

OFFICE OF THE CITY CLERK
Milwaukee Wisconsin

CITY OF MILWAUKEE

CITY OF MILWAUKEE
CLERK

INSTRUCTIONS FOR FILING A CLAIM
AGAINST THE CITY OF MILWAUKEE

APR 16 PM 3:22

OFFICE OF
CITY ATTORNEY

To file a claim against the City a claimant must comply with Section 893.80(1), Wis. Stats., a copy of which is printed on the reverse side of this instruction sheet. Generally the statute requires the claimant to submit to the City Clerk:

ADDITIONAL INFORMATION

Before you can file a lawsuit against the City of Milwaukee for reimbursement, State law requires that you first follow the claim procedures established by the City Clerk.

1. A document stating the circumstances of the claim which must be signed by the claimant, or his/her agent or attorney. This document should be filed within 120 days of the event.

Filing a claim against the City does not automatically guarantee reimbursement from the City. However, the City examines each claim on an individual basis in determining if reimbursement is legally required.

2. A document stating the address of the claimant and a statement of the relief sought. If money damages are sought, a specific sum must be stated.

In order to obtain reimbursement for a claim against the City, you must prove that the City or its employees acted unlawfully, or negligently.

(The above information may be combined in a single document.)

Only the City Attorney or the Common Council and the Mayor can authorize payment of a claim against the City. Any other representations made by City employees are not legally binding on the City.

The following information should also be submitted to allow the City to promptly act on your claim:

1. Proof of the amount of the claim by means of either itemized receipts or two itemized estimates.

of line a love my niece had to stay with me and take to Dr. Dad want let alone

2. A phone number where the claimant can be reached during business hours.

she missed 2 weeks of the day off the surgery I was in section hospital

3. As detailed a description of the incident as possible, including the date, time and place.

All information should be submitted to:

City Clerk
ATTN: CLAIMS
200 E. Wells St., Room 205
Milwaukee, WI 53202-3567



*It happened 3/30/07 Fri 11:10 PM
I was on my way to a Dr appt at 788 W. Jefferson St I fell facedown my arms were left arm break like a broken piece of celery I had no one to help me up until to
young ladies or gentlemen at the street
21st St. look home in the street*

PATIENT: COLLA, ANTOINETTE A
 DOB: 12/04/1928

DATE OF EXAM: 03/30/07
 REFERRING PHYSICIAN: Latha Raja Shankar, M.D.

EXAM: LEFT ELBOW

HISTORY: Trauma.

Bones are demineralized. There is joint effusion. There is a complete avulsed fracture involving what appears to be the capitellum. This is displaced anteriorly and superiorly. The remaining humeroulnar articulation and radial articulation appear intact.

CONCLUSION: Complete dislocated fracture of the capitellum as described above. Bones demineralized. Joint effusion.

Charles Locher, M.D.
 Radiologist

CL/km/km
 DD: 04/03/2007 08:14:13
 DT: 04/03/2007 09:13:55
 R: 04/03/2007 09:13:55
 22889832

CC:

DOB: 12/04/1928

I have pictures

*she stuff at urgent could just
 send me home. no explanation at all
 how they gave my niece an shot.
 the treatment was the had to go
 worse made me wait
 Fri, Sat, Sun and Monday to
 Dr Wright took X Ray to talk to me
 to operation. I've opid 2nd a week
 later to the doing another surgery.
 I am not a very good to get it written
 right. I still cant use my left
 arm or elbow. there is still a left pain*

- Helmut Ammon, MD
- Kathleen A. Baugrud, MD
- John R. Betz, MD
- Gholi G. Danesh, MD
- Kevin J. DiNapoli, MD
- Vincents J. Dindzans, MD
- Patricia J. Dolhun, MD
- Christopher J. Drayna, MD
- Elaine C. Drobny, MD
- Mitchell M. Jacobson, MD
- David Kern, MD
- Unchu Ko, MD
- Sanford R. Malkin, MD
- Patrick Regan, MD
- John G. Sandas, MD
- Chad Stepke, MD
- James P. Volberding, MD

*The way the fall hit me I think
 all the money. bump*

CLAIM INFORMATION REPORT

PATIENT DATA

PATIENT'S NAME Antoinette A. Colla HOME PHONE# 414-272-6786
 ADDRESS 1027 East Pleasant Street #103 CITY Milwaukee ST WI ZIP 53202
 EVENT# 8872895 BIRTH DATE 12/4/28 SEX M F (PLEASE CIRCLE ONE)

INJURY FACTS

WHAT WAS PATIENT'S TREATMENT FOR?
 WAS YOUR TREATMENT DUE TO: (PLEASE CHECK ONE BELOW) STILL BEING TREATED? YES NO
 ILLNESS/CONDITION
 INJURY AT HOME PLEASE DESCRIBE resulted in
 MOTOR VEHICLE PLEASE DESCRIBE Broken left arm -
 WORK RELATED INJURY/CONDITION COMPLETE SECTION I & II 2 surgeries
 INJURY AT OTHER LOCATION COMPLETE SECTION I & III 1st surgery not successful
 COMPLETE SECTION I & IV

SECTION I

ACCIDENT LOCATION Jefferson Street & Mason Street DATE OF INJURY OR ONSET 3/30/07
 ADDRESS Alley area CITY Milwaukee COUNTY Milwaukee ST WI 1:00 P.M.
 WAS POLICE REPORT MADE? YES NO NAME OF POLICE DEPT
 ACCIDENT DETAILS Construction area - Ms. Colla tipped on loose gravel face down - photos taken
 CONTINUE WITH DETAILS ON REVERSE SIDE OR ATTACH ADDITIONAL SHEET IF NECESSARY.

SECTION II AUTO

YOUR AUTO INS CO N.A. POLICY IN THE NAME OF
 ADDRESS CITY ST ZIP POLICY#
 DID YOU FILE A CLAIM WITH YOUR INS CO? YES NO CLAIM# PHONE# ()
 NAME OF OTHER DRIVER ADJ NAME
 ADDRESS CITY ST ZIP PHONE# ()
 OWNER OF VEHICLE N.A. CITY ST ZIP PHONE# ()
 ADDRESS CITY ST ZIP PHONE# ()
 THEIR AUTO INS CO POLICY IN THE NAME OF
 DID YOU FILE A CLAIM WITH THEIR INS CO? YES NO CLAIM# POLICY#
 ADJ NAME

SECTION III WORKERS COMP

EMPLOYER'S NAME N.A. OCCUPATION
 ADDRESS CITY ST ZIP PHONE# ()
 DID YOU FILE A WORK COMP CLAIM? YES NO EMPLOYER CONTACT
 WORK COMP INS CO ADJ NAME CLAIM#
 ADDRESS CITY ST ZIP PHONE# ()

SECTION IV PROPERTY

NAME OF PROPERTY OWNER City of Milwaukee
 ADDRESS CITY ST ZIP PHONE# ()
 OWNER'S INS CO POLICY IN THE NAME OF POLICY#
 DID YOU FILE A CLAIM? YES NO CLAIM# ADJ NAME

ATTORNEY INFO

COMPLETE IF ATTORNEY IS HANDLING THIS CLAIM
 ATTORNEY No ADDRESS CITY ST ZIP PHONE# ()

I hereby certify that I have carefully read the contents of the above report and that the information therein is true and accurate.

X Antoinette A Colla 6/28/07 he
 Patient's Signature (or Legal Guardian) Date
When I fell over stairs - floor was - saw handrails on

#1
CSM — Cathedral Square
 Urgent Care Center 277-6500

eat

Patient Name: Colla, Antoinette
 DOB: 12/4/28
 MR#: 8658131

DATE: 3/30/07 CHIEF COMPLAINT: left arm pain
 Illness Result of job? Y N Last Tetanus: allergic to Immun UTD

Primary Physician: m Jackson
 Weight: 175# Kg: N/A LMP: N/A

Patient Condition/Transport on Arrival Good Fair Ambulatory Wheelchair Carried
 ALLERGIES: NKDA Latex tetanus

TIME: 1574
 TEMP: 98.0
 P: 68
 RESP: 14/20
 B/P: 142/54
 Pulse Ox: 97
 VISUAL ACUITY: R: R L: L BOTH: BOTH

MEDICATIONS: Lipitor meclizine
 NONE K+ parit

Nurse/MA Note: Fell near Madison Medical over a big hump in side walk. Bit knee's bruised & scraped up. left arm hurts from elbow on down.

PMHx: Dizziness Depression
 SHx: Tobacco ETOH Drugs

Pain Scale: 10/10 Swelling: Swelling Signature: S. Parkes

Physician Note: fell on the pavement landed on her (A) hand & head injury. unable to move (B) elbow. (B) knees have bruises on exam (C) + (D) knee - a few abrasions. Feel ROM of (B) knee (E) left elbow - unable to check along 2° to pain. Neurovascular intact. Hand grasp equal bilat

PHx: CA

EXAM	WNL	See Note
Const	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/> After
TMs/Canals	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses	<input type="checkbox"/>	<input type="checkbox"/>
Tonsils	<input type="checkbox"/>	<input type="checkbox"/>
Muc Mem	<input type="checkbox"/>	<input type="checkbox"/>
CV	<input type="checkbox"/>	<input type="checkbox"/>
RESP	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc/Skel	<input type="checkbox"/>	<input type="checkbox"/>
Skin/Breasts	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Psych	<input type="checkbox"/>	<input type="checkbox"/>

Physician Orders and Results: Radial Distal Humeral Good cap

Discharge: Good Serious
 Stable Critical
 Disposition: Home Transport
 Ambulatory Wheelchair
 Cart Carried

Impression: (E) humeral - distal Fr.

Discharge Plan: Instructions/Medications: Distal knee abrasions
(D) post-splint care instructions follow up with Dr. Wright/Krone - call 332-6262
Tylenol #3 1 tablet every 4-6 hours as needed for pain.
 Follow up with your doctor in 3 days if not better. Sooner, if worse.

Work Excuse No Yes, for 3 days
 I have received and understand the discharge instructions.
 Patient Signature: X Antoinette A Colla

Discharge Time: 0450
 Physician Signature: [Signature]



PATIENT: COLLA, ANTOINETTE A
DOB: 12/04/1928

DATE OF EXAM: 03/30/07
REFERRING PHYSICIAN: Latha Raja Shankar, M.D.

EXAM: LEFT ELBOW

HISTORY: Trauma.

Bones are demineralized. There is joint effusion. There is a complete avulsed fracture involving what appears to be the capitellum. This is displaced anteriorly and superiorly. The remaining humeroulnar articulation and radial articulation appear intact.

CONCLUSION: Complete dislocated fracture of the capitellum as described above. Bones demineralized. Joint effusion.

Charles Locher, M.D.
Radiologist



CL/km/km
DD: 04/03/2007 08:14:13
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22889832

CC:

DOB: 12/04/1928

Heinut Ammon, MD
Kathleen A. Baugrud, MD
John R. Betz, MD
Gholi G. Danesh, MD
Kevin J. DiNapoli, MD
Vincent J. Dindzans, MD
Patricia J. Dolhun, MD
Christopher J. Drayna, MD
Elaine C. Drobny, MD
Mitchell M. Jacobson, MD
David Klein, MD
Unchu Ko, MD
Sanford R. Malkin, MD
Patrick Regan, MD
John G. Sanidas, MD
Chad Stepke, MD
James P. Voibering, MD

3/30/07

Antoinette Colla:

After informed (Verbal) consent
& discussing alternate options
including going to ER for pain
management, posterior splintage
done c elbow in comfortable
degree of flexion.

This is not true

~~R. Antoinette~~

3/30/07

Antoinette Galla:

After informed (verbal) consent
& discussing alternate options
including going to ER for pain
management, postural splinting
done & elbow in comfortable
degree of flexion.

~~R. Galla~~

Antoinette Colla.

3/30/07

After informed (verbal) consent
& discussing alternate options
including going to ER for pain
management, postural splinting
done & elbow in comfortable
degree of flexion.

~~R. Colla~~



PATIENT: COLLA, ANTOINETTE A
DOB: 12/04/1928

DATE OF EXAM: 03/30/07
REFERRING PHYSICIAN: Latha Raja Shankar, M.D.

EXAM: LEFT ELBOW

HISTORY: Trauma.

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Charles Locher, M.D.
Radiologist

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cc:

DOB: 12/04/1928

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Mitchell M. Jacobson, MD
David Klein, MD
Unchu Ko, MD
Sanford R. Mahn, MD
Patrick Regan, MD
John G. Sanidas, MD
Chad Stepke, MD
James P. Voibering, MD



MADISON MEDICAL
DOWNTOWN, CATHEDRAL SQUARE

PATIENT: COLLA, ANTOINETTE A
DOB: 12/04/1928

DATE OF EXAM: 03/30/07
REFERRING PHYSICIAN: Latha Raja Shankar, M.D.

EXAM: LEFT ELBOW

HISTORY: Trauma.

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Radiologist



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cc:

DOB: 12/04/1928

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- Gholi G. Danesh, MD
- Kevin J. DiNapoli, MD
- Vincent J. Dindzans, MD
- Patricia J. Dolhun, MD
- Christopher J. Dreyfus, MD
- Eliane C. Drobny, MD
- Mitchell M. Jacobson, MD
- David Klein, MD
- Unchu Ko, MD
- Sanford R. Malkin, MD
- Patrick Regan, MD
- John G. Sanidas, MD
- Chad Stepke, MD
- James P. Volberding, MD

CLAIM INFORMATION REPORT

PATIENT DATA

PATIENT'S NAME Antoinette A. Colla HOME PHONE# 414-272-6786
 ADDRESS 1027 East Pleasant Street #103 CITY Milwaukee ST WI ZIP 53202
 EVENT# 8876895 BIRTH DATE 12/4/28 SEX M F (PLEASE CIRCLE ONE)

INJURY FACTS

WHAT WAS PATIENT'S TREATMENT FOR?
 WAS YOUR TREATMENT DUE TO: (PLEASE CHECK ONE BELOW) STILL BEING TREATED? YES NO
 ILLNESS/CONDITION PLEASE DESCRIBE resulted in
 INJURY AT HOME PLEASE DESCRIBE Broken left arm -
 MOTOR VEHICLE COMPLETE SECTION I & II 2 surgeries
 WORK RELATED INJURY/CONDITION COMPLETE SECTION I & III 1st surgery not successful
 INJURY AT OTHER LOCATION COMPLETE SECTION I & IV

SECTION I

ACCIDENT LOCATION Jefferson Street & Mason Street DATE OF INJURY OR ONSET 3/30/07
 ADDRESS Alley area CITY Milwaukee COUNTY Milwaukee ST WI 1:00 P.M.
 WAS POLICE REPORT MADE? YES NO NAME OF POLICE DEPT
 ACCIDENT DETAILS Construction area - Ms. Colla tripped on loose gravel face down - photos taken.
 CONTINUE WITH DETAILS ON REVERSE SIDE OR ATTACH ADDITIONAL SHEET IF NECESSARY.

SECTION II AUTO

YOUR AUTO INS CO N.A. POLICY IN THE NAME OF _____ POLICY# _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____ PHONE# () _____
 DID YOU FILE A CLAIM WITH YOUR INS CO? YES NO CLAIM# _____ ADJ NAME _____
 NAME OF OTHER DRIVER _____
 ADDRESS N.A. CITY _____ ST _____ ZIP _____ PHONE# () _____
 OWNER OF VEHICLE _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____ PHONE# () _____
 THEIR AUTO INS CO _____ POLICY IN THE NAME OF _____ POLICY# _____
 DID YOU FILE A CLAIM WITH THEIR INS CO? YES NO CLAIM# _____ ADJ NAME _____

SECTION III WORKERS COMP

EMPLOYER'S NAME N.A. OCCUPATION _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____ PHONE# () _____
 DID YOU FILE A WORK COMP CLAIM? YES NO EMPLOYER CONTACT _____
 WORK COMP INS CO _____ ADJ NAME _____ CLAIM# _____
 ADDRESS _____ CITY _____ ST _____ ZIP _____ PHONE# () _____

SECTION IV PROPERTY

NAME OF PROPERTY OWNER City of Milwaukee
 ADDRESS _____ CITY _____ ST _____ ZIP _____ PHONE# () _____
 OWNER'S INS CO _____ POLICY IN THE NAME OF _____ POLICY# _____
 DID YOU FILE A CLAIM? YES NO CLAIM# _____ ADJ NAME _____

ATTORNEY INFO

COMPLETE IF ATTORNEY IS HANDLING THIS CLAIM
 ATTORNEY No ADDRESS _____
 CITY _____ ST _____ ZIP _____ PHONE# () _____

I hereby certify that I have carefully read the contents of the above report and that the information therein is true and accurate.

X Antoinette A Colla 6/28/07
 Patient's Signature (or Legal Guardian) Date
I showed her my purse blew open and lost my bearings

CLAIM INFORMATION REPORT

PATIENT DATA

PATIENT'S NAME Antoinette A. Colla HOME PHONE# 414-272-6786
 ADDRESS 1027 East Pleasant Street #103 CITY Milwaukee ST WI ZIP 53202
 EVENT# 8876895 BIRTH DATE 12/4/28 SEX M (PLEASE CIRCLE ONE)

INJURY FACTS

WHAT WAS PATIENT'S TREATMENT FOR?
 WAS YOUR TREATMENT DUE TO: (PLEASE CHECK ONE BELOW) STILL BEING TREATED? YES NO
 ILLNESS/CONDITION PLEASE DESCRIBE Resulted in:
 INJURY AT HOME PLEASE DESCRIBE Broken left arm -
 MOTOR VEHICLE COMPLETE SECTION I & II 2 surgeries
 WORK RELATED INJURY/CONDITION COMPLETE SECTION I & III (1st surgery not successful)
 INJURY AT OTHER LOCATION COMPLETE SECTION I & IV

SECTION I

ACCIDENT LOCATION Jefferson Street & Mason Street DATE OF INJURY OR ONSET 3/30/07
 ADDRESS Alley area CITY Milwaukee COUNTY Milwaukee ST WI 1:00 P.M.
 WAS POLICE REPORT MADE? YES NO NAME OF POLICE DEPT
 ACCIDENT DETAILS Construction area - Ms. Colla tripped on loose gravel face down - photos taken
 CONTINUE WITH DETAILS ON REVERSE SIDE OR ATTACH ADDITIONAL SHEET IF NECESSARY.

SECTION II

YOUR AUTO INS CO N.A. POLICY IN THE NAME OF
 ADDRESS CITY ST ZIP POLICY#
 DID YOU FILE A CLAIM WITH YOUR INS CO? YES NO CLAIM# PHONE# ()
 NAME OF OTHER DRIVER ADJ NAME
 ADDRESS CITY ST ZIP PHONE# ()
 OWNER OF VEHICLE N.A. CITY ST ZIP PHONE# ()
 ADDRESS CITY ST ZIP PHONE# ()
 THEIR AUTO INS CO POLICY IN THE NAME OF
 DID YOU FILE A CLAIM WITH THEIR INS CO? YES NO CLAIM# POLICY#
 ADJ NAME

SECTION III

EMPLOYER'S NAME N.A. OCCUPATION
 ADDRESS CITY ST ZIP PHONE# ()
 DID YOU FILE A WORK COMP CLAIM? YES NO EMPLOYER CONTACT
 WORK COMP INS CO ADJ NAME CLAIM#
 ADDRESS CITY ST ZIP PHONE# ()

SECTION IV

NAME OF PROPERTY OWNER City of Milwaukee
 ADDRESS CITY ST ZIP PHONE# ()
 OWNER'S INS CO POLICY IN THE NAME OF POLICY#
 DID YOU FILE A CLAIM? YES NO CLAIM# ADJ NAME

ATTORNEY INFO

COMPLETE IF ATTORNEY IS HANDLING THIS CLAIM
 ATTORNEY No ADDRESS CITY ST ZIP PHONE# ()

I hereby certify that I have carefully read the contents of the above report and that the information therein is true and accurate.

X Antoinette A Colla Date 6/28/07
 Patient's Signature (or Legal Guardian) Date

#1

CSM — Cathedral Square
Urgent Care Center 277-6500

eat

Patient Name:

Collen, Antoinette

DOB:

12/4/28

MR#

8658131

DATE: 3/30/07

CHIEF COMPLAINT

Left arm pain

Primary Physician

M. Jackson

Illness Result of job? Y N Last Tetanus Allergic Immun UTD

Patient Condition/Transport on Arrival Good Fair Ambulatory Wheelchair Carried

Weight 175# Kg

LMP N/A

ALLERGIES NKDA tetanus

Latex

MEDICATIONS Lipitor meclizine

NONE

K+
parit

TIME 1574

TEMP 98.0

P 68

RESP 14/20

B/P 142/54

Pulse Ox 97

VISUAL ACUITY

R

L

BOTH

PMHx:

Dizziness
Depression

CA of uterus

Nurse/MA Note: Fell near Madison Medical over a big hump in side walk. Bit knee's bruised & scrapped up. Left arm hurts from elbow on down.

Pain Scale 10/10 Swelling. Signature A. Partanen.

Physician Note: fell on the pavement landed on her (L) hand & head injury - unable to move (L) elbow. (R) knee have bruises on exam (L) + (R) knee - a few abrasions. Feel ROM of (R) knee (L) left elbow - unable to check ROM 2° to pain. Neurovascular intact. Hand grasp equal bilat.

SHx:

Tobacco ETOH Drugs

FHx: CA

EXAM	WNL	See Note
Const	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/> After
TMs/Canals	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses	<input type="checkbox"/>	<input type="checkbox"/>
Tonsils	<input type="checkbox"/>	<input type="checkbox"/> See
Muc Mem	<input type="checkbox"/>	<input type="checkbox"/> splinting
CV	<input type="checkbox"/>	<input type="checkbox"/> note
RESP	<input type="checkbox"/>	<input type="checkbox"/> next pg
GI	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>
Musc/Skel	<input type="checkbox"/>	<input type="checkbox"/>
Skin/Breasts	<input type="checkbox"/>	<input type="checkbox"/>
Neuro	<input type="checkbox"/>	<input type="checkbox"/>
Psych	<input type="checkbox"/>	<input type="checkbox"/>

Discharge Condition: Good Serious
 Stable Critical
Disposition: Home Transport
 Ambulatory Wheelchair
 Cart Carried

Physician Orders and Results:

Reduct
Distal humeral
Good caput
Distal humeral fx

Impression: (L) Humeral - distal fx

Discharge Plan: Instructions/Medications:

Distal humeral fx
(1) post-splint care instructions. Follow up with Drs. Wright/Koerner - call 332-6262.
Tylenol #3 1 tablet every 4-6 hours as needed for pain.

Follow up with your doctor in ___ days if not better. Sooner, if worse.

Work Excuse No Yes, for ___ days

I have received and understand the discharge instructions.

Discharge Time

0450

Any numbness, weakness, increasing pain, change in temperature in hand or other

X Antoinette A Collen

Patient Signature

Physician Signature

REORDER 1-800-233-2000

#1
CSM — Cathedral Square
 Urgent Care Center 277-6500

eat.

Patient Name:

Callan, Antoinette

DOB:

12/4/28

MR#

8658131

Primary Physician

M. Jackson

DATE: 3/30/07

CHIEF COMPLAINT

left arm pain

Illness Result of Job?

Y N Last Tetanus

allergic to

Immun UTD

Patient Condition/Transport on Arrival

Good Fair

Ambulatory Wheelchair

Carried

Weight 175#

Kg

LMP N/A

ALLERGIES

NKDA tetanus

Latex

MEDICATIONS

Lipitor meclizine

NONE

K+ parit

Nurse/MA Note:

Fell near Madison Medical over a big hump in side walk. Bil knee's bruised & scraped up. left arm hurts from elbow on down.

Pain Scale

10/10

Swelling.

Signature

S. Partanen

Physician Note:

fell on the pavement landed on her (L) hand & head injury. unable to move (L) elbow. (R) knee have bruises.

on exam (L) & (R) knee - a few abrasions. Feel ROM of (R) knee

(L) left elbow - unable to check ROM 2° to pain. Neurovascular intact.

Physician Orders and Results:

Reduct
 Distal
 Good

(-)

Hand grasp equal bilat

Elbow - Distal humeral fx

Impression:

(L) humeral - distal fx

Discharge Plan: Instructions/Medications:

Bilat knee abrasions
 (L) post-splint care instructions Follow up with Drs. Wright/Kroner - call 332-6262. Tylenol #3 1 tablet every 4-6 hours as needed for pain.

Follow up with your doctor in _____ days if not better. Sooner, if worse.

Work Excuse No Yes, for _____ days

I have received and understand the discharge instructions.

Discharge Time

0450

Any numbness, weakness, increasing pain, change in temperature in hand or other

X Antoinette A Callan

Patient Signature

Physician Signature

Antoinette A Callan

REORDER # 1000000000
 2000

 **Columbia St. Mary's**
A Passion for Patient Care

Cathedral Square Urgent Care Center
734 North Jackson Street Milwaukee WI 53202 / 414.277.6500

Name Colin Antoinette Date 3/30/07
THIS PRESCRIPTION BLANK WAS PRINTED WITH BLUE INK.

Address _____ Allergies: _____

Rx Tylenol * 3 4^{pr}
every 3-6 hours as
needed.

P. Antoinette #20
M.D.
In addition, please print name

REFILL _____ TIMES

REG NO.: _____

03-5904-1 10/05

 **Columbia St. Mary's**
A Passion for Patient Care

Cathedral Square Urgent Care Center
734 North Jackson Street Milwaukee WI 53202 / 414.277.6500

Name Colin Antoinette Date 3/30/07
THIS PRESCRIPTION BLANK WAS PRINTED WITH BLUE INK.

Allergies: _____

Address _____

Rx Tylenol * 3 1/2 po
every 3-6 hours as
needed.

P. Antoinette #20
M.D.
In addition, please print name

REFILL _____ TIMES

REG. NO.: _____

03-5904-1 10/05

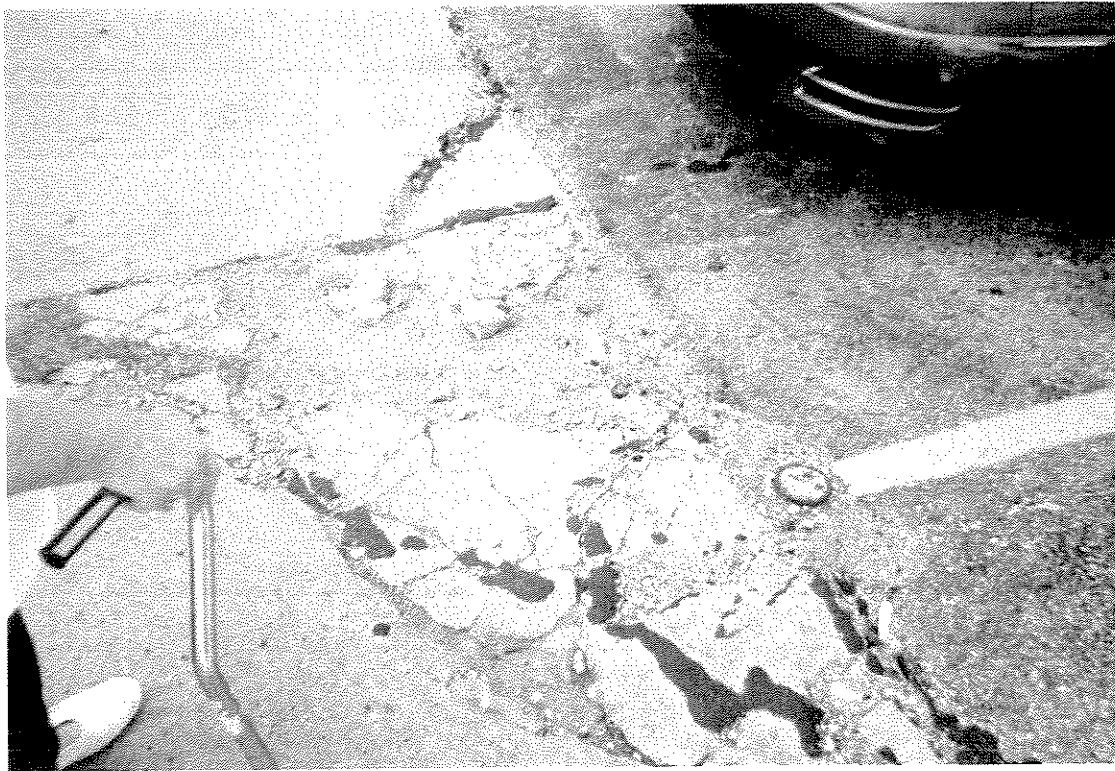
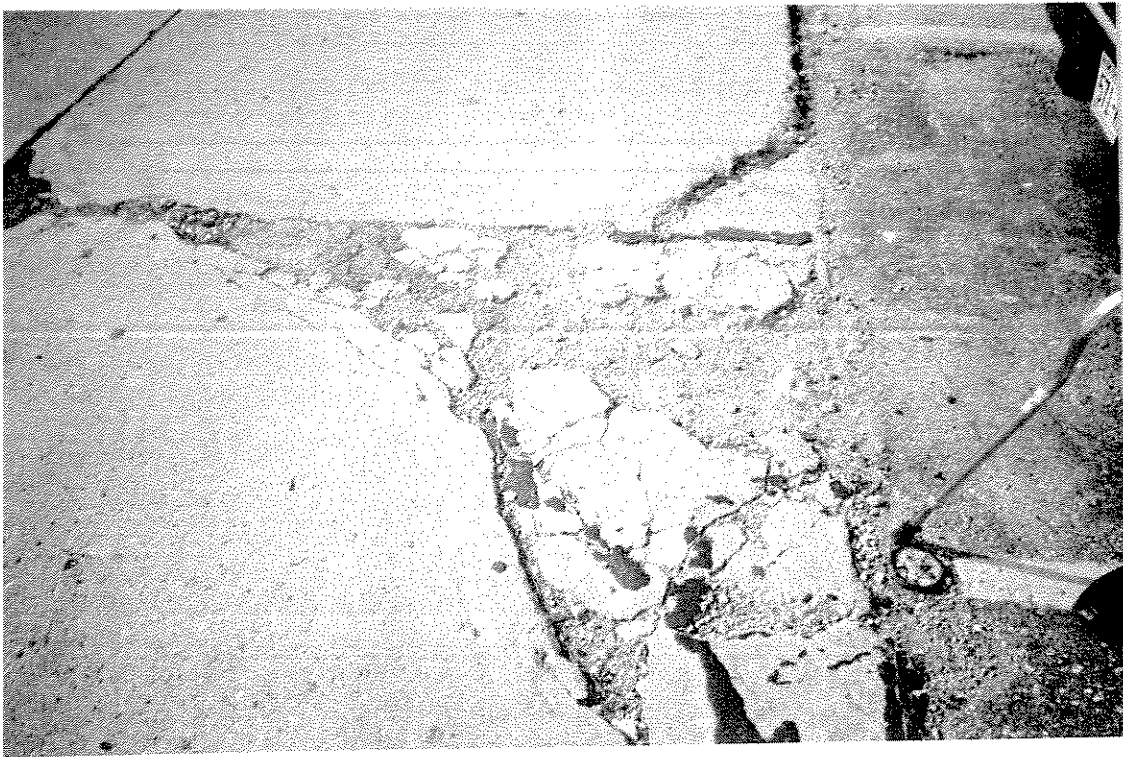
Leary - 138 - 4/57 - 3000

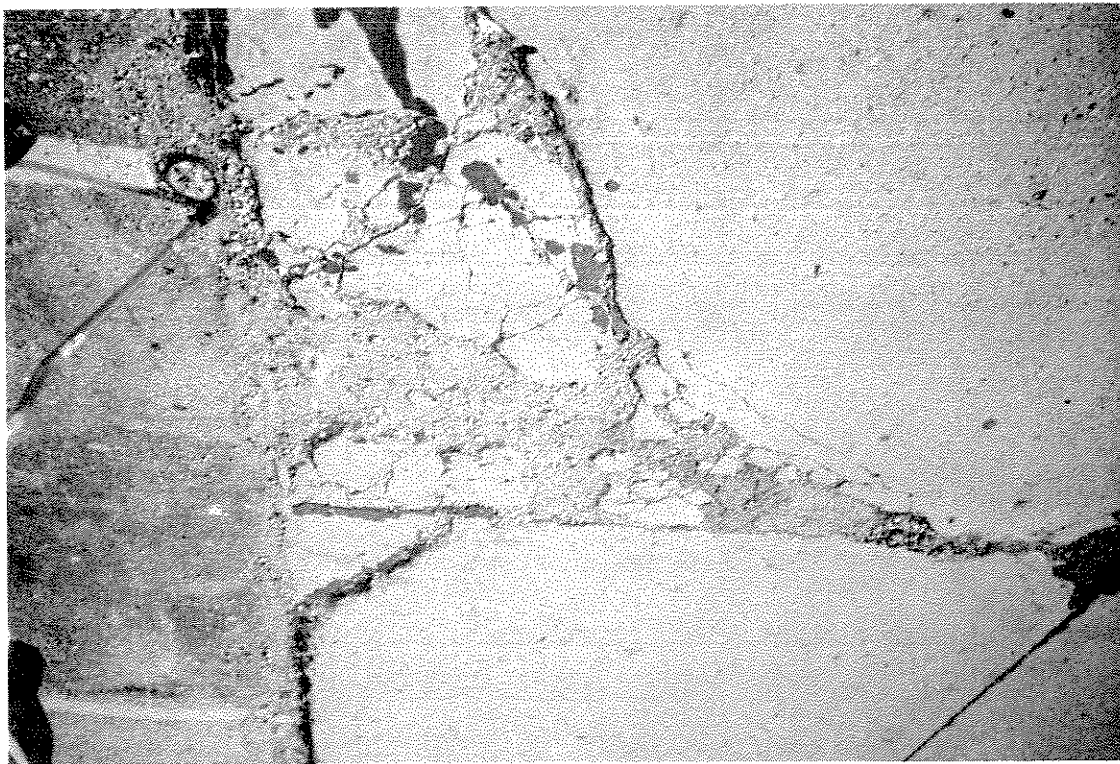
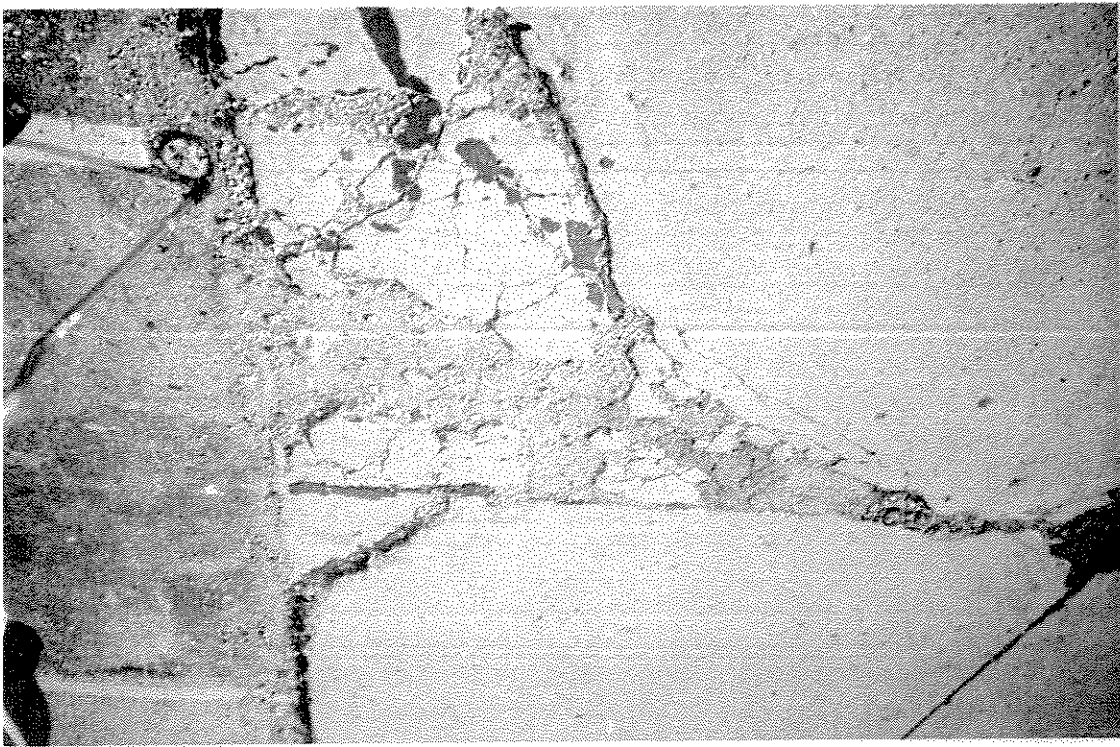
~~Capital I~~ May 9 -

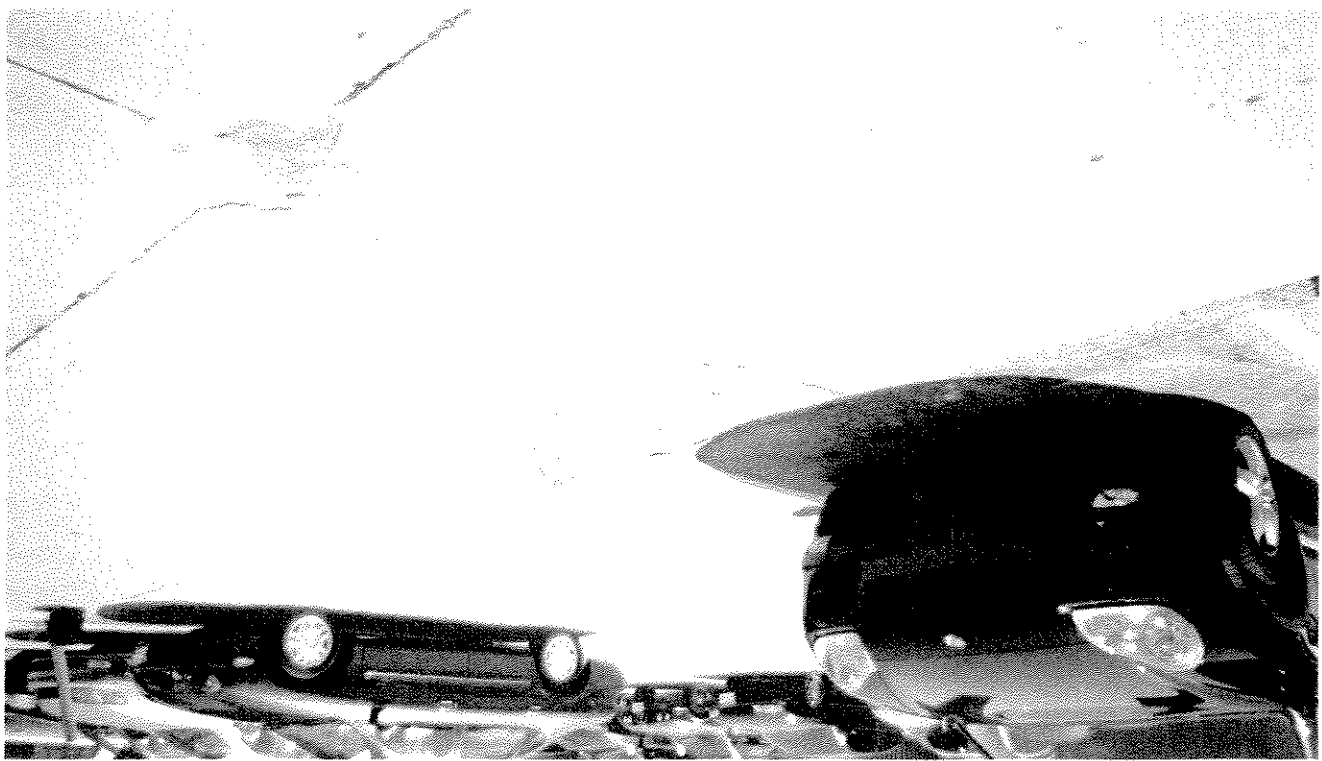
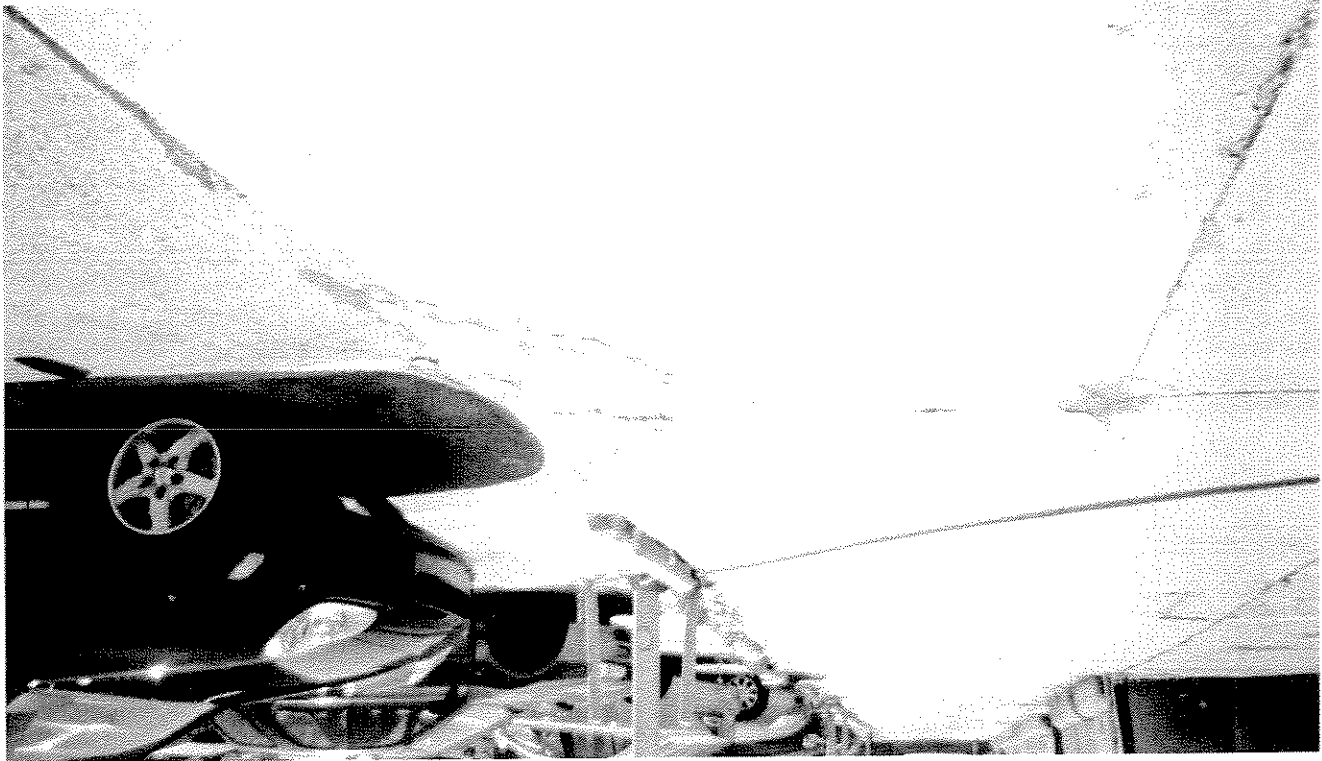
Visa Return May 10 3500

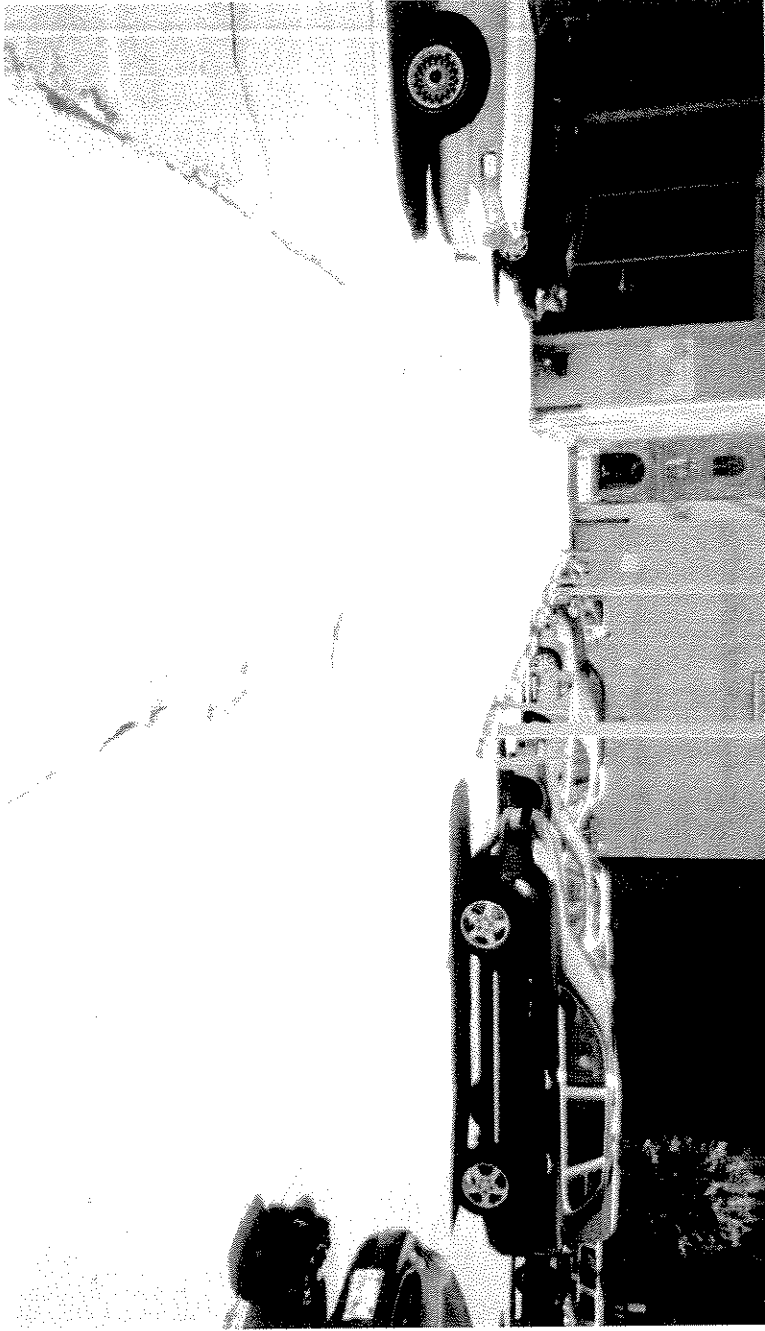
Premium
Water April 21

2,000









Antoinette Colla
1027 E. Pleasant St. #103
Milwaukee, WI 53202
Phone: 414-272-6786

Claim # 07-L-71

Asking for \$150,000.
to cover medical bills,
loss of work, doctor
appointments, physical
therapy and continued
pain in elbow area.

Ms. Antoinette A. Colla

2007 AUG -3 AM 11:23
DONALD LEONHARDT
CITY CLERK

