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

REAL PARTY IN INTEREST'S APPENDIX, VOLUME 12 (Nos. 2145–2341)

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Attorneys for Real Party in Interest, Joyce Sekera

INDEX TO REAL PARTY IN INTEREST'S APPENDIX

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

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

<table>
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<tr><td colspan="2">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)</td><td>Vol. 9, 1821–1840</td></tr>
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<tr><td>41</td><td>Medical and Billing Records from Desert Institute of Spine Care</td><td>Vol. 10, 1867–1919</td></tr>
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<tr><td colspan="2">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)</td><td>Vol. 13, 2342–2361</td></tr>
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<tr><td>45</td><td>Medical and Billing Records from Radar Medical Group</td><td>Vol. 13, 2362–2382</td></tr>
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<tr><td>47</td><td>Declaration page Pain Institute of Nevada</td><td>Vol. 13, 2391–2395</td></tr>
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<tr><td colspan="2">Exhibit to Plaintiff Joyce Sekera's Eighteenth Supplemental Early Case Conference Disclosure Statement</td><td></td></tr>
<tr><td>Exhibit</td><td>Document Description</td><td></td></tr>
<tr><td>49</td><td>Worker's Compensation file</td><td>Vol. 13, 2419–2577</td></tr>
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DOCUMENT DESCRIPTION	**LOCATION**
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

EXHIBIT 45

HEALTH INSURANCE CLAIM FORM

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

CLAGGETT SYKES LAW FIRM PI
4101 MEADOWS LANE
Las Vegas NV 89107

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER ( ) (Medicare#) ( ) (Medicaid#) ( ) (SSN or ID#) ( ) (Member ID#) ( ) (ID#) ( ) (ID#) [X] (ID#)			1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE	3. PATIENT'S BIRTHDATE MM DD YY 03221956 SEX M [ ] F [X]		4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL	6. PATIENT RELATIONSHIP TO INSURED Self [ ] Spouse [ ] Child [ ] Other [X]		7. INSURED'S ADDRESS (No, Street)
CITY LAS VEGAS	STATE NV	8. RESERVED FOR NUCC USE	CITY / STATE
ZIP CODE 89143-4469	TELEPHONE (Include Area Code) (702) 4675457		ZIP CODE / TELEPHONE (Include Area Code) ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER DOI110416
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) [ ] YES [X] NO		a. INSURED'S DATE OF BIRTH MM DD YY / SEX M [ ] F [ ]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT PLACE (State) [ ] YES [X] NO [ ]		b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? [X] YES [ ] NO		c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? [ ] YES [ ] NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SIGNATURE ON FILE DATE 11192019

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 11042016 QUAL. 431	15. OTHER DATE MM DD YY QUAL. 439 11042016	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? $ CHARGES [ ] YES [X] NO NO PURCH. SVC.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. F0781	B. S161XXD	C. M5011	D. G43909
E. S39012D	F. W010XXD	G. G5600	H.
I.	J.	K.	L.

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE FROM MM DD YY	TO MM DD YY	B. PLACE OF SERV.	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 FOLLOW UP EVALUATION 11092019	11092019	11	1	99215		ABCDEFG	675 00	1		NPI	1346324092
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN 260209037 [ ] [X]	26. PATIENT'S ACCOUNT NO. 36739	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) [X] YES [ ] NO	28. TOTAL CHARGE $ 675 00	29. AMOUNT PAID $ 0 00	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREES OR CREDENTIALS) I certify that the statements on the reverse apply to this bill and are made a part thereof.) RUSSELL SHAH MD 11192019 SIGNED DATE	32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102 a. *1881888956 b.		33. BILLING PROVIDER INFO & PH # (702 6440500 RADAR MEDICAL GROUP LLP 10624 S EASTERN AVE A425 HENDERSON NV 89052 2982 a. *1881888956 b.		

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

SEKERA001205

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

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 ReEvaluation

PATIENT NAME: SEKERA, JOYCE
DOB: 03-22-1956
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 11-09-2019

JOYCE SEKERA was seen on 11-09-2019 for a neurologic reevaluation.

HISTORY OF INJURY

Date of Injury:11-04-2016

Medications:

DATE	NAME	DOSAGE	SIG	DISCONTINUE DATE
11-09-2019	METFORMIN	500MG	QD	
10-23-2017	Metfomin			
07-10-2017	METFORMIN			
07-10-2017	CELEBREX			
05-02-2017	methocarbamol			
05-02-2017	ibuprofen			
04-11-2017	ZPAK		AS DIRECTED	
02-07-2017	ROBAXIN	UNKNOWN	PRN	
02-07-2017	METHOCARBOMOL	UNKNOWN	TWICE DAILY PRN	
12-20-2016	IBUPROFEN	600MG	1 TAB PRN HA	

the head and was confused and had went to Centennial Hospital. She is writing items down and has just mild intermittent dizziness now. She has aches in the low back bilateral, hamstrings, calves bilateral but the right calve more and the burning of the nerve with Dr. Travineck has helped. She does not recall Dr. Kidwell. She saw Dr. William Smith but then Dr. Jason Garber who told her no surgery for the low back as Dr. William Smith was on a long absence period at work. She is not working anymore in sales of ticket position.

She is not taking any pain medication and not ibuprofen nor Tylenol and has some numbness and tingling and in the hands and no weakness. Her memory of dates and remembering appointments, task is a problems now continuously. She is not able to recall and does not feel anxious, restless nor depressed. She has no further spontaneous crying emotional spells and feels okay in her mood. She is worried about her memory and has no family history of Alzheimer's dementia and denies having had a seizure post head truama.

EXAMINATION

Vital Signs:

TEMP	PULSE	RESP	HT	WT	BMI	BP SYST	BP DIAST	COMMENT	SPO2
98.5	73		66	205.6	33	152	72	RESP IN NORMAL RANGE	

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress. 6/6 registration, recall 1 and 5 minutes, okay historical date, okay simple naming, spelling, calculations, 3 step commands, no right/left confusion, no staring off, no spacing out, no automatism, oriented to name,place, time of the day, day of the week, appropriately concerned about medical well being, did not know when she had last seen me, confused on dates and tells me that the XRT procedure with Dr. Travineck was in 8/2019 and then could not think and thought earlier this year, appears to have some confusion on her recall of events and dates. No pyschomotor retardation, no bradykinesia, no masked facies

The patient is a poor historian, Mood appears okay

Obesity

Cranial Nerves: EOMI , fundi sharp, no temporal artery tenderness, TMJ no tenderness with dislocated TMJ left joint, VFF, no field cut, PEARLA, aniceteric, normal sensation face and tongue midline, no dysarthria, non toxic appearing, shoulder shrug intact
Hearing was intact.
The smile is symmetric.

Motor :

Normal power
Reflexes 2 to 2+

Positive tenderness lumbar paraspinals and spinous proces tenderness, tightness cervial paraspinal and lumbar paraspinals,no florid spasm no cervical axial comrpession, no Lhermittes, no Spurlings, no Tinels at the fibular head, tarsal tunnel, no calve tenderness, no Homsna, no Tinels at the carpal tunnel , no Adsons and no Phalens

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

- MRI brain after reviewed the SDMI report from 2016 again with the patient
- likely a permanent neurocognitive disorder
- check all records
- eeg/nbt
- may try Namenda
- mind stimulation exercises
- seems to have no pain and not with pseudodementia but has difficulty with the memory focally and worsening. No clear family history of Alzheimers and no new focal stroke like history events being told
- face to face time 50 minutes, compliance, counseling, coordinationof care, records requested and chart reviewed with greater than 50% of the evaluation time on education

2. Cervical strain/headaches

- spine restrictions

3. Lumbar strain with leg pain/ache

- spine restrictions
- weight loss

4. Carpal tunnel syndrome

- wrist splints
- education
- reevaluate on follow up

Sincerely,

Russell J. Shah, MD

HEALTH INSURANCE CLAIM FORM

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

CLAGGETT SYKES LAW FIRM PI
4101 MEADOWS LANE
Las Vegas NV 89107

PICA ☐ PICA ☐

1. MEDICARE ☐ (Medicare#) MEDICAID ☐ (Medicaid#) TRICARE ☐ (ID#/DoD#) CHAMPVA ☐ (Member ID#) GROUP HEALTH PLAN ☐ (ID#) FECA BLK LUNG ☐ (ID#) OTHER ☒ (ID#)	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SEKERA, JOYCE	3. PATIENT'S BIRTHDATE MM DD YY 03221956 SEX M ☐ F ☒
5. PATIENT'S ADDRESS (No., Street) 7840 NESTING PINE PL	6. PATIENT RELATIONSHIP TO INSURED Self ☐ Spouse ☐ Child ☐ Other ☒
CITY LAS VEGAS STATE NV	8. RESERVED FOR NUCC USE
ZIP CODE 89143-4469 TELEPHONE (Include Area Code) (702) 4675457	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) ☐ YES ☒ NO
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT PLACE (State) ☐ YES ☒ NO
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? ☒ YES ☐ NO
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)

11. INSURED'S POLICY GROUP OR FECA NUMBER DOI110416	
a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐	
b. OTHER CLAIM ID (Designated by NUCC)	
c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO If yes, complete items 9, 9a, and 9d.	

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SIGNATURE ON FILE DATE 12102019

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 11042016 QUAL. 431	15. OTHER DATE MM DD YY 11042016
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO	
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? ☐ YES ☒ NO $ CHARGES NO PURCH. SVC.
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. F0781 B. S161XXD C. M5011 D. G43909 E. S39012D F. W010XXD G. G5600 H. I. J. K. L.	22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY	B. PLACE OF SERV	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 ELECTROENCEPHALOGRAM 12032019 12032019	11		95816		ABCDEFG	1314 00	1		NPI	1346324092
2 NEUROBEHAVIORAL EXAM 12032019 12032019	11		96116		ABCDEFG	691 00	1		NPI	1346324092
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN 260209037 ☐ ☒	26. PATIENT'S ACCOUNT NO. 36739	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☒ YES ☐ NO	28. TOTAL CHARGE $ 2005 00	29. AMOUNT PAID $ 0 00	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) RUSSELL SHAH MD 12102019 SIGNED DATE	32. SERVICE FACILITY LOCATION INFORMATION CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102 a. 1881888956 b.		33. BILLING PROVIDER INFO & PH # (702 6440500 RADAR MEDICAL GROUP LLP 10624 S EASTERN AVE A425 HENDERSON NV 89052 2982 a. 1881888956 b.		

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE SEKERA001310 Form 1500 (02-12)

Russell J. Shah MD

Neurology

Mailing address:10624 S. Eastern Ave. Suite A-425, Henderson, NV 89052

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

Patient Name: SEKERA, JOYCE
Date of Study: 12-03-2019
Date of Birth: 03-22-1956

EEG (Electroencephalogram) REPORT

Procedure:
Using international montage 10/20 electrode placement technique, the following EEG study was obtained. A technician performed the study under my supervision and or/direction.

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

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

Impression:

This was an unremarkable EEG study.

Russell J. Shah, MD

HEALTH INSURANCE CLAIM FORM

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

CLAGGETT SYKES LAW FIRM PI
4101 MEADOWS LANE
Las Vegas NV 89107

☐ PICA ☐ PICA

1. MEDICARE ☐ (Medicare#)	MEDICAID ☐ (Medicaid#)	TRICARE ☐ (ID#/DoD#)	CHAMPVA ☐ (Member ID#)	GROUP HEALTH PLAN ☐ (ID#)	FECA BLK LUNG ☐ (ID#)	OTHER ☒ (ID#)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTHDATE MM DD YY / SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
SEKERA, JOYCE	03221956 M ☐ F ☒	
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No, Street)
7840 NESTING PINE PL	Self ☐ Spouse ☐ Child ☐ Other ☒	
CITY / STATE	8. RESERVED FOR NUCC USE	CITY / STATE
LAS VEGAS NV		
ZIP CODE / TELEPHONE (Include Area Code)		ZIP CODE / TELEPHONE (Include Area Code)
89143-4469 (702) 4675457		( )
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
		DOI110416
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) ☐ YES ☒ NO	a. INSURED'S DATE OF BIRTH MM DD YY / SEX M ☐ F ☐
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT PLACE (State) ☐ YES ☒ NO	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? ☒ YES ☐ NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

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SIGNED SIGNATURE ON FILE DATE 12272019

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SIGNED SIGNATURE ON FILE

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11042016 QUAL. 431	439 11042016	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. / 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? ☐ YES ☒ NO / $ CHARGES NO PURCH. SVC.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. F0781	B. S161XXD	C. M5011	D. G43909
E. S39012D	F. W010XXD	G. G5600	H.
I.	J.	K.	L.

22. RESUBMISSION CODE / ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE FROM MM DD YY TO MM DD YY	B. PLACE OF SERV	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS / MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 FOLLOW UP EVALUATION 12192019 12192019	11		99213	ABCDEFG	350 00	1		NPI	1346324092
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
260209037 ☐ ☒	36739	☒ YES ☐ NO	$ 350 00	$ 0 00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
RUSSELL SHAH MD 12272019	CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102	(702) 6440500 RADAR MEDICAL GROUP LLP 10624 S EASTERN AVE A425 HENDERSON NV 89052 2982
SIGNED DATE	a. 1881888956 b.	a. 1881888956 b. SEKERA001312

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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

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 ReEvaluation

PATIENT NAME: SEKERA, JOYCE
DOB: 03-22-1956
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 12-19-2019

JOYCE SEKERA was seen on 12-19-2019 for a neurologic reevaluation.

HISTORY OF INJURY

Date of Injury:11-04-2016

Medications:

DATE	NAME	DOSAGE	SIG	DISCONTINUE DATE
12-19-2019	METFORMIN	500MG		
11-09-2019	METFORMIN	500MG	QD	
10-23-2017	Metfomin			
07-10-2017	METFORMIN			
07-10-2017	CELEBREX			
05-02-2017	methocarbamol			
05-02-2017	ibuprofen			
04-11-2017	ZPAK		AS DIRECTED	
02-07-2017	ROBAXIN	UNKNOWN	PRN	
02-07-2017	METHOCARBOMOL	UNKNOWN	TWICE DAILY PRN	
12-20-2016	IBUPROFEN	600MG	1 TAB PRN HA	

She has continued problems with her memory but it improved over the years. She is still not normal and is forgetful and not remembering at work. Her sleep was affected and it has also partially improved

She had a lot of forgetfulness and is having that the recall is partially better as well as the thinking but still does not recall task, appointments but her emotional upset ness and anxiety is improved.

EXAMINATION

Vital Signs:

TEMP	PULSE	RESP	HT	WT	BMI	BP SYST	BP DIAST	COMMENT	SPO2
98.5	67		66	204.6	33	118	67	RESP IN NORMAL RANGE	

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress. No psychomotor retardation, no bradykinesia, no masked facies, no staring off, no spacing out and no lipsmacking

The patient is a fair to poor historian on details in the past. Appears to be better with recall of recent information. , Mood appears okay

Obesity

Cranial Nerves: EOMI , fundi sharp, VFF, no field cut, PEARLA, aniceteric, normal sensation face and tongue midline, no dysarthria, non toxic appearing, shoulder shrug intact
Hearing was intact.
The smile is symmetric.

Motor :

Normal power
Reflexes 2 to 2+

Positive tenderness lumbar paraspinals and spinous proces tenderness, tightness cervical paraspinal and lumbar paraspinals, no cervical florid spasm and no cervical axial comrpession, no Lhermittes, positive lumbar paraspinal florid spasm

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/neurocognitive disorder

- eeg with no seizures and no metabolic changes. No early Alzheimer's type disorder nor frontal/temporal slowing
- may try Namenda
- mind stimulation exercises with lumosity, elevate, iCBT coach discussed, mind stimulation exercises
- reevaluate after water therapy/conditioning for medication treatment
- face to face time 25 minutes, compliance, counseling, with greater than 50% of the evaluation time on education

2. Cervical strain/headaches

- spine restrictions

3. Lumbar strain with leg pain/ache

- spine restrictions
- weight loss

4. Carpal tunnel syndrome

- wrist splints
- education
- reevaluate on follow up

Sincerely,

Russell Shah

Russell J. Shah, MD

HEALTH INSURANCE CLAIM FORM

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

CLAGGETT SYKES LAW FIRM PI
4101 MEADOWS LANE
Las Vegas NV 89107

☐ PICA ☐ PICA

1. MEDICARE ☐ (Medicare#)	MEDICAID ☐ (Medicaid#)	TRICARE ☐ (ID#/DoD#)	CHAMPVA ☐ (Member ID#)	GROUP HEALTH PLAN ☐ (ID#)	FECA BLK LUNG ☐ (ID#)	OTHER ☒ (ID#)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTHDATE MM DD YY / SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
SEKERA, JOYCE	03221956 M ☐ F ☒	
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No, Street)
7840 NESTING PINE PL	Self ☐ Spouse ☐ Child ☐ Other ☒	
CITY / STATE	8. RESERVED FOR NUCC USE	CITY / STATE
LAS VEGAS NV		
ZIP CODE / TELEPHONE (Include Area Code)		ZIP CODE / TELEPHONE (Include Area Code)
89143-4469 (702) 4675457		( )
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
		DOI110416
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) ☐ YES ☒ NO	a. INSURED'S DATE OF BIRTH MM DD YY / SEX M ☐ F ☐
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT PLACE (State) ☐ YES ☒ NO	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? ☒ YES ☐ NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☐ NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE DATE 12272019

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	15. OTHER DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY
11042016 QUAL. 431	439 11042016	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. / 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
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	a. 1881888956 b.	a. 1881888956 SEKERA001317 b.

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- weight loss

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- wrist splints
- education
- reevaluate on follow up

Sincerely,

Russell Shah

Russell J. Shah, MD

Radar Medical Group

2628 W. Charleston Blvd. Las Vegas, Nevada 89102
(702) 644-0500 Fax (702) 258-0566

Invoice for Medical Records

Attn: CLAGGETT & SYKES LAW FIRM

Patient's Name: SEKERA, JOYCE

SS #:

Acct #: 36739

Medical Records: 1 EMAIL	$ 20.00
Postage:	$
Notary Fee:	$
Total Due:	$ 20.00

Thank you,

Medical Records Dept

- Please remit payment to the above address; Tax ID: 260209037
- Please attach a copy of this invoice along with payment

Invoice for records sent on 1/9/20 By SELENIA

CLAGGETT & SYKES LAW FIRM

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

January 8, 2020

VIA FACSIMILE

Radar Medical Group
702.641.4600

***Updated Records for:
11/09/19 - Present***

#36739

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

ATTENTION

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

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

DECLARATION FOR MEDICAL RECORDS AND MEDICAL BILLING RECORDS

STATE OF Nevada)
) ss:
COUNTY OF Clark)

COMES NOW Selena Escobedo who after first being duly sworn, deposes and says:

1. That Declarant is the Custodian of Medical Records and of Medical Billing Records for **Radar Medical Group.**

2. That **Radar Medical Group** is licensed to do business in the State of Nevada;

3. That on the 9 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 **Radar Medical Group;**

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: 9 day of January, 2020.

DECLARANT

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: Radar Medical Group LLP (Medical Care Provider)

Date(s) of Treatment Requested: 11/09/19 - Present

I, Jayce 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."

[redacted]

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

Client Signature

3-22-56
Date of Birth

091-48-8430
Social Security Number

[redacted]

RADAR MEDICAL GROUP LLP
2628 W. CHARLESTON BLVD.
Las Vegas, NV 89102
(702) 644-0500

ACCOUNT NUMBER: 36739
SEKERA, JOYCE
7840 NESTING PINE PL
LAS VEGAS NV, 89143-4469
(702) 467-5457
SSN:

DATE:01/09/2020
CATEGORY:PI
GUARANTOR:SEKERA, JOYCE
REFERRING:WEBBER
DOB:1956-03-22 00:00:00

INSURANCE CO. :CLAGGETT & SYKES LAW FIRM
SUBSCRIBER No. :
DEDUCTIBLE :0
ADJUSTER :
TYPE:P1

PHONE:(702) 655-2346
PROVIDER No.:
COPAYMENT:
CLAIM:
GROUP No.:

DOE	DOS	Dr.	Message	Description	Code	Mode	Who	Amount
				UNSPECIFIED INJURY OF HEAD	S0990XA			
				POST CONCUSSION OR POST TF	0781			
				STRAIN OF MUSCLE, FASCIA	S161XXA			
				FALL SAME LEV FROM SLIP/TW	010XXA			
				MIGRAINE, UNSP, NOT INTRAG	43909			
				STRAIN OF MUSCLE, FASCIA	S39012A			
				INSOMNIA, UNSPECIFIED	G4700			
				HEADACHE	R51			
12/06/16	12/01/16	RJS	BP1206	EXP CONSULTATION	99245		P1	770.00
12/15/16	12/15/16	RJS		CD RECORDS	99199CD		G	15.67
01/20/17				ATTORNEY PMT				-15.67
				MEMORY LOSS/OTHER AMNESIA	R413			
12/19/16	12/01/16	RJS	BP1219	COMP METABOLIC	80053		P1	60.00
12/19/16	12/01/16	RJS	BP1219	TSH ULTRASENSITIVE	84443		P1	85.00
12/19/16	12/01/16	RJS	BP1219	ANA	86038		P1	100.00
12/19/16	12/01/16	RJS	BP1219	ESR/SED RATE	85652		P1	40.00
12/19/16	12/01/16	RJS	BP1219	RPR	86592		P1	50.00
12/19/16	12/01/16	RJS	BP1219	CBC WITH DIFF	85025		P1	51.50
12/19/16	12/01/16	RJS	BP1219	T4	84436		P1	65.00
12/19/16	12/01/16	RJS	BP1219	VENIPUNCTURE	36415		P1	15.00
12/19/16	12/01/16	RJS	BP1219	SPECIMAN HAND FEE	99000		P1	50.00
				POST CONCUSSION OR POST TF	0781			
				STRAIN OF MUSCLE, FASCIA	S161XXD			
				CERV DISC DISORDER W RADIM	5011			
				FALL SAME LEV FROM SLIP/TW	010XXD			
				MIGRAINE, UNSP, NOT INTRAG	43909			
				STRAIN OF MUSCLE, FASCIA	S39012D			
				HEADACHE	R51			
12/29/16	12/20/16	FAVIS	BP1229	FOLLOW UP EVALUATION	99214		P1	510.00
				POST CONCUSSION OR POST TF	0781			
				STRAIN OF MUSCLE, FASCIA	S161XXD			
				FALL SAME LEV FROM SLIP/TW	010XXD			
				MIGRAINE, UNSP, NOT INTRAG	43909			
				STRAIN OF MUSCLE, FASCIA	S39012D			
				CERV DISC DISORDER W RADIM	5011			
01/12/17	01/10/17	RJS	BP0112	FOLLOW UP EVALUATION	99214		P1	510.00
				POST CONCUSSION OR POST TF	0781			
				STRAIN OF MUSCLE, FASCIA	S161XXD			
				CERV DISC DISORDER W RADIM	5011			
				MIGRAINE, UNSP, NOT INTRAG	43909			
				STRAIN OF MUSCLE, FASCIA	S39012D			
				FALL SAME LEV FROM SLIP/TW	010XXD			
01/17/17	01/10/17	RJS	BP0117	EMG PER LIMB	95886		P1	1788.00
01/17/17	01/10/17	RJS	BP0117	NCV 13+	95913		P1	4250.00
				POST CONCUSSION OR POST TF	0781			
				STRAIN OF MUSCLE, FASCIA	S161XXD			
				FALL SAME LEV FROM SLIP/TW	010XXD			
				MIGRAINE, UNSP, NOT INTRAG	43909			
				STRAIN OF MUSCLE, FASCIA	S39012D			
				CERV DISC DISORDER W RADIM	5011			

DOS	DOS	Dr.	Message	Description	Code	Mode	Who	Amount
03/10/17	02/07/17	RJS	BP0210	FOLLOW UP EVALUATION STRAIN OF MUSCLE, FASCIA S161XXD POST CONCUSSION OR POST TF0781 CERV DISC DISORDER W RADIM5011 MIGRAINE, UNSP, NOT INTRAG43909 STRAIN OF MUSCLE, FASCIA S39012D FALL SAME LEV FROM SLIP/TW010XXD	99214		P1	510.00
02/10/17	12/12/16	RJS	BP0210	ELECTROENCEPHALOGRAM	95816		P1	1314.00
02/10/17	12/12/16	RJS	BP0210	DIGITAL SPIKE WAVE A	95957		P1	990.00
02/10/17	12/12/16	RJS	BP0210	RHYTHM ECG W/RPT POST CONCUSSION OR POST TF0781 STRAIN OF MUSCLE, FASCIA S161XXD FALL SAME LEV FROM SLIP/TW010XXD MIGRAINE, UNSP, NOT INTRAG43909 STRAIN OF MUSCLE, FASCIA S39012D CERV DISC DISORDER W RADIM5011	93042		P1	92.00
04/18/17	04/11/17	RJS	BP0418	FOLLOW UP EVALUATION POST CONCUSSION OR POST TF0781 STRAIN OF MUSCLE, FASCIA S161XXD CERV DISC DISORDER W RADIM5011 MIGRAINE, UNSP, NOT INTRAG43909 STRAIN OF MUSCLE, FASCIA S39012D FALL SAME LEV FROM SLIP/TW010XXD	99213		P1	350.00
05/15/17	05/02/17	RJS	BP0515	FOLLOW UP EVALUATION	99213		P1	350.00
05/15/17	05/02/17	RJS	BP0515	EMG PER LIMB	95886		P1	1788.00
05/15/17	05/02/17	RJS	BP0515	NCV 9-10 STRAIN OF MUSCLE, FASCIA S161XXD POST CONCUSSION OR POST TF0781 CERV DISC DISORDER W RADIM5011 CARPAL TUNNEL SYNDROME, UG5600 FALL SAME LEV FROM SLIP/TW010XXD STRAIN OF MUSCLE, FASCIA S39012D MIGRAINE, UNSP, NOT INTRAG43909	95911		P1	3000.00
07/12/17	07/10/17	RJS	BP0712	FOLLOW UP EVALUATION POST CONCUSSION OR POST TF0781 STRAIN OF MUSCLE, FASCIA S161XXD CERV DISC DISORDER W RADIM5011 MIGRAINE, UNSP, NOT INTRAG43909 STRAIN OF MUSCLE, FASCIA S39012D FALL SAME LEV FROM SLIP/TW010XXD CARPAL TUNNEL SYNDROME, UG5600	99214		P1	510.00
11/09/17	10/23/17	RJS	BP1109	FOLLOW UP EVALUATION	99213		P1	350.00
12/14/17	12/14/17	RJS		CD RECORDS	99199CD		P1	15.00
09/14/18	09/14/18	RJS	P11102	CD RECORDS	99199CD		G	20.68
11/02/18				ATTNY CARPAL TUNNEL SYNDROME, UG5600 FALL SAME LEV FROM SLIP/TW010XXD STRAIN OF MUSCLE, FASCIA S39012D MIGRAINE, UNSP, NOT INTRAG43909 CERV DISC DISORDER W RADIM5011 STRAIN OF MUSCLE, FASCIA S161XXD POST CONCUSSION OR POST TF0781				-20.68
11/19/19	11/09/19	RJS	BP1119	FOLLOW UP EVALUATION	99215		P1	675.00
12/09/19	12/09/19	RJS		CD RECORDS POST CONCUSSION OR POST TF0781 CARPAL TUNNEL SYNDROME, UG5600 FALL SAME LEV FROM SLIP/TW010XXD STRAIN OF MUSCLE, FASCIA S39012D STRAIN OF MUSCLE, FASCIA S161XXD CERV DISC DISORDER W RADIM5011 MIGRAINE, UNSP, NOT INTRAG43909	99199CD		G	20.65
12/10/19	12/03/19	RJS	BP1210	ELECTROENCEPHALOGRAM	95816		P1	1314.00
12/10/19	12/03/19	RJS	BP1210	NEUROBEHAVIORAL EXAM POST CONCUSSION OR POST TF0781 STRAIN OF MUSCLE, FASCIA S39012D MIGRAINE, UNSP, NOT INTRAG43909 CERV DISC DISORDER W RADIM5011 STRAIN OF MUSCLE, FASCIA S161XXD FALL SAME LEV FROM SLIP/TW010XXD CARPAL TUNNEL SYNDROME, UG5600	96116		P1	691.00

DOE	DOS	Dr.	Message	Description	Code	Mode	Who	Amount
12/27/19	12/19/19	RJS	BP1227	FOLLOW UP EVALUATION	99213		P1	350.00
12/06/16	BILL WAS SENT TO THE INSURANCE. From : 12/01/2016 To: 12/01/2016							770.00
12/19/16	BILL WAS SENT TO THE INSURANCE. From : 12/01/2016 To: 12/01/2016							516.50
12/29/16	BILL WAS SENT TO THE INSURANCE. From : 12/20/2016 To: 12/20/2016							510.00
01/12/17	BILL WAS SENT TO THE INSURANCE. From : 01/10/2017 To: 01/10/2017							510.00
01/17/17	BILL WAS SENT TO THE INSURANCE. From : 01/10/2017 To: 01/10/2017							6038.00
02/10/17	BILL WAS SENT TO THE INSURANCE. From : 02/07/2017 To: 02/07/2017							510.00
02/10/17	BILL WAS SENT TO THE INSURANCE. From : 12/12/2016 To: 12/12/2016							2396.00
04/18/17	BILL WAS SENT TO THE INSURANCE. From : 04/11/2017 To: 04/11/2017							350.00
05/15/17	BILL WAS SENT TO THE INSURANCE. From : 05/02/2017 To: 05/02/2017							5138.00
07/12/17	BILL WAS SENT TO THE INSURANCE. From : 07/10/2017 To: 07/10/2017							510.00
11/09/17	BILL WAS SENT TO THE INSURANCE. From : 10/23/2017 To: 10/23/2017							350.00
11/19/19	BILL WAS SENT TO THE INSURANCE. From : 11/09/2019 To: 11/09/2019							675.00
12/10/19	BILL WAS SENT TO THE INSURANCE. From : 12/03/2019 To: 12/03/2019							2005.00
12/27/19	BILL WAS SENT TO THE INSURANCE. From : 12/19/2019 To: 12/19/2019							350.00

Charge---------->	20700.5
Payment---------->	-36.35
Adjustment---------->	0.00
Patient Responsibility--->	20.65
Balance---------->	20664.15
Previous A/R---------->	0.00
Current(0--10)---------->	3050.65
Over 030---------->	0.00
Over 060---------->	0.00
Over 090---------->	17613.5

HEALTH INSURANCE CLAIM FORM

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

CLAGGETT SYKES LAW FIRM PI
4101 MEADOWS LANE
Las Vegas NV 89107

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)
GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#) X	
1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	SEKERA, JOYCE		
3. PATIENT'S BIRTH DATE MM DD YY	03221956	SEX M	F X
4. INSURED'S NAME (Last Name, First Name, Middle Initial)			
5. PATIENT'S ADDRESS (No., Street)	7840 NESTING PINE PL		
6. PATIENT RELATIONSHIP TO INSURED	Self	Spouse	Child	Other X
7. INSURED'S ADDRESS (No, Street)			
CITY	LAS VEGAS	STATE NV	
8. RESERVED FOR NUCC USE			
CITY		STATE	
ZIP CODE	89143-4469	TELEPHONE (Include Area Code)	(702) 4675457
ZIP CODE		TELEPHONE (Include Area Code)	( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			
10. IS PATIENT'S CONDITION RELATED TO:			
11. INSURED'S POLICY GROUP OR FECA NUMBER	DOI110416		
a. OTHER INSURED'S POLICY OR GROUP NUMBER			
a. EMPLOYMENT? (Current or Previous)	YES	X NO	
a. INSURED'S DATE OF BIRTH MM DD YY	SEX M	F	
b. RESERVED FOR NUCC USE			
b. AUTO ACCIDENT	PLACE (State) YES	X NO	
b. OTHER CLAIM ID (Designated by NUCC)			
c. RESERVED FOR NUCC USE			
c. OTHER ACCIDENT?	X YES	NO	
c. INSURANCE PLAN NAME OR PROGRAM NAME			
d. INSURANCE PLAN NAME OR PROGRAM NAME			
10d. CLAIM CODES (Designated by NUCC)			
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	YES	NO If yes, complete items 9, 9a, and 9d.	

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE DATE 12272019

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	11042016 QUAL. 431	15. OTHER DATE MM DD YY	400 11042016
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY	FROM TO		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY	FROM TO		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)			
20. OUTSIDE LAB?	YES X NO	$ CHARGES	NO PURCH. SVC.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. F0781	B. S161XXD	C. M5011	D. G43909
E. S39012D	F. W010XXD	G. G5600	H.
I.	J.	K.	L.

22. RESUBMISSION CODE | ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE FROM MM DD YY	TO MM DD YY	B. PLACE OF SERV	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 PROBLEM OR EVALUATION											
12192019	12192019	11	1	99213		ABCDEFG	350 00	1		NPI	1346324092
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID
260209037	X	36739	X YES NO	$ 350 00	$ 0 00

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

RUSSELL SHAH MD
12272019
SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

CHARLESTON OFFICE
2628 W CHARLESTON BLVD
Las Vegas NV 89102
*1881888956

33. BILLING PROVIDER INFO & PH # 702 6440500

RADAR MEDICAL GROUP LLP
10624 S EASTERN AVE A425
HENDERSON NV 89052 2982
*1881888956

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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

RUSSELL J. SHAH , MD

DATE: 12-19-2019

ACCT# 36739 | DATE OF BIRTH # 03-22-1956 | S.S#

LAST NAME: SEKERA | FIRST NAME: JOYCE

INSURANCE COMPANY NAME: CLAGGETT & SYKES LAW FIRM | REFERRING DOCTOR: WEBBER

OFFICE VISITS					**EMG**	
NEW PATIENT (NON FORENSIC EXAM)					95860	SINGLE EXTREMITY EMG
	99203	DETAILED H & P			95861	TWO EXTREMITY EMG
	99204	COMPREHENSIVE H & P			95863	THREE EXTREMITY EMG
	99205	MORE COMPREHENSIVE H & P			95864	FOUR EXTREMITY EMG
ESTABLISHED PATIENT					95886	MUSC TEST DONE W/N TEST COMP X_____
	99212	PROBLEM FOCUSED			**NCV**	
X	99213	EXPANDED			95900	MOTOR NCV X_____
	99214	DETAILED			95904	SENSORY NCV X_____
	99215	DETAILED			95903	MOTOR NERVE W/F WAVE X_____
OFFICE CONSULTATIONS					95907	NRV CNDJ TST 1-2 STUDIES
	99243	DETAILED H & P			95908	NRV CNDJ TST 3-4 STUDIES
	99244	COMPREHENSIVE H & P			95909	NRV CNDJ TST 5-6 STUDIES
	99245	MORE COMP H & P			95910	NRV CNDJ TST 7-8 STUDIES
PREVENTIVE					95911	NRV CNDJ TST 9-10 STUDIES
	99080	X_____	99354	X_____	95912	NRV CNDJ TST 11-12 STUDIES
	99358	X_____	99355	X_____	95913	NRV CNDJ TST 13/> STUDIES
	99373	X_____			95934	H FLEX X_____
	MODIFIER .93 FOR INTERPRETATION				95937	REPETITIVE NERVE STIMULATION X_____
OFFICE PROCEDURES						
	95816	STANDARD EEG			95925	SSEP UE X_____
	95819	SLEEP EEG			95926	SSEP LE X_____
	95957	DIGITAL SPIKE ANALYSIS			96116	NEUROBEHAVIORAL
	93042	SINGLE LEAD EKG			93886	TCD COMPLETE INTRACRANIAL
	92585	BAER			93888	TCD LIMITED INTRACRANIAL
					93892	TCD EMBOLI

DIAGNOSIS	**ICD-10**				
	ANXIETY	F41.1		MEMORY LOSS	R41.3
	BRAIN INJURY W/LOC -30MINS INTERACRANIAL INJURY	S06.891_		MOOD SWINGS	F34.8
	BRAIN INJURY NO LOC INTERACRANIAL INJURY	S06.890_		MIGRAINES	G43.909
	BACK PAIN - SPINE	M54.9		MUSCLE SPASMS	M62.838
	CARPAL TUNNEL SYNDROME	G56.00		NEUROPATHY	G62.9
	CEREBROVASCULAR ISCHEMIC DISORDER	I63.50		NUMBNESS / PARESTHESIAS R20.0	R20.2
	CERVICAL RADICULOPATHY	M50.11		OCCIPITAL NEURALGIA	M54.81
	CERVICAL / CERVICOTHORACIC STRAIN	S161XX_		PAIN CERVICAL / NECK	M54.2
	COGNITIVE IMPAIRMENT	G31.84		PAIN LIMB UNSPECIFIED	M79.609
	CONCUSSION W/LOC	S06.0X0_		POST TRAUMATIC BRAIN SYNDROME	F07.81
	CONCUSSION NO LOC	S06.0X0_		POST CONCUSSIONAL SYNDROME	F07.81
	DIZZINESS / VERTIGO	R42		SLEEP DISTURBANCE IMPAIRMENT	G47.9
	EPILEPSY	G40.909		STROKE	I63.9
	GAIT DISTRUBANCE	R26.9		SYNCOPE	R55
	HEADACHES	R51		RESTLESSNESS	R45.1
	HEAD INJURY / TRAUMA NO LOC	S09.90X_		SENSORY PROBLEMS LIMBS	R20.2
	HEAD INJURY /TRAUMA WITH LOC	S09.91X_		SHOULDER STRAIN S46.911_	S46.912_
	INSOMNIA	G47.00		THORACIC STRAIN	S29.012_
	LOW BACK PAIN	M54.5		TREMOR ESSENTIAL	G25.0
	LUMBAR RADICULOPATHY	M54.16		WEAKNESS, LIMB	R53.1
	LUMBAR STRAIN	S39.012_		WEAKNESS, GENERALIZED	M62.81

3*287918*2019-12-19*5199*0*NOSIG*1*1

SEKERA001332

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 ReEvaluation

PATIENT NAME: SEKERA, JOYCE
DOB: 03-22-1956
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 12-19-2019

JOYCE SEKERA was seen on 12-19-2019 for a neurologic reevaluation.

HISTORY OF INJURY

Date of Injury:11-04-2016

Medications:

DATE	NAME	DOSAGE	SIG	DISCONTINUE DATE
12-19-2019	METFORMIN	500MG		
11-09-2019	METFORMIN	500MG	QD	
10-23-2017	Metfomin			
07-10-2017	METFORMIN			
07-10-2017	CELEBREX			
05-02-2017	methocarbamol			
05-02-2017	ibuprofen			
04-11-2017	ZPAK		AS DIRECTED	
02-07-2017	ROBAXIN	UNKNOWN	PRN	
02-07-2017	METHOCARBOMOL	UNKNOWN	TWICE DAILY PRN	
12-20-2016	IBUPROFEN	600MG	1 TAB PRN HA	

REVIEW OF SYSTEMS

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. + leg pains

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, mri brain/mra brain imaging/reports reviewed with frontal right hemispherical white intensity consistent with brain injury.

PRESENT COMPLAINT

She has continued neck pain and low back pain and takes Tylenol as needed and is to see Dr. Garber next week

She has continued problems with her memory but it improved over the years. She is still not normal and is forgetful and not remembering at work. Her sleep was affected and it has also partially improved

She had a lot of forgetfulness and is having that the recall is partially better as well as the thinking but still does not recall task, appointments but her emotional upset ness and anxiety is improved.

EXAMINATION

Vital Signs:

TEMP	PULSE	RESP	HT	WT	BMI	BP SYST	BP DIAST	COMMENT	SPO2
98.5	67		66	204.6	33	118	67	RESP IN NORMAL RANGE	

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress. No psychomotor retardation, no bradykinesia, no masked facies, no staring off, no spacing out and no lipsmacking

The patient is a fair to poor historian on details in the past. Appears to be better with recall of recent information. , Mood appears okay

Obesity

Cranial Nerves: EOMI , fundi sharp, VFF, no field cut, PEARLA, aniceteric, normal sensation face and tongue midline, no dysarthria, non toxic appearing, shoulder shrug intact
Hearing was intact.
The smile is symmetric.

Motor :

Normal power
Reflexes 2 to 2+

Positive tenderness lumbar paraspinals and spinous proces tenderness, tightness cervical paraspinal and lumbar paraspinals, no cervical florid spasm and no cervical axial comrpession, no Lhermittes, positive lumbar paraspinal florid spasm

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/neurocognitive disorder

- eeg with no seizures and no metabolic changes. No early Alzheimer's type disorder nor frontal/temporal slowing
- may try Namenda
- mind stimulation exercises with lumosity, elevate, iCBT coach discussed, mind stimulation exercises
- reevaluate after water therapy/conditioning for medication treatment
- face to face time 25 minutes, compliance, counseling, with greater than 50% of the evaluation time on education

2. Cervical strain/headaches

- spine restrictions

3. Lumbar strain with leg pain/ache

- spine restrictions
- weight loss

4. Carpal tunnel syndrome

- wrist splints
- education
- reevaluate on follow up

Sincerely,

Russell Shah

Russell J. Shah, MD

RADAR MEDICAL GROUP, LLP

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

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MD

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3. Lumbar strain with leg pain/ache

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- weight loss

4. Carpal tunnel syndrome

- wrist splints

- education
- reevaluate on follow up

Sincerely,

Russell J. Shah, MD

RADAR MEDICAL GROUP, LLP dba University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Mailing Address: 10624 S. Eastern Avenue, Ste. A-425 Henderson, Nevada 89052
Office: 702 644-0500 Fax: 702 641-4600 or 702 258-0566

Sign in Sheet

Date: 12/19/19 **Arrival Time:** 9AM

Are you a NEW patient? ☐ **Yes** ☐ **No**

Print Name: Joyce Sekera **D.O.B.:** 3-22-56

Telephone: _____ Cell: _____

Address: _____

City, State and Zip Code: _____

Email: _____

Has your attorney/insurance changed? ☐ **Yes** ☐ **No**

If yes, who is your attorney/insurance carrier? : _____

Patient Signature: Joyce Sekera

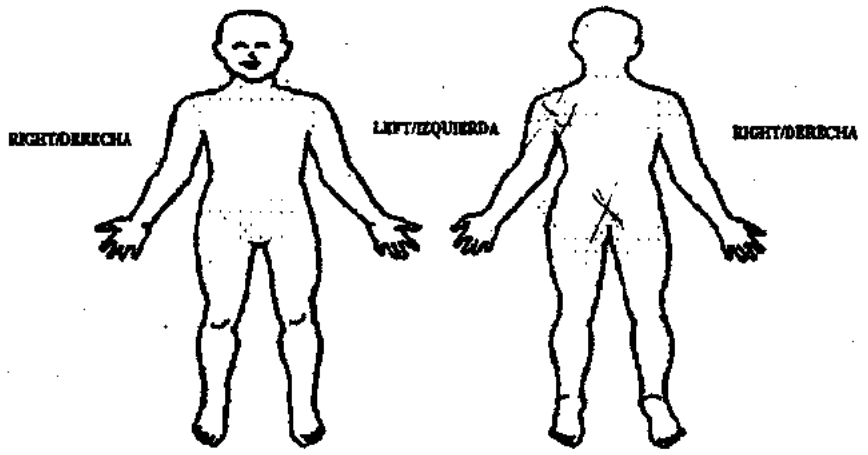
PAIN CHART

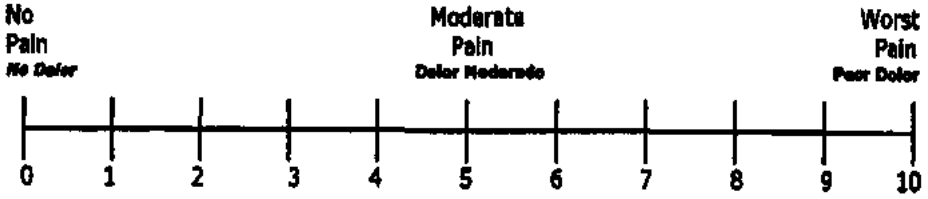
Name: SEKERA, JOYCE DOB: 03-22-1956 DOS: 12-19-2019

Where is your pain?
Donde esta su dolor?

Please mark on the drawings below the areas where you feel your pain.
Porfavor marque las partes del cuerpo donde siente dolor.

FRONT/*FRENTE* **BACK**/*ATRAS*





Is your pain: **BETTER** **SAME** **WORSE** **from your last visit.**
Su dolor esta: *MEJOR* *IGUAL* *PEOR* *de su ultima visita.*

(Please circle one)
(Porfavor circule uno)

Patient Signature/firma de paciente

Reviewed by Physician/firma de doctor

3*287918*2019-12-19*5200*0*NOSIG*2*1

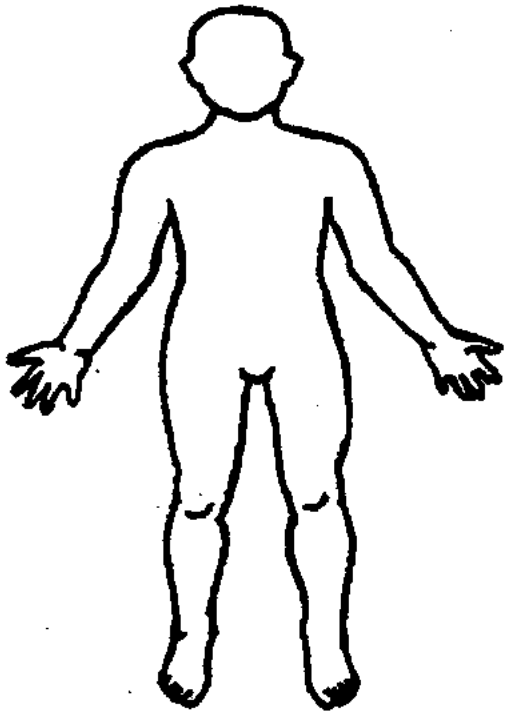
SEKERA001344

Name: SEKERA, JOYCE DOB: 03-22-195 DOS: 12-19-201

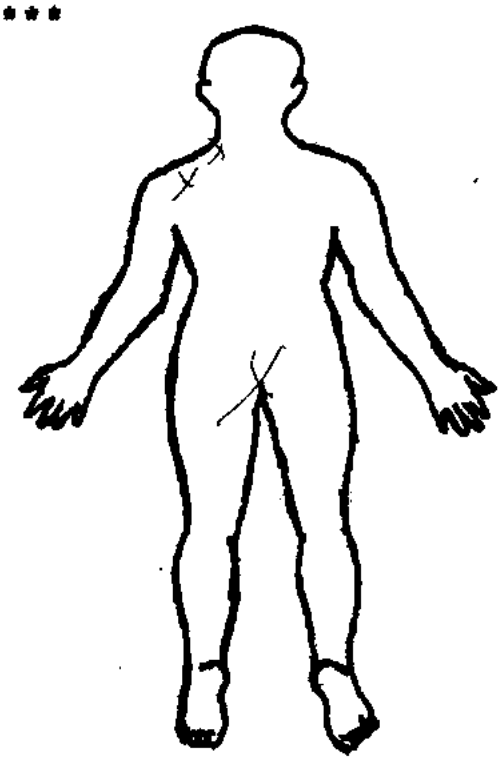
Numbness (Adormecimiento)	Pins & Needles (Piquetes)	Burning (Arder)	Aching (Adolorido)	Stabbing (Punzadas)
---------	OOOOOOO	^^^^^^^	XXXXXX	●●●●●●
---------	OOOOOOO	^^^^^^^	XXXXXX	●●●●●●
---------	OOOOOOO	^^^^^^^	XXXXXX	●●●●●●

Tingling (Hormigueo)
* * * * * *
* * * * * *
* * * * * *

FRONT / FRENTE



BACK / ATRAS



Patient signature

Reviewed by Physician

RADAR MEDICAL GROUP, LLP

University Urgent Care
Russell J. Shah, MD — General Neurology
Dipti R. Shah, MD — Internal Medicine/Nephrology
2828 W. Charleston Blvd., Las Vegas, Nevada 89102
2486 W. Horizon Ridge Parkway, Ste. 120, Henderson, Nevada 89052
Office: 702 644-0500 Fax: 702 641-4600
Urgent Care: 702 644-CARE Fax: 702 256-0668
(2273)

Date: 12-19-2019

Patient's Name: SEKERA, JOYCE **DOB:** 03-22-1956

PHYSICAL EXAM:

Vitals: T: 98.5 BP: 118/67 P: 67 Wt: 204.6 Ht: 66.0

Visual Acuity: OD _____ OS _____

ANY ALLERGIES:

NKA

PLEASE LIST ALL MEDICATION(S) & DOSAGE:

Metformin 500mg.

PLEASE LIST ALL TREATING PHYSICIANS REGARDING YOUR CONDITION:

Completed by:

3*267918*2019-12-19*5401*0*NOSIG*1*1

Send Confirmation

Date/Time	:	12-17-2019 12:13 PM
Model Name	:	M5370LX
Machine Serial Number	:	075HBJFG800061E
Host Name	:	SEC30CDA7ADF7A2
Fax Name	:	
Fax Number	:	

Job Information

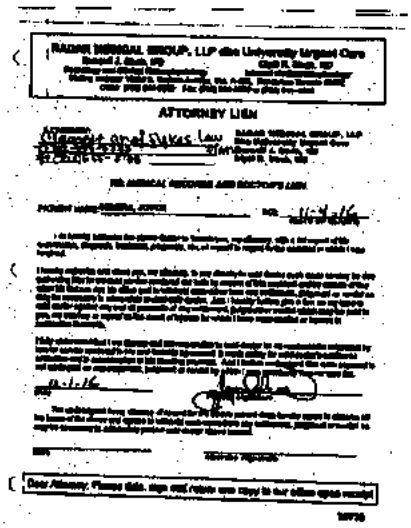
Job No.	:	57809
User	:	Local User
Submission Date/Time	:	12-17-2019 09:51 AM
Completed Time	:	12-17-2019 12:13 PM
Total Destinations	:	1

File Settings

Number of Images	:	1 Page(s)
Resolution	:	Standard
File Name	:	
File Format	:	
Bytes Filed	:	

Destinations

Type	To	Duration	Pages	Status	Reason
Fax	7026553763	01'42"	1	Success	
	Total Duration :	01'42"			



FAX

12/12/2019

To

Company:

Department:

Name: Russell Shah

From

Company: PAIN INSTITUTE OF NEVADA

Department:

Name: CARINA

Phone: 7028785252

FAX: 7028789096

NAME: JOYCE SEKERA
DOB: 03/22/1956

Date Received: 12/14 F/U Date: 12/19
___Call Patient ___Urgent ___Record Review___
Date reviewed by Provider_____
Provider Signature_____
___ABNL LAB ___ABNL MRI ___ABNL
OTHER
Date reviewed with
Patient:_____
Provider signature:_____

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

OFFICE VISIT

Date of Service: December 11, 2019

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

PAIN COMPLAINTS
Low back pain

Ms Sekera returns for follow up today.

Low back pain - today is a good day, pain scores are mild, she had leg radiating pain but hasn't lately that she can remember. She denies leg weakness, numbness, tingling.
Activities that aggravate the pain: Some exercises at the physical therapy.
Activities that relieve the pain: Heat and stretching, massage, back brace
Description of the pain: Ache
Least pain throughout day (0-10): 2/10
Most pain throughout day (0-10): 3/10
Helpful treatments: Physical therapy, injections, back brace
Non-helpful treatments: N/A
She takes no oral pain medications.

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 currently receiving physical 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 S 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 L3-L3. Mild sclerosing of left SI joint.

MRI cervical spine: Report date 9/30/2019
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 1.0cm

X-ray cervical spine: Report date 9/30/2019
1. There is straightening of the normal cervical lordosis which can be seen in acute cervical injury. Clinical correlation is recommeded.
2. There are no significant changes in vertebral body alignment on the lateral flexion/extension views to indicate ligamentousiaxity 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.

MRI lumbar spine: Report date 9/30/2019
1. At L1-2, there is bulging of the disc. This results in anterior impression on the thecal sac.
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. Thereis 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 0.9cm.

CT lumbar spine: Report date 9/30/2019
1. There are degenerative changes throughout the lumbar spine with osteophite formation. There is also anterior endplate sclerosis at L1-2 and L2-3. There is facet hypertrophy, most pronounced in the lower lumbar spine.
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.

X-ray lumbar spine: Report date 9/30/2019
1. There are degenerative changes to the lumbar spine with osteophyte formation. There is also facet hypertrophy in the lumbar spine.
2. There are no significant changes in vetebral body alignment on the lateral flexion/extension views to indicate ligamentous laxity or instability.
3. Please see separate dictation for the MRI of the lumbar spine dated the same date for additional findings.

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

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

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

06/20/2019
RFA B L5S1
Sustained: Pain returning after 3 months.

MEDICAL HISTORY
Diabetes type 2, HbA1C 6.5
Memory impairment from mild TBI
Low back pain s/p slip & fall
Lumber facet mediated pain

ALLERGIES
No known drug allergies

MEDICATIONS
Metformin 500mg qd

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

SURGICAL HISTORY
No prior surgeries reported.

FAMILY HISTORY
Lung Cancer

SOCIAL HISTORY
Family Status: Single / not married , has children , lives with family
Occupation: Customer service / Unemployed
Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

REVIEW OF SYSTEMS
Constitutional Symptoms: Fatigue
Visual: Decreased vision
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: 200.00 Pounds
Blood Pres: 140/86 mmHg
Pulse: 68 BPM
Respirations: 18 RPM
BMI: 32.3
Pain: 02

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

LUMBAR SPINE
Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.
Alignment: Spine is straight and in normal alignment.
Tenderness: None noted.
Trigger Points: None noted.
Spasm: Moderate spasm is noted in the paravertebral musculature.
Facet Tenderness: No facet joint tenderness noted
Spinous Tenderness: Spinous processes are non-tender.
ROM: Full ROM with pain.
Straight Leg Raising: Negative at 90 deg bilaterally. Does not produce radicular pain.

PSYCHOLOGICAL EXAMINATION
Orientation: The patient is alert and oriented.
Mood/Affect: Mood and affect are normal.
Thought Processes: Thought processes are intact.
Concentration: Concentration is intact.
Suicidal Ideation: The patient denies suicidal ideation.

DIAGNOSIS
M51.27 LUMBOSACRAL DISCOPATHY
M47.816 LUMBAR FACET JOINT ARTHROPATHY / SPONDYLOSIS
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS
M54.5 LOW BACK PAIN
S06.0 CONCUSSION
M62.838 MUSCLE SPASM

COUNSELING

Home Exercise Program
The patient received extensive counseling regarding home exercise and stretching. Specific discussion included appropriate exercises for the patient, exercise tolerance and limitations. All questions were answered.

PRESCRIPTIONS
None

PLAN
** Will hold on SCS trial, doing well currently
** RETURN: 3 months for re-evaluation and PRN when needed with kdt

Katherine D Travnicek MD

Copy to: Jason Garber MD Russell Shah Primary care provider

Electronically signed by KATHERINE TRAVNICEK Date: 12/11/2019 Time: 8:27:10

Radar Medical Group

2628 W. Charleston Blvd. Las Vegas, Nevada 89102
(702) 644-0500 Fax (702) 258-0566

Invoice for Medical Records

Attn: ROYAL & MILES LLP

Patient's Name: SEKERA, JOYCE

SS #:

Acct #: 36739

Medical Records: 1 CD	$ 20.00
Postage:	$ .65
Notary Fee:	$ /
Total Due:	$ 20.65

Thank you,

Medical Records Dept

- Please remit payment to the above address; Tax ID: 260209037
- Please attach a copy of this invoice along with payment

Invoice for records sent on 12-9-19 By SELENIA

SEKERA001353

Michael A. Royal*
Gregory A. Miles*

*Also Admitted in Utah

ROYAL & MILES LLP

1522 W. Warm Springs Road
Henderson, NV 89014
Telephone:
702.471.6777
Facsimile:
702.531.6777
Email:
mroyal@royalmileslaw.com

December 4, 2019

Radar Medical Group
Dr. Shah
10624 S. Eastern Ave., #A-425
Henderson, NV 89052
ATTN: Custodian of Records

RE:	Patient	:	JOYCE SEKERA
	Date of Birth	:	03/22/1956
	Social Security Number	:	xxx-xx-8430
	Our File No.	:	3837-18

Dear Custodian of Records:

Enclosed you will find a copy of a Authorization for the Release of Protected Health Information executed by **Joyce Sekera**. Please provide me, within ten days, the following:

> Your **entire file** pertaining to the above-named individual, including, but not limited to, all records, reports, radiographic films, bills, statements, correspondence, X-rays, messages, and notes; and the entire billings file pertaining to the above-named individual, including each and every charge pertaining to **JOYCE SEKERA from October 24, 2017 to the present.**

Also enclosed is an Certificate of Medical Records Custodian to be completed by you upon the compilation of the requested materials on the above-named individual. This is important as it verifies the validity of the records to the court, if necessary. Please return this form to us when you provide us with the copies of the requested materials.

///

///

///

Please be advised that N.R.S. 629.061 provides that the maximum allowable charge for the reproduction of medical records is $.60 per page. If you will enclose your bill for these documents when you forward them, we will promptly remit payment to you.

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

Sincerely,

ROYAL & MILES LLP

Michael A. Royal, Esq.

MAR/mr

Enclosures

AUTHORIZATION TO RELEASE MEDICAL RECORDS
Pursuant to HIPAA Rule (45 CFR Section 164.508)

TO: Radar Medical Group

You are authorized and requested to release to ROYAL & MILES, LLP 1522 w. Warm Springs Road, Henderson, Nevada 89014 or their representatives, traffic accident reports, witness statements, copies of the complete medical records of:

Name: Joyce Sekera
DOB: March 22, 1956
SSN: xxx-xx-8430

including but not limited to: all patient registration/information forms and patient histories; all progress and/or office notes and examinations; consultation, evaluation, operative, discharge and/or other narrative reports correspondence to/from other health-care providers, insurance companies, employers and others; telephone memos; prescription, pharmacy and medication records; photographs; EMS/EMT and/or fire department reports, dispatch records, and billing statements; pathology slides and specimens, laboratory test requires and reports; hospital admission forms and all records related to each admission; emergency room records and reports; anesthesia records, nursing notes and physicians' orders, physical/occupational or other therapeutic or rehabilitative records; x-ray, MRI, CT and/or other radiological/diagnostic films, records and reports; and all billing records, including itemized or other statements.
The following information is to be provided ONLY if initialed by the patient:

____ Drug or alcohol abuse records
____ Mental health, marriage or family counseling and/or psychological/psychiatric evaluations, counseling and treatment records
____ HIV diagnosis and treatment records

THE INFORMATION TO BE RELEASED FROM 11/4/11 to PRESENT

This authorization does not permit you to prepare written reports or to orally discuss the patient's case with any representative of to ROYAL & MILES, LLP, or to disclose anything other than documents and records to anyone.

The patient understands that any documents or records released by you will be used for purposes of legal proceedings or insurance claims matters, and that once said information or data is obtained by to ROYAL & MILES, LLP it is no longer protected from disclosure by HIPAA Rule 45 CRF Section 164.508, and may potentially be re-disclosed to insurance adjusters, investigators, experts or other agents hired by to ROYAL & MILES, LLP to examine said documents for purposes of legal claims or proceedings.

This Authorization is valid for a period of one (1) year from the date signed below. The patient understands he/she or his/her legal representative may revoke this Authorization in writing to you and simultaneously to to ROYAL & MILES, LLP. Revocation of this Authorization shall not affect any disclosures made prior to written revocation. The patient understands that treatment, payment, enrollment or eligibility for medical benefits may not be conditioned on signing this Authorization. A photocopy or fax of this Authorization is as valid as the original.

DATED this 14 day of August, 2018

Patient

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

SUBSCRIBED AND SWORN to before me this
14 day of August, 2018.

NOTARY PUBLIC in and for said County and State.

DEBRA P. MOONEY
Notary Public-State of Nevada
Appointment Recorded in Clark County
My Appointment Expires Sept. 21, 2018
98-4146-1

CERTIFICATE OF MEDICAL RECORDS CUSTODIAN

STATE OF Nevada)
) ss:
COUNTY OF Clark)

Selenia Escobedo, being first duly sworn, deposes and says:

1. That I am Selenia E and, in such capacity, I am the custodian of the medical records of Badar Medical Group

2. That on the 9 day of December, 2019, Badar Medical Group received a Records Release Authorization requesting production of the medical records pertaining to the care and treatment by Dr. Shah of the said **JOYCE SEKERA.**

3. That I have examined the original of those medical records and have made a true and exact copy of them and that the reproduction of them attached hereto is true and complete.

4. That the original of those medical records was made at or near the time of the acts, events, conditions, opinions or diagnoses recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of this office.

AFFIANT

SUBSCRIBED and SWORN to before me
this 9 day of December, 2019.

None
NOTARY PUBLIC in and for said
County and State

HEALTH INSURANCE CLAIM FORM

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

CLAGGETT SYKES LAW FIRM PI
4101 MEADOWS LANE
Las Vegas NV 89107

PICA

1. MEDICARE (Medicare#) / MEDICAID (Medicaid#) / TRICARE (ID#/DoD#) / CHAMPVA (Member ID#) / GROUP HEALTH PLAN (ID#) / FECA BLK LUNG (ID#) / OTHER [X] (ID#)			1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial): SEKERA, JOYCE	3. PATIENT'S BIRTH DATE (MM DD YY): 03221956 SEX: M [ ] F [X]		4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street): 7840 NESTING PINE PL	6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [X]		7. INSURED'S ADDRESS (No., Street)
CITY: LAS VEGAS STATE: NV	8. RESERVED FOR NUCC USE		CITY STATE
ZIP CODE: 89143-4469 TELEPHONE (Include Area Code): (702) 4675457			ZIP CODE TELEPHONE (Include Area Code): ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER: DOI110416
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]		a. INSURED'S DATE OF BIRTH (MM DD YY) SEX: M [ ] F [ ]
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)		b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES [X] NO [ ]		c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO If yes, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SIGNATURE ON FILE DATE 12102019

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) (MM DD YY): 11042016 QUAL. 431	15. OTHER DATE (MM DD YY): 439 11042016	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (MM DD YY) FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. [ ] 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM DD YY) FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES [ ] NO [X] $ CHARGES: NO PURCH. SVC.
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. F0781 B. S161XXD C. M5011 D. G43909 E. S39012D F. W010XXD G. G5600 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. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 ELECTROENCEPHALOGRAM 12032019 1203201911	11	1	95816		ABCDEFG	1314 00	1		NPI	1346324092
2 NEUROBEHAVIORAL EXAM 12032019 1203201911	11	1	96116		ABCDEFG	691 00	1		NPI	1346324092
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER: 260209037 SSN EIN: [X]	26. PATIENT'S ACCOUNT NO.: 36739	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [X] NO [ ]	28. TOTAL CHARGE: $ 2005 00	29. AMOUNT PAID: $ 0 00
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREES OR CREDENTIALS) I certify that the statements on the reverse apply to this bill and are made a part thereof.) RUSSELL SHAH MD 12102019 SIGNED DATE	32. SERVICE FACILITY LOCATION INFORMATION: CHARLESTON OFFICE 2628 W CHARLESTON BLVD Las Vegas NV 89102 a 1881888956		33. BILLING PROVIDER INFO & PH #: 702 6440500 RADAR MEDICAL GROUP LLP 10624 S EASTERN AVE A425 HENDERSON NV 89052 2982 a 1881888956	

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 form 1500 02-12

SEKERA001358

RUSSELL J. SHAH MD — Global Testing Billing

36739

Instructions: 1) Attach a prescription for the study
2) Attach any authorizations (IPA's must have authorization) as contracted services (One Call, etc.)
3) Please note that all IPA's will usually quantify the exam # of nerves authorized. Please have this attached to this sheet

Date of Service 12-03-2019 **Ref Doctor:** JORDAN WEBBER D.C. **Place of service:** _____

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

X EEG	X	95816-YB (both professional and technical)-Electroencephalogram
	_____	95957-YB (Digital spike wave analysis)
	_____	93042-YB (Single lead EKG)
_____ BAER	_____	92585-YB
_____ EMG	_____	95860 (1 ext EMG)
	_____	95861 (2 ext EMG)
	_____	95863 (3 ext EMG)
	_____	95864 (4 ext EMG)
	_____	95869 (Paraspinal EMG x_____)
	_____	95872 (SF EMG) x_____
	_____	95885 x_____
	_____	95886 x_____
_____ NCVS(Nerve Study)		
	_____	95907
	_____	95908
	_____	95909
	_____	95910
	_____	95911
	_____	95912
	_____	95913
	_____	95937 x_____
_____ SSEP-UE	_____	95925
_____ SSEP-LE	_____	95926
_____ NeuroBehavioral	_____	96116
_____ Transcranial Doppler	_____	93886 (Complete)
	_____	93888 (Limited)
	_____	93892 (Emboli detection)
_____ Report Charge	_____	99080 x_____ (per page)
_____ F/U	_____	99214 x_____
	_____	99213 x_____
	_____	99215 x_____

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36739

SEKERA001359

RUSSELL J. SHAH MD — Global Testing Billing

Instructions: 1) Attach a prescription for the study
2) Attach any authorizations (IPA's must have authorization) as contracted services (One Call, etc.)
3) Please note that all IPA's will usually quantity the exam # of nerves authorized. Please have this attached to this sheet

Date of Service 12-03-2019 **Ref Doctor:**_____ **Place of service:**_____

Patients Name SEKERA, JOYCE **DOB:** 03-22-1958

_____ **EEG**
- _____ 95816-YB (both professional and technical)-Electroencephalogram
- _____ 95957-YB (Digital spike wave analysis)
- _____ 93042-YB (Single lead EKG)

_____ **BAER**
- _____ 92585-YB

_____ **EMG**
- _____ 95860 (1 ext EMG)
- _____ 95861 (2 ext EMG)
- _____ 95863 (3 ext EMG)
- _____ 95864 (4 ext EMG)
- _____ 95869 (Paraspinal EMG x_____)
- _____ 95872 (SF EMG) x____
- _____ 95885 x____
- _____ 95886 x____

_____ **NCVS(Nerve Study)**
- _____ 95907
- _____ 95908
- _____ 95909
- _____ 95910
- _____ 95911
- _____ 95912
- _____ 95913
- _____ 95937 x____

_____ **SSEP-UE** — _____ 95925

_____ **SSEP-LE** — _____ 95926

X **NeuroBehavioral** — X 96116

_____ **Transcranial Doppler**
- _____ 93886 (Complete)
- _____ 93888 (Limited)
- _____ 93892 (Emboli detection)

_____ **Raport Charge** — _____ 99080 x_____ (per page)

_____ **F/U**
- _____ 99214 x_____
- _____ 99213 x_____
- _____ 99215 x_____

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SEKERA001360

2201

Russell J. Shah MD

Neurology

Mailing address:10624 S. Eastern Ave. Suite A-425, Henderson, NV 89052

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

Patient Name: **SEKERA, JOYCE**
Date of Study: **12-03-2019**
Date of Birth: **03-22-1956**

EEG (Electroencephalogram) REPORT

Procedure:
Using international montage 10/20 electrode placement technique, the following EEG study was obtained. A technician performed the study under my supervision and or/direction.

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

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

Impression:

This was an unremarkable EEG study.

Russell J. Shah, MD

GENERAL MEDICAL PROCEDURE CONSENT AND VERIFICATION FORM

Note to patient: There are risks involved in any procedure or treatment. It is not possible to guarantee or give assurance of a successful result. It is important that you clearly agree to the planned treatment and/or assessment.

I authorize Dr. Russell J. Shah and such physicians, associates, technician, medical assistants and other personnel of this medical facility chosen by him to perform the following.

IN MEDICAL TERMS KNOWN AS: EEG - ELECTROENCEPHALOGRAM COMMON REFERRED AS: Brain Wave Testing AND/OR
BAER-BRAINSTEM AUDITORY EVOKED RESPONSE AND/OR
SEP-SOMATOSENSORY EVOKED POTENTIAL AND/OR EP- EVOKED POTENTIAL EVOKED RESPONSES AND/OR
VER- VISUAL EVOKED RESPONSES AND/OR
TRANSCRANIAL DOPPLER ULTRASONICAL VASCULAR STUDIES- DOPPLER ULTRASOUND AND/OR
NEUROBEHAVIORAL STATUS EXAM AND/OR NEUROPSYCHOLOGICAL EXAMS AND/OR
AMBULATORY EEG - COMMONLY KNOWN AS A HOME BRAIN WAVE MONITORING

I also authorize any other procedures that, in provider's judgment, may be advisable to my well being, including such procedures as are considered medically advisable to remedy conditions discovered during the above procedure.

- GENERAL RISKS AND COMPLICATIONS: I am satisfied with my understanding to the more common risks and complication of treatment or procedure. These risks include the risk of bleeding, infection pain and seizures (fatal, life threatening and potential major and/or minor injuries, permanent scare, and/or discoloration of the skin.
- SPECIFIC RISKS AND COMPLICATIONS: I am satisfied with my understanding to the more common risks of this procedure or treatment including and/or not limited to infection, bleeding, heart valve infection, endocarditis, muscle infection and/or inflammation, defibrillator discharge, pace maker malfunction and/or death. New permanent pain from the procedure and/or worsening or new painful symptoms that are disabling or permanent basis can occur. Procedure related infection, amputation of the limbs and permanent paralysis, death and bleeding risk within internal tissue and /or spinal cord /spinal canal damage may occur. Bleeding of arteries with loss of life, infection, comatose and permanent disability mental and physical including psychiatric and pain symptoms may occur from this procedure.
- ALTERNATIVE METHODS OF TREATMENT: I am satisfied with my understanding of alternative procedures or treatment and their possible benefits and risks.
- NO TREATMENT OR ASSESSMENT: I am satisfied with my understanding of the possible consequences, outcome, or risks if no assessment and/or treatment is rendered. There is no guarantee of outcome. I understand that this is a diagnostic procedure and/or assessment for purposes that may potentially guide clinical management.
- SECOND OPINION: I have been offered the opportunity to seek a second opinion concerning the proposed treatment or procedures.
- OTHER SERVICES: I CONSENT TO THE PATHOLOGY TISSUE EVALUATION, RADIOLOGY EVALUATION AND /OR LAB EVALUATIONS THAT ARE PERFORMED IN THIS FACILITY FOR MY MEDICAL CARE.
- NO GUARANTEES: I understand there are risks involved in any procedures, assessment or treatment, and it is not possible to guarantee or give assurance of a successful result.
- OTHER QUESTIONS: I am satisfied with my understanding of the nature of the procedure assessment or treatment, and that all of my questions have been answered.

____-Latex Glove allergy _____- Pacer ____- Pregnant ____- Defibrillator _____ - Spinal Cord Stimulator

TODAY'S DATE: 12-03-2019 PATIENT NAME: SEKERA, JOYCE CONSENT SIGNATURE: Joyce Sekera

TEST START TIME: 8:44 A Initial RS TEST END TIME: 9:15A Initial _____ MD/Tech/NA: Vanessa

PROCEDURE OR ASSESSMENT TO BE DONE TODAY: *raw data time Vanessa 9.

_____	-EEG- ELECTROENCEPHALOGRAM - BRAIN WAVE ASSESSMENT	Completed: _____
_____	-BAER-BRAINSTEM AUDITORY EVOKED RESPONSE- HEADPHONES AND HEADSET	Completed: _____
X	-NEUROBEHAVIORAL STATUS EXAM - ASSESSMENT INTO THINKING AND BEHAVIOR	Completed: JS
_____	-TRANSCRANIAL DOPPLER - TCD - VASCULAR ULTRASOUND DOPPLER TO THE HEAD	Completed: _____
_____	-VER- VISUAL EVOKED RESPONSE - FLASHING LIGHT STIMULATION TO THE EYES	Completed: _____
_____	-EVOKED STUDIES (SSEP AND/OR DEP) BILATERAL ARMS	Completed: _____
_____	-EVOKED STUDIES (SSEP AND/OR DEP) BILATERAL LEGS	Completed: _____
_____	-Ambulatory EEG- Electroencephalogram - Home Unit for Brain Waves	Completed: _____

I UNDERSTAND THAT THE COMPLETED ABOVE PROCEDURES AND/OR ASSESSMENTS AND/OR STUDIES REQUIRE INTERPRETATION, EXPLANATIONS OF THE FINDINGS, CLINICAL CORRELATION, AND GUIDANCE FOR MEDICAL CARE FOR THE PURPOSE AND MEDICAL BENEFIT OF THE ABOVE ASSESSMENTS AND/OR TESTS WILL OCCUR.

I WILL FOLLOW UP BY APPOINTMENT TO OBTAIN THE RESULTS PROMPTLY IF NOT DONE LATER TODAY. IT IS MY RESPONSIBILITY TO BE MEDICALLY COMPLIANT AND TO FOLLOW UP FOR THE MEDICAL RESULTS, AS IT MAY GUIDE MY CLINICAL CARE.

IF I AM UNABLE TO RETURN FOR THE MEDICAL RESULTS, I WILL CALL WITHIN SEVEN DAYS TO OBTAIN THE RESULTS BY SPEAKING TO DR. RUSSELL J SHAH. I RECEIVED A COPY OF THIS COMPLETED FORM, AND VERIFY THE ASSESSMENT AND/OR PROCEDURE START AND END TIMES BEING CORRECT. I VERIFY THAT THE ABOVE STUDIES WERE COMPLETED TO THE BEST OF MY KNOWLEDGE BY PERSONNEL TODAY

Patient Signature: Joyce Sekera Translator(if avail)_____

36739

3*28791B*2019-12-03*5237*0*NOSIG*1*1

RADAR MEDICAL GROUP, LLP dba University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Mailing Address: 10624 S. Eastern Avenue, Ste. A-425 Henderson, Nevada 89052
Office: 702 644-0500 Fax: 702 641-4600 or 702 258-0566

Sign in Sheet

Date: 12/4/19 **Arrival Time:** 8:30AM

Are you a NEW patient? ☐ **Yes** ☐ **No**

Print Name: Joyce Sekera **D.O.B.:** 3-22-56

Telephone: _____ Cell: _____

Address: _____

City, State and Zip Code: _____

Email: _____

Has your attorney/insurance changed? ☐ **Yes** ☒ **No**

If yes, who is your attorney/insurance carrier? : _____

Patient Signature: Joyce Sekera

SEKERA001303

GENERAL MEDICAL PROCEDURE CONSENT AND VERIFICATION FORM

Note to patient: There are risks involved in any procedure or treatment. It is not possible to guarantee or give assurance of a successful result. It is important that you clearly agree to the planned treatment and/or assessment.

I authorize Dr. Russell J. Shah and such physicians, associates, technician, medical assistants and other personnel of this medical facility chosen by him to perform the following.

IN MEDICAL TERMS KNOWN AS: EEG - ELECTROENCEPHALOGRAM COMMON REFERRED AS: Brain Wave Testing AND/OR
BAER-BRAINSTEM AUDITORY EVOKED RESPONSE AND/OR
SSEP-SOMATOSENSORY EVOKED POTENTIAL AND/OR DEP- DERMATOMAL EVOKED RESPONSES AND/OR
VER- VISUAL EVOKED RESPONSE AND/OR
TRANSCRANIAL DOPPLER (EXTRACRANIAL VASCULAR STUDIES- DOPPLER ULTRASOUND AND/OR
NEUROBEHAVIORAL STATUS EXAM AND/OR NEUROPSYCHOLOGICAL EXAMS AND/OR
AMBULATORY EEG - COMMONLY KNOWN AS A HOME BRAIN WAVE MONITORING

I also authorize any other procedures that, in provider's judgment, may be advisable to my well being, including such procedures as are considered medically advisable to remedy conditions discovered during the above procedure.

- GENERAL RISKS AND COMPLICATIONS: I am satisfied with my understanding to the more common risks and complication of treatment or procedure. These risks include the risk of bleeding, infection pain and seizures (fatal, life threatening and potential major and/or minor injuries, permanent scars, and/or discoloration of the skin.
- SPECIFIC RISES AND COMPLICATIONS: I am satisfied with my understanding to the more common risks of this procedure or treatment including and/or not limited to infection, bleeding, heart valve infection, endocarditis, muscle infection and/or inflammation, defibrillator discharge, pace maker malfunction and/or death. New permanent pain from the procedure and/or worsening or new painful symptoms that are disabling or permanent basis can occur. Procedure related infection, amputation of the limbs and permanent paralysis, death and bleeding risk within internal tissue and /or spinal cord /spinal canal damage may occur. Bleeding of arteries with loss of life, infection, comatose and permanent disability mental and physical including psychiatric and pain symptoms may occur from this procedure.
- ALTERNATIVE METHODS OF TREATMENT: I am satisfied with my understanding of alternative procedures or treatment and their possible benefits and risks.
- NO TREATMENT OR ASSESSMENT: I am satisfied with my understanding of the possible consequences, outcome, or risks if no assessment and/or treatment is rendered. There is no guarantee of outcome. I understand that this is a diagnostic procedure and/or assessment for purposes that may potentially guide clinical management.
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- NO GUARANTEES: I understand there are risks involved in any procedures, assessment or treatment, and it is not possible to guarantee or give assurance of a successful result.
- OTHER QUESTIONS: I am satisfied with my understanding of the nature of the procedure assessment or treatment, and that all of my questions have been answered.

____-Latex Glove allergy _____- Fever ____- Pregnant ____- Defibrillator _____ - Spinal Cord Stimulator

TODAY'S DATE: 12-03-2019 PATIENT NAME: SEKERA, JOYCE CONSENT SIGNATURE: Joyce Sekera

TEST START TIME: 9:17A Initial: JS TEST END TIME: 9:56A Initial: JS MD/Tech/NA: Caroline G.

PROCEDURE OR ASSESSMENT TO BE DONE TODAY:

X	-EEG- ELECTROENCEPHALOGRAM - BRAIN WAVE ASSESMENT	Completed: JS
_____	-BAER-BRAINSTEM AUDITORY EVOKED RESPONSE- HEADPHONES AND HEADSET	Completed: _____
_____	-NEUROBEHAVIORAL STATUS EXAM - ASSESSMENT INTO THINKING AND BEHAVIOR	Completed: _____
_____	-TRANSCRANIAL DOPPLER - TCD - VASCULAR ULTRASOUND DOPPLER TO THE HEAD	Completed: _____
_____	-VER- VISUAL EVOKED RESPONSE - FLASHING LIGHT STIMULATION TO THE EYES	Completed: _____
_____	-EVOKED STUDIES (SSEP AND/OR DEP) BILATERAL ARMS	Completed: _____
_____	-EVOKED STUDIES (SSEP AND/OR DEP) BILATERLA LEGS	Completed: _____
_____	-Ambulatory EEG- Electroencephalogram - Home Unit for Brain Waves	Completed: _____

I UNDERSTAND THAT THE COMPLETED ABOVE PROCEDURES AND/OR ASSESSMENTS AND/OR STUDIES REQUIRE INTERPRETATION, EXPLANATIONS OF THE FINDINGS, CLINICAL CORRELATION, AND GUIDANCE FOR MEDICAL CARE FOR THE PURPOSE AND MEDICAL BENEFIT OF THE ABOVE ASSESSMENTS AND/OR TESTS WILL OCCUR.

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IF I AM UNABLE TO RETURN FOR THE MEDICAL RESULTS, I WILL CALL WITHIN SEVEN DAYS TO OBTAIN THE RESULTS BY SPEAKING TO DR. RUSSELL J SHAH. I RECEIVED A COPY OF THIS COMPLETED FORM, AND VERIFY THE ASSESSMENT AND/OR PROCEDURE START AND END TIMES BEING CORRECT. I VERIFY THAT THE ABOVE STUDIES WERE COMPLETED TO THE BEST OF MY KNOWLEDGE BY PERSONNEL TODAY

Patient Signature: Joyce Sekera Translator(if avail)_____

36739

3*287918*2019-12-03*5237*0*NOSIG*1*1

Russell J. Shah MD

Neurology

Mailing address:10624 S. Eastern Ave. Suite A-425, Henderson, NV 89052

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

Patient Name: **SEKERA, JOYCE**
Date of Study: **12-03-2019**
Date of Birth: **03-22-1956**

EEG (Electroencephalogram) REPORT

Procedure:
Using international montage 10/20 electrode placement technique, the following EEG study was obtained. A technician performed the study under my supervision and or/direction.

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

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

Impression:

This was an unremarkable EEG study.

Russell J. Shah, MD

Radar Medical Group LLP
Mailing: 10624 S. Eastern Avenue, Suite A-425, Henderson, NV 89052
(702) 644-0500 fax (702) 641-4600

Russell J Shah MD
Neurology and
Clinical Neurophysiology

Neurobehavioral Report

Patient name:	SEKERA, JOYCE
Date of study:	12-03-2019
Date of birth:	03-22-1956
Patient age:	63 Y/O
Sex:	F
Language spoken:	english.
Preferred language: (if applicable)	english
Earlier language: (if applicable)	english.
Current medication(s):	metformin.
Recent medication(s): (if applicable)	metformin.
Education level:	Some college
Occupation(s): (if applicable previous positions)	non employed / Sales.

Conclusion:

___ **Normal neurobehavioral evaluation**

___ **Limited and normal neurobehavioral evaluation**

___ **Equivocal versus borderline impairment evaluation**

_X_ **Abnormal / impairment on neurobehavioral evaluation** . Good participation. No evidence of visuospatial processing impairment. Orientation and memory intact. Cognitive impairment noted. Calculation intact. Spelling intact. Visual naming intact. Thinking and reasoning appear limited with impaired judgment on screen. Formal neuropsychological testing may be clinically useful depending on underlying diagnosis.

RJS
Russell J. Shah MD

3*287916*2019-12-03*321*0*NOSIG*17*2

Study description:

The patient was interviewed for evaluation of behavioral and cognitive functions. The patient was informed of the testing procedure prior to the initiation of the study.

Testing procedures includes evaluation of general cognitive function, higher level cognition, abstract processing, sustained mental activity, and tasks, general behavioral evaluation, subjective cognitive, and subjective behavioral, and objective behavioral evaluations, judgment, language, processing, construction, reasoning, and fund of knowledge. Orientation, calculation, recall, spelling, naming, and visual span as well as memory evaluated.

Findings:

Impaired	Areas tested	Additional Information
____	Orientation Person	_____
____	Orientation Place	_____
____	Orientation Time	_____
____	Memory Immediate Recall	_____
____	Memory Recent Past	_____
____	Memory Remote	_____
____	Fund of Knowledge	_____
____	Following Commands	_____
____	Visualization Naming	_____
____	Attention/Focusing Sustained Mental Activity	_____
____	Calculation	_____
____	Spelling	_____
____	Language	_____
____	Judgment	_____
____	Thinking/Reasoning/Abstract	_____
____	Behavior Objective	_____
____	Behavior Subjective	_____
____	Cognitive(Subjective)	_____
____	Construction	_____

Orientation

Person:

1. What is your full name? *(Que es su nombre completo?)*
   Response: Joyce patricia Sekera.
2. What is the address where you presently live? *(Que es el domicillio en donde vive?)*
   Response: 7840 nesting pine pl. 89143
3. What is your telephone number? *(Que es su numero de telefono?)*
   Response: 702. 467. 5457
4. What is your occupation? *(Que es su ocupacion?)*
   Response: Not employed.
5. (If unemployed/retired) What was your previous occupation? *(Cual fue su ocupacion anterior?)*
   Response: sales, venetian
6. Are you married? *(Es casado?)*
   Response: no
7. Do you have children? *(tiene hijos?)*
   Response: one.

Number of missed responses of orientation of person questions: 0

Place:

1. Where are you right now? *(En donde esta ahorita?)*
   Response: Dr. Russell Shah's.
2. How did you get here today? *(Como llego aqui?)*
   Response: i drove.

3. What street are we on? *(En que calle estamos?)*

   Response: W. Charleston.

4. What city are we in? *(En que ciudad estamos?)*

   Response: Las Vegas

5. What state are we in? *(En que estado estamos?)*

   Response: Nevada.

Number of missed responses on orientation of place questions: Ø

Time:

1. What time of the day do you think it is? *(Que hora cree que es ahorita?)*

   Response: 9:00 Am

2. Is it day or night outside? *(Es de dia o de noche afuera?)*

   Response: day.

3. What is the date today? *(Que es la fecha hoy?)*

   Response: 3rd.

4. What year is it? *(Que año es?)*

   Response: 2019.

5. What month is it? *(Que mes es?)*

   Response: December.

6. What day of the week is it? *(Que dia de la semana es?)*

   Response: Tuesday.

7. What time was your appointment today? *(A que hora fue su cita hoy?)*

Response: 9:00 Am

Number of missed responses on orientation of time: Ø

Memory

Immediate:

1. I am going to say four numbers. I want you to try to remember these numbers and repeat them back to me in the same order I gave them to you.
(Voy a decir quatro numeros. Repita me los en el mismo orden.)

2, 7, 4, 8

Response: 2748

2. I am going to say the same numbers. Try to repeat them backwards.
(Voy a decir los mismos numeros. Repita los al reves.)

2, 7, 4, 8

Response: 8472

3. I am going to say three things. I want you to try to remember these three things and repeat them back to me.
(Voy a decir tres cosas. Trate de recorder las y repitame las para tras)

Yellow Corvette *(Corvette Amarillo)*
Red Apple *(Manzana Roja)*
Green Keys *(Llaves Verdes)*

Response: yellow corvette, red apple, green keys.

2nd Try (repeat the three objects to the patient again)

Response: yellow corvette, red apple, green keys

I'm going to ask you to repeat these three things again in the near future?
(Voy a pedir que me las repita otra vez en un ratito.)

Number of missed responses on memory immediate questions: Ø

Recent:

1. What did you have for breakfast today? *(Que desayuno hoy?)*

   Response: no eggs.

2. What did you have for dinner yesterday? *(Que ceno ayer?)*

   Response: Lasagna.

3. When was the first time you saw me? *(Cuando fue la primera vez que me viste?)*

   Response: this morning.

4. A moment ago, I gave you three things to remember. Can you tell me what those three things were?
   (Hace un momento le di tres cosas para recorder. Me puede decir que fueron?)

   Response: Yellow (crreate, red apple, green keys.

Number of missed responses on memory recent questions: 0

Remote:

1. Where were you born? *(En donde nacio?)*

   Response: Buffalo, Ny.

2. What year were you born? *(En que año nacio?)*

   Response: 1956

3. What are the names of your brothers and sister? If you have any.
   (Como se llaman sus hermanos y hermanas?)

   Response: Michael Sekera, Mary anne, Nicole Ashley.

4. What is your mother's maiden name? *(Cual es el nombre de soltera de su mama?)*

   Response: moore.

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5. What are the names of your children? N/A if not applicable
(Como se llaman sus hijos?)

Response: Marissa.

6. Which president of the USA was assassinated in 1963?
(Que presidente de los Estados Unidos fue asesinado en 1963?)

Response: Kennedy.

7. What happened on September 11, 2001, also known as 9-11 to the World Trade Center building in New York City? *(Que paso el Septiembre 11, 2001, tambien conocido como el 9-11 alas Torres Gemelas de Nueva York?)*

Response: Terrorist attack.

Number of missed responses for memory remote questions: 0

General Fund of Knowledge

1. What are the three countries in the North American continent?
(Cuales son los tres paises en el continente Norte Americano?)

Response: i don't know

2. What ocean is next to the state of California?
(Que oceano esta al lado del estado de California?)

Response: pacific

3. What is the most populated country in the world?
(Cual es le pais mas poblado del mundo?)

Response: U.S.

4. What is the largest country in the world? *(Cual es el pais mas grande del mundo?)*

Response: i don't know.

5. Are we in the eastern or western hemisphere?
(En que hemisferio estamos, el occidental o oriental?)

Response: Western

6. What is the equator? *(Que es el "ecuador" del mundo?)*

   Response: Seperates the world.

7. Are we in the northern or southern hemisphere?
   (Estamos en el hemisferio norte o sur?)

   Response: Nirthern.

8. What is the internet? *(Que es el Internet?)*

   Response: Computers.

9. What is the meaning of Christmas? *(Que es el significado de la Navidad?)*

   Response: Christ was Born.

10. Why does England not celebrate the 4th of July?
    (Porque Inglaterra no celebra el 4 de Julio?)

    Response: i dont knw.

11. What is the definition of an "Island"? *(Que es la definicion de una "isla"?)*

    Response: land surrounded by water.

12. What are the basic food groups?
    (Cuales son los grupos basicos de alimentacion?)

    Response: dairy, grains, meats, poultry, vegetables, fruits.

13. How many days are in a week? *(Cuantos dias hay en una semana?)*

    Response: 7

14. How many weeks are in a year? *(Cuantas semanas hay en un año?)*

    Response: 48

15. Who is the current president of the United States?
    (Quien es el presidente de los Estados Unidos?)

    Response: Trump.

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16. What are the names of the previous five presidents?
(Como se llaman los cinco presidentes anteriores?)

Response: Obama, Clinton, idont know.

17. What are the three branches of the United States government?
(Cuales son las tres ramas del gobierno de los Estados Unidos?)

Response: Judicial, dont remember.

Number of missed responses on fund of knowledge questions: -8

Following Commands

1. I would like you to touch your right ear with your left hand.
(Toca tu oreja derecha con la mano izquierda.)

Response: done

2. (Hand the patient a 8 1/2x11in. sheet of paper and tell them the following instructions)

Please fold this paper in half with your left hand and place it on the ground.
(Por favor doble este papel ala mitad con la mano izquirda y luego pongalo en el piso)

Response: done.

Number of missed commands: 0

Visualization Naming

1. Ask patient to identify the following objects: (Rubber band, CD, binder clip, mirror, battery, coin, marker, mirror, bottle etc.)

Response: pen, disc, mouse, computer, Binder.

Number of missed visualization naming: 6

Attention/Concentrating/Focusing/Sustained Mental Activity

1. Count from 1 to 20 out loud: *(Cuente del 1 al 20 en voz alta)*

   Response: done.

2. Now count backwards from 20 to 1: *(Ahora cuente al revez del 20 al 1)*

   Response: done.

3. Spell the word "WORLD" backwards. *(Deletrea la palabra "MUNDO" al reves.)*

   Response: DLROW.

4. Subtract 7 from 100 and continue to subtract additional 7's until I have you stop.
   (A 100 quitale 7 y siga le quitando 7's additionales hasta que diga que pare.)

   Response: 93. 86, 79, 72, 65, 58.

5. Subtract 3 from 100 and continue to subtract additional 3's until I have you stop.
   (A 100 quitale 3 y siga quitando 3's additionales hasta que diga que pare.)

   Response: 97, 94, 91, 88, 85, 82, 79

6. Name as many farm animals as you can.
   (Nombre animales que viven en una granja.)

   Response: cow, pig, goat, horse, chicken, hen, turkey, dog.

7. Name as many different types of cars as you can.
   (Nombre different marcas de carros que pueda)

   Response: Jeep, toyota, Cadillac, infinity lexus.

8. What are the months of the year?
   (Nombre los meses del año)

   Response: done.

9. What are the colors in a rainbow?
(Cuales son los colores en un arco iris?)

Response: red, orange, Blue, green. Yellow.

10. What are some Italian dishes? or name me as many South American countries as you can. *(Nombre platillos Italianos o nombre paises en Sur America.)*

Response: Spagetti, Lasagna, ravioli.

Number of missed responses on attention/concentrating/focusing questions: -1

Calculation

We are now testing your mathematical knowledge. Some of the following math questions are easy, but we will ask you increasingly difficult questions.

2 + 4 = 6
6 + 9 = 15
7 + 11 = 18
15 + 20 = 35
32 + 41 = 73
3 – 2 = 1
10 – 5 = 5
12 – 7 = 5
20 – 12 = 8
42 – 26 = 16
4 x 4 = 16
8 x 9 = 72.

Number of calculations missed: 8

Spelling

Please spell the following words: *(Deletrea las siguentes palabras)*

1. SHIRT *(CAMISA)*

Response: Shirt

2. APPLESAUCE *(MANZANA)*

Response: Apple Sauce.

3. AMBULANCE *(AMBULANCIA)*

Response: Ambulance.

4. COMPUTER *(COMPUTADORA)*

Response: Computer.

5. MAGAZINE *(REVISTA)*

Response: Magazine

Number of misspelled words: 0

Language:

1. Repeat the following: No ifs, ands, or buts

Response: No ifs, ands, or buts.

2. Repeat the following: He, and she, and I
(Repita lo siguente: El, y ella, y yo)

Response: he and che and i

Number of missed language questions: 0

Judgment

1. If you were walking down a sidewalk and you saw a stamped letter laying on the ground, just under a drop mailbox of the US Postal Service, what would you do?
(Si usted va caminando por una banqueta, y mira que ay una carta estampada, tirada en el piso cerca de un buzon del Servicio Postal que haria?)

Response: put it in the mail box

2. If you were in a crowded movie theatre and you needed to use the restroom. When you enter the restroom you notice a thick black smoke entering from the vents. What would you do?
(Si usted esta en un cine lleno de gente y entra al baño. Y cuando usted entra al baño mira que ay humo negro saliendo de los oficios de ventilacion que haria?)

Response: go out and tell some one who works there, it could hurt some one.

Follow up question: *(pregunta que sigue)*

Would you notify a movie theater employee about the smoke and why?
(Le dejaria saber a los empleados del cine y porque?)

Response: _____

Number of missed judgment questions: ___

Refused/improper 2/2

Thinking/Reasoning/Abstract

1. What are some things an orange and an apple have in common?
   (Que son algunas cosas que una naranja y una manzana tienen en comun?)

Response: Fruit, round, grow on trees

2. What are some differences between an orange and an apple?
   (Que son algunas cosas que tienen de different la naranja y la manzana?)

Response: texture, color

3. What are some things that a dog and a horse have in common?
   (Que son algunas cosas que el perro y el caballo tienen en comun?)

Response: they both run, pets.

4. What are some differences between the dog and the horse?
   (Que son algunas differencias entre el perro y el caballo?)

Response: Size.

Number of missed thinking/abstract questions: ____

Limited P

Behavior

Objective:

The patient was noted during the interview to have:

____ Decreased body movements.

____ Decreased eye contact with the examiner.

____ Jittery and increased body movements.

____ Anger and easy agitation.

____ Tearing/Crying

Number of checked off objective behavioral/mood findings: ____

Subjective:

____ Do you have problems falling asleep? *(Tiene problemas durmiendo?)*

____ Do you have a decrease in appetite? *(Tiene perdida de apetito?)*

____ Do you wake up frequently at night after you have fallen asleep?
(Se despierta con frueqencia en las noches?)

____ Do you wake up in the mornings feeling tired/not rested?
(Se despierta cansado en las mañanas?)

____ Are you easily agitated? *(Se agita facilmente?)*

____ Do you feel angry, sad, or happy more frequently than you would like to be?
(Se siente enojado, triste, o feliz mas frequente de lo que quisiera estar?)

____ Do you eat because you have to, but do not enjoy the taste of the food you eat?
(Come porque tiene que comer, pero no disfruta los sabores de la comida?)

Number of check off subjective behavioral/mood findings: Ø

Cognitive

____ Do you find it difficult to concentrate? *(Te es dificil concentrarte?)*

____ Do you feel that your memory is decreasing?
(Siente que su memoria esta disminuyendo?)

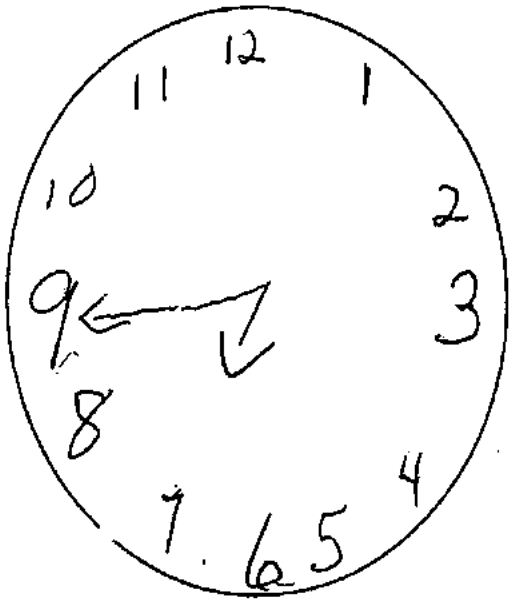
✓ Do you feel that your ability to retain new information is reduced?
(Te es dificil aprender nueva informacion?)

Number of checked off cognitive behavioral/mood findings? 1

Construction

(Instructions are to be read to the patient by the examiner.)

On the following page is a big circle. It is actually a clock and I would like you to put the numbers of the clock in the appropriate areas of the circle and then draw a small hand and a big hand to represent the time 7:45.



Was the patient able to complete the task? Y

Send Confirmation

Date/Time	:	12-02-2019 02:59 PM
Model Name	:	M5370LX
Machine Serial Number	:	075HBJFG800061E
Host Name	:	SEC30CDA7ADF7A2
Fax Name	:	
Fax Number	:	

Job Information

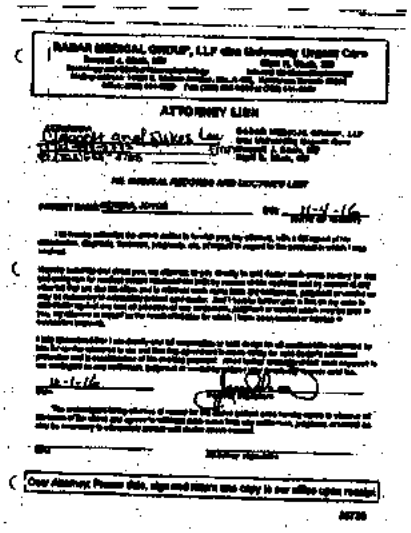
Job No.	:	56035
User	:	Local User
Submission Date/Time	:	12-02-2019 02:17 PM
Completed Time	:	12-02-2019 02:59 PM
Total Destinations	:	1

File Settings

Number of Images	:	1 Page(s)
Resolution	:	Standard
File Name	:	
File Format	:	
Bytes Filed	:	

Destinations

Type	To	Duration	Pages	Status	Reason
Fax	7026553763	01'44"	1	Success	
	Total Duration :	01'44"			



ATTORNEY LIEN

SEKERA001384

%Name%
03-22-1956

Appointment Status

12-02-2019

3:47 PM

CALLED PT AND CONFIRMED APPT...CG

Patient contact #
(702)467-5457

RADAR MEDICAL GROUP, LLP

UNIVERSITY URGENT CARE

Russell J. Shah, MD Ltd.
Neurology and Neurophysiology

Dipti R. Shah, MD Ltd.
Internal Medicine/Nephrology

2628 W. Charleston Blvd., Las Vegas, NV 89102
Phone: (702)644-0500 Fax: (702)258-0566

FACSIMILE

To: Dr. Jason Gerber From: Janette

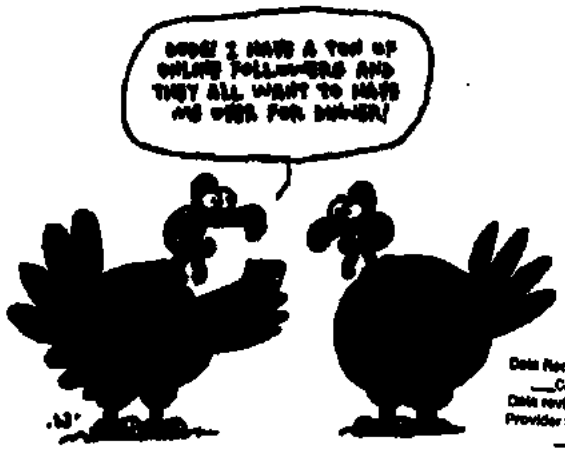
Fax: _____ Pages: 3 (including cover)

Phone: _____ Date: 11/11/19

Re: Joyce Sekera DOB: 03/22/1957

Medical Records Request

☐URGENT ☒FOR REVIEW ☐PER YOUR REQUEST ☐PER CONVERSATION



Date Received: 11/21 PU Date: 12/03
___Call Patient ___Urgent ___Record Review
Date reviewed by Provider
Provider Signature
___ABNL LAB ___ABNL MRI ___ABNL
OTHER
Date reviewed with
Patient:
Provider signature:

RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Offices: (702) 641-8888 Fax: (702) 641-4888 or (702) 388-8888

Page 1 of 2

RELEASE OF INFORMATION AUTHORIZATION

Section A: Must be completed by patient or patient's representative for all authorizations.

Patient Name: SEKERA, JOYCE Date of Birth: 03-22-1958

Social Security #:

I, hereby authorize Dr Jason Garber
(Please print name of physician, healthcare provider, facility / hospital)

To release my personal health and medical information as described below to the following person(s) or healthcare provider (s) (Name of Dr./Facility): RADAR MEDICAL GROUP

Address: 3020 West Charleston Blvd., Las Vegas, Nevada 89102

Office #: (702) 641-8888 Fax #: (702) 388-4888 Contact person: Janice

Information to be disclosed:

- ☐ Complete Health Records
- ☐ Progress Notes
- ☐ Consultation Reports
- ☐ Discharge Summary
- ☐ Laboratory Tests
- ☐ X-ray Reports
- ☐ History & Physical examination
- ☒ Other: 2018/2019 Records

For the following period(s) of treatment:

Date From: 1/2018 Date To: 11/2019

Date From: Date To:

I understand that this will include information relating to (check if applicable):

☒ Acquired Immunodeficiency Syndrome (AIDS) or infection with Human Immunodeficiency Virus (HIV)

Separate authorization forms are available for disclosure of information relating behavioral health services/psychiatric care and diagnosis/treatment for alcohol and/or drug abuse.

The patient or the patient's representative must read and initial the following statements:

Initial JS a. I understand that this authorization is voluntary. I understand that I may refuse this authorization that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits.

Initial JS b. I understand that I may inspect or receive a copy of the information described on this form if I ask for it and that I will receive a copy of this form after I sign form.

Initial JS c. Unless otherwise revoked, I understand that this authorization will expire on the following date, event or condition:

Initial JS d. I understand that I may cancel this authorization at any time by notifying the providing healthcare provider in writing, but if I do, it won't have any effect on actions taken prior to receipt of the cancellation.

Initial JS e. I understand that if the person or entity that receives the above information is not a health care provider or a health plan covered by federal policy regulations, the released information may be disclosed by such person or entity and will likely no longer be protected by the federal policy regulations. The recipient may otherwise be prohibited under federal law from disclosing substance abuse information, AIDS/HIV status, or mental health information unless another authorization is obtained from me or my representative or unless such use or disclosure is specifically required or permitted by law.

35739

RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 944-6868 Fax: (702) 941-4488 or (702) 880-6868

Page 1 of 2

RELEASE OF INFORMATION AUTHORIZATION

Section B: This section must be completed ONLY if a health plan or health care provider has requested the authorization; the requesting party must complete this section.

1. The health plan or health care provider must complete the following

   a. What is the purpose of the use or disclosure? _____

   _____

   b. Will the health plan or health care provider requesting the authorization receive financial or in kind compensation in exchange for using or disclosing the health information described above?

   Yes or No

X _____ Date _____

Patient or patient representative

If signed by other than patient, indicate relationship: _____

Printed name of patient's representative: _____

_____ Date _____

Witness signature

_____ Date _____

Signature of R.D. or representative

SEKERA, JOYCE
39738

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 89117-816
(702) 835-0068

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:

MEDICAL PROBLEM LIST

M54.5 (LOW BACK PAIN) Current 9/17/2019

M51.26 (OTH IV DISC DISPLACEMENT LUMBAR RGN) Current 9/17/2019

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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. Capenna 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: goodFather Deceased - Age n/a - Cause of Death: stage 4 cancer
Brother - Health Status: good
Sister - Health Status: good

Social History: Patient Occupation: sales - Medical disability - short term -Date last worked: 11/04/2016
Marital Status: Single. Children: Yes - Number of Adult (age 18 and over): 1 - Number of Child (age 0-17): n/a
Patient Lives Alone: No - Patient lives with: mother
Smoking Status: Yes - Smoke per/day: less than 1 pack per day - Alcohol Consumption: Occasionally
Illicit Drug Usage: Never
Risk of HIV: No

Patient: Joyce Sekera **Patient#:** 11250 **DOB:** 03/22/1956

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

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

Diagnostic Studies: - Chiropractic - Epidural steroid injections Date: 09/05/2019
Physician performed injection: dr,travnicek - MRI thoracic spine - MRI lumbar spine - CT brain - CT cervical spine - CT thoracic spine - CT lumbar spine - X-ray thoracic spine - X-ray lumber 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 Pupils: 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 Intrinsics 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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Gregory L. Douds MD, FAANS

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

Patient: Joyce Sekera **PatientN:** 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: goodFather Deceased - Age n/a - Cause of Death: stage 4 cancer
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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,trevnicek - MRI thoracic spine - MRI lumbar spine - CT brain - CT cervical spine - CT thoracic spine - CT lumbar spine - X-ray thoracic spine - X-ray lumbar spine n/a

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

Patient: Joyce Sekera Patient#: 11250 DOB: 03/22/1956

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

Vitals: Weight: 200 lbs. Height: 68 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
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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..
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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.
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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 10/18/2019 11:04:06

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.

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.

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 reformatted images were provided. The CT scan was performed according to ALARA (As Low As Reasonably Achievable) protocol.

FINDINGS: There are degenerative changes throughout the lumbar spine with osteophyte formation. There is also anterior endplate sclerosis at L1-2 and L2-3. There is facet hypertrophy, most pronounced in the lower lumbar spine.

There is no acute fracture or dislocation. The vertebral body heights and intervertebral disc spaces are preserved. There are no suspicious bony lytic or sclerotic lesions.

Evaluation of the individual levels demonstrate:

At L1-2, there is no disc herniation, spinal stenosis or neural foraminal narrowing.

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

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

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

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

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.

SimonMed
Las Vegas, Nevada

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 1.0 cm. There is no foraminal stenosis.

At C7-T1, there is no evidence for disc herniation, canal stenosis or neural foraminal stenosis.

IMPRESSION:

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.

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 # 27621676 - Sep 30, 2019 - X-Ray - CERVICAL SPINE COMP W/FLEX \T\ 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

SEKERA001402

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.

SimonMed

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

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.

DESERT RADIOLOGY

702-759-8600
WWW.DESERTRAD.COM

MEDICAL IMAGING REPORT
REPORT STATUS: FINAL

Name:	JOYCE SEKERA	DOB:	3/22/1956
Patient ID:	494020	Gender:	Female
Exam Date:	7/31/2018 07:18 AM	Site:	CATHEDRAL ROCK
Age:	62Y 4M	Acc #:	510765678
Exam Name:	XR C SPINE 2 VW W FLEX AND EXT | 72050	Secondary Acc #:	510765678
Pt Status:			
Referrer:	WILLIAM D SMITH, MD		
Ref'l Address:	3061 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER LAS VEGAS, NV 89109		

XR CERVICAL SPINE WITH FLEXION AND EXTENSION

HISTORY: M53.3 ICD10: M53-Sacrococcygeal 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

DESERT RADIOLOGY

702-759-8600
WWW.DESERTRAD.COM

MEDICAL IMAGING REPORT
REPORT STATUS: FINAL

Name: JOYCE SEKERA
Patient ID: 484020
Exam Date: 7/31/2018 06:59 AM
Age: 62Y 4M
Exam Name: CT LS SP WO CONTRAST | 72131
Pt Status:

DOB: 3/22/1956
Gender: Female
Site: CATHEDRAL ROCK
Acc #: 510668401
Secondary Acc #: 510668401

Referrer: WILLIAM D SMITH, MD
Ref'l Address: 3061 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER
LAS VEGAS, NV 89109

CT LUMBOSACRAL SPINE WITHOUT CONTRAST

HISTORY: X ICD10: M533-Sacrococcygeal 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 levoscoliosis 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...

Name: JOYCE SEKERA
Patient ID: 494020

Date of Birth: 3/22/1966
Gender: Female
Location: CRK

Report Electronically Signed by: SUDIPKUMAR BHANDERI MD
Report Electronically Signed on: 6/1/2018 09:55 AM

Transcribed By:

Signed by: SUDIPKUMAR BHANDERI MD
Finalized Date: 6/1/2018 09:55 AM

DR DESERT RADIOLOGY
702-759-8600
WWW.DESERTRAD.COM

MEDICAL IMAGING REPORT
REPORT STATUS: FINAL

Name: JOYCE SEKERA
Patient ID: 494020
Exam Date: 8/22/2018 07:26 AM
Age: 52Y 5M
Exam Name: XR L SPINE 2 OR 3 VW | 72100
Pt Status:

DOB: 3/22/1966
Gender: Female
Site: CATHEDRAL ROCK
Acc #: 510864507
Secondary Acc #: 510864507

Referrer: WILLIAM D SMITH, MD
Refr Address: 3061 S MARYLAND PKWY STE 200 WESTERN REGIONAL CENTER
LAS VEGAS, NV 89109

XR LUMBAR SPINE 2 OR 3 VIEWS

HISTORY: . ICD10: M545-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 sclerosis of left SI joint. No incidental findings are otherwise present.

IMPRESSION:
1. Mild multilevel spurring but more moderately at L2-L3
2. Very mild sclerosis 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

DESERT RADIOLOGY

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 9M
Exam Name: XR L SPINE AP LAT W FLEX EXT | 72110
Pt Status:

DOB: 3/22/1956
Gender: Female
Site: PALOMINO
Acc #: 511302123
Secondary Acc #: 511302123

Referrer: WILLIAM D SMITH, MD
Refl 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: M4187-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

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: Russell Shah M.D.

Exam # 27964197 - Nov 19, 2019 - MRA 3T - HEAD MRA W/O CONTRAST W 3D RECON

Exam Performed at SimonMed Centennial

CLINICAL HISTORY: Concussion memory impairment; MVC 11/04/2016.

COMPARISON: None.

TECHNIQUE: 3D time-of-flight images were obtained through the region of the circle of Willis. Multiplanar and 3D reconstructions were performed using maximum intensity projection technique on a separate workstation.

FINDINGS:

The internal carotid arteries are within normal limits to the level of the bifurcation of the anterior and middle cerebral arteries.

The anterior and middle cerebral artery distributions appear within normal limits.

The basilar and posterior cerebral arteries demonstrate no significant abnormalities.

The distal vertebral arteries appear within normal limits.

There is no evidence of aneurysmal dilatation or arteriovenous malformation.

CONCLUSION:

MR angiogram of the brain within normal limits.

Date Received: 11/21 FU Date: 12/03
___Call Patient ___Urgent ___Record Review
Date reviewed by Provider:
Provider Signature:
___ABNL LAB ___ABNL MRI ___ABNL
OTHER
Date reviewed with
Patient:
Provider signature:

Reported by: Travis Snyder D.O. Neuroradiologist

ELECTRONICALLY SIGNED BY: Snyder D.O., Travis on Nov 20, 2019

dd: November 19, 2019

Reported by: Travis Snyder D.O.

Electronically signed by: Travis Snyder D.O.

Thank you for your kind referral. If you would like to speak with a Radiologist regarding this exam please call 1-855-RAD-TALK.

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: Russell Shah M.D.

Exam # 27964120 - Nov 19, 2019 - MRI 3T - BRAIN W/O (TBI PROTOCOL)

Exam Performed at SimonMed Centennial

CLINICAL HISTORY: Concussion, memory impairment; MVC 11/04/2016.

COMPARISON: None.

TECHNIQUE: Images were obtained in multiple planes and with varying pulse sequences of the brain on the 3.0 Tesla MRI Magnet.
3D sagittal images obtained under general physician supervision including monitoring and adjustment of the 3D structures and tissue types on an independent workstation. Subsequently, a NeuroQuant volumetric study was performed. Gradient echo images and high-resolution dedicated susceptibility weighted sequences were obtained to assess for hemosiderin deposition. The examination includes diffusion weighted sequences.
Additional sequences were acquired using diffusion tensor imaging and fiber tracking with color processing and 3D reconstruction with segmented corpus callosum FA calculations.

FINDINGS: The fourth, third and lateral ventricles are within normal limits in size and position. There is no evidence of midline shift or mass effect.

High-resolution susceptibility weighted sequences demonstrate a small focus of decreased signal in the anterior inferior medial right frontal lobe in a subcortical location (axial image 40 and 41), this does not appear to correspond to a vessel and is therefore consistent with the history of head trauma.

No focal areas of abnormal increased or decreased signal intensity are noted involving the brain parenchyma.

The diffusion weighted sequences demonstrate no evidence of flow restriction to suggest acute ischemia.

Date Received: 11/21 RU Date: 12/03
Call Patient Urgent Record Review
Date reviewed by Provider
Provider Signature
ABNL
OTHER
Date reviewed with
Patient:
Provider signature:

NeuroQuant volumetric hippocampal software demonstrates a left hippocampal volume in the 42nd percentile, the right hippocampal volume is in the 48th percentile; left right asymmetry index is in the 43th percentile, these are within normal limits. No evidence for atrophy.

Volumetric software demonstrates no evidence for cortical volume loss.
Specifically, cortical volumes are in the 69th percentile overall,
56th in the frontal lobes, 29th in the parietal lobes, 95th in the occipital lobes, 75th in the temporal lobes. Ventricular volumes are normal in the 88th percentile.

Vascular flow voids are preserved.

The diffusion tensor imaging with fiber tracking and FA values of the corpus callosum are within normal limits for the patient's age.

FA values are as follows:

Total corpus callosum: FA= 0.63
Anterior/inferior: FA= 0.62
Anterior: FA= 0.6
Mid body: FA= 0.61
Posterior: FA= 0.68
Posterior/inferior: FA= 0.67

There is complete opacification of the left maxillary sinus. Mastoid air cells are satisfactory.

CONCLUSION:

High-resolution dedicated susceptibility weighted sequences demonstrate a small focus of decreased signal in the anterior inferior medial right frontal lobe in a subcortical location (axial image 40 and 41), this does not appear to correspond to a vessel and is therefore consistent with the history of head trauma. (Please see attached key images)

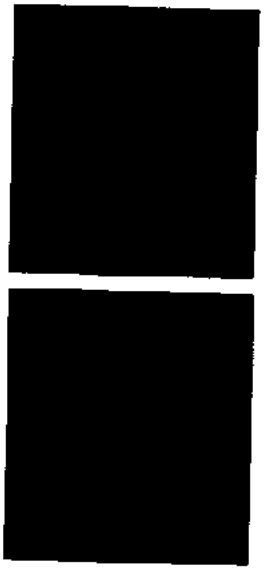
Reported by: Travis Snyder D.O. Neuroradiologist

ELECTRONICALLY SIGNED BY: Snyder D.O., Travis on Nov 20, 2019

dd: November 19, 2019

Reported by: Travis Snyder D.O.
Electronically signed by: Travis Snyder D.O.

Thank you for your kind referral. If you would like to speak with a Radiologist regarding this exam please call 1-855-RAD-TALK.



PAIN INSTITUTE OF NEVADA

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, Joyce Sekera the undersigned,

Hereby authorize

Dr. Russell Shah
(Physician or facility name)

(Address)

702-258-0566
(Phone/Fax)

To disclose my medical records to

The Pain Institute of Nevada
(Entity Name)
7435 W Azure Dr. #190, Las Vegas, NV 89130
(Address)
702-878-8252 / F: 702-878-9096 / Medrecs@paininstitute.com
(Phone/Fax/Email)

For the purpose of treatment, specifically needing Last 2 OV.

JS
(Initial Here)

This authorization will expire one year from date signed.
I further authorize records may include Alcohol/Drug abuse, Psychiatric, HIV/AIDS information.

Joyce Sekera
Patient name (Please print)

Date of Birth: 3-22-56

Patient Signature (or Authorized Agent)

6-10-19
Date

Witness Signature

6/10/19
Date

Right to Terminate or Revoke Authorization & Redisclosure Notice
You may revoke or terminate this authorization at any time by submitting a written revocation to The Pain Institute of Nevada.
The information disclosed pursuant to the Authorization may be redisclosed by the recipient, being no longer protected by privacy regulations.
You are not required to sign this authorization for treatment; however we may not be able to treat you without supporting medical information.

SEKERA001416

Send Confirmation

Date/Time	:	11-18-2019 03:50 PM
Model Name	:	M5370LX
Machine Serial Number	:	075HBJFG800061E
Host Name	:	SEC30CDA7ADF7A2
Fax Name	:	
Fax Number	:	

Job Information

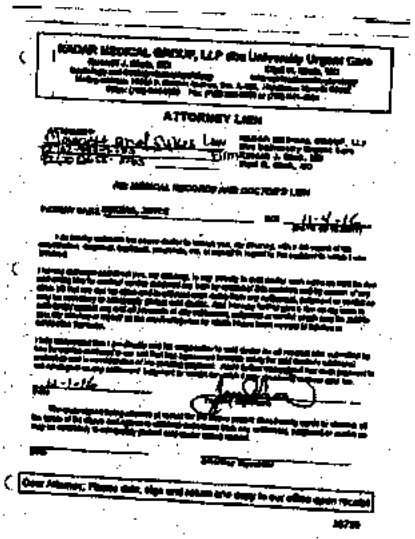
Job No.	:	54580
User	:	Local User
Submission Date/Time	:	11-18-2019 03:33 PM
Completed Time	:	11-18-2019 03:50 PM
Total Destinations	:	1

File Settings

Number of Images	:	1 Page(s)
Resolution	:	Standard
File Name	:	
File Format	:	
Bytes Filed	:	

Destinations

Type	To	Duration	Pages	Status	Reason
Fax	7026553763	01'51"	1	Success	
	Total Duration :	01'51"			



ATTORNEY LIEN

FAX >>>

11/13/2019

To

Company:

Department:

Name: Russell Shah

From

Company: PAIN INSTITUTE OF NEVADA

Department:

Name: CARINA

Phone: 7028788252

FAX: 7028789098

NAME: JOYCE SEKERA
DOB: 03/22/1956

Date Received: 11/14/19 12/19
Call Patient ___ Urgent ___ Record Review ___
Date reviewed by Provider: _____
Provider Signature: _____
___ABNL LAB ___ABNL MRI ___ABNL OTHER
Date reviewed with
Patient: _____
Provider signature: _____

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: November 13, 2019

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

PAIN COMPLAINTS
Low back pain

Ms Sekera returns for follow up.

Memory - she is seeing Dr. Shah again who ordered a work up - pending currently.

Low back pain - this is mild now and PT is really helping currently with exercise and massage at 3x weekly. She has no pain down her legs, numbness, tingling.
Activities that aggravate the pain: Sitting, standing, bending
Activities that relieve the pain: Stretching, pelvic exercise, heat, massage
Description of the pain: Ache
Least pain throughout day (0-10): 2/10
Most pain throughout day (0-10): 3/10
Helpful treatments: Physical therapy, injections
Non-helpful treatments: N/A
She saw Dr. Shah, Garber MD and repeated her MRIs so I will request those records.

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 currently receiving physical therapy.

IMAGING/TESTING
MRI brain without contrast: Report dated 12/18/2018
Brain normal for age.

MRI cervical spine without contrast: Report dated 12/21/2018
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 12/21/2018
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 S to a lesser degree. C4-C6. 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 SI joint.

PROCEDURES

03/08/2017
FJI B L5S1
Post Injection: Complete resolution of usual pain
Sustained: No relief of usual pain.

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

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

06/20/2018
RFA B L5S1
Sustained: Pain returning after 5 months.

MEDICAL HISTORY
Diabetes type 2, HbA1C 6.5
Memory impairment from mild TBI
Low back pain slip & fall
Lumbar facet mediated pain

ALLERGIES
No known drug allergies

MEDICATIONS
Metformin 500mg qd

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

SURGICAL HISTORY
No prior surgeries reported.

FAMILY HISTORY
Lung Cancer

SOCIAL HISTORY
Family Status: Single / not married , has children , lives with family
Occupation: Customer service / Unemployed
Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

REVIEW OF SYSTEMS
Constitutional Symptoms: Fatigue
Visual: Decreased vision
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: 200.00 Pounds
Blood Press: 122/70 mmHg
Pulse: 87 BPM
BMI: 32.3
Pain: 03

PHYSICAL EXAMINATION
GENERAL APPEARANCE
Appearance: Mild discomfort
Transition: Slight limited
Ambulation: Patient can ambulate without assistance.
Gait: Gait is antalgic

LUMBAR SPINE
Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.
Alignment: Increased lordosis
Tenderness: Mild tenderness noted bilateral lower L5-S1 and bilateral SIJ
Trigger Points: None noted.
Spasm: Mild spasm is noted in the paravertebral musculature.

Facet Tenderness: Facet joint tenderness is noted.
Spinous Tenderness: Spinous processes are non-tender.
ROM % of normal
Flexion: 75% with pain.
Extension: 100% with pain.
Pain is greater with flexion.
Straight Leg Raising: Negative at 90 deg bilaterally. Does not produce radicular pain.

Motor/Strength Testing:
Hip flexion (L2-L3): L 5/5, R 5/5
Hip abduction (L4-S1): L 5/5, R 5/5
Knee extension (L3-L4): L 5/5, R 5/5
Knee flexion (L5-S1): L 5/5, R 5/5
Ankle inversion (L4): L 5/5, R 5/5
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.
Mood/Affect: Mood and affect are normal.
Thought Processes: Thought processes are intact.
Concentration: Concentration is intact.
Suicidal Ideation: The patient denies suicidal ideation.

DIAGNOSIS
M51.27 LUMBOSACRAL DISCOPATHY
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS
M54.5 LOW BACK PAIN
M62.838 MUSCLE SPASM
F07.81 POST CONCUSSIVE SYNDROME

PRESCRIPTIONS
None

PLAN
** CONTINUE CURRENT PHYSICAL THERAPY REGIMEN
** RECORDS FROM: Jason Garber MD, Russell Shah
** RETURN: 4 weeks for re-evaluation with kat

Katherine D Travnicek MD

Copy to: Russell Shah Jason Garber MD

Electronically signed by KATHERINE TRAVNICEK Date: 11/13/2019 Time: 8:48:49

Send Confirmation

Date/Time	:	11-14-2019 10:10 AM
Model Name	:	M5370LX
Machine Serial Number	:	075HBJFG800061E
Host Name	:	SEC30CDA7ADF7A2
Fax Name	:	
Fax Number	:	

Job Information

Job No.	:	54060
User	:	Local User
Submission Date/Time	:	11-14-2019 10:00 AM
Completed Time	:	11-14-2019 10:10 AM
Total Destinations	:	1

File Settings

Number of Images	:	3 Page(s)
Resolution	:	Standard
File Name	:	
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Bytes Filed	:	

Destinations

Type	To	Duration	Pages	Status	Reason
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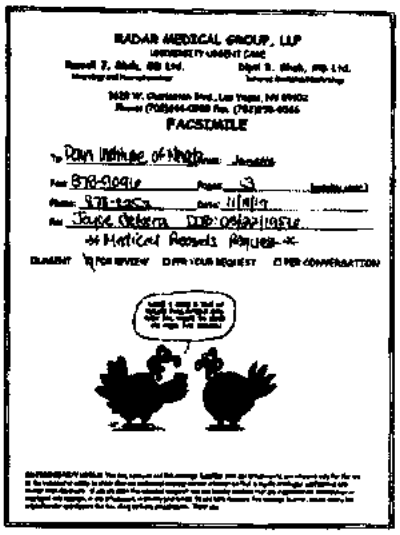
	Total Duration :	08'51"			



RADAR MEDICAL GROUP, LLP

FACSIMILE

SEKERA001422

RADAR MEDICAL GROUP, LLP

UNIVERSITY URGENT CARE

Russell J. Shah, MD Ltd.
Neurology and Neurophysiology

Dipti R. Shah, MD Ltd.
Internal Medicine/Nephrology

2628 W. Charleston Blvd., Las Vegas, NV 89102
Phone: (702)644-0500 Fax: (702)258-0566

FACSIMILE

To: Pain Institute of Nevada From: Janette

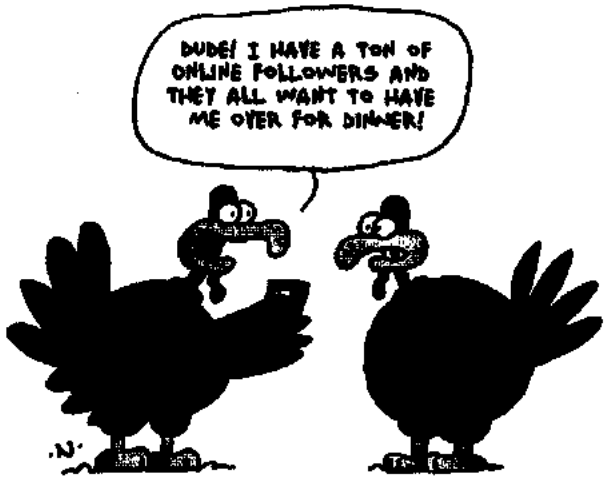
Fax: 878-9096 Pages: 3 (including cover)

Phone: 878-8252 Date: 11/14/19

Re: Joyce Sekera DOB: 03/22/1956

Medical Records Request

☐URGENT ☒ FOR REVIEW ☐ PER YOUR REQUEST ☐ PER CONVERSATION



RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 644-0500 Fax: (702) 641-4800 or (702) 259-0566

RELEASE OF INFORMATION AUTHORIZATION

Section A: Must be completed by patient or patient's representative for all authorizations.

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

Social Security #: _____

I, hereby authorize Dr. Travineck
(Please print name of physician, healthcare provider, facility / hospital)

To release my personal health and medical information as described below to the following person(s) or healthcare provider (s) :Name of Dr./Facility: RADAR MEDICAL GROUP

Address: 2628 West Charleston Blvd. , Las Vegas, Nevada 89102

Office #: (702) 644-0500 Fax #: (702)259-0566 Contact person: Janette

Information to be disclosed:

- ☐ Complete Health Records
- ☐ Progress Notes
- ☐ Consultation Reports
- ☐ Discharge Summary
- ☐ Laboratory Tests
- ☐ X-ray Reports
- ☐ History & Physical examination
- ☒ Other: Medical Records

For the following period(s) of healthcare:

Date From: 01/2018 Date To: 11/2019

Date From: _____ Date To: _____

I understand that this will include information relating to (check if applicable):

- ☐ Acquired Immunodeficiency Syndrome (AIDS) or infection with Human Immunodeficiency Virus (HIV)

Separate authorization forms are available for disclosure of information relating behavioral health services/psychiatric care and diagnosis/treatment for alcohol and/or drug abuse.

The patient or the patient's representative must read and initial the following statements:

Initial ___ a. I understand that this authorization is voluntary. I understand that I may refuse this authorization that my refusal to sign will not affect my ability to obtain treatment or payment or m eligibility for benefits.

Initial ___ b. I understand that I may inspect or receive a copy of the information described on this form if I ask for it and that I will receive a copy of this form after I sign form.

Initial ___ c. Unless otherwise cancelled, I understand that is authorization will expire on the following, date, event or condition: _____.

Initial ___ d. I understand that I may cancel this authorization at any time by notifying the providing healthcare provider in writing, but if I do, it won't have any effect on actions taken prior to receipt of the cancellation.

Initial ___ e. I understand that if the person or entity that receives the above information is not a health care provider or a health plan covered by federal policy regulations, the released information may be disclosed by such person or entity and will likely no longer be protected by the federal policy regulations. The recipient may otherwise be prohibited under federal law from disclosing substance above information, AIDS/HIV status, or mental health information unless another authorization is obtained from me or my representative or unless such use or disclosure is specifically required or permitted by law.

36739

RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 644-0800 Fax: (702) 641-4600 or (702) 258-0686

RELEASE OF INFORMATION AUTHORIZATION

Section B: This section must be completed ONLY if a health plan or health care provider has requested the authorization; the requesting party must complete this section.

1. The health plan or health care provider must complete the following

   a. What is the purpose of the use or disclosure? _____

   _____

   b. Will the health plan or health care provider requesting the authorization receive financial or in kind compensation in exchange for using or disclosing the health information described above?

   Yes or No

X _____ _____
Signature of patient/parent/guardian/patient representative — Date

If signed by other than patient, indicate relationship: _____

Printed name of patient's representative: _____

_____ _____
Witness signature — Date

_____ _____
Signature of N.D. or representative — Date

SEKERA, JOYCE
36739

FAX >>>

To

Company:

Department:

Name:

From

Company: Pain Institute of Nevada

Department: Records

Name: Michelle

Phone: 702-878-8252

FAX: 702-878-9096

Date Received: 11/13 FU Date: 12/03/19
___Call Patient ___Urgent ___Record Review___
Date reviewed by Provider_____
Provider Signature_____
___ABNL LAB ___ABNL MRI ___ABNL OTHER
Date reviewed with Patient:_____
Provider signature:_____

RADAR MEDICAL GROUP, LLP

UNIVERSITY URGENT CARE

Russell J. Shah, MD Ltd.
Neurology and Neurophysiology

Dipti R. Shah, MD Ltd.
Internal Medicine/Nephrology

2628 W. Charleston Blvd., Las Vegas, NV 89102
Phone: (702)644-0500 Fax: (702)258-0566

FACSIMILE

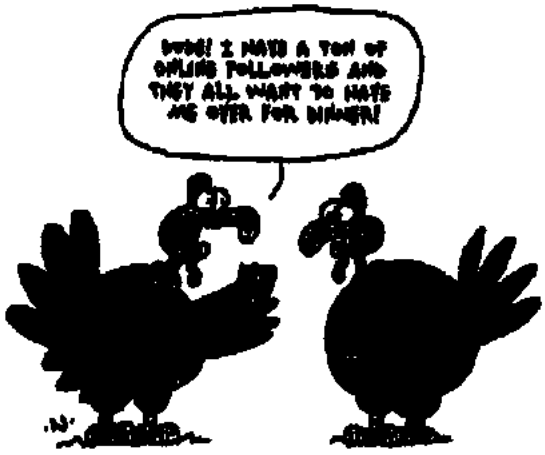
To: Pain Institute of Nevada From: Janette

Fax: 702)878-9096 Pages: 3 (including cover)

Phone: 702)878-8252 Date: 11/11/19

Re: Joyce Sekera 03/22/1956

☐URGENT ☐ FOR REVIEW ☐ PER YOUR REQUEST ☐ PER CONVERSATION



RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Offices: (702) 944-0999 Fax: (702) 941-4800 or (702) 388-0888

RELEASE OF INFORMATION AUTHORIZATION

Section A: Must be completed by patient or patient's representative for all authorizations.

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

Social Security #:

I, hereby authorize Pain Institute of Nevada
(Please print name of physician, healthcare provider, facility / hospital)

To release my personal health and medical information as described below to the following person(s) or healthcare provider (s): Name of Dr./Facility: RADAR MEDICAL GROUP

Address: 2020 West Charleston Blvd., Las Vegas, Nevada 89102

Office #: (702) 944-0999 Fax #: (702) 388-0888 Contact person: Janette

Information to be disclosed:

- ☐ Complete Health Records
- ☐ Progress Notes
- ☐ Consultation Reports
- ☐ Discharge Summary
- ☐ Laboratory Tests
- ☐ X-ray Reports
- ☐ History & Physical examination
- ☒ Other: 2018/2019 Records

For the following period(s) of healthcare:

Date From: 01/2018 Date To: 11/2019 Medical Records

Date From: Date To:

I understand that this will include information relating to (check if applicable):

- ☐ Acquired Immunodeficiency Syndrome (AIDS) or infection with Human Immunodeficiency Virus (HIV)

Separate authorization forms are available for disclosure of information relating behavioral health services/psychiatric care and diagnosis/treatment for alcohol and/or drug abuse.

The patient or the patient's representative must read and initial the following statements:

Initial a. I understand that this authorization is voluntary. I understand that I may refuse this authorization that my refusal to sign will not affect my ability to obtain treatment or payment or in eligibility for benefits.

Initial b. I understand that I may inspect or receive a copy of the information described on this form if I ask for it and that I will receive a copy of this form after I sign form.

Initial c. Unless otherwise cancelled, I understand that is authorization will expire on the following, date, event or condition:

Initial d. I understand that I may cancel this authorization at any time by notifying the providing healthcare provider in writing, but if I do, it won't have any effect on actions taken prior to receipt of the cancellation.

Initial e. I understand that if the person or entity that receives the above information is not a health care provider or a health plan covered by federal policy regulations, the released information may be disclosed by such person or entity and will likely no longer be protected by the federal policy regulations. The recipient may otherwise be prohibited under federal law from disclosing substance above information, AIDS/HIV status, or mental health information unless another authorization is obtained from me or my representative or unless such use or disclosure is specifically required or permitted by law.

38739

RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 944-6800. Fax: (702) 641-4600 or (702) 388-6888

RELEASE OF INFORMATION AUTHORIZATION

Section B: This section must be completed ONLY if a health plan or health care provider has requested the authorization; the requesting party must complete this section.

1. The health plan or health care provider must complete the following

   a. What is the purpose of the use or disclosure? _____

   _____

   b. Will the health plan or health care provider requesting the authorization receive financial or in kind compensation in exchange for using or disclosing the health information described above?

   Yes or No

X _____ _____

Signature of patient or legal guardian/patient representative Date

If signed by other than patient, indicate relationship: _____

Printed name of patient's representative: _____

_____ _____

Witness signature Date

_____ _____

Signature of R.D. or representative Date

SEKERA, JOYCE
2270

PAIN INSTITUTE OF NEVADA
7435 W. Azure Drive, Ste 190
Las Vegas, NV 89130
Tel 702-878-8282
Fax 702-878-9096

OFFICE VISIT

Date of Service: January 11, 2018

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

PAIN COMPLAINTS
LOW BACK PAIN

Patient returns for reevaluation.

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

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

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

MRI cervical spine without contrast: Report dated 12/21/2016
Mild dextrocurvature with straightening of cervical lordosis.
C3-4: Mild bilateral facet hypertrophy.
C4-5: Mild bilateral facet hypertrophy. Mild left uncovertebral arthropathy.
C5-6: Mild disc protrusion with mild bilateral facet hypertrophy. Bilateral uncovertebral arthropathy with mild left greater than right neural foraminal stenosis.
C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

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

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

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

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

MEDICAL HISTORY
Diabetes type 2, HbA1C 6.5

ALLERGIES
No known drug allergies

MEDICATIONS
Metformin 1 tablet qd

NV PMP REVIEWED 6/12/16-6/11/17

SURGICAL HISTORY
No prior surgeries reported.

FAMILY HISTORY
Lung Cancer

SOCIAL HISTORY
Family Status: Single / not married , has children , lives with family
Occupation: Customer service / Unemployed
Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW
Constitutional Symptoms: Nightsweats
Visual: Negative
ENT: Negative
Cardiovascular: Negative
Respiratory: Negative
Gastrointestinal: Negative
Genitourinary: Negative
Endocrine: Negative
Musculoskeletal: See HPI
Neurological: Negative
Hematologic: Negative
Integumentary: Negative
Psychological: Negative

VITAL SIGNS
Height: 66.00 Inches
Blood Press: 122/74 mmHg
Pulse: 74 BPM
Respirations: 18 RPM
Pain: 03

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

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

DIAGNOSIS
M54.5 LOW BACK PAIN
M47.816 LUMBAR FACET JOINT ARTHROPATHY / SPONDYLOSIS
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS

PRESCRIPTIONS
None

PLAN
** RETURN: As needed

Gina M Nguyen PAC
Katherine D. Travicek MD

Copy to: Jordan Webber, DC

Electronically signed by GINA M NGUYEN Date: 1/11/2018 Time: 8:06:50

PAIN INSTITUTE OF NEVADA
7436 W. Azure Drive, Ste 190
Las Vegas, NV 89130
Tel 702-878-8252
Fax 702-878-6096

OFFICE VISIT

Date of Service: September 17, 2018

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

PAIN COMPLAINTS
Low back pain

Joyce returns for follow up today.
The patient is s/p radiofrequency rhizotomy bilateral L4-5 L5-S1
Sustained improvement: 70% reduction in usual pain from Dec 2017 to May - June 2018
Symptoms are returning. VAS are 8-9 and she went into the hospital for severe pain. Her pain is bilateral low back into bilateral buttocks and posterior thigh. She reports it is the same pain as pre-RFA. She thought it was supposed to cure her pain so felt it didn't work. I explained that we need to repeat it at 6 months up to 2 years many time. She didn't realize this or forgot. Function is declining. She is ready to repeat RFA, now understanding it's a repeat procedure.

I have reviewed Dr. Smith's notes and will request Centennial Hills Hospital records. I will CC my note to Dr. Smith.

INTERIM HISTORY
Hospitalizations or ER visits: 08/29/18 Patient went to the ER because she has severe low back pain. Pt. Was diagnosed and treated for Sciatic pain.
Changes in health: None
Problems with medications: None
Obtaining pain meds from other physicians: Patient denies.
New injuries or MVA's: No
Work Status: Unable to work due to pain
Therapy: Pt is not currently receiving physical or chiropractic therapy.

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

MRI cervical spine without contrast: Report dated 12/21/2016
Mild dextrocurvature with straightening of cervical lordosis.
C3-4: Mild bilateral facet hypertrophy.
C4-5: Mild bilateral facet hypertrophy. Mild left uncovertebral arthropathy.
C5-6: Mild disc protrusion with mild bilateral facet hypertrophy. Bilateral uncovertebral arthropathy with mild left greater then right neural foraminal stenosis.
C6-7: Mild broad disc protrusion AP diameter spinal canal 10 mm.

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

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

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

11/30/2017
RFA B L5S1
Sustained: ROM has improve significantly, 70-80% resolution of usual pain until May-June of 2018

MEDICAL HISTORY
Diabetes type 2
Sciatica

ALLERGIES
No known drug allergies

MEDICATIONS
Metformin 1 tablet qd

SURGICAL HISTORY
No prior surgeries reported.

FAMILY HISTORY
Lung Cancer

SOCIAL HISTORY
Family Status: Single / not married , has children , lives with family
Occupation: Customer service / Unemployed
Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW
Constitutional Symptoms: Nightsweats
Visual: Negative
ENT: Negative
Cardiovascular: Negative
Respiratory: Negative
Gastrointestinal: Negative
Genitourinary: Negative
Endocrine: Negative
Musculoskeletal: See HPI
Neurological: See HPI
Hematologic: Negative
Integumentary: Negative
Psychological: Negative

VITAL SIGNS
Height: 60.00 Inches
Weight: 204.00 Pounds
Blood Press: 130/70 mmHg
Pulse: 84 BPM
Respirations: 16 RPM
Pain: 06

PHYSICAL EXAMINATION
GENERAL APPEARANCE
Appearance: Mod discomfort
Transition: Slight limited
Ambulation: Patient can ambulate without assistance.
Gait: Gait is antalgic

LUMBAR SPINE
Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.
Alignment: Spine is straight and in normal alignment.
Tenderness: Moderate tenderness noted bilateral lower SIJ lumbar spine.
Spasm: Moderate spasm is noted in the paravertebral musculature.
Facet Tenderness: Facet joint tenderness is noted.
Spinous Tenderness: Spinous processes are non-tender.
ROM: Range of motion is decreased due to pain.
Straight Leg Raising: Negative at 90 deg bilaterally. Does not produce radicular pain.
Pelvic Rock: Negative for SIJ pain bilaterally
Yeomen: Negative bilaterally
Patrick's (FABER): Negative bilaterally

PSYCHOLOGICAL EXAMINATION
Orientation: The patient is alert and oriented.
Mood/Affect: The patient is anxious.
Thought Processes: Thought processes are intact.
Memory: Memory is intact.

Concentration: Concentration is intact.
Suicidal Ideation: The patient denies suicidal ideation.

DIAGNOSIS
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS
M54.5 LOW BACK PAIN
M51.27 LUMBOSACRAL DISCOPATHY
M62.838 MUSCLE SPASM

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

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

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

Re-Start GABAPENTIN 300MG , Qty: 60, Refills: 0, sig: TAKE 1-2 QHS for NERVE PAIN for RFA pain flare

PLAN
** Adding gabapentin at night
** Recommend to take Naproxyn that Dr. Smith prescribed
** RADIOFREQUENCY RHIZOTOMY (64635) BILATERAL L5-S1
** RETURN: 4 weeks for re-evaluation with kdt
** RECORDS FROM: Centennial Hills Hospital

Katherine D Travnicek MD

Copy to: William Smith MD

Electronically signed by KATHERINE TRAVNICEK Date: 9/17/2018 Time: 9:59:16

PAIN INSTITUTE OF NEVADA
7435 W. Azure Drive, Ste 190
Las Vegas, NV 89130
Tel 702-878-6252
Fax 702-878-6006

OFFICE VISIT

Date of Service: June 10, 2019

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

PAIN COMPLAINTS
Neck
Left shoulder
Low back

Joyce returns for follow up today.

Neck and left shoulder pains - these are mild and come and go and not as bothersome as her low back pain
Activities that aggravate the pain: Walking, standing, sitting, house chores
Activities that relieve the pain: Stretch, heat pad, laying on pillows
Description of the pain: Sharp and shooting
Least pain throughout day (0-10): 1/10
Most pain throughout day (0-10): 5/10

Bilateral low back pain is constant and does not radiate down her legs. She will have pain into her buttock and posterior thighs but not past the knees. She denies leg weakness and bladder/bowel dysfunction.
Activities that aggravate the pain: Walking, house chores and getting of her bed
Activities that relieve the pain: Stretching, heat pad, putting pressure
Description of the pain: Sharp and shooting
Least pain throughout day (0-10): 3/10
Most pain throughout day (0-10): 6/10
She had done well with RFA and pain returned. She had forgotten it was a repeat procedure if pain returned. She wants to avoid spine surgery per Dr. Smith's recommendations. I recommend repeat RFA.

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: Yes. Patient rolled out her bed and hurt her right knee, denies injury to neck or low back.
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 10mm.

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 C6, there is it 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 an L 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 facet involving L2-L3. Mild sclerosing of left SI joint.

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

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

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

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 8/8/17-8/5/19 NO MEDS FOUND

SURGICAL HISTORY
No prior surgeries reported.

FAMILY HISTORY
Lung Cancer

SOCIAL HISTORY
Family Status: Single / not married , has children , lives with family
Occupation: Customer service / Unemployed
Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW
Constitutional Symptoms: Negative
Visual: Negative
ENT: Headache
Cardiovascular: Negative
Respiratory: Negative
Gastrointestinal: Negative
Genitourinary: Negative
Endocrine: Negative
Musculoskeletal: See HPI
Neurological: See HPI
Hematologic: Negative
Integumentary: Negative
Psychological: Negative

VITAL SIGNS
Height: 66.00 Inches
Weight: 200.00 Pounds
Blood Press: 140/78 mmHg
Pulse: 84 BPM
BMI: 32.3
Pain: 05

PHYSICAL EXAMINATION
GENERAL APPEARANCE
Appearance: Mod discomfort
Transition: Difficult
Ambulation: Patient can ambulate without assistance.
Gait: Gait is antalgic

LUMBAR SPINE
Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.
Alignment: lordosis increased
Tenderness: Moderate tenderness noted bilateral lower lumbar spine, bilateral SIJ and gluteals
Trigger Points: None noted.
Spasm: Moderate spasm is noted in the paravertebral musculature.
Facet Tenderness: Facet joint tenderness is noted.
Spinous Tenderness: Spinous processes are non-tender.
ROM: Full ROM with pain on extension only today
Straight Leg Raising: Negative at 90 deg bilaterally. Does not produce radicular pain.
Pelvic Rock: Negative for SIJ pain bilaterally
Patrick's (FABER): Mildly positive bilaterally
Yeoman: Negative bilaterally

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

LOWER EXTREMITIES – hip exam
Appearance: No masses, lesions, swelling, edema, discoloration.
Palpation: No Tenderness, trigger points, or spasm.
Range of Motion: Full range of motion in bilateral hips and no pain on hip exam

PSYCHOLOGICAL EXAMINATION
Orientation: The patient is alert and oriented.
Mood/Affect: The patient is sedate.
Thought Processes: Thought processes are intact.
Memory: Memory is intact.
Concentration: Concentration is intact.
Suicidal Ideation: The patient denies suicidal ideation.

DIAGNOSIS
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS
M53.3 SACROILIAC JOINT PAIN / COCCYX PAIN
M46.1 SACROILITIS
M51.27 LUMBOSACRAL DISCOPATHY

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

Informed Consent: The procedure(s) was reviewed with the patient in detail using a skeletal model. All questions were answered. The risk were reviewed and include but are not limited to increase in pain, bleeding, infection, diedtis, damage to nerves, spinal cord, structures of the neck and back, spinal headache, reaction to medication, loss of airway, pneumothorax, seizure, stroke, paralysis and

death. No guarantees were made regarding outcome. The risks of injection of corticosteroids include but are not limited to thinning of bones, fractures, avascular necrosis of the hips, cataracts, weakening of structures such as ligaments, fat necrosis, dimpling of skin, adrenal suppression. Common side effects include water retention, flushing, insomnia, increased pulse and blood pressure. Diabetics will have increased blood sugars for about a week after injection. The patient has the option for sedation for the procedure. I advised the patient that conscious sedation may be utilized to provide a "twilight" effect. The patient will be arousable and able to respond throughout the procedure. This will not be a deep sedation. The patient may or may not have recall of the procedure. The risk of sedation includes loss of airway, aspiration, reaction to medication and damage to nerves.

PRESCRIPTIONS
None

PLAN
** RADIOFREQUENCY RHIZOTOMY (64635) BRATERAL L5-S1
** RETURN: 2 weeks after injection with kdt

Katherine D Travnicek MD

Copy to: William Smith MD Referring Provider Primary care provider

Electronically signed by KATHERINE TRAVNICEK Date: 9/10/2019 Time: 13:53:09

PROCEDURE NOTE

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

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

SURGEON: Katherine D Travnicek MD

Date of Service: June 20, 2019

DIAGNOSIS
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 has had successful prior radiofrequency nerve ablation. The nerves have regenerated and the pain has returned. Repeat RFA is indicated.

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. After lesioning, each site was injected. All injected medications were preservative free. Injection was made slowly after negative aspiration for blood. The needles were cleared of injectate and removed. The patient tolerated the procedure well. Vital signs remained stable and there were no complications. The patient was taken to the recovery area and monitored until discharge criteria were met. The patient was given discharge instructions including instructions to contact me with any questions or concerns following this procedure. Follow-up instructions were given. The patient was then discharged alert, oriented to his/her driver.

SEDATION (medications titrated to effect): Fentanyl Midazolam
NEEDLE: 18g RF insulated Venom
LESION: 80 degrees C for 90 seconds
INJECTATE (each site): Lidocaine (pf) 2% final concentration and separately Bupivicaine (pf) 0.5% final concentration were injected for a total of 1ml each site (0.5ml of each local anesthetic).

POST-PROCEDURE PAIN: Complete resolution of low back pain.

Copy to: William Smith MD Referring Provider Primary care provider

Electronically signed by KATHERINE TRAVNICEK Date: 6/20/2019 Time: 9:05:48

PAIN INSTITUTE OF NEVADA
7435 W. Azure Drive, Ste 190
Las Vegas, NV 89130
Tel 702-878-8252
Fax 702-878-6096

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 S 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 SI joint.

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

05/06/2017
MBB B L5S1
Post injection: Complete Resolution of usual pain.
Sustained: 2 days at 100% relief and pain eventually returned

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

09/20/2019
RFA B L5S1
Sustained: 70% reduction of usual pain with improved ROM again

MEDICAL HISTORY
Diabetes type 2, HbA1C 6.5
Memory impairment from mild TBI
Low back pain

ALLERGIES
No known drug allergies

MEDICATIONS
Metformin 500mg qd

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

SURGICAL HISTORY
No prior surgeries reported.

FAMILY HISTORY
Lung Cancer

SOCIAL HISTORY
Family Status: Single / not married , has children , lives with family
Occupation: Customer service / Unemployed
Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

SYSTEMS REVIEW
Constitutional Symptoms: Negative
Visual: Negative
ENT: Negative
Cardiovascular: Negative
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.
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

PAIN INSTITUTE OF NEVADA
7436 W. Azure Drive, Ste 190
Las Vegas, NV 89130
Tel 702-878-6252
Fax 702-878-6096

OFFICE VISIT

Date of Service: October 16, 2019

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

PAIN COMPLAINT
Low back

Joyce returns for follow up today.
The patient is s/p radiofrequency rhizotomy bilateral L5-S1 in June 2019
Sustained improvement: She feels she had significant pain relief but it returned and she can't remember when exactly.
Low back pain is a constant dull ache and involves whole low back with some posterior thigh pain. She denies numbness, tingling or weakness.
Activities that aggravate the pain: Sitting, standing, walking
Activities that relieve the pain: Apply pressure while sitting down
Description of the pain: Dull, ache, stiffness
Least pain throughout day (0-10): 2/10
Most pain throughout day (0-10): 8/10
Helpful treatments: Ice and heat, laying down
Non-helpful treatments: N/A
She can't bend over and pick up grandkids and can't do certain activities with them (sports).
Dr. Smith is on some sabbatical and won't be returning for some time ? It's unclear if he'll return to practice. She was transferred to Dr. Gerber who recommended a SCS trial. She read the risks and would like to hold off. He ordered a bunch of new imaging which I don't have so will request.

She is seeing her PCP for diabetes and she hasn't seen Dr. Shah lately. Her memory is still impaired and I recommend seeing him again.

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: Retired
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 enplate 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 SI joint.

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

09/08/2017
MBB B L5S1
Post injection: Complete Resolution of usual pain.
Sustained: 2 days at 100% relief and pain eventually returned

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

09/20/2019
RFA B L5S1
Sustained: Patients pain has returned

MEDICAL HISTORY
Diabetes type 2, HbA1C 6.8%
Memory impairment from mild TBI
Low back pain s/p slip & fall

ALLERGIES
No known drug allergies

MEDICATIONS
Metformin 500mg TID

NV & CA PMP REVIEWED 9/9/17-9/9/19 NO MEDS FOUND

SURGICAL HISTORY
No prior surgeries reported.

FAMILY HISTORY
Lung Cancer

SOCIAL HISTORY
Family Status: Single / not married , has children , lives with family
Occupation: Customer service / Unemployed
Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

REVIEW OF SYSTEMS
Constitutional Symptoms: Fatigue
Visual: Decreased vision
ENT: Headache
Cardiovascular: Negative
Respiratory: Negative
Gastrointestinal: Negative
Genitourinary: Negative
Endocrine: Negative
Musculoskeletal:
Neurological: Arm numbness
Hematologic: Negative
Integumentary: Negative
Psychological: Negative

VITAL SIGNS
Height: 65.00 Inches
Weight: 200.00 Pounds
Blood Press: 128/72 mmHg
Pulse: 47 BPM

BMI: 33.9
Pain: 05

PHYSICAL EXAMINATION
GENERAL APPEARANCE
Appearance: Mild discomfort
Transition: Slight limited
Ambulation: Patient can ambulate without assistance.
Gait: Gait is antalgic

LUMBAR SPINE
Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.
Tenderness: Moderate tenderness noted bilateral lower lumbar spine and very mild at Left SIJ
Trigger Points: None noted.
Spasm: Moderate spasm is noted in the paravertebral musculature.
Facet Tenderness: Facet joint tenderness is noted.
Spinous Tenderness: Spinous processes are non-tender.
ROM % of normal
Flexion: 75% with pain.
Extension: 75% with pain.
Pain is equal with flexion and extension.
Straight Leg Raising: Negative at 90 deg bilaterally. Does not produce radicular pain.
Pelvic Rock: Negative for SIJ pain bilaterally
Patrick's (FABER): Negative bilaterally
Yeoman: Negative bilaterally

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.
Mood/Affect: Mood and affect are normal.
Thought Processes: Thought processes are intact.
Concentration: Concentration is intact.
Suicidal Ideation: The patient denies suicidal ideation.

DIAGNOSIS
M51.27 LUMBOSACRAL DISCOPATHY
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS
M54.6 LOW BACK PAIN
M62.838 MUSCLE SPASM

COUNSELING
Home Exercise Program
The patient received extensive counseling regarding home exercise and stretching. Specific discussion included appropriate exercises for the patient, exercise tolerance and limitations. All questions were answered.

PRESCRIPTION
None

PLAN
** REFERRAL TO: PHYSICAL THERAPY: 3x / week for 8 weeks. Evaluate and treat. Therapeutic exercise & HEP
** DME: Lumbar brace

Joyce P Sekera
3/22/1956

** RECORDS FROM: Jason Garber MD
** I recommend she see Dr. Shah for her memory concerns, doesn't remember if she took Aricept
** RETURN: 4 weeks for re-evaluation with lot

Katherine D Travnicek MD

Copy to: Jason Garber MD Primary care provider Russell Shah

Electronically signed by KATHERINE TRAVNICEK Date: 10/16/2019 Time: 8:58:40

PAIN INSTITUTE OF NEVADA
7435 W. Azure Drive, Ste 160
Las Vegas, NV 89130
Tel 702-878-8282
Fax 702-878-9066

OFFICE VISIT

Date of Service: November 13, 2019

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

PAIN COMPLAINTS
Low back pain

Ms Sekera returns for follow up.

Memory - she is seeing Dr. Shah again who ordered a work up - pending currently.

Low back pain - this is mild now and PT is really helping currently with exercise and massage at 3x weekly. She has no pain down her legs, numbness, tingling.
Activities that aggravate the pain: Sitting, standing, bending
Activities that relieve the pain: Stretching, pelvic exercise, heat, massage
Description of the pain: Ache
Least pain throughout day (0-10): 2/10
Most pain throughout day (0-10): 3/10
Helpful treatments: Physical therapy, injections
Non-helpful treatments: N/A
She saw Dr. Shah, Garber MD and repeated her MRIs so I will request those records.

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 currently receiving physical therapy.

IMAGING/TESTING
MRI brain without contrast: Report dated 12/16/2018
Brain normal for age.

MRI cervical spine without contrast: Report dated 12/21/2018
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 12/21/2018
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-C6. 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 lumber 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 6/22/2016
Spurring seen mildly throughout lumbar spine, or focal involving L2-L3. Mild sclerosing of left SI joint.

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

05/09/2017
MBB B L5S1
Post injection: Complete Resolution of usual pain.
Sustained: 2 days at 100% relief and pain eventually returned

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

05/20/2019
RFA B L5S1
Sustained: Pain returning after 3 months.

MEDICAL HISTORY
Diabetes type 2, HbA1C 6.5
Memory impairment from mild TBI
Low back pain s/p slip & fall
Lumbar facet mediated pain

ALLERGIES
No known drug allergies

MEDICATIONS
Metformin 500mg qd

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

SURGICAL HISTORY
No prior surgeries reported.

FAMILY HISTORY
Lung Cancer

SOCIAL HISTORY
Family Status: Single / not married , has children , lives with family
Occupation: Customer service / Unemployed
Habits: The patient smokes rarely. The patient does not drink. The patient denies recreational drug use.

REVIEW OF SYSTEMS
Constitutional Symptoms: Fatigue
Visual: Decreased vision
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: 200.00 Pounds
Blood Press: 122/70 mmHg
Pulse: 67 BPM
BMI: 32.3
Pain: 03

PHYSICAL EXAMINATION

GENERAL APPEARANCE
Appearance: Mild discomfort
Translation: Slight limited
Ambulation: Patient can ambulate without assistance.
Gait: Gait is antalgic

LUMBAR SPINE
Appearance: Grossly normal. No scars, redness, lesions, swelling or deformities.
Alignment: Increased lordosis
Tenderness: Mild tenderness noted bilateral lower L5-S1 and bilateral SIJ
Trigger Points: None noted.
Spasm: Mild spasm is noted in the paravertebral musculature.
Facet Tenderness: Facet joint tenderness is noted.
Spinous Tenderness: Spinous processes are non-tender.
ROM % of normal
Flexion: 75% with pain.
Extension: 100% with pain.
Pain is greater with flexion.
Straight Leg Raising: Negative at 90 deg bilaterally. Does not produce radicular pain.

Motor/Strength Testing:
Hip flexion (L2-L3): L 5/5, R 5/5
Hip abduction (L4-S1): L 5/5, R 5/5
Knee extension (L3-L4): L 5/5, R 5/5
Knee flexion (L5-S1): L 5/5, R 5/5
Ankle inversion (L4): L 5/5, R 5/5
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.
Mood/Affect: Mood and affect are normal.
Thought Processes: Thought processes are intact.
Concentration: Concentration is intact.
Suicidal Ideation: The patient denies suicidal ideation.

DIAGNOSIS
M51.27 LUMBOSACRAL DISCOPATHY
M47.817 LUMBOSACRAL FACET JOINT ARTHROPATHY / SPONDYLOSIS
M54.5 LOW BACK PAIN
M62.838 MUSCLE SPASM
F07.81 POST CONCUSSIVE SYNDROME

PRESCRIPTIONS
None

PLAN
** CONTINUE CURRENT PHYSICAL THERAPY REGIMEN
** RECORDS FROM: Jason Garber MD, Russell Shah
** RETURN: 4 weeks for re-evaluation with kdt

Katherine D Travnicek MD

Copy to: Russell Shah Jason Garber MD

Electronically signed by KATHERINE TRAVNICEK Date: 11/13/2019 Time: 8:46:49

Send Confirmation

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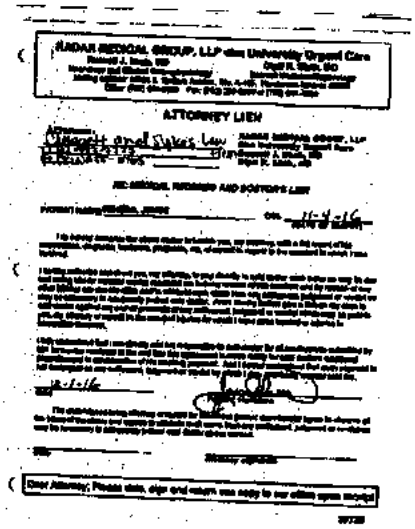

ATTORNEY LIEN

SEKERA001451

RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 644-0800 Fax: (702) 641-4600 or (702) 258-0888

RELEASE OF INFORMATION AUTHORIZATION

Section B: This section must be completed ONLY if a health plan or health care provider has requested the authorization; the requesting party must complete this section.

1. The health plan or health care provider must complete the following

   a. What is the purpose of the use or disclosure? _____

   _____

   b. Will the health plan or health care provider requesting the authorization receive financial or in kind compensation in exchange for using or disclosing the health information described above?

   Yes or No

X _____ _____

Signature of patient/parent/guardian/patient representative — Date

If signed by other than patient, indicate relationship: _____

Printed name of patient's representative: _____

_____ _____

Witness signature — Date

_____ _____

Signature of M.D. or representative — Date

SEKERA, JOYCE
36739

RADAR MEDICAL GROUP, LLP

UNIVERSITY URGENT CARE

Russell J. Shah, MD Ltd.
Neurology and Neurophysiology

Dipti R. Shah, MD Ltd.
Internal Medicine/Nephrology

2628 W. Charleston Blvd., Las Vegas, NV 89102
Phone: (702)644-0500 Fax: (702)258-0566

FACSIMILE

To: Pain Institute of Nevada From: Janette

Fax: 702)878-9096 Pages: 3 (including cover)

Phone: 702)878-8252 Date: 11/11/19

Re: Joyce Sekera 03/22/1956

☐URGENT ☐ FOR REVIEW ☐ PER YOUR REQUEST ☐ PER CONVERSATION

SEKERA001453

RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 644-0500 Fax: (702) 641-4800 or (702) 258-0586

RELEASE OF INFORMATION AUTHORIZATION

Section A: Must be completed by patient or patient's representative for all authorizations.

Patient Name: SEKERA, JOYCE **Date of Birth:** 03-22-1956

Social Security #: _____

I, hereby authorize Pain Institute of Nevada
(Please print name of physician, healthcare provider, facility / hospital)

To release my personal health and medical information as described below to the following person(s) or healthcare provider (s) :Name of Dr./Facility: RADAR MEDICAL GROUP

Address: 2628 West Charleston Blvd., Las Vegas, Nevada 89102

Office #: (702) 644-0500 **Fax #:** (702) 258-0586 **Contact person:** Janette

Information to be disclosed:

- ☐ Complete Health Records
- ☐ Progress Notes
- ☐ Consultation Reports
- ☐ Discharge Summary
- ☐ Laboratory Tests
- ☐ X-ray Reports
- ☐ History & Physical examination
- ☒ Other: 2018/2019 Records

For the following period(s) of healthcare:

Date From: 01/2018 **Date To:** 11/2019 Medical Records

SEKERA001455

2296

RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 644-0600 Fax: (702) 641-4600 or (702) 259-0686

RELEASE OF INFORMATION AUTHORIZATION

Section B: This section must be completed ONLY if a health plan or health care provider has requested the authorization; the requesting party must complete this section.

1. The health plan or health care provider must complete the following

   a. What is the purpose of the use or disclosure? _____

   _____

   b. Will the health plan or health care provider requesting the authorization receive financial or in kind compensation in exchange for using or disclosing the health information described above?

   Yes or No

X _____
Signature of patient/parent/guardian/patient representative

_____
Date

If signed by other than patient, indicate relationship: _____

RADAR MEDICAL GROUP, LLP dba University Urgent Care
Russell J. Shah, MD
Neurology and Clinical Neurophysiology
Dipti R. Shah, MD
Internal Medicine/Nephrology
Mailing address: 10624 S. Eastern Avenue, Ste. A-425, Henderson Nevada 89052
Office: (702) 844-0500 Fax: (702) 258-0566 or (702) 641-4600

ATTORNEY LIEN

ATTORNEY: Chaggett and Sykes Law firm
P 702-333-7777
F

RADAR MEDICAL GROUP, LLP
Dba University Urgent Care
Russell J. Shah, MD
Dipti R. Shah, MD

RE: MEDICAL RECORDS AND DOCTOR'S LIEN

PATIENT NAME: SEKERA, JOYCE DOI: 11-4-16 (DATE OF INJURY)

I do hereby authorize the above doctor to furnish you, my attorney, with a full report of his examination, diagnosis, treatment, prognosis, etc, of myself in regard to the accident in which I was involved.

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

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

12-1-16
Date

Patient signature

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

Date

Attorney signature

Dear Attorney; Please date, sign and return one copy to our office upon receipt

36739
SEKERA001459

Send Confirmation

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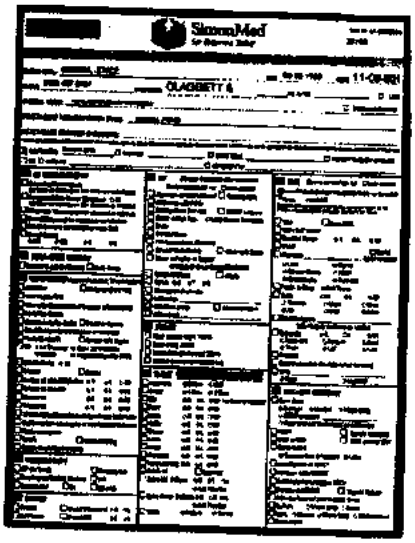

PAY AUTHORIZATION TO APPROPRIATE LOCATION

SimonMed
See Tomorrow Today

TAX ID: 47-0882685
36739

PATIENT NAME: SEKERA, JOYCE DOB: 03-22-1956 DATE: 11-09-201

PHONE: (702) 467-5457 INSURANCE: CLAGGETT & [illegible] INS. AUTH: ☐ LIEN

CLINICAL HX/DX: CONCUSSION/MEMORY IMPAIRMENT ☐ Transport Needed

HEALTHCARE PROVIDER NAME: (Print) RUSSELL J SHAN

HEALTHCARE PROVIDER SIGNATURE:

I hereby authorize SimonMedImagingCare to act on my behalf to obtain any and all authorizations needed for the above named patient. I hereby certify that the test ordered are medically necessary for the diagnosis and treatment of this patient.

☒ ROUTINE FAX: 702-641-4600 ☐ STAT FAX: ☐ STAT CALL: ☐ PATIENT TO CARRY CD/FILMS

☐ CD ☐ FILMS TO: ☐ CC REPORT TO:

3D MAMMOGRAPHY
- ☐ Screening Mammogram (w/ follow up mammogram &/or ultrasound as indicated)
- ☐ Screening Whole Breast Ultrasound ○ 3D (w/ follow up mammogram &/or ultrasound as indicated)
- ☐ Diagnostic Mammogram (w/ ultrasound as indicated)
- ☐ Breast Ultrasound (w/ mammogram as indicated)
- ☐ Breast MRI with 3D Rendering w/wo GAD
- ☐ Breast Biopsy ○ U/S ○ MR ○ R ○ L

DEXA-BONE DENSITY
☐ Screening (LIM as indicated) ☐ Body Comp

ULTRASOUND (Doppler if indicated, 3D as indicated)
- ☐ Abdomen ☐ Abdomen LTD / RUQ
- ☐ Liver Duplex/TIPS
- ☐ Liver with Elastography (Fibroscan with imaging)
- ☐ Aorta/Iliac Duplex
- ☐ Mesenteric/Celiac Duplex ☐ Renal w/ Duplex
- ☐ Renal/Retroperitoneal (bladder if indicated)
- ☐ Pelvic TA with TV ☐ Scrotal with Duplex
- ☐ OB ○ 1st Trimester ○ 2nd / 3rd Trimester ○ Limited ○ Biophysical profile (BPP)
- ☐ Breast / Axilla ○ 3D
- ☐ Thyroid ☐ Carotid
- ☐ Venous LE with DVR(Reflux) ○ R ○ L ○ Bil
- ☐ Arterial LE with ABI ○ R ○ L ○ Bil
- ☐ Venous UE ○ R ○ L ○ Bil
- ☐ Arterial UE ○ R ○ L ○ Bil
- ☐ UE Venous/Arterial mapping for Dialysis Access Graft/Fistula
- ☐ Saphenous Vein mapping Pre or Post Ablation/Treatment
- ☐ Hysterosonogram
- ☐ Pyloric ☐ AAA Screening
- ☐ Duplex Graph/Stent Imaging

FLUOROSCOPY
- ☐ IVP (no tomo) ☐ Esophogram
- ☐ Esophogram/Barium Swallow ☐ UGI
- ☐ Small Bowel ☐ BE ☐ BE w/air

BIOPSY
- ☐ Thyroid ☐ Breast Ultrasound ○ R ○ L
- ☐ Soft tissue ☐ Breast MRI ○ R ○ L

CT (3D recon if indicated) (iStat if indicated)
☐ w/wo contrast per rad ☐ no IV contrast
- ☐ Abdomen (w/ pelvis if indicated) ☐ Enterography
- ☐ Abdomen with Pelvis
- ☐ Kidney Stone (A-P w/o) ☐ CT/IVP (urogram)
- ☐ Chest ○ High Res. ○ Lung Cancer Screening
- ☐ Brain
- ☐ Cardiac Score
- ☐ Pelvis (w/ abdomen if indicated)
- ☐ Sinus (maxillofacial) ☐ Neck (soft tissue)
- ☐ Sinus ○ Fusion ○ Stryker ○ Instatrak ○ Landmark/Medtronic
- ☐ Temporal Bones ☐ Orbits
- ☐ Spine: ○ C ○ T ○ L
- ☐ Scanogram (leg length)
- ☐ Extremity:
- ☐ CTA Brain (only) ☐ CTA Neck/Brain
- ☐ CTA (other)

PET/CT
- ☐ Skull base to thigh 78815
- ☐ Brain (FDG) 78608
- ☐ Whole Body (Melanoma) 78816
- ☐ Axumin (Recurrent Prostate Ca)

X-RAY [redacted]
- ☐ Abdomen: ○ 2 View ○ KUB
- ☐ Chest: ○ 1 View ○ 2 View
- ☐ Rib ○ R ○ L ○ Bil *Inc. Chest as indicated*
- ☐ Foot: ○ R ○ L ○ Bil
- ☐ Knee: ○ R ○ L ○ Bil
- ☐ Ankle: ○ R ○ L ○ Bil
- ☐ Elbow: ○ R ○ L ○ Bil
- ☐ Hand: ○ R ○ L ○ Bil
- ☐ Wrist: ○ R ○ L ○ Bil
- ☐ Shoulder: ○ R ○ L ○ Bil
- ☐ Hip (w/pelvis): ○ R ○ L ○ Bil
- ☐ Pelvis AP ☐ Scoliosis
- ☐ Spine Ltd. 3 Views: ○ C ○ T ○ L ○ Add Flex/Ext
- ☐ Spine Comp. 5 Views: ○ C ○ T ○ L ○ Add Flex/Ext
- ☐ Sinus: ○ Waters ○ Series

MRI ☐ w/wo contrast per rad ☐ no IV contrast
(3D recon if indicated) (iStat if indicated) (Orbital X-ray as needed)

☒ Brain ☐ w/ MRA

MR WMRA BRAIN INJURY PROTOCOL NO CONTRAST WITH OTWSWINEUROQUANT WITH DR. SNYDER TO READ

- ☐ TMJ ☐ Neck MRA
- ☐ Neck Soft Tissue
- ☐ Brachial Plexus ○ R ○ L ○ Bil
- ☐ Chest
- ☐ Abdomen ☐ Eovist (Liver Imaging)
  - ○ Liver ○ Kidney
  - ○ Adrenal Glands ○ MRCP
  - ○ Enterography ○ Pancreas
- ☐ Pelvis ○ Bony ○ Soft Tissue
- ☐ Joint ○ R ○ L ○ Bil
  - ○ Shoulder ○ Elbow ○ Wrist
  - ○ Hip ○ Knee ○ Ankle
- ☐ MR Arthrogram: with imaging guidance as needed
- ☐ Extremity ○ R ○ L ○ Bil
  - ○ Upper Arm ○ Forearm ○ Hand
  - ○ Thigh ○ Calf ○ Foot
- ☐ Prostate
- ☐ Multi-Parametric Prostate (w/wo contrast)
- ☐ MRV: ○ Head ○ Legs/AVF

NUCLEAR MEDICINE
- ☐ Bone Scan
  - ○ 3-phase ○ Limited ○ Whole Body
  - ○ SPECT Location
  - ○ Plain films per Radiologist as necessary
- ☐ MUGA ☐ Gastric Emptying
- ☐ HIDA w/CCK ☐ HIDA without CCK
- ☐ Renal Scans ○ Vascular Flow & Function ○ Lasix
- ☐ Liver/Spleen w/ SPECT
- ☐ DaTscan w/DaTQUANT
- ☐ Hemangioma w/ tagged RBC's
- ☐ Parathyroid/SPECT ☐ Thyroid Uptake
- ☐ V/Q Lung Scan w/ 2 view Chest X-ray
- ☐ Gallium ○ Whole Body ○ Spect
- ☐ WBC ○ Limited ○ Whole Body ○ Dual Isotopes
- ☐ OctreoScan

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

PATIENT NAME: SEKERA Joyce D (LAST/FIRST/MIDDLE INITIAL) BIRTH DATE: 3-22-56 SEX: ☒ Female ☐ Male

HOME: 702. 467 5457 CELL PHONE: ( ) Same MESG: ( )

PATIENT ADDRESS: 7840 Mesting Pine Dr 89143
(ADDRESS) (ZIP CODE)

REFERRING DOCTOR: (NAME) (ADDRESS) (PHONE)

SOCIAL SECURITY #: 091.48.8435 DL #: 2100257896 Marital Status: ☒ Single ☐ Married ☐ Divorced

EMPLOYED BY: Boyd Vegas (NAME) 3130 S. Rainbow (ADDRESS)

WORK PHONE#: ( ) PATIENT OCCUPATION: Sales

SPOUSE NAME: PHONE: ( )

EMERGENCY CONTACT: PHONE: ( )

Advanced Directive: ☐ Yes ☒ No Copy on File: ☐ Yes ☐ No Retired: ☐ Yes ☐ No

Emergency Contact: Carole Dutro Relationship: Mother Telephone: 702-610-6140

PRIMARY INSURANCE NAME:

PRIMARY CARD HOLDER: (NAME) (BIRTH DATE) (I.D. #) (SS# #)

SECONDARY INSURANCE: (NAME OF INSURED) (I.D.#) (DOB:) (SS#) (EMPLOYER COMPANY NAME)

CIRCLE ONE: WORK RELATED INJURY / PERSONAL INJURY / AUTO ACCIDENT DATE OF INJURY/ACCIDENT: 11-4-16

ADJUSTER: (PHONE #) BODY PART(S): Elbow, Back, Head

DO YOU HAVE MED PAY INSURANCE (Medical benefit thru your auto insurance)? YES / NO

CLAIM #: PHONE # : ( )

MED PAY INSURANCE CARRIER:

DO YOU HAVE AN ATTORNEY? YES / NO ATTORNEY'S NAME: Keith Galliher PHONE: 702. 735.0049

ADDRESS: 1830 E Sahara CONTACT:

I AM AWARE SPECIAL REPORTING IS REQUIRED TO ASSIST MY ATTORNEY WITH MY PERSONAL INJURY CASE AND A FEE IS ASSOCIATED WITH THIS SERVICE. I AM REQUESTING THAT SPECIAL REPORTS ARE PREPARED AND FORWARDED TO MY ATTORNEY.

ASSIGNMENT AND RELEASE

The above information is complete and correct. I authorize release of information necessary to file a claim with my insurance company and I assign benefits to Radar Medical Group LLP dba University Urgent Care. We will file your insurance claim as a courtesy to you, however payment for copays and deductibles are required at the time services are rendered. We cannot guarantee payment by Radar Medical Group LLP dba University Urgent Care. We have an agreement with you, not your insurance company for payment. In the event your insurance company denies a claim, you will become responsible for all amounts not covered payable to Radar Medical Group LLP dba University Urgent Care. Parents/Guardians are responsible for services rendered to a minor. If your account is turned over for outside collections, you will be responsible for all costs of the outside collection agency.

I authorize release of all medical records to referring and primary care physicians and the insurance company, as applicable. I authorize fax transmission of medical records of necessary.

Date: 12-1-16 Signature: (PATIENT / LEGAL GUARDIAN)

"Our policy requires us to bill your health insurance for services rendered during your course of treatment unless you specifically instruct us otherwise. Therefore, if you do not want Radar Medical Group LLP dba University Urgent Care to bill your insurance, you must sign below instructing us NOT to bill your insurance. By instructing Radar Medical Group LLP dba University Urgent Care not to bill your insurance, you acknowledge that you will be responsible for the usual and customary fees for services that are rendered to you during your treatment. Further, by instructing us not to bill your insurance, you understand that a later request to bill insurance during your course of treatment may be denied."

Date: 12-1-16 Signature: (PATIENT / LEGAL GUARDIAN)

36739

SEKERA001462

36739

RUSSELL J. SHAH MD
Neurology and Clinical Neurophysiology

TEST PRESCRIPTION and INFORMATION REQUEST

Patient Name SEKERA, JOYCE DOB: 03-22-1956 Date 11-09-2019
Phone# (702) 467-5457 Secondary Phone#
Primary Ins/Payor: CLAGGETT & SYKES Secondary Ins/Payor
Diagnosis/symptoms: concussion/memory impairment

____follow ___2wk ___3wk ___4wk ___6wk ___8wk ___12wk ___6mo ___12mo
____Courtesy call ___4mo ___6mo ___12mo ___18mo
____EMG/NCV ___upper ___lower ___upper/lower ___with follow-up
____EMG ___upper ___lower ___upper/lower ___with follow-up
____EEG-Electroencephalogram complete
____Ambulatory EEG x____day(s) ___BAER(15min) ___VER(15min)
____TCD ___add 30minute emboli detection, ___add bubble study(with MD), ___add CVR
____Carotid U/S ___Echocardiogram-2D ___EKG
____NCV ___upper ___lower ___upper/lower ___Neurobehavioral ___MSLT
____X-rays:
____CT scan of ~~without contrast~~ / with and without contrast
X MRI of brain/MRA brain brain injury protocol NO contrast with DTI/SWI/Neuroquant with Dr. Snyder to read ~~with and without contrast~~
____Physical therapy evaluation ___with treatment___ X week for ____weeks
____Occupational therapy evaluation ___with treatment___ X week for ____weeks
____Balance therapy evaluation ___with treatment___ X week for ____weeks
____Consult ___pain management ___psychology ___internal medicine ___spine surgeon
____Consult
____Other:
____Request information of
____Obtain ___MRI report ___MRI films ___CT report ___ER/Hosp recs ___Ref med recs
____Notify
____Send all tx doctor(s) ___MRI's report, ___consult/f/u, ___recent f/u, ___test results, ___labs
____No show appt.-please reschedule and notify inform referring sources of notice to reschedule
____No show to test/procedure
____D/c to primary treating physician for further care
____D/c to primary care physician for further care
____D/c from clinic-no further F/U at this time is necessary/patient will make appt. as needed.

Physician Signature: Russell J. Shah

*Please fax all results to (702) 641-4600 and send copies of report to
*For abnormal results, please call Dr. Russell J. Shah at (702) 644-0500.

SEKERA001463

Send Confirmation

Date/Time	:	11-11-2019 03:45 PM
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Host Name	:	SEC30CDA7ADF7A2
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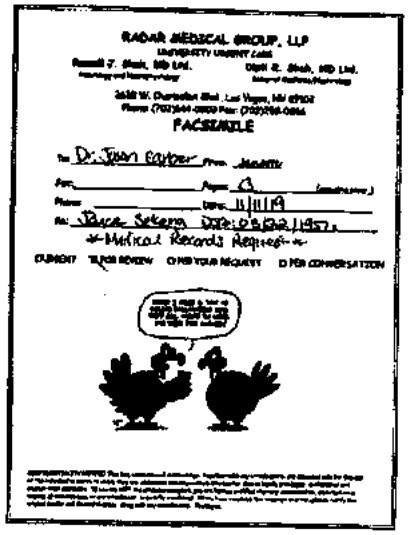


RADAR MEDICAL GROUP, LLP

FACSIMILE

To: Dr. Jean Carter From: Medrite

Fax: Pages: 3

Phone: Date: 11/11/19

Re: Bruce Sekera DOB: 05/22/1957

Medical Records Request

URGENT REVIEW PLEASE REPLY PLEASE COMMENT

RADAR MEDICAL GROUP, LLP

UNIVERSITY URGENT CARE

Russell J. Shah, MD Ltd.
Neurology and Neurophysiology

Dipti R. Shah, MD Ltd.
Internal Medicine/Nephrology

2628 W. Charleston Blvd., Las Vegas, NV 89102
Phone: (702)644-0500 Fax: (702)258-0566

FACSIMILE

To: Dr. Jason Gamber From: Janette

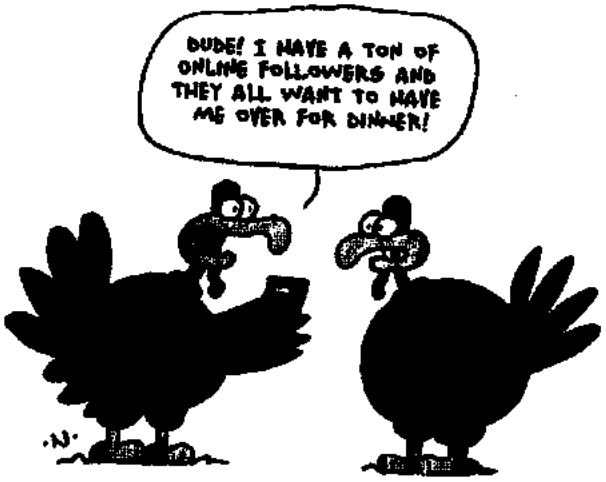
Fax: _____ Pages: 3 (including cover)

Phone: _____ Date: 11/11/19

Re: Joyce Sekera DOB: 03/22/1956

~~*~~ Medical Records Request ~~*~~

☐ URGENT ☒ FOR REVIEW ☐ PER YOUR REQUEST ☐ PER CONVERSATION



RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 644-0600 Fax: (702) 641-4600 or (702) 259-0566

RELEASE OF INFORMATION AUTHORIZATION

Section A: Must be completed by patient or patient's representative for all authorizations.

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

Social Security #: _____

I, hereby authorize Dr. Jason Garber
(Please print name of physician, healthcare provider, facility / hospital)

To release my personal health and medical information as described below to the following person(s) or healthcare provider (s) :Name of Dr./Facility: RADAR MEDICAL GROUP

Address: 2626 West Charleston Blvd. , Las Vegas, Nevada 89102

Office #: (702) 644-0600 Fax #: (702)259-0566 Contact person: Minnie

Information to be disclosed:

- ☐ Complete Health Records
- ☐ Progress Notes
- ☐ Consultation Reports
- ☐ Discharge Summary
- ☐ Laboratory Tests
- ☐ X-ray Reports
- ☐ History & Physical examination
- ☒ Other: 2018/2019 Records

For the following period(s) of healthcare:

Date From: 1/2018 Date To: 11/2019

Date From: _____ Date To: _____

I understand that this will include information relating to (check if applicable):

☐ Acquired Immunodeficiency Syndrome (AIDS) or infection with Human Immunodeficiency Virus (HIV)

Separate authorization forms are available for disclosure of information relating behavioral health services/psychiatric care and diagnosis/treatment for alcohol and/or drug abuse.

The patient or the patient's representative must read and initial the following statements.

Initial X a. I understand that this authorization is voluntary. I understand that I may refuse this authorization that my refusal to sign will not affect my ability to obtain treatment or payment or m eligibility for benefits.

Initial X b. I understand that I may inspect or receive a copy of the information described on this form if I ask for it and that I will receive a copy of this form after I sign form.

Initial X c. Unless otherwise cancelled, I understand that is authorization will expire on the following, date, event or condition: _____

Initial X d. I understand that I may cancel this authorization at any time by notifying the providing healthcare provider in writing, but if I do, it won't have any effect on actions taken prior to receipt of the cancellation.

Initial X e. I understand that if the person or entity that receives the above information is not a health care provider or a health plan covered by federal policy regulations, the released information may be disclosed by such person or entity and will likely no longer be protected by the federal policy regulations. The recipient may otherwise be prohibited under federal law from disclosing substance above information, AIDS/HIV status, or mental health information unless another authorization is obtained from me or my representative or unless such use or disclosure is specifically required or permitted by law.

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University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 844-0800 Fax: (702) 641-4800 or (702) 263-0888

RELEASE OF INFORMATION AUTHORIZATION

Section B: This section must be completed ONLY if a health plan or health care provider has requested the authorization; the requesting party must complete this section.

1. The health plan or health care provider must complete the following

   a. What is the purpose of the use or disclosure? _____

   _____

   b. Will the health plan or health care provider requesting the authorization receive financial or in kind compensation in exchange for using or disclosing the health information described above?

   Yes or No

X _____ _____

Signature of patient/parent/guardian/patient representative — Date

If signed by other than patient, indicate relationship: _____

Printed name of patient's representative: _____

_____ _____

Witness signature — Date

_____ _____

Signature of M.D. or representative — Date

SEKERA, JOYCE
36739

Send Confirmation

Date/Time	:	11-11-2019 03:35 PM
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Machine Serial Number	:	075HBJFG800061E
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Fax Number	:	

Job Information

Job No.	:	53567
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Completed Time	:	11-11-2019 03:35 PM
Total Destinations	:	1

File Settings

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Destinations

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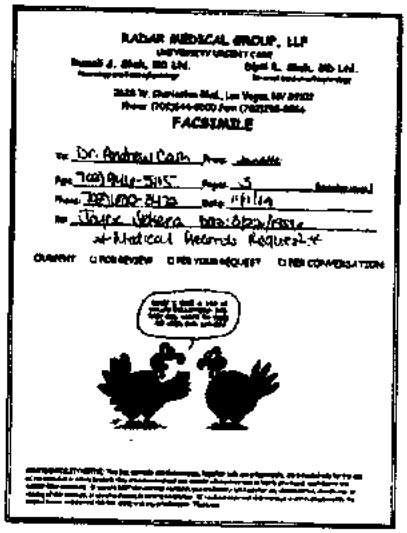


RADAR MEDICAL GROUP, LLP

FACSIMILE

Dr. Andrew Cash

Jose Sekera

re: Medical Records Request

RADAR MEDICAL GROUP, LLP

UNIVERSITY URGENT CARE

Russell J. Shah, MD Ltd.
Neurology and Neurophysiology

Dipti R. Shah, MD Ltd.
Internal Medicine/Nephrology

2628 W. Charleston Blvd., Las Vegas, NV 89102
Phone: (702)644-0500 Fax: (702)258-0566

FACSIMILE

To: Dr. Andrew Cash From: Janette

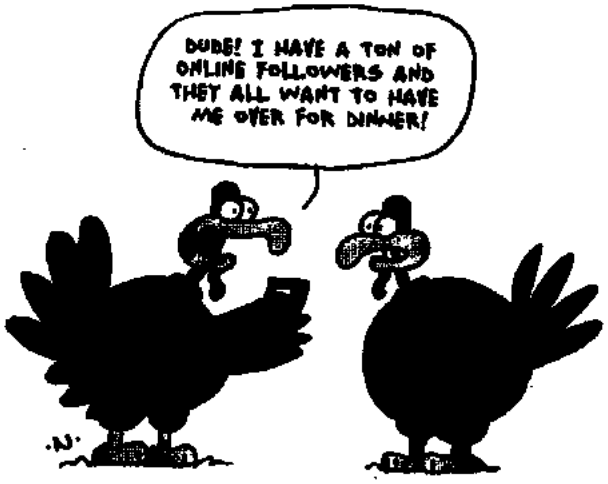
Fax: 702) 946-5115 Pages: 3 (including cover)

Phone: 702)630-3472 Date: 11/11/19

Re: Joyce Sekera DOB: 3/22/1956

* Medical Records Request *

☐ URGENT ☐ FOR REVIEW ☐ PER YOUR REQUEST ☐ PER CONVERSATION



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Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 644-0500 Fax: (702) 841-4800 or (702) 259-0566

RELEASE OF INFORMATION AUTHORIZATION

Section A: Must be completed by patient or patient's representative for all authorizations.

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

Social Security #: _____

I, hereby authorize Dr. Andrew Cash
(Please print name of physician, healthcare provider, facility / hospital)

To release my personal health and medical information as described below to the following person(s) or healthcare provider (s) :Name of Dr./Facility: RADAR MEDICAL GROUP

Address: 2628 West Charleston Blvd., Las Vegas, Nevada 89102

Office #: (702) 644-0500 Fax #: (702) 259-0566 Contact person: JMuttle

Information to be disclosed:

- ☐ Complete Health Records
- ☐ Progress Notes
- ☐ Consultation Reports
- ☐ Discharge Summary
- ☐ Laboratory Tests
- ☐ X-ray Reports
- ☐ History & Physical examination
- ☒ Other: All medical Records.

For the following period(s) of healthcare:

Date From: 01/2018 Date To: 11/2019

Date From: _____ Date To: _____

I understand that this will include information relating to (check if applicable):

☐ Acquired Immunodeficiency Syndrome (AIDS) or infection with Human Immunodeficiency Virus (HIV)

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Initial X e. I understand that if the person or entity that receives the above information is not a health care provider or a health plan covered by federal policy regulations, the released information may be disclosed by such person or entity and will likely no longer be protected by the federal policy regulations. The recipient may otherwise be prohibited under federal law from disclosing substance above information, AIDS/HIV status, or mental health information unless another authorization is obtained from me or my representative or unless such use or disclosure is specifically required or permitted by law.

36739

SEKERA001470

2311

RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Office: (702) 644-0500 Fax: (702) 641-4800 or (702) 269-0585

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   _____

   b. Will the health plan or health care provider requesting the authorization receive financial or in kind compensation in exchange for using or disclosing the health information described above?

   Yes or No

X _____ _____
Signature of patient/parent/guardian/patient representative — Date

If signed by other than patient, indicate relationship: _____

Printed name of patient's representative: _____

_____ _____
Witness signature — Date

_____ _____
Signature of M.D. or representative — Date

SEKERA, JOYCE
38739

Send Confirmation

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Machine Serial Number	:	075HBJPG800061E
Host Name	:	SEC30CDA7ADF7A2
Fax Name	:	
Fax Number	:	

Job Information

Job No.	:	53566
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Completed Time	:	11-11-2019 03:31 PM
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Destinations

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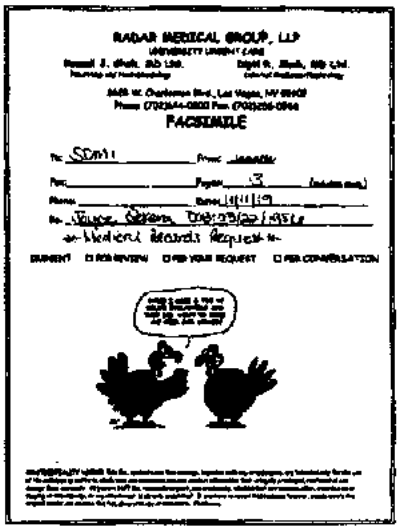

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UNIVERSITY URGENT CARE

Russell J. Shah, MD Ltd.
Neurology and Neurophysiology

Dipti R. Shah, MD Ltd.
Internal Medicine/Nephrology

2628 W. Charleston Blvd., Las Vegas, NV 89102
Phone: (702)644-0500 Fax: (702)258-0566

FACSIMILE

To: SDM1 From: Janette

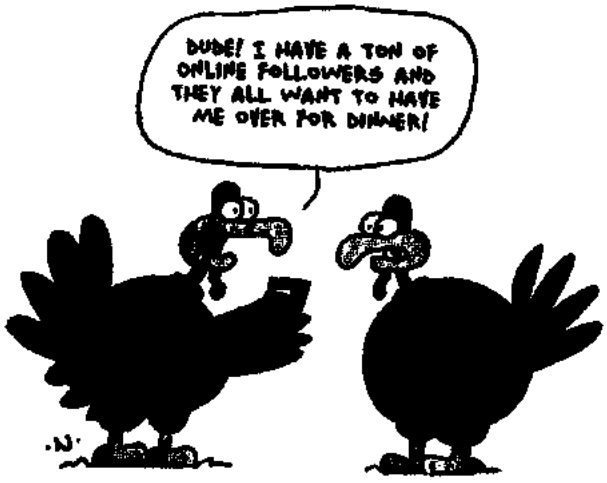
Fax: _____ Pages: 3 (including cover)

Phone: _____ Date: 11/11/19

Re: Joyce Sekera DOB: 03/22/1956

Medical Records Request

☐URGENT ☐ FOR REVIEW ☐ PER YOUR REQUEST ☐ PER CONVERSATION



36739

Russell J. Shah, MD

Neurology and Clinical Neurophysiology

2628 West Charleston Blvd., Las Vegas, Nevada 89102
Office: 702 644-0500 Fax: 702 258-0566

Date: 11-09-2019

Patient: SEKERA, JOYCE Date of Birth: 03-22-1956

Insurance Name: CLAGGETT & SYKES Phone#: (702) 655-2346

Level of Service:
(Circle One) ROUTINE URGENT EMERGENT RETROACTIVE (DATE):_____

Place of Service:
(Circle One) OFFICE

Type of Service:

(Circle One)	FIRST CONSULT	99241	99242	99243	99244	99245
ESTABLISHED/FOLLOW UP		99212	99213	99214	99215	_____

Diagnosis:

☐ cervical strain/radiculopathy S13.4XXA/M50.00 ☐ lumbar strain/radiculopathy S33.5XXA/M54.4

☐ hand numbness R20.0 ☐ headaches R51 ☐ dizziness R42

Procedure Requested:

☐ EMG/NCV upper/lower (95886x___ ☐ 95911x___ ☐ 95912x___ ☐ 95913x___ ☐ 95937x___)

☐ EMG/NCV upper (95886x___ ☐ 95911x___ ☐ 95912x___ ☐ 95913x___ ☐ 95937x___)

☐ EMG/NCV lower (95886x___ ☐ 95911x___ ☐ 95912x___ ☐ 95913x___ ☐ 95937x___)

☐ EMG (☐ 95860x___ ☐ 95861x___ ☐ 95863x___ ☐ 95864x___)

☐ SSEP: upper (95925) ☐ SSEP: lower (95926)

☒ EEG combination (95816, ~~95957, 99412~~) ☒ NBT (96116) ☐ BAER: (92585)

☐ TCD (Intracranial):93886 ☐ TCDE (Emboli):93892

Planned Date of Service: _____

3*287918*2019-11-09*3218*0*NOSIG*1*1

SEKERA001474

HEALTH INSURANCE CLAIM FORM

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

CLAGGETT SYKES LAW FIRM PI
4101 MEADOWS LANE
Las Vegas NV 89107

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S I.D. NUMBER	(FOR PROGRAM IN ITEM 1)	
						X			

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE MM DD YY / SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
SEKERA, JOYCE	03221956 M F X		
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No, Street)	
7840 NESTING PINE PL	Self Spouse Child Other X		
CITY	STATE	CITY	STATE
LAS VEGAS	NV		
ZIP CODE	TELEPHONE (Include Area Code)	ZIP CODE	TELEPHONE (Include Area Code)
89143-4469	(702) 4675457		( )
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	
		DOT110416	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)	a. INSURED'S DATE OF BIRTH MM DD YY / SEX	
	YES X NO	M F	
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)	
	YES X NO		
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT?	c. INSURANCE PLAN NAME OR PROGRAM NAME	
	X YES NO		
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
		YES NO If yes, complete items 9, 9a, and 9d.	

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SIGNATURE ON FILE DATE 11192019

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT: ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	15. OTHER DATE MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY	MM DD YY
11042016 QUAL. 431	4000 11042016	FROM	TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY	MM DD YY
		FROM	TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES X NO	$ CHARGES NO PURCH. SVC.
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. F0781 B. S161XXD C. M5011 D. G43909			
E. S39012D F. W010XXD G. G5600 H.		23. PRIOR AUTHORIZATION NUMBER	
I. J. K. L.			

24. A. DATE(S) OF SERVICE FROM MM DD YY	TO MM DD YY	B. PLACE OF SERV.	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
11092019	11092019	11	1	99215		ABCDEFG	675 00	1		NPI	1346324092
										NPI	
										NPI	
										NPI	
										NPI	
										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
260209037 X	36739	X YES NO	$ 675 00	$ 0 00	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (702 6440500
RUSSELL SHAH MD	CHARLESTON OFFICE	RADAR MEDICAL GROUP LLP
11192019	2628 W CHARLESTON BLVD	10624 S EASTERN AVE A425
SIGNED DATE	Las Vegas NV 89102	HENDERSON NV 89052 2982
	*1881888956	*1881888956

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 form 1500 (02-12)

SEKERA001475

RUSSELL J. SHAH , MD | DATE: 11-09-2019

ACCT# 36739 | DATE OF BIRTH # 03-22-1956 | S.S#

LAST NAME: SEKERA | FIRST NAME: JOYCE

INSURANCE COMPANY NAME: CLAGGETT & SYKES LAW FIRM | REFERRING DOCTOR: WEBBER

OFFICE VISITS					**EMG**		
NEW PATIENT (ACTIVE)					95860	SINGLE EXTREMITY EMG	
	99203	DETAILED H & P			95861	TWO EXTREMITY EMG	
	99204	COMPREHENSIVE H & P			95863	THREE EXTREMITY EMG	
	99205	MORE COMPREHENSIVE H & P			95864	FOUR EXTREMITY EMG	
ESTABLISHED PATIENT					95886	MUSC TEST DONE W/N TEST COMP X_____	
	99212	PROBLEM FOCUSED			**NCV**		
	99213	EXPANDED			95900	MOTOR NCV X_____	
	99214	DETAILED			95904	SENSORY NCV X_____	
X	99215	DETAILED			95903	MOTOR NERVE W/F WAVE X_____	
OFFICE CONSULTATIONS					95907	NRV CNDJ TST 1-2 STUDIES	
	99243	DETAILED H & P			95908	NRV CNDJ TST 3-4 STUDIES	
	99244	COMPREHENSIVE H & P			95909	NRV CNDJ TST 5-6 STUDIES	
	99245	MORE COMP H & P			95910	NRV CNDJ TST 7-8 STUDIES	
MISCELLANEOUS					95911	NRV CNDJ TST 9-10 STUDIES	
	99080	X_____	99354	X_____	95912	NRV CNDJ TST 11-12 STUDIES	
	99358	X_____	99355	X_____	95913	NRV CNDJ TST 13/> STUDIES	
	99373	X_____			95934	H FLEX X_____	
	MODIFIER .93 FOR INTERPRETATION				95937	REPETITIVE NERVE STIMULATION X_____	
OFFICE PROCEDURES							
	95816	STANDARD EEG			95925	SSEP UE X_____	
	95819	SLEEP EEG			95926	SSEP LE X_____	
	95957	DIGITAL SPIKE ANALYSIS			96116	NEUROBEHAVIORAL	
	93042	SINGLE LEAD EKG			93386	TCD COMPLETE INTRACRANIAL	
	92585	BAER			93888	TCD LIMITED INTRACRANIAL	
					93892	TCD EMBOLI	

NEUROLOGY DIAGNOSIS	ICD-10			ICD-10
ANXIETY	F41.1		MEMORY LOSS	R41.3
BRAIN INJURY W/LOC -30MINS INTERACRANIAL INJURY	S06.891_		MOOD SWINGS	F34.8
BRAIN INJURY NO LOC INTERACRANIAL INJURY	S06.890_		MIGRAINES	G43.909
BACK PAIN - SPINE	M54.9		MUSCLE SPASMS	M62.838
CARPAL TUNNEL SYNDROME	G56.00		NEUROPATHY	G62.9
CEREBROVASCULAR ISCHEMIC DISORDER	I63.50		NUMBNESS / PARESTHESIAS R20.0	R20.2
CERVICAL RADICULOPATHY	M50.11		OCCIPITAL NEURALGIA	M54.81
CERVICAL / CERVICOTHORACIC STRAIN	S161XX_		PAIN CERVICAL / NECK	M54.2
COGNITIVE IMPAIRMENT	G31.84		PAIN LIMB UNSPECIFIED	M79.609
CONCUSSION W/LOC	S06.0X1_		POST TRAUMATIC BRAIN SYNDROME	F07.81
CONCUSSION NO LOC	S06.0X0_		POST CONCUSSIONAL SYNDROME	F07.81
DIZZINESS / VERTIGO	R42		SLEEP DISTURBANCE IMPAIRMENT	G47.9
EPILEPSY	G40.909		STROKE	I63.9
GAIT DISTRUBANCE	R26.9		SYNCOPE	R55
HEADACHES	R51		RESTLESSNESS	R45.1
HEAD INJURY / TRAUMA NO LOC	S09.90X_		SENSORY PROBLEMS LIMBS	R20.2
HEAD INJURY /TRAUMA WITH LOC	S09.91X_		SHOULDER STRAIN S46.911_	S46.912_
INSOMNIA	G47.00		THORACIC STRAIN	S29.012_
LOW BACK PAIN	M54.5		TREMOR ESSENTIAL	G25.0
LUMBAR RADICULOPATHY	M54.16		WEAKNESS, LIMB	R53.1
LUMBAR STRAIN	S39.012_		WEAKNESS, GENERALIZED	M62.81

3*287918*2019-11-09*5199*0*NOSIG*1*1

SEKERA001476

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 ReEvaluation

PATIENT NAME: SEKERA, JOYCE
DOB: 03-22-1956
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 11-09-2019

JOYCE SEKERA was seen on 11-09-2019 for a neurologic reevaluation.

HISTORY OF INJURY

Date of Injury:11-04-2016

Medications:

DATE	NAME	DOSAGE	SIG	DISCONTINUE DATE
11-09-2019	METFORMIN	500MG	QD	
10-23-2017	Metfomin			
07-10-2017	METFORMIN			
07-10-2017	CELEBREX			
05-02-2017	methocarbamol			
05-02-2017	ibuprofen			
04-11-2017	ZPAK		AS DIRECTED	
02-07-2017	ROBAXIN	UNKNOWN	PRN	
02-07-2017	METHOCARBOMOL	UNKNOWN	TWICE DAILY PRN	
12-20-2016	IBUPROFEN	600MG	1 TAB PRN HA	

REVIEW OF SYSTEMS

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. + leg pains

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 been seeing pain management for the last 2 years and periods with no pain medications. She does not recall the names of the doctors and has not seen Dr. Cash and does not recall the Aricept but recalls the name. She does not recall things and her memory has never improved. She is more forgetful, not remembering and not working. She did not have a problem with memory before the fall and hit the back of

the head and was confused and had went to Centennial Hospital. She is writing items down and has just mild intermittent dizziness now. She has aches in the low back bilateral, hamstrings, calves bilateral but the right calve more and the burning of the nerve with Dr. Travineck has helped. She does not recall Dr. Kidwell. She saw Dr. William Smith but then Dr. Jason Garber who told her no surgery for the low back as Dr. William Smith was on a long absence period at work. She is not working anymore in sales of ticket position.

She is not taking any pain medication and not ibuprofen nor Tylenol and has some numbness and tingling and in the hands and no weakness. Her memory of dates and remembering appointments, task is a problems now continuously. She is not able to recall and does not feel anxious, restless nor depressed. She has no further spontaneous crying emotional spells and feels okay in her mood. She is worried about her memory and has no family history of Alzheimer's dementia and denies having had a seizure post head truama.

EXAMINATION

Vital Signs:

TEMP	PULSE	RESP	HT	WT	BMI	BP SYST	BP DIAST	COMMENT	SPO2
98.5	73		66	205.6	33	152	72	RESP IN NORMAL RANGE	

General: The patient is awake, alert appropriate and non-toxic appearing
The patient appears to be in no distress. 6/6 registration, recall 1 and 5 minutes, okay historical date, okay simple naming, spelling, calculations, 3 step commands, no right/left confusion, no staring off, no spacing out, no automatism, oriented to name,place, time of the day, day of the week, appropriately concerned about medical well being, did not know when she had last seen me, confused on dates and tells me that the XRT procedure with Dr. Travineck was in 8/2019 and then could not think and thought earlier this year, appears to have some confusion on her recall of events and dates. No pyschomotor retardation, no bradykinesia, no masked facies

The patient is a poor historian, Mood appears okay

Obesity

Cranial Nerves: EOMI , fundi sharp, no temporal artery tenderness, TMJ no tenderness with dislocated TMJ left joint, VFF, no field cut, PEARLA, aniceteric, normal sensation face and tongue midline, no dysarthria, non toxic appearing, shoulder shrug intact
Hearing was intact.
The smile is symmetric.

Motor :

Normal power
Reflexes 2 to 2+

Positive tenderness lumbar paraspinals and spinous proces tenderness, tightness cervial paraspinal and lumbar paraspinals,no florid spasm no cervical axial comrpession, no Lhermittes, no Spurlings, no Tinels at the fibular head, tarsal tunnel, no calve tenderness, no Homsna, no Tinels at the carpal tunnel , no Adsons and no Phalens

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

- MRI brain after reviewed the SDMI report from 2016 again with the patient
- likely a permanent neurocognitive disorder
- check all records
- eeg/nbt
- may try Namenda
- mind stimulation exercises
- seems to have no pain and not with pseudodementia but has difficulty with the memory focally and worsening. No clear family history of Alzheimers and no new focal stroke like history events being told
- face to face time 50 minutes, compliance, counseling, coordinationof care, records requested and chart reviewed with greater than 50% of the evaluation time on education

2. Cervical strain/headaches

- spine restrictions

3. Lumbar strain with leg pain/ache

- spine restrictions
- weight loss

4. Carpal tunnel syndrome

- wrist splints
- education
- reevaluate on follow up

Sincerely,

Russell J. Shah, MD

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 ReEvaluation

PATIENT NAME: SEKERA, JOYCE
DOB: 03-22-1956
Gender: F
Date of Injury: 11-04-2016
Date of Evaluation: 11-09-2019

JOYCE SEKERA was seen on 11-09-2019 for a neurologic reevaluation.

HISTORY OF INJURY

Date of Injury: 11-04-2016

Medications:

DATE	NAME	DOSAGE	SIG	DISCONTINUE DATE
11-09-2019	METFORMIN	500MG	QD	
10-23-2017	Metfomin			
07-10-2017	METFORMIN			
07-10-2017	CELEBREX			
05-02-2017	methocarbamol			
05-02-2017	ibuprofen			
04-11-2017	ZPAK		AS DIRECTED	
02-07-2017	ROBAXIN	UNKNOWN	PRN	
02-07-2017	METHOCARBOMOL	UNKNOWN	TWICE DAILY PRN	

12-20-2016	IBUPROFEN	600MG	1 TAB PRN HA	

REVIEW OF SYSTEMS

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.

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- wrist splints
- education
- reevaluate on follow up

Sincerely,

Russell J. Shah, MD

RADAR MEDICAL GROUP, LLP dba University Urgent Care

Russell J. Shah, MD
Neurology and Clinical Neurophysiology

Dipti R. Shah, MD
Internal Medicine/Nephrology

Mailing Address: 10624 S. Eastern Avenue, Ste. A-425 Henderson, Nevada 89052
Office: 702 644-0500 Fax: 702 641-4600 or 702 258-0566

Sign in Sheet

Date: 11-9-19 **Arrival Time:** 11:40

Are you a NEW patient? ☐ **Yes** ☑ **No**

Print Name: Joyce Sekera **D.O.B.:** 3-22-56
Telephone: 702 467 5457 Cell:
Address: 7840 Nesting Pine Place
City, State and Zip Code: Las Vegas NV 89143
Email: joycesekera@yahoo.com

Has your attorney/insurance changed? ☑ **Yes** ☐ **No**

If yes, who is your attorney/insurance carrier? : Claggett & Sykes

Patient Signature: Joyce Sekera

FAX AUTHORIZATION TO APPROPRIATE LOCATION

SimonMed
See Tomorrow Today

TAX ID: 47-0882665
36739

PATIENT NAME: SEKERA, JOYCE DOB: 03-22-1956 DATE: 11-09-201

PHONE: (702) 467-5457 INSURANCE: CLAGGETT & [illegible] INS. AUTH: ☐ LIEN

CLINICAL HX/DX: CONCUSSION/MEMORY IMPAIRMENT ☐ Transport Needed

HEALTHCARE PROVIDER NAME: (Print) RUSSELL J SHAH

HEALTHCARE PROVIDER SIGNATURE:

I hereby authorize SimonMed/SimonCare to act on my behalf to obtain any and all authorizations needed for the above named patient. I hereby certify that the test ordered are medically necessary for the diagnosis and treatment of this patient.

☒ ROUTINE FAX: 702-641-4890 ☐ STAT FAX: ☐ STAT CALL: ☐ PATIENT TO CARRY CD/FILMS

☐ CD ☐ FILMS TO: ☐ CC REPORT TO:

3D MAMMOGRAPHY
- ☐ Screening Mammogram (w/ follow up mammogram &/or ultrasound as indicated)
- ☐ Screening Whole Breast Ultrasound ○ 3D (w/ follow up mammogram &/or ultrasound as indicated)
- ☐ Diagnostic Mammogram (w/ ultrasound as indicated)
- ☐ Breast Ultrasound (w/ mammogram as indicated)
- ☐ Breast MRI with 3D Rendering w/wo GAD
- ☐ Breast Biopsy ○ U/S ○ MR ○ R ○ L

DEXA-BONE DENSITY
☐ Screening *(LVA as indicated)* ☐ Body Comp

ULTRASOUND (Doppler if indicated, 3D as indicated)
- ☐ Abdomen ☐ Abdomen LTD / RUQ
- ☐ Liver Duplex/TIPS
- ☐ Liver with Elastography (Fibroscan with imaging)
- ☐ Aorta/Iliac Duplex
- ☐ Mesenteric/Celiac Duplex ☐ Renal w/ Duplex
- ☐ Renal/Retroperitoneal (bladder if indicated)
- ☐ Pelvic TA with TV ☐ Scrotal with Duplex
- ☐ OB ○ 1st Trimester ○ 2nd / 3rd Trimester ○ Limited ○ Biophysical profile (BPP)
- ☐ Breast / Axilla ○ 3D
- ☐ Thyroid ☐ Carotid
- ☐ Venous LE with DVR(Reflux) ○ R ○ L ○ Bil
- ☐ Arterial LE with ABI ○ R ○ L ○ Bil
- ☐ Venous UE ○ R ○ L ○ Bil
- ☐ Arterial UE ○ R ○ L ○ Bil
- ☐ UE Venous/Arterial mapping for Dialysis Access Graft/Fistula
- ☐ Saphenous Vein mapping Pre or Post Ablation/Treatment
- ☐ Hysterosonogram
- ☐ Pyloric ☐ AAA Screening
- ☐ Duplex Graph/Stent Imaging

FLUOROSCOPY
- ☐ IVP (no tomo) ☐ Esophogram
- ☐ Esophogram/Barium Swallow ☐ UGI
- ☐ Small Bowel ☐ BE ☐ BE w/air

BIOPSY
- ☐ Thyroid ☐ Breast Ultrasound ○ R ○ L
- ☐ Soft tissue ☐ Breast MRI ○ R ○ L

CT (3D recon if indicated) (Stat if indicated)
☐ w/wo contrast per rad ☐ no IV contrast
- ☐ Abdomen (w/ pelvis if indicated) ☐ Enterography
- ☐ Abdomen with Pelvis
- ☐ Kidney Stone (A-P w/o) ☐ CT/IVP (urogram)
- ☐ Chest ○ High Res. ○ Lung Cancer Screening
- ☐ Brain
- ☐ Cardiac Score
- ☐ Pelvis (w/ abdomen if indicated)
- ☐ Sinus (maxillofacial) ☐ Neck (soft tissue)
- ☐ Sinus ○ Fusion ○ Stryker ○ Instatrak ○ Landmark/Medtronic
- ☐ Temporal Bones ☐ Orbits
- ☐ Spine: ○ C ○ T ○ L
- ☐ Scanogram (leg length)
- ☐ Extremity:
- ☐ CTA Brain (only) ☐ CTA Neck/Brain
- ☐ CTA (other)

PET/CT
- ☐ Skull base to thigh 78815
- ☐ Brain (FDG) 78608
- ☐ Whole Body (Melanoma) 78816
- ☐ Axumin (Recurrent Prostate Ca)

X-RAY [redacted]
- ☐ Abdomen: ○ 2 View ○ KUB
- ☐ Chest: ○ 1 View ○ 2 View
- ☐ Rib ○ R ○ L ○ Bil *Inc. Chest as indicated*
- ☐ Foot: ○ R ○ L ○ Bil
- ☐ Knee: ○ R ○ L ○ Bil
- ☐ Ankle: ○ R ○ L ○ Bil
- ☐ Elbow: ○ R ○ L ○ Bil
- ☐ Hand: ○ R ○ L ○ Bil
- ☐ Wrist: ○ R ○ L ○ Bil
- ☐ Shoulder: ○ R ○ L ○ Bil
- ☐ Hip (w/pelvis): ○ R ○ L ○ Bil
- ☐ Pelvis AP ☐ Scoliosis
- ☐ Spine Ltd. 3 Views: ○ C ○ T ○ L ○ Add Flex/Ext
- ☐ Spine Comp. 5 Views: ○ C ○ T ○ L ○ Add Flex/Ext
- ☐ Sinus: ○ Waters ○ Series

MRI ☐ w/wo contrast per rad ☐ no IV contrast
(3D recon if indicated) (Stat if indicated) (Orbital X-ray as needed)

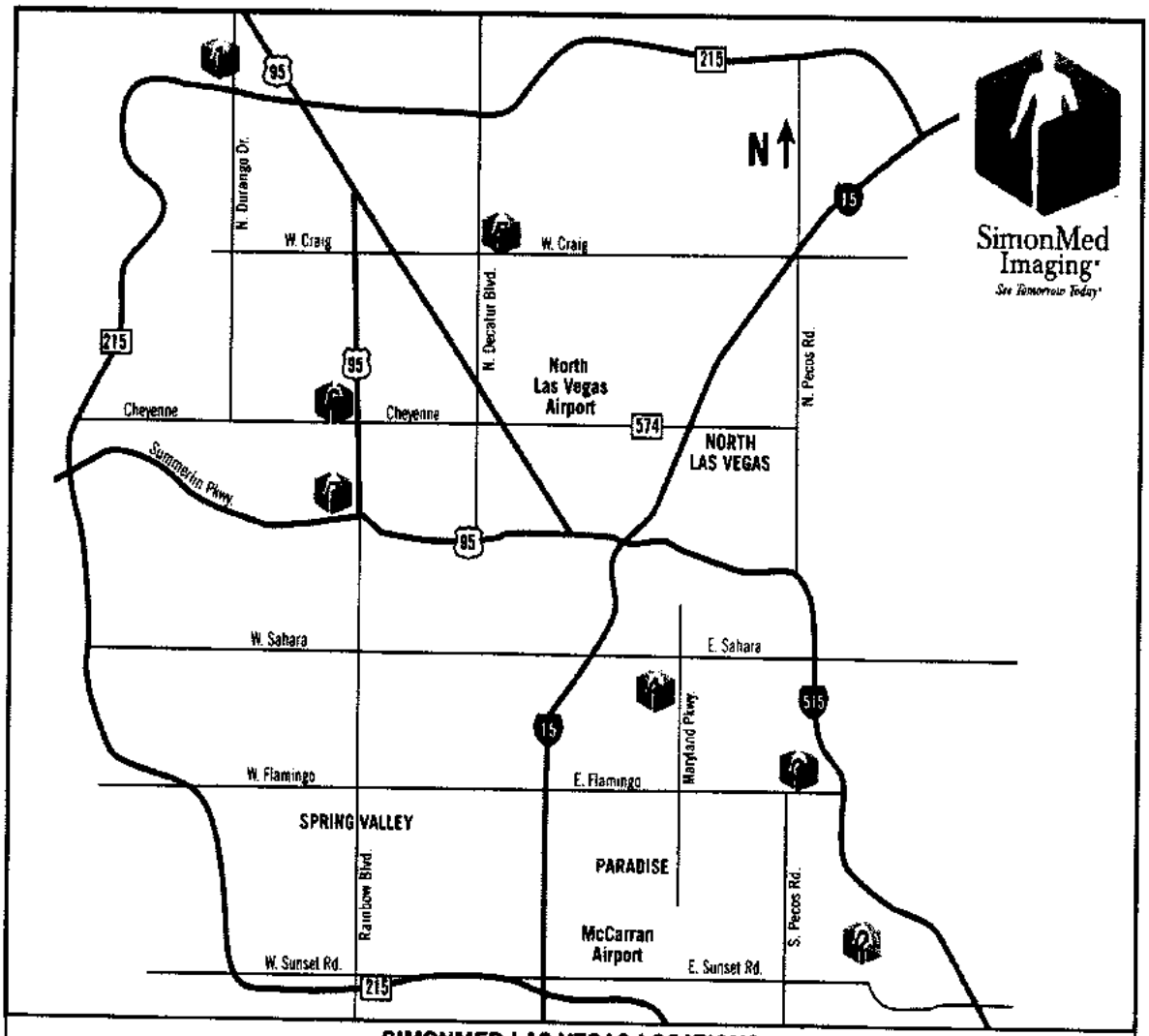
☒ Brain ○ w/MRA

MRI/MRA BRAIN INJURY PROTOCOL NO CONTRAST WITH DTI/SWI/NEUROQUANT WITH DR. SNYDER TO READ

- ☐ TMJ ☐ Neck MRA
- ☐ Neck Soft Tissue
- ☐ Brachial Plexus ○ R ○ L ○ Bil
- ☐ Chest
- ☐ Abdomen ☐ Eovist (Liver imaging) ○ Liver ○ Kidney ○ Adrenal Glands ○ MRCP ○ Enterography ○ Pancreas
- ☐ Pelvis ○ Bony ○ Soft Tissue
- ☐ Joint ○ R ○ L ○ Bil ○ Shoulder ○ Elbow ○ Wrist ○ Hip ○ Knee ○ Ankle
- ☐ MR Arthrogram: with imaging guidance as needed
- ☐ Extremity ○ R ○ L ○ Bil ○ Upper Arm ○ Forearm ○ Hand ○ Thigh ○ Calf ○ Foot
- ☐ Prostate
- ☐ Multi-Parametric Prostate (w/wo contrast)
- ☐ MRV: ○ Head ○ Legs/AVF

NUCLEAR MEDICINE
- ☐ Bone Scan ○ 3-phase ○ Limited ○ Whole Body ○ SPECT Location ○ Plain films per Radiologist as necessary
- ☐ MUGA ☐ Gastric Emptying
- ☐ HIDA w/CCK ☐ HIDA without CCK
- ☐ Renal Scans ○ Vascular Flow & Function ○ Lasix
- ☐ Liver/Spleen w/ SPECT
- ☐ DaTscan w/DaTQUANT
- ☐ Hemangioma w/ tagged RBC's
- ☐ Parathyroid/SPECT ☐ Thyroid Uptake
- ☐ VQ Lung Scan w/ 2 view Chest X-ray
- ☐ Gallium ○ Whole Body ○ Spect
- ☐ WBC ○ Limited ○ Whole Body ○ Dual Isotopes
- ☐ OctreoScan

SEKERA001488



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SIMONMED LAS VEGAS LOCATIONS

	Location	Address	Phone	Fax	3T MRI	Stand Up MRI	CT	Ultra-Sound	X-Ray	DEXA	Mammo	Fluoro	Nuc Med	C-ARM	PET/CT	Biopsy
1	CENTENNIAL HILLS	7540 Oso Blanca Rd. Unit 140 Las Vegas, NV 89149	702-658-4300	702-436-5459	✔		✔	✔	✔	✔	3D		✔		✔	
2	HENDERSON	6301 Mountain Vista Suite #103 Henderson, NV 89014	702-433-7216	702-433-7298	✔		✔	✔	✔	✔	3D				✔	
3	LAS VEGAS	3560 E. Flamingo Rd. Suite #100 Las Vegas, NV 89121	702-433-6944	702-433-6946	✔		✔	✔	✔	✔	3D	✔	✔			✔
4	MARYLAND PARKWAY	3061 S. Maryland Pkwy. Suite #102 Las Vegas, NV 89109	702-369-4570	702-369-4571	✔		✔	✔	✔							
5	NORTH LAS VEGAS STAND UP MRI	4640 W. Craig Rd. North Las Vegas, NV 89032	702-433-6971	702-433-7009		✔			✔							
6	NORTHWEST	7610 W. Cheyenne Ave. Las Vegas, NV 89129	702-665-5195	702-436-5458	✔		✔	✔	✔			✔				
7	SUMMERLIN	7455 W. Washington Ave. Suite #120 Las Vegas, NV 89128	702-433-6455	702-433-6508	✔		✔	✔	✔		3D			✔		✔

simonmed.com

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See Tomorrow Today

NEVADA CONTRACTED INSURERS AT SIMONMED IMAGING

TAX ID: 47-0882665

Absolute Solutions
Access to Healthcare-Womens
ADIN Healthcare/Fast360
Aetna
Ambetter
America's Choice Provider Network
+AMERIGROUP
Anthem BC/BS
Care IQ
CareMore
Champus
Cigna/Evicore
Cigna Local Plus
Coast2Coast
CompMed PPO
CoreChoice
Corvel
Coventry/First Health
$CULINARY
Government Employee Health Association (GEHA)
Healthcare Solutions
Healthsmart
$HPN
HomeLink Workman's compensation
Humana
$HUMANA GOLD
Liberty Health Share
Medicaid
Medicare
MGM - Workman's compensation
Magnetic Imaging Services
Medical Support Los Angeles
Multiplan
NaphCare, Inc.
One Health
One Health- Las Vegas Fire Fighters
OneCall
Orchid Medical-Work Comp
Prime Health Services
+SENIOR DIMENSIONS
Sierra At Work-UHC
Sierra EPO
Sierra Healthcare Options (SHO)
Sierra Health and Life (SHL)
Sierra Nevada Administrators
Silver Summit
+SMARTCHOICE
Southern NV Health District
Spreemo
$TEACHERS
Three Rivers Network
Tricare/Triwest
United Healthcare
United Medical Resources-TPA
US Imaging
We Care Medical Mall
Women's Health Connections

RED: NOT CONTRACTED / SOUT-OF-NETWORK PLAN ~ LOW CASH PRICES AVAILABLE. +MEDICAID PLANS UNABLE TO OFFER CASH PRICING

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www.simonmed.com

In House Scheduling and Information Request

Date 11-09-2019 Patient Name SEKERA, JOYCE DOB: 03-22-1956

Diagnosis/symptoms/indication: _____

___Follow up ___1 day ___2 days ___3 days ___1 wk ___2 wk ___3 wk
X 1 month ___2 mo ___no ___6 mo ___12 mo
___ReEvaluation ___1wk ___2mo ___3mo ___6mo ___12mo

11/11/2019 1:43:49 PM
Janette Holguin
Pt: SEKERA, JOYCE
DOB: 3/22/1956
-FU APPT IS SCHEDULED FOR 12/18/19-JH

___EMG/NCV ___upper ___lower ___upper+lower ___with follow up same day
___EMG ___upper ___lower ___upper+lower ___with follow up same day
___NCV ___upper ___lower ___upper+lower ___with follow up 30 minutes
___NCV ___Carpal tunnel
___NCV ___brachial Plexus
___NCV ___Plantar
___SSEP ___upper ___lower ___upper+lower ___ Cranial
X EEG Awake ___ EEG Awake/Asleep ___EEG over 1 hour
___Ambulatory EEG x ____ day(s)
X Neurobehavioral ___protocol
___Neurofeedback therapy 4 X/week X4 we

11/11/2019 1:44:18 PM
Janette Holguin
Pt: SEKERA, JOYCE
DOB: 3/22/1956
-APPT FOR NBT AND EEG IS SCHEDULED FOR 12/03/19-JH

___BAER
___VER
___TCD ___TCD 30 minute emboli detection ____ TCD emboli bubble study(with MD)
___Carotid ultrasound
___ Carotid duplex
___2 D Echo
___ 2 D Echo with bubble study
___ 12 lead EKG
___ Cardiac stress test Evaluation
___ Vascular ultrasound : _____
___ ABI – ankle brachial index
___X-rays: _____
___Request information of _____
___Obtain ___MRI report, ___MRI films, ___CT's, ___ER/hospital records, ___notes of refer source
Location: _____

X Obtain Dr. Jason Garber; Dr. William Smith ; Dr. Andrew Cash; Pain Institute of Nevada- Dr. Travineck 2018/2019 records; Steinberg Diagnostic medical records _____

11/11/2019 1:44:42 PM
Janette Holguin
Pt: SEKERA, JOYCE
DOB: 3/22/1956
-RECORDS REQUESTED 11/11/19-JH

___Notify _____
___Send all treating doctor(s) ___MRI's, ___c___u, ___test results, ___labs
___No Show Appt-contact patient to resched___tient for them to reschedule
___D/c to Primary treating physician for further care
___D/c to Primary care physician for further care
___D/c from clinic (patient informed)
___Contact WC insurance adjustor/notify of current status/authorizations
___Resubmit authorizations already pending/denied/awaiting in the past for procedures requested

RADAR MEDICAL GROUP LLP

Russell J. Shah MD

Neurology and Clinical Neurophysiology

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

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

PRESCRIPTION – In house Medication Dispensing

Date 11-09-2019

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

Phone # (702) 467-5457 **Secondary Phone #:** (702) 467-5457

Primary Insurance and/or Payor: CLAGGETT & SYKES LAW FIRM

Diagnosis/symptoms/indication: _____

Medication Dispense (In house only dispense at only time of check-out per policy)

____Gabapentin 300 mg	# 30	____Gabapentin 300 mg	# 90	
____Amitryptline 10 mg	# 30	____Amitryptline 25 mg	# 30	
____Flexeril 10 mg	# 30	____Flexeril 10 mg	# 90	
____Soma 350 mg	# 30	____ Soma 350 mg	# 60	
____Norco	# 30	____ Norco	# 60	
____ Hydrocodone 5/325	# 30	____ Hydrocodone 5/325	# 60	
____ Hydrocodone 7.5/325	# 30	____ Hydrocodone 7.5/325	# 60	
____ Lyrica 50 mg	# 30	____ Lyrica 50 mg	# 90	
____ Prilosec 20 mg	# 30	____ Prilosec 20 mg	# 60	
____ Paxil 10 mg	# 30	____ Paxil 20 mg	# 30	____ Paxil 40 mg #30
____ Cymbalta 20 mg	# 30			
____ Depakote 250 mg	# 30	____ Depakote 250 mg	# 60	
____ Topiramate 25 mg	# 25	____ Topiramate 25 mg	# 60	
____ Fiorcet	# 30	____ Fiorcet	# 60	
____ Prevacid 20 mg	# 30			

____Other: _____

Physician Signature: _____

RADAR MEDICAL GROUP LLP

Russell J. Shah MD

Neurology and Clinical Neurophysiology

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

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

PRESCRIPTION

Date 11-09-2019

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

Phone # (702) 467-5457 Secondary Phone #: (702) 467-5457

Primary Insurance and/or Payor: CLAGGETT & SYKES LAW FIRM

Diagnosis/symptoms/indication: _____

___Carotid U/S, ___Echo–2D, ___Transesophageal Echo, ___Echo w/ bubble study, ___ EKG

___CT Scan of _____ without contrast

___MRI of _____ without contrast
___MRI brain 3 tesla with SWI and DTI _____
___MRA of _____ with / without contrast ___MRV of Brain
___Upright MRI flexion/extension/lateral bending ___cervical ___ lumbar
___ SPECT brain ___PET brain ___Fluoroscopic guided Lumbar Puncture ___Sleep Study

___ Digital x-ray: _____

___ Other: _____
___ LABS: ___CBC ___CMP ___TSH ___T4 ___HgbA1C ___RPR ___ESR
___ANA ___Serum heavy metals ___Urine heavy metals 24 hr ___ACE
___Fasting lipid profile ___Cholesterol profile ___ AM cortisol level
___ Other: _____
___Physical therapy evaluation ___ with treatment 3 x week for 4 weeks
___Occupational therapy evaluation ___ with treatment 3 x week for 4 weeks
___Balance therapy evaluation
___Consult Internal Medicine for medication management
___Consult ___Pain management ___Spine Orthopedic surgeon ___Orthopedic
___Neurosurgery ___Neuropsychology ___Psychiatry
___Primary care ___Cardiology ___Endocrinology
___Opthalmology ___Urology ___Podiatry

___Consult _____
___ F/u ___ 1 week ___ 4 weeks ___ 12 weeks
___ Re-eval ___ 1 week ___ 4 weeks ___ 12 weeks ___ 6 months ___ 1 yr

Physician Signature: _____

*Please fax all results to (702) 641-4600 *For abnormal results, please call Dr. Russell J. Shah at (702) 644-0500

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PRESCRIPTION - Referrals

Date 11-09-2019

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

Phone # (702) 467-5457 **Secondary Phone #:** (702) 467-5457

Primary Insurance and/or Payor: CLAGGETT & SYKES LAW FIRM

Diagnosis/symptoms/indication: _____

___Physical therapy evaluation ___ with treatment 3 x week for 4 weeks
___Occupational therapy evaluation ___ with treatment 3 x week for 4 week
___Speech therapy evaluation ___ with appropriate continued treatment per evaluation
___Balance therapy Eval ___ w/treat 3 x week for 4 weeks ___Werner ___Balance Center of NV
___Neuroskills for Brain Injury Rehabilitation assessment

___Consult Internal Medicine for medication management
___Consult Internal Medicine
___Consult Primary treating physician
___Consult ___Pain management ___Spine Orthopedic surgeon ___Orthopedic
___Neurosurgery ___Neuropsychology ___Psychiatry
___Primary care ___Cardiology ___Endocrinology
___Opthalmology ___Urology ___Podiatry

___Consult _____

___Other: _____

___Other: _____

Physician Signature: _____

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PRESCRIPTION

Date 11-09-2019

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

Phone # (702) 467-5457 **Secondary Phone #:** (702) 467-5457

Primary Insurance and/or Payor: CLAGGETT & SYKES LAW FIRM

Diagnosis/symptoms/indication: _____

____**Cane**

____**Crutches**

____**4 pronged cane**

____**Electric scooter**

____**Manual wheelchair (folding)**

____**Electric wheelchair**

____**Motor vehicle kit for mobility equipment**

____**Transportation for mobility**

____**Home Health evaluation:** _____

____**TENS unit for spinal pain**

____**Wrist supports and / or splints for possible or probable carpal tunnel syndrome bilateral**

____ **Gym membership for indoor aqua therapy / pool resistance / yoga instruction / endurance for imbalance, cognitive and spinal conditioning, stress reduction, and / or sleep improvement**

Physician Signature: _____ SEKERA001495

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Neurology and Clinical Neurophysiology

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

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

WORK and DISABILITY STATUS

Date 11-09-2019

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

Phone # (702) 467-5457 **Secondary Phone #:** (702) 467-5457

Diagnosis/symptoms/indication: _____

____Patient was seen today. Please excuse patient today from school/work today

____Treating Disability status:

____TTD- (Temporary Total Disability) ___3days ___1 wk ___2 wk ___ TTD X6 weeks

____ Partial Disability X 48 hours ___ Partial Disability on-going ___ Partial Disability X 6 weeks

____ Partial Disability Permanent ___ Permanent full Disability ___ P&S with on-going care

____ Return to work with full work duties
____ Return to work with modified work duties

____ Work Restriction: _____
____ Work Restriction: No lifting above head, no lifting over 10 lbs
____ Work Restriction: No repetitive head turning, no prolonged computer monitor use
____ Work Restriction: No repetitive bending, no kneeling, no prolonged standing, no prolonged sitting, no prolonged driving without breaks every 20 minutes
____ Work Restriction: No stressful environments (i.e. customer service) or urgent situation position

____Jury duty medically disabled at this time on a ____permanent basis
____Jury duty medically disabled on a temporary basis till anticipated date of _____
____Patient is disabled and recommended to have FMLA filled out if eligible employee
____Patient is disabled and recommended to have Social Security Disability application filled

Physician Signature: _____ SEKERA001496

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PRESCRIPTION - LABS

Date 11-09-2019

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

Phone # (702) 467-5457 **Secondary Phone #:** (702) 467-5457

Primary Insurance and/or Payor: CLAGGETT & SYKES LAW FIRM

Secondary Insurance and/or Payor: _____

Diagnosis/symptoms/indication: _____

____**Neuropathy** ____**Mild memory impairment** ____**Fatigue**

____ **CBC** ____ **Comprehensive Metabolic Profile 18/20**

____ **TSH** ____ **T4** ____ **HgbA1C**

____ **RPR** ____ **Lyme Antibody** ____ **HIV**

____ **ESR / Sed rate** ____ **ANA** ____ **Autoimmune Profile**

____ **Serum heavy metals** ____ **Urine heavy metals 24 hours**

____ **Urine pregnancy test** ____ **Serum pregnancy test** ____ **Testosterone level**

____ **Serum ACE level**

____ **Fasting lipid profile** ____ **Cholesterol profile** ____ **AM cortisol level**

____ **Other:** _____

Physician Signature: _____

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Neurology and Clinical Neurophysiology

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

PRESCRIPTION - Referrals

Date 11-09-2019

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

Phone # (702) 467-5457 **Secondary Phone #:** (702) 467-5457

Primary Insurance and/or Payor: _____

Diagnosis/symptoms/indication: _____

_____**Consult** _____

_____**Consult Primary Care** _____

_____ **Consult Neuroskills for brain injury rehabilitation assessment**

_____ **PET brain University of California Irvine with Dr. Wu for Brain injury PET Evaluation**

_____ **Consult Lou Ruvo Alzheimer's Center, Las Vegas, NV for cognitive impairment assessment**

_____ **Consult ANS-autonomic nervous system evaluation /impairment at UCLA**

_____ **Consult Cardiology for possible Tilt table test and autonomic impairment assessment**

_____ **Consult pain management**

_____ **Consult spine surgeon** _____ **Consult neurosurgery**

_____ **Consult Stanford Neurosurgery program at Henderson via St. Rose Hospital Sienna location**

_____ **Consult Cardiology** _____**Consult Endocrinology** _____**Consult Podiatry**

_____ **Consult Orthopedic** _____**Consult Psychiatry** _____**Consult Opthalmology**

Physician Signature: _____

RUSSELL J. SHAH MD
Neurology and Clinical Neurophysiology

TEST PRESCRIPTION and INFORMATION REQUEST

Patient Name SEKERA, JOYCE **DOB:** 03-22-1956 **Date** 11-09-2019

Phone# (702) 467-5457 **Secondary Phone#** _____

Primary Ins/Payor: CLAGGETT & SYKES **Secondary Ins/Payor** _____

Diagnosis/symptoms: concussion/memory impairment

____follow ___2wk ___3wk ___4wk ___6wk ___8wk ___12wk ___6mo ___12mo

____Courtesy call ___4mo ___6mo ___12mo ___18mo

____EMG/NCV ___upper ___lower ___upper/lower ___with follow-up

____EMG ___upper ___lower ___upper/lower ___with follow-up

____EEG-Electroencephalogram complete

____Ambulatory EEG x____day(s) ___BAER(15min) ___VER(15min)

____TCD ___add 30minute emboli detection, ___add bubble study(with MD), ___add CVR

____Carotid U/S ___Echocardiogram-2D ___EKG

____NCV ___upper ___lower ___upper/lower ___Neurobehavioral ___MSLT

____X-rays: _____

____CT scan of brain/MRA brain brain injury protocol NO contrast with DTI/SWI/Neuroquant with Dr. Snyder to read without contrast / with and without contrast

X MRI of _____ / with and without contrast

11/11/2019 1:42:24 PM
Janette Holguin
Pt: SEKERA, JOYCE
DOB: 3/22/1956
-REFERRAL WAS SENT 11/11/19-JH

____Physical therapy evaluation ___with tre___k for ____weeks

____Occupational therapy evaluation ___with tre___k for ____weeks

____Balance therapy evaluation ___with treatment___ X week for ____weeks

____Consult ___pain management ___psychology ___internal medicine ___spine surgeon

____Consult _____

____Other: _____

____Request information of _____

____Obtain ___MRI report ___MRI films ___CT report ___ER/Hosp recs ___Ref med recs

____Notify _____

____Send all tx doctor(s) ___MRI's report, ___consult/f/u, ___recent f/u, ___test results, ___labs

____No show appt.-please reschedule and notify inform referring sources of notice to reschedule

____No show to test/procedure

____D/c to primary treating physician for further care

____D/c to primary care physician for further care

____D/c from clinic-no further F/U at this time is necessary/patient will make appt. as needed.

Physician Signature: Russell J Shah

*Please fax all results to (702) 641-4600 and send copies of report to _____
*For abnormal results, please call Dr. Russell J. Shah at (702) 644-0500

36739

RADAR MEDICAL GROUP, LLP

University Urgent Care

Russell J. Shah, MD — General Neurology
Dipti R. Shah, MD — Internal Medicine/Nephrology
2628 W. Charleston Blvd., Las Vegas, Nevada 89102
2486 W. Horizon Ridge Parkway, Ste. 120, Henderson, Nevada 89052
Office: 702 644-0500 Fax: 702 641-4600
Urgent Care: 702 644-CARE Fax: 702 256-0566
(2273)

Date: 11-09-2019

Patient's Name: SEKERA, JOYCE DOB: 03-22-1956

PHYSICAL EXAM:

Vitals: T: 98.5 BP: 152/72 P: 73 Wt: 205.6 Ht: 66.0

Visual Acuity: OD _____ OS _____

ANY ALLERGIES:

NKA

PLEASE LIST ALL MEDICATION(S) & DOSAGE:

Metformin 500mg QD

PLEASE LIST ALL TREATING PHYSICIANS REGARDING YOUR CONDITION:

Completed by: [signature]

3*267919*2019-11-09*5401*0*NOSIG*1*1

SEKERA001500