revealed his not received this authorization will be considered wild for a perfect max not necessary of the substance of the organization will be considered wild for a perfect max not necessary of the authorization is to be quantified as wild in the refinal numbers of a decidered pursuant to this entherization may be trimmed accordingly and may be perfectly of the substance by the recipient of the recipient constrained that I have the right to reduce to a decidered as wild in the refinal numbers of the recipient may be trimmed accordingly and may be trimmed to the recipient of the recipie					FT: 454	41-45 S. C. 444		i Karisa
derstand that if the parton (a) and/or organization (a) listed above are not bookh arm provisors, bestify plant arms descriptionars, which must believ the federal privacy standards, the health inflormation desirated of this authorization may as larger by protected by the federal privacy standards and my be restlected without obtaining my garder action. I children may be reflected without obtaining my garder action. I children may be reflected without obtaining my garder action. I children may be reflected without obtaining my garder action. I children may be reflected without obtaining my garder action. I children my the consent may be revoked at any time, with the compition and to the action discharges of this information has already conserved, prior to the resolut of revokation by the above may provide. I understand it writtes procession in not proceed, this authorization will be considered valid for a point may not uponed if welfare provided in an interpretation of the authorization of the process of the authorization will be considered wild for a point my action of the information of the authorization of the process of the process of the authorization of the process of the p			***				······································	
of this suffermation may no course to protected by that belowed private desirable materials and my be manufact may be rediscioned without obtaining my authorisation: cuplets with respect to this consent may be respected at may time, with the suspices and to the extend desiration of this information has already operated, this sustantisation will be considered wild for a position and to extend 15 vertices reveated in the protected, this sustantisation will be considered wild for a position and to extend 15 vertices reveated in the date signed. To initiate reveated or discontinuously of the sustantisation will be considered wild for a position and to extend 15 vertices to the protection. To initiate reveated or discontinuously of the sustantisation of discontinuously of the sustantisation of the sustantisation. confidence of the sustantisation of the sustantisation and my records this formation of the sustantisation of the sustan	عود							
is of this authorization may no course to protected by that below private standards and my be marked authorization obtaining my authorization: continued this consent way be revoked at my time, with the amprice and to the extent disclarated this consent way be revoked at my time, with the amprice and to the extent disclarated this attention has already operated price to the receipt of revocation by the above me provide. understand if written revocation is not received, this authorization will be considered wild for a positions not to extend 12 mentic from the date edged. To initiate revocation of disc authorization. I would my require in writing to the protections equity above. understand a photocopy of this authorization is to be considered as valid as the original value standard law. understand a photocopy of this authorization of the received at the original way be employed to redisclarate purposes in this authorization may be immediated that indirected the indirected to redisclarate by the received and may no locate in protected when the first the private to redisclarate by the received and may no locate in protected which the indirected in the rediscrete that I have the right to retine to algorithm the received that the indirection. Laws the right to receive a copy of this authorization and my received uniform the content includes Missioners of Alcabel, Date Alcabel, registrate to be used at disclosed by authorization from I may crease of this authorization, or obtain authorization form. By eigning a material of the opportunity to review and understand the content form. By eigning a material or finite material or finite material or finite standards of my position of interpretation. I am confirming that is secure below the following decays. Decay of this authorization form. By eigning a material or finite child. Other than particle, elect suphority and provide decays.	السرية	عور مله لا زمل	end) milje ge		ملة لحضا ()	re any not beel	th ours provide	n bash ak
rights with respect to this notificated in the sevential of any time, with the exception and to the extent disclosure of this information has already construct price to the receipt of averagine and to the above as provide. Tundenteed if writing presention is not received, this authorized with a considered wild for periods that in a country is marked from the date signed. To infiling presenting of this authorized these arts to exceed it would be authorized uplied to be produced or valid for periods any request in writing to the authorized region of the sundenteed a photocopy of this authorized region to be sundenteed as valid as the original. I understand the information used or disclosure pursuant to this sufficiential may be fundenteed as photocopy of the authorization to the sundenteed as valid as the original. I understand that I have the right to refuse to adjustment by the producer and may no impact the authorization without the content payment, surfament, or displicitly for benefits may not be undefined attention that I have the right to receive a capy of this authorization and are records contained with a security of the surfament of the security of the surfament of the surfament of the surfament of the security of the surfament of the produced of the surfament of the surfament of the surfament of the surfaments of the surfament of th	. M M	rgkı kıl ≃∭	THE PARTY OF THE P		والمنافية النافق	القطاف بقالضمة النذرهاات		ment of the second of the second
contain with respect to this satisfacturation. I understand this consent way to revealed at any time, with the compiler and to the estimate discharge of this information has already operated, prize to the receipt of reveaution by the above may precific. I understand if written reveating is not proceed, thus authorization will be considered valid for a print than not to extend 18 menter from the date appeal. To inflicing reveaution of this authorization. I substant my request in writing to the featherine onlike above. I understand the information tood or discharge mility above. I understand the information used or discharge in the sufficient and may no instant a manner about any may be subject to enterplaceme by the magnetic and may no instant to instantiate. I understand the information used or discharge to the magnetic and may no instant to instantiate without the information. I would not be information to enterplaceme by the magnetic may no instant to instantiate the information. I have the right in receive a copy of the authorization, and any received shadout with its instantianal this appeal includes the information. I have the right to impact or copy the health information. I have amborized to be used or dischard by authorization form. I may extrange to inspect my health information is obtain capes of my he information. The authorization form. I may extrange to inspect my health information is obtain capes of my he information. The authorization form. I may extrange to inspect my health information is obtain capes of my he information. The authorization form if my health information is obtain capes of my he information. I have anti-prize the substantian form. I may extrange to inspect my health information is obtain capes of my he information. I have anti-prize the substantian form. I may extrange to inspect my health information or obtain capes of my health information. The authorization form if not prize and understanted the compact of processed and my constraints of insulations of insulations of		4.00				in hadarai pas	they standard	
I understand this consess may be expected at any time, with the ampetin and to the extent discreme of this information has already operated prior to the receipt of revenution by the above as provided. I understand if writing revenution is not received, this authorization will be considered valid for periodical into the period of member from the date algorithm. To initiate revenution of this authorization, and the considered valid for periodical my inquired in writing to the publication entire the property of this authorization is to be symmetrically as an any be authorized by the considered pursuant to this authorization may be authorized by made any be authorized periodical my the information may be authorized by the content of t	22244450000000	90 Kenney		gerra gerranak da in da	AND THE PROPERTY OF THE PROPER			
provides understand if writing reversition is not provided, thus authorization will be considered valid for a positions and to extend 32 mentile from the disc appeal. To initiate reversation of the authorization is subset to provide the protection of the authorization is understand a photocopy of this authorization is to be specified or valid as the original. I understand the information would be declared pressure to this authorization may be stranged electronically and may be subject to redisclosure by the rections and may be present attacked and may be subject to redisclosure by the rections and may be present understand that I have the right to reduce to such this estimation, as appear the authorization which subject to redisclosure of the subject to redisclosure and the subject to redisclosure of the subject to authorization. Larve the right to receive a copy of this authorization and any recursis distributed with as not be understand this consent includes disclosure of Alcohol. Drug Alcohol arguments reported for authorization of Rivallia information. Larve the right to receive a copy the health information. I have confirmed to be used or disclosed by authorization, from I may principle to inspect my leads information, or obtain copies of ing he understand. From I may principle to inspect my leads information, or obtain copies of ing health and the opportunity to review and undependent by scales. Section Delay This authorization is good until the following details. or for confirming the first authorization of provided the confirming that it authorization also disclosed also provided the confirming that it accommodate of provided and provided the confirming that it accommodate of provided and provided the confirming that it accommodate of provided and provided the confirming that it accommodate of provided the confirming that it accommodate of provided and provided the confirming that it accommodate of provided the provided and provided the provided and provided the provided and provided the p	the many			452340.0%	in also a said.	· <u>. 344</u> 3 3 <u>24</u> 9 3	en de la companya de La companya de la companya de	. Massis
I understand if written reveation is not received, this antispension will be considered valid for a periodic and in account it mention from the date eigned. To initiate reveation of this authorization of the subsection of the authorization is to be quantified as valid as the original. I understand the indirectable need or disclosure previous to this authorization may be trained discretionally and may be subject to subsection by the recipient and may no longer be protected for the content of the protected for authorization of the recipient of a polyment of the subsection of the authorization. I have the right to recipie a copy of this authorization and any superfect distinct the subsection of t					and a market a description of the second	a with the au	بالأوم فتتنا ووو	the second
understand if written revenuitys is not proceed, the authorization will be considered wild for a polytime set to extend 12 manufactors the date eigend. To infiling revenuities of this authorization, I activate any acquisit in writing to the "authorization is to be grantedered as valid as the prigned." Industrial the Information to set of additional purchases in this authorization may be transmit described by and next be subject to authorization by the recipient and may at locate in proceed any leaders and may at locate in account law account and that I have the right to reduce to sign this authorization on signing this authorization by the recipient and may at locate in a subject and account that I have the right to reduce to sign this authorization, an signing this authorization. I have the right to receive a casy of this authorization and are records obtained with in account the supplication of the supplicat		erstand this						
cubers are request in writing to the emberser upiny above. I varianteed a photocopy of the authorization is to be quasifiered as which a tax original and antistration used or disclosure pursuant to the sufferientian may be common described by and may be entist to reduce to the recipions and may be indeed by released in the fact that I have the right to reduce to, sign this authorization or display the authorization was present as a surface to the resident of the produce to the resident of the resident pursuant, or allighting the benefits may not a surface undertaking the authorization. I have the right to receive a copy of this authorization and any accommod that are a surface displayed in the resident of the surface of	Ti read and	ente of Philip in	remercor nat a	naech oo	arred prior (io the receipt o	freecostion by	the above na
welcowerd a photocopy of the amborization is to be grantfered as valid as the primited and more and the information used to declared presented in the authorization may be triument assumed all information used to reductionness by the recipient and may are loose to personnel foliated by: understand that I have the right to reduce to also this authorization as signing the authorization and may are be confidented understand; and that treatment present another to a distribute the surface and any construction as signing the authorization and any construction as signing the authorization. berefore that to receive a copy of this authorization and any country declars and as an I understand the expects includes disclosure of Alcohol Drug Alcoho, grafter further that are a confident disclosure of Alcohol Drug Alcoho, grafter further that are a confident for a understand the expects of only the health information. here the right to impact or only the health information I have antispical to be used or disclosed by authorization, by contacting the Privacy Officer state Date This authorization is good until the following details or for many ear from the acts significant and the opportunity to review and understand the content of this authorization form. By eligible intention, I am confirming that it successfully and provide determination of Deceased's Batate. content of the petition of the privacy of the provide determination of Deceased's Batate.	provide			Therefor our	wrod pelor (o the receipt o	f re-contion by	the above na
contracted by and may be subject to necked sums to the recition and may no locate to perfect the necked by the recition and may no locate to perfect the necked by the recition of the recition of the necked by the	provide 2. I under time n		en terrocethis i Procesto Roy	Dot Proch	eerod pelce (mi) fine enti- dract Tri i	retination will	f re-contion by	the above na
The control of the state of the	provide L. I vinden times as						e considered vision of this and	the above na ski for a post recinetion, i s
tenderstand that I have the right to return to sign this authorization, are signing this authorization described by all that it return to a process accordance, or alighbility for hearths may not be authorized outside the support of s	previde Lucidos times es substitu	a general	Toronton (Lifer authorized (T.)		Conscional by se constituent w into of this and	the above na slid for a post- recisetton, l s
attaining the ambjorosation I have the right in receive a capy of this authorization and any records obtained with in the land of the authorization and any records obtained with in the land of the authorization and any records obtained with in the land of the authorization of Alexandrial Disposes and HIVAIDN interestion. I have the right to impact or capy the backle belongestion I have analysised to be used or displaced by authorization form. I may arrange to inspect my leadth interestion, or obtain course of my help interestion by contacting the Privacy Officer. Intel® This authorization is good until the following deta(s). This authorization is good until the following deta(s). The configuration that it elementally inference of this authorization form. By signing minutely, I are configurate that it elementally inference of the authorization form. The configuration of the privacy of authorization in growth disconnected in the authorization form. By signing minutely, I are configurate, when it elementally inference and private disconnected in the authorization of private factorization in the authorization of the private factorization of authorization of private factorization in the authorization of Deceased's Between and the authorization of authorization authorization of authorization of authorization of	provide L l'une times su subject L l'une L l'u		e d'especiation (L'useant de l'especial L'useant de		of the suit speci. To it specil, show the to be seen	o ike recept p rejection vill militar revices ikessel en relia	e considered we see of this and the original	the above na slid for a pari- mination . I p
There dies right in receive a capy of this authorization and any receive distinct with as any understand this contents a capy of this authorization and any receive distinct which as any independent of the contents distinct and a capy of the authorization. There are right to impact or cony the health information I have authorized to be used or distinct by authorization form. I may arrange to impact my leadth information, or obtain capses of my health Delet This authorization is good until the following date(a)	previde L. I under time m subset I under I under diseases		e correction in I manufacture in a reflict in the reflict in the reflict in the reflict in the reflict in the second reflict in the second reflict in the second reflict in the second		terne peter	Siles receipt of principal valid militario versical principal se valid militario se valid militario se valid militario se validado de la constanta principal se validado de la constanta de la	Properties by a considered with the of this and as the respons the poting as may no longer	the above na did for a porte orientian I a Management orientian be protected
Larve the right to receive a capy of this authorization and any records obtained with an inc. Landau and this concept includes disclosure of Alcohol. Drug Alcohol and Pyriduatric records, there To monitored Discous and HIV/AIDS information. Libers the right to mapped or copy the health information I have authorized to be used or disclosed by authorization form. I may arrange to inspect my leadth information, or obtain expect of my health Discousing the Privacy Officer. **Station Discousing the authorization is good mail the fallowing date(s)	provide L l'under time a subsult l'action d'action d'action l'action		e terronetino la communicación de la communica			principal ville	reconsidered verse of diseases and a second disease and a second diseases and a second disease and a second d	the above na did for a port oriuntion. I a les stronges to protected
I have the right to suspect or copy the health information. I have the right to suspect or copy the health information. I have authorized to be used or disclosed by authorization. I may arrange to inspect my brookly information, or obtain copies of my health information, or for one year from the date dup notice. This authorization is good until the following date(s)	provide Lucidos dos estados Describes Lucidos Personas Pe		terrocettini i I mentie fere verifice to the description to the description to description to description to description to the			principal ville	reconsidered verse of diseases and a second disease and a second diseases and a second disease and a second d	the above na did for a port oriention I a be stronger to protected
Transmitted Disputs and HIVALOS interestion I have the right to impact or copy the health information I have authorized to be used or displayed by authorized a form. I may arrange to inspect my brookly information, or obtain copies of my health information, or obtain copies of my health information, by operating the Privacy Officer ration Disput This authorization is good until the following date(a) or for one year from the date stop as had the opportunity to review and understand the conjunt of this authorization from By signing interesting. I am confirming that it communication attacks attack to the confirming that it communication attacks are provided to the confirming that it communication are confirmed as a subscript of provided discussions at the confirming of interesting and provide discussions at Discussion Britate reasonably of incopacitated adults. Other (specify)			es currocation (e.). Proceedings (e.). Proceeding	apt proofs sho den author to author	wed, there exists agreed. To be specially about the to be specially about the to be specially about the to along the total the tota	Constitut VAL	Probables by the of this and the property that the property the property that the property that the property the property that the property the property the property the property the property the property the p	the above na did for a portu- mination. I a " by structure in produced to another and another and
authorization, by contracting the Privacy Officer ution Date! This authorization is good until the following date(s) or for our year from the date step is had the opportunity to review and understand the example of this authorization form. By eigning a stration, I am configurately that it extractely influence attribute. The configuration that it extractely influence attribute the dynamical action patient, select such original provide decompositions and of minor child: of preserve Authority and provide decompositions and of minor child: of preserve Authority and provide decompositions of minor child: of preserve Authority and provide decompositions of minor child: of preserve Authority and provide decompositions.	provide I under the a substitute I under I und	or or the control of	Townselling Towns	apt process day date: subsection authorized in authorized	med, there exists a second of the country above to be specially ab	Constitut VAL	Probables by the of this and the property that the property the property that the property that the property the property that the property the property the property the property the property the property the p	the above na did for a portu- mination. I a " by structure in produced to another and another and
information, by contracting the Privace Officer ration Dead This authorization is good until the following date(s) or for one year from the date algo- me had the opportunity to review and understand the contiger of this authorization, form. By eigening a minutest, I am configurately that it authorizately indicates all visite. The configuration of the configuration of the contract of th	provide Luisten Sanda Sanda Luisten Lu	or or the control of	The second secon	Dot process Lac Jane Surbley Lac Car Subsection Car	red, there exists agreed. To be specially about the second pursuant to along the second pursuant to alo	Carrection VAL Officer very collection Carrection velocities Carr	reconsidered yet of the property and the	the above na did for posi- minution. I s I be attituded by produced by produced by antiferent
retion Date: This authorization is good until the following detries—or for our year from the date appropriate the opportunity to retrieve and understand the economic of this authorization form. By significant extends a configuration that it assumes appropriate a gray years. The configuration that particular when the content of the configuration of the configurati	provide Luisten Santa Salva Luisten Lu		es currocation (a) Processive from widthe to the corr of the corr	April process April	red, there exists agreed. The latest agreed to be specially about the latest agreed to be specially about the latest agreed to adopt the latest agreed to ad	Constitut VAL	se considered y the of this and the the response the agreement	the above to
to had the opportunity to review and understand the content of this amthematics. Some By eigning extention, I am configurating that it elements by before the content of th	provide Lunder dans a should a should a should b should b should a should b	or or the me of the control of the c	es currocation is From the from widthe to the cyrrocation on income to the processor of the proc	April proper day days author as author as	red, there exists agreed. The latest agreed to be specially about the latest agreed to be specially about the latest agreed to adopt the latest agreed to ad	Constitut VAL	se considered y the of this and the the response the agreement	the above to
resentative of incorpactivated actulis of Other (specify)		and the second s	es correction is It mentes de ser vertine a dis- correction ser de ser of the subject bave the rate correction ser a capy of est a ca	Dot notes: Les desc.	the cutton of th		The consideration by the consideration and t	the above to did for a poly and and and a be assistant a
The Company of the Co	provide Lucian Construction Lucian Lucian Manager Lucian L	or and the property of the control o	torrection is torrection to the torrection to the torrection to the torrection torrect torrection torrect torrection torrect torrection torrect torrection to pool	i pot securi de dese; entitles de ferritorios di se discl to sediscla to sediscla to sediscla discontre di information a beside ; e to inspe- e officie.	et, the state egact Poly country store for the segact to segac the country or se country or se country distribution of segact country	personation will problems of the control of the con	se considered version of dispersion of dispe	the above na did for a port contention () Per strument is personal is personal is contention is co
int of minor, child: oPower of Attorney allopressentative of Docusses of Batate resentative of incorpact at adults of Other (specify):	provide Lucion duce of substitute Lucion district district lucion	or comments of the comments of	torrection in a continue of the continue of th	interestive control of the sections of the section of the sections of the sect	ed, the state egoed. To i could, show the book of the could not the to sign the country, or si c	personation will problems of the control of the con	se considered version of dispersion of dispe	the above na did for a portu- minution. I a by structure is anothered anothered anothered diveloped by an of my had the data algo- By eigening
ant of milion child: of over Matterney of Corposed and Docesses of Baters resemblifies of incompact ated adult: o'Other (specify).	provide L under dust of subside L under designe designe l under l unde	or comments of the comments of	torrection in a continue of the continue of th	interestive control of the sections of the section of the sections of the sect	ed, the state egoed. To i could, show the book of the could not the to sign the country, or si c	personation will problems of the control of the con	se considered version of dispersion of dispe	the above na did for a portu- minution. I a by structure is anothered anothered anothered diveloped by an of my had the data algo- By eigening
ant of minur child: of the order of Attorney of Deceased a Hatate resemblish of incopacitated adult: o'Other (specify).	provide Lucidos describe Lucidos Lucidos describe Lucidos L	or comments of the comments of	torrection in a continue of the continue of th	interestive control of the sections of the section of the sections of the sect	ed, the state egoed. To i could, show the book of the could not the to sign the country, or si c	personation will problems of the control of the con	se considered version of dispersion of dispe	the above na did for a portu- minution. I a by structure is anothered anothered anothered diveloped by an of my had the data algo- By eigening
	provide L under duration subsidiary L under distribution Contraction L under L under	or or the control of	e terronethn is I mentle form refling to the refling the reflict may the minimum refling r	and records described and records for such	ed the cutte spect TO : costy At- cutty At- t 1 le sea cutte (e the to stee the distance, or de Administ, or de Administ, or de Administ, or de CAlculus, 1)		Secondary of the control of the cont	the above named in the structure of the
	provide L under duration subsidiary L under distribution Contraction L under L under	or or the control of	e terronethn is I mentle form refling to the refling the reflict may the minimum refling r	and records described and records for such	ed the cutte spect TO : costy At- cutty At- t 1 le sea cutte (e the to stee the distance, or de Administ, or de Administ, or de Administ, or de CAlculus, 1)		Secondary of the control of the cont	the above na did for a portu- minution. I a by structure is anothered anothered anothered diveloped by an of my had the data algo- By eigening
	provide I under the a chair I works	or or case in a case of it with a case of its and it	es curronation is It manufes from verifies so the corroration or ey be employed barve the right treation matter continue and HIVANIDE port or only th I may account ching the Private charten is pool to review and w their it same and their it same same same and the continue charten is pool to review and w their it same same same and the continue same same and the continue charten is pool to review and w their it same same same and the continue same and the	and process day date: and selection in selec	end there exists agreed. To it is supposed. To it is supposed. To it is supposed to its suppos		Secondary of the control of the cont	the above named in the structure of the



WWW.DESERTRAI

MEDICAL IMAGING REPORT REPORT STATUS: FINAL

Name: Patient iD: JOYCE SEKERA

494020

Exem Date: 7/31/2018 07:18 AM

Age:

62Y 4M

Exem Name: XR C SPINE 2 VW W FLEX AND EXT |

Acc #

DOB:

Site:

Gender:

510765878 Secondary Acc #: 510785676

Female

3/22/1966

CATHEDRAL ROCK

Pt Status:

Referrer:

WILLIAM D SMITH, MD

Refl Address: 3001 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER

LAS VEGAS, NV 89109

XR CERVICAL SPINE WITH FLEXION AND EXTENSION

HISTORY, M53.3 KDD10: M533-Sacrococcygeal disorders, not elsewhere classified

COMPARISON: Note.

TECHNIQUE: Cervical spine, 5 views. AP, Intensi, odoptold, and oblique views were performed. Lateral views were performed with flexion and extension

FINDINGS:

There is normal vertebral alignment. Cervical spine straightening. Mild degenerative disk disease at C5-C6 and to a lesser degree C4-C5. Multilevel mild spondylosis. There is no evidence for fracture or dislocation. There are no osseous lepions. There are normal preventabral soft tissues. The odonicid and lateral messes of C1 are normal. Oblique views show the bony neural forarrans are patent. Plexion and extension views demonstrate no ligamenious lexity or instability.

IMPRESSION:

Cervical spine straightening. Often, this is positional. However, muscle spasnypsin can have this appearance. Correlate canically.

Multievel mild apondylosis.

Mild degenerative changes at the mid and lower C spine, as described.

Report Electronically Signed by: HOWARD FRANÇOIS MD Report Electronically Signed on: 7/31/2018 08:84 AM

Transcribed By:

Signed by: Finelized Date: 7/31/2018 08:54 AM

HOWARD FRANCOIS MD

CONFIDENTIALITY NOTICE This reassage is intended for the use of the person or entity to which it is addressed and may contain information that is proleged and confidential, the decicate of re-decicates of which it is governed by applicable law. If the reader of this message is not the improved recipient, you are hereby soldied that any decembration, distribution or copying of this information is STRICTLY PROFIBITED. If you have received the makeage by error, please actify Deson Radiologists interestage to us by mail. Thank you.





MEDICAL IMAGING REPORT REPORT STATUS, FINAL

3/22/1956

CATHEDRAL ROCK

Female

Ma F: 510009401 Recondary Apr #: 510009401

DOB:

Sile:

Gender:

Heme;

JOYCE SEKERA

Patient ID:

404026

m Date: 7/31/2018 08:59 AM

Age: 52Y 4M

Exam Name: CT LS SP WO CONTRAST | 72131

Pt Statue:

Paderyer,

WILLIAM D SMITH, MO

ROFF ADDITIONS 3081 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER

LAS VEGAS, NV 89108

CT LUMBOBACRAL SPINE WITHOUT CONTRAST

HISTORY: X ICD10: M533-Secrococcyges/ decorders, not elsewhere classified (CD10; M545-Low back pein

COMPARISON: None.

TECHNIQUE: Thin section exist CT of the lumber spine was performed from T12 to \$2 vertexes bodies without contrast. Thin section segittal and poronal reconstructed images were performed from the costs date set. In accordance with CT protocols and the ALARA principle, redistion dose reduction terchniques were utilized for this examination. All images were reviewed and interpreted.

CONTRAST: None.

FINDINGS:

There are no acute trackines or dislocations. Allid levoscollosis of the lumber spine is stoted with apex at L2-3. Vertebral body heights and interventebral specing is normal. Anterior cateophyte formation is seen at L1-L2. Moderate facet hypertrophy is seen at right L4-S1 jevets and mild facet hypertrophy seen within the remainder of the lumber spine.

Disc budge causes mild spirial carel nerrowing at L2-3, L3-4 and L4-5. There is bilateral lateral recess nerrowing at L4-5.

There is normal mineralization. There are no osseous lytic or adaptic lesions. There are normal perespiral soft desure.

IMPRESSION:

Mild spinal canal narrowing at L2-3, L3-4 and L4-5. Bilateral lateral recess narrowing at L4-5.

Continued...

00/02/2018 14:50

/8269//-32

Fax:7028263052

Jan 20 2020 01:28pm P078/080

JOYCE SEKENA Patient ID: 494020

Date of Birth: 3/22/1950 Female CRK Gender: Location:

Report Electronically Signed by: SUDERCHAR BHANDERI MD Report Electronically Signed on: 8/1/2016 06:85 AM

Transcribed By:

Signed by: SUDIPKUMAR BHANDER! MD Finelized Date: 8/1/2018 09:55 AM

CONFIDENTIALITY NOTICE T



702-759-8600 WWW.DESERTRAD.COM 0000

MEDICAL IMAGING REPORT REPORT STATUS: FINAL

DOB:

Site:

Acc #:

Gender:

Neme: Patient ID:

JOYCE SEKERA

494020

Age:

Exam Date: 6/22/2018 07:28 AM

62Y 5M

Exem Name: XR L SPINE 2 OR 3 VW | 72100

Pt Status:

Referrer:

WILLIAM D SMITH, MD

Reff Address: 3081 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER

LAS VEGAS, NV 89109

XR LUMBAR SPINE 2 OR 3 VIEWS

HISTORY: ICO10: M846 Low back pain

COMPARISON: None.

TECHNIQUE: Lumbar apino, 3 views.

FINDINGS:

Vertebral body heights maintained. There is apurting seen mildly throughout the kumber spine or focal involving L2-L3. Mild solerosts of left SI joint. No incidental findings are otherwise ргозопі.

IMPRESSION:

- 1. Mild multilevel spurring but more moderately at L2-L3
- 2. Very mild sciencels left \$1 joint.

Report Electronically Signed by: TOOD STEINBERG MD Report Electronically Signed on: 8/22/2018 01:55 PM

3/22/1956

510884507

CATHEDRAL ROCK

Female

Secondary Acc #: 510864507

Transcribed By:

Signed by:

TOOD STEINBERG MD

Finalized Date: 8/22/2018 01:55 PM

CONFIDENTIALITY NOTICE This message is intended for the use of the person or entity to which it is indirected and may contain information that is philitiped and contidential, the disclosure or re-inscisping of which it is governed by applicable text. If the reader of this message is not the intended recipient or the amployees or spent respirable to distinct it or the labeled recipient, you are hereby notified that any discumination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message by array, places mostly Desert Radiologies, ammediately by phone and return the original message to us by mail. Thank you.



702-759-8600 WWW.DESERTRAD.COM

MEDICAL IMAGING REPORT REPORT STATUS: FINAL

3/22/1956

PALOMINO

511302123

Female

Secondary Acc #: 511302123

DOB:

Site:

Acc#:

Gender:

Name:

JOYCE SEKERA

Patient ID: 4940

494020

Exam Date: 11/29/2018 08 04 AM

Age:

62Y 8M

Exam Name: XR L SPINE AP LAT W FLEX EXT

72110

Pt Status:

Referrer:

WILLIAM D SMITH, MD

Reff Address: 3061 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER

LAS VEGAS, NV 89109

XR LUMBAR SPINE WITH FLEXION AND EXTENSION

HISTORY: WORKERS COMP ICD10 M4157-Other secondary ecolosis, lumbosacral region

COMPARISON: None...

TECHNIQUE Lumbar spine, AP, Lat, flexion and extension views.

FINDINGS

Mild levoscolosis Decreased bone inheralization. Anterior esteophytes L1, L2 and L3. No significant antiability with flexion and extension maneuvers. Pedicles appear within normal limits.

IMPRESSION

Mild levoscolosis

Degenerative change lumbar spine

Decreased bone mineral density

Report Electronically Signed by: TAMRA BALDAUF Report Electronically Signed on: 12/3/2018 02:59 PM

Transcribed By

Signed by:

TAMPA BALDAUF

Finalized Date: 12/3/2018 02 59 PM

CONFIDENTIALITY NOTICE This message is intended for the use of the person or entity to which it is addressed and may contain information that is printeged and confidential, the decisions or re-disclosure of which it is governed by applicable law. If the reader of this message is not the intended recipient or the employes or again responsible to deliver it to the intended recipient, you are batchy notified that any desermanton, distribution or copying of this information is STRICTLY PROMISITED. If you have received this message by error, please notify Desert Radiologies ammediately by phone and return the original message to us by miss. Thank you