

ST.MARY'S HOSPITAL MILWAUKEE RECORD OF SERVICE  
 DRAWER 78408  
 MILWAUKEE, WI 53278-0408 414 326-1900

PG# 1  
 DATE: 05/17/05  
 ACCT TYPE: O

PATIENT NAME: HUNTER, WARNETTE PATIENT NUMBER: 112762353 FC: T  
 ADMIT DATE: 07/12/04 DISCHARGE DATE: BIRTH DT: 03/26/1957 PT: R

GUARANTOR: WARNETTE HUNTER TOTAL CHARGES: 10858.79  
 NAME AND : 3232 N 24 PL  
 ADDRESS : MILWAUKEE WI 53206  
 ACCOUNT BAL: .00  
 PATIENT BAL: .00

DATE	DESC	BAL:	INS1: T01	INS2:	INS3:	PATIENT
			.00			.00
071204	1 ASC		36001437	7483.82	0.00	0.00
071204	1 PACU RECOVERY R		34010048	811.50	0.00	0.00
071204	3 DAY SURGERY PER		34320039	304.50	0.00	0.00
071204	1 DAY SURGERY ASS		34320047	486.12	0.00	0.00
071204	1 PERCOCET 5/325		65263297	2.20	0.00	0.00
071204	1 PERCOCET 5/325		65263297	2.20	0.00	0.00
071204	1 RECOVERY ROOM S		34090017	82.50	0.00	0.00
071204	1 BACITRACN 30GM		65403412	10.96	0.00	0.00
071204	3 ANES-15 MIN INC		34450021	176.25	0.00	0.00
071204	1 ANES-ORTHOPEdic		34450153	1227.00	0.00	0.00
071204	1 BIS MONITORING		34450315	50.00	0.00	0.00
071204	1 HYDROMORP 2MG I		65200201	11.35	0.00	0.00
071204	1 HYDROMORP 2MG I		65200201	11.35	0.00	0.00
071204	1 FENTANYL 2ML IN		65200236	10.17	0.00	0.00
071204	1 FENTANYL 5ML IN		65201895	10.36	0.00	0.00
071204	1 CEFAZOLIN 1GM I		65302497	11.74	0.00	0.00
071204	1 ESMOLOL 100MG I		65388324	40.67	0.00	0.00
071204	1 MIDAZOLAM 2MG I		65501090	10.73	0.00	0.00
071204	1 PROPOFOL 10MG I		65505053	27.04	0.00	0.00
071204	1 KETORALAC 30MG		65506181	14.77	0.00	0.00
071204	1 LIDOCAINE 2% 30		65507374	10.22	0.00	0.00
071204	1 BUPIV/EPI .5%		65507498	12.49	0.00	0.00
071204	1 NEOSTIGMIN 1MG		65508362	10.97	0.00	0.00
071204	1 GLYCOPYR 20ML V		65510553	10.29	0.00	0.00
071204	1 ROCURONIUM 50MG		65514214	29.59	0.00	0.00
081204	-1 T19 TECHNICAL D		19969010	0.00	0.00	0.00
082404	-1 TITLE 19 DISCOU		15005092	-10858.79	0.00	0.00

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ADMIT DATE: 07/12/04 DISCHARGE DATE: BIRTH DT: 03/26/1957 PT: R

GUARANTOR: WARNETTE HUNTER ACCOUNT BAL: .00  
NAME AND : 3232 N 24 PL  
ADDRESS : MILWAUKEE WI 53206 PATIENT BAL: .00

TOTAL CHARGES: 10858.79 INS1: T01 .00 INS2:  
INS3: INS4:

1	ADJUSTMENTS	-10858.79	-10858.79	0.00
2	OPERATING ROOM	7483.82	7483.82	0.00
3	RECOVERY ROOM	1602.12	1602.12	0.00
4	ANESTHESIA	1453.25	1453.25	0.00
5	DRESSINGS & SUP	93.46	93.46	0.00
6	PHARMACY	221.74	221.74	0.00
7	SELF ADMIN DRUG	4.40	4.40	0.00

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 MILWAUKEE, WI 53278-0408 414 326-1900

PG# 1  
 DATE: 05/17/05  
 ACCT TYPE: O

PATIENT NAME: HUNTER, WARNETTE PATIENT NUMBER: 112820345 FC: T  
 ADMIT DATE: 07/12/04 DISCHARGE DATE: BIRTH DT: 03/26/1957 PT: E

GUARANTOR: WARNETTE HUNTER TOTAL CHARGES: 520.26  
 NAME AND : 3232 N 24 PL ACCOUNT BAL: .00  
 ADDRESS : MILWAUKEE WI 53206 PATIENT BAL: .00

DATE	DESC	BAL:	INS1: T01	INS2:	INS3:	PATIENT
			.00			.00
071204	1 CBC PLT COMP DI 36601507			98.51	0.00	0.00
071204	1 PT PROTHROMBIN 36605200			39.95	0.00	0.00
071204	1 PTT PART THRMBP 36605758			74.43	0.00	0.00
071204	1 MEPERIDINE 50MG 65214768			11.18	0.00	0.00
071204	1 MEPERIDINE 50MG 65214768			11.18	0.00	0.00
071204	2 INJECTION IM/SQ 45530205			145.08	0.00	0.00
071204	1 EXPRESS CARE LE 45620034			139.93	0.00	0.00
081204	-1 T19 PAYMENT 10117399			-141.74	0.00	0.00
081204	-1 TITLE 19 DISCOU 15005092			-378.52	0.00	0.00

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MILWAUKEE, WI 53278-0408

414 326-1900

PG# 1

DATE: 05/17/05

ACCT TYPE: O

PATIENT NAME: HUNTER, WARNETTE

PATIENT NUMBER: 112820345 FC: T

ADMIT DATE: 07/12/04 DISCHARGE DATE:

BIRTH DT: 03/26/1957 PT: E

GUARANTOR: WARNETTE HUNTER

NAME AND : 3232 N 24 PL

ADDRESS :

MILWAUKEE

WI 53206

ACCOUNT BAL: .00

PATIENT BAL: .00

TOTAL CHARGES: 520.26

INS1: T01

.00

INS2:

INS3:

INS4:

1	PAYMENTS	-141.74	-141.74	0.00
2	ADJUSTMENTS	-378.52	-378.52	0.00
3	PHARMACY	22.36	22.36	0.00
4	EMERG. CENTER	285.01	285.01	0.00
5	LABORATORY	212.89	212.89	0.00

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PG# 1  
 DATE: 05/17/05  
 ACCT TYPE: O

PATIENT NAME: HUNTER, WARNETTE PATIENT NUMBER: 112865454 FC: T  
 ADMIT DATE: 07/22/04 DISCHARGE DATE: BIRTH DT: 03/26/1957 PT: R

GUARANTOR: WARNETTE HUNTER  
 NAME AND : 3232 N 24 PL  
 ADDRESS : MILWAUKEE WI 53206  
 TOTAL CHARGES: 1402.96  
 ACCOUNT BAL: .00  
 PATIENT BAL: .00

DATE	DESC	BAL:	INS1: T01	INS2:	INS3:	PATIENT
			.00			.00
072204	1 MINOR SURGERY I 47402018			338.75	0.00	0.00
072204	1 SPEC PROC RECOV 47489067			208.00	0.00	0.00
072204	1 ANAEROBIC CULTU 36708573			97.04	0.00	0.00
072204	1 CULTURE OTHER S 36708581			140.00	0.00	0.00
072204	1 SMEAR DIR STAIN 36711000			55.82	0.00	0.00
072204	1 MEPERIDINE 50MG 65214768			11.18	0.00	0.00
072204	1 MIDAZOLAM 5MG I 65510855			11.67	0.00	0.00
072204	1 CONSCIOUS SEDAT 47402778			468.50	0.00	0.00
072204	1 ASSESS/EVAL EST 47407036			72.00	0.00	0.00
072204	1 PATIENT VISIT S 47491002			0.00	0.00	0.00
081204	-1 T19 PAYMENT 10117399			-138.74	0.00	0.00
081204	-1 TITLE 19 DISCOU 15005092			-1261.22	0.00	0.00
081204	-1 MINIMUM BALANCE 19083098			-3.00	0.00	0.00



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PG# 1  
 DATE: 05/17/05  
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PATIENT NAME: HUNTER, WARNETTE PATIENT NUMBER: 113372419 FC: T  
 ADMIT DATE: 11/24/04 DISCHARGE DATE: BIRTH DT: 03/26/1957 PT: R

GUARANTOR: WARNETTE HUNTER TOTAL CHARGES: 6495.56  
 NAME AND : 3232 N 24 PL ACCOUNT BAL: .00  
 ADDRESS : MILWAUKEE WI 53206 PATIENT BAL: .00

DATE	DESC	BAL:	INS1: T01	INS2:	INS3:	PATIENT
			.00			.00
112404	1 EXC. MINOR-ORTH	36003219		3055.60	0.00	0.00
112404	1 PACU RECOVERY R	34010048		811.50	0.00	0.00
112404	4 DAY SURGERY PER	34320039		406.00	0.00	0.00
112404	1 DAY SURGERY ASS	34320047		486.12	0.00	0.00
112404	1 MIDAZOLAM 5MG P	65514680		5.82	0.00	0.00
112404	2 CELECOXIB 200MG	65514702		14.58	0.00	0.00
112404	1 VICODIN 5/500 T	65575612		1.94	0.00	0.00
112404	1 FAMOTIDINE 20MG	65588366		2.11	0.00	0.00
112404	1 SURG PATH-G&M 3	37181471		168.57	0.00	0.00
112404	1 RECOVERY ROOM S	34090017		82.50	0.00	0.00
112404	2 ANES-15 MIN INC	34450021		117.50	0.00	0.00
112404	1 ANES-ORTHOPEDIC	34450153		1227.00	0.00	0.00
112404	1 HYDROMORP 2MG I	65200201		11.35	0.00	0.00
112404	1 FENTANYL 5ML IN	65201895		10.36	0.00	0.00
112404	1 FENTANYL 5ML IN	65201895		10.36	0.00	0.00
112404	1 MIDAZOLAM 2MG I	65501090		10.73	0.00	0.00
112404	1 PROPOFOL 10MG I	65505053		27.04	0.00	0.00
112404	1 BUPIV/EPI .5%	65507498		12.49	0.00	0.00
112404	1 GLYCOPYR 20ML V	65510553		10.29	0.00	0.00
112404	1 LIDOCAINE 30ML	65548720		10.32	0.00	0.00
112404	1 DROPERIDO 2.5MG	65587416		11.47	0.00	0.00
112404	1 METOCLOPRA 10MG	65578123		1.91	0.00	0.00
122304	-1 T19 PAYMENT	10117399		-138.74	0.00	0.00
122304	-1 TITLE 19 DISCOU	15005092		-6353.82	0.00	0.00
122304	-1 MINIMUM BALANCE	19083098		-3.00	0.00	0.00

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PATIENT NAME: HUNTER ,WARNETTE PATIENT NUMBER: 113372419 FC: T  
ADMIT DATE: 11/24/04 DISCHARGE DATE: BIRTH DT: 03/26/1957 PT: R

GUARANTOR: WARNETTE HUNTER ACCOUNT BAL: .00  
NAME AND : 3232 N 24 PL  
ADDRESS : PATIENT BAL: .00  
MILWAUKEE WI 53206

TOTAL CHARGES: 6495.56 INS1: T01 .00 INS2:  
INS3: INS4:

1	PAYMENTS	-138.74	-138.74	0.00
2	ADJUSTMENTS	-6356.82	-6356.82	0.00
3	OPERATING ROOM	3055.60	3055.60	0.00
4	RECOVERY ROOM	1703.62	1703.62	0.00
5	ANESTHESIA	1344.50	1344.50	0.00
6	DRESSINGS & SUP	82.50	82.50	0.00
7	PHARMACY	116.32	116.32	0.00
8	SELF ADMIN DRUG	24.45	24.45	0.00
9	LABORATORY	168.57	168.57	0.00



# St. Mary's Hospital

2323 North Lake Drive \* Milwaukee, WI 53211-0503

**OUTPATIENT**

<b>PATIENT NAME</b> HUNTER, WARNETTE		<b>TITLE</b> UNKNOWN	<b>DATE OF BIRTH</b> 03/26/1957	<b>AGE</b> 47	<b>SEX</b> F	<b>RACE</b> B	<b>MS</b> D	<b>PT TYPE</b> R	<b>HOSP SERV</b> OPD	<b>MEDICAL RECORD NO.</b> 152329
<b>ADDRESS</b> 3232 N 24 PL MILWAUKEE WI 53206-		<b>PREVIOUS NAME</b> UNKNOWN	<b>SOCIAL SECURITY NO</b> 394-70-5631	<b>REGISTRATION DATE &amp; TIME</b> 07/22/04 11:10		<b>ACCOUNT NO.</b> 112865454		<b>PRIN FIN CL</b> T	<b>REG BY</b> ADMPA2	
<b>RELIGION</b> NOP		<b>OCCUPATION</b> UNKNOWN		<b>HOME PHONE</b> 414/873-8025		<b>WORK PHONE/EXT.</b> 999/999-9999 x				
<b>PRIMARY CONTACT/ADDRESS</b> HUNTER 3232 N 24 PL MILWAUKEE WI 53206-		<b>RELATION</b> 5	<b>SECONDARY CONTACT/ADDRESS</b> CONSUELLA HOME PHONE 414/873-8025 WORK PHONE/EXT. X		<b>RELATION</b> X					
<b>GUARANTOR/PHONE</b> HUNTER Home 414/873-8025 Work 999/999-9999 x		<b>RELATION</b> 1	<b>ADDRESS</b> 3232 N 24 PL		<b>CITY/STATE/ZIP</b> MILWAUKEE WI 53206-					
<b>PRTY</b> 1	<b>INSURANCE</b> MEDICAID	<b>ADDRESS/CITY/STATE</b> ATTN CLAIMS DEPT MADISON		<b>PHONE/ZIP</b> 608/221-9254 x 53784-		<b>AUTH/WIPRO NO</b> X  X  X				
<b>ACCIDENT DATE TYPE DESCRIPTION</b>								<b>ATTENDING DR.</b> WEIDMAN, KEVIN A, MD 016926		
<b>MRO</b> MRSA		<b>LATEX</b>		<b>PRIMARY DR.</b> SCOTT, GEOFFREY A, M 044504						
<b>DIAGNOSIS/SYMPOMS</b> RIGHT KNEE SWELLING PAIN <i>Postop Hematoma</i>										
<b>ADVANCE DIRECTIVE</b> NO		<b>DEPT/DATE OF SERVICE</b>		<b>DEPT/DATE OF SERVICE</b>		<b>DEPT/DATE OF SERVICE</b>				
<b>DICTIONATION DATES.</b>										
<b>H &amp; P</b>			<b>O/R</b>			<b>DISCHARGE</b>				

**St. Mary's Hospital, Milwaukee**

2323 North Lake Drive Milwaukee, Wisconsin 53211

DATE: 07/22/2004

MRN: 152329

ROOM:

NAME: HUNTER, WARNETTE

SURGEON: KEVIN A. WEIDMAN, MD

DOB: 03/26/1957

ASSIST:

ACC#: 112865454

HOSP SER: OPD

**OPERATIVE REPORT**

**PREOPERATIVE DIAGNOSIS:** Recurrent painful hemarthrosis, right knee, status post arthroscopic lateral release.

**POSTOPERATIVE DIAGNOSIS:** Recurrent painful hemarthrosis, right knee, status post arthroscopic lateral release.

**NAME OF PROCEDURE:** Repeat arthrocentesis under intravenous sedation.

**ANESTHESIA:**

**ANESTHESIOLOGIST:**

**DESCRIPTION OF PROCEDURE:** Under excellent intravenous sedation with Demerol and Versed, the right knee was prepped and draped in the usual manner. Xylocaine 1% was used to infiltrate the skin lateralward, followed by aspiration of 60 cc of resolving hematoma. Fluid was serosanguinous in color and with low viscosity. Sterile bulky dressing was applied with an Ace bandage. Fluid was sent for culture and sensitivity. The patient tolerated the procedure well. There were no complications.

KAW/dss DD:07/22/2004 TD: 12:17 DT:07/22/2004 TT: 01:54 PM

  
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KEVIN A. WEIDMAN, MD

**OPERATIVE REPORT**

St. Mary's Hospital, Milwaukee  
2323 North Lake Drive Milwaukee, Wisconsin 53211

DATE:	07/12/2004	MRN:	152329
ROOM:	EMR	NAME:	HUNTER, WARNETTE
PHYS:	MICHAEL J. LAYDE, MD	DOB:	03/26/1957
HOSP SER:	EMR	ACC#:	112820345

**EMERGENCY DEPARTMENT REPORT**

c: Dr. Kevin Weidman, St. Mary's Hospital

**CHIEF COMPLAINT:** This 47-year-old black woman enters the emergency department with a history of developing some bleeding from a surgical site in her right knee.

**HISTORY OF PRESENT ILLNESS:** This 47-year-old black woman underwent arthroscopic surgery to her right knee at this hospital earlier today. She was sent home from day surgery around 12 noon and subsequently developed some brisk bleeding from the wound in several spots. The family was alarmed by the amount of bleeding and contacted the orthopedic surgeon's office. They were advised to bring her to the emergency department to get this evaluated. She has not had any postural dizziness. She has not had any known bleeding disorders.

**PAST MEDICAL HISTORY:** She does have a history of migraine headaches and stomach acid reflux.

**MEDICATIONS:** She takes Imitrex and Tylenol with Codeine for the migraine headaches. She does take Nexium for the stomach acid reflux.

**ALLERGIES:** She is allergic to COMPazine medication.

**PHYSICAL EXAMINATION:** Temperature is 98.0 degrees. Vital signs are as noted on the chart. She appears uncomfortable, but is not in shock. On examination of the right knee, there is a moderate joint effusion present. There is some rather brisk bleeding from the arthroscopic surgical sites with some Steri-Strips in place. She does not have any evident laceration to the right knee. Neurovascular function of the right lower extremity appears to be intact.

St. Mary's Hospital, Milwaukee  
2323 North Lake Drive Milwaukee, Wisconsin 53211

DATE:	07/12/2004	MRN:	152329
ROOM:	EMR	NAME:	HUNTER, WARNETTE
PHYS:	MICHAEL J. LAYDE, MD	DOB:	03/26/1957
HOSP SER:	EMR	ACC#:	112820345

**EMERGENCY DEPARTMENT REPORT**

**TEST RESULTS:** A complete blood count, prothrombin time and PTT were all ordered. The blood hemoglobin was 12 with hematocrit 36. The blood prothrombin time and PTT were both normal.

**EMERGENCY DEPARTMENT COURSE:** She was given Demerol 50 mg IM for pain. She was initially given a sterile dressing with an elastic compression wrap. We discussed the case with Dr. Kevin Weidman and we advised Dr. Weidman that there was some recurrent bleeding from that dressing. He suggested using a Jones dressing for the knee. We did obtain the materials for the Jones dressing and applied that in the department. This did appear to give some good hemostasis and she was able to be discharged home.

**DIAGNOSTIC IMPRESSION:** Post-arthroscopic bleeding from the right knee.

**TREATMENT AND DISPOSITION:** We recommended TED stockings for the left lower extremity. She was reassured. She will elevate the right leg at home, get an ice pack to the right knee for the next several days and take the pain medication as prescribed. She will contact her orthopedic surgeon for any further problems and will see him in one week's time, in any case.

MJL/md DD: 07/12/2004 TD: 21:00 DT: 07/12/2004 TT: 22:40

  
\_\_\_\_\_  
MICHAEL J. LAYDE, MD

# St. Mary's Hospital

2323 North Lake Drive \* Milwaukee, WI 53211-0503

**OUTPATIENT**

<b>PATIENT NAME</b> HUNTER, WARNETTE		<b>TITLE/MS</b> UNKNOWN		<b>DATE OF BIRTH</b> 03/26/1957		<b>AGE SEX RACE MS</b> 47 F B D		<b>PT TYPE</b> R		<b>HOSP SERV</b> DSC		<b>MEDICAL RECORD NO.</b> 152329	
<b>ADDRESS</b> 3232 N 24 PL MILWAUKEE WI 53206-		<b>PREVIOUS NAME</b> UNKNOWN		<b>SOCIAL SECURITY NO</b> 394-70-5631		<b>RELIGION</b> NOP		<b>OCCUPATION</b> UNKNOWN		<b>PRIN FIN CL</b> T		<b>REG BY</b> ADMPRP	
<b>HOME PHONE</b> 414/873-8025		<b>WORK PHONE/EXT.</b> 999/999-9999 x		<b>REGISTRATION DATE &amp; TIME</b> 07/12/04 00:00		<b>ACCOUNT NO.</b> 112762353							
<b>PRIMARY CONTACT/ADDRESS</b> HUGHES 3232 N 24 PL MILWAUKEE WI 53218-				<b>RELATION</b> 4		<b>SECONDARY CONTACT/ADDRESS</b> SHIRLEY HOME PHONE 414/371-9299 WORK PHONE/EXT.				<b>RELATION</b> X			
<b>GUARANTOR/PHONE</b> HUNTER Home 414/873-8025 Work 999/999-9999 x		<b>RELATION</b> 1		<b>ADDRESS</b> 3232 N 24 PL		<b>CITY/STATE/ZIP</b> MILWAUKEE WI 53206-		X					
<b>PRTY INSURANCE</b> 1 MEDICAID		<b>ADDRESS/CITY/STATE</b> ATTN CLAIMS DEPT MADISON		<b>PHONE/ZIP</b> 608/221-9254 x WI 53784-		<b>AUTH/WIPRO NO</b>		X X X					
<b>ACCIDENT DATE TYPE DESCRIPTION</b>						<b>ATTENDING DR.</b> WEIDMAN, KEVIN A, MD 016926							
<b>MRO</b> MRSA LATEX						<b>PRIMARY DR.</b> SCOTT JEFFREY							
<b>DIAGNOSIS/SYMPTOMS</b> INTERNAL DERANGEMENT RIGHT KNEE													
<b>ADVANCE DIRECTIVE</b> NO				<b>DEPT/DATE OF SERVICE</b>		<b>DEPT/DATE OF SERVICE</b>		<b>DEPT/DATE OF SERVICE</b>					
<b>DICTIONARY DATES:</b>													
<b>H &amp; P</b> _____ <b>O/R</b> _____ <b>DISCHARGE</b> _____													

717.9  
 717.9  
 717.7  
 836.0  
 2908.9  
 90.46  
 20.6  
 29873-RT  
 29081-RT

7/12

PATIENT: HUNTER, WARNETTE  
 DOB: 03/26/1957  
 MR#: 2004500  
 DATE OF VISIT: 06/30/2004

CHIEF COMPLAINT: Preop physical.

S: Forty-six-year-old female here for a preop physical. On 7/12/04, she is undergoing right knee surgery by Dr. Weidman at Columbia-St. Mary's. Physically, she feels well. No unusual CP or SOB. No PND or orthopnea. No swellings of the lower extremities. No fever or chills. No night sweats. No nausea or vomiting. No diarrhea or constipation. No vaginal bleeding or discharge. No urinary symptoms. No other complaints.

Past medical history:

1. Migraines.
2. Normal colonoscopy in 2002.
3. TAH/BSO.

Medications: Tylenol #3 p.r.n., Imitrex SC p.r.n., amitriptyline 30 mg q.h.s.

Allergies: Compazine.

Social history: One PPD since age 23. She is divorced with one child.

Family history: Hypertension (mother).

OB history: Gravida 11, para 11-9-1 (9 SAB, 1 NSVD, 1 stillbirth).

GYN history: Last Pap smear was normal many years ago. Last mammogram was normal many years ago.

Review of systems:

Constitutional: No fever, weight loss or gain, appetite loss.

Eyes: No vision change, blurring.

ENT: No ear pain, rhinorrhea, epistaxis, sore throat.

Cardiovascular: No chest pain, palpitations, orthopnea, PND, leg edema.

Respiratory: No dyspnea, cough, pleuritic pain, wheezing.

GI: No abdominal pain, N/V, diarrhea, constipation, melena, bloating.

GU: No dysuria, frequency, flank pain, discharge, bleeding.

Integumentary: No rash, swelling.

Neurological: No headache, weakness, mental status changes.

Psychiatric: No depressed mood, suicidal ideations, hallucinations.

Endocrine: No fatigue, frequent urination cold/heat intolerance.

Hematologic/lymphatic: No bleeding, bruising.

Allergic/immunologic: No recurrent infections.

O: Vitals: BP 118/70. Wt 164 pounds. Ht 66 inches. T 98.6. P 76. RR 20.

Physical Examination:

Constitutional: No acute distress.

Eyes: Conjunctivae and lids clear. PERRL. Normal ophthalmoscopic examination of optic discs.

ENT: Auditory canals clear. Tympanic membranes clear. Throat clear.

PATIENT: HUNTER, WARNETTE  
DOB: 03/26/1957  
MR#: 2004500  
PAGE TWO

Neck: Symmetrical, no masses. Thyroid not palpable.

Respiratory: Normal effort, auscultation clear.

Cardiovascular: Normal palpation, RRR, no murmurs.

Breasts: No masses, no nipple discharges.

Abdomen: Soft, non-tender, no masses, no organomegaly.

GU: Normal external genitalia, normal vagina, normal cervix. No uterine masses or tenderness, no adnexal masses or tenderness.

Rectal: Sphincter tone is normal. No rectal masses, guaiac negative.

Lymphatic: No cervical, supraclavicular, axillary, inguinal adenopathy.

Musculoskeletal: Normal gait, no asymmetry, normal range of motion, normal muscle strength and tone.

Skin: No rashes, no subcutaneous nodules.

Neurologic: Normal cranial nerves II-XII, normal deep tendon reflexes, normal sensation.

Psychiatric: Alert and oriented times three, normal judgment and insight, no depressed mood.

A: 1. Preop physical for right knee surgery on 7/12/04 at Columbia-St. Mary's by Dr. Weidman.

P: 1. The patient is cleared pending EKG, chest x-ray, CBC, basic metabolic panel and UA.

Jin Kim, M.D.

JK/wtt; T: 07/06/2004

*St. Mary's Hospital, Milwaukee*  
2323 North Lake Drive Milwaukee, Wisconsin 53211

DATE: 07/12/2004

MRN: 152329

ROOM:

NAME: HUNTER, WARNETTE

SURGEON: KEVIN A. WEIDMAN, MD

DOB: 03/26/1957

ASSIST:

ACC#: 112762353

HOSP SER: DSC

### OPERATIVE REPORT

**PREOPERATIVE DIAGNOSIS:** Internal derangement of right knee with lateral riding patella.

**POSTOPERATIVE DIAGNOSIS:** Chondromalacia of lateral facet with tight lateral retinaculum, torn posterior horn medial meniscus.

**NAME OF PROCEDURE:**

**ANESTHESIA:**

**ANESTHESIOLOGIST:**

**DESCRIPTION OF PROCEDURE:** Under excellent general anesthesia, the right lower extremity was prepped and draped in the usual manner, examined and noted to be stable and elevated and exsanguinated. The arthroscope was introduced through an inferolateral parapatellar portal and outflow through superolateral parapatellar portal with instrumentation through the an inferomedial parapatellar portal, all established under direct vision. The undersurface of the patella was difficult to visualize due to a lateral retinacular tightness which was relieved with by performing a lateral release using the Oratec ligament chisel. This allowed debridement and inspection of the parapatellar soft tissues as well as the patella itself noting grade 2 and 3 changes of chondromalacia, predominantly along the lateral facet as expected. There were no lesions noted along the lateral condyle superiorly or the trochlear. The lateral compartment was inspected and noted to have age appropriate changes. The anterior cruciate ligament had some areas of injection however when probed, they were noted to be stable. The medial compartment was inspected and radial posterior horn tear was with inferior extension was noted. This was debrided with the meniscotome and ligament chisel to a smooth base. We then considered the procedure to be complete. The

**OPERATIVE REPORT**



*St. Mary's Hospital, Milwaukee*

DATE: 07/12/2004

MRN: 152329

NAME: HUNTER, WARNETTE

**OPERATIVE REPORT**

instruments were withdrawn. Tourniquet was deflated. Hemostasis obtained. Marcaine injected and sterile dressing was applied. Steri-Strips were used to close the wounds. A sterile dressing was then applied. The patient tolerated the procedure well.

KAW/klm DD:07/12/2004 TD: 9:11 DT:07/12/2004 TT: 10:53 AM

---

KEVIN A. WEIDMAN, MD

**St. Mary's Hospital**  
2323 North Lake Drive \* Milwaukee, WI 53211-0503

**OUTPATIENT**

<b>PATIENT NAME</b> HUNTER, WARNETTE		<b>TITLE</b>	<b>DATE OF BIRTH</b> 03/26/1957	<b>AGE</b> 47	<b>SEX</b> F	<b>RACE</b> B	<b>MS</b> D	<b>PT TYPE</b> D	<b>HOSP SERV</b> RWE	<b>MEDICAL RECORD NO.</b> 152329
<b>ADDRESS</b> 3232 N 24 PL MILWAUKEE WI 53206-		<b>PREVIOUS NAME</b>	<b>RELIGION</b> NOP	<b>OCCUPATION</b>	<b>SOCIAL SECURITY NO.</b> 394-70-5631		<b>PRIN FTN CL</b> T	<b>REG BY</b> ADMCC	<b>REGISTRATION DATE &amp; TIME</b> 04/30/04	<b>ACCOUNT NO.</b> 112457933
<b>HOME PHONE</b> 414/873-8025		<b>WORK PHONE/EXT.</b> 999/999-9999 x	<b>PRIMARY CONTACT/ADDRESS</b> HUGHES SHIRLEY 3232 N 24 PL MILWAUKEE WI 53218-		<b>RELATION</b> 4	<b>SECONDARY CONTACT/ADDRESS</b>		<b>RELATION</b>		
<b>GUARANTOR/PHONE</b> HUNTER Home 414/873-8025 Work 999/999-9999 x		<b>RELATION</b> 1	<b>ADDRESS</b> 3232 N 24 PL		<b>CITY/STATE/ZIP</b> MILWAUKEE WI 53206-					
<b>PRTY INSURANCE</b> 1 MEDICAID	<b>ADDRESS/CITY/STATE</b> ATTN CLAIMS DEPT MADISON		<b>PHONE/ZIP</b> 608/221-9254 x 53784-		<b>AUTH/WIPRO NO</b>					
							x			
							x			
							x			
<b>ACCIDENT DATE TYPE DESCRIPTION</b> 02/14/04 O SLIPPED COMING OFF BUS IN DOT MRO MRS A LATEX				<b>ATTENDING DR.</b> KEANE, SEAN P., MD 005835						
<b>DIAGNOSIS/SYMPOMS</b> CHONDROMALACIA PATELLAE RIGHT TIBIAL SUBLUZATION				<b>PRIMARY DR.</b> SCOTT, GEOFFREY A, M 044504						
<b>ADVANCE DIRECTIVE</b> NO		<b>DEPT/DATE OF SERVICE</b>		<b>DEPT/DATE OF SERVICE</b>		<b>DEPT/DATE OF SERVICE</b>				
<b>DICTION DATES:</b>										
<b>H &amp; P</b>			<b>O/R</b>			<b>DISCHARGE</b>				

**Columbia St. Mary's**  
 PT  OT  
 SLP  TR  
 VOC

**Check Campus:**  
 Columbia (Ch)  
 Milwaukee (SMA)  
 Ozaukee (SMO)  
 Sacred Heart Rehabilitation Institute (SHR)

Name: **HUNTER, WANNETTE**  
 Medical Record #: **MR 152325 PT 112457933**  
 DOB: **05/29/1967**  
 Referring Phys: **ATH KEANE, SEAN P., MD**  
 PI Acct #: **PR: SCOTT, GEOFFREY A. M. D. N/A**  
**ADM 04/28/04 PHYSICAL THERAPY**

RETURN TO FAX: 291/1077

PROVIDER # **S20051** HON # **294 705631** ONSET DATE **2/04** SOC DATE **4/30/04**

MEDICAL DIAGNOSIS: **CMP (R) Tibial subluxation** TREATMENT DIAGNOSIS: **Impaired Mobility / gait**

Current Complaints: **no persistent (R) knee/leg pain resulting from a fall in a manhole last 2/04. Difficulty w/ stairs, walking, ankle prompted consult**

Patient and Family Expectations / Goals: **Walk 5 p.m.**

Does patient report pain?  Yes  No If yes, rating **6-10/10** (0-10 scale)

Pertinent Medical / Social History, Diagnosis Co-morbidities, Prior Level of Function  
**H/O (L) foot sx, just got off (R) ankle walking boot last week. Sfx: unemployed, promish pain free & all walking / Ankle.**

Precautions: **NONE** Allergies: **COMPASIN**

Assessment Summary / Justification of Skilled Care  
**Wannette presents w/ (R) LE dysfunction w/ R poor patellar tracking, mm. imbalance, ↓ quadriceps / hamstring strength resulting in gait deviations, difficulty w/ stability / WB activities; Pt. is warranted to improve artro + myo-lumbarization @ (R) knee and allow progression of ex. + activities w/ ↑ sxs + facilitate return to previous activity levels w/ pain**

Rehab Potential / Rationale: **Good**

Patient has been provided with Patient Rights Information  Yes  No  
 Orientation provided / POC discussed / agreed upon with patient / family  Yes  No

Discharge / Long Term Goals: **(1) Pt will walk > 30 min, stand > 15 min. (2) Pt will control sxs (L) leg w/ HEP (3) Pt will control sxs (R) leg w/ HEP**

Short Term Goals: **In 3 wks, Pt will (1) improve (R) knee ROM by 25% to facilitate sit & stand from apron w/ pain < 6/10 (2) walk 16k w/ 5 double pain < 5/10 (3) stand 10 min w/ FNB (R) LE + pain < 5/10**

Plan of Care: **TUNOX / MT, US PAIN, MEF, Gait try. Freq: 2x/wk LTG Duration: 6 wks**  
 Certification from **4/30/04** to **5/24/04**  
 Therapist / License #: **SMAZ 19975044**

PHYSICIAN SECTION:  I agree with the above plan of care  Implement the following changes in the above plan of care

PRINT Physician Name: **DR. KEANE**  
 Physician Signature: **[Signature]** Date: **30 April 2004**

**Columbia St. Mary's**

**Check Campus:**

- PT
- SLP
- VOC
- OT
- TR

- Columbia Campus (CH)
- Milwaukee Campus (SMM)
- Ozaukee Campus (SMO)
- Sacred Heart Rehabilitation Institute (SHRI)

Name

Medical Record

DOB

Referring Physi

Pt Acct #

HUNTER, WARNETTE

SMM

MR - 152329 PT - 112457933

SEX F 03/28/1957 47Y

ATN KEANE, SEAN P., MD

PRI SCOTT, GEOFFREY A. M

D RHE

ADM 04/30/04 PHYSICAL THERAPY

PROVIDER #	S20051	HICN #	394705631	ONSET DATE	2/04	SOC DATE	4/30/04
MEDICAL DIAGNOSIS	CMP, (R) Tibial Subluxation			TREATMENT DIAGNOSIS	Impaired Mobility / gait		

Month / Year		Date per Visit												
CPT Code	4/30/04	5/6												
97001 EV	45													
97110 TRP	15	35												
97140 MT														
97035 US		8												
Total Time	60'	43												

Month / Year		Date per Visit												
CPT Code														
Total Time														

Initials / Signature / Title / License #:  
 SW SUND, PT 4975004  
 BL [Signature] RHA

Date 4/30  
 Therapist Initial SV  
 MD order for evaluation received and initiated this date; findings identified on evaluation form.  
 List education / tx provided this date:  
 HEP: TRE's, VMO, Quadratus, SV's  
 heel lifts, hip abd/add.  
 Wt. shift side to side & anterolateral in body



Columbia St. Mary's

- PT
- SLP
- VOC
- OT
- TR

Check Campus:

- Columbia (CH)
- Milwaukee (SMM)
- Ozaukee (SMO)
- Sacred Heart Rehabilitation Institute (SHRI)

Name

Medical Record

DOB

Referring Physic

Pl Acct #

HUNTER, WANNETTE

SMM

MR 152329 PT 112457933

SEX F 03/26/1957 47Y

ATN KEANE, SEAN P., MD

PRI SCOTT, GEOFFREY A. M

D RWE

ADM 04/30/04 PHYSICAL THERAPY

Documentation of per visit, Ed / Tx provided, progress towards goals, and updated goals as appropriate.

Date	5-3
Therapist Initial	SV
<p>CX - appt. sick grandchild N/S appt</p>	

Date	5/6/04
Therapist Initial	Ed
<p>S:PT reports @ knee pain "8"/10 today. Pt brought script for ankle, IP Rx @ knee pain "4"/10. C: Reviewed HEP - required V's for hamstring stretch (wasn't holding x 30 sec). Performed heel strike, prone knee flex, ankle pumps, PKE's, hip abd/addl &amp; SRK. O: US at 1.5W/cm<sup>2</sup> x 8min to @ knee for pain relief. A: ROM @ knee flex (supine) = 125° A: P: Pain &amp; pain P: Cont.</p>	

Date	5/10/04
Therapist Initial	Ed
<p>S:PT reports @ knee pain "8"/10, no A in pain. O: US at 1.5W/cm<sup>2</sup> x 8min to @ knee for pain relief. A: Reviewed HEP for knee (as above) A: PT conts A: Revised V's for correct technique for H/S stretch P: Cont P: Cont</p>	

Date	5/13
Therapist Initial	SV
<p>N/S today attypna + call pt - No VM.</p>	

Date	5/19
Therapist Initial	SV
<p>CX appt today - dental emergency + eval on ankle. N/S 5/24/04.</p>	



Columbia St. Mary's

- PT
- SLP
- VOC
- OT
- TR

**Check Campus:**

- Columbia (CH)
- Milwaukee (SMM)
- Ozaukee (SMO)
- Sacred Heart Rehabilitation Institute (SHRI)

Name

Medical Record

DOB

Referring Physician

Pt Acct #

Hunter, W.

**Documentation of per visit, Ed / Tx provided, progress towards goals, and updated goals as appropriate.**

Date 5/21	S: 1-2/10 knee pain. Much, much better able to walk/stand as needed 5 p.m. ↑. Ø smoothly about, ↑↓ stairs 5 p.m.
Therapist Initial SV	Reoriented today - Rom: 0°-130°. Ø edema noted, WR patellar, knee SLR to 75° (R); FM: patellar (knee), ITB 5/11

Date	Txp: Rummel HEP - HTS stretch, quad stretch hip abd/add, SLR, UMo Quad ex. added Bike x 10" wheel 3-0
Therapist Initial	Wall sits, Lunges T-band TICEs (WRB)

Date	LP x 100# (B) UEs x 20
Therapist Initial	Step up/ sidestep up / Step down Neural stretching App: Goals met - Wm' send back to MD for F/U. Cont POC - HEP MR

Date	
Therapist Initial	

Date	
Therapist Initial	

Columbia St. Mary's

Check Campus:

- PT
- SLP
- VOC
- OT
- TR

- Columbia (CH)
- Milwaukee (SMM)
- Ozaukee (SMO)
- Sacred Heart Rehabilitation Institute (SHRI)

RETURN TO FAX: 2911077

Name

Medic HUNTER, WANNETTE SMM

DOB: MR 152329 PT 112457933

SEX F 03/26/1957 47Y

Referr: ATN KEANE, SEAN P., MD

PRI SCOTT, GEOFFREY A. M D RME

Pt Act: ADM 04/30/04 PHYSICAL THERAPY

PROVIDER # 520051	HICN # 394 705631	ONSET DATE 4/04	SOC DATE 4/30/04
MEDICAL DIAGNOSIS CMP, (R) tibial sublux.	TREATMENT DIAGNOSIS J gait instability	VISITS FROM SOC 9	VISITS MISSED FROM SOC 3

Patient Perception of Treatment, Level of Participation:

helpful injured 3 appts.

Patient/Family Goals: walk & pain

Does patient report pain?  Yes  No If yes, rating 1/10 (0-10 scale) (from 6-10/10)

Assessment Summary / Justification of Skilled Care, Current Level of Function, Progress Toward Goals:

⊙ Reports pain ↓ > 90%, able to sit/stand, walk, do stairs reciprocally & pain ↑; ∅ swelling/wound;  
 MM: 0-130° (R) knee, w/ patellar mobility, SCLT + 75° (R)  
 HEP in place. Pt requesting D/C from P-T. d/t ∅ SXS  
 & ADLs anymore. Advised to keep up w/ HEP & F/LC  
 Dr. Keane. D/C P-T.

Rehab Potential /Rationale: Good

Additional Pertinent Information (Patient/Family Education, Home Program Recommendations):

⊙ Stretching / strengthening ex. (B) LE's, ice/heat use

Orientation to updated goals & treatment plan have been discussed / agreed upon with patient / family  Yes  No

Discharge / Long Term Goals:

Revised Short Term Goals:

⊙ D/C P-T. + HEP

Plan of Care:

N/A

Freq:

N/A

Revised Duration:

N/A

Certification from

NA to

MD Signature not required at this time.

Therapist / License #:

Date

PHYSICIAN SECTION:  I agree with the above plan of care  Implement the following changes in the above plan of care:

PRINT Physician Name

Dr. Keane

Physician Signature

X

Date

- Columbia St. Mary's Columbia Campus ..... Telephone: 414-961-4181  
2025 E. Newport Ave., Milwaukee, WI 53211 ..... Fax: 414-961-4176
- Columbia St. Mary's Sacred Heart Rehabilitation Institute ..... Telephone: 414-298-6718  
2350 N. Lake Drive, Milwaukee, WI 53211 ..... Fax: 414-298-6751
- Columbia St. Mary's Milwaukee Campus ..... Telephone: 414-291-1773  
2323 N. Lake Drive, P.O. Box 503, Milwaukee, WI 53201-0503 ..... Fax: 414-291-1113
- Columbia St. Mary's Ozaukee Campus ..... Telephone: 262-243-7368  
13111 N. Port Washington Rd., Mequon, WI 53097 ..... Fax: 262-243-7329
- Other

**AUTHORIZATION FOR  
USE / DISCLOSURE OF  
PATIENT HEALTH CARE  
INFORMATION**

MR #: 152379  
ID Verified: 11/24/04 DSC  
4/12/04-7/22/04

**FEB 24 2005**

Wannette Hunter (Patient Name) 1 (Previous Name) 3-26-57 (DOB)

- I authorize the above noted facility to release information from my medical records to the person/institution named below:
- I authorize the following person/institution to release information from my medical records to the above noted facility:

Name Wannette Hunter Phone # 873-8025 Fax # \_\_\_\_\_

Address, City, State, Zip 4326 W. Keefe Ave Mil, WI, 53216

Mail  Pick-up Date / Time \_\_\_\_\_ / \_\_\_\_\_ Patient's Phone Number 873-8025

INFORMATION TO BE RELEASED: (Check all that apply) Dates of Service: Jan 2004 to present

- Discharge Summary  Lab Reports  X-Ray Reports
- History & Physical  EKG  X-Ray Films - # sent \_\_\_\_\_
- Consultation Reports  AIDS / HIV Test and / or Treatment **Original Films must be returned within 30 days**
- Operative Reports  Team Conference Reports
- ER Reports  Therapy Evaluations
- Other (specify) \_\_\_\_\_

**PURPOSE FOR DISCLOSURE:**

- Further medical care  Legal investigation  Payment of claims / benefits
- Application for insurance  Vocational rehab eval  Personal
- Disability determination  Other \_\_\_\_\_

I authorize release of my medical record/films in accordance with the specifications listed above. I understand that the above noted facility will not condition treatment or payment on the signing of this authorization except where the provision of healthcare is solely for the purpose of creating health care information for disclosure to a third party. I have the right to revoke this authorization (by written notification only to the Operations Manager in the Medical Record Department) except to the extent that information was released, as authorized, prior to notice of the revocation. I understand that I do not have the right to revoke this Authorization if it was obtained as a condition of obtaining insurance coverage and the insurer has the right to contest a claim under the policy. This consent will remain in effect until the following date or event \_\_\_\_\_ and in all cases expires in one (1) year.

The information disclosed as the result of this authorization might be redisclosed by the person receiving it and may no longer be protected by privacy protections under Federal Law.

**CHECK ONE OF THE FOLLOWING:**

- I am the patient.
- I am the parent of the above named minor child and I represent that I have not been denied access to my child by a court of law and / or denied periods of physical placement with my child.
- I am the legal guardian of the above named patient (proof of guardianship required).
- I am the next-of-kin of the above named deceased patient (proof of death required).
- I am the executor / personal representative of the estate of the above named deceased patient (proof required).
- I am the above named patient's Durable Power of Attorney for Healthcare Agent (proof and activation of DPOA required).

Date: 2-23-05 Signature: Wannette Hunter 2/25/05 [Signature]  
Date: \_\_\_\_\_ Witness: \_\_\_\_\_

**THE HOSPITAL RESERVES THE RIGHT TO CHARGE FOR COPYING MEDICAL RECORDS**

IF THIS IS A 2-PLY FORM: BOTH SUFFICE AS ORIGINAL FAX IS AS GOOD AS ORIGINAL  
Copy will be provided to patient when authorization is requested by CSM or upon request by patient.



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Prepay

- Columbia St. Mary's Columbia Campus ..... Telephone: 414-961-4181  
2025 E. Newport Ave., Milwaukee, WI 53211 ..... Fax: 414-961-4176
- Columbia St. Mary's Sacred Heart Rehabilitation Institute ..... Telephone: 414-298-6718  
2025 E. Newport Ave., Milwaukee, WI 53211 ..... Fax: 414-298-6751
- Columbia St. Mary's Milwaukee Campus ..... Telephone: 414-291-1773  
2323 N. Lake Drive, P.O. Box 503, Milwaukee, WI 53201-0503 ..... Fax: 414-291-1113
- Columbia St. Mary's Ozaukee Campus ..... Telephone: 262-243-7368  
13111 N. Port Washington Rd., Mequon, WI 53097 ..... Fax: 262-243-7329
- Other

**AUTHORIZATION FOR USE / DISCLOSURE OF PATIENT HEALTH CARE INFORMATION**

MR #: 152329  
ID Verified: 11/24/04 DSC  
4/12/04-7/22/04

Wannette Hunter (Patient Name) / \_\_\_\_\_ (Previous Name) 3-26-57 (DOB)

- I authorize the above noted facility to release information from my medical records to the person/institution named below:
- I authorize the following person/institution to release information from my medical records to the above noted facility:

Name TAMARA Jackson Phone # 342-3580 Fax # 342-3581

Address, City, State, Zip 2051 W. Wisconsin Ave 53233 MIL, WIS

- Mail  Pick-up Date / Time \_\_\_\_\_ / \_\_\_\_\_ Patient's Phone Number (414) 873-8025

**INFORMATION TO BE RELEASED: (Check all that apply)**

- Discharge Summary
- History & Physical
- Consultation Reports
- Operative Reports
- ER Reports
- Other (specify) \_\_\_\_\_
- Lab Reports
- EKG
- AIDS / HIV Test and / or Treatment
- Team Conference Reports
- Therapy Evaluations

Dates of Service: All of 2004

- X-Ray Reports
  - X-Ray Films - # sent \_\_\_\_\_
- Original Films must be returned within 30 days

**PURPOSE FOR DISCLOSURE:**

- Further medical care
- Application for insurance
- Disability determination
- Legal investigation
- Vocational rehab eval
- Other \_\_\_\_\_
- Payment of claims / benefits
- Personal

I authorize release of my medical record/films in accordance with the specifications listed above. I understand that the above noted facility will not condition treatment or payment on the signing of this authorization except where the provision of healthcare is solely for the purpose of creating health care information for disclosure to a third party. I have the right to revoke this authorization (by written notification only to the Operations Manager in the Medical Record Department) except to the extent that information was released, as authorized, prior to notice of the revocation. I understand that I do not have the right to revoke this Authorization if it was obtained as a condition of obtaining insurance coverage and the insurer has the right to contest a claim under the policy. This consent will remain in effect until the following date or event 1 year and in all cases expires in one (1) year.

The information disclosed as the result of this authorization might be redisclosed by the person receiving it and may no longer be protected by privacy protections under Federal Law.

**CHECK ONE OF THE FOLLOWING:**

- I am the patient.
- I am the parent of the above named minor child and I represent that I have not been denied access to my child by a court of law and / or denied periods of physical placement with my child.
- I am the legal guardian of the above named patient (proof of guardianship required).
- I am the next-of-kin of the above names deceased patient (proof of death required).
- I am the executor / personal representative of the estate of the above named deceased patient (proof required).
- I am the above named patient's Durable Power of Attorney for Healthcare Agent (proof and activation of DPOA required).

Date: 1-24-05 Signature: Wannette Hunter  
Date: \_\_\_\_\_ Witness: \_\_\_\_\_

RECEIVED

**THE HOSPITAL RESERVES THE RIGHT TO CHARGE FOR COPYING MEDICAL RECORDS**  
IF THIS IS A 2-PLY FORM: BOTH SUFFICE AS ORIGINAL FAX IS AS GOOD AS ORIGINAL

Copy will be provided to patient when authorization is requested by CSM or upon request by patient.

*Prepay*  
FIGUEROA & JACKSON, LLC ATTORNEYS AT LAW

152329

4/12/04 - 7/22/04  
*if related*

THE PETTIBONE MANSION  
2051 WEST WISCONSIN AVENUE  
MILWAUKEE, WISCONSIN 53233

TELEPHONE: 414/342-3580  
FACSIMILE: 414/342-3581

December 7, 2004

DEC 09 2004

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Columbia St. Mary's  
Attn: Medical Records  
2323 N. Lake Drive  
Milwaukee, WI 53211

RE: Personal Injury Case

Dear Dr. Arnold:

Enclosed please find an authorization for the release of medical information that has been signed by ~~Warnette Hunter~~. I am writing to request any records you may have concerning Warnette Hunter as it relates to a slip and fall accident that occurred on March 13, 2004. The signed authorizations indicate that she approves the release of any information we request in the interests of her legal matter.

Warnette Hunter date of birth is March 26, 1957. If I can provide any further information that will aid in the release of his records to my office, please let me know. I can be contacted by phone at (414) 342-3580, and by fax at (414) 342-3581. Please send any and all information you have to me in regards to this incident at The Pettibone Mansion, 2051 W. Wisconsin Avenue, Milwaukee, Wisconsin 53233. If-addressed stamped envelope provided. Additionally, please provide my office with a final bill for the services provided to Ms. Hunter. If there are any fees or costs for the photocopying of this information, please send a bill along with the information. Additionally, if the fee for this information is greater than \$50.00, please contact my office before you send this information to me.

Thank you for your prompt attention to this matter.

Sincerely,

FIGUEROA & JACKSON, LLC

*Tamara N. Jackson*  
Tamara N. Jackson  
Attorney at Law

Enclosure

**AUTHORIZATION AND INFORMED CONSENT FOR  
DISCLOSURE OF CONFIDENTIAL HEALTH INFORMATION**

TO: Columbia St. Mary's  
2323 N. Lake Drive  
Milwaukee, WI 53211

RE: Warnette Hunter  
Date of Birth: March 26, 1957

You are hereby authorized to disclose and to discuss with Michele K. Figueroa and Tamara N. Jackson, of the Law Office of Figueroa & Jackson, LLC, or any agent thereof, whose address is 2051 W. Wisconsin Avenue, Milwaukee, WI 53221, any and all medical, hospital, dental, psychological, psychiatric, and pharmacy records, emergency treatment records, medical scan records of any kind, prescription records, or any other confidential information, including photostats thereof, that they may request regarding the party named above.

I fully authorize all information to be released from my file, regardless of the information contained, including mental health records, HIV status, alcohol and drug abuse records, developmental disease records, or any other confidential information. You are further authorized and directed to furnish oral and written reports as requested on any of the foregoing matters.

I authorize that these records can be delivered by mail or can be received in person if my above captioned designees chooses to do so. I further authorize and consent to copying of the above records. I understand this consent may be in writing. This consent will remain in force until July 2005. I intend that photocopy of this release shall be effective as an original.

I understand that the records received by the above captioned designees may be subject to disclosure again by my designees for purposes of my personal injury case, and will no longer be protected by the HIPAA Privacy Rule. I further understand that I can revoke this authorization by contacting Figueroa & Jackson, LLC in writing at 2051 W. Wisconsin Ave. Milwaukee, WI 53233 and the upon receipt of my request to revoke this authorization this authorization will terminate immediately.

I understand that treatment, payment, enrollment or eligibility of benefits may not be conditioned on obtaining the individuals authorization.

This authorization is given pursuant to sec. 146.81, 146.82, 146.83, and 804.10 (4), Stats.

  
Warnette Hunter

11-17-04  
Date

---

**Please send requested information to:**  
FIGUEROA & JACKSON, LLC  
2051 W. Wisconsin Avenue  
Milwaukee, WI 53233  
(414) 342-3580 (W)  
(414) 342-3581 (F)

*St. Mary's Hospital, Milwaukee*  
2323 North Lake Drive Milwaukee, Wisconsin 53211

DATE: 11/24/2004 MRN: 152329  
ROOM: NAME: HUNTER, WARNETTE  
SURGEON: KEVIN A. WEIDMAN, MD DOB: 03/26/1957  
ASSIST: ACC#: 113372419  
HOSP SER: DSC

### OPERATIVE REPORT

The patient was seen in the holding area preoperatively, and a tender area posteriorly was marked with an indelible pen. She was then brought to the operating room.

**PREOPERATIVE DIAGNOSIS:** Painful lipoma, right iliac crest region.

**POSTOPERATIVE DIAGNOSIS:** Painful lipoma, right iliac crest region.

**NAME OF PROCEDURE:** Lipomata excision.

**DESCRIPTION OF PROCEDURE:** The patient was anesthetized and placed in the lateral decubitus position, to allow exposure of the right posterior iliac crest area. Prep and drape were carried out around the area marked with the indelible pen, followed by draping in the usual fashion. The skin was incised and dissection was carried out in a spreading fashion using the scissors. Two large firm lipomata were removed from the area. Specimens were sent to the laboratory for evaluation; they did not appear to be cancerous. The wound was thoroughly digitally explored, and no additional mobile structures were noted. The wound was irrigated and injected with 1% Marcaine. It was closed in layers with Vicryl and staples for the skin. A sterile dressing was applied.

The patient tolerated the procedure well. There were no complications.

KAW/jay DD:11/24/2004 TD: 11:48 DT:11/25/2004 TT: 08:08 AM

  
\_\_\_\_\_  
KEVIN A. WEIDMAN, MD

**OPERATIVE REPORT**

## Report of Tissue Examination

Accession #: SMS-04-08730  
Date Collected: 11/24/2004  
Date Received: 11/24/2004  
Pt Type: R  
Location: MDS  
Clinic Medical Record #:

MRN: 000000152329  
Acct #: 113372419  
NAME: HUNTER, WARNETTE  
DOB: 3/26/1957 AGE: 47  
Sex: F

Ref MD: KEVIN WEIDMAN, M.D.  
2315 N. LAKE DR., #803  
MILWAUKEE, WI 53211

Copy to MD:

---

SPECIMEN: Lipoma, right buttock

CLINICAL INFORMATION: Current case: SMS-04-8730. Lipoma R buttock.

---

### **PATHOLOGICAL DIAGNOSIS:**

Right buttock mass, excision:  
- Mature adipose tissue, consistent with lipoma.

*Susan J. Riegg, M.D.*

---

### **GROSS DESCRIPTION:**

The specimen is labeled "lipoma, right buttock". Received fresh and placed in formalin is a 7.0 x 5.0 x 1.5 cm fragmented aggregate of partially encapsulated, yellow lobulated adipose tissue. The cut surfaces are unremarkable. Representative sections are submitted in seven cassettes. BN:lc

---

### **MICROSCOPIC DESCRIPTION:**

Sections show multiple portions of mature adipose tissue. The adipocytes have peripherally displaced, bland appearing nuclei. No nuclear atypia or abnormal mitotic activity is appreciated. No lipoblasts are seen. Increased vascularity is not appreciated. There is no evidence of malignancy. SJR:lc 88304, CR1

---

Susan J. Riegg M.D.  
Pathologist  
Electronically signed 11/26/2004

---

PATIENT: HUNTER, WARNETTE  
PAGE 1 of 1  
End of Report

St. Mary's Hospital of Milwaukee - Pathology  
2323 N. Lake Drive - Milwaukee, WI 53201  
414-291-1120

Pathology

Pathology

Pathology

Pathology

Pathology

---

**Columbia St. Mary's ANESTHESIA RECORD** Page 1 of 6

Milwaukee Campus (SMM) PRE-INDUCTION ASSESSMENT  PRE-INDUCTION SAFETY CHECK  PREMEDICATION See order

DATE 11.24.04 ASA (2) APPROPRIATE ALARMS ON & AUDIBLE

SURGEON Weidman, K ALLERGIES COMRAZINE

PROCEDURE EXCISE LIPOMA (R) BUTTOCK

ADDRESSOGRAPH  
 23072419  
 47Y

AGENTS	N <sub>2</sub> O (A) L/Min	O <sub>2</sub> (B) /Min	TIME
DES (SEVO) (ISO) FLURANE %			
PROPOFOL / THIOFENTAL / ETOMIDATE mg	150		
PROPOFOL mcg kg <sup>-1</sup> min <sup>-1</sup>			
FENTANYL / ALFENTA / SUFENTA mcg	150		
ROB mg			
DRP "			
L100 "			

TOTALS	TOTAL FLUIDS
	1000 cc
	U/O cc
	EBL <u>mm</u> cc
BLOOD PRODUCTS FOR:	
<input type="checkbox"/>	Bleeding
<input type="checkbox"/>	Thrombocytopenia
<input type="checkbox"/>	ABN Coag
<input type="checkbox"/>	Surg Req
<input type="checkbox"/>	Other

- MONITORS**
- MBP  L  R
  - EKG
  - Precordial
  - Esoph Steth
  - Temp SKIN
  - P<sub>O</sub>2
  - ETCO<sub>2</sub>
  - O<sub>2</sub> Sat
  - NM Stim
  - Foley
  - Agent Analyzer
  - Art Line
  - CVP
  - PA CATH
  - Other

MONITORS	TIME
EKG	<u>SR SR SR SR</u>
O <sub>2</sub> Sat	<u>100 100 100 98</u>
ETCO <sub>2</sub>	<u>36 32</u>
TEMP	
PAP	
CVP/PCWP	
CO	
SVO <sub>2</sub>	
FLUID 1	<u>NSOL</u>
2	
EBL	<u>1000</u>
U/O	
Position	<u>SUP → LAT → SUP</u>

- ANESTHESIA TECHNIQUE**
- General
  - Epidural
  - Nerve Block
  - IV Regional
  - Other
  - Spinal
  - MAC
  - Hypotension

- AIRWAY SUMMARY**
- Natural  NC  Mask
  - Oral Airway  Nasal Airway
  - Oral ETT  Nasal ETT
  - LMA  Trach
  - Size 4  Cuff ↑ 1000
  - Blade
  - Double Lumen  Pre O<sub>2</sub>
  - Awake Intubation  Rap Seq
  - Fiberoptic  Cric Press
  - Topical Anesthesia  Eyes Taped
  - Bilat Breath Sounds  Eyes Lubed
  - ETCO<sub>2</sub> Verified at intubation

- ADJUVANTS**
- Nose
  - Fluid Warmer
  - Forcad Air Warmer
  - Arms Padded
  - Lead Shield (pt)
  - SCD  Axillary Roll
  - Prone Pillow

TIME	MONITORS	ADJUVANTS	RESPIRATION	RR / TV
220				
200				
180				
160				
140				
120				
100				
80				
60				
40				
20				
0				

- COMMENTS** E2 at room insertion.  
Secured.

	START	FINISH
ANES. TIME	<u>1117</u>	<u>1157</u>
SURG. TIME	<u>1136</u>	<u>1146</u>

- REGIONAL**
- Type \_\_\_\_\_ Level \_\_\_\_\_
- Position \_\_\_\_\_ Needle \_\_\_\_\_
- Paresthesia \_\_\_\_\_ Herpe \_\_\_\_\_ CSF \_\_\_\_\_
- Agent \_\_\_\_\_
- COMMENTS \_\_\_\_\_

**CONDITION ON ARRIVAL TO PACU / ICU / DAY SURGERY**

Awake  Responsive-Verbal  Responsive-Pain  Unresponsive

**SPINAL / EPIDURAL**

Level \_\_\_\_\_

**PACU / ICU VITAL**

BP 126/77 P 85 RR 12 T 99.0 F<sub>O<sub>2</sub></sub> Sat 99 %

Pre-Op Antibiotic: \_\_\_\_\_ Time: \_\_\_\_\_  None

**AIRWAY REFLEXES**  Present  Absent

**EXTUBATED**  OR  PACU

**PAR / ALDRETE SCORE** ≥ \_\_\_\_\_

**REMARKS**

#9. I ped. Monitors. Arms out < 90° in lat position. Acc PRP.  
Pillow. Ax Roll

MA out in OR, PACU = spontaneously resp. O<sub>2</sub>. 34m w/c fuel  
Open being MD report to RN - left

SIGNATURE CRNA/MDA [Signature]

**POST ANESTHETIC NOTE / VISIT**

Awake, VSS  
Doing well

Signature [Signature]  
 Date \_\_\_\_\_ Time \_\_\_\_\_

<b>PATIENT NAME</b> HUNTER, WARNETTE		<b>TITLE</b> UNKNOWN	<b>DATE OF BIRTH</b> 03/26/1957	<b>AGE</b> 47	<b>SEX</b> F	<b>RACE</b> B	<b>MS</b> D	<b>PT TYPE</b> R	<b>HOSP SERV</b> OPD	<b>MEDICAL RECORD NO.</b> 152329
<b>ADDRESS</b> 3232 N 24 PL MILWAUKEE WI 53206-		<b>PREVIOUS NAME</b> UNKNOWN	<b>RELIGION</b> NOP	<b>OCCUPATION</b> UNKNOWN	<b>SOCIAL SECURITY NO</b> 394-70-5631	<b>PRIN FIN CL</b> T	<b>REG BY</b> ADMPA2	<b>REGISTRATION DATE &amp; TIME</b> 07/22/04 11:10	<b>ACCOUNT NO.</b> 112865454	
<b>PRIMARY CONTACT/ADDRESS</b> HUNTER 3232 N 24 PL MILWAUKEE WI 53206-		<b>RELATION</b> 5	<b>SECONDARY CONTACT/ADDRESS</b> CONSUELLA HOME PHONE 414/873-8025 WORK PHONE/EXT. 999/999-9999 x		<b>RELATION</b> HOME PHONE WORK PHONE/EXT.					
<b>GUARANTOR/PHONE</b> HUNTER Home 414/873-8025 Work 999/999-9999 x		<b>RELATION</b> 1	<b>ADDRESS</b> 3232 N 24 PL		<b>CITY/STATE/ZIP</b> MILWAUKEE WI 53206-					
<b>PRTY INSURANCE</b> 1 MEDICAID		<b>ADDRESS/CITY/STATE</b> ATTN CLAIMS DEPT MADISON		<b>PHONE/ZIP</b> 608/221-9254 x WI 53784-		<b>AUTH/WIPRO NO</b> x x x				
<b>ACCIDENT DATE</b> MRO		<b>TYPE</b> MRSA		<b>DESCRIPTION</b> LATEX		<b>ATTENDING DR.</b> WEIDMAN, KEVIN A, MD		016926		
<b>DIAGNOSIS/SYMPOMS</b> RIGHT KNEE SWELLING PAIN		<i>Postop Hematoma</i>				<b>PRIMARY DR.</b> SCOTT, GEOFFREY A, M		044504		
<b>ADVANCE DIRECTIVE</b> NO		<b>DEPT/DATE OF SERVICE</b>		<b>DEPT/DATE OF SERVICE</b>		<b>DEPT/DATE OF SERVICE</b>				
<b>DICTIONATION DATES:</b>										
<b>H &amp; P</b>		<b>O/R</b>		<b>DISCHARGE</b>						

*St. Mary's Hospital, Milwaukee*  
2323 North Lake Drive Milwaukee, Wisconsin 53211

DATE: 07/22/2004

MRN: 152329

ROOM:

NAME: HUNTER, WARNETTE

SURGEON: KEVIN A. WEIDMAN, MD

DOB: 03/26/1957

ASSIST:

ACC#: 112865454

HOSP SER: OPD

### OPERATIVE REPORT

**PREOPERATIVE DIAGNOSIS:** Recurrent painful hemarthrosis, right knee, status post arthroscopic lateral release.

**POSTOPERATIVE DIAGNOSIS:** Recurrent painful hemarthrosis, right knee, status post arthroscopic lateral release.

**NAME OF PROCEDURE:** Repeat arthrocentesis under intravenous sedation.

**ANESTHESIA:**

**ANESTHESIOLOGIST:**

**DESCRIPTION OF PROCEDURE:** Under excellent intravenous sedation with Demerol and Versed, the right knee was prepped and draped in the usual manner. Xylocaine 1% was used to infiltrate the skin lateralward, followed by aspiration of 60 cc of resolving hematoma. Fluid was serosanguinous in color and with low viscosity. Sterile bulky dressing was applied with an Ace bandage. Fluid was sent for culture and sensitivity. The patient tolerated the procedure well. There were no complications.

KAW/dss DD:07/22/2004 TD: 12:17 DT:07/22/2004 TT: 01:54 PM

  
\_\_\_\_\_  
KEVIN A. WEIDMAN, MD

**OPERATIVE REPORT**



# St. Mary's Hospital

2323 North Lake Drive \* Milwaukee, WI 53211-0503

**EMERGENCY**

<b>PATIENT NAME</b> HUNTER, WARNETTE		<b>TITLE</b> UNKNOWN	<b>DATE OF BIRTH</b> 03/26/1957	<b>AGE</b> 47	<b>SEX</b> F	<b>RACE</b> B	<b>MS</b> D	<b>PT TYPE</b> E	<b>HOSP SERV</b> EMR	<b>MEDICAL RECORD NO.</b> 152329
<b>ADDRESS</b> 3232 N 24 PL MILWAUKEE WI 53206-		<b>PREVIOUS NAME</b> UNKNOWN	<b>RELIGION</b> NOP	<b>OCCUPATION</b> WORK PHONE/EXT. 999/999-9999 x	<b>SOCIAL SECURITY NO</b> 394-70-5631	<b>PRIN FIN CL</b> T	<b>REG BY</b> EMRGMS	<b>REGISTRATION DATE &amp; TIME</b> 07/12/04 14:27	<b>ACCOUNT NO.</b> 112820345	
<b>PRIMARY CONTACT/ADDRESS</b> HUNTER 3232 N 24 PL MILWAUKEE WI 53206-		<b>RELATION</b> 5	<b>SECONDARY CONTACT /ADDRESS</b> CONSUELLA HOME PHONE 414/873-8025 WORK PHONE/EXT.		<b>RELATION</b> HOME PHONE WORK PHONE/EXT.					
<b>GUARANTOR/PHONE</b> HUNTER Home		<b>RELATION</b> 1	<b>ADDRESS</b> 3232 N 24 PL		<b>CITY/STATE/ZIP</b> MILWAUKEE WI 53206-					
<b>PRTY</b> 1	<b>INSURANCE</b> MEDICAID	<b>ADDRESS/CITY/STATE</b> ATTN CLAIMS DEPT MADISON		<b>PHONE/ZIP</b> WI 53784-		<b>AUTH/WIPRO NO</b> X X X X				
<b>ACCIDENT DATE</b> 07/12/04		<b>TYPE</b> I	<b>DESCRIPTION</b> RIGHT KNEE PAIN MRS A			<b>ATTENDING DR.</b> MEYERS, STEPHANIE JE		041106		
<b>DIAGNOSIS/SYMPTOMS</b> XX					<b>PRIMARY DR.</b> WEIDMAN, KEVIN A, MD		016926			
<b>ADVANCE DIRECTIVES</b> NO										

3a 998.11  
 998.11  
 530.81  
 346.90  
 99282-25

St. Mary's Hospital, Milwaukee  
2323 North Lake Drive Milwaukee, Wisconsin 53211

DATE:	07/12/2004	MRN:	152329
ROOM:	EMR	NAME:	HUNTER, WARNETTE
PHYS:	MICHAEL J. LAYDE, MD	DOB:	03/26/1957
HOSP SER:	EMR	ACC#:	112820345

**EMERGENCY DEPARTMENT REPORT**

c: Dr. Kevin Weidman, St. Mary's Hospital

**CHIEF COMPLAINT:** This 47-year-old black woman enters the emergency department with a history of developing some bleeding from a surgical site in her right knee.

**HISTORY OF PRESENT ILLNESS:** This 47-year-old black woman underwent arthroscopic surgery to her right knee at this hospital earlier today. She was sent home from day surgery around 12 noon and subsequently developed some brisk bleeding from the wound in several spots. The family was alarmed by the amount of bleeding and contacted the orthopedic surgeon's office. They were advised to bring her to the emergency department to get this evaluated. She has not had any postural dizziness. She has not had any known bleeding disorders.

**PAST MEDICAL HISTORY:** She does have a history of migraine headaches and stomach acid reflux.

**MEDICATIONS:** She takes Imitrex and Tylenol with Codeine for the migraine headaches. She does take Nexium for the stomach acid reflux.

**ALLERGIES:** She is allergic to COMPazine medication.

**PHYSICAL EXAMINATION:** Temperature is 98.0 degrees. Vital signs are as noted on the chart. She appears uncomfortable, but is not in shock. On examination of the right knee, there is a moderate joint effusion present. There is some rather brisk bleeding from the arthroscopic surgical sites with some Steri-Strips in place. She does not have any evident laceration to the right knee. Neurovascular function of the right lower extremity appears to be intact.

St. Mary's Hospital, Milwaukee  
2323 North Lake Drive Milwaukee, Wisconsin 53211

DATE:	07/12/2004	MRN:	152329
ROOM:	EMR	NAME:	HUNTER, WARNETTE
PHYS:	MICHAEL J. LAYDE, MD	DOB:	03/26/1957
HOSP SER:	EMR	ACC#:	112820345

**EMERGENCY DEPARTMENT REPORT**

**TEST RESULTS:** A complete blood count, prothrombin time and PTT were all ordered. The blood hemoglobin was 12 with hematocrit 36. The blood prothrombin time and PTT were both normal.

**EMERGENCY DEPARTMENT COURSE:** She was given Demerol 50 mg IM for pain. She was initially given a sterile dressing with an elastic compression wrap. We discussed the case with Dr. Kevin Weidman and we advised Dr. Weidman that there was some recurrent bleeding from that dressing. He suggested using a Jones dressing for the knee. We did obtain the materials for the Jones dressing and applied that in the department. This did appear to give some good hemostasis and she was able to be discharged home.

**DIAGNOSTIC IMPRESSION:** Post-arthroscopic bleeding from the right knee.

**TREATMENT AND DISPOSITION:** We recommended TED stockings for the left lower extremity. She was reassured. She will elevate the right leg at home, get an ice pack to the right knee for the next several days and take the pain medication as prescribed. She will contact her orthopedic surgeon for any further problems and will see him in one week's time, in any case.

MJL/md DD: 07/12/2004 TD: 21:00 DT: 07/12/2004 TT: 22:40

  
\_\_\_\_\_  
MICHAEL J. LAYDE MD

# St. Mary's Hospital

2323 North Lake Drive \* Milwaukee, WI 53211-0503

**OUTPATIENT**

<b>PATIENT NAME</b> HUNTER, WARNETTE		<b>TITLE</b> UNKNOWN	<b>DATE OF BIRTH</b> 03/26/1957	<b>AGE</b> 47	<b>SEX</b> F	<b>RACE</b> B	<b>MS</b> D	<b>PT TYPE</b> R	<b>HOSP SERV</b> DSC	<b>MEDICAL RECORD NO.</b> 152329
<b>ADDRESS</b> 3232 N 24 PL MILWAUKEE WI 53206-		<b>PREVIOUS NAME</b> UNKNOWN	<b>RELIGION</b> NOP	<b>SOCIAL SECURITY NO</b> 394-70-5631	<b>OCCUPATION</b> UNKNOWN	<b>WORK PHONE/EXT.</b> 999/999-9999 x	<b>PRIN FIN CL</b> T	<b>REG BY</b> ADMPRP	<b>REGISTRATION DATE &amp; TIME</b> 07/12/04 00:00	<b>ACCOUNT NO.</b> 112762353
<b>PRIMARY CONTACT/ADDRESS</b> HUGHES 3232 N 24 PL MILWAUKEE WI 53218-		<b>RELATION</b> 4	<b>SECONDARY CONTACT/ADDRESS</b> SHIRLEY HOME PHONE 414/371-9299 WORK PHONE/EXT.		HOME PHONE WORK PHONE/EXT.		X			
<b>GUARANTOR/PHONE</b> HUNTER Home 414/873-8025 Work 999/999-9999 x		<b>RELATION</b> 1	<b>ADDRESS</b> 3232 N 24 PL		<b>CITY/STATE/ZIP</b> MILWAUKEE WI 53206-		X			
<b>PRTY INSURANCE</b> 1 MEDICAID		<b>ADDRESS/CITY/STATE</b> ATTN CLAIMS DEPT MADISON		<b>PHONE/ZIP</b> 608/221-9254 x WI 53784-		AUTH/WIPRO NO				
<b>ACCIDENT DATE</b>		<b>TYPE</b>		<b>DESCRIPTION</b>		<b>ATTENDING DR.</b> WEIDMAN, KEVIN A, MD 016926				
<b>MRO</b>		<b>MRSA</b>		<b>LATEX</b>		<b>PRIMARY DR.</b> SCOTT JEFFREY				
<b>DIAGNOSIS/SYMPTOMS</b> INTERNAL DERANGEMENT		RIGHT KNEE								
<b>ADVANCE DIRECTIVE</b> NO				<b>DEPT/DATE OF SERVICE</b>		<b>DEPT/DATE OF SERVICE</b>		<b>DEPT/DATE OF SERVICE</b>		
<b>DICTIONATION DATES:</b>										
<b>H &amp; P</b>				<b>O/R</b>				<b>DISCHARGE</b>		

0a709  
 709  
 7071  
 896.0  
 E9089

9046  
 806  
 29870 -RT  
 20011RT

7/12

PATIENT: HUNTER, WARNETTE  
DOB: 03/26/1957  
MR#: 2004500  
DATE OF VISIT: 06/30/2004

CHIEF COMPLAINT: Preop physical.

S: Forty-six-year-old female here for a preop physical. On 7/12/04, she is undergoing right knee surgery by Dr. Weidman at Columbia-St. Mary's. Physically, she feels well. No unusual CP or SOB. No PND or orthopnea. No swellings of the lower extremities. No fever or chills. No night sweats. No nausea or vomiting. No diarrhea or constipation. No vaginal bleeding or discharge. No urinary symptoms. No other complaints.

Past medical history:

- 1. Migraines.
- 2. Normal colonoscopy in 2002.
- 3. TAH/BSO.

Medications: Tylenol #3 p.r.n., Imitrex SC p.r.n., amitriptyline 30 mg q.h.s.

Allergies: Compazine.

Social history: One PPD since age 23. She is divorced with one child.

Family history: Hypertension (mother).

OB history: Gravida 11, para 11-9-1 (9 SAB, 1 NSVD, 1 stillbirth).

GYN history: Last Pap smear was normal many years ago. Last mammogram was normal many years ago.

Review of systems:

- Constitutional: No fever, weight loss or gain, appetite loss.
- Eyes: No vision change, blurring
- ENT: No ear pain, rhinorrhea, epistaxis, sore throat.
- Cardiovascular: No chest pain, palpitations, orthopnea, PND, leg edema.
- Respiratory: No dyspnea, cough, pleuritic pain, wheezing.
- GI: No abdominal pain, N/V, diarrhea, constipation, melena, bloating.
- GU: No dysuria, frequency, flank pain, discharge, bleeding.
- Integumentary: No rash, swelling.
- Neurological: No headache, weakness, mental status changes.
- Psychiatric: No depressed mood, suicidal ideations, hallucinations.
- Endocrine: No fatigue, frequent urination cold/heat intolerance.
- Hematologic/lymphatic: No bleeding, bruising.
- Allergic/immunologic: No recurrent infections.

O: Vitals: BP 118/70. Wt 164 pounds. Ht 66 inches. T 98.6. P 76. RR 20.

Physical Examination:

- Constitutional: No acute distress.
- Eyes: Conjunctivae and lids clear. PERRL. Normal ophthalmoscopic examination of optic discs.
- ENT: Auditory canals clear. Tympanic membranes clear. Throat clear.

PATIENT: HUNTER, WARNETTE  
DOB: 03/26/1957  
MR#: 2004500  
PAGE TWO

Neck: Symmetrical, no masses. Thyroid not palpable.  
Respiratory: Normal effort, auscultation clear.  
Cardiovascular: Normal palpation, RRR, no murmurs.  
Breasts: No masses, no nipple discharges.  
Abdomen: Soft, non-tender, no masses, no organomegaly.  
GU: Normal external genitalia, normal vagina, normal cervix. No uterine masses or tenderness, no adnexal masses or tenderness.  
Rectal: Sphincter tone is normal. No rectal masses, guaiac negative.  
Lymphatic: No cervical, supraclavicular, axillary, inguinal adenopathy.  
Musculoskeletal: Normal gait, no asymmetry, normal range of motion, normal muscle strength and tone.  
Skin: No rashes, no subcutaneous nodules.  
Neurologic: Normal cranial nerves II-XII, normal deep tendon reflexes, normal sensation.  
Psychiatric: Alert and oriented times three, normal judgment and insight, no depressed mood.

- A: 1. Preop physical for right knee surgery on 7/12/04 at Columbia-St. Mary's by Dr. Weidman.
- P: 1. The patient is cleared pending EKG, chest x-ray, CBC, basic metabolic panel and UA.

Jin Kim, M.D.  
JK/wrt, T: 07/06/2004

St. Mary's Hospital; Milwaukee  
2323 North Lake Drive Milwaukee, Wisconsin 53211

DATE: 07/12/2004

MRN: 152329

ROOM:

NAME: HUNTER, WARNETTE

SURGEON: KEVIN A. WEIDMAN, MD

DOB: 03/26/1957

ASSIST:

ACC#: 112762353

HOSP SER: DSC

## OPERATIVE REPORT

**PREOPERATIVE DIAGNOSIS:** Internal derangement of right knee with lateral riding patella.

**POSTOPERATIVE DIAGNOSIS:** Chondromalacia of lateral facet with tight lateral retinaculum, torn posterior horn medial meniscus.

**NAME OF PROCEDURE:**

**ANESTHESIA:**

**ANESTHESIOLOGIST:**

**DESCRIPTION OF PROCEDURE:** Under excellent general anesthesia, the right lower extremity was prepped and draped in the usual manner, examined and noted to be stable and elevated and exsanguinated. The arthroscope was introduced through an inferolateral parapatellar portal and outflow through superolateral parapatellar portal with instrumentation through the an inferomedial parapatellar portal, all established under direct vision. The undersurface of the patella was difficult to visualize due to a lateral retinacular tightness which was relieved with by performing a lateral release using the Oratec ligament chisel. This allowed debridement and inspection of the parapatellar soft tissues as well as the patella itself noting grade 2 and 3 changes of chondromalacia, predominantly along the lateral facet as expected. There were no lesions noted along the lateral condyle superiorly or the trochlear. The lateral compartment was inspected and noted to have age appropriate changes. The anterior cruciate ligament had some areas of injection however when probed, they were noted to be stable. The medial compartment was inspected and radial posterior horn tear was with inferior extension was noted. This was debrided with the meniscotome and ligament chisel to a smooth base. We then considered the procedure to be complete. The

**OPERATIVE REPORT**

*St. Mary's Hospital, Milwaukee*

DATE: 07/12/2004

MRN: 152329

NAME: HUNTER, WARNETTE

**OPERATIVE REPORT**

instruments were withdrawn. Tourniquet was deflated. Hemostasis obtained. Marcaine injected and sterile dressing was applied. Steri-Strips were used to close the wounds. A sterile dressing was then applied. The patient tolerated the procedure well.

KAW/klm DD:07/12/2004 TD: 9:11 DT:07/12/2004 TT: 10:53 AM

  
\_\_\_\_\_  
KEVIN A. WEIDMAN, MD



# St. Mary's Hospital

2323 North Lake Drive \* Milwaukee, WI 53211-0503

## CONSULT SHEET

<b>PATIENT NAME</b> HUNTER, WARNETTE	<b>TITLE</b>	<b>DATE OF BIRTH</b> 03/26/1957	<b>AGE</b> 47	<b>SEX</b> F	<b>RACE</b> B	<b>MS</b> D	<b>PT TYPE</b> D	<b>HOSP SERV</b> RWE	<b>MEDICAL RECORD NO.</b> 152329
<b>ADDRESS</b> 3232 N 24 PL MILWAUKEE WI 53206-	<b>PREVIOUS NAME</b>	<b>RELIGION</b> NOP	<b>SOCIAL SECURITY NO</b> 394-70-5631	<b>BED</b>	<b>OCCUPATION</b>	<b>WORK PHONE/EXT.</b> 999 / 999-9999 x	<b>PRN FIN CL</b> T	<b>REG BY</b> ADMCC	<b>REGISTRATION/ADMISSION DT &amp; TM</b> 04/30/04
									<b>ACCOUNT NO.</b> 112457933
									<b>OP BED OCCUPY DATE &amp; TIME</b>

<b>GUARANTOR /ADDRESS</b> HUNTER 3232 N 24 PL MILWAUKEE WI 53206-	<b>RELATION</b> I	<b>HOME PHONE</b> 414 / 873-8025	<b>WORK PHONE/EXT.</b> 999 / 999-9999 x	<b>PRIMARY CONTACT /ADDRESS</b> HUGHES 3232 N 24 PL MILWAUKEE WI 53218-	<b>RELATION</b> 4	<b>HOME PHONE</b> 414 / 371-9299	<b>WORK PHONE/EXT.</b>
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<b>GUARANTOR EMPLOYER</b> NO EMPLOYER	<b>TELEPHONE</b> 999 / 999-9999 x	<b>ADDRESS</b> NO EMPLOYER	<b>CITY/STATE/ZIP</b> UN 99999-
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<b>PRTY INSURANCE</b> 1 MEDICAID	<b>ADDRESS/CITY/STATE</b> MADISON	<b>PHONE/ZIP</b> 608/221-9254 x	<b>AUTH/WIPRO NO</b> X
<b>INSURED'S NAME</b> HUNTER, WARNETTE	<b>REL INSURED SS#</b> 394-70-5631	<b>GROUP NAME/NO</b> WI 53784-	<b>POLICY NO</b> 3947056310
<b>INSURED'S EMPLOYER</b> NO EMPLOYER	<b>ADDRESS</b>	<b>CITY/STATE/ZIP</b> UN 99999	<b>PHONE</b> 999 999-9999 x

<b>PRTY INSURANCE</b>	<b>ADDRESS/CITY/STATE</b>	<b>PHONE/ZIP</b>	<b>AUTH/WIPRO NO</b> X
<b>INSURED'S NAME</b>	<b>REL INSURED SS#</b>	<b>GROUP NAME/NO</b>	<b>POLICY NO</b>
<b>INSURED'S EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY/STATE/ZIP</b>	<b>PHONE</b> X

<b>PRTY INSURANCE</b>	<b>ADDRESS/CITY/STATE</b>	<b>PHONE/ZIP</b>	<b>AUTH/WIPRO NO</b> X
<b>INSURED'S NAME</b>	<b>REL INSURED SS#</b>	<b>GROUP NAME/NO</b>	<b>POLICY NO</b>
<b>INSURED'S EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY/STATE/ZIP</b>	<b>PHONE</b> X

<b>PRTY INSURANCE</b>	<b>ADDRESS/CITY/STATE</b>	<b>PHONE/ZIP</b>	<b>AUTH/WIPRO NO</b> X
<b>INSURED'S NAME</b>	<b>REL INSURED SS#</b>	<b>GROUP NAME/NO</b>	<b>POLICY NO</b>
<b>INSURED'S EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY/STATE/ZIP</b>	<b>PHONE</b> X

<b>ACCIDENT DATE</b> 03/14/04	<b>TYPE</b> O	<b>DESCRIPTION</b> SLIPPED COMING OFF BUS IN POT	<b>ATTENDING DR.</b> KEANE, SEAN P., MD	<b>005835</b>
<b>MRO</b>	<b>MRSA</b>	<b>LATEX</b>	<b>ADMITTING DR.</b> KEANE, SEAN P., MD	<b>005835</b>
<b>DIAGNOSIS/SYMPTOMS</b> CHONDROMALACIA PATELLAE RIGHT TIBIAL SUBLUZATION			<b>PRIMARY DR.</b> SCOTT, GEOFFREY A, M	<b>044504</b>
<b>ADVANCE DIRECTIVES</b> NO				

<b>DEPT/DATE OF SERVICE</b> P/T	<b>DEPT/DATE OF SERVICE</b>	<b>DEPT/DATE OF SERVICE</b>	<b>DEPT/DATE OF SERVICE</b>
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Columbia St. Mary's

Check Campus:

- PT
- OT
- SLP
- TR
- VOC

- Columbia (CH)
- Milwaukee (SMM)
- Ozaukee (SMO)
- Sacred Heart Rehabilitation Institute (SHRI)

RETURN TO FAX: 2911077

Name

Medic

DOB

Referr

Pt Acc

HUNTER, WARNETTE SMM  
 MR 152329 PT 112457933  
 SEX F 03/26/1957 47Y  
 Referr ATN KEANE, SEAN P., MD  
 PRI SCOTT, GEOFFREY A, M D RWE  
 ADM 04/30/04 PHYSICAL THERAPY

PROVIDER # 520051	HICN # 394 705631	ONSET DATE 4/04	SOC DATE 4/30/04
MEDICAL DIAGNOSIS CMP (R) tibial sublux.	TREATMENT DIAGNOSIS Leg cast / instability	VISITS FROM SOC 9	VISITS MISSED FROM SOC 3

Patient Perception of Treatment, Level of Participation:

helpful missed 3 appts.

Patient/Family Goals: walk & pain

Does patient report pain?  Yes  No If yes, rating 1/10 (0-10 scale) (from 6-10/10)

Assessment Summary / Justification of Skilled Care, Current Level of Function, Progress Toward Goals:

⊙ Reports pain ↓ > 90%, able to sit/stand, walk, do stairs reciprocally & pain ↑; ⊕ swelling noted; ROM: 0-130° (R) knee, w/ patellar mobility, SURT + 75° (R) HEP in place. Pt requesting D/C from P-T. d/t ⊕ SXS & ADLs asymm. Advised to keep up w/ HEP & F/L E Dr. Keane. D/C P-T.

Rehab Potential /Rationale: Good

Additional Pertinent Information (Patient/Family Education, Home Program Recommendations):

⊙ Stretching / strengthening ex. (B) LE's, ice/heat use

Orientation to updated goals & treatment plan have been discussed / agreed upon with patient / family.  Yes  No

Discharge / Long Term Goals:

Revised Short Term Goals:

⊙ D/C P-T. + HEP

Plan of Care:

N/A

Freq:

N/A

Revised Duration:

N/A

Certification from

N/A to

MD Signature not required at this time.

Therapist / License #:

Date

PHYSICIAN SECTION:  I agree with the above plan of care  Implement the following changes in the above plan of care:

PRINT Physician Name

Dr. Keane

Physician Signature

X

Date

X