

IN THE COURT OF APPEALS OF THE STATE OF NEVADA

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

Petitioners,

vs.

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

Respondents,

and

JOYCE SEKERA, AN INDIVIDUAL,

Real Party in Interest.

No. 83600-COA

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**REAL PARTY IN
INTEREST'S APPENDIX,
VOLUME 10
(Nos. 1841–2024)**

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INDEX TO REAL PARTY IN INTEREST'S APPENDIX

<u>DOCUMENT DESCRIPTION</u>	<u>LOCATION</u>
Plaintiff Joyce Sekera's Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/04/2018)	Vol. 1, 1–229 Vol. 2, 230–459 Vol. 3, 460–689
Plaintiff Joyce Sekera's First Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/20/2018)	Vol. 3, 690–703
Plaintiff Joyce Sekera's Second Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 09/28/2018)	Vol. 4, 704–917
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

<u>DOCUMENT DESCRIPTION</u>	<u>LOCATION</u>
Plaintiff Joyce Sekera's Fifth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 03/20/2019)	Vol. 8, 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

<u>DOCUMENT DESCRIPTION</u>	<u>LOCATION</u>
Plaintiff Joyce Sekera's Tenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 07/16/2019)	Vol. 9, 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>DOCUMENT DESCRIPTION</u>		<u>LOCATION</u>
Plaintiff Joyce Sekera's Fifteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/11/2019)		Vol. 9, 1821–1840
Plaintiff Joyce Sekera's Sixteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 04/15/2020)		Vol. 10, 1841–1860
Exhibits to Plaintiff Joyce Sekera's Sixteenth Supplemental Early Case Conference Disclosure Statement		
Exhibit	Document Description	
40	Medical and Billing Records from SimonMed	Vol. 10, 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>DOCUMENT DESCRIPTION</u>		<u>LOCATION</u>
Plaintiff Joyce Sekera's Seventeenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 10/13/2020)		Vol. 13, 2342–2361
Exhibits to Plaintiff Joyce Sekera's Seventeenth Supplemental Early Case Conference Disclosure Statement		
Exhibit	Document Description	
45	Medical and Billing Records from Radar Medical Group	Vol. 13, 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
Plaintiff Joyce Sekera's Eighteenth Supplemental Early Case Conference Disclosure Statement, List of Documents and Witnesses, and NRCP 16.1(a)(3) Pre-Trial Disclosure (served 11/04/2020)		Vol. 13, 2399–2418
Exhibit to Plaintiff Joyce Sekera's Eighteenth Supplemental Early Case Conference Disclosure Statement		
Exhibit	Document Description	
49	Worker's Compensation file	Vol. 13, 2419–2577

<u>DOCUMENT DESCRIPTION</u>	<u>LOCATION</u>
Exhibit 38 to Fifth Supplement to Defendants' 16.1 List of Witnesses and Production of Documents for Early Case Conference (served 01/04/2019)	Vol. 14, 2578–2797 Vol. 15, 2798–3017 Vol. 16, 3018–3237
Exhibit 56 to Eleventh Supplement to Defendants' 16.1 List of Witnesses and Production of Documents for Early Case Conference (served 05/13/2019)	Vol. 17, 3238–3256
Exhibit 81 to Sixteenth Supplement to Defendants' 16.1 List of Witnesses and Production of Documents for Early Case Conference (served 07/22/2019)	Vol. 17, 3257–3277

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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 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**

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:

<u>EX.</u>	<u>DESCRIPTION</u>	<u>BATES NUMBERS</u>
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

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

41.	Medical and Billing Records from Desert Institute of Spine Care	SEKERA001031-SEKERA001082
42.	Medical Records from Desert Chiropractic & Rehab/Core Rehab	SEKERA001083-SEKERA001105
43.	Medical and Billing Records from Las Vegas Neurosurgical Institute	SEKERA001106-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
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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.

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

1	3.	Warren Church, Jr. Brand Las Vegas, LLC 3130 S. Rainbow Blvd., Suite 305 Las Vegas, Nevada 89146 (702) 538-9000
2		
3		
4	4.	Maria Cruz 911 Melrose Dr. Las Vegas, Nevada 89101 (702) 504-1742
5		
6	5.	Milan Graovac 7660 W. Eldorado Ln. #140 Las Vegas, Nevada 89113
7		
8	6.	Sang Han 3180 Molinos Dr. Las Vegas, Nevada 89141 (702) 607-2262
9		
10	7.	Chris Johnson 8445 Las Vegas Blvd. So, #2106 Las Vegas, Nevada 89123 (702) 241-2302
11		
12	8.	Joe Larson, EMT 3339 Horned Lark Court Las Vegas, Nevada 89117 619-961-8167
13		
14		
15	9.	David Martinez 517 North Yale St. Las Vegas, Nevada 89107 (702) 878-2504
16		
17	10.	Christina Tonemah 3140 White Rose Way Henderson, Nevada 89014-3100 (702) 672-5240
18		
19		
20	11.	Kecia Powell 121 Parrish Ln. Las Vegas, Nevada 89110-4838 (702) 245-1792
21		
22	12.	James Sturiale 5521 Kettering Pl. Las Vegas, Nevada 89107-3739 (702) 237-9960
23		
24	13.	Dianne Willoughby 1100 W. Monroe, #231 Las Vegas, Nevada 89106 (702) 578-9916
25		
26		
27	14.	Dawit Wadajo 5060 W. Hacienda Ave., Apt. 1101 Las Vegas, Nevada 89118-0349 (702) 742-7988
28		

1	15.	Pete Krueger 7028 Edwin Aldrin Cir. Las Vegas, Nevada 89145-6127
2		
3	16.	Alma Coloma 6118 Carter Caves Ave. Las Vegas, Nevada 89139 (702) 217-1118
4		
5	17.	Charry Kennedy c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
6		
7		
8	18.	Edward R. DiRocco 3130 S. Rainbow Blvd., Suite 305 Las Vegas, Nevada 89146
9		
10	19.	Gary Shulman 10263 Jamapa Dr. Las Vegas, Nevada 89178-4028 (702) 487-2207
11		
12	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
13		
14		
15	21.	Micki Cimini 4110 Springville Ave. Las Vegas, Nevada 89121-6338 (702) 769-5983
16		
17	22.	Barry Goldberg c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
18		
19		
20	23.	Michael Conery c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
21		
22		
23	24.	Rhonda Salinas c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
24		
25		
26	25.	Marnie Pipp c/o Royal & Miles LLP 1522 West Warm Springs Road Henderson, Nevada 89014 (702) 471-6777
27		
28		

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

	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
17.	Thomas A. Jennings

	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 non-retained 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 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
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1		expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
2	2.	Francis Del Vecchio, MD and/or
3		NRCP 30(b)(6) witness and/or
4		Custodian of Records for Shadow Emergency Physicians
5		PO Box 13917
6		Philadelphia, PA 19101
7		(800) 355-2470
8		The Person Most Knowledgeable is expected to testify regarding the care and treatment
9		rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this
10		litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are
11		also expected to testify regarding medical causation of injury and the reasonableness and
12		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
14		expected to testify as to the authenticity of the medical and billing records associated with
15		Plaintiff's care and treatment.
16	3.	Kaveh Kardooni, M.D. and/or
17		NRCP 30(b)(6) witness and/or
18		Custodian of Records for Desert Radiology
19		2020 Palomino Lane, Suite 100
20		Las Vegas, Nevada 89106
21		(702) 759-8600
22		The Person Most Knowledgeable is expected to testify regarding the care and treatment
23		rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this
24		litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are
25		also expected to testify regarding medical causation of injury and the reasonableness and
26		necessity of medical treatment and billing. They will also testify regarding future medical
27		treatment and future medical expenses, if any. Additionally, the Custodian of Records is
28		expected to testify as to the authenticity of the medical and billing records associated with
		Plaintiff's care and treatment.
	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
		(702) 463-9508
		It is expected that Dr. Webber will testify as a non-retained expert in his capacity as medical
		physicians who provided medical care to Plaintiff, following the subject incident. Dr.
		Webber is expected to give expert opinions regarding the treatment of Plaintiff, the
		necessity of the treatment rendered, the causation of the necessity for past and future
		medical treatment, his expert opinion as to past and future restrictions of activities,
		including work activities, caused by the incident. His opinions shall include the cost of past
		and future medical care and whether those medical costs fall within the ordinary and
		customary charges for similar medical care and treatment. His testimony may also include
		expert opinions as to whether Plaintiff has a diminished work life expectancy, work
		capacity, and/or life expectancy as a result of the incident.

1	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
2	and his respective expert opinions regarding the nature, extent and cause of Plaintiff's
3	injuries, the reasonableness and necessity of the charges for medical treatment rendered to
4	Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians
5	and/or health care providers in the medical community.
6	He will render expert opinions that all of the past and future medical care provided to
7	Plaintiff was reasonable and necessary, that the need for said care was caused by the subject
8	incident, that all charges were reasonable and customary, that the Plaintiff has, and will
9	continue to have, restrictions on her activities and ability to work, that the Plaintiff will
10	have a diminished work life expectancy and a diminished life expectancy. The basis for Dr.
11	Webber's opinions include, but are not limited to, his education, training, and experience,
12	the nature of the trauma Plaintiff was subjected to because of Defendant's negligence,
13	Plaintiff's history and symptoms, any diagnostic tests that were performed, his review of
14	Plaintiff's medical records. In addition, Dr. Webber will testify as a rebuttal expert to any
15	medically designated defense experts in which he is qualified.
16	5. James D. Balodimas, M.D. and/or
17	NRCP 30(b)(6) witness and/or
18	Custodian of Records for Las Vegas Radiology
19	3201 S. Maryland Parkway, Suite 102
20	Las Vegas, Nevada 89109
21	(702) 254-5004
22	The Person Most Knowledgeable is expected to testify regarding the care and treatment
23	rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this
24	litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are
25	also expected to testify regarding medical causation of injury and the reasonableness and
26	necessity of medical treatment and billing. They will also testify regarding future medical
27	treatment and future medical expenses, if any. Additionally, the Custodian of Records is
28	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

1	to Plaintiff and her respective expert opinions regarding the nature, extent and cause of
2	Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment
3	rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for
4	physicians and/or health care providers in the medical community.
5	She will render expert opinions that all of the past and future medical care provided
6	to Plaintiff was reasonable and necessary, that the need for said care was caused by the
7	subject incident, that all charges were reasonable and customary, that the Plaintiff has, and
8	will continue to have, restrictions on her activities and ability to work, that the Plaintiff will
9	have a diminished work life expectancy and a diminished life expectancy. The basis for Dr.
10	Hyla's opinions include, but are not limited to, her education, training, and experience, the
11	nature of the trauma Plaintiff was subjected to because of Defendant's negligence,
12	Plaintiff's history and symptoms, any diagnostic tests that were performed, her review of
13	Plaintiff's medical records. In addition, Dr. Hyla will testify as a rebuttal expert to any
14	medically designated defense experts in which she is qualified.
15	7. Russell J. Shah, M.D. and/or
16	NRCP 30(b)(6) witness and/or
17	Custodian of Records for Radar Medical Group
18	10624 S. Eastern Avenue, #A-425
19	Henderson, Nevada 89052
20	(702) 644-0500
21	*It is expected that Dr. Shah will testify as a non-retained expert in his capacity as medical
22	physicians who provided medical care to Plaintiff, following the subject incident. Dr. Shah
23	is expected to give expert opinions regarding the treatment of Plaintiff, the necessity of the
24	treatment rendered, the causation of the necessity for past and future medical treatment, his
25	expert opinion as to past and future restrictions of activities, including work activities,
26	caused by the incident. His opinions shall include the cost of past and future medical care
27	and whether those medical costs fall within the ordinary and customary charges for similar
28	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

1	P.O. Box 1200
2	Las Vegas, Nevada 89125
3	(702) 852-660
4	*The Person Most Knowledgeable is expected to testify regarding the care and treatment rendered to Plaintiff following the November 4, 2016 incident, which is the subject of this litigation, as well as any pre and post incident care and treatment of the Plaintiff. They are also expected to testify regarding medical causation of injury and the reasonableness and necessity of medical treatment and billing. They will also testify regarding future medical treatment and future medical expenses, if any. Additionally, the Custodian of Records is expected to testify as to the authenticity of the medical and billing records associated with Plaintiff's care and treatment.
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8	9. NRCP 30(b)(6) witness and/or
9	Custodian of Records for Las Vegas Pharmacy
10	2600 W. Sahara Avenue, Suite 120
11	Las Vegas, Nevada 89102
12	(702) 220-3906
13	*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.
14	
15	10. Katherine D. Travnick, M.D.
16	NRCP 30(b)(6) witness and/or
17	Custodian of Records for Pain Institute of Nevada
18	7435 W. Azure Drive, Suite 190
19	Las Vegas, Nevada 89130
20	(702) 878-8252
21	*It is expected that Dr. Travnick will testify as a retained treater/expert in her capacity as medical physicians who provided medical care to Plaintiff, following the subject incident. Dr. Travnick 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.
22	In rendering her expert opinions she will rely upon the records of all physicians, health care providers, and experts, who have rendered opinions, medical care and treatment to Plaintiff and her respective expert opinions regarding the nature, extent and cause of Plaintiff's injuries, the reasonableness and necessity of the charges for medical treatment rendered to Plaintiff, the charges for Plaintiff's past medical care as being customary for physicians and/or health care providers in the medical community.
23	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
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28	

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

1		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.
2		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.
3		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.
4	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.

	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.	<p>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</p> <p>*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.</p> <p>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.</p> <p>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.</p>
16.	<p>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</p>

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.

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

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Total Past Medical Specials To Date	\$109,223.24
Future Medical Expenses	\$2,957,936.99
Past Wage Loss	To Be Determined
Loss of Earning Capacity	To Be Determined
Past Pain, Suffering, Mental Anguish, and Loss of Enjoyment of Life	To Be Determined
Future Pain, Suffering, Mental Anguish, and Loss of Enjoyment of Life	To Be Determined
Attorney's Fees and Costs	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

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

EXHIBIT 40

P0 Box 1026
Dept # 88178
Oaks, PA 19456-1026



040000



AT1
CLAGGETT SYKES LAW FIRM ATTY
4101 MEADOWS LN STE 100
LAS VEGAS NV 89107-3121





CLAGGETT SYKES LAW FIRM ATTY
4101 MEADOWS LN STE 100
LAS VEGAS NV 89107-3121

HEALTH INSURANCE CLAIM FORM

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

1. MEDICARE <input type="checkbox"/> (Medicare) MEDICAID <input type="checkbox"/> (Medicaid) TRICARE <input type="checkbox"/> (ID#DoD) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA EXCLUSION <input type="checkbox"/> (ID#) OTHER <input checked="" type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) 03221956				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA JOYCE					3. PATIENT'S BIRTH DATE 03221956 M <input type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME							
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) SAME							
CITY LAS VEGAS			STATE NV			CITY 			STATE 					
ZIP CODE 89143			TELEPHONE (Include Area Code) (702) 467-5457			ZIP CODE 			TELEPHONE (Include Area Code) 					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER				
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH 03221956 M <input type="checkbox"/> F <input checked="" type="checkbox"/>				
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) NV					b. OTHER CLAIM ID (Designated by NUCC)				
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME CLAGGETT SYKES LAW FIRM ATTY				
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, complete Items 9, 9a, and 9d.				
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 120919										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE				
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 09302019 QUAL: 431					15. OTHER DATE 09302019 QUAL: 439					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN JASON GARBER					17a. 1164489480					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind 0 A. M54.2 B. M54.5 C. S39.92XA D. E. F. G. H. I. J. K. L. 										22. RESUBMISSION CODE ORIGINAL REF NO.				
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE 11 C. EMG 72148 D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT, HCPCS MODIFIER B E. DIAGNOSIS POINTER 2500.00 F. \$ CHARGES 1.0 G. DAYS OF CARE 1.0 H. EXPT. FEE NPI I. ID. QUAL 1275614612 J. RENDERING PROVIDER ID. #										23. PRIOR AUTHORIZATION NUMBER LIEN VERIFIED				
1 09302019 09302019 11 72148 B 2500.00 1.0 NPI 1275614612														
2 09302019 09302019 11 72141 A 2243.00 1.0 NPI 1275614612														
3 09302019 09302019 11 72131 BC 1843.00 1.0 NPI 1275614612														
4 09302019 09302019 11 72052 A 612.00 1.0 NPI 1275614612														
5 09302019 09302019 11 72114 BC 596.00 1.0 NPI 1275614612														
6														
25. FEDERAL TAX I.D. NUMBER 264000683					26. PATIENT'S ACCOUNT NO 2645SDE					27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
28. TOTAL CHARGE \$ 7794.00					29. AMOUNT PAID \$ 0.00					30. Paid for NUCC Use 7794.00				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made as of the date of this bill.) JOSEPH KAVANAGH MD					32. SERVICE FACILITY LOCATION INFORMATION SIMONMED IMAGING CENTENNIA 7450 OSO BLANCA ROAD # 140 LAS VEGAS, NV 89149-1417					33. BILLING PROVIDER INFO & PH # (866) 282-7905 SMI IMAGING LLC PO BOX 207465 DALLAS, TX 75320-7465				
SIGNED 120919 DATE					a. 1972004489					b.				

NUCC Instruction Manual available at: www.nucc.org
113241-93

PLEASE PRINT OR TYPE CR061653 APPROVED BY NUCCLC FORM 1500 (02-12)



CLAGGETT SYKES LAW FIRM ATTY
4101 MEADOWS LN STE 100
LAS VEGAS NV 89107-3121

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM

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

PICA

PICA

1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK LUNG <input type="checkbox"/> (ID#) OTHER <input checked="" type="checkbox"/> (ID#)				1a. INSURED'S I.D. NUMBER (For Program in Item 1) 03221956	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA JOYCE				3. PATIENT'S BIRTH DATE MM DD YY 03221956 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY LAS VEGAS		STATE NV		7. INSURED'S ADDRESS (No., Street) SAME	
ZIP CODE 89143		TELEPHONE (Include Area Code) (702) 467-5457		CITY SAME	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY 03221956 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO NV		b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. INSURANCE PLAN NAME OR PROGRAM NAME CLAGGETT SYKES LAW FIRM ATTY	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED <u>SIGNATURE ON FILE</u> DATE <u>112519</u>				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED <u>SIGNATURE ON FILE</u>	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 11192019 QUAL. 431		15. OTHER DATE QUAL. 439 MM DD YY 11192019		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN RUSSELL SHAH		17a. NPI 1346324092		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind 0				22. RESUBMISSION CODE ORIGINAL REF. NO.	
A R41.3 B S06.0X9A C. D. E. F. G. H. I. J. K. L.				23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG	
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES	
G. DAYS OR UNITS		H. EPST/ Fairly Pay		I. IO QUAL	
J. RENDERING PROVIDER ID. #					
1 11192019 11192019 11 70551 A 3500.00 1.0 NPI 1396973376					
2 11192019 11192019 11 70544 59 B 2885.00 1.0 NPI 1396973376					
3 11192019 11192019 11 76377 A 2000.00 1.0 NPI 1396973376					
4					
5					
6					
25. FEDERAL TAX I.D. NUMBER 264000683 SSN EIN <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. Z62KBNL		27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) TRAVIS SNYDER DO		32. SERVICE FACILITY LOCATION INFORMATION SIMONMED IMAGING CENTENNIA 7450 OSO BLANCA ROAD # 140 LAS VEGAS, NV 89149-1417		33. BILLING PROVIDER INFO & PH # (866) 282-7905 SMI IMAGING LLC PO BOX 207465 DALLAS, TX 75320-7465	
SIGNED 112519		a. 1972004489		b. SEKERA001028	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

CR061653

APPROVED OMB-0938-1197 FORM 1500 (02-12)



113241-132



SimonMed

See Tomorrow Today

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



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1.888.685.3907 (24 hours a day)

For Payments Please Call: 1.888.965.1830 For Billing Questions Please Call: 1.888.685.3907

Account Number	Amount Due	Statement Date	Date Due
3209249-QSIMN-1A	\$7,794.00	02/12/20	Upon Receipt

STATEMENT

Account Summary

Account Number	3209249-QSIMN-1A
Patient Payments In Last 30 Days	0.00
Current Statement Balance	7794.00
Charges Pending w/ Insurance	0.00
Total Account Balance	7794.00
See Detail on Back	

Insurance Information

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

PRIMARY

Insurance	CLAGGETT SYKES LAW FIRM
Group/Plan	
ID Number	03221958

SECONDARY

Insurance	
Address	
City/State/Zip	
Group/Plan	
ID Number	



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See Statement Details on Back

103051-169

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

Patient Name: JOYCE SEKERA
Invoice Number: 6724576
Billing Questions: 1.888.685.3907



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

103051-169



Amount Due!

STATEMENT DATE	AMOUNT DUE	ACCOUNT NO.
02/12/20	\$7,794.00	3209249-QSIMN-1A
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.		SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

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



0672457600779400000003209249SIMN8

Pay Online: www.mydocbill.com/SIMONMEDAZ

SEKERA001029

101955

1865



DATE	PROC CODE	UNITS	DETAILS OF SERVICES	CHARGES	PAY/ ADJ	INSUR. PENDING	PATIENT BALANCE
Patient: JOYCE SEKERA				Referred By: JASON GARBER			
				Services Were Provided at: SIMONMED IMAGING CENTENNIAL NV			
09-30-19	72149	1	MRI LUMBAR SPINE W/O DYE	2500.00	0.00	0.00	2500.00
12-09-19			FILED PRIMARY TO CLAGGETT SYKES 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 SYKES 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 SYKES 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 SYKES LAW FIRM (CL051)				
02-07-20			GUARANTOR RESPONSIBILITY DATE (CHARGEID: 18282098)				
09-30-19	72114	1	X-RAY EXAM L-S SPINE BENDING	596.00	0.00	0.00	596.00
12-09-19			FILED PRIMARY TO CLAGGETT SYKES 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

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

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

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 | claggettlaw.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
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 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. **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

/s/ 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, Provider: 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 Consultation 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

**DECLARATION FOR MEDICAL RECORDS
AND MEDICAL BILLING RECORDS**

STATE OF NV)
COUNTY OF Clark) ss:

COMES NOW Maria Romero, 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. NV That **Desert Institute of Spine Care** is licensed to do business in the State of _____;

3. That on the 14 day of Jan, 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 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: 14 day of Jan, 2020

[Signature]
DECLARANT

SEKERA



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

Date: _____

ACKNOWLEDGEMENT RECEIPT

I _____, do hereby acknowledge receipt of the
requested medical records and billing regarding patient Sekera Dyce
on behalf of _____.

Received by:

Sign

Date

Please sign and return letter.

Via Fax at: 702-946-5115

Via Email at: msierra@disclv.com

Via Mail at: DISC
9339 W. Sunset Rd. Suite #100
Las Vegas, NV 89148
Attention: Medical Records

Med Rec
Bills
COR

* NO FILMS *

Thank You Kindly for your cooperation

BRANDI ROSE

SEKERA001034

1871



Phone: 702-630-3472

Fax: 702-946-5115

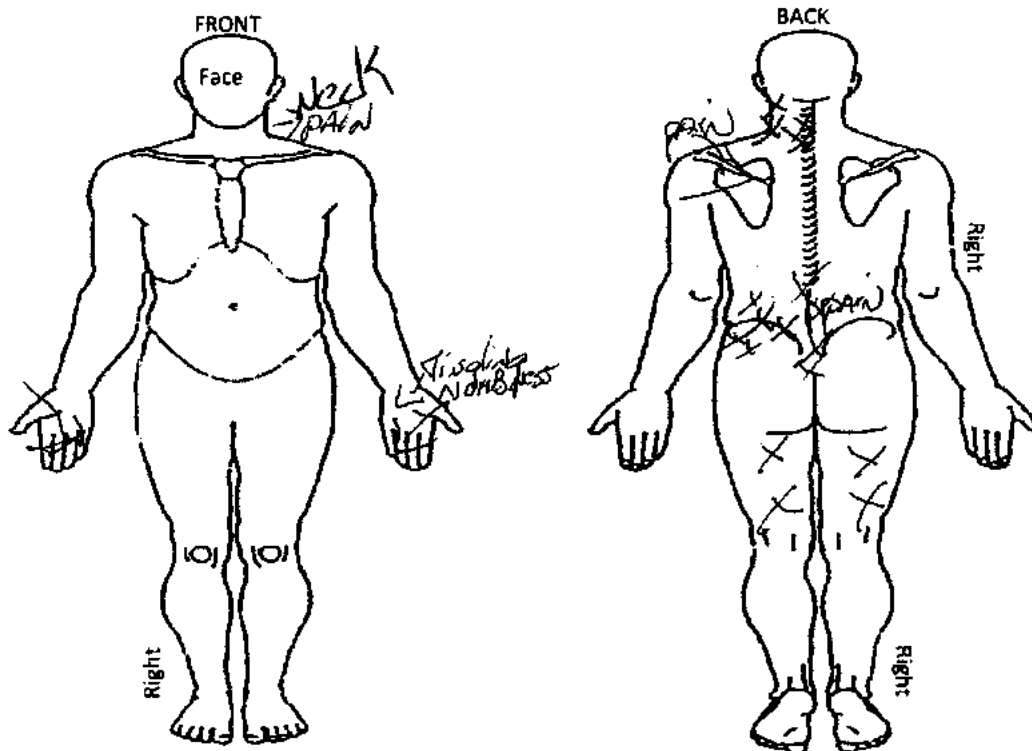
Height: 5'6

Weight: _____

What is your chief complaint?

Lower Back/Neck/Arm pain/leg pain

Mark on the body diagram below where you are experiencing any pain, numbness or tingling. Please try to stay within the body lines. Pay attention to front/back and right/left:



IF YOUR INJURY RESULTED FROM **MOTOR VEHICLE ACCIDENT**: Date of accident/injury: ____/____/____
How did impact happen? Please provide ALL details. - _____

IF YOUR INJURY RESULTED FROM A **SLIP, TRIP or FALL**: Date of accident/injury: 11/4/2016

Describe what happened... Be specific. What did you slip/trip on? What body parts did you land on? Did you collide with anything during the fall?

I slipped on liquid that was on the floor. I fell back. I just remember hitting the floor very hard. My feet were up in front of me. I fell on my left side elbow & back.

OTHER: _____



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Fax: 702-946-5115

CURRENT TESTS & TREATMENTS

Have you had any of the following tests for your **CURRENT PROBLEM**?

TEST:	BODY PART(S):	DATE:
MRI	BRAIN, LUMBAR, CERVICAL, NECK	
CT SCAN		
X-RAY	LEFT ARM	
OTHER		

NON-OPERATIVE TREATMENTS

Have you had any of the following non-operative treatments for your **CURRENT PROBLEM**?

TREATMENT:	DOCTOR:	BODY PART(S):	HOW LONG:
PHYSICAL THERAPY	Dr. Webber	BACK, LEGS, ARMS	8MO
CHIROPRACTIC CARE	Dr. Webber		
OTHER			

PAIN MANAGEMENT

Have you had any pain management treatment for your **CURRENT PROBLEM**?

NAME:	LAST DATE:	TYPE:
DOCTOR <i>Tran</i>		
INJECTION(S) <i>Dr. Tran</i>		

MEDICATIONS

Please list all medications you are **CURRENTLY** taking.

NAME:	DOSAGE:	FREQUENCY:	REASON:
<i>Metformin</i>	<i>1 daily</i>		

TREATING DOCTORS

Please list all doctors treating you for your **CURRENT PROBLEM**.

DOCTOR NAME:	LAST DATE:	TREATMENT TYPE:
<i>Dr. Shah</i>		



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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?

HAVE YOU EVER BEEN IN A PREVIOUS CAR ACCIDENT, SLIP AND FALL OR OTHER ACCIDENT /INJURY INVOLVING THE SPINE? IF SO PLEASE EXPLAIN:

N/A

PREVIOUS TESTS & TREATMENTS

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 THERAPY			
CHIROPRACTIC CARE			

PAIN MANAGEMENT

Have you had any pain management treatment for a **PREVIOUS PROBLEM?**

NAME:	LAST DATE:	TYPE:
DOCTOR		
INJECTION(S)		



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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 0. I have no pain at the moment. 1. The pain is mild at the moment. 2. The pain comes & goes & is moderate. 3. The pain is moderate & does not vary much. 4. The pain is severe but comes & goes. 5. The pain is severe & does not vary much.	SECTION 6: Concentration 0. I can concentrate fully when I want to with no difficulty. 1. I can concentrate fully when I want to with slight difficulty. 2. I have a fair degree of difficulty in concentrating when I want to. 3. I have a lot of difficulty in concentrating when I want to. 4. I have a great deal of difficulty in concentrating when I want to. 5. I cannot concentrate at all.
SECTION 2: Personal Care (Washing, Dressing etc.) 0. I can look after myself without causing extra pain. 1. I can look after myself normally but it causes extra pain. 2. It is painful to look after myself and I am slow & careful. 3. I need some help but manage most of my personal care. 4. I need help every day in most aspects of self-care. 5. I do not get dressed: I wash with difficulty and stay in bed.	SECTION 7: Work 0. I can do as much work as I want to. 1. I can only do my usual work but no more. 2. I can do most of my usual work but no more. 3. I cannot do my usual work. 4. I can hardly do any work at all. 5. I cannot do any work at all.
SECTION 3: Lifting 0. I can lift heavy weights without extra pain. 1. I can lift heavy weights, but it causes extra pain. 2. Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, for example on a table. 3. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. 4. I can only lift very light weights. 5. I cannot lift or carry anything at all.	SECTION 8: Driving 0. I can drive my car without neck pain. 1. I can drive my car as long as I want with slight pain in my neck. 2. I can drive my car as long as I want with moderate pain in my neck. 3. I cannot drive my car as long as I want because of moderate pain in my neck. 4. I can hardly drive my car at all because of severe pain in my neck. 5. I cannot drive my car at all.
SECTION 4: Reading 0. I can read as much as I want to with no pain in my neck. 1. I can read as much as I want with slight pain in my neck. 2. I can read as much as I want with moderate pain in my neck. 3. I cannot read as much as I want because of moderate pain in my neck. 4. I cannot read as much as I want because of severe pain in my neck. 5. I cannot read at all because of neck pain.	SECTION 9: Sleeping 0. I have no trouble sleeping. 1. My sleep is slightly disturbed (less than 1 hour sleepless). 2. My sleep is mildly disturbed (1-2 hours sleepless). 3. My sleep is moderately disturbed (2-3 hours sleepless). 4. My sleep is greatly disturbed (3-5 hours sleepless). 5. My sleep is completely disturbed (5-7 hours sleepless).
SECTION 5: Headache 0. I have no headaches at all. 1. I have slight headaches that come infrequently. 2. I have moderate headaches that come infrequently. 3. I have moderate headaches that come frequently. 4. I have severe headaches that come frequently. 5. I have headaches almost all the time.	SECTION 10: Recreation 0. I am able to engage in all recreational activities with no pain in my neck at all. 1. I am able to engage in all recreational activities with some pain in my neck. 2. I am able to engage in most, but not all, recreational activities because 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.
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 cannot perform any sexual activity because of my pain	

NECK, ARM OR SHOULDER PAIN:

Please circle your pain level 0 = No Pain, 10 = Worst possible pain

What is your **AVERAGE**: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain

What is your **WORST**: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain

What makes pain feel worse? (Circle all that apply) Work, sit, stand, walk, lie down, daily activity.

How much did these treatments help your pain? Physical therapy ___ % Chiropractic ___ % Injections ___ % Surgery ___ %

If you have neck AND arm pain, which is worse (or they about equal)? Neck - more



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104

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

PLEASE CIRCLE THE NUMBER THAT MOST APPLIES TO YOU IN ALL 10 SECTIONS.

SECTION 1: Pain Intensity 0. I have no pain at the moment. 1. The pain is mild at the moment. 2. The pain comes & goes & is moderate. 3. The pain is moderate & does not vary much. 4. The pain is severe but comes & goes. 5. The pain is severe & does not vary much.	SECTION 6: Standing 0. I can stand as long as I want without pain. 1. I have some pain on standing but it does not increase with time. 2. I cannot stand for longer than 1 hour without increasing pain. 3. I cannot stand for longer than 1/2 hour without increasing pain. 4. I cannot stand for longer than 10 minutes without increasing pain. 5. I avoid standing because it increases the pain immediately.
SECTION 2: Personal Care (Washing, Dressing etc.) 0. I can look after myself without causing extra pain. 1. I can look after myself normally but it causes extra pain. 2. It is painful to look after myself and I am slow & careful. 3. I need some help but manage most of my personal care. 4. I need help every day in most aspects of self-care. 5. I do not get dressed; I wash with difficulty and stay in bed.	SECTION 7: Social life 0. My social life is normal and gives me no pain. 1. My social life is normal but it increases the degree of pain. 2. Pain has no significant effect on my social life apart from limiting my more energetic interests, for example, dancing, etc.. 3. Pain has restricted my social life and I do not go out very often. 4. Pain has restricted my social life to my home. 5. I have hardly any social life because of pain.
SECTION 3: Lifting 0. I can lift heavy weights without extra pain. 1. I can lift heavy weights, but it causes extra pain. 2. Pain prevents me from lifting heavy weights off the floor, but I can if they are conveniently positioned, for example on a table. 3. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned. 4. I can only lift very light weights. 5. I cannot lift or carry anything at all.	SECTION 8: Driving 0. I get no pain when traveling. 1. I get some pain when traveling but none of my usual forms of travel make it any worse. 2. I get extra pain while traveling but it does not compel me to seek alternate forms of travel. 3. I get extra pain while traveling which compels me to seek alternate forms of travel. 4. Pain restricts me to short necessary journeys under 1/2 hour. 5. Pain restricts all forms of travel.
SECTION 4: Walking 0. I have no pain on walking. 1. I have some pain on walking but it does not increase with distance. 2. I cannot walk more than 1 mile without increasing pain. 3. I cannot walk more than 1/2 mile without increasing pain. 4. I cannot walk more than 1/4 mile without increasing pain. 5. I cannot walk at all without increasing pain.	SECTION 9: Sleeping 0. I have no trouble sleeping. 1. My sleep is slightly disturbed (less than 1 hour sleepless). 2. My sleep is mildly disturbed (1-2 hours sleepless). 3. My sleep is moderately disturbed (2-3 hours sleepless). 4. My sleep is greatly disturbed (3-5 hours sleepless). 5. My sleep is completely disturbed (5-7 hours sleepless).
SECTION 5: Sitting 0. I can sit in any chair as long as I like. 1. I can sit only in my favorite chair as long as I like. 2. Pain prevents me from sitting more than 1 hour. 3. Pain prevents me from sitting more than 1/2 hour. 4. Pain prevents me from sitting more than 10 minutes. 5. I avoid sitting because it increases pain immediately.	SECTION 10: Recreation 0. My pain is rapidly getting better. 1. My pain fluctuates but is definitely getting better. 2. My pain seems to be getting better but improvement is slow. 3. My pain is neither getting better or worse. 4. My pain is gradually worsening. 5. My pain is rapidly worsening.
Sexual Activity Please place a check mark next to the statement that applies to you: <input type="checkbox"/> I am able to perform sexual activity when I want with no pain <input type="checkbox"/> I can perform sexual activity with little pain <input checked="" type="checkbox"/> I can perform sexual activity but it increases my pain level <input type="checkbox"/> I can hardly perform sexual activity because of my pain <input type="checkbox"/> I cannot perform any sexual activity because of my pain	

BACK OR LEG PAIN:

Please complete the following: **Please circle your pain level 0 = No Pain, 10 = Worst possible pain**

What is your AVERAGE: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain

What is your WORST: No Pain 1 2 3 4 5 6 7 8 9 10 Worst Pain

What makes pain feel worse? (Circle all that apply) Work, sit, stand, walk, lie down, daily activity,

How much did these treatments help your BACK pain? Physical therapy 40% Chiropractic 10% Injections 0% Surgery 0%

If you have back AND leg pain, which is worse (or they about equal) BACK



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Review of Systems- Have you been experiencing any of the following in the last month? Circle all that apply

General: Fever, Chills, Sweats, Fatigue, Weight Gain, Weight Loss.

Gastrointestinal: Nausea, Vomiting, Change in bowel habits, Blood in Stool, Black Stool, Hemorrhoids, Diarrhea, Ulcer, Heartburn, Painful bowel movements, Abdominal pain.

Neurologic: Weakness, Numbness, Fainting, Seizure, Stroke, Blackout, Headache, Tremors, Slurred Speech.

Genitourinary: Loss of urine, Frequent Urination, Painful Urination, Blood in urine, Kidney Stones.

Psychiatric: Depression, Anxiety, Tension, Memory loss, Difficulty sleeping.

Musculoskeletal: Low back pain, Neck pain, Hip Pain, Pain down Legs, Pain down Arms.

Skin: Rashes, lumps under the skin, easy bruising, easy bleeding.

Eyes/Ears/Nose/Throat/Mouth: Sore throat, difficulty swallowing, stuffed nose or sinuses, hoarseness, visual changes.

Cardiovascular: Chest pain, skipped or irregular heartbeats.

Respiratory: Trouble breathing, frequent coughing, production of sputum, blood in sputum.

ALLERGIES: Please list the allergy below along with the reaction.

Allergy:

Reaction:

N/A

GENERAL HISTORY

	YES	NO	EXPLAIN
DO YOU SMOKE	✓		390
DO YOU DRINK ALCHOL		✓	
DO YOU USE ILLEGAL SUBSTANCES		✓	
ARE YOU MARRIED		✓	
DO YOU HAVE CHILDREN	✓		1 daughter
DO YOU USE RECREATIONAL SUBSTANCES		✓	

OCCUPATIONAL HISTORY: Describe your **PHYSICAL DUTIES** at work with focus on your **MOST PHYSICAL DEMANDS** (how much weight do you lift, how often and how long) and how long do you sit, stand, and what is are the most bothersome or painful activities:

walking, sitting (interviews I can't do)



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

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

CONDITION		EXPLAIN
DIABETES	✓	
HIGH BLOOD PRESSURE	NO	
KIDNEY DISEASE	NO	
CANCER	NO	
OTHER	NO	

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

CONDITION		EXPLAIN
DIABETES	✓	Dad
HIGH BLOOD PRESSURE	NO	
KIDNEY DISEASE	NO	
CANCER	NO	
OTHER		

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

ABDOMINAL

CERVICAL

METAL IMPLANT

APPENDIX

LUMBAR

PAIN PUMP

GALLBLADDER

THORACIC

ROD(S)

HERNIA

SHOULDER

SHRAPNEL OR BULLET

AORTIC ANEURYSM

DEFIBRILLATOR

SCREW(S)

CAROTID

PACEMAKER

PLATE(S)

BYPASS

VALVE

OTHER

VEIN STRIPPING

THYROID

I HAVE HAD NO SURGERIES

N/A



Phone: 702-630-3472

Fax: 702-946-5115

Financial Policy, Assignment of Benefits, HIPAA, and Medication Policy Signature Form

I, the undersigned patient, assign payment (s) directly to Desert Institute of Spine Care or DISC; Dr. Andrew Cash. I also authorize this office to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions whether manual or electronic. I acknowledge that payment is due at the time of treatment. I accept full financial responsibility for all charges not covered by insurance. Certain tests may be ordered by Dr. Cash such as X-rays and or toxicology screens. I agree to be financially responsible for these services should they be considered "non-covered", "out of network" or not medically indicated by my insurance company. As a courtesy referrals will be sent out according to the physicians recommendations, it is my responsibility to verify that these providers are within my insurance network. I understand that DISC is not responsible for charges incurred or treatment performed on an out of network basis. If my treatment is involved in a lien, it is my responsibility to notify the office if there are any changes in legal representation. If my treatment is involved with a work related injury and Dr. Cash is to file Workman's Compensation claims on my behalf, I authorize the doctors and staff to discuss plan of treatment, care and appointment information with claims payers and/or case workers. There will be a charge of \$50.00 for All NO Show Appointments or cancellations less than 24 hours prior to the scheduled appointment time. There will be a charge of \$50.00 for all returned checks. If my account becomes delinquent and referred to a collection agency, I will be responsible for the costs of collection and/or legal fees. There will be an interest charge of \$50.00 for all delinquent payments at time of service. JS (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. JS (initial)

Joyce Sekera
Patient name

Joyce Sekera
Patient signature

10/5/17
Date

Agreement as to resolution of concerns:

"I", "Patient/Guardian" shall be understood to mean Joyce Sekera (patient name). "Physician" Andrew M. Cash M.D. Desert Institute of Spine Care. Further, I understand that I am entering into a contractual relationship with Physician for professional care. I further understand that meritless and frivolous claims for medical malpractice have an adverse effect upon the cost and availability of medical care, and may result in irreparable harm to a medical provider. As additional consideration for professional care provided to me by Physician, I, the patient/guardian and/or my representative agree not to advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of medical malpractice against Physician. Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I

Joyce Sekera (patient name) and/or my representative agree to use American Board of Orthopaedic Surgery (ABOS) board-certified expert medical witness (es) in the same specialty as Physician. Furthermore, I agree that these expert witnesses will be members in good standing of and adhere to the guidelines and/or code of conduct defined for expert witnesses by the *Clark County Medical Society*. Should I initiate or pursue a meritorious medical malpractice claim against Physician, I agree to use as expert witnesses (with respect to issues concerning the standard of care), only physicians who are board certified by the American Board of Medical Specialties in the same specialty as the Physician. Further, I agree that these physicians retained by me or on my behalf to be expert witnesses will be members in good standing of the *North American Spine Society and American Academy of Orthopaedic Surgeons*. I agree the expert(s) will be obligated to adhere to the guidelines or code of conduct defined by the *North American Spine Society and American Academy of Orthopaedic Surgeons* and that the expert(s) will be obligated to fully consent to formal review of conduct by such society and its members *Clark County Medical Society*. In further consideration for this, Physician agrees to the same stipulations. Patient/guardian and Physician acknowledge that monetary damages may not provide an adequate remedy for breach of this Agreement. Such breach may result in irreparable harm to Physician's reputation and business. Patient/guardian and Physician agree in the event of a breach to allow specific performance and/or injunctive relief, in addition to monetary damages.

Joyce Sekera
Patient or responsible party signature

10/5/17
Date

AS
Physician signature

10/5/17
Effective date of treatment



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

PLEASE CHOOSE ONE:

Insurance only

Primary Insurance Co. Name: _____

Insured Name: _____ Insured DOB: _____ Insured Social Security # _____
Policy Id# _____ Group# _____

Print Name: _____ Signature: _____

I also have an attorney representing me; the attorney information is:

Attorney name: _____ Law Firm: _____

I understand by using my private health insurance, although I have an Attorney, I will be responsible for payment at time of service. And any charges not covered by my insurance.

Signature: _____

Lien Only

I DO NOT have health insurance. Therefore, please bill all of my office visits and or charges directly to the attorney listed below:

Attorney name: Keith Gallier Law Firm: Gallier Date Of injury: 11/4/16

Print Name: Joyce Sekera Signature: Joyce Sekera

Waiving insurance/ Attorney only

I have health insurance; the name of my insurance is: Medicaid, however I choose not to use my health insurance. Therefore, please bill all of my office visits and or charges directly to the attorney listed below:

Attorney name: Keith Gallier Law Firm: Gallier Date Of injury: 11/4/16

Print Name: Joyce Sekera Signature: Joyce Sekera

Worker's Compensation:

I have a Work Comp claim;

Company name Claim Number Date of Injury

Adjuster Name Adjuster Phone



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

Social Media Site Used: ☐ Facebook ☐ Twitter ☐ Pinterest ☐ Instagram ☐ Other: _____

Referring Source: ☐ _____ ☐ _____ ☐ _____
Physician/health care provider Friend/Relative Insurance book or website
☐ _____ ☐ _____ (Circle if applicable) Advertisement DISC website Google Yahoo Phonebook
Hospital/ ER name ER PHYSICIAN

Patient Name: SeKera Joyce P
Last Name First Name Middle
Address: 7840 Nesting Pine Pl Las Vegas NV 89143
Street City State Zip code Country
Phone: Home (X) _____ Cell (702) 467-5457
Email: JoyceSekera@yahoo.com

Employer Phone: () _____ Employer Name: _____

Sex: (circle one) Female Male Date of Birth: 3/22/56 Social Security Number: 091-48-8430

Ethnicity: Caucasian Decline ☐ Race: White Decline ☐

Spouse N/A
Last Name, First Name DOB Social Security #

Employer Name: _____ Employer Phone: () _____

Emergency contact: MARISSA FREEMAN Relationship: daughter Phone: 702(525-9001)

Primary Insurance Co. Name: _____ Insured Name: _____ Insured DOB: _____

Insured Social Security # _____ Policy Id# _____ Group# _____

Secondary Insurance Co. Name: _____ Insured Name: _____ Insured DOB: _____

Insured Social Security # _____ Policy Id# _____ Group# _____

Worker's Compensation: _____
Company Name Address

Claim Number Related Body Part (S) Adjuster Name Adjuster Phone
Attorney Lien: Keith Gallier 702.735.0049 11/4/16
Attorney name Law office phone Law office fax Date of accident

Med Pay Co. Name: _____ Contact: _____ Phone: _____

Claim#: _____ Claims Address: _____

If Insurance is not to be billed: Joyce Sekera
Patient signature

Please be advised that if you later decide to bill health insurance it will be billed from that time and date only.

Patient Signature: Joyce Sekera Date: 10/5/17

By signing this form I hereby consent to and authorize medical treatment, tests, and procedures performed in the office that the physician deems advisable and necessary based on his/her judgment.

Notice of Privacy Information Practices of Andrew M. Cash MD policy regarding minimum necessary uses and disclosures of protected health information. ☒ I accept or ☐ I decline to receive a copy of privacy practices.



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

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


Signature Patient/Responsible Party

Date: 10/5/17

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 non-prescription 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 Andrew M. Cash, MD and could result in my termination of care.


Signature Patient/Responsible Party

Date: 10/5/17


Signature Witness

Date: 10/5/17

I DO NOT agree to the narcotic agreement, therefore I will NOT receive any medications from Andrew M. Cash MD.

Signature _____ Date: _____

PHARMACY: Please list the name, address and phone number of your pharmacy.

Name: WALGREENS PHARMACY

Address: 7755 N. DURAN RD

Phone Number: (702) 396-4728



Patient Name: Sakera, Joyce P

DOB: 22-Mar-1950

ID: 700178.0

Study Date: 21-Dec-2016 18:50

Final Report**MR Mri Lumbar Spine Without**

Patient: Joyce P Sakera Physician: Jordan Mubbar DC
SDMI #: 700178.0 Dr. Fax: (702) 463-9772
Pt. DOB: 03/22/1950 Dr. Phone: (702) 463-9508
Pt. Sex: Female Dr. Addr.: 7010 W Ann Rd Ste 110 Las
Vegas, NV 89149
Date of Service: 12/21/16 Co:
SDMI Location: CH Co:

MR LUMBAR SPINE WITHOUT IV CONTRAST**CLINICAL HISTORY:**

Lower back pain secondary to fall 2011 415. Bilateral arm and leg pain and numbness as well as weakness.

TECHNIQUE:

Multiplanar imaging is performed without IV contrast. 168 images.

FINDINGS:

The conus medullaris is in normal position with normal signal. Normal lumbar vertebral body height, signal and alignment with discogenic endplate changes at L2, L3, minimally at L4 as well as at L5. Disc desiccation throughout the lumbar spine with normal disc space height.

At T12-L1, no disc bulge or canal stenosis. No neural foramina narrowing.

At L1-2, mild disc bulge without canal stenosis, AP dimension of the canal at this level 12 mm. No neural foramina narrowing.

At L2-3, minimal spondylosis and disc bulge with AP dimension of the canal at this level 12 mm without canal stenosis. No neural foramina narrowing.

At L3-4, mild disc bulge with AP dimension of the canal at this level 11 mm without canal stenosis. No neural foramina narrowing. Mild facet and ligamentum flavum hypertrophy bilaterally.

At L4-5, left paracentral disc bulge with annular fissuring. AP dimension of the canal at this level 11 mm without canal stenosis. Facet and ligamentum flavum hypertrophy bilaterally. No neural foramina encroachment.

At L5-S1, central disc bulge with facet hypertrophy bilaterally. AP dimension of the canal at this level 10 mm without canal stenosis. No neural foramina narrowing noted. There is note made of a synovial cyst measuring 8 mm extending posteriorly of the left facet joint into the paraspinal musculature without neural impingement.

IMPRESSION:

Multilevel lumbar degenerative disc disease with disc bulges extending from L1-2 through L5-S1. Annular fissuring at L4-5. No canal stenosis or neural foramina narrowing at any level. There is note made of facet and ligamentum flavum hypertrophy at multiple levels.

SEKERA001046

10/5/2017

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

1883

Interpreted by: Saul Ruben M.D.

12/22/2016 8:07 AM

Electronically approved by: Saul Ruben, M.D.

Date: 12/22/16 08:41

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



Patient Name: Sekera, Joyce P

DOB: 22-Mar-1958

ID: 790179.0

Study Date: 21-Dec-2016 18:40

Final Report**MR MR Cervical Spine Without**

Patient: Joyce P Sekera

SDMI #: 790179.0

Pt. DOB: 03/22/1958

Pt. Sex: Female

Date of Service: 12/21/16

SDMI Location: CH

Physician: Jordan Hibber DC

Dr. Fax: (702) 463-9772

Dr. Phone: (702) 463-9508

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

Cc:

Cc:

MR MR CERVICAL SPINE WITHOUT CONTRAST**CLINICAL HISTORY:**

Neck pain and bilateral arm numbness, pain, weakness

TECHNIQUE:

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

COMPARISON:

None

FINDINGS:

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

C2-3: No disc bulge, spinal canal or neuroforaminal stenosis.

C3-4: No disc bulge, spinal canal or neuroforaminal stenosis. Mild bilateral facet hypertrophy.

C4-5: No disc bulge, spinal canal or neuroforaminal stenosis. Mild left uncovertebral arthropathy. Mild bilateral facet hypertrophy.

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

C6-7: Mild broad disc protrusion. Spinal canal AP diameter of 10 mm. No significant neuroforaminal stenosis.

C7-T1: No disc bulge, spinal canal or neuroforaminal stenosis.

IMPRESSION:

SEKERA001048

10/5/2017

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

1885

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

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

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

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

PROCEDURE NOTE**VALLEY VIEW SURGERY CENTER**

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

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

SURGEON: Katherine D Travnick MD

Date of Service: November 30, 2017

DIAGNOSIS

M54.5 LOW BACK PAIN
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

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

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

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

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

SEDATION (medications titrated to effect): Fentanyl Midazolam

NEEDLE: 18g RF insulated Venom

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

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

Copy to: Andrew Cash MD

Electronically signed by KATHERINE TRAVNICEK Date: 11/30/2017 Time: 14:38.19

SEKERA001050

PROCEDURE NOTE

VALLEY VIEW SURGERY CENTER
1330 S. Valley View Blvd.
Las Vegas, NV 89102
702-675-4800
702-675-4804 fax

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

SURGEON: Katherine D Travnicek MD

Date of Service: May 8, 2017

DIAGNOSIS
M54.5 LOW BACK PAIN
M17.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

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

INDICATION: This is a diagnostic injection.

PROCEDURE(S) PERFORMED: FLUOROSCOPICALLY DIRECTED DIAGNOSTIC FACET JOINT MEDIAL BRANCH BLOCKS
BILATERAL L5-S1 WITH CONSCIOUS SEDATION
The patient was positioned prone. Standard monitors were connected including pulse oximetry, NBP 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 tissue were anesthetized with 1% lidocaine. Next, under direct fluoroscopic guidance, a styletted spinal needle was inserted percutaneously and directed to the lateral base of the superior articulating process at corresponding to each nerve to be anesthetized. Each site was then injected with contrast to confirm location and to rule out intravascular injection. Each site was then blocked. All injected medications were preservative free. Injection was made slowly after negative aspiration for blood. The needles were cleared of injectate and removed. The patient tolerated the procedure well. Vital signs remained stable and there were no complications. The patient was taken to the recovery area and monitored until discharge criteria were met. The patient was given discharge instructions including instructions to contact me with any questions or concerns following this procedure. Follow-up instructions were given. The patient was then discharged alert, oriented to his/her driver.

SEDATION (medications titrated to effect): Alentanil Midazolam
CONTRAST: Omnipaque
INJECTATE (each site): Lidocaine (pH 2% final concentration 0.5 ml injected into each site.
PROCEDURE NEEDLE: 22g Quincke

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

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

SEKERA001051

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: 3/22/1958

SURGEON: Katherine D Travnick MD

Date of Service: March 8, 2017

DIAGNOSIS
M54.5 LOW BACK PAIN
M77.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

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

INDICATION: This is a diagnostic and therapeutic injection.

PROCEDURE(S) PERFORMED: FLUOROSCOPICALLY DIRECTED FACET JOINT INJECTION(S) BILATERAL L5-S1

The patient was positioned prone. Standard monitors were connected including pulse oximetry, NIBP and ECG. Supplemental Oxygen was given as needed. The skin was prepped with a sterile surgical prep times three. Sterile drapes were applied. Meticulous sterile technique was maintained. The skin and subcutaneous tissues were anesthetized with 1% lidocaine. Next, under direct fluoroscopic guidance, a styletted procedure needle was inserted percutaneously and directed to the posterior aspect of each facet joint to be injected without percutaneous. Each site was then injected with contrast to confirm flow into the joint and to rule out intravascular or intrathecal injection. Each joint was then injected. All injected medications were preservative free. Injection was made slowly after negative aspiration for blood and cerebrospinal fluid. The needles were cleared of injectate and removed. The patient tolerated the procedure well. Vital signs remained stable and there were no complications. The patient was taken to the recovery area and monitored until discharge criteria were met. The patient was given discharge instructions including instructions to contact me with any questions or concerns following this procedure. Follow-up instructions were given. The patient was then discharged alert, oriented to his/her driver.

CONTRAST: Omnipaque

INJECTATE (each site): Dexamethasone 4 mg (pf) in Marcaine (pf) 0.5% final concentration. 1 ml injected into each site.

PROCEDURE NEEDLE: 22g Quincke

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

Electronically signed by KATHERINE TRAVNICEK Date: 3/08/2017 Time: 11:21:44

SEKERA001052

PAIN INSTITUTE OF NEVADA
7435 W. Azure Drive, Ste 100
Las Vegas, NV 89130
Tel 702-878-6262
Fax 702-878-8888

OFFICE VISIT

Date of Service: October 28, 2017

Patient Name: Joyce P Sekera
Patient DOB: 3/22/1968

PAIN COMPLAINTS

Neck
Low back

Joyce returns today for follow up. She was trying to avoid the RFA but her back pain is bad enough now she wants to proceed. VAS is a 6 today. She say her pain is in the same location, does not radiate down her legs, and feels achy, sharp, and shooting all times. She came in to discuss the RFA and agreed to proceed.

INTERIM HISTORY

Hospitalizations or ER visits: None
Changes in health: None
Problems with medications: None
Obtaining pain meds from other physicians: Patient denies.
New injuries or MVAs: No
Work Status: Unable to work due to pain
Therapy: PI is not currently receiving physical or chiropractic therapy.

MAGNIMAGING

MRI brain without contrast: Report dated 12/18/2016
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.
C6-7: 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.
L3-5: Minimal spondylosis and disc bulge.
L3-4: Mild disc bulge with mild disc and ligamentum flavum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.
L4-5: Left paracentral disc bulge with annular fissuring. Assessment and ligamentum flavum hypertrophy bilaterally. AP dimension spinal canal 11 mm.
L5-S1: Central disc bulge with facet hypertrophy bilaterally. AP dimension spinal canal 10 mm.

PROCEDURES

03/09/2017
FJ 8 L5S1
Post Injection: Complete resolution of usual pain
Sustained: No relief of usual pain.

05/09/2017
MBS BL5S1
Post Injection: Complete Resolution of usual pain.
Sustained: 2 days at 100% relief then pain returned.

MEDICAL HISTORY

Diabetes type 2, HbA1C 6.6

ALLERGIES

No known drug allergies

MEDICATIONS

Metformin 1 tablet daily

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.

SEKERA001053

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue
Visual: Negative
ENT: Negative
Cardiovascular: Negative
Respiratory: Negative
Gastrointestinal: Negative
Genitourinary: Negative
Endocrine: Negative
Skeletal: See HPI
Neurologic: Negative
Hematologic: Negative
Immunologic: Negative
Psychologic: Insomnia

VITAL SIGNS

Height: 69.00 inches
Weight: 202.00 Pounds
Blood Pressure: 118/78 mmHg
Pulse: 84 BPM
Respirations: 16 RPM
BMI: 32.6
Pain: 0/5

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: Mild discomfort
Tenderness: Normal
Ambulation: Patient can ambulate without assistance.
Gait: Gait is normal

LUMBAR SPINE

Tenderness: Moderately tenderness noted bilateral lower lumbar spine.
Spasm: Mild spasm is noted in the paravertebral musculature.
Facet Tenderness: Facet joint tenderness is noted bilateral L5-S1
Spinous Tenderness: Spinous processes are non-tender.
ROM: Full ROM with pain.
Straight Leg Raising: Negative at 60 deg bilaterally. Does not produce radicular pain.

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is alert and oriented x3. No sign of impairment.
Mood/Affect: Mood is normal. Full affect.
Thought Process: Intact.
Memory: Intact.
Concentration: Intact.
Sustained Attention: None.

DIAGNOSIS

M54.6 LOW BACK PAIN
M47.817 LUMBAR SACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

COUNSELING

Radiofrequency Rhizotomy

The patient received extensive counseling regarding radiofrequency rhizotomy (RFR). The procedure to be performed was explained in detail using skeletal and anatomic model. The patient understands that RFR is a neurodestructive procedure intended to coagulate nerves for pain relief. It is expected that the nerves will re-generate in 6-24 months and repeat RFR would be needed if the pain returns. The type of sedation to be used was explained as well. All questions were answered.

Informed Consent: The procedure(s) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risks were reviewed and include but are not limited to increase in pain, bleeding, infection, discitis, damage to nerves, spinal cord, structures of the neck and back, spinal headache, reaction to medication, loss of airway, pneumothorax, seizure, stroke, paralysis and death. No guarantees were made regarding outcome. The risks of injection of corticosteroids include but are not limited to thinning of bones, fractures, a vascular necrosis of the hips, osteoporosis, weakening of structures such as ligaments, tissue necrosis, dimpling of skin, adrenal suppression. Common side effects include water retention, flushing, insomnia, increased pulse and blood pressure. Diabetes will have increased blood sugars for about a week after injection. The patient has the option for sedation for the procedure. I advised the patient that conscious sedation may be utilized to provide a "twilight" effect. The patient will be arousable and able to respond throughout the procedure. This will not be a deep sedation. The patient may or may not have recall of the procedure. The risk of sedation includes loss of airway, aspiration, reaction to medication and damage to nerves.

PRESCRIPTIONS

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

Start GABAPENTIN 300MG , Qty: 30, Refills: 1, sig: TAKE 1 QHS for NERVE PAIN for RFA pain flare

Start CELEBREX 200MG, Qty: 60, Refills: 1, sig: TAKE 1 BID for PAIN
Prd by 73TRAV1 on 10/23/2017 at 04:21 PM

PLAN

-- RADIOFREQUENCY RHIZOTOMY (R4836) BILATERAL L5-S1
-- Meds above
-- RETURN: 3 weeks for re-evaluation with gp /kol

SEKERA001054

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 10/29/2017 Time: 16:22:21

SEKERA001055

Name: SEKERA, JOYCE

DOB: 03-22-1956

Date: 10-23-2017

Page 1 of 5

Name: SEKERA, JOYCE

DOE: 10-23-2017

RADAR MEDICAL GROUP, LLP

Mailing address: 10624 South Eastern Avenue, Suite A-425, Henderson, NV 89052

Phone (702) 644-0500 Fax (702) 641-4600

Russell J. Shah MD

Neurology /Neurophysiology

NEUROLOGY Follow Up

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

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

HISTORY OF INJURY

Date of Injury: 11-04-2016

Medications:

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

REVIEW OF SYSTEMS

Page: 1
SEKERA001056

Name: SEKERA, JOYCE

DOB: 03-22-1956

Date: 10-23-2017

Page 2 of 5

Name: SEKERA, JOYCE

DOE: 10-23-2017

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

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

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

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

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

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

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

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

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

RECORD REVIEW

chart

PRESENT COMPLAINT

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

She is no longer working as a ticket sales type position

SEKERA001057 Page 2

Name: SEKERA, JOYCE

DOB: 03-22-1966

Date: 10-23-2017

Page 3 of 5

Name: SEKERA, JOYCE

DOE: 10-23-2017

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

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

She is on metformin for diabetes

She is not taking the flexeril medications

She notes improvement with the Ancept and no side effects

EXAMINATION

Vital Signs:

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

General:

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

The patient appears to be in no distress.

The patient has a clear sensorium

The patient is a fair historian, Mood appears okay, no staring off, oriented, insightful, follows commands, okay simple naming, spelling and calculations

Obesity

Cranial Nerves:

EOMI

Hearing was intact.

The smile is symmetric.

Motor :

Normal power

Reflexes 2 to 2+

Coordination:

Unremarkable

Gait:

Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

Name: SEKERA, JOYCE

DOB: 03-22-1956

Date: 10-23-2017

Page 4 of 5

Name: SEKERA, JOYCE

DOE: 10-23-2017

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome

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

2. Cervical strain/headaches

- spine restrictions

3. Lumbar strain with leg pain/ache

- spine restrictions
- weight loss

4. Carpal tunnel syndrome

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

Sincerely,

SEKERA001009 Page 4

1896

Name: SEKERA, JOYCE

DOB: 03-22-1956

Date: 10-23-2017

Page 5 of 5

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



Russell J. Shah, MD

cc: Dr. Jordan Webber

cc: Dr. Walter Kidwell

cc: Dr. Andrew Cash

Page: 5
SEKERA001000

1897

PAIN INSTITUTE OF NEVADA
7435 W. Azure Drive, Ste 100
Las Vegas, NV 89130
Tel 702-878-8262
Fax 702-878-8088

CONSULT

Date: January 9, 2017

Patient: Joyce P Sekera
DOB: 3/22/1958

Referred By: Jordan Webber, DC

PAIN COMPLAINTS

Neck

Low back

Both knee pain

60 year old female here today with the above complaints that started after a slip and fall backwards at work. She was walking and slipped on a liquid that was on the floor. She says she can't remember the whole event as she hit her head and was dazed. She went to the hospital, was treated and released. She has been in chiropractic since and feels it helps. She has neck, low back and bilateral knee pain. She denies history of prior injuries or chronic pain of these areas also. She has cervical, brain and lumbar MRIs, reports reviewed but no images available for review.

She reports her neck pain is bilateral and radiates into both shoulders. She denies pain radiating down her arms. She has numbness and tingling in both hands. She denies weakness, gait changes, and bladder and bowel dysfunction.

Activities that aggravate the pain: Constant pain, looking up and side to side

Activities that relieve the pain: Exercise and heat, cold, chiro, ibuprofen (she takes 1 every other day), traction

Description of the pain: Throbbing, numbness, and constant ache

Level pain throughout day (0-10): 4/10

Worst pain throughout day (0-10): 8-9/10

Non-helpful treatments: Roller table

Her low back pain is bilateral and does not radiate down her legs. She denies numbness, tingling and weakness in her legs. She also denies saddle anesthesia. Her knee pain is separate and there is some swelling in her knees that comes and goes. She denies redness, increased warmth and fevers.

Activities that aggravate the pain: Constant, bend, lift, twist, twisting back

Activities that relieve the pain: Exercise and heat and ice

Description of the pain: Constant ache

Level pain throughout day (0-10): 4/10

Worst pain throughout day (0-10): 5/10

INJURY HISTORY

Date of injury: 11/04/2016

Accident Description: Slipped on some liquid at work.

Urgent Care: No

Hospital: Yes.

Hospital Name / Location: Centennial Hospital

Length of stay: Few hours

Ambulance Transport: No

Hit head: Unknown

Loss of consciousness: Yes, Brief.

Pain started: Immediately after the impact.

Initial injuries to patient: Left arm pain

What injuries have improved?: Left elbow pain

What injuries have not improved?: Neck and low back pain

Treating physicians regarding this injury: Jordan Webber, DC

Chiropractic Therapy: Yes. Currently in treatment. Weeks of therapy: 8

Physical Therapy: None

Osteopathic Manipulation Therapy: None

Massage Therapy: Yes

Acupuncture: None

MRI: Yes Brain, cervical, and lumbar

Prior treatments to spine: None

Spine Injections: None

Radiofrequency Rhizotomy: None

Discogram: None

Spinal Cord Stimulator: None

Neck or back surgery: None

Prior neck injuries: None

Prior neck pain: None

Prior back injuries: None

Prior back pain: Yes. Lumbar pain 3 years ago - resolved after 1 day

Prior MVA's: None

Prior work comp claims: None

Sitting time: < 15 minutes

Standing time: < 15 minutes

Walking time: < 15 minutes

Lifting: Can only lift 15 lbs due to pain.

SEKERA001061

Driving: Not limited by pain
Sleep: Is disturbed by pain.
ADL's: Unlimited - she has trouble bending to put on pants/shoes
Work: PI is unable to work due to pain
Usual Occupation: Customer service

IMAGING/TESTING

MRI brain without contrast: Report dated 12/16/2016
Brain normal for age.

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

Mild dextrocurvature with straightening of cervical lordosis.

C3-4: Mild bilateral facet hypertrophy.

C4-5: Mild bilateral facet hypertrophy. Mild left uncovertebral arthropathy.

C6-6: Mild disc protrusion with mild bilateral facet hypertrophy. Bilateral uncovertebral arthropathy with mild left greater than right neural foramen stenosis.

C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

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

L1-2: Mild disc bulge.

L2-3: Minimal spondylosis and disc bulge.

L3-4: Mild disc bulge with mild facet and ligamentum flavum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.

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

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

MEDICAL HISTORY

No medical problems reported by patient.

ALLERGIES

No known drug allergies

MEDICATIONS

Ibuprofen 800mg prn

NV PMP REVIEWED 14/13-14/17

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

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

Occupation: Customer service

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

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue

Visual: Blurred vision decreased vision

ENT: Headache

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: Negative

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Anxiously depressed mood insomnia

VITAL SIGNS

Height: 66.00 inches

Weight: 208.00 Pounds

Blood Pressure: 120/78 mmHg

Pulse: 72 BPM

RR: 21.8

Pain: 08

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: No discomfort

Transit: Normal

Ambulation: Patient can ambulate without assistance.

Gait: Gait is normal

CERVICAL SPINE

Appearance: Grossly normal. No signs, redness, lesions, swelling or deformities.

Head position: Head is in neutral position. No abnormal posturing or lordosis.

SEKERA001062

Tenderness: None noted.
Trigger Points: None noted.
Spasm: No spasm noted.
Facet Tenderness: No facet joint tenderness noted.
Spinous Tenderness: Spinous processes are non-tender.
ROM: Full ROM with pain in flexion mostly.
Negative Spurling's on left
Negative Spurling's on right

Motor/Strength Testing:
Deltoid (C6): L 5/5, R 5/5
Biceps (C6 + C7): L 5/5, R 5/5
Triceps (C7): L 5/5, R 5/5
Wrist extension (C6): L 5/5, R 5/5
Wrist flexion (C7): L 5/5, R 5/5
Grip (C8): L 5/5, R 5/5
Intrinsic (T1): L 5/5, R 5/5

Sensory:
C6: Normal bilaterally
C7: Normal bilaterally
C8: Normal bilaterally
T1: Normal bilaterally

Reflexes:
Biceps (C6): Left 2+, right 2+
Brachioradialis (C6): Left 2+, right 2+
Triceps (C7): Left 2+, right 2+
Negative Hoffmann bilaterally

THORACIC SPINE

Appearance: No masses, lesions or abnormalities. Spine appears straight.
Palpation: No Tenderness, trigger points, or spasm.
Range of Motion: Full range of motion.
Sensory: Intact in all dermatomes.

LUMBAR SPINE

Appearance: Grossly normal. No masses, redness, lesions, swelling or deformities.
Alignment: Spine is straight and in normal alignment.
Tenderness: None noted.
Trigger Points: None noted.
Spasm: No spasm noted.
Facet Tenderness: No facet joint tenderness noted.
Spinous Tenderness: Spinous processes are non-tender.
ROM: Full ROM with pain in flexion
Straight Leg Raising: Negative at 60 deg bilaterally. Does not produce radicular pain.

Motor/Strength Testing:
Hip flexion (L2-L3): L 5/5, R 5/5
Hip abduction (L4-S1): L 5/5, R 5/5
Knee extension (L3-L4): L 5/5, R 5/5
Knee flexion (L5-S1): L 5/5, R 5/5
Ankle inversion (L4): L 5/5, R 5/5
Ankle eversion (S1): L 5/5, R 5/5
Ankle dorsiflexion (L4, L5): L 5/5, R 5/5
Ankle plantarflexion (S1): L 5/5, R 5/5
EHL (L5): L 5/5, R 5/5

Sensory:
L1: Normal bilaterally
L2: Normal bilaterally
L3: Normal bilaterally
L4: Normal bilaterally
L5: Normal bilaterally
S1: Normal bilaterally

Reflexes:
Knee (L4): Left 2+, right 2+
Ankle (S1): Left 2+, right 2+
No Clonus bilaterally

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is alert and oriented x3. No sign of impairment.
Mood/Affect: Mood is normal. Full affect.
Thought Process: Intact.
Memory: Intact.
Concentration: Intact.
Suicidal ideation: None.

SEKERA001063

DIAGNOSIS**M64.2 NECK PAIN****M50.22 MID CERVICAL DISCOPATHY****M47.812 CERVICAL FACET JOINT ARTHROPATHY / SPONDYLOSIS****M54.5 LOW BACK PAIN****M51.26 LUMBAR DISCOPATHY****M51.27 LUMBOSACRAL DISCOPATHY****M47.816 LUMBAR FACET JOINT ARTHROPATHY / SPONDYLOSIS****M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS****M62.838 MUSCLE SPASM****W18 H/O SLIP AND FALL****DISCUSSION**

Neck pain - I suspect facet and disc mediated pain. MRI report indicates disc protrusions at C5/6 and C6/7 levels and bilateral facet hypertrophy.

Low back pain - I suspect facet and disc mediated pain. MRI lumbar spine report indicates a L4/5 annular fissure and bilateral facet hypertrophy at various levels.

She has not taken any medications besides as needed ibuprofen. I'll have her change to Naproxen and robaxin for 2 weeks straight then stop and see her back in 3 weeks time to re-evaluate. She denies history of prior injuries to her neck and low back. Thus, it's more likely than not that her pain is causally related to the fall on 11-8-2016.

PRESCRIPTIONS

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

Start NAPROXEN 600MG, Qty: 30, Refills: 0, sig: TAKE 1 BID for PAIN 2 weeks

Start ROBAXIN 600MG, Qty: 30, Refills: 0, sig: TAKE 1 BID for SPASM
Pnd by BRCLARY on 01/08/2017 at 08:12AM

PLAN

** CONTINUE CURRENT CHIROPRACTIC THERAPY

** Meds as above

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

Katherine D Travnick MD

Electronically signed by KATHERINE TRAVNICK Date: 1/08/2017 Time: 13:33:35

SEKERA001064

PAIN INSTITUTE OF NEVADA
7426 W. Azure Drive, Ste 100
Las Vegas, NV 89130
Tel 702-678-6262
Fax 702-678-8098

OFFICE VISIT

Date of Service: January 30, 2017

Patient Name: Joyce P Salinas
Patient DOB: 3/22/1968

PAIN COMPLAINTS

Neck Pain
Low Back Pain
BL Knee Pain
BL Shoulder Pain

Joyce returns today for follow up. She is feeling better overall with Naprosyn PRN and chiro. She was afraid of Robaxon as she got the generic form which starts with "metho-" and didn't wish any opioids so didn't take this. We discussed meds at length again today. Neck pain is constant and feels stiffest now. VAS 4-7 and mostly moderate pain. Made better by chiro and naprosyn. Low back pain is constant and achy. She thinks this is mostly moderate pain. She no longer has severe pain. She is not working and feels she can't do her job. I am occupied finding desk work or another job.

INTERIM HISTORY

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

IMAGING/TESTING

MRI brain without contrast: Report dated 12/18/2016
Brain normal for age.

MRI cervical spine with and 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 tall uncovertebral arthropathy.

C5-6: Mild disc protrusion with mild bilateral facet hypertrophy. Bilateral uncovertebral arthropathy with mild tall greater than right neural foramenial stenosis.

C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

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

L1-2: Mild disc bulge.

L2-3: Minimal spondylosis and disc bulge.

L3-4: Mild disc bulge with mild focal and Spemanum Nervum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.

L4-5: Left paracentral disc bulge with annular tearing. Spemanum and Spemanum Nervum hypertrophy bilaterally. AP dimension spinal canal 11 mm.

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

MEDICAL HISTORY

No medical problems reported by patient.

ALLERGIES

No known drug allergies

MEDICATIONS

Naproxen 500mg PRN

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

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

Occupation: Customer service

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

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue

Visual: Blurred vision decreased vision

ENT: Headache

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

SEKERA001065

Genitourinary: Negative
Endocrine: Negative
Musculoskeletal: See HPI
Neurological: Negative
Hematologic: Negative
Integumentary: Negative
Psychological: Anxiously depressed mood insomnia

VITAL SIGNS

Height: 66.00 inches
Blood Pressure: 114/60 mmHg
Pulse: 66 BPM
Respirations: 16 RPM
Pain: 0/10

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: No discomfort
Transition: Normal
Ambulation: Patient can ambulate without assistance.
Gait: Gait is normal

CERVICAL SPINE

Appearance: No masses, lesions or abnormalities. Normal head position.
Palpation: No Tenderness, trigger points, or spasm.
Range of Motion: Full range of motion in flexion, extension and rotation.

LUMBAR SPINE

Appearance: No masses, lesions or abnormalities. Normal head position.
Palpation: No Tenderness, trigger points, or spasm.
Range of Motion: Full range of motion in flexion, extension and rotation.

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is alert and oriented x3. No sign of impairment.
Mood/Affect: Mood is normal. Full affect.
Thought Process: Intact.
Memory: Intact.
Concentration: Intact.
Suicidal Ideation: None.

DIAGNOSIS

M64.2 NECK PAIN
M51.6 LOW BACK PAIN
M62.838 MUSCLE SPASM

PRESCRIPTIONS

Medication Management: I have reviewed the patient's medications with the patient including the potential risks and side effects. The patient has been counseled not to sell, share, or otherwise distribute his or her medications with other people. The patient understands that all medications can have adverse effects such as impairment and that dangerous activities such as driving are prohibited while impaired. The patient is advised not to drink alcohol while taking controlled substances. The patient is advised not to drive after taking controlled substances. The patient understands that the risks of opiate-type medications and other controlled substances potentially include addiction, tolerance, withdrawal, and accidental over dosage and that death can result from accidental over dosage. It was emphasized to the patient to take the medications exactly as prescribed. The appropriate use and issues regarding misuse were discussed in detail. These discussions included appropriate federal and state law. Compliance to the treatment plan was emphasized. The patient reports no intolerable side effects. The patient is compliant. No aberrant behavior is noted. No impairment is noted. The patient is appropriate to receive medication(s).

SLAT ROXAPRON 600MG, Qty: 30, Refills: 0, sig: TAKE 1 BID for SPASM
Prid by 73/TRAVID on 01/30/2017 at 08:58AM

SLAT GABAPENTIN CAPSULE 300MG, Qty: 30, Refills: 0, sig: TAKE 1 QHS for PAIN
Prid by 73/TRAVID on 01/30/2017 at 08:58AM

PLAN

- CONTINUE CURRENT CHIROPRACTIC THERAPY
- Continue naproxen prn
- Meds as above
- RETURN: 2 weeks for re-evaluation with kdt

Katherine D Travnick MD

Electronically signed by KATHERINE TRAVNICK Date: 1/30/2017 Time: 8:51:45

SEKERA001066

RAIN INSTITUTE OF NEVADA
7435 W. Azure Drive, Ste 100
Las Vegas, NV 89130
Tel 702-878-8262
Fax 702-878-9088

OFFICE VISIT

Date of Service: February 20, 2017

Patient Name: Joyce P. Sekera
Patient DOB: 3/22/1968

RAIN COMPLAINTS

BL Shoulder Pain
Low Back Pain

Joyce returns today for follow up. She has no neck pain but does have bilateral top of shoulder pains. VAS is 6 today. Consistently worse with arm reaching and shoulder movements. Pain improved with chiro, heat, and medications. We discussed trigger point injections and she would like to proceed. She also didn't start gabapentin after she read all of the adverse effects she could have. I will get her labs done in Jan 2017 and review with her next time.

Low back pain: VAS is 8 today. VAS ranges 3-7. She reports a constant ache, pain worse with lumbar extension. She denies leg symptoms. Feels better with heat, massage, chiro, naproxen and rofecoxib. We discussed lower lumbar facet joint injections and she would like to proceed.

INTERIM HISTORY

Hospitalizations or ER visits: None
Changes in health: None
Problems with medications: None
Obtaining pain meds from other physicians: Patient denies.
New injuries or MVAs: No
Work Status: Unable to work due to pain
Therapy: PT is currently receiving chiropractic therapy.

IMAGING/TESTING

MRI brain without contrast: Report dated 12/18/2016
Brain normal for age.

MRI cervical spine without contrast: Report dated 12/21/2016
Mild disc bulge 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 foramen stenosis.

C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

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

L1-2: Mild disc bulge.

L2-3: Minimal spondylosis and disc bulge.

L3-4: Mild disc bulge with mild facet and spondylosis. Bilateral spondylosis.

L4-5: Left paracentral disc bulge with annular tearing. Assessment and spondylosis. Bilateral spondylosis.

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

MEDICAL HISTORY

No medical problems reported by patient.

ALLERGIES

No known drug allergies.

MEDICATIONS

Naproxen 500mg bid

Rofecoxib 500mg bid

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

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

Occupation: Customer service / Unemployed

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

SYSTEMS REVIEW

Constitutional/Symptoms: Fatigue

Visual: Blurred vision, decreased vision

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

SEKERA001067

Gastrointestinal: Negative
Genitourinary: Negative
Endocrine: Negative
Musculoskeletal: See HPI
Neurologic: Negative
Hematologic: Negative
Inguinal: Negative
Psychologic: Anxiously depressed mood, insomnia

VITAL SIGNS

Height: 66.00 inches
Blood Pressure: 108/80 mmHg
Respirations: 18 RPM
Pulse: 68

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: No discolor
Transit: Normal
Ambulation: Patient can ambulate without assistance.
Gait: Gait is normal

CERVICAL SPINE

Appearance: No masses, lesions or abnormalities. Normal head position.
Palpation: No tenderness, trigger points, or spasm.
Range of Motion: Full range of motion in flexion, extension and rotation.
Motor: All 6/6 in the upper extremities.
Sensory: Intact in the upper extremities.
Reflexes: 2+ and equal in the upper extremities.

LUMBAR SPINE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.
Alignment: Spine is straight and in normal alignment.
Tenderness: Mild tenderness noted bilateral lower lumbar spine.
Trigger Points: None noted.
Spasm: Mild spasm is noted in the paravertebral musculature.
Foot Tenderness: Foot joint tenderness is noted bilateral 15-21
Spinous Tenderness: Spinous processes are non-tender.
ROM: Range of motion is decreased due to pain.
Straight Leg Raising: Negative at 60 deg bilaterally. Does not produce radicular pain.

PSYCHOLOGICAL EXAMINATION

Oriented: The patient is alert and oriented x3. No sign of impairment.
Mood/Affect: Mood is normal. Full affect.
Thought Process: Intact.
Memory: Intact.
Concentration: Intact.
Suicidal Ideation: None.

DIAGNOSES

M62.836 MUSCLE SPASM
M79.1 MYOFASCIAL PAIN
M54.6 LOW BACK PAIN
M47.816 LUMBAR FACET JOINT ARTHROPATHY / SPONDYLOSIS
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

COUNSELING

Spine Injections

Informed Consent for Spine Procedures: The procedure(s) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risks were reviewed and include but are not limited to increases in pain, bleeding, infection, diskitis, damage to nerves, spinal cord, structures of the neck and back, spinal headache, reaction to medication, loss of airway, pneumonia, seizure, stroke, paralysis and death. No guarantees were made regarding outcome. The risks of injection of corticosteroids include but are not limited to thinning of bones, fractures, avascular necrosis of the hips, osteolysis, weakening of structures such as ligaments, fat necrosis, dimpling of skin, adrenal suppression. Common side effects include water retention, flushing, insomnia, increased pulse and blood pressure. Diabetes will have increased blood sugars for about a week after injection. The patient has the option for sedation for the procedure. I advised the patient that conscious sedation may be utilized to provide a "twilight" effect. The patient will be arousable and able to respond throughout the procedure. This will not be a deep sedation. The patient may or may not have recall of the procedure. The risk of sedation includes loss of airway, aspiration, reaction to medication and damage to nerves.

Trigger Point Injections - done today

The patient was counseled regarding trigger point injections. The injections were described to the patient in detail. The risks and benefits were also reviewed.

PROCEDURE NOTE

TRIGGER POINT INJECTIONS- Informed consent was obtained, risks reviewed. The sites to be injected were identified and prepped with alcohol. Injections were performed without difficulty or complication.
Muscle(s) injected: Bilateral trapezius muscles, levator scapulae
Local: Marcaine 0.25% mixed in Lidocaine 2% and a total of 7 ml used out of 10 ml prepared.
Post Injection: 80% relief of usual bilateral shoulder pain

PLAN

SEKERA001068

- * CONTINUE CURRENT CHIROPRACTIC THERAPY
- ** DIAGNOSTIC / THERAPEUTIC FACET JOINT INJECTION (84403) BILATERAL L6-S1
- ** RETURN: 1 week: trigger point injections with pt
- ** RECORDS FROM: Lab work done in Jan, to re-evaluate gabapentin dose for her
- ** RETURN: 3-4 weeks for re-evaluation with lab.

Katherine D Travnocek MD

Electronically signed by KATHERINE TRAVNOCEK Date: 2/20/2017 Time: 8:40:01

SEKERA001069

PAIN INSTITUTE OF NEVADA
7435 W. Azure Drive, Ste 100
Las Vegas, NV 89130
Tel 702-878-8252
Fax: 702-878-0988

OFFICE VISIT

Date of Service: June 28, 2017

Patient Name: Joyce P Sekera
Patient DOB: 3/23/1958

PAIN COMPLAINTS

Neck
Mid back

Joyce returns to clinic today.

This patient is s/p medial branch blocks: bilateral L5-S1
Immediate post procedure pain: 100% relief of usual pain
Sustained improvement: None
Symptoms are returning. VAS is a 5 in her low back today.
Recommendation: RFA bilateral L5/S1 facet joint
She wants to think about it.

INTERIM HISTORY

Hospitalizations or ER visits: None
Changes in health: None
Problems with medications: None
Obtaining pain meds from other physicians: Patient denies.
New injuries or MVA's: No
Work Status: Unable to work due to pain
Therapy: PI is not currently receiving physical or chiropractic therapy.

IMAGING/TESTING

MRI brain without contrast: Report dated 12/18/2016
Brain normal for age.

MRI cervical spine without contrast: Report dated 12/21/2016
Mild disc curvature 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 foramenal stenosis.
C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

MRI lumbar spine without contrast: Report dated 12/21/2016
L1-2: Mild disc bulge.
L2-3: Minimal spondylosis and disc bulge.
L3-4: Mild disc bulge with mild facet and ligamentum flavum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.
L4-5: Left paracentral disc bulge with annular fissuring. Assymetrical and ligamentum flavum hypertrophy bilaterally. AP dimension spinal canal 11 mm.
L5-S1: Central disc bulge with facet hypertrophy bilaterally. AP dimension spinal canal 10 mm.

PROCEDURES

03/08/2017

FJRB L5/S1

Post Injection: Complete resolution of usual pain
Sustained: No relief of usual pain.

06/08/2017

MBS BL6S1

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

MEDICAL HISTORY

Diabetes type 2, HbA1C 8.5

ALLERGIES

No known drug allergies

MEDICATIONS

Malloryin 1 tablet 3x a week
Celebrex 200mg PRN 1 tablet a week

NV PMP REVIEWED 6/18/18-6/11/17

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

SEKERA001070

Lung Cancer

SOCIAL HISTORY

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

Occupation: Customer service / Unemployed

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

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue

Visual: Negative

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Inguenitary: Negative

Psychological: Insomnia

VITAL SIGNS

Height: 68.00 inches

Blood Press: 120/82 mmHg

Pulse: 68 BPM

Respirate Rate: 18 RPM

Temp: 36

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: Mod discomfort

Traction: Normal

Ambulation: Patient can ambulate with out assistance.

Gait: Gait is normal

PSYCHOLOGICAL EXAMINATION

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

Mood / Affect: Mood is normal. Full affect.

Thought Process: Intact.

Memory: Intact.

Concentration: Intact.

Suicidal / ideation: None.

DIAGNOSES

M64.6 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

M62.836 MUSCLE SPASM

COUNSELING

Radiofrequency Rhizotomy

The patient received extensive counseling regarding radiofrequency rhizotomy (RFR). The procedure to be performed was explained in detail using skeletal and anatomic model. The patient understands that RFR is a neurodestructive procedure intended to cauterize nerves for pain relief. It is expected that the nerves will re-generate in 6-24 months and repeat RFR would be needed if the pain returns. The type of sedation to be used was explained as well. All questions were answered.

Informed Consent: The procedure(s) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risk was reviewed and include but are not limited to increase in pain, bleeding, infection, diskitis, damage to nerves, spinal cord, structures of the neck and back, spinal headache, reaction to medication, loss of airway, pneumothorax, seizure, stroke, paralysis and death. No guarantees were made regarding outcome. The risks of injection of corticosteroids include but are not limited to thinning of bones, fractures, avascular necrosis of the hips, cataracts, weakening of structures such as ligaments, MI/heart attack, dislodging of skin, adrenal suppression. Common side effects include water retention, flushing, insomnia, increased pulse and blood pressure. Diabetics will have increased blood sugars for about a week after injection. The patient has the option for sedation for the procedure. I advised the patient that conscious sedation may be utilized to provide a "twilight" effect. The patient will be arousable and able to respond throughout the procedure. This will not be a deep sedation. The patient may or may not have recall of the procedure. The risk of sedation includes loss of airway, aspiration, reaction to medication and damage to nerves.

PRESCRIPTIONS

None

PLAN

** RETURN: 2 weeks for re-evaluation with kdt

Katherine D Travnick MD

Electronically signed by KATHERINE TRAVNICK Date: 6/26/2017 Time: 14:39:25

SEKERA001071

PAIN INSTITUTE OF NEVADA
7436 W. Azure Drive, Ste 180
Las Vegas, NV 89130
Tel 702-878-6252
Fax 702-878-8086

OFFICE VISIT

Date of Service: March 16, 2017

Patient Name: Joyce P Sekera
Patient DOB: 3/22/1958

PAIN COMPLAINTS

Neck pain
Low back pain

Joyce returns today after facet joint injections.

The patient is up facet joint injection bilateral L5-S1

Immediate post procedure pain: 100% relief of usual pain for 6 hours

Sustained improvement: None

Symptoms are getting worse. VAS is 8 today.

Function is declining. She takes no medications right now.

Repeat injection is recommended - bilateral medial branch blocks at L5/S1 and then RFA if she has second positive block

Her neck pain is bad today also. She has bilateral shoulder muscle pains, and trigger points weren't that successful she feels and would not like to repeat.

INTERIM HISTORY

Hospitalizations or ER visits: None

Changes in health: None

Problems with medications: None

Obtaining pain meds from other physicians: Patient denies.

New injuries or MVA's: No

Work Status: Unable to work due to pain

Therapy: Pt is currently receiving chiropractic therapy.

MAGNIG/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 dysmorphology 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 foramen stenosis.

C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

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

L1-2: Mild disc bulge.

L2-3: Minimal spondylosis and disc bulge.

L3-4: Mild disc bulge with mild facet and ligamentum flavum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.

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

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

PROCEDURES

03/06/2017

FJIB L5/S1

Post injection: Complete resolution of usual pain

Sustained: No relief of usual pain.

MEDICAL HISTORY

No medical problems reported by patient

ALLERGIES

No known drug allergies

MEDICATIONS

No medication

NV PMP REVIEWED 1A/13-1A/17

SURGICAL HISTORY

SEKERA001072

No prior surgeries reported.

FAMILY HISTORY
Lung Cancer

SOCIAL HISTORY

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

Occupation: Customer service / Unemployed

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

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue

Vision: Negative

EHT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurologic: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Insomnia

VITAL SIGNS

Height: 66.00 inches

Blood Pressure: 128/78 mmHg

Pulse: 74 BPM

Pain: 0/5

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: Significant pain

Translation: Slight limited

Amputation: Patient can ambulate without assistance.

Gait: Gait is antalgic

LUMBAR SPINE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.

Alignment: Spine is straight and in normal alignment.

Tenderness: Severe tenderness noted bilaterally left > right L5-S1

Trigger Points: None noted.

Spasm: Moderate spasm is noted in the paravertebral musculature.

Facet Tenderness: Facet joint tenderness is noted left > right L5-S1

Spinous Tenderness: Spinous processes are non-tender.

ROM: Range of motion is decreased due to pain.

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is alert and oriented x3. No signs of impairment.

Mood / Affect: Mood is normal. Full affect.

Thought Process: Intact.

Memory: Intact.

Concentration: Intact.

Suicidal Ideation: None.

DIAGNOSIS

M54.2 NECK PAIN

M79.1 MYOFASCIAL PAIN

M62.836 MUSCLE SPASM

M54.5 LOW BACK PAIN

M79.17 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

COUNSELING

Spine Injections

Informed Consent for Spine Procedures: The procedure(s) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risks were reviewed and include but are not limited to increase in pain, bleeding, infection, diskitis, damage to nerves, spinal cord, structures of the neck and back, spinal headache, reaction to medication, loss of airway, pneumothorax, seizure, stroke, paralysis and death. No guarantees were made regarding outcome. The risks of injection of corticosteroids include but are not limited to thinning of bones, fractures, avascular necrosis of the hips, cataracts, weakening of structures such as ligaments, fat necrosis, dimpling of skin, adrenal suppression. Common side effects include water retention, flushing, insomnia, increased pulse and blood pressure. Diabetes will have increased blood sugars for about a week after injection. The patient has the option for sedation for the procedure. I advised the patient that conscious sedation may be utilized to provide a "mellow" effect. The patient will be arousable and able to respond throughout the procedure. This will not be a deep sedation. The patient may or may not have recall of the procedure. The risk of sedation includes loss of airway, aspiration, reaction to medication and damage to nerves.

SEKERA001073

PRESCRIPTIONS

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

Start CELEBREX 200MG, QID: 42, Refills: 0, sig: TAKE 1 BID for PAIN
Pres by CSBEGAY on 03/16/2017 at 01:50PM

PLAN

** DIAGNOSTIC FACET MEDIAL BRANCH BLOCKS (64403) BILATERAL L5-S1

** Celebrex start today

** RETURN: 1 week after injection with pn / kdt

Katherine D Travnick MD

Electronically signed by KATHERINE TRAVNICK Date: 3/16/2017 Time: 13:58:01

SEKERA001074

PAIN INSTITUTE OF NEVADA
7426 W. Azure Drive, Ste 100
Las Vegas, NV 89130
Tel 702-878-8252
Fax 702-878-8088

OFFICE VISIT

Date of Service: July 10, 2017

Patient Name: Joyce F Sekera
Patient DOB: 3/23/1968

PAIN COMPLAINTS

Neck Pain
Low back pain

Joyce returns today for follow up. She declines the RFA procedure for her low back pain. VAS ranges 0-6 and comes and goes. She doesn't feel her pain is severe enough to get the RFA and she wants a permanent solution. She takes celebrex as needed. She will return here when she is ready to do the RFA should her pain worsen.

INTEREST 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 MVAs: No
Work Status: Unemployed
Therapy: PI is not currently receiving physical or chiropractic therapy.

IMAGING/TESTING

MRB brain without contrast Report dated 12/16/2016
Brain normal for age.

MRB 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 MII uncovertebral arthropathy.
C5-6: Mild disc protrusion with mild bilateral facet hypertrophy. Bilateral uncovertebral arthropathy with mild MII greater than right neural foramenial stenosis.
C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

MRB lumbar spine without contrast Report dated 12/21/2016
L1-2: Mild disc bulge.
L2-3: Minimal spondylosis and disc bulge.
L3-4: Mild disc bulge with mild facet and ligamentum flavum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.
L4-5: Left paracentral disc bulge with perilar fissuring. Acetabulum and ligamentum flavum hypertrophy bilaterally. AP dimension spinal canal 11 mm.
L5-S1: Central disc bulge with facet hypertrophy bilaterally. AP dimension spinal canal 10 mm.

PROCEDURES

03/09/2017

FJH B L6S1

Post Injection: Complete resolution of usual pain
Sustained: No relief of usual pain.

05/09/2017

MBB B L6S1

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

MEDICAL HISTORY

Diabetes type 2, HbA1C 8.6

ALLERGIES

No known drug allergies

MEDICATIONS

Motrin 1 tablet 3x a week
Celebrex 200mg 1-2x a month

NVP PMP REVIEWED 8/10/18-8/11/17

SURGICAL HISTORY

No prior surgeries reported.

FAMILY HISTORY

Lung Cancer

SOCIAL HISTORY

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

SEKERA001075

Occupation: Customer service / Unemployed

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

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue

Visual: Negative

ENT: Negative

Cardiovascular: Negative

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Insomnia

VITAL SIGNS

Height: 68.00 inches

Blood Pressure: 126/72 mmHg

Pulse: 62 BPM

Respirations: 16 RPM

Pain: 0/5

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: No discomfort

Transfers: Normal

Ambulation: Patient can ambulate without assistance.

Gait: Gait is normal

PSYCHOLOGICAL EXAMINATION

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

Mood / Affect: Mood is normal. Full affect.

Thought Process: Intact.

Memory: Intact.

Concentration: Intact.

Suicidal / homicidal: None.

DIAGNOSIS

M54.5 LOW BACK PAIN

M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

PRESCRIPTIONS

None

PLAN

~ RETURN: As needed

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 7/10/2017 Time: 8:13:00

SEKERA001076

PAIN INSTITUTE OF NEVADA
7485 W. Azure Drive, Ste 180
Las Vegas, NV 89130
Tel 702-878-6262
Fax 702-878-6088

OFFICE VISIT

Date of Service: May 11, 2017

Patient Name: Joyce F Salera
Patient DOB: 3/22/1968

PAIN COMPLAINTS

Low Back Pain

Joyce returns for follow up today.

The patient is s/p medial branch blocks: Bilateral L5-S1

Immediate post procedure pain: 100% relief of usual pain

Sustained improvement: 60% reduction in usual pain. Pain reported 3/10

Symptoms are improving. She has a pinching feeling in her low back that is mild and not limiting her function.

Recommendation: When her pain returns, I recommend an RFA at bilateral L5-S1 joints

INTERIM HISTORY

Hospitalizations or ER visits: None

Changes in health: None

Problems with medications: None

Obtaining pain meds from other physicians: Patient denies.

New injuries or MVAs: No

Work Status: PI is working full duty.

Therapy: PI is not currently receiving physical or chiropractic therapy.

MAGNETIC 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 discocurvature with straightening of cervical lordosis.

C3-4: Mild bilateral facet hypertrophy.

C4-5: Mild bilateral facet hypertrophy. Mild left uncovertebral arthropathy.

C5-6: Mild disc protrusion with mild bilateral facet hypertrophy. Bilateral uncovertebral arthropathy with mild left greater than right neural foraminal stenosis.

C6-7: Mild broad disc protrusion. AP diameter spinal canal 10 mm.

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

L1-2: Mild disc bulge.

L2-3: Minimal spondylosis and disc bulge.

L3-4: Mild disc bulge with mild facet and ligamentum flavum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.

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

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

PROCEDURES

03/08/2017

FJIS L5S1

Post Injection: Complete resolution of usual pain

Sustained: No relief of usual pain.

05/08/2017

MBS B L5S1

Post Injection: Complete Resolution of usual pain.

Sustained: 2 days of 100% relief and then now at 60% relief

MEDICAL HISTORY

No medical problems reported by patient

ALLERGIES

No known drug allergies

MEDICATIONS

None

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

SEKERA001077

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

SYSTEMS REVIEW

Constitutional Symptoms: Fatigue
Visual: Negative
ENT: Negative
Cardiovascular: Negative
Respiratory: Negative
Gastrointestinal: Negative
Genitourinary: Negative
Endocrine: Negative
Musculoskeletal: See HPI
Neurological: Negative
Hematologic: Negative
Immunologic: Negative
Psychologic: Anxious

VITAL SIGNS

Height: 66.00 inches
Blood Pressure: 110/68 mmHg
Respirations: 16 RPM
Pulse: 63

PHYSICAL EXAMINATION

GENERAL APPEARANCE

Appearance: No discomfort
Transfer: Normal
Ambulation: Patient can ambulate without assistance.
Gait: Gait is normal

PSYCHOLOGICAL EXAMINATION

Orientation: The patient is alert and oriented x2. No sign of impairment.
Mood/Affect: Mood is normal. Full affect.
Thought Process: Intact.
Memory: Intact.
Concentration: Intact.
Suicidal Ideation: None.

DIAGNOSES

M64.6 LOW BACK PAIN
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

PRESCRIPTIONS

None

PLAN

-- RETURN: 3 weeks for re-evaluation with hcl

Katherine D Travnicek MD

Electronically signed by KATHERINE TRAVNICEK Date: 6/11/2017 Time: 8:35:58

SEKERA001078



Sekera, Joyce

61 Y old Female, DOB: 03/22/1956

Account Number: 10429

7840 Nesting Pine Place, LAS VEGAS, NV-89143

Home: 702-467-5457

Guarantor: Sekera, Joyce Insurance: THE GALLIHER

LAW FIRM Payer ID: PAPER

Referring: LAW FIRM THE GALLIHER

Appointment Facility: Desert Institute of Spine Care

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?

5 or less

Occupational:

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

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

L Neck and back

History of Present Illness

Today's Visit:

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

Current Treatment:

Pain Management, Chiropractic.

Prior Injuries:

None.

Vital Signs

Ht 5 ft 6 in, Wt 180 lbs, BMI 29.0, BP 110/65, 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 conjunctiva 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 (www.eClinicalWorks.com)

SEKERA001079

<https://ecw.online.physicianstrust.net:3012/mobiledoc/jsp/catalog/xml/printMultipleChart...> 1/14/2020

1916

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

Respiratory:

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

Cardiovascular:

Chest pain denies. Irregular heartbeat denies.

Gastrointestinal:

Hemorrhoids denies. Ulcers denies. Painful bowel movements denies. Black stool denies. Abdominal pain denies. Blood in stool denies. Change in bowel habits denies. Diarrhea denies. Heartburn admits. Nausea denies. 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 admits. Loss of strength admits. Seizures denies. Stroke denies.

Tingling/Numbness admits.

Tremor denies.

Psychiatric:

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

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

NEUROPSYCHIATRIC: Appropriate judgement and insight, alert and oriented x3.

Associations- Intact.

Thought Processes/Cognitive Function- Appropriate 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 MINIMUM 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)

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<https://ecw.online.physicianstrust.net:3012/mobiledoc/jsp/catalog/xml/printMultipleChart...> 1/14/2020

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frequently or 20 pounds occasionally.

PROGNOSIS:

Prognosis: Diminished without the recommended treatment..

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

CAUSATION:

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

Opioid Risk:

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

Procedure Codes

72050 X-RAY EXAM OF NECK SPINE

72110 X-RAY EXAM OF LOWER SPINE

Follow Up

4 Weeks



Electronically signed by Andrew Cash MD on 10/06/2017 at 09:49 AM PDT

Sign off status: Completed

Desert Institute of Spine Care
9339 W SUNSET RD

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

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

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1918

LAS VEGAS, NV 89148-4849
Tel: 702-630-3472
Fax: 702-640-5115

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

Note generated by eClinicalWorks EHR Software from eClinicalWorks.com.

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EXHIBIT 42

RECEIVED 01/08/2020 10:30AM 7024639772

DR. JORDAN WEBBER

CLAGGETT & SYKES
LAW FIRM4101 Meadows Lane #100 | Las Vegas, NV 89107
Tel. 702.655.2346 | Fax 702.655.3763 | claggettlaw.com

January 8, 2020

VIA FACSIMILEDesert Chiropractic & Rehab / Core Rehab
(702)463-9772***Updated Records for the dates:
05/01/17 - Present***Re: Medical and Billing Records RequestClient 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 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. **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

/s/ Paola Jimenez

PAOLA JIMENEZ

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DR. JORDAN WEBBER

ATTENTION

Nevada Revised 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.

SEKERA001084

1922

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DR. JORDAN WEBBER

**DECLARATION FOR MEDICAL RECORDS
AND MEDICAL BILLING RECORDS**

STATE OF _____)
) ss:
COUNTY OF _____)

COMES NOW Jennifer Ramos., 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 Chiropractic & Rehab / Core Rehab**.
2. That **Desert Chiropractic & Rehab / Core Rehab** is licensed to do business in the State of NV;
3. That on the 16 day of January, 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__

DECLARANT

SEKERA001085

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DR. JORDAN WEBBER

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)

Date(s) of Treatment Requested: 05/01/17 - Present

Joey Sekera do hereby authorize the above-named entity to disclose and deliver to the office of CLAGGETT & SYKES, or a representative of the office, protected health information as follows:

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 hospitalization.

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 Use 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."

SEKERA001086

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DR. JORDAN WEBBER

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 10 day of 10, 2019.

Joyce Sekera
Print Name

Joyce Sekera
Client's Signature

3-22-56
Date of Birth

09148-8430
Social Security Number

SEKERA001087

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
Las Vegas, NV 89130
Tel 702-878-8252
Fax 702-878-9096

OFFICE VISIT

Date of Service: July 10, 2019

Patient Name: Joyce P Sekera
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 now, improved range of motion, has less AM pain, and walks longer / farther now.

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

Activities that relieve the pain: Stretch and exercise

Description of the pain: 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 receiving physical or chiropractic therapy.

IMAGING/TESTING

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

Brain normal for age.

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

Mild dextrocurvature with straightening of cervical lordosis.

C3-4: Mild bilateral facet hypertrophy.

C4-5: Mild bilateral facet hypertrophy. Mild left uncovertebral arthropathy.

C5-6: Mild disc protrusion with mild bilateral facet hypertrophy. Bilateral uncovertebral arthropathy with mild left greater than right neural foraminal stenosis.

C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

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

L1-2: Mild disc bulge.

L2-3: Minimal spondylosis and disc bulge.

L3-4: Mild disc bulge with mild facet and ligamentum flavum hypertrophy bilaterally. AP dimension of the spinal canal 11 mm.

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

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

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 laxity or instability.

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

Mild endplate osteophytosis of the mid thoracic and lumbar spine. Equal excursion of right and left lateral bending. No significant scoliosis 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. Vascular calcifications noted with slight levoconvex curvature. No evidence of subluxation with flexion extension views.

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

Mild levoscoliosis of the lumbar 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-L3, L3-L4, and L4-L5 with bilateral lateral recess narrowing at L4-L5.

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

Spurring seen mildly throughout lumbar spine, or focal involving L2-L3. Mild sclerosing of left S1 joint.

7/11/19
JK
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Jul 11. 2019 3:28PM

No. 6910 P. 2/3

PROCEDURES

03/08/2017

FJI B LSS1

Post Injection: Complete resolution of usual pain

Sustained: No relief of usual pain.

05/08/2017

MBB B LSS1

Post Injection: Complete Resolution of usual pain.

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

11/30/2017

RFA B LSS1

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

06/20/2018

RFA B LSS1

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 6/5/17-6/5/18 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

Respiratory: Negative

Gastrointestinal: Negative

Genitourinary: Negative

Endocrine: Negative

Musculoskeletal: See HPI

Neurological: Negative

Hematologic: Negative

Integumentary: Negative

Psychological: Negative

VITAL SIGNS

Height: 66.00 Inches

Weight: 205.00 Pounds

Blood Press: 134/78 mmHg

Pulse: 82 BPM

BMI: 33.1

Pain: 03

PHYSICAL EXAMINATION**GENERAL APPEARANCE**

Appearance: Mild discomfort

Transition: Slight limited

Ambulation: Patient can ambulate without assistance.

Gait: Gait is normal

LUMBAR SPINE

Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.

Tenderness: Mild tenderness noted bilateral lower lumbar spine

Trigger Points: None noted.

Spasm: Mild spasm is noted in the paravertebral musculature.

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DR. JORDAN WEBBER

Jul 11, 2019 3:28PM

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 bilaterally. Does not produce radicular pain.**PSYCHOLOGICAL EXAMINATION***Orientation:* The patient is alert and oriented x3. No sign of impairment.*Mood / Affect:* Mood is normal. Full affect.*Thought Process:* Intact.*Memory:* Intact.*Concentration:* Intact.*Suicidal Ideation:* None.**DIAGNOSIS**

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

SEKERA001090

RECEIVED 07/12/2017 05:51PM 7024639772
WED/JUL/12/2017 17:22

DR. JORDAN WEBSTER

Jul. 12. 2017 5:40PM

No. 2642 P. 2/6

Name: SEKERA, JOYCE
DOE: 07-10-2017**RADAR MEDICAL GROUP, LLP**Mailing address: 10624 South Eastern Avenue, Suite A-425, Henderson, NV 89052
Phone (702) 644-9500 Fax (702) 641-4600**Russell J. Shah MD**
Neurology/Neurophysiology**NEUROLOGY Follow Up**PATIENT NAME: SEKERA, JOYCE
DOB: 03-22-1956
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 07-10-2017

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

HISTORY OF INJURY

Date of Injury: 11-04-2016

Medications:

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

REVIEW OF SYSTEMS

Constitutions! Normal appetite, normal steady weight, no malaise, no generalized weakness, no

7/19/17
Page: 1
JW

SEKERA001091

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DR. JORDAN WEBER

Jul 12, 2017 5:40PM

No. 2642 P. 3/6

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

diaphoresis, no unexplained weight loss

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

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

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

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

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

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

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

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

RECORD REVIEW

chart

PRESENT COMPLAINT

She is on 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

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1930

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DR. JORDAN WEBBER

Jul 12, 2017 5:40PM

No. 2642 2. 4. 6

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

prior to the fall

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

she does not feel better nor worse with pain

She is noting pain down the legs intermittently

- She is not using is on gabapentin

Her mood is better

She is not upset, angry or tear any more

She is with some forgetfulness and overall better

She is not working

EXAMINATION**Vital Signs:**

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

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

Musculoskeletal:

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

Lumbar range: Lumbar range of motion was limited on extension

Obesity

Cranial Nerves: EOMI
Hearing was intact

Page: 3

SEKERA001093

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DR. JORDAN WEBBER

Jul. 12. 2017 5:41PM

FILE
No. 2642 P. 5/5

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

2. Cervical strain/headaches

- spine restrictions
- education in depth

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

- partially improved

Page: 4

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DR. JORDAN WEBBER

Jul. 12. 2017 5:41PM

No. 2642 P. 6/6
3.000

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

5. Lumbar strain with leg pain/ache

- spine restrictions
- weight loss

6. Carpal tunnel syndrome

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

Sincerely,



Russell J. Shah, MD

cc: Dr. Jordan Webber

Page: 5

SEKERA001095

1933

RECEIVED 05/04/2017 03:53PM 7024639772

DR. JORDAN WEBBER

May. 4. 2017 3:49PM

No. 8521 P. 2/5

Name: SEKERA, JOYCE

DOE: 04-11-2017

RADAR MEDICAL GROUP, LLP

Mailing address: 10624 South Eastern Avenue, Suite A-425, Henderson, NV 89052

Phone (702) 644-0500 Fax (702) 641-4600

Russell J. Shah MD

Neurology/Neurophysiology

NEUROLOGY Follow Up

JORDAN WEBBER D.C.

2425 N Lamb Blvd

Ste #100

Las Vegas, NV 89115

PATIENT NAME: SEKERA, JOYCE

DOB: 03-22-1956

Gender: F

Date of Injury: 11-04-2016

Date of Evaluation: 04-11-2017

Dear Dr. JORDAN WEBBER:

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

HISTORY OF INJURY

Date of Injury: 11-04-2016

MEDICATIONS/ MEDICATION ALLERGY**Medications:**

NAME	DOSAGE	SIG	DISCONTINUE DATE
ZPAK		AS DIRECTED	

5/12/17
Page: 1 JW

SEKERA001096

RECEIVED 05/04/2017 03:53PM 7024639772

DR. JORDAN WEBBER

May. 4. 2017 3:49PM

No. 8521 P. 3/5

Name: SEKERA, JOYCE**DOE: 04-11-2017****REVIEW OF SYSTEMS**

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

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

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

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

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

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

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

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

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

RECORD REVIEW**chart****PRESENT COMPLAINT**

She is better and not crying and much less emotional

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

Page: 2

SEKERA001097

1935

RECEIVED 05/04/2017 03:53PM 7024639772

DR. JORDAN WEBBER

May. 4. 2017 3:50PM

No. 8521 P. 4/5

Name: SEKERA, JOYCE

DOE: 04-11-2017

pain shots

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

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

She is with low back pain

She has stiffness and ache in the shoulder blades

She is not working now and was in sales.

She is unable to work due to the injury

She is on zpack antibiotics completion today and inhaler

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

She has stiffness and achiness in the legs

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

She has noted less hand numbness

EXAMINATION**Vital Signs:**

TEMP	PULSE	RESP	HT	WT	BMI	BP SYST	BP DIAST	COMMENT
98	61	16	66	207	33	148	76	AG

General:

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

The patient appears to be in mild distress.

The patient has a clear sensorium.

The patient is a fair historian

No pausing during conversation, fair eye contact, fair vocal prosody, no psychomotor retardation, masked face or decrease eye contact. Attentive throughout

Musculoskeletal:

There is mild lumbar paraspinal muscle tenderness.

Page: 3

SEKERA001098

RECEIVED 05/04/2017 03:53PM 7024639772

DR. JORDAN WERBER

May. 4. 2017 3:50PM

No. 8521 P. 5/5

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

There is no lumbar sacral spinous processes tenderness.
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florid muscle spasm of the lumbar paraspinal muscles

Lumbar range: Lumbar range of motion was limited on extension, No SLR, no Tinel's at the fibular head or tarsal tunnel

Obesity

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

Motor :**Lower:**

Normal power of 5
Able to heel and toe stance
Reflexes 2+

Coordination: Unremarkable

Gait: Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome

- will reinstitute anicept after the illness recovers

2. Cervical strain/headaches

- f/u pain management - hold any procedures till she recovers from the recent illness. She was told that injections/procedures and/or steroids may lower her immune system and will notify pain management

3. Migraines secondary to #1/2

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

Page: 4

SEKERA001099

1937

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) 677-9801 PAGE: 002 OF 007

Name: SEKERA, JOYCE
DOE: 02-07-2017**RADAR MEDICAL GROUP, LLP**Mailing address: 10624 South Eastern Avenue, Suite A-425, Henderson, NV 89052
Phone (702) 644-0500 Fax (702) 641-4600**Russell J. Shah MD**
Neurology /Neurophysiology**NEUROLOGY Follow Up**JORDAN WEBBER D.C.
2425 N Lamb Blvd
Ste #100
Las Vegas, NV 89115PATIENT NAME: SEKERA, JOYCE
DOB: 03-22-1956
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 02-07-2017

Dear Dr. JORDAN WEBBER:

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

HISTORY OF INJURY

Date of Injury: 11-04-2016

MEDICATIONS/ MEDICATION ALLERGY**Medications:**

NAME	DOSE	SIG	DISCONTINUED DATE
ROBAXIN	UNKNOWN	PRN	

Page: 1

2/17/17
SEKERA001100V

1938

RECEIVED 02/17/2017 09:44AM 7024639772

DR. JORDAN WEBBER

FRI/FEB/17/2017 09:13

P.003

2/16/2017 2:28 PM FROM: 702-641-4600 TO: (702)877-9801 PAGE: 003 OF 007

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

METHOCARBAMOL	UNKNOWN	TWICE DAILY PRN	
---------------	---------	-----------------	--

REVIEW OF SYSTEMS

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

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

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

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

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

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

RECORD REVIEW

chart

PRESENT COMPLAINT

She is less emotional and feels better

Page: 2

SEKERA001101

1939

RECEIVED 02/17/2017 09:44AM 7024639772
FRI/FEB/17/2017 09:13

DR. JORDAN WEBBER

P. 004

2/16/2017 2:38 PM FROM: 702-641-4600 TO: (702) 677-9801 PAGE: 004 OF 007

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

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

She is with Dr. Webber and had MRIs of the cervical and lumbar completed

The dizziness and nausea are significantly better now.

Bilateral hand numbness and tingling worse on left and positive Flick, positive nocturnal repositioning noted.

EXAMINATION

Vital Signs:

TEMP	PULSE	BLOOD PRESS	BP	HR	RR	RESP	RETRACT	COMMENT
98.1	72	16	66	296.2	35	116	60	CG

General: The patient is awake, alert appropriate and non-toxic appearing.
The patient appears to be in mild distress.
The patient has a clear sensorium.
The patient is a fair historian.
No pausing during conversation, fair eye contact, fair vocal prosody, no psychomotor retardation, masked face or decrease eye contact. Attentive throughout.

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

No anterior tenderness to the left shoulder areas was present.
A positive Tinel's sign at left wrists.
A negative Tinel's sign at both medial elbow grooves.
A positive Phalen's sign at the bilateral wrist.

No anterior chest 1st rib tenderness.
There is mild upper thoracic paraspinal muscle tenderness.
There is no mid thoracic paraspinal muscle tenderness.
There is no lower paraspinal muscle tenderness.
There is no thoracic spinal processes tenderness.

Page: 3

SEKERA001102

1940

RECEIVED 02/17/2017 09:44AM 7024639772
FRI/FEB/17/2017 09:14

DR. JORDAN WEBBER

P. 005

2/16/2017 2:38 PM FROM: 702-641-1600 TO: (702)877-0801 PAGE: 005 OF 007

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

There is upper tightness and/or muscle spasm of the the thoracic paraspinal muscles
There is no florid muscle spasm of the thoracic paraspinal muscles.
There is minimal lumbar paraspinal muscle tenderness.
There is no lumbar sacral spinous processes tenderness.
There is tightness and/or spasm of the lumbar paraspinal muscles
There is no florid muscle spasm of the lumbar paraspinal muscles

Cervical range: Cervical range of motion was limited.

Pain on extension: yes
Pain on lateral flexion: yes

Positive axial compression maneuver
No Limittes.

Lumbar range: Lumbar range of motion was limited.

Obesity

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

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

Motor: Normal power of 5 , bilateral AFB is normal power and no muscle fasciculations.
Reflexes were 2 throughout upper
No drift

Lower:

Normal power of 5
Able to heel and toe stance
Reflexes 2

Coordination: Unremarkable

Gait: Nonwide based gait which is symmetric.

Romberg was performed and demonstrated with no sway.

Page: 4

SEKERA001103

1941

RECEIVED 02/17/2017 09:44AM 7024639772
PRI/FEB/17/2017 09:15

DR. JORDAN WEBBER

P. 006

2/16/2017 2:30 PM FROM: 702-641-1600 TO: (702) 677-9801 PAGE: 006 OF 007

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

IMPRESSION from 11/4/2016 Trauma

1. Post traumatic brain syndrome
2. Cervical strain/headaches
3. Migraines secondary to #1/2
4. Secondary insomnia due to #1,2, and #5
5. Lumbar strain
6. Carpal tunnel syndrome

DISCUSSION

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

CAUSATION

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

PLAN

1. Continue Robaxin and Ibuprofen as needed.
2. Initiate zolpidem 5 mg po qd. Off label treatment risk/benefit discussed. Patient wishes to try the medication and understands SE, addiction, weight changes, effects onto the mood and psychology of the brain, cholinergic and anticholinergic systems discussed. Not taking the medication and alternatives were fully discussed. Risk, benefits, adverse reactions were explained to the patient.

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

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

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

Page: 5

SEKERA001104

1942

RECEIVED 02/17/2017 09:44AM 7024639772
FRI/FEB/17/2017 09:15

DR. JORDAN WEBBER

P. 007

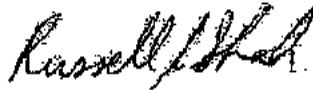
2/16/2017 2:36 PM FROM: 702-641-4600 TO: (702)677-9901 PAGE: 007 OF 007

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 evaluate different markers including bone marrow and liver toxicity potentials.

3. Re-evaluate in 2 months
4. Spine restrictions
5. May need neuropsychology
6. Obtain spine MRI results
7. Wrist splints bilateral for symptomatic carpal tunnel- education on how to use was extensive
8. May need hand surgeon
9. Compliance
10. Weight loss program and conditioning for improvement of post traumatic brain syndrome
11. Gym membership recommendations
12. Education greater than 50% of the evaluation time

Sincerely,



Russell J. Shah, MD

Page: 6

SEKERA001105

1943

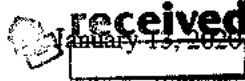
EXHIBIT 43

CLAGGETT & SYKES
LAW FIRM

4101 Meadows Lane #100 | Las Vegas, NV 89107

Tel. 702.655.2346 | Fax 702.655.3763 | claggettlaw.com

Las Vegas Neurosurgical Institute
Center For Spine And Brain Surgery
3012 S. Durango Dr.
Las Vegas, NV 89117
~~Center 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 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. **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

/s/ Paola Jimenez

PAOLA JIMENEZ

SEKERA001106

ATTENTION

Nevada Revised 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.

SEKERA001107

1946

**DECLARATION FOR MEDICAL RECORDS
AND MEDICAL BILLING RECORDS**

STATE OF NV)
COUNTY OF Clark) ss:

COMES NOW Marya Vandey, 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. LVM

2. That Center For Spine & Brain Surgery is licensed to do business in the State of NV; LVM

3. That on the 13 day of January, 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 Center For Spine & Brain Surgery; LVM

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: 10 day of January, 2020.

Marya Vandey
DECLARANT

SE

**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: Las Vegas Neurosurgical Institute for Spine & Brain Surgery (Medical Care Provider)

Date(s) of Treatment Requested: 11/04/2016 - Present

Joyce Sekera, do hereby authorize the above-named entity to disclose and deliver to the office of CLAGGETT & SYKES, or a representative of the office, protected health information as follows:

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 hospitalization.

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 Use 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."

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 10 day of 10, 2019.

Joyce Sokera
Print Name

[Signature]
Client's Signature

3-22-56
Date of Birth

09148-8430
Social Security Number

Patient History - Summary

LAS VEGAS NEUROSURGICAL INSTITUTE

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

All Items													
Chart #:		11250		Home Phone:		(702) 467-5457							
Patient Name:		SEKERA, JOYCE		Office Phone:									
Address:		7840 NESTING PINE PLACE		Resp. Party:		SEKERA, JOYCE							
City, State, Zip:		LAS VEGAS, NV 89143		Resp. Acct#		69356							
U Code	Source	I	B	Service Date	Prov	Visit#/ Check#	Charge Amount	Paid/ Applied	Patient Balance	Insurance Balance	Total Last Billed Balance Carrier	Date Billed	Resp Party This Charge
99213		Y	Y	1/10/2020	GARB	190954	\$350.00	\$0.00	\$0.00	\$350.00	\$350.00	01/14/2020	69356
99213		Y	Y	10/10/2019	GARB	164335	\$350.00	\$0.00	\$0.00	\$350.00	\$350.00	10/16/2019	69356
99204		Y	Y	9/17/2019	GARB	156339	\$1,000.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00	09/19/2019	69356
Grand Total:							\$1,700.00	\$0.00	\$0.00	\$1,700.00	\$1,700.00		

SEKERA001111

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

Generated 1/20/2020 11:08:08 AM

Powered by **AdvancedMD**

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:

SEKERA001112

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

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, possibly injections of prescribed steroids or other analgesics.

Physical Therapy Facility Name: n/a

Location: n/a

Phone Number: n/a

Dates Attended: n/a

Pain management Dr. name: Dr Travnicsek

Location: azure dr.

Phone Number: 702-878-8252

Treatments: injections/rhizotomy

Injection dates: n/a

SEKERA001113

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:

SEKERA001114

1953

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
Insurance Information - 9/16/2019

Insurance Information

Today's date: 09/05/2019

Patient's First Name: Joyce

MI: p

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 Compensation Information
Name of Insurance Company: ATTORNEY GALLIHER 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: n/a

Policy ID Number: 11042014

Adjuster or Contact Name: n/a

Phone Number: 702-735-0049

Secondary Insurance Or Attorney Information

Name of Insurance Company: n/a

Address: n/a

SEKERA001115

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
Insurance Information - 9/16/2019

City: n/a

State: n/a]

Zip: n/a

Insured's Name: n/a

DOB: n/a

SSN: n/a

Insured's Employer Name: n/a

Group or Claim Number: n/a

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 pay 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 any 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:

SEKERA001116

1955

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
Medical History Form - 9/16/2019

Medical History Form

Patient Name

First: Joyce

MI: p

Last Name: Sekera

Date of Birth: 03/22/1956

Age: 63 yrs.

Weight: 200

Sex: female

Height: 5'6

Email: JOYCESEKERA@YAHOO.COM

Primary Care Physician: dr. mcgrorey

Referring Physician: Jason Garber MD

Reason for today's visit:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Brain tumor | <input type="checkbox"/> Carpal tunnel syndrome | <input type="checkbox"/> Cauda equina syndrome | <input type="checkbox"/> Cerebral palsy |
| <input checked="" type="checkbox"/> Chronic pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Headache | <input type="checkbox"/> Herniated disc |
| <input checked="" type="checkbox"/> Low back pain | <input checked="" type="checkbox"/> Neck pain | <input checked="" type="checkbox"/> Leg pain | <input type="checkbox"/> Arm pain |
| <input type="checkbox"/> Numbness & tingling | <input type="checkbox"/> Weakness in limbs, etc. | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Spondylolisthesis |
| <input type="checkbox"/> Subarachnoid hemorrhage | <input type="checkbox"/> Follow up visit | <input type="checkbox"/> Postoperative visit | <input type="checkbox"/> Scheduled postop visit |
| <input type="checkbox"/> Non-routine postop visit | <input checked="" type="checkbox"/> Work-related health problem | <input type="checkbox"/> Independent Medical Examination | |
| <input type="checkbox"/> Other: | | | |

Symptoms (specific problems):

low back ache/neck pain/leg pain

How Long have you had symptoms?

11/04/2016

Is your current problem a result of an accident? Yes ☒ No ☐

If 'Yes', mark all that apply

☐ Car accident ☒ Slip and fall ☐ Blunt force trauma ☐ Fall ☐ Work accident

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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: n/a

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 ☐ Asthma ☐ Emphysema

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

- ☐ Bronchitis ☐ Pneumonia ☐ Lung cancer
☐ Other n/a

Gastrointestinal

- ☐ Liver disease ☐ Colon cancer ☐ Ulcers ☐ Gastritis
☐ Other n/a

Genitourinary

- ☐ Renal/Kidney disease ☐ Kidney stone(s) ☐ Prostate cancer (males) ☐ Endometriosis
☐ Uterine ☐ Uterine cancer (females) ☐ Cervical cancer (females)
☐ Other n/a

Musculoskeletal

- ☒ Arthritis ☐ Fractures (specify)
☐ Cervical spine disease ☐ Thoracic spine disease ☐ Lumbar spine disease
☐ Other n/a

Skin/Breast

- ☐ Connective tissue disease

Date of last mammogram : n/a

Result of mammogram : n/a

- ☐ Other n/a

Psychiatric

- ☐ Depression ☐ Other psychiatric disorder: n/a

Endocrine

- ☒ Diabetes ☐ Diabetes with end organ damage ☐ Thyroid disease
☐ Other pre diabetes

Hematology/Lymphatic

- ☐ Anemia ☐ Hemophilia ☐ Blood clotting

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

- ☐ Blood transfusion (If checked, when?) n/a
- ☐ Other n/a

Past Medical Problems (continued)

Immunologic

- ☐ AIDS ☐ HIV positive ☐ Autoimmune disease
- ☐ Other immunological disorder: n/a

Other

- ☐ Dementia ☐ Hemiplegia ☐ Any tumor
- ☐ Leukemia ☐ Lymphoma ☐ Metastatic solid tumor
- ☐ NONE OF THE ABOVE

Allergies

Allergy to latex: Yes ☐ No ☒ Allergy to iodinated contrast: Yes ☐ No ☒

Allergies to medications (specify): n/a

- ☐ Food allergies (specify): n/a
- ☐ Contact allergies (specify): n/a
- ☐ Environmental allergies (specify): n/a
- ☐ Other (specify): n/a

Family History

Family Member	Alive	Health Status	Deceased	Cause of Death	Age
Mother	<input checked="" type="checkbox"/>	good	<input type="checkbox"/>		
Father	<input type="checkbox"/>		<input checked="" type="checkbox"/>	stage 4 cancer	79
<input checked="" type="checkbox"/> Brother <input type="checkbox"/> Sister	<input type="checkbox"/>	good	<input type="checkbox"/>		
<input type="checkbox"/> Brother <input checked="" type="checkbox"/> Sister	<input type="checkbox"/>	good	<input type="checkbox"/>		

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

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 ☐ 2 pack per day
☐ more than 2 packs per day ☐ N/A, currently use chewing tobacco

If 'No', specify: ☐ Never smoked ☐ Quit 0-6 months ago ☐ Quit 6-12 month ago

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

☐ Quit more than 1 year ago, less than 2 years ago ☐ Quit more than 2 years ago

Do you drink alcohol? ☐ No, never ☒ Occasionally ☐ 1 glass/day (light)
☐ 2-4 glass/day (moderate) ☐ 5 or more (heavy)

Do you use illicit drugs? ☒ Never ☐ Rarely ☐ Once a month ☐ Once a week
☐ Once or more per day

Are you at risk for HIV? (e.g. drug abuse, previous blood transfusion)

Yes ☐ No ☒ please explain:

Spine Specific

Indicate the highest recreational level you engaged in just prior to your spine condition. (Mark one below)

☐ Contact sports ☒ Non-contact sports ☐ Light recreational ☐ Sedentary
☐ N/A - Disabled ☐ No response

Is your recreation level affected by your spine condition? Yes ☒ No ☐

Medications

Are you taking pain medications? (Mark all that apply below)

☒ No ☐ Yes, over-the-counter pain medications ☐ Yes, prescribed pain medication

If 'Yes', how often do you take pain medications?

☐ One dose/week as needed ☐ 1 dose every 2 days ☐ 1 or 2 doses per day ☐ 3 or more doses per day

List your Current Medications

Dose

Frequency

metformin

500

twice daily

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Medical History Form - 9/16/2019

Do you take other medications not listed above?

☐ Yes ☒ No

If yes, what are they?

Surgical History

Have you ever had problems with anesthesia?

☐ Yes ☒ No If yes, please specify:

Have you had prior spine surgery?

☐ Yes ☒ No If yes, please specify:

Surgeries

Month/Day/Year

Surgeon

Complications

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Medical History Form - 9/16/2019

Have you had more surgeries not listed above?

☐ Yes

☐ 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)

- ☐ None ☐ Bed rest ☐ Anti-depressant ☐ Acupuncture ☐ Behavior therapy
☐ Bracing/immobilization ☒ Chiropractic
☒ Epidural steroid injections Date: n/a

Physician who performed injection? dr, travnicek

- ☐ Medications ☐ EMG biofeedback ☐ Exercise therapy ☐ Physical therapy ☐ TENS
☐ Traction ☐ Bone density study ☐ MRI brain ☐ MRI cervical spine
☒ MRI thoracic spine ☒ MRI lumbar spine ☒ CT brain ☒ CT cervical spine

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

- ☒ CT thoracic spine ☒ CT lumbar spine ☐ CT pelvis ☐ DX-ray cervical spine
☒ X-ray thoracic spine ☒ X-ray lumbar spine ☐ Hip x-ray
☐ Other (specify) n/a

Review of Systems

Do you currently have the following problems? (Mark all that apply below)

General

- ☐ Fever
☐ Weight loss
☒ Weight gain
☐ Night sweats
☐ Excessive fatigue

Head, Ears, Eyes, Nose, Throat

- ☐ Wears glasses/contact lenses
☐ Eye infection
☐ Eye injury
☐ Glaucoma
☐ Cataracts
☐ Hearing loss
☐ Wears hearing aids
☐ Ear pain
☐ Ear infection
☐ Ringing in the ears
☐ Balance disturbance
☐ Vertigo
☐ Spinning sensation
☐ Nose bleed
☐ Nasal congestion
☐ Nasal drainage

Cardiovascular

- ☐ High blood pressure
☐ Irregular pulse
☐ Heart murmur
☐ High cholesterol
☐ Swelling of extremities
☒ Leg pain and/or swelling

Gastrointestinal

- ☐ Indigestion
☐ Nausea
☐ Vomiting
☐ Vomiting blood
☐ Jaundice
☐ Abdominal pain
☐ Change in bowel habits

Genitourinary

- ☐ Blood in urine
☐ Urinary frequency
☐ Painful urination
☐ Urinary urgency
☐ incontinence

Musculoskeletal

- ☒ Neck pain

Neurological

- ☐ Fainting spells
☐ Blacking out
☐ Seizures
☐ Problems with memory
☐ Disorientation
☐ Difficulty with speech
☐ Inability to concentrate
☐ Double vision
☐ Blurred vision
☐ Face weakness
☐ Incoordination
☐ Headaches

Psychiatric

- ☐ Anxiety
☐ Depression
☐ Insomnia

Endocrine

- ☐ Appetite changes
☐ Thyroid problems
☐ Excessive thirst
☐ Excessive urination
☐ Excessive sweating

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

- ☐ inability to smell
- ☐ Sinus problems
- ☐ Sinus headaches

Respiratory

- ☐ Chronic cough
- ☐ Shortness of breath
- ☐ Bloody sputum
- ☐ Asthma

Breast

- ☐ Breast pain
- ☐ Breast tenderness
- ☐ Breast swelling
- ☐ Nipple discharge

- ☒ Arm pain
- ☐ Arm weakness
- ☒ Back pain
- ☒ Leg pain
- ☒ Leg weakness
- ☐ Joint pain
- ☐ Joint swelling
- ☐ Decreased range of motion

- ☐ Cold intolerance
- ☐ Heat intolerance
- ☐ Hair changes

Hematology

- ☐ Easy bruising
- ☐ Excessive bleeding
- ☐ Gland problems
- ☐ Anemia

Joyce Sekera

09/05/2019

Patient Initials

Date

SEKERA001126

1965

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SEKERA, JOYCE - DOB: 3/22/1956
Pain Drawing - 9/16/2019

Pain Drawing

Name: Joyce Sekera

Date: 09/05/2019

Please select 1 or more options and explain in detail the location of the pain

- ☐ Numbness
- ☐ Pins & Needles
- ☐ Burning Pain
- ☐ Stabbing Pain lower back
- ☐ Aching Pain lower back

Visual Analogue 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

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

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

7. Did you try other pain medication?

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

Which ones? n/a

Milligram strength? n/a

Times per day? n/a

When did you start taking them? n/a

8. * Not applicable to some people:

Have you tried losing weight to help your back pain? n/a

How many pounds did you lose? n/a

9. Have you attempted any other lifestyle changes prior to surgery? Yes ☐ No ☒

Comments

Height 5'6' **Weight** 200

Do you have an implanted metal objects in your body?

Yes ☐ No ☒ Where: n/a

n/a When: n/a

Do you have any vascular grafts?

Yes ☐ No ☒

n/a

Do you have a Pacemaker?

Yes ☐ No ☒

n/a

Are you claustrophobic?

Yes ☒ No ☐

n/a

Do you wish to be pre-medicated (sedated) for MRI Scans?

Yes ☐ No ☒

n/a

How did you hear about our practice:

SEKERA001129

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

Physician:

Hospital:

Patient:

Other:

Friend: keith galliher

Magazine:

Newsletter:

Newspaper:

Internet:

SEKERA001130

1969

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

Welcome to Our Office

Today's Date: 09/05/2019

Doctor I am seeing today: n/a

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 ☐ D ☐

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

SEKERA001131

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

Home phone: 702-525-9001

Work Phone: n/a

Please complete the following if 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 ☒ M ☐ D ☐

Birth Date: n/a

Age: n/a

Telephone: 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:

☐ Asian ☐ Native Hawaiian ☐ Other pacific Islander

☐ Black/African American ☐ American Indian/Alaskan native ☒ White:

☐ No Response:

Ethnicity:

☐ Hispanic ☐ Non Hispanic ☒ No Response:

Language:

☒ English ☐ Spanish ☐ French ☐ Chinese ☐ Other

SEKERA001132

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

Pharmacy Name: walgreens

Pharmacy Phone Number: 702-396-4728

Location: farm/durango

SEKERA001133

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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

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: good Father 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

SEKERA001134

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 Deltoid 5/5. Bilateral Bicep 5/5. Bilateral Tricep 5/5. Bilateral Wrist Extensors 5/5. Bilateral Wrist Flexors 5/5. Bilateral Intrinsic 5/5.

Lower Extremities: Bilateral Iliopsoas 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.

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

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Patient: Joyce Sekera

Patient#: 11250

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: good Father 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. travnick - 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

SEKERA001137

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

Upper Extremities: Bilateral Deltoid 5/5. Bilateral Bicep 5/5. Bilateral Tricep 5/5. Bilateral Wrist Extensors 5/5. Bilateral Wrist Flexors 5/5. Bilateral Intrinsic 5/5.

Lower Extremities: Bilateral Iliopsoas 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

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

**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**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: good Father 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, travnick - 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

SEKERA001140

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: 0. Right Achilles: 0. Left Patella: 0. Right Patella: 0.**Upper Extremities:** Bilateral Deltoid 5/5. Bilateral Bicep 5/5. Bilateral Tricep 5/5. Bilateral Wrist Extensors 5/5. Bilateral Wrist Flexors 5/5. Bilateral Intrinsic 5/5.**Lower Extremities:** Bilateral Iliopsoas 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. Travnick.

M54.5 - LOW BACK PAIN

M51.26 - OTHER INTERVERTEBRAL DISC DISPLACEMENT, LUMBAR REGION

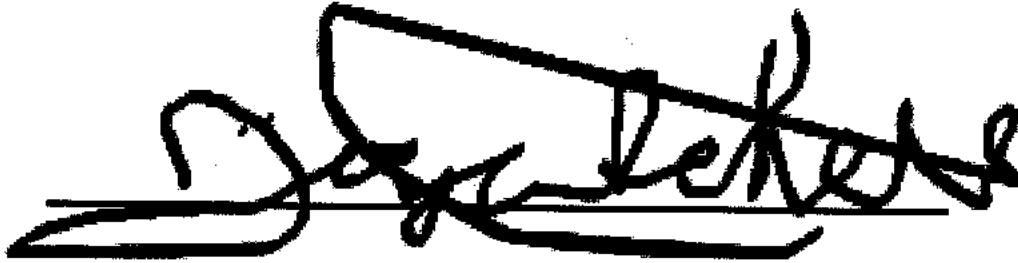
Referral to Pain Management for Stimulator Trial

Follow up after specialist

Electronically Signed: JASON GARBER on/at 01/10/2020 09:59:18

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.

A handwritten signature in black ink, appearing to read 'Joyce Sekera', written over a horizontal line.

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

SEKERA001142

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:

- the Practice will have to send my medical record information to my insurance company.

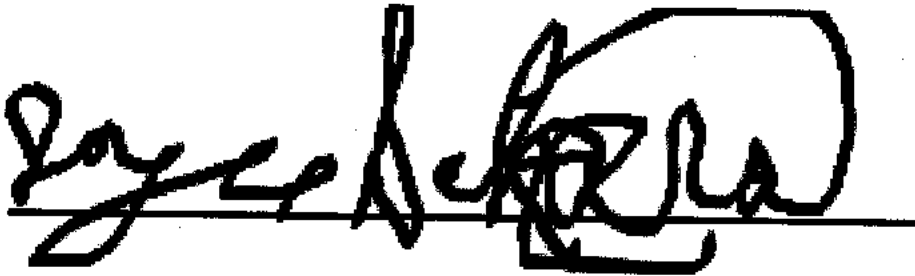
- I must pay my share of the costs.

- 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.

A handwritten signature in black ink, appearing to read 'Joyce Sekera', is written over a horizontal line.

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.

SEKERA001143

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

SEKERA001144

Disclosure of Information

I, joyce sekera (please print your full legal name) Give permission for this office to leave detailed messages on the answering service/voicemail messaging at:

☐ My Home (please initial)



Signed 09/05/2019

☐ My cellular phone (please initial)



Signed 09/05/2019

Disclosure if Information to Patient's Companion(s)

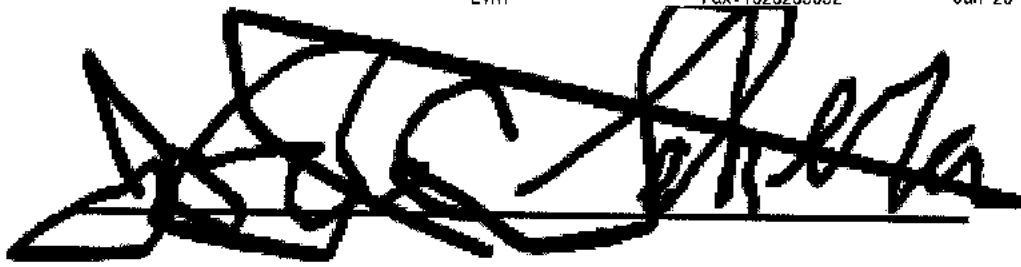
The physicians at Las Vegas Neurosurgical Institute are committed to complying with HIPPA regulations. Therefore, we require our patients to sign authorization stating that companion(s) (family members, friends, etc.) accompanying them to their appointment are approved to hear discussion regarding the 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**mothercarole divitodaughtermarissa freeman

SEKERA001145

A large, stylized handwritten signature in black ink, appearing to read 'Joyce Sekera', written over a horizontal line.

Signed 09/05/2019

Patient Signature

Joyce Sekera

SEKERA001146

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): _____**Purpose of disclosure:** n/a

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.

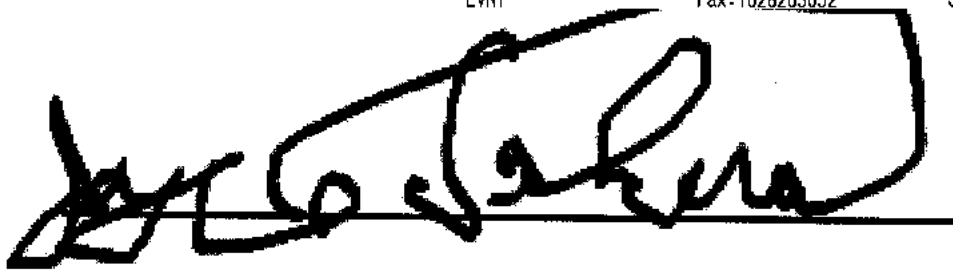
Your rights with respect to this authorization:

1. I understand this consent 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.
3. 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.
7. 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.

SEKERA001147



Signed 09/05/2019

Signature of Patient or Legal Representative

Joyce Sekera

If signed by other than patient, select authority and provide documentation:

☐ Parent of minor child ☒ Power of Attorney ☐ Representative of Deceased's Estate

☐ Representative of incapacitated adult ☐ Other (Specify): n/a

SEKERA001148

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;
- 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

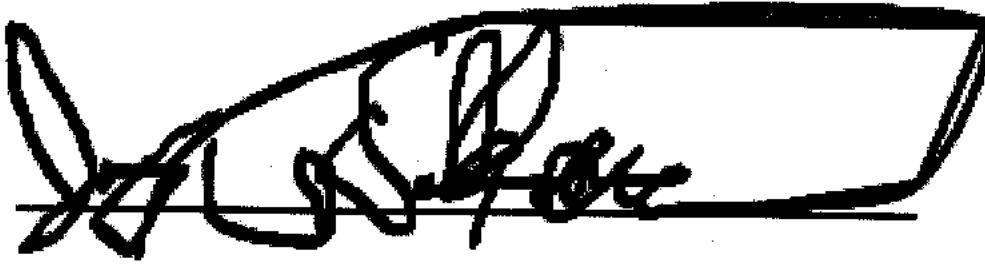
Consent to the Use and Disclosure of Protected Health Information for Treatment, Payment, or Healthcare Operations (§164.506(a))

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 or disclosed to carry out treatment, payment, or healthcare operations, and that this Practice is not required by law to agree to

A handwritten signature in black ink, appearing to read 'Joyce Sekera', written over a horizontal line.

Signed 09/05/2019

Signature of Patient or Legal Representative
Joyce Sekera

A handwritten signature in black ink, appearing to read 'Carole Divito', written over a horizontal line.

Signed 09/05/2019

Witness Signature

Witness Name: carole divito

SEKERA001150

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.

A handwritten signature in black ink, appearing to read 'Joyce Sekera', is written over a horizontal line.

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.

SEKERA001151

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

SEKERA001152

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.

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

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.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT

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 or 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 Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right

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 corner.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with our office or with the

SEKERA001155

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.

SEKERA001156

Patient consent form

Use of this form is optional and not required under the HIPAA privacy rule.

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.

A handwritten signature in black ink, appearing to read "Joyce Sekera", is written over a solid horizontal line.

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.

SEKERA001157

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:

1. How your information will be used and who can access it: When you provide consent, only HealthIE 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 to:

- Alcohol or drug use problems
- HIV/AIDS
- Birth control and abortion (family planning)
- 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 doctor will provide you 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: nevada

ZIP CODE: 89143

PHONE NUMBER: 702-467-5457

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 sensitive 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.

joyce sekera

SEKERA001159

myself**Relationship****Address of authorized representative signing this form (please print):**702-467-5457**Phone number of authorized representative**

SEKERA001160

1999

FAX: (702) 826-3162
FEDERAL TAX ID:
822636812

LVN | Fax: 7028263052

Jan 20 2020 12:53pm

P056/080
UNIVERSITY MEDICAL CENTER

3012 S DURANGO DR
LAS VEGAS, NV 89117-0186

Aug 17 2018 09:45AM

Patient Name & Address: SEKERA, JOYCE 7840 NESTING PINE PLACE LAS VEGAS, NV 89113	DOB: 03/22/1956 SEX: F HOME PHONE: (702) 467-5457	INS1: ATTORNEY GALLIHER L INS2: COPAY: \$0.00 / \$0.00 PT BALANCE: \$0.00	VISIT #: 154379 CHART #: 11250 PRE AUTH #: INS BALANCE: \$0.00	GSY/5 M ATTY NP CONSULT Comments Below
--	---	--	---	--

Procedure Codes

9202 NEW PT EXPANDED PT	9212 ESTABLISHED PT. PR	92074 PLACE BONE GROWTH	92456 DISABILITY EXAMIN
9203 NEW PT DETAILED	9213 ESTABLISHED PT. EX	92292 SHUNT PROGRAMME	
9204 NEW PT COMPREHENSIVE	9214 ESTABLISHED PT. DE		
9205 NEW PT COMPLEX	9215 ESTABLISHED PT. CO	92024 POST OP FOLLOW-UP	
		92070 SUTURE REMOVAL	

Demonstrations Codes

061.9 INTRACEREBRAL HEM	050.9 TRIGEMINAL NERVE	M46.46 DISCITIS, LUMBAR	G40.301 EPILEPSY GRAND MAL
062.00 SUBDURAL HEMORRH	051.9 FACIAL NERVES	M46.47 DISCITIS, LUMBOSAC	G60.0 CEREBRAL CYSTS
065.29 OCC/STEN CAROTID	054.0 THORACIC OUTLET SY	D49.6 UNSPECIFIED, BRAIN	G93.2 BENIGN INTRACRANIA
065.09 OCC/STEN VERTBRAL	093.2 BENIGN INTRACRANIA	D49.2 UNSPECIFIED, SPINE	093.5 CHAGALL
077.74 DISSECTION OF VERT	045.9 TRANS CEREBRAL ISCH	C71.0 MALIGNANT, CEREBRI	093.6 CEREBRAL EDEMA
067.1 ANEURYSM, NONRUPT	066.1 INTRASPINAL ABSCESS	C71.1 MALIGNANT, FRONTAL	075.0 CRANIOSYNOSTOSIS
	056.00 CARPAL TUNNEL SYND	C71.2 MALIGNANT, TEMPOR	R51 HEADACHE
M46.02 CERVICAL	056.30 ULNAR NERVE	C71.5 MALIGNANT, BRAIN VE	R25.1 TREMOR UNSPECIFIED
M46.04 THORACIC	056.38 RADIAL NERVE		S06.00X HEAD INJURY, CONCU
M46.07 LUMBOSACRAL		C71.4 MALIGNANT NEOPLAS	S06.00X HEAD INJURY, W/O LO
M46.03 SPINAL STENOSIS LUM	M47.812 CERVICAL W/O MYELO	C71.7 MALIGNANT, BRAIN ST	S14.10XA UHS INJURY UHS LEVL
	M47.12 CERVICAL W/ MYELOP	C71.9 MALIGNANT NEOPLAS	Z89 FOLLOW UP AFTER SU
M46.12 CERVICAL	M47.814 THORACIC W/O MYELO	C70.0 MALIGNANT, CEREBRA	M46.9 NEOLOGIS UNSPECIFI
M46.16 THORACIC/LUMBOSAC	M47.14 THORACIC W/ MYELOP	C70.1 MALIGNANT, SPINAL	M46.1 SACROILIITIS
	M47.817 LUMBAR W/O MYELOP	D32.1 BENIGN, SPINAL MENI	M51.06 LUMBAR HNP W/ MYEL
M25.50 JOINT PAIN, UNSPEC	M47.18 LUMBAR W/ MYELOPA	D32.9 BENIGN NEOPLASM OF	M53.3 SACROILAC PAIN
M25.2 CERVICAL SPINE		D33.2 BENIGN, BRAIN	M53.88 SJ JOINT DYSFUNCTION
M25.6 THORACIC SPINE	M50.01 CERVICAL HNP W/O M	D33.3 BENIGN, CRANIAL NER	M71.38 OTHER BURSAL CYST
M25.5 LUMBAR SPINE	M51.25 LUMBAR HNP W/O MY	D32.0 BENIGN, CEREBRAL M	G05.9 SPINAL STENOSIS UNSPEC
M79.609 LIMB PAIN	M51.24 THORACIC HNP W/O M	D33.4 BENIGN, SPINAL CORD	
	M50.30 CERVICAL DEGENERAT	D33.2 BENIGN NEOPLASM OF	T81.31XA WOUND CONSEQUENCE
M48.52XA COLLAPSED VERTEBRA	M51.34 THORACIC DEGENERAT	D49.6 NEOPLASM UNSPECIFI	
S02.91XA SKULL FX	M51.36 LUMBAR DEGENERATI		S13.40XA SPRAIN C OF NE
S12.900A CLOSED FX, CERVICAL	M50.00 CERVICAL HNP W/ MYE	G92.1 HYDROCEPHALUS	S23.30XA SPRAIN T-SPINE
S22.009A CLOSED FX, THORACIC	M51.04 THORACIC HNP W/ MY	G20 PARKINSONS TREMOR	S33.50XA SPRAIN L-SPINE
S32.000A CLOSED FX, LUMBAR	M56.1 POSTLAMB SYNDROME	G25.0 ESSENTIAL TREMOR	
	M46.47 DISCITIS, CERVICAL	G40.311 EPILEPSY GENERALIZE	

(SPM)
(DR)

FNAPU ON PORTAC

REASON FOR RETURN VISIT: _____

RETURN IN: _____ DAYS _____ WEEKS _____ MONTHS

NP-LIEN-DOI-11/4/16-PT TO BRING FILMS-C/ LUMBAR-EMAIL

TOTAL CHARGES: _____

PAYMENT RECEIVED: _____

☐ CASH ☐ CHECK ☐ MC ☒ VISA ☐ OTHER

SEKERA001161

DR. GARBER'S REQUEST FORM:

Patient Name:

Joyce Sekera

Date:

9/17/9**CHECK X-RAYS TO BE ORDERED:**

☐ AP/LAT Cervical Spine
☐ AP/LAT Thoracic Spine
☐ AP/LAT Lumbar Spine
☐ Shunt Series

☐ AP/LAT, FLEX/EXT Cervical Spine
☐ AP/LAT, FLEX/EXT Thoracic Spine
☐ AP/LAT, FLEX/EXT Lumbar Spine
☐ Skull 2 View / 4 View

CHECK CT-SCAN TO BE ORDERED:

<input checked="" type="checkbox"/> CT Cervical Spine	with	/	without contrast
<input checked="" type="checkbox"/> CT Thoracic Spine	with	/	without contrast
<input checked="" type="checkbox"/> CT Lumbar Spine	with	/	without contrast
<input type="checkbox"/> CT Head	with	/	without contrast
<input type="checkbox"/> CT Scan ENTIRE SPINE	with	/	without contrast
<input type="checkbox"/> CT Angiogram	with	/	without contrast

pb
10 days

CHECK CT-MYEOLOGRAM TO BE ORDERED:

<input type="checkbox"/> CT Myelogram Cervical Spine	with	/	without contrast
<input type="checkbox"/> CT Myelogram Thoracic Spine	with	/	without contrast
<input type="checkbox"/> CT Myelogram Lumbar Spine	with	/	without contrast
<input type="checkbox"/> CT Myelogram ENTIRE Spine	with	/	without contrast

CHECK MRI SCAN TO BE ORDERED:

<input type="checkbox"/> MRI Brain	with	/	without contrast
<input checked="" type="checkbox"/> MRI Brain w/CSE Flow Study	with	/	without contrast
<input checked="" type="checkbox"/> MRI Angiogram / Venogram	with	/	without contrast
<input checked="" type="checkbox"/> MRI Cervical Spine	with	/	without contrast
<input checked="" type="checkbox"/> MRI Thoracic Spine	with	/	without contrast
<input checked="" type="checkbox"/> MRI Lumbar Spine	with	/	without contrast

DEXASCAN

Pain Management - Referral to: _____

Neurologist - Referral to: _____

For: EMG/NCV / Other: _____

PT/OT of: _____

Psych Eval / Clearance: _____

SEKERA001162

PATIENT: Joyce SekeraATTORNEY: Gallmer Law Firm

SOCIAL SECURITY # _____

ADDRESS: _____

DOB: 03-22-1956

CITY/ST: _____

DOI: 11-04-2016PHONE: 702 735 0049

ACCT#: _____

FAX: 702 735 0049**RE: PHYSICIANS LIEN AND MEDICAL REPORTS AUTHORIZATION**

I do hereby authorize LVNI to furnish my attorney with a full report of all medical records, including physician and examinations notes, technical reports, and relevant documents regarding the accident in which I was involved on _____ and which required treatment by the physicians at LVNI.

I do hereby authorize and direct my attorney to pay to said Doctor such sums as may be due and owing him or medical services rendered me both by reason of my accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to protect adequately said Doctor. I hereby further give a Lien on my car to said Doctor against any and all proceeds of any settlement, judgment or verdict which may be paid to me, my attorney, or myself, as the result of the accident for which I have been injured or injured in connection therewith.

I agree that I will not rescind this document and that a rescission will not be honored by my Attorney. I hereby instruct that in the event my attorney determines in this matter, the new attorney must honor this Lien as inherent to the settlement and enforceable upon the case in if it is agreed by him. My agreement not to rescind this document is in consideration for my doctor the rendering treatment to me while my case is being actively pursued through the process of negotiation, settlement, judgment or verdict by which I may eventually recover said fee.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for services rendered me, and that this document is not solely for said doctor's additional protection and in consideration of his awaiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

I therefore acknowledge and fully accept the terms of this document by signing below. I have advised that if my attorney does not wish to co-operate in protecting the doctor's interest, the doctor will not accept payment but will require me to make payments on a current basis and that no doctor may also proceed against my attorney to recover such funds if my attorney receives such funds and refuses or fails to disburse such funds to my doctor.

I expressly waive the Statute of Limitations regarding my doctor's right to recover.

It is further understood that the doctor shall be entitled to all reasonable costs of collection, including but not limited to, his attorney's fees and costs of suit to recover his full cost of treatment as a result of myself or my attorney resolving any recovery, settlement, or compromise and failing under obligation to pay promptly the doctor for all medical services his/her office has rendered on my behalf.

This Lien applies to any amount now due or which any hereafter becomes payable to the patient, his/her heirs, his/her legal guardians or legal representative out of any recovery or recovery collected or to be collected, whether by judgment, settlement or compromise from any insurance company(s) or by any person(s) who are at present unknown, who may be liable for damages.

I further agree that a service charge of two percent (2%) per month on any unpaid balance shall be added to any outstanding balance remaining unpaid after sixty days from the date of service, and the undersigned further agrees to pay all costs of collection of any such balance, including reasonable attorney(s) fees and costs of suit.

PATIENT SIGNATURE (OR LEGAL GUARDIAN) _____

DATE 1-9-17-19

WITNESS SIGNATURE _____

DATE 9/17/19

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of the above and agree to withhold such sums from any settlement, judgment, or verdict as may be necessary to adequately protect said doctor above named.

TYPE OR PRINT ATTORNEY NAME _____

ATTORNEY SIGNATURE _____

DATE _____

STATE OF NEVADA)

On this date _____ 20____

COUNTY OF CLARK)

personally appeared before me, A Notary Public, who acknowledged to me that he/she executed the above instrument.

NOTARY SIGNATURE _____

DATE _____

(Beal)

SEKERA001168



SimonMed
See Tomorrow Today

FINAL

SimonMed Centennial
DIAGNOSTIC IMAGING 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 conus medullaris appears normal. The lordotic curvature of the lumbar 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 L3-4, there is facet hypertrophy with small bilateral facet effusions. There is no posterior disc herniation, central canal stenosis, or foraminal stenosis.

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. 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 L1-2, there is bulging of the disc. This results in anterior impression on the thecal sac.

Patient: Sekera, Joyce

SEKERA001464

2. 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.

3. At L3-4, there is facet hypertrophy with small bilateral facet effusions.

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 36-3661). 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.



SimonMed
See Tomorrow Today

FINAL

SimonMed Centennial
DIAGNOSTIC IMAGING REPORT

Patient: Sekera, Joyce

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. Sagittal and coronal reformat 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 herniation, spinal stenosis or neural foramina narrowing.

At L2-3, there is no disc herniation, spinal stenosis or neural foramina narrowing.

At L3-4, there is no disc herniation, spinal stenosis or neural foramina narrowing.

At L4-5, there is no disc herniation, spinal stenosis or neural foramina narrowing.

At L5-S1, there is no disc herniation, spinal stenosis or neural foramina narrowing.

IMPRESSION:

1. 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.

Patient: Sekera, Joyce

SEKERA001056

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

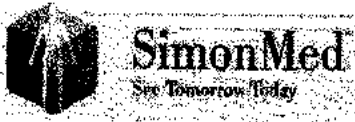
dd: September 30, 2019

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 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****SimonMed Centennial
DIAGNOSTIC IMAGING 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 prevertebral 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 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 F0 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

SEKERA001168

2007

1. The exam is slightly limited by motion artifact.
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

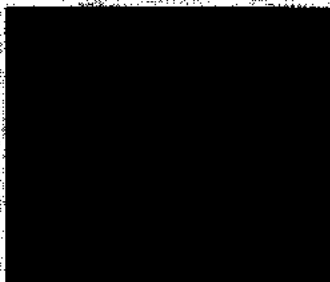
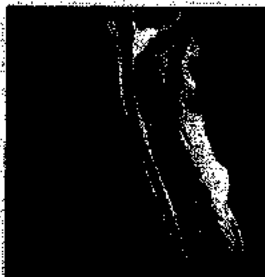
dd: September 30, 2019

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 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 statute.



**FINAL****SimonMed Centennial
DIAGNOSTIC IMAGING 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 W/FLEX/VT/EXT****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 lordosis 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 prevertebral 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 MRI of the cervical spine dated the same day for additional findings.

ELECTRONICALLY SIGNED BY: Kavanagh M.D., Joseph on Oct 01, 2019**Patient:** Sekera, Joyce

SEKERA001170

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 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.

Patient: Sekera, Joyce

SEKERA00171

2010



SimonMed
See Tomorrow Today

FINAL

SimonMed Centennial
DIAGNOSTIC IMAGING 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

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 lumbar spine.

FINDINGS: There are degenerative changes to the lumbar spine with osteophyte 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 ligamentous 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

SEKERA001172

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 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.

Patient: Sekera, Joyce

SEKER001173

2012

From: LVNI

702 826 3162

01/30/2019 18:58

#182 P.001/003

PATIENT: Joyce SekeraATTORNEY: Gallner Law Firm

SOCIAL SECURITY #: _____

ADDRESS: _____

DOB: 03-22-1956

CITY/ST: _____

DOP: 11-04-2016PHONE: 702 735 0049

ACCT#: _____

FAX: 702 735 0204**RE: PHYSICIANS LIEN AND MEDICAL REPORTS AUTHORIZATION**

I do hereby authorize LVNI to furnish my attorney with a full report of all medical records, including physician and examination notes, technical reports and other relevant documents regarding the incident in which I was involved as _____ and which required treatment by the physician at LVNI.

I do hereby authorize and direct my attorney to pay to said Doctor such sums as may be due and owing him or medical service rendered me both by reason of this accident and by reason of any other bills that are due his office and to withhold such sums from any settlement, judgment or verdict as may be necessary to protect adequately said Doctor. I hereby further give a Lien on my case to said Doctor against any and all proceeds of my settlement, judgment or verdict which may be paid to me, my attorney, or myself, as the result of the injuries for which I have been treated or injuries in connection therewith.

I agree that I will not request this document until that a verdict has been reached by my Attorney. I hereby instruct that in the event another attorney is substituted in this matter, the new attorney must honor this Lien as inherent to the settlement and enforceable upon the case if it is executed by him. My agreement not to request this document is in consideration for my doctor for rendering treatment to me while my case is being actively pursued through the process of negotiation, settlement, judgment or verdict by which I may eventually recover said fee.

I fully understand that I am directly and fully responsible to said doctor for all medical bills submitted by him for services rendered me, and that this agreement if made solely for said doctors additional protection and in consideration of his awaiting payment. I further understand that such payment is not contingent on any settlement, judgment or verdict by which I may eventually recover said fee.

I therefore acknowledge and fully accept the terms of this document by signing below. I have advised that if my attorney does not wish to co-operate in protecting the doctors interest, the doctor will not accept payment but will require me to make payments on a current basis and that no doctor may also proceed against my attorney to recover such funds if my attorney receives such funds and refuses or fails to disburse such funds to my doctor.

I expressly waive the Statute of Limitations regarding my doctor's right to recover.

It is further understood that the doctor shall be entitled to all reasonable costs of collection, including but not limited to, his attorneys fees and costs of suit to recover his full cost of treatment as a result of myself or my attorney receiving my recovery, settlement, or compensation and failing and/or refusing to pay promptly the doctor for all medical services his/her office has rendered on my behalf.

This Lien applies to any amounts now due or which may hereafter become payable to the patient, his/her heirs, his/her legal guardians or legal representatives out of my recovery or recoveries collected or to be collected, whether by judgment, settlement or compromise from any insurance company(s) or by any person(s) who are at present unknown, who may be liable for damages.

I further agree that a service charge of two percent (2%) per month on any unpaid balance shall be added to my outstanding balance remaining unpaid after sixty days from the date of service, and the undersigned further agrees to pay all costs of collection of any such balance, including reasonable attorney(s) fees and costs of suit.

PATIENT SIGNATURE (OR LEGAL GUARDIAN) _____

DATE 9-17-19

WITNESS SIGNATURE _____

DATE 9/17/19

The undersigned being attorney of record for the above patient does hereby agree to observe all the terms of this above and agree to withhold such sums from my settlement, judgment, or verdict as may be necessary to adequately protect said doctor above named.

TYPE OR PRINT ATTORNEY NAME _____

ATTORNEY SIGNATURE _____

DATE 10-1-19

STATE OF NEVADA)

On this day _____, 20____

COUNTY OF CLARK)

personally appeared before me, A Notary Public,
who acknowledged to me that he/she executed the above instrument.

NOTARY SIGNATURE _____

DATE _____

(Seal)

PLEASE DATE, SIGN AND RETURN ONE COPY TO OUR OFFICE. A PHOTOCOPY OF THIS FORM WILL BE CONSIDERED VALID IF ORIGINAL IS NOT AVAILABLE. RETURN FAX: (702) 834-3161

SEKERA001174

2013

FAX: (702) 826-3162

FEDERAL TAX ID:

822888612

3812 S DURANGO DR

LAS VEGAS, NV 89117-9186

Oct 10 2019 8:45AM

Patient Name & Address: SEKERA, JOYCE 7840 NESTING PINE PLACE LAS VEGAS, NV 89143		DOB: 03/23/1956 SEX: F HOME PHONE: (702) 467-5457	INS1: ATTORNEY CALLIHER L INS2: COPAY: \$0.00 / \$0.00 PT BALANCE: \$0.00	VISIT #: 164335 CHART #: 11250 PRE AUTH #: INS BALANCE: \$1,000.00	63Y / 5 M F/U Comments Below
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Procedure Codes

99202	NEW PT EXPANDED P	99212	ESTABLISHED PT, PR	29974	PLACE BONE GROWTH	99456	DISABILITY EXAMIN
99203	NEW PT DETAILED	99213	ESTABLISHED PT, EX	82252	SHUNT PROGRAMM		
99204	NEW PT COMPREHENS	99214	ESTABLISHED PT, DE				
99205	NEW PT COMPLEX	99215	ESTABLISHED PT, CG	99024	POST OP FOLLOW-UP		
				99070	SUTURE REMOVAL		

Diagnosis Codes

I61.9	INTRACEREBRAL HEM	G56.9	TRIGEMINAL NERVE	M46.46	DISCITIS, LUMBAR	G41.301	EPILEPSY GENERALIZ
I62.00	SUBDURAL HEMORRH	G51.9	FACIAL NERVES	M46.47	DISCITIS, LUMBARSAC	G91.0	CEREBRAL CYSTS
I65.29	OCCLUSION CAROTID	G54.0	THORACIC OUTLET SY	M46.6	UNSPECIFIED, BRAIN	G93.2	BENIGN INTRACRANIAL
I65.09	OCCLUSION VERTBRAL	G93.2	BENIGN INTRACRANIAL	M49.2	UNSPECIFIED, SPINE	G93.5	CRANIAL
I77.74	DISSECTION OF VERT	G45.9	TRANS CEREBRAL ISCH	C71.8	MALIGNANT, CEREBRU	G93.6	CEREBRAL EDEMA
I67.1	ANEURYSM, NONRUPT	G08.1	INTRASPINAL ABSCESS	C71.1	MALIGNANT, FRONTAL	Q75.0	CRANIOSYNOSTOSIS
		G56.90	CARPAL TUNNEL SYND	C71.2	MALIGNANT, TEMPOR	R51	HEADACHE
M48.02	CERVICAL	G56.20	ULNAR NERVE	C71.3	MALIGNANT, BRAIN VE	R25.1	TREMOR UNSPECIFIED
M48.04	THORACIC	G56.30	RADIAL NERVE			S06.0X0	HEAD INJURY, CONCU
M48.07	LUMBOSACRAL					S06.0X0	HEAD INJURY, W/O LO
M48.062	SPINAL STENOSIS LUM	M47.812	CERVICAL W/O MYELO	C71.1	MALIGNANT NEOPLAS	S14.199A	UNS INJURY UNS LFL
		M47.12	CERVICAL W/ MYELOP	C71.7	MALIGNANT, BRAIN ST	R09	FOLLOW UP AFTER ST
M54.12	CERVICAL	M47.814	THORACIC W/O MYEL	C71.9	MALIGNANT NEOPLAS		
M54.16	THORACIC/LUMBOSAC	M47.14	THORACIC W/ MYELOP	C70.0	MALIGNANT, CEREBRA	M41.9	SCOLIOSIS UNSPECIFY
		M47.817	LUMBAR W/O MYELOP	C20.1	MALIGNANT, SPINAL	M46.1	SACROILIITIS
M25.50	JOINT PAIN, UNSPEC	M47.16	LUMBAR W/ MYELOP	D32.1	BENIGN, SPINAL MENI	M51.06	LUMBAR HNP W/ MYEL
M54.5	CERVICAL SPINE			D32.9	BENIGN NEOPLAS OF	M53.3	SACROILAC PAIN
M54.6	THORACIC SPINE	M50.20	CERVICAL HNP W/O M	D33.2	BENIGN, BRAIN	M53.88	SLIGHT DYSFUNCTION
M54.7	LUMBAR SPINE	M51.26	LUMBAR HNP W/O MY	D33.3	BENIGN, CRANIAL NER	M71.38	OTHER DORSAL CYST
M79.609	LEMB PAIN	M51.24	THORACIC HNP W/O M	D33.4	BENIGN, SPINAL CORD	Q05.9	SPINAL STENOSIS UNSPEC
		M50.30	CERVICAL DEGENERAT	D33.5	BENIGN NEOPLAS OF		
M48.52XA	COLLAPSED VERTBRAL	M51.34	THORACIC DEGENERAT	M49.6	NEOPLAS UNSPECIF	R51.31XA	WOUND DEHISCENCE
S02.81XA	SKULL FX	M51.36	LUMBAR DEGENERATI			S13.00XA	SPRAIN CERVICAL
S12.90XA	CLOSED FX, CERVICAL	M50.00	CERVICAL HNP W/ MY	G91.1	HYDROCEPHALUS	S23.50XA	SPRAIN T-Spine
S22.00XA	CLOSED FX, THORACIC	M51.04	THORACIC HNP W/ MY	G20	PARKINSON'S TREMOR	S33.50XA	SPRAIN L-Spine
S32.00XA	CLOSED FX, LUMBAR	M96.1	POSTLAME SYNDROME	G25.0	ESSENTIAL TREMOR		
		M46.42	DISCITIS, CERVICAL	G40.311	EPILEPSY GENERALIZE		

REASON FOR RETURN VISIT:

RETURN IN: _____ DAYS _____ WEEKS _____ MONTHS

Lien - C/L - f/u after imaging (SimonMed)

TOTAL CHARGES:

PAYMENT RECEIVED:

☐ CASH ☐ CHECK ☐ MC ☒ VISA ☐ OTHER

SEKERA00175

DR. REQUEST FORM:**DR. GARNER**

Patient Name:

JOYCE SEKERA

Visit Date:

10/10/19

CHECK X-RAYS TO BE ORDERED:

AP/LAT Cervical Spine

AP/LAT Thoracic Spine

AP/LAT Lumbar Spine

Shunt series

AP/LAT, FLEX/EXT Cervical Spine

AP/LAT, FLEX/EXT Thoracic Spine

AP/LAT, FLEX/EXT Lumbar Spine

Skull 2 View/ 4 View

CHECK CT-SCAN TO BE ORDERED:

CT Cervical Spine

with /

without contrast

CT Thoracic Spine

with /

without contrast

CT Lumbar Spine

with /

without contrast

CT Head

with /

without contrast

CT Scan ENTIRE Spine

with /

without contrast

CT Angiogram

with /

without contrast

CHECK CT-MYELOGRAM TO BE ORDERED:

CT Myelogram - Cervical Spine

with /

without contrast

CT Myelogram - Thoracic Spine

with /

without contrast

CT Myelogram - Lumbar Spine

with /

without contrast

CT Myelogram - ENTIRE Spine

with /

without contrast

CHECK MRI SCAN TO BE ORDERED:

Rapid Sequence MRI of Brain

with /

without contrast

MRI Brain w/CSF Flow Study

with /

without contrast

MRI Angiogram

with /

without contrast

MRI Venogram

with /

without contrast

MRI Cervical Spine

with /

without contrast

MRI Thoracic Spine

with /

without contrast

MRI Lumbar Spine

with /

without contrast

MRI of Brain

with /

without contrast

PET Scan

with /

without contrast

Neurologist - Referral to:

for: EMG / NCV / Other:

Pain Management - Referral to:

PT/OT of:

Other:

Return to Clinic:

SEKERA001176

2015

FAX: (702) 826-3162

FEDERAL TAX ID:

822836612

3012 S DURANGO DR
LAS VEGAS, NV 89117-9186

Jan 10 2020 8:00AM

Patient Name & Address:

SEKERA, JOYCE

DOB: 03/22/1956

INS1: ATTORNEY GALLIHER, L

INS2:

VISIT #: 150934

CHART #: 11250

637/9/M

7840 NESTING PINE PLACE

SEX: F

COPAY: \$0.00 / \$0.00

PRE AUTH W:

F/U

LAS VEGAS, NV 89143

HOME PHONE: (702) 467-4457

PT BALANCE: \$0.00

INS BALANCE: \$1,350.00

Comments Below

Procedure Codes

99202 NEW PT EXAMINED P	99215 ESTABLISHED PT. PR	99274 PLACE BONE GRAFT	99456 DISABILITY EXAMIN
99203 NEW PT DETAILED	99216 ESTABLISHED PT. EX	99275 SHUNT PROGRAMMI	
99204 NEW PT COMPREHEN	99217 ESTABLISHED PT. DE		
99205 NEW PT COMPLEX	99218 ESTABLISHED PT. CO	99276 POST OP FOLLOW-UP	
		99277 SUTURE REMOVAL	

Diagnosis Codes

G61.0 INTRACEREBRAL HEM	G50.0 TRIGEMINAL NERVE	M46.40 DISCITIS, LUMBAR	G40.301 EPILEPSY GRAND MAL
I67.00 SUBDURAL HEMORRH	G51.5 FACIAL NERVES	M46.42 DISCITIS, LUMBARSAC	G93.0 CEREBRAL CYSTS
I65.29 OCCOSTEN CAROTID	G54.0 THORACIC OUTLET SY	M49.6 UNSPECIFIED, BRAIN	G93.2 BENIGN INTRACRANIA
I65.09 OCCOSTEN VERTEBRAL	G93.2 BENIGN INTRACRANIA	M49.2 UNSPECIFIED, SPINE	G93.5 CHIARI I
I77.24 DISSECTION OF VERT	G45.9 TRANS CEREBRAL ISCH	C71.0 MALIGNANT, CEREBRU	G93.6 CEREBRAL EDENIA
I67.1 ANEURYSM, NONBUFT	G06.1 INTRASPINAL ABSCESS	C71.1 MALIGNANT, FRONTAL	G95.0 CRANIOSYNOSTOSIS
	G56.00 CARPAL TUNNEL SYND	C71.2 MALIGNANT, TEMPOR	R51 HEADACHE
M48.02 CERVICAL	G56.20 ULNAR NERVE	C71.5 MALIGNANT, BRAIN VE	R25.1 TREMOR UNSPECIFIED
M48.04 THORACIC	G56.30 RADIAL NERVE	C71.6 MALIGNANT, NEOPLAS	S06.0X0 HEAD INJURY, CONCU
M48.07 LUMBOSACRAL		C71.7 MALIGNANT, BRAIN ST	S06.0X8 HEAD INJURY, W/O LES
M48.082 SPINAL STENOSIS LUM	M47.012 CERVICAL W/O MYELO	C71.9 MALIGNANT, NEOPLAS	S14.108M DNS INJURY LARS CERV
	M47.02 CERVICAL W/ MYELOP	C70.0 MALIGNANT, CEREBRA	Z09 FOLLOW UP AFTER SU
M54.12 CERVICAL	M47.814 THORACIC W/O MYEL	C70.1 MALIGNANT, SPINAL	M41.9 SCOLIOSIS UNSPECIFY
M54.16 THORACIC/LUMBOSAC	M47.817 LUMBAR W/O MYELOP	D32.1 BENIGN, SPINAL MENT	M46.1 SACROILIITIS
	M47.85 LUMBAR W/ MYELOP	D32.9 BENIGN NEOPLASM OF	M51.06 LUMBAR HNP W/ MYEL
M25.50 JOINT PAIN, UNSPEC		D33.2 BENIGN, BRAIN	M53.3 SACROILIAC PAIN
M54.2 CERVICAL SPINE	M50.20 CERVICAL HNP W/O MY	D33.3 BENIGN, CRANIAL NER	M53.80 SJ JOINT DYSFUNCTION
M54.6 THORACIC SPINE	M50.24 LUMBAR HNP W/O MY	D33.4 BENIGN, CEREBRAL M	M71.38 OTHER BURSAL CYST
M54.5 LUMBAR SPINE	M50.30 CERVICAL DEGENERAT	D33.5 BENIGN, SPINAL CORD	Q08.9 SPINA BIFIDA UNSPEC
M79.000 JMB PAIN	M51.34 THORACIC DEGENERA	D35.2 BENIGN NEOPLASM OF	R81.31XA WOUND DEHISCENCE
M48.52XA COLLAPSED VERTEBRA	M51.36 LUMBAR DEGENERAT	D49.6 NEOPLASM UNSPECIFY	
S40.91XA SKULL FX	M50.00 CERVICAL HNP W/ MYE	G91.1 HYDROCEPHALUS	S14.0XA SPRAIN C SPINE
S42.91XA CLOSED FX, CERVICAL	M51.04 THORACIC HNP W/ MY	G20 PARKINSON'S TREMOR	S23.90XA SPRAIN T SPINE
S22.009A CLOSED FX, THORACT	M96.1 POSTLAME SYNDROME	G25.0 ESSENTIAL TREMOR	S33.50XA SPRAIN L SPINE
S32.009A CLOSED FX, LUMBAR	M46.42 DISCITIS, CERVICAL	G40.311 EPILEPSY GENERALIZE	

- Stim
Trial
Dr. Tranter
Est.

REASON FOR RETURN VISIT:

TOTAL CHARGES:

RETURN IN: DAYS WEEKS MONTHS

PAYMENT RECEIVED:

1/10/2020 10:00 AM

SEKERA001177
☐ CASH ☐ CHECK ☐ MC ☐ VISA ☐ OTHER



WELCOME TO OUR OFFICE!

Today's date: 1/16/20

Doctor I am seeing today: Dr. Garber

Referring Doctor: _____

First Name: Joyce

MI: P

Last Name: SEKERA

Home Address: 1800 S. 1st St.

Phoenix, AZ

85004-3

Sex: M

F

Marital Status: S

M

D

Birth Date: 10-15-1963

Age: 56

Telephone: 702 461-1111

Work Phone: 702 461-1111

Cell Phone: 702 461-1111

Work Number: _____

Fax: _____

E-mail Address: jseker@lvni.com

Occupation: _____

Employer: _____

Employer's Address: _____

City: _____

State: _____

Zip: _____

In case of emergency, contact: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Please complete the following if someone other than the patient is financially responsible

First Name: _____

MI: _____

Last Name: _____

Home Address: _____

City: _____

State: _____

Zipcode: _____

Sex: M

F

Marital Status: S

M

D

Birth Date: _____

Age: _____

Telephone: _____

Cell Phone: _____

Relationship to patient: _____

Occupation: _____

Employer: _____

Employer's Address: _____

City: _____

State: _____

Zip: _____

SEKERA001178

2017



INSURANCE INFORMATION

Today's date: 11-4-16

Patient's First Name: Jay MI: P Last Name: SEKERA

Did your injury happen at the job?

Did you report the accident to your employer?

Was this a result of an auto injury?

What date did the injury occur?

Yes No

Yes No

Yes No

11-4-16

Name of Insurance Company: Health Care Insurance

Address: City: State: Zip:

Insured's Name: DOB: SSN:

Insured's Employer Name: Policy ID Number:

Group or Claim Number: Phone Number:

Adjuster or Contact Name: Phone Number:

SECONDARY INSURANCE OR ATTORNEY INFORMATION

Name of Insurance Company: Health Care Insurance

Address: City: State: Zip:

Insured's Name: DOB: SSN:

Insured's Employer Name: Policy ID Number:

Group or Claim Number: Phone Number:

Adjuster or Contact Name: Phone Number:

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 Doude.

Our office will file insurance for all reimbursable services, to both your primary and secondary insurance carriers. Please remember you are responsible for all deductible, co-pay, 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 payments. I hereby assign and direct you to pay any surgical or medical benefits under claims submitted directly to Jason E. Garber, MD, Stuart S. Kaplan, MD, and Gregory Doude, MD. I also authorize the release of all 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 consultative reports or depositions. I also understand that under no circumstances, will my doctor appear as a witness in court on my behalf.

Signature of patient or responsible party: [Signature]

Date: 11-4-20

Witness signature: [Signature]

Date: 11-10-2020

For internal use only: Patient presented with ID card(s) attached

Yes No

If no, reason ID card(s) not presented

Revised May 24, 2018

SEKERA001179

2018



HIPAA COMPLIANT AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

Patient Name: [Signature] Date: 3-22-20

Address: _____ City, State, Zip: _____

Authorized: _____ To Release To: LVNI
2421 Professional Ct
Las Vegas, NV 89102

Permit to be provided:

☐ Printed Copy ☐ Electronic Copy Date of Service: _____ to _____

Information to be released: "will be provided records produced by LVNI only"

☐ Office visits ☐ Procedure reports ☐ History record ☐ Billing ☐ Lab results ☐ Medications
☐ Consultations ☐ Diagnostic results ☐ Other (Specify): _____

Purpose of disclosure:

I understand that if the person(s) and/or organization(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:

1. I understand this consent 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 18 months from the date signed. To initiate revocation of this authorization, I must submit my request in writing to the "authorized" entity above.
3. 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 this authorization.
6. I have the right to receive a copy of this authorization and any records obtained with its use.
7. 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) _____ 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.

Signature of Patient or Legal Representative: [Signature] Date: 1-10-20

If signed by other than patient, select authority and provide documentation:

☐ Parent of minor child ☐ Power of Attorney ☐ Representative of Deceased's Estate
☐ Representative of incapacitated adult ☐ Other (specify): _____

Witness: _____

SEKERA001180

2019



702-759-8600
WWW.DESERTRAD.COM



MEDICAL IMAGING REPORT REPORT STATUS: FINAL

Name: JOYCE SEKERA
Patient ID: 494020
Exam Date: 7/31/2018 07:18 AM
Age: 82Y 4M
Exam Name: XR C SPINE 2 VW W FLEX AND EXT J
72080
DOB: 3/22/1956
Gender: Female
Site: CATHEDRAL ROCK
Acc #: 510765878
Secondary Acc #: 510765678
Pt Status:
Referrer: WILLIAM D SMITH, MD
Ref1 Address: 3001 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER
LAS VEGAS, NV 89109

XR CERVICAL SPINE WITH FLEXION AND EXTENSION

HISTORY: M53.3 ICD10: M53.3-Sacroccocygeal disorders, not elsewhere classified

COMPARISON: None.

TECHNIQUE: Cervical spine, 5 views, AP, lateral, odontoid, 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 lesions. There are normal prevertebral soft tissues. The odontoid and lateral masses of C1 are normal. Oblique views show the bony neural foramina are patent. Flexion and extension views demonstrate no ligamentous laxity or instability.

IMPRESSION:

Cervical spine straightening. Often, this is positional. However, muscle spasm/pain can have this appearance. Correlate clinically.

Multilevel mild spondylosis.

Mild degenerative changes at the mid and lower C-spine, as described.

Report Electronically Signed by: HOWARD FRANCOIS MD
Report Electronically Signed on: 7/31/2018 08:54 AM

Transcribed By:

Signed by: HOWARD FRANCOIS MD
Finalized Date: 7/31/2018 08:54 AM

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SEKERA001181

2020



702-759-8600
WWW.DESERTRAD.COM
① ② ③ ④

MEDICAL IMAGING REPORT REPORT STATUS: FINAL

Name: JOYCE SEKERA
Patient ID: 404020
Exam Date: 7/31/2018 08:59 AM
Age: 82Y 4M
Exam Name: CT LS SP W/O CONTRAST | 72131
Pt Status:

DOB: 3/22/1936
Gender: Female
Site: CATHEDRAL ROCK
Acc #: 510000401
Secondary Acc #: 510000401

Referrer: WILLIAM D SMITH, MD
Ref Address: 3061 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER
LAS VEGAS, NV 89108

CT LUMBOSACRAL SPINE WITHOUT CONTRAST

HISTORY: X ICD10: M533-Sacroccocygeal disorders, not elsewhere classified ICD10: M545-Low back pain

COMPARISON: None.

TECHNIQUE: Thin section axial CT of the lumbar spine was performed from T12 to S2 vertebral bodies without contrast. Thin section sagittal and coronal reconstructed images were performed from the axial data set. In accordance with CT protocols and the ALARA principle, radiation dose reduction techniques were utilized for this examination. All images were reviewed and interpreted.

CONTRAST: None.

FINDINGS:

There are no acute fractures or dislocations. Mild levocostate of the lumbar spine is noted with apex at L2-3. Vertebral body heights and intervertebral spacing is normal. Anterior osteophyte formation is seen 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 bulge causes mild spinal canal narrowing at L2-3, L3-4 and L4-5. There is bilateral lateral recess narrowing at L4-5.

There is normal mineralization. There are no osseous lytic or sclerotic lesions. There are normal paraspinal soft tissues.

IMPRESSION:

Mild spinal canal narrowing at L2-3, L3-4 and L4-5.
Bilateral lateral recess narrowing at L4-5.

Continued...

SEKERA001182

Name: JOYCE SEKERA
Patient ID: 494020

Date of Birth: 3/22/1930
Gender: Female
Location: CRK

Report Electronically Signed by: SUDIPKUMAR BHANDARI MD
Report Electronically Signed on: 8/1/2018 09:55 AM

Transcribed By:

Signed by: SUDIPKUMAR BHANDARI MD
Finalized Date: 8/1/2018 09:55 AM

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SEKERA001183

2022



702-759-8600
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MEDICAL IMAGING REPORT REPORT STATUS: FINAL

Name: JOYCE SEKERA
Patient ID: 494020
Exam Date: 8/22/2018 07:28 AM
Age: 62Y 5M
Exam Name: XR L SPINE 2 OR 3 VW | 72100
Pt Status:

DOB: 3/22/1956
Gender: Female
Site: CATHEDRAL ROCK
Acc #: 510884507
Secondary Acc #: 510884507

Referrer: WILLIAM D SMITH, MD
Ref Address: 3051 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER
LAS VEGAS, NV 89108

XR LUMBAR SPINE 2 OR 3 VIEWS

HISTORY: ICD10: M546-Low back pain

COMPARISON: None.

TECHNIQUE: Lumbar spine, 3 views.

FINDINGS:

Vertebral body heights maintained. There is spurring seen mildly throughout the lumbar spine or focal involving L2-L3. Mild spondylos of left SI joint. No incidental findings are otherwise present.

IMPRESSION:

1. Mild multilevel spurring but more moderately at L2-L3
2. Very mild spondylos left SI joint.

Report Electronically Signed by: TODD STEINBERG MD
Report Electronically Signed on: 8/22/2018 01:55 PM

Transcribed By:

Signed by: TODD STEINBERG MD
Finalized Date: 8/22/2018 01:55 PM

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SEKERA001184

2023



702-759-8600
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MEDICAL IMAGING REPORT REPORT STATUS: FINAL

Name: JOYCE SEKERA
Patient ID: 494020
Exam Date: 11/29/2018 08:04 AM
Age: 62Y 8M
Exam Name: XR L SPINE AP LAT W FLEX EXT |
72110
DOB: 3/22/1956
Gender: Female
Site: PALOMINO
Acc #: 511302123
Secondary Acc #: 511302123

Pt Status:

Referrer: WILLIAM D SMITH, MD
Ref 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 scoliosis, lumbosacral region

COMPARISON: None.

TECHNIQUE: Lumbar spine, AP, Lat, flexion and extension views.

FINDINGS

Mild levoscoliosis. Decreased bone mineralization. Anterior osteophytes L1, L2 and L3. No significant instability with flexion and extension maneuvers. Pedicles appear within normal limits.

IMPRESSION

Mild levoscoliosis.

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: TAMRA BALDAUF
Finalized Date: 12/3/2018 02:59 PM

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SEKERA001185

2024