

09-5-225

CITY OF MILWAUKEE
RECEIVED

November 17, 2009

2009 NOV 20 PM 2: 54

OFFICE OF
CITY ATTORNEY

To whom it may concern:

I'm requesting to appeal the decision you've made, because I did get hurt on April 27, 2009. Like I said before I was walking on the sidewalk on Locust and Richards St, and I slipped and fell. The side walk had cracks, ~~and~~ dirt and water and I fell. I want my bills and pain and suffering paid for.

Sincerely,
Maria Vargas

Maria Vargas

CITY OF MILWAUKEE
2009 NOV 19 AM 11:45
RONALD D. LEONHARDT
CITY CLERK

June 13, 2009

To City of Milwaukee,

On April 27, 2009 I was walking on the sidewalk at Locust St and Richard St. The sidewalk had a crack and dirt and water. I slipped and fell.

I am still having pain from this fall. I want my bills and time paid for.

Sincerely,

Maria Vargas

Maria T

OFFICE OF
CITY ATTORNEY

2009 JUN 17 PM 3:30

CITY OF MILWAUKEE
RECEIVED

CITY OF MILWAUKEE
2009 JUN 16 AM 11:54
RONALD D. LEONARDI
CITY CLERK

Vargas

Mary K. Boyle
June 9, 2009

LAKESHORE MEDICAL CLINIC, LTD.

MIDTOWN HEALTH CENTER
5818 W. Capitol Drive
Milwaukee, WI 53216
Phone: 414-449-2114

CUDAHY CAMPUS
At St. Luke's South Shore
5900 S. Lake Drive
Cudahy, WI 53110
Phone: 414-489-4190

SOUTHPOINTE FAMILY PRACTICE
4448 W. Loomis Road, Suite 100
Greenfield, WI 53220
Phone: 414-281-5150

LAYTON AVENUE CAMPUS
Lakeshore Medical Clinic
2000 E. Layton Avenue
St. Francis, WI 53235
Phone: 414-744-6589

MUSKEGO CAMPUS
S74 W16775 Janesville Road
Muskego, WI 53150
Phone: 414-422-2180

THIRD WARD CAMPUS
180 N. Milwaukee Street
Milwaukee, WI 53202
Phone: 414-227-1127

WOMEN'S PAVILION
8905 W. Lincoln Ave, Suite 409
West Allis, WI 53227
Phone: 414-328-8770

NEW BERLIN CAMPUS
14555 W. National Avenue
New Berlin, WI 53151
Phone: 262-827-2959

OAK CREEK CAMPUS
331 E. Puetz Road
Oak Creek, WI 53154
Phone: 414-570-3590

20TH & OHIO CAMPUS
Lakeshore Medical Clinic
3305 S. 20th Street
Milwaukee, WI 53215
Phone: 414-645-1808

GREENFIELD URGENT CARE
4131 W. Loomis Road, Suite 110
Greenfield, WI 53221
Phone: 414-281-5153

WEST ALLIS CAMPUS
Lakeshore Medical Clinic
2424 S. 90th Street
West Allis, WI 53227
Phone: 414-328-8777

SOUTH POINTE INTERNAL MEDICINE
4448 W. Loomis Road, Suite 206
Greenfield, WI 53220
Phone: 414-281-1688

SOUTH MILWAUKEE
3611 S. Chicago Ave. Ste. 100
South Milwaukee, WI 53172
Phone: 414-762-7270

SOUTHPOINTE OB/GYN
4448 W. Loomis Road, Suite 201
Greenfield, WI 53220
Phone: 414-817-0784

Please excuse Maria Vargas From: Work Gym/Sports
 School Other: _____

First Day Off _____ Patient was here today 6/11/9 for an appointment

Return to Work/School/Activities Date _____ NEXT CLINIC APPOINTMENT 3 weeks

Restrictions If Any Chip fr - Right wrist - cast applied.

Remarks: _____

Eve [Signature] for SNCRP
Signature

6/11/9
Date

LAKESHORE MEDICAL CLINIC, LTD.
RADIOLOGY REPORT

PATIENT NAME: MARIA I. VARGAS

XR#: 58123

DATE OF BIRTH: 04/26/1952

MRN: 14741052

LAKESHORE SITE: Layton

ORDERING PHYSICIAN: Richard Hayes, MD

SEND REPORT TO SITE: LSF

DATE OF SERVICE: 06/03/2009

EXAM: Chest X-Ray, Left Rib Series, Four-View Right Wrist X-Ray

HISTORY: Status post fall, injury, pain in chest, ribs, and wrist. Injury 05/27/2009.

EXAM: Four-View Right Wrist

FINDINGS: Best seen on the lateral radiograph is a subtle fracture of the trapezium with ulnar neutral variance is seen. No dislocation. Tiny cystic change in the scaphoid bone measuring 1 to 2 mm in size is present.

IMPRESSION: Subtle fracture of the trapezium.

EXAM: Chest X-Ray

FINDINGS: The heart is mildly prominent in size. Aortic ectasia is noted. No confluent infiltrates or pulmonary vascular congestive changes. No evidence of a pleural effusion or pneumothorax.

IMPRESSION: No active disease in the chest.

EXAM: Left Rib Series

FINDINGS: Multiple views of the left ribs were obtained. No evidence of a left rib fracture is seen. If symptoms persist, bone scan study may be of value.

IMPRESSION: Negative left rib series.

Richard + locust ST
at 11:00

June 3, 2009

re: Maria Vargas

on April 27, 2009, Maria fell on
the sidewalk, suffering injuries.

She was seen at St Mary's
Hospital ER.

She continues to have left sided
chest pain and right wrist pain
from the accident.

RM Hayes MD

Richard M Hayes MD

Richard + Locust
Mon 11:00



Columbia St. Mary's

A Passion for Patient Care

Columbia (CH) / Milwaukee (SMM) / Ozaukee (SMO)

EMERGENCY SERVICES

HOME MEDICATION LIST AND DISCHARGE INSTRUCTIONS

Prescription, over-the-counter, and herbal/natural medications taken routinely prior to admission.

VARGAS
MR 343490 04/26/1952 57Y PT 120253425 F
120253425
ATN: BRACKETT, NATHANIEL S
ADM: 05/28/09 Type E EHR SMM

Data Source: Patient Family MD Pharmacies Old Records Nursing Home / other facility EHR

Patient's Pharmacy _____ Address: _____ Phone # _____

Latex Allergy: yes no Reaction: _____

Medicine / Food / Other Allergy	Reaction	Medicine / Food / Other Allergy	Reaction

HOME MEDICATIONS						MD TO COMPLETE THIS SECTION Medication Changes / Special Instructions
MEDICATION NAME	DOSE	ROUTE	Frequency	Indication	Last Taken	
Libbutrol						
Provera						

RN Recording Home Medications: *Wanda Adams*

PHYSICIAN DISCHARGE ORDERS:

NEW MEDICATIONS	REASON	INSTRUCTIONS
<i>Libbutrol</i>	<i>Libido</i>	

MEDICATION INSTRUCTIONS:

- Take all home medications listed above.
- Take home medications following instructions above.
- Follow up with your primary doctor about your home medications.
- Start new medications listed above.

DIAGNOSES:

1. *Left Side Chest Wall Pain*
2. _____
3. _____

INSTRUCTIONS: Sedative / Narcotic Wound Head Injury Sprain/Fracture Back Pain

Other: _____ Return to Emergency Department if condition worsens or excessive and persistent pain, or

Do not take Libbutrol if needed (avoid long term use) For use only if you are in pain. Also are heating pad to area.

FOLLOW UP: _____ Work/School Excuse: N Y until (date)

Call Dr. _____ for appointment / to be seen in _____ days Phone: _____

Call Dr. _____ for appointment / to be seen in _____ days Phone: _____

Emergency Physician Signature: _____ DATE *5/24/09* TIME *1:40* Signature *[Signature]*

RN Reviewing Instructions: _____ DATE _____ TIME _____ Signature _____

Patient Signature: *[Signature]*

01-4110-22 Rev. 12/07

BARCODE

HOME MEDICATION LIST AND DISCHARGE INSTRUCTIONS
WHITE - MED RECORD CANARY - PATIENT PINK - PHYSICIAN

Richard Klocust at 11:00



Columbia St. Mary's

A Passion for Patient Care

Columbia (CH) / Milwaukee (SMM) / Ozaukee (SMO)

EMERGENCY SERVICES

HOME MEDICATION LIST AND DISCHARGE INSTRUCTIONS

Prescription, over-the-counter, and herbal/natural medications taken routinely prior to admission.

Data Source: Patient Family MD Pharmacist Old Records Nursing Home / other facility EHR

Patient's Pharmacy _____ Address _____ Phone # _____

Latex Allergy: yes no Reaction: _____

Medicine / Food / Other Allergy	Reaction	Medicine / Food / Other Allergy	Reaction

HOME MEDICATIONS						MD TO COMPLETE THIS SECTION Medication Changes / Special Instructions
MEDICATION NAME	DOSE	ROUTE	Frequency	Indication	Last Taken	
Vitamin D						

RN Recording Home Medications: _____

PHYSICIAN DISCHARGE ORDERS:

NEW MEDICATIONS	REASON	INSTRUCTIONS

MEDICATION INSTRUCTIONS:

Take all home medications listed above.

Take home medications following instructions above.

Follow up with your primary doctor about your home medications.

Start new medications listed above.

DIAGNOSES:

- acute sprain
- injury to R wrist
-

INSTRUCTIONS: Sedative / Narcotic Wound Head Injury Sprain/Fracture Back Pain

Other: _____ Return to Emergency Department if condition worsens or excessive and persistent pain, or

* reassurance, rest, accurate and splint for one week, elevate R hand with ice pack for one week, daily warm soaks to follow, see MD

FOLLOW-UP: as needed on week Work/School Excuse: N Y until (date) _____

Call Dr. _____ for appointment / to be seen in _____ days Phone: _____

Call Dr. _____ for appointment / to be seen in _____ days Phone: _____

Emergency Physician Signature: DATE _____ TIME _____ Signature: *[Signature]*

RN Reviewing Instructions: DATE _____ TIME _____ Signature: _____

Patient Signature: _____

01-4110-22 Rev. 12/07

Richard Locust at 11:00



COLUMBIA ST MARYS HOSPITAL-MILWAUKEE CAMPUS
P O BOX 2960
MILWAUKEE, WI 53201-2960

RECORD OF SERVICE PG# 1
DATE: 06/09/09
ACCT TYPE: O

414 326-1900

PATIENT NAME: VARGAS, MARIA A PATIENT NUMBER: 120116770 FC: Y
ADMIT DATE: 04/27/09 DISCHARGE DATE: BIRTH DT: 04/26/1952 PT: E

GUARANTOR: MARIA A VARGAS TOTAL CHARGES: 1098.75
NAME AND : 2863 N BUFFUM ST
ADDRESS : *Apt 1* MILWAUKEE WI 53212
ACCOUNT BAL: .00
PATIENT BAL: .00

DATE	DESC	BAL:	INS1: T66	INS2:	INS3:	PATIENT
			.00			.00
042709	1 WRIST 3+V RT	80420935		305.50	0.00	0.00
042709	1 EMERGENCY RM LE	61510044		462.00	0.00	0.00
042709	1 STRAPPING, WRIS	61621695		331.25	0.00	0.00

*Richard + locust ST
at 11:00*

11:07 06/09/09 FROM IBUU,EDPABLFX







