

ORTHOPEDIC AND RECONSTRUCTIVE SURGEONS

Jeffrey Butler, M.D. Paul Sienkiewicz, M.D. James Stone, M.D. Daniel Guehlstorf, M.D.
Steven Trinkl, M.D. William Pennington, M.D.

2901 W. Kinnickinnic River Pkwy. Ste. 102
Milwaukee, Wisconsin 53215
(414) 384-6700

To Whom It May Concern:

Re: *Wahed Jarook*

This is to certify that the enclosed medical office records & bills
consisting of 3 pages are accurate and complete.

Courtney Parker

Dated *12/4/00*

Waheed Farooki

5/15/00

Mr. Farooki returns today. His wound is healed well. Staples were removed. He is very anxious about the knee and we had a lengthy discussion about the rehab. He will wear the immobilizer. He may be weight bearing as tolerated. I will see him back in 2 weeks time.

Dictated by Jeff Butler M.D.

Waheed Farooki

6/2/00

Mr. Farooki returns today. His knee is healing very nicely. He has no effusion about the knee, no erythema or warmth. He is able to straight leg raise. He will continue in the knee immobilizer and return to see me in four weeks time.

Dictated by Jeffrey Butler, M.D./jk

Waheed Farooki

6/28/00

Mr. Farooki returns today. His right knee is continuing to improve. He now has 0 to 70 degrees of flexion. He is two months post repair. I recommend he now begin physical therapy for gentle range of motion exercises. He has not been very aggressive on his own. He still has his steri-strips in place. I had told him a month ago that he could shower daily but he still has his steri-strips on the knee wound. He is able to straight leg raise. He has no swelling or tenderness in his calf or thigh. He will continue to work on range of motion, attend therapy and return in a month's time.

Dictated by Jeffrey Butler, M.D./jk

Waheed Farooki

8/2/00

Mr. Farooki returns today. His right knee is continuing to improve nicely. He now has 0 to 120 degrees of flexion. He will continue his exercise program for range of motion and strengthening.

Dictated by Jeffrey J. Butler, M.D.

Waheed Farooki

10/4/00

Mr. Farooki returns today. His knee is continuing to improve. He has finished therapy. He still has some pain but overall is doing well. He has 0 to 110 degrees of flexion. He will return to see me in a months time for final check up.

dictated by Jeffrey J. Butler, M.D.

Waheed Farooki

11/1/00

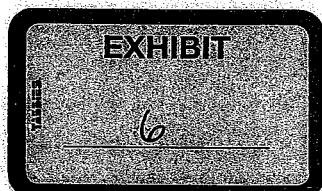
Mr. Farooki returns today. He is still having some difficulties with his knee. He has 0 to 100 degrees of flexion. No effusion, erythema or warmth. X-rays show the patella in good position. I am unsure why he is still having discomfort but I recommended that he continue his present activities and return to see me in 3 months time.

dictated by Jeffrey J. Butler, M.D.

RP NAME FAROOKI, WAHEED (ACCT # 60579)
 284 FLAGSTONE CT
 GREENDALE, WI 53129
 Home: (414) 421-3545 Work: (414) 482-5606 Extension:
 SSN: 503-64-4238

00/00/00 TO 12/04/00

| PATIENT NAME | DATE | PROC CD | DESCRIPTION | AMOUNT | TOTAL |
|----------------------------|------------|---------|----------------------------------|------------------|---------|
| FAROOKI, WAHEED 8. | 05/04/2000 | 27524 | OPEN RX PATELLAR FX(EXCIS/RPR) | 2000.00 | 2000.00 |
| FAROOKI, WAHEED 8. | 06/07/2000 | P918 | COMPCARE PAYMENT | -1199.00 | 801.00 |
| FAROOKI, WAHEED 8. | 06/07/2000 | A918 | COMPCARE NON-ALLOWED CHARGE | -801.00 | 0.00 |
| FAROOKI, WAHEED 8. | 10/04/2000 | 99212 | ESTABLISHED PATIENT-OFFICE VISIT | 48.00 | 48.00 |
| FAROOKI, WAHEED 8. | 10/24/2000 | P918 | COMPCARE PAYMENT | -30.00 | 18.00 |
| FAROOKI, WAHEED 8. | 10/24/2000 | A918 | COMPCARE NON-ALLOWED CHARGE | -8.00 | 10.00 |
| FAROOKI, WAHEED 8. | 11/01/2000 | 99212 | ESTABLISHED PATIENT-OFFICE VISIT | 48.00 | 48.00 |
| FAROOKI, WAHEED 8. | 11/21/2000 | P918 | COMPCARE PAYMENT | -30.00 | 18.00 |
| FAROOKI, WAHEED 8. | 11/21/2000 | A918 | COMPCARE NON-ALLOWED CHARGE | -8.00 | 10.00 |
| FAROOKI, WAHEED 8. | 11/01/2000 | 73564 | X-RAY KNEE, COMPLETE | 137.00 | 137.00 |
| FAROOKI, WAHEED 8. | 11/21/2000 | P918 | COMPCARE PAYMENT | -57.00 | 80.00 |
| FAROOKI, WAHEED 8. | 11/21/2000 | A918 | COMPCARE NON-ALLOWED CHARGE | -80.00 | 0.00 |
| TOTALS FOR FAROOKI, WAHEED | | | | NET AMOUNT | 20.00 |



9215

587583
7-1/9-20-00A

2300 North Mayfair Rd., Suite 470
Wauwatosa, Wisconsin 53226-1505
Telephone: 414-259-7605
Fax: 414-259-7610
E-mail: gbridge@bridge-law.com

November 16, 2000

Medical Records Department
West Allis Memorial Hospital
8901 West Lincoln Avenue
Milwaukee, WI 53227

Re: Patient: *Waheed A. Farooki*
Date of Birth: *10/07/36*
Date of Accident: *05/02/00*

Dear Sir or Madam:

This firm represents the above-named patient with respect to injuries he sustained in an incident that occurred on May 2, 2000. It is our understanding that our client received treatment at your facility, and we would, therefore, appreciate receiving at your earliest convenience **CERTIFIED** copies of the medical records and billings you have for services provided from the date of the accident to the present time. You will find enclosed a duly executed Informed Consent for Disclosure of Information.

Please advise as to the cost of obtaining the records or include your bill with copies of the records requested. Either way you have our assurances of prompt payment.

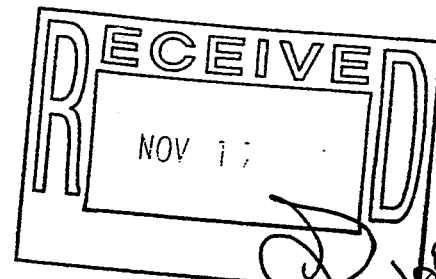
Very truly yours,

BRIDGE LAW OFFICE

Gregg Bridge *jr*

GREGG BRIDGE
Attorney at Law

GEB/jw
Enclosure



11/29/00
15

0215

587583
7-1/9-20-00P

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Wauwatosa, Wisconsin 53226-1505
Telephone: 414-259-7605
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Please advise as to the cost of obtaining the records or include your bill with copies of the records requested. Either way you have our assurances of prompt payment.

Very truly yours,

BRIDGE LAW OFFICE

Gregg Bridge

GREGG BRIDGE
Attorney at Law

GEB/jw
Enclosure

RECEIVED
NOV 17
[Handwritten signature]
11/30/00
15

INFORMED CONSENT FOR DISCLOSURE OF INFORMATION

TO: West Allis Memorial Hospital

RE: RECORDS OF: Waheed Farooki
DATE OF BIRTH: 10/07/36
DATE OF ACCIDENT: 05/02/00

I hereby authorize you to release, disclose and provide when requested, copies of my records to my attorney, BRIDGE LAW OFFICE, or any employee, agent or person designated by them.

I understand that the specific information to be disclosed to them includes any and all medical and hospital records including correspondence and information of any nature whatsoever. I intend to authorize release of all medical records and correspondence, including those in your possession from any and all other health care providers, including other clinics, doctors and hospitals.

I further understand that this authorization may include BUT IS NOT LIMITED TO disclosure of information involving mental health, mental illness, developmental disease, alcoholism, drug dependency, cerebral palsy, mental retardation, epilepsy, autism, seizures, AIDS, AIDS-related illness and HIV test results. It is my intention by this authorization to comply with Wis. Stats. Sections 51.30, 905.04, 146.025, 146.81, 146.82, 146.83 and any other applicable statutes requiring my full and informed consent for otherwise privileged information.

I further authorize the release and disclosure of all employment, school and other personal records whatsoever.

The purpose for which this disclosure of information is being made is to investigate a personal injury case and to permit my attorneys to advise and counsel me. My attorneys are authorized to subsequently disclose such data obtained as is necessary to prosecute my personal injury claim.

I further hereby revoke all previous authorizations. A photocopy or a faxed transmission of this authorization shall be considered as valid as the original. This authorization for disclosure of information is effective for one year from date.

Dated: 11/16/00



Patient or Guardian, Parent or
of Person Authorized

Relationship to Patient
when Applicable

We want you feeling good.
WEST ALLIS MEMORIAL HOSPITAL
 8901 West Lincoln Avenue, P.O. Box 27901.
 West Allis, WI 53227

OUTPATIENT REGISTRATION

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------|------------------------------------|-----------------------------------------|---------------------------|-------------------------------|--------------------------------------|
| PATIENT NAME/ADDRESS FAROOKI, WAHEEDA | | MAIDEN NAME | SEX M | RACE MAR W M | LOCATION ROOM RHAB | BED | SER OPS | PT R | ACCOUNT NUMBER 587583-9420 |
| 8284 FLAGSTONE COURT GREENDALE WI 53129 (414)421-3545 | | SOCIAL SECURITY NO. 503-64-4238 | BIRTHDATE 10/07/1936 | AGE 63Y | PC Z | AT | ACCM | VISIT DATE 07/01/00 | TIME 09:00 |
| HOME PHONE | RELIGION/PLACE OF WORSHIP OTH ISLAMIC CENTER | | LANGUAGE ENGLISH | | DEPARTURE DATE | | TIME : | | |
| GUARANTOR FAROOKI, WAHEEDA 8284 FLAGSTONE COURT GREENDALE WI 53129 (414)421-3545 | REL I | SPOUSE/PARENT/GUARDIAN FAROOKI, YASMIN W DATE OF BIRTH 10/01/1950 HOME PHONE (414)421-3545 WORK PHONE () - | SOC.SEC.NO. - - | ATTENDING PHYSICIAN BUTLER, JEFFREY | REL W | FAMILY PHYSICIAN AMAN, SALEEM | REFERRING/OTHER PHYSICIAN | NO. 99641 | NO. |
| GUARANTOR EMPLOYER US ARMED FORCES ENGINEER | SPOUSE/PARENT EMPLOYER UNEMPLOYED UNEMPLOYED | PATIENT EMPLOYER US ARMED FORCES ENGINEER | | EMERGENCY CONTACT FAROOKI, DR MOEED | HOME PHONE (414)281-1006 | WORK PHONE | REL O | | |

WORK COMP ADV DIR U DATE LAST ASKED 063009 AUTHORIZATION NUMBER
 ACCIDENT 5 DATE 05/02/00 0800 ACCIDENT NATURE **FELL ON SIDEWALK** VALUABLES
 REF COMPL **INJURY TO RIGHT KNEE**
 COMMENTS
 ALLERGIES FOOD
 DRUG
 OTHER
 PRE ADH
 CO

| | | | | | |
|-----------------------------------------------------|-----------|--------------|-------------------------------------------------|-------------------------------------|----------------------------|
| INSURANCE COMPANY COMPCARE PO BOX 1581 | FIN.CLS.R | GROUP NUMBER | POLICY NUMBER 0050354228 MILWAUKEE | PLAN COM FAROOKI, WAHEEDA | INSURED WI 53201 |
|-----------------------------------------------------|-----------|--------------|-------------------------------------------------|-------------------------------------|----------------------------|

WEST ALLIS MEMORIAL HOSPITAL
CONSENT FOR TREATMENT

Wahedi, Waheed
Butler, Jeffrey
587583-9420

CONSENT FOR TREATMENT: I understand that the care necessary for the patient whose name appears on the reverse side may involve nursing and medical diagnostic procedures and treatments ordered by the physician providing services to me which, in his or her opinion, are medically necessary. I understand and agree to follow, or arrange that the patient follow, all recommendations and arrangements made for purposes of follow-up care.

PHYSICIANS AS INDEPENDENT CONTRACTORS: I UNDERSTAND THAT WITH THE EXCEPTION OF MEDICAL RESIDENTS, ALL PHYSICIANS WHO FURNISH SERVICES TO THE PATIENT, WHETHER THAT CARE IS PROVIDED DIRECTLY OR INDIRECTLY, ARE INDEPENDENT CONTRACTORS AND ARE NOT AGENTS OR EMPLOYEES OF WEST ALLIS MEMORIAL HOSPITAL. THIS PROVISION INCLUDES, BUT IS NOT LIMITED TO, PHYSICIANS WORKING IN THE EMERGENCY DEPARTMENT, RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS, AND ANY PHYSICIANS CALLED IN AS CONSULTANTS. THE HOSPITAL DOES NOT BILL FOR THE SERVICES OF THESE PHYSICIANS, AND I UNDERSTAND THAT I WILL BE RECEIVING A SEPARATE STATEMENT FOR THE SERVICES RENDERED BY EACH PHYSICIAN THAT TENDS TO MY NEEDS DURING THE COURSE OF MY CARE AND TREATMENT. THE HOSPITAL DOES NOT CONTROL THE DECISIONS OR ACTIONS OF THE PHYSICIANS. I UNDERSTAND THAT THE HOSPITAL IS NOT LIABLE FOR THE ACTIONS OF THE PHYSICIANS WHO TREAT ME.

RELEASE OF INFORMATION: I hereby authorize the Hospital, in its discretion, to disclose any or all of the information in my medical records to any person, corporation, or agency which is or may be liable for all or part of the Hospital's charges or who may be responsible for determining the necessity, appropriateness, amount, or other matter related to the Hospital's treatment or charge including, but not limited to: insurance companies, health maintenance organizations, preferred provider organizations, workers compensation carriers, welfare funds, the Social Security Administration or its intermediaries or carriers, my employer or its agents. This disclosure may include information relating to drug or alcohol abuse or mental illness, or developmental disabilities. The purpose of such disclosure is to determine benefits entitlement and/or to seek payment for services provided to me. This consent is subject to my written revocation at any time except to the extent that action has already been taken and this consent is to remain in force until the hospital charges have been paid.

ACCESS TO MEDICAL RECORDS: If you, or a person you authorize, sign a consent for release of confidential medical information, you may inspect and obtain copies of your medical records. A fee will be charged if copies are requested. Records may be inspected in the Health Information Services Department during regular business hours after providing at least 48 hours notice in advance, excluding weekends and holidays.

ASSIGNMENT OF INSURANCE BENEFITS: I understand insurance claims are completed at my request as a courtesy to me and the Hospital does not accept responsibility for collecting the claim. If the insurance company does not honor the claim in sixty days, I will make immediate payment to the Hospital for the balance due. Assignment is valid for one year.

I understand it is my responsibility to fulfill any authorization and/or referral requirements of my HMO/PPO. I further understand and agree that if my HMO/PPO denies benefits for this or any other reason I accept full financial responsibility.

MEDICARE CERTIFICATION, AUTHORIZATION TO RELEASE INFORMATION AND PAYMENT REQUEST:
I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers information needed for this or a related Medicare claim, except as otherwise provided by applicable State or Federal laws. I request that payment of authorized benefits be made in my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to me.

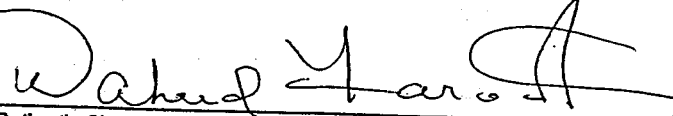
FINANCIAL RESPONSIBILITY: I accept responsibility for the payment of charges for services rendered during this hospitalization in accordance with the service policies, rates and terms of the Hospital.

TRANSFER OF CREDITS: I hereby authorize the transfer of payments to the Hospital, by or on my behalf and otherwise refundable to me, to other Hospital accounts for which I am responsible.

VALUABLES: The Hospital will not be responsible for the property of the patient.

ACKNOWLEDGEMENT OF RECEIPT, "AN IMPORTANT MESSAGE FROM MEDICARE/CHAMPUS" (applies to Medicare/Champus patient only):
I acknowledge that I have received the information entitled "An important message from Medicare"/"An important message from Champus". My signature only acknowledges my receipt of this message from West Allis Memorial Hospital and does not waive any of my rights to request a review or make me liable for payment.

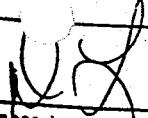
certify that I have read and understand the foregoing and accept all of its terms.


Patient's Signature

Relationship to Patient

Signature of Patient's Agent or Representative

patient is unable to consent because:


Witness



AuroraHealthCare
Aurora Rehabilitation Center

Milwaukee, Wisconsin

- St. Luke's Medical Center
- Sinai Samaritan Medical Center
- West Allis Memorial Hospital

Hartford Memorial Hospital

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Progress Report
- Discharge Summary

ROOM NO.

DATE

PATI **FAROOKI, WAHEEDA 587583** 9420
(414)421-3545 COM
BUTLER, JEFFREY 10/07/1936 63Y M
PPOT R R OPS 07/01/00
HOS
DOC



Patient: Waheeda Farooki Physician: Dr Butler
Diagnosis: S/p patella tendon repair Dates of Service (to/from): 7/1/00 -> 9/20/00
Therapist: Janet Marshall PT ATC Total Visits: 11

Treatment Provided:

- | | | |
|----------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> US, HP, Fluidotherapy, Paraffin | <input checked="" type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Postural Training |
| <input type="checkbox"/> Phonophoresis / Iontophoresis | <input type="checkbox"/> Cardiovascular Exercise | <input checked="" type="checkbox"/> Balance / Proprioception Training |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Stabilization Exercise | <input type="checkbox"/> Aquatics / Whirlpool / Underwater Treadmill |
| <input type="checkbox"/> Traction | <input checked="" type="checkbox"/> Gait Training | <input checked="" type="checkbox"/> Home Exercise |
| <input type="checkbox"/> Joint Mobilization | <input type="checkbox"/> Body Mechanics Training | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Soft Tissue Mobilization | <input type="checkbox"/> Functional Activity Training / Work Simulation | |

Current Status: Pain: Variable. Main 90's are with WB activities even walking.

ROM: 0 -> 130° active in supine (R) 140° (L)
0 -> 138° passive " " (R) 150° (L)

MS: Fatigues quickly - open chain work. Bike riding tolerance 10-20". Quad inhibition 2° to suprapatellar effusion. Function: Walking 6 blocks. able to ?
Have reciprocally pain; depends reciprocally - pain

Recommendations: Can assume kneeling but effusion limits
(ability to assume prayer position (buttock to heels))
Can effusion be controlled - NSAID's?
D/C on M.E.P.

Plan discussed and agreed upon with patient / significant other.

Janet Marshall PT 9/20/00
Signature / Date

Physician Reply/Orders:

- D/C Therapy
- Continue Therapy: _____
- Special Instructions / Precautions: _____

Physician Signature: _____ Date: _____



X5778

PROGRESS NOTE / DISCHARGE SUMMARY

White Copy - MEDICAL RECORDS
Yellow Copy - THERAPIST
Pink Copy - PHYSICIAN
AUC Y5778 (Rev. 11/00)



AuroraHealthCare®
Aurora Rehabilitation Center

Milwaukee, Wisconsin

- St. Luke's Medical Center
- Sinai Samaritan Medical Center
- West Allis Memorial Hospital

Hartford Memorial Hospital

- Physical Therapy
- Progress Report
- Occupational Therapy
- Discharge Summary
- Speech Therapy

ROOM NO

DATE

FAROOKI, WAHEEDA 587583 9420

PATID

(414)421-3545 COM 10/07/1936 63Y M
BUTLER, JEFFREY R R OPS 07/01/00
PPOT

HOSI



DOCTUn

Patient: Waheeda Farooki Physician: Butler, Jeff
Diagnosis: Sp patellar tendon repair (R) Dates of Service (to/from): 7/1/00 -> 7/19/00
Therapist: Janet Marshall P.T. Total Visits: 6

Treatment Provided:

- | | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> US, HP, Fluidotherapy, Paraffin | <input checked="" type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Postural Training |
| <input type="checkbox"/> Phonophoresis / Iontophoresis | <input type="checkbox"/> Cardiovascular Exercise | <input type="checkbox"/> Balance / Proprioception Training |
| <input type="checkbox"/> Electrical Stimulation | <input type="checkbox"/> Stabilization Exercise | <input type="checkbox"/> Aquatics / Whirlpool / Underwater Treadmill |
| <input type="checkbox"/> Traction | <input checked="" type="checkbox"/> Gait Training | <input checked="" type="checkbox"/> Home Exercise |
| <input checked="" type="checkbox"/> Joint Mobilization - patella | <input type="checkbox"/> Body Mechanics Training | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Soft Tissue Mobilization | <input type="checkbox"/> Functional Activity Training / Work Simulation | |

Current Status: Pain: Present only @ end range flexion and with moving sit -> stand -> sit.
ROM 0 -> 115° A, 120° AA (Was 5° -> 60° (R))
Sit short stride/step length. Good WB on extend. knee. Walking tolerance limited to (1) block.
Function: Poor eccentric quad control stand -> sit
Pt's main goal is to kneel for prayer.

Recommendations: I have requested that the pt schedule a FU @ Dr Butler. If medical status is clear, would like to progress to strengthening activities + work in 4pt / 2pt kneeling positions

Plan discussed and agreed upon with patient significant other.

J Marshall PT 3284690
Signature / Date

Physician Reply/Orders:

- D/C Therapy
- Continue Therapy: _____
- Special Instructions / Precautions: _____

Physician Signature: _____ Date: _____



- St. Luke's Medical Center
 Sinai Samaritan Medical Center
 West Allis Memorial Hospital
 Hartford Memorial Hospital

FAROOKI, WAHEEDA 587583 9420
 (414)421-3545 COM
 BUTLER, JEFFREY 10/07/1936 63Y M
 PPOT R R OPS 07/01/00



MEDICAL HISTORY QUESTIONNAIRE Page 1

Name: FAROOKI, WAHEED A Date: 8/7/1/2000
 Occupation: ENGINEER

Are you currently working? Yes No

1. What problem brings you to therapy today? KNEE SURGERY 5/8/00.
2. When did this problem start? 5/2/2000
3. What treatment (medication, surgery, chiropractor, etc.) have you had for this problem?
NONE

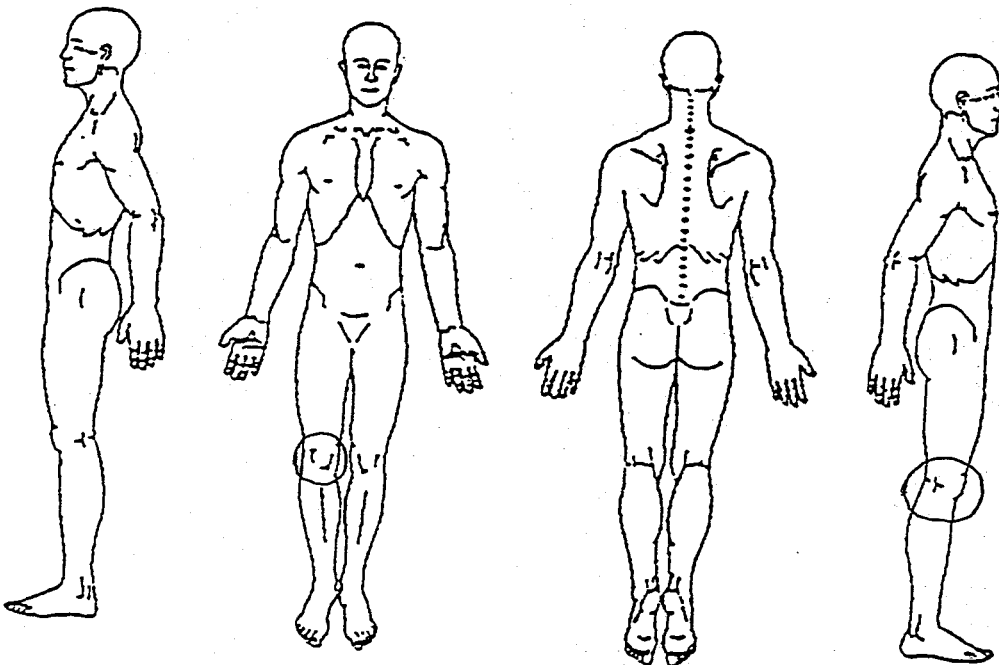
4. Please list all medications that you are currently taking:
TYLENOL, PROSCAR

5. Please list any allergies that you have: NONE

6. Have you been hospitalized in the past year? Yes No If yes, when and why?
5/2/2000, FOR PATELA, KNEE CAP.

7. Please list any other health problems you have:
NONE

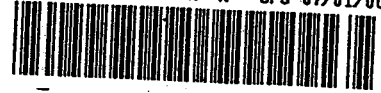
8. If you have pain, shade in the painful areas on the diagram.





- St. Luke's Medical Center
- Sinai Samaritan Medical Center
- West Allis Memorial Hospital
- Hartford Memorial Hospital

FAROOKI, WAHEEDA 587583 9420
 (414)421-3545 COM
 BUTLER, JEFFREY 10/07/1936 63Y M
 PPOT R R OPS 07/01/00



MEDICAL HISTORY QUESTIONNAIRE Page 2

9. Check the following activities that you have pain with or difficulty performing due to this injury/problem.
- Vigorous activities (such as running, lifting heavy objects, and participating in strenuous sports)
 - Moderate activity (such as moving a table, pushing a vacuum cleaner, bowling, or playing golf)
 - Lifting or carrying groceries
 - Climbing several flights of stairs
 - Climbing one flight of stairs
 - Bending, kneeling, or stooping
 - Walking more than a mile
 - Walking several hundred yards
 - Walking one hundred yards
 - Handling of small items (such as a pen or coins)
 - Getting in and out of chairs
 - Getting in and out of bed
 - Driving
 - Sleeping
 - Opening and closing doors
 - Prolonged sitting
 - Bathing or dressing yourself
 - Lifting overhead to a cabinet
 - Gripping or opening a can
 - Understanding
 - Reading
 - Writing
 - Talking
 - Hearing in noise
 - Hearing in quiet
 - Hearing on the telephone
 - Remembering
 - Eating/swallowing
 - Other: _____

What are your goals for therapy?

To Get Well Soon. BEDDING KIDEE FOR PRAYER

Signature: Waheed Farooqi

For Therapist to complete:

- Who will be receiving education? Patient Significant Other: _____
- Are they ready to learn? Yes No
- Preference for learning: Written Verbal Video Demonstration Other: _____

Initial assessment of learning capabilities of patient / S.O.:

- No barriers apparent at this time.
- States or appears to have difficulty reading
- Language barrier. Language spoken: _____
- Emotional barrier to learning (e.g. poor motivation, anger, denial, severe anxiety, etc.) _____
- Cognitive barrier to learning (e.g. confused, mentally handicapped, short or long term memory) _____
- Other barrier. Specify: _____
- Cultural barrier. Specify: _____
- Spiritual / Religious factor. Specify: Pt's focus is on kneeling for prayer; this as a
- Financial implications of care choices: _____
- Physical barriers to learning (e.g. blind, deaf, hard of hearing, physical handicap, pain, poor manual dexterity): LT6
- Lack of family / S.O. support: _____

Patient / S.O. requested information on: surgical procedure

Therapist Signature: J Marshall PT Date: 7/1/00



- St. Luke's Medical Center West Allis Memorial Hospital
 Sinai Samaritan Medical Center Hartford Memorial Hospital

FAROOKI, WAHEEDA 587583 9420
 (414) 421-3545 COM
 BUTLER, JEFFREY 10/07/1936 63Y M
 PPOT R R OPS 07/01/00



DAILY PROGRESS NOTE - 2 Session

- O.T. Sports Medicine Institute Inpatient Rehabilitation Program
 P.T. Occupational Rehabilitation Outpatient Acute Recreation Speech

Treatment Diagnosis: 5/p patellar tendon repair (# Authorized Visits (Out Patient): _____)
 Missed Appointments: _____


Precautions:

| Date / Visit: | 9/7/00 10/10 | 9/20/00 11/11 |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment Duration | 30" exercise 15" MST | 30" exercise 15" MST |
| Goals: # 2 Date 7/1 | Session Outcome | Session Outcome |
| HEP progression | <p>⑤ Voicing discouragement concerning inability to assume kneeling position for prayer</p> <p>ROM ① 0 → 140° actively ② 0 → 130° actively. Passively exhibits 150° in ① knee - overstretch Lacks this motion to effectively assume Pray on heels position for prayer Rx: patellar / STM @ knee to facilitate flexion Bice for 20", ROM-AA techniques. It is not known if pt will be able to assume desired prayer position in the future. Pt was encouraged to try adaptation</p> | <p>⑤ Pain level varies. "I haven't practiced kneeling."</p> <p>ROM ① 0 → 130° active ② 0 → 130°/140° passive - overpressure see MD note.</p> <p>Able to assume 9/20 squat - pain 5/10 inf. to patella</p> <p>Rx: ft mds / patellar STM, PRE's quad, bice</p> |
| Target Date ongoing Date Met | | |
| # 3 Date | | |
| ↑ knee ROM to 140° | | |
| Target Date Date Met | | |
| # Date | | |
| Target Date Date Met | | |
| # Date | | |
| Education *Home Exercise Program | <input checked="" type="checkbox"/> Pt <input type="checkbox"/> Caregiver Topic: <u>as above. Delite</u> | <input type="checkbox"/> Pt <input type="checkbox"/> Caregiver Topic: _____ |
| Assessment / Goal Modification / Plan | <input type="checkbox"/> Able to Demonstrate / Verbalize <input type="checkbox"/> Needs Reinforcement <u>handing repetitive work 20" to pain level</u> Prayer position is extremely important to patient. Will request authorization for FU visit from insurance. | <input type="checkbox"/> Able to Demonstrate / Verbalize <input type="checkbox"/> Needs Reinforcement Has made max gains - PT intervenz Effusion inhibits quad activity & ability to sit on heels. 20" 5/3 met |
| Indicates Weekly Summary | | |
| Signature | J Marshall PT | J Marshall PT |
| Equipment Issued (Date): | | |

Treatment Plan and goals were discussed and set with the patient and/or significant other. Date: _____



- St. Luke's Medical Center West Allis Memorial Hospital
 Sinai Samaritan Medical Center Hartford Memorial Hospital

FAROOKI, WAHEEDA 587583 9420
 (414) 421-3545 COM
 BUTLER, JEFFREY 10/07/1936 63Y M
 PPOT R R OPS 07/01/00


DAILY PROGRESS NOTE - 2 Session

- O.T. Sports Medicine Institute Inpatient Rehabilitation Program
 P.T. Occupational Rehabilitation Outpatient Acute Recreation Speech

Treatment Diagnosis: sup patellar tendon repair 5/4/00

(# Authorized Visits (Out Patient): 6)
 Missed Appointments: _____

Precautions: Immobilizer, no order for ROM only

| Date / Visit: | 7/12/00 4/6 | 7/15/00 5/6 |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Treatment Duration | 300-1 455-1 212-2 511-1 | manually 2, ^{sup ext 1} exercise 1 60 min |
| Goals: | # 1 Date 7/1/00 ↑ knee flex to 110° Target Date _____ Date Met 7/15 # 2 Date 7/1/00 ↑ knee progression Target Date _____ Date Met _____ # 3 Date 7/12/00 ↑ knee ROM to 130° to facilitate ability to pray in modified 4pt. Target Date _____ Date Met _____ # _____ Date _____ Target Date _____ Date Met _____ | Session Outcome S: No new complaints O: scar massage patellar mobs - med-lat, sup-int glides AROM - supine hip 90°, gravity assisted prone knee flexion seated ROM, AROM QS renewed - needs extensive cuing. AROM 115° supine w/ gravity assist 115° seated 117° w/ assist Bike - seat height 8 x 15 in no needs |
| Session Outcome | S: ↓ swollen last Sat to today, difficulty w/ scar massage at home. O: Gait & brace: min antalgia 105° to -3° sitting 101° to -1° supine Scar adhered down. Does have some inferior glide of patella (~ 1/2 range of opp IE.) Rx: Scar massage supine functional mob of scar via quad set. Bike seat 10 for ROM, reduced to seat 9 for ROM. Int patellar glides, patellar distraction * place foot on chair & lean fwd to ↑ knee flexion. 110° on bike ↓ ICE 130° set new fixation | Session Outcome S: No new complaints O: scar massage patellar mobs - med-lat, sup-int glides AROM - supine hip 90°, gravity assisted prone knee flexion seated ROM, AROM QS renewed - needs extensive cuing. AROM 115° supine w/ gravity assist 115° seated 117° w/ assist Bike - seat height 8 x 15 in no needs |

Pt. Caregiver: _____
 Topic: Knee protection: wear brace
 Able to Demonstrate / Verbalize Needs Reinforcement
 as above

Assessment / Goal Modification / Plan
 115° (p bike) flexion better p Rx on bike - Int glide of patella improved
 continue w/ ROM scar mob / patellar mob.
 Improved flexion. Needs cont scar/patellar mobilization needs reinforcement of quad set.
 Goal achieved.

Signature: Orla Coffey PT. J. Zachary PT

Equipment Issued (Date): _____
 Treatment Plan and goals were discussed and set with the patient and /or significant other. Date: _____




- St. Luke's Medical Center
 Sinai Samaritan Medical Center
 West Allis Memorial Hospital
 Hartford Memorial Hospital

REHABILITATION DAILY PROGRESS NOTE - 2 Session

- O.T. P.T. Speech Therapy Recreation Therapy
 Acute Inpatient Rehabilitation Outpatient Rehabilitation
 Occupational Rehabilitation

Treatment Diagnosis: 5/14/00 slit patellar tendon repair
 Precautions: order cpt for Rom (R) knee, Immobilize
 * Authorized Visits (Out Patient): 6 per wk complete 6.

FAROOKI, WAHEEDA 587583 9420
 (414)421-3545 COM
 BUTLER, JEFFREY 10/07/1936 63Y M
 PPOT R R OPS 07/01/00



Inpatient
 Discharge Site: Discharge Site Not Determined
 Code Status: Full Variant

| | | | | |
|---------------------------|-------------|-----|-------------|-------|
| Date and Time/Visit | 7/3/00 | 2/6 | 7-8-00 | 3/6 |
| Treatment Type & Duration | 300-1 | | 300-1 | |
| Equipment Issued | 455-2 212-1 | | Ex-3-49 min | 511-1 |

Subjective: Multiple questions about exercises very anxious about re-tearing tendon some difficulty with soft tissue work
 Practicing alot. UNABLE to attend next Tuesday

STG #1 ↑ flex to 110°
 Target Date: _____
 Date Met: _____

HEP progression
 Target Date: _____
 Date Met: _____

Session Outcome
 - wanted to take brace off - stressed importance of wearing it
 O: Amb brace (immobilizer) in place antalgic gait
 Rom sitting 90° initially supine 90° initially adhered scar inf patella, reduced patellar glide
 Rx: Reviewed progress at length.
 Str to scar at distal patella functional mob of scar patella into inferior glide suggested supine heel slides on wall - pt reports he does not have a lead which is beside a wall

Session Outcome
 Bike for Rom - back + forth - unable to make full revolution sent at 10
 Rom. supin 3 - 101 ARM 110 AA per sental knee flex 104 ARM.
 Heel slide & gait belt assist (I).
 Discussed Ice use.
 Manual Rom supine knee flex
 Rom p 112 AA Rom.
 Patellar moves ~~at~~ Lateral + Sup-Inf.
 Bike 15 min p session - Able to make full revolution.

Education
 Pt Caregiver:
 Topic: HEP
 Able to Demonstrate / Verbalize Needs Reinforcement
 - sitting heel slide & assist of apple
 - scoot fwd in sitting & fixed foot
 - heel slides supine on ball of foot

Education
 Pt Caregiver:
 Topic:
 Able to Demonstrate / Verbalize Needs Reinforcement

Assessment/Goal Modification
 e plastic bag hand door to L friction
 Demonstrates much anxiety re re-tearing tendon, language is a barrier
 Rom flexion to 90° sitting supine
 scars are limiting flexion

Lateral patella moves the tight. Not alot of motion sup inf. improved Rom p manual session.

Plan:
 Continue to Rom/scar mobility. per MD orders

Continue to Rom, moves - progressing as tolerated.

Signature: Dula Coffey P.T. [Signature]
 Treatment Plan and goals were discussed and set with the patient and/or significant other. Date: _____



JEFFREY J. BUTLER, M.D.
PAUL J. SIENKIEWICZ, M.D.
JAMES W. STONE, M.D.
DANIEL GUEHLSTORF, M.D.
ORTHOPEDIC AND RECONSTRUCTIVE SURGEONS
2901 W. KINNICKINNIC RIVER PARKWAY, #102
MILWAUKEE, WI 53215

(414) 384-6700 TEL
(414) 384-3008 FAX

DEA # _____

LIC. # _____

NAME Wafed Fouuki AGE _____
ADDRESS _____ DATE 8/2/00

Rx

Cont PT for
strengthening 2x week
3 more weeks

Refill _____ times

Label

(Signature) Jeffrey J. Butler

To ensure brand name dispensing, prescriber must write
'Brand Necessary' on the prescription.

9DOS1399367

✱ West Allis Memorial Hospital

8901 W. LINCOLN AVENUE
P.O. BOX 27901
WEST ALLIS, WIS. 53227-0901

- St. Luke's Medical Center West Allis Memorial Hospital
 Sinai Samaritan Medical Center Hartford Memorial Hospital

FAROOKI, WAHEEDA 587583 9420
 (414) 421-3545 COM 10/07/1936 63Y M
 BUTLER, JEFFREY R R OPS 07/01/00
 PPOT



DAILY PROGRESS NOTE - 2 Session

- O.T. Sports Medicine Institute Inpatient Rehabilitation Program
 P.T. Occupational Rehabilitation Outpatient Acute Recreation Speech

Treatment Diagnosis: S/p patellar tendon repair (# Authorized Visits (Out Patient): _____)
 Missed Appointments: _____

Precautions:

| Date / Visit: | 8/18/00 | 8/19 | 8/30/00 | 9/10 |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------|------|
| Treatment Duration | 40" exercise, 15" sup. Rx. | | 55" exercise | |
| Goals: # 2 Date 7/1 | Session Outcome | | Session Outcome | |
| HEP progression | (3) Saw primary care MD 2° to fatigue, SOB. EKG normal. Echo pending. Full well today. | | Arrived 30 min late. Pain ↑ to ↑ activity. Can stand 1 hour. Can walk 4-6 blocks. Less frequent giving a | |
| Target Date ongoing | Function: able to assume 4pt + rock back + forth for ↑ knee flex. Worked on kneeling to lowering to pillow support to work toward prayer position. | | ROM @ 0 → 127° @ 0 → 14. No prepatellar edema but overall less edema @ LE. | |
| # 3 Date | - fitter #4, 2L quad 1L hamstrings. | | Function: Has demonstrated sufficient M to eccentrically lower to chair height of 20 inches 5 min rest support. | |
| Target Date | - wall squats - 25x | | Rx: STM in prepatellar area stretching, quad work | |
| Date Met | - TKE 2#, 4#, 6# | | 0-bike 15" 5 % SOB | |
| # _____ Date _____ | | | | |
| Target Date _____ | | | | |
| Date Met _____ | | | | |
| # _____ Date _____ | | | | |

Education: Pt. Caregiver: _____
 *Home Exercise Program Topic: HEP - 4pt / 2pt position Topic: _____
 Able to Demonstrate / Verbalize Needs Reinforcement Able to Demonstrate / Verbalize Needs Reinforcement

Assessment / Goal Modification / Plan
 R function in kneeling ability.
 Redness in U/walk
 Edema ↓ in LE
 ROM has not progressed to allow proper kneeling position for prayer.
 Redness in U/walk

Signature: J Marshall PT J Marshall PT

Equipment Issued (Date): _____

Treatment Plan and goals were discussed and set with the patient and /or significant other. Date: _____




- St. Luke's Medical Center West Allis Memorial Hospital
 Sinai Samaritan Medical Center Hartford Memorial Hospital

DAILY PROGRESS NOTE - 2 Session

- O.T. Sports Medicine Institute Inpatient Rehabilitation Program
 P.T. Occupational Rehabilitation Outpatient Acute Recreation Speech

FAROOKI, WAHEEDA 587583 9420
 (414)421-3545 COM
 BUTLER, JEFFREY 10/07/1936 63Y M
 PPOT R R OPS 07/01/00



Treatment Diagnosis: S/P patellar tendon repair

(# Authorized Visits (Out Patient): _____)

Missed Appointments: 5/11/00
was conflict

Precautions: _____

| Date / Visit: | 7/19/00 | 6/6 | 8/14/00 | 8/10 |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Treatment Duration | 45" exercise 15" ex minor | | 45" exercise, 15" warm | |
| Goals: | | Session Outcome | | Session Outcome |
| # 2 Date 7/1/00 | (5) Only has pain on bending and with moving out to stand. Ambulation tolerance 1 block - sit tires easily. | | (5) 40 severe fatigue onset ~ 3:30 PM. Pain in knee makes it difficult to fall asleep at night. Stated walking tolerance 1 block. - Has fatigue. Received order from Dr. Butler for strengthening. | |
| HEP program | ROM - 0 to 115° A 0 to 120° AA. Gait - short stride slow paced to good when extended knee. | | ROM 0 to 125° A, 130° AA. Gait - slow but steady. | |
| Target Date | Function: Poor eccentric quad control stand to sit. Pt's goal is to kneel for prayer + ascend/descend stairs normally. | | Function: Able to move sit to stand well but eccentric control to stand to sit. Now able to sit stairs reciprocally. Has uncontrolled kneeling. | |
| Date Met | Rx: bike for ROM, contact ulox + HS. Prone knee flex, patellar mobs to cke position, AA ROM. | | Rx: HS isometric quad work - TKE 3# x 15 rep, wall squat, patella w/ bike - became SOB. | |
| # 3 Date 7/12/00 | ↑ knee ROM to 130° to facilitate ability to pray. | | BP 130/90 HK 72 | |
| Target Date | Education: Home Exercise Program | | Education: Home Exercise Program | |
| Date Met | Topic: T-bond uom/mst | | Topic: HR 76 BP 110/80 | |
| # _____ Date _____ | <input checked="" type="checkbox"/> Able to Demonstrate / Verbalize <input type="checkbox"/> Needs Reinforcement | | <input type="checkbox"/> Able to Demonstrate / Verbalize <input type="checkbox"/> Needs Reinforcement | |
| Target Date | for HS | | <input type="checkbox"/> Able to Demonstrate / Verbalize <input type="checkbox"/> Needs Reinforcement | |
| Date Met | Contact MD requesting additional visits. Contact insurance for add'l authorization. | | 1) Effusion @ LE - pt ma benefit from stocking. Contact MD. 2) Referred to primary care MD for eval of fatigue, SOB. 3) altered goal #3 to 140°. | |
| # _____ Date _____ | <input checked="" type="checkbox"/> Indicates Weekly Summary | | | |
| Signature | J Marshall PT. | | J Marshall PT. | |
| Equipment Issued (Date): | _____ | | | |

Treatment Plan and goals were discussed and set with the patient and /or significant other. Date: _____



Farooki, Waheed
Butler, Jeffrey
587583-9420

JEFFREY J. BUTLER, M.D.
PAUL J. SIENKIEWICZ, M.D.
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2901 W. KINNICKINNIC RIVER PARKWAY, #102
MILWAUKEE, WI 53215

(414) 384-6700 TEL.
(414) 384-3008 FAX

DEA # _____

LIC. # _____

NAME Waheed Farooki AGE _____

ADDRESS _____ DATE 6/28/00

R

PT for Rom
to (R) knee

2x weekly for
3 weeks.

Refill _____ times

Label

↑ Rom
slp patella tendon repair

(Signature) Jeffrey Butler

To ensure brand name dispensing, prescriber must write
'Brand Necessary' on the prescription.

9DOSS055116

West Allis Memorial Hospital

8901 W. LINCOLN AVENUE
P.O. BOX 27901
WEST ALLIS, WIS. 53227-0901

WAHEED FAROOKI
 BUTLER, JEFFREY
 587583-9420

- St. Luke's Medical Center West Allis Memorial Hospital
 Sinai Samaritan Medical Center Hartford Memorial Hospital
 Other _____

REHABILITATION EVALUATION - Single Discipline

- O.T. Acute Speech
 P.T. Outpatient Occupational Rehabilitation

Diagnosis / Onset Date: 5/10 patellar tendon repair 5/4/00 Precautions: _____

Pertinent Medical History See Medical History Questionnaire _____

Work / Job: ENGINEER Currently working: Yes No Light Duty

Last Day Worked: _____

Work Restrictions: _____

ADL Restrictions: Transfer sit to stand, LE dressing, walking, stairs

Level of function needed to return to work: NA

Functional limitations prior to injury or illness: ∅

Assessment: Functional Limitations Due to:

- Impaired Mobility Impaired Balance Impaired Cognition Edema Impaired Swallowing
 Impaired Strength Impaired Joint Mobility Impaired Safety Impaired Posture / Biomechanics Impaired Communication
 Impaired Activity Tolerance Impaired Skin Integrity Impaired ADL

| Date | Discharge Goal | Treatment Plan |
|------|-------------------------------------------------------------------|------------------------------------------------------------------------------------|
| | ① Achieve 125° knee flex @ foU ① LE dressing, gait, stairs. | STM - infropatella reex patellar mobilization, ROI progressive strengthening |
| | ② Achieve sufficient MS to T↓ stairs, gait. | |
| | ③ ① in HEP to facilitate above. | |

Prognosis for Goal Achievement: Good Fair Limited: _____

Factors related to Goal Achievement: (+) = Benefit (-) = Barriers

- Family Support Weight Bearing Status Cognition Communication Activity Tolerance
 Motivational Level Safety Awareness Medical Status

Patient agrees with treatment plan and goals

Marshall PT 7/1/00
 Signature / Date

328-6690 (414)
 Phone Number



- St. Luke's Medical Center West Allis Memorial Hospital
 Sinai Samaritan Medical Center Hartford Memorial Hospital
 Other

Farooki, Waheed
Butler, Jeffrey
587583-9420

PHYSICAL THERAPY EVALUATION - LOWER QUADRANT

- Sports Medicine Institute Inpatient Rehabilitation Acute
 Occupational Rehabilitation Outpatient Rehabilitation

NT = Not Tested N/A = Not Applicable

Subjective: Fell onto (R) knee 5/2/00 - surgical repair Lt. femur 5/4/00. Anesthesia just removed. No

Pain: Location/Type: occ sharp pain → evening

Best (0-10): 0 **Activity:** @ rest, walking **Worst (1-10):** 7 **Activity:** bending knee

Patient's Personal Goal: See Medical History Questionnaire: walk stair, kneeling

Observation: (Posture, Edema) edema @ LE; Muddy present @ LE distal to knee. Ecchymosis past med. knee @

Palpation: Thick infrapatellar region. Horizontal expansion

Tone / Proprioception / Reflexes / Sensation: N/A WFL Impaired

ROM / Strength:

Trunk limitation present _____

All motions WFL except those noted

Only those motions that were assessed are noted.

| MOI | MOVEMENT | ROM | | END FEEL | MMT | | COMMENTS |
|----------|-----------------|--------|--------|----------|-----|----|------------|
| | | (L) | (R) | | L | R | |
| A SUPINE | knee ext / flex | 0/138° | -5/60° | | /5 | /5 | (L) LE WFL |
| SUPINE | axial DF/PF | -5/40° | -5/50° | | /5 | /5 | (R) NT |
| PRITTING | KNEE FLEX | 125° | 90° | C | /5 | /5 | |
| | hip ROM | ↓ | ↓ | | /5 | /5 | |
| | | | | | /5 | /5 | |
| | | | | | /5 | /5 | |

POSITION KEY: * = Painful

- 1 = Supine 4 = Standing
 2 = Prone 5 = Sitting
 3 = Sidelying

ROM KEY:

- A = Active
 A/A = Active Assist
 P = Passive

END FEEL KEY:

- E = Empty C = Capsular
 B = Bony S = Soft Tissue Approx.

Flexibility: HS (L) 20° (R) NT

Special Test: N/A

Gait: WFL Impaired ↓ knee flex to toe off, delayed quad firing at heel strike

Function:

Transfer: NT WFL Impaired avoids WB @ LE 2° pain

Balance: NT WFL Impaired

Stairs: NT WFL Impaired one at a time

Squats: NT WFL Impaired

Other: kneeling - impaired. Important bc pt for prayer

Additional Comments:

Session Length / Billed Units: 1, for 15" evaluation 30" exercise TM 45"

Today's Treatment: eval, patella mobilization, STM @ AROM 1P knee flexion, QS, heel slides

Signature/Date: J Marshall PT 7/1/00



X16755

AURORA HEALTH CARE
 WEST ALLIS MEMORIAL HOSPITAL
 PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1
 08/29/01 09:45

PATIENT NAME: FAROOKI, WAHEEDA

ACCOUNT NBR: 000587583-9420
 BILLING PERIOD: 07/01/00 08/29/01

BILL TO
 WAHEEDA FAROOKI
 8284 FLAGSTONE COURT
 GREENDALE WI 53129

VERIFIED BILLING

BY C. Peters ON 8-29-01

NO. OF PAGES 2

HOSPITAL: West Allis Memorial Hospital

| SRV DATE | REF NBR | DESCRIPTION | |
|-------------------------------------------------|----------|--------------------------------|----------------------|
| 07/01/00 | 38033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 07/01/00 | 38033370 | EVALUATION PT 16-30 MIN | 123.25 |
| 07/01/00 | 38034550 | P.T. THER EXRC MAJR 97110 | (QTY OF 0003) 188.25 |
| 07/03/00 | 34033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 07/03/00 | 34034550 | P.T. THER EXRC MAJR INTL 97110 | (QTY OF 0002) 125.50 |
| 07/03/00 | 33502120 | MANUAL THERAPY PT 0-15 MIN | 70.00 |
| 07/08/00 | 38033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 07/08/00 | 38034550 | P.T. THER EXRC MAJR 97110 | (QTY OF 0003) 188.25 |
| 07/08/00 | 38035110 | P.T. THER EXRC MINR INTL 97110 | 33.00 |
| 07/12/00 | 34033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 07/12/00 | 34034550 | P.T. THER EXRC MAJR INTL 97110 | 62.75 |
| 07/12/00 | 34035110 | P.T. THER EXRC MINR INTL 97110 | 33.00 |
| 07/12/00 | 33502120 | MANUAL THERAPY PT 0-15 MIN | (QTY OF 0002) 140.00 |
| 07/15/00 | 38033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 07/15/00 | 38034550 | P.T. THER EXRC MAJR 97110 | 62.75 |
| 07/15/00 | 38035110 | P.T. THER EXRC MINR INTL 97110 | 33.00 |
| 07/15/00 | 23502120 | MANUAL THERAPY PT 0-15 MIN | (QTY OF 0002) 140.00 |
| 07/19/00 | 34033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 07/19/00 | 34034550 | P.T. THER EXRC MAJR INTL 97110 | (QTY OF 0003) 188.25 |
| 07/19/00 | 34035110 | P.T. THER EXRC MINR INTL 97110 | 33.00 |
| 08/14/00 | 34033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 08/14/00 | 34033430 | RE-EVALUATION PT 0-15 MIN | 72.25 |
| 08/14/00 | 34034550 | P.T. THER EXRC MAJR INTL 97110 | (QTY OF 0003) 188.25 |
| 08/18/00 | 34033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 08/18/00 | 34034550 | P.T. THER EXRC MAJR INTL 97110 | (QTY OF 0003) 188.25 |
| 08/18/00 | 34035110 | P.T. THER EXRC MINR INTL 97110 | 33.00 |
| 08/30/00 | 34033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 08/30/00 | 34034550 | P.T. THER EXRC MAJR INTL 97110 | 62.75 |
| 08/30/00 | 34034550 | P.T. THER EXRC MAJR INTL 97110 | (QTY OF 0003) 188.25 |
| 09/06/00 | 34033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 09/06/00 | 34034550 | P.T. THER EXRC MAJR INTL 97110 | (QTY OF 0002) 125.50 |
| 09/06/00 | 34035110 | P.T. THER EXRC MINR INTL 97110 | 33.00 |
| 09/20/00 | 34033000 | PHYSICAL THERAPY VISIT | 0.00 |
| 09/20/00 | 34034550 | P.T. THER EXRC MAJR INTL 97110 | (QTY OF 0003) 188.25 |
| -- WE HAVE BILLED THE FOLLOWING INSURANCE(S) -- | | | |
| | COMPCARE | 07/01/00 - 07/06/00 | |
| | COMPCARE | 07/08/00 - 07/20/00 | |
| | COMPCARE | 08/08/00 - 09/07/00 | |
| | COMPCARE | 09/08/00 - 09/21/00 | |
| 08/14/00 | 00006913 | COMPCARE PAYMENT | |
| | COMPCARE | SERVICE ON 07/01/00 | 321.94- |

AURORA HEALTH CARE
 WEST ALLIS MEMORIAL HOSPITAL
 PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 2
 08/29/01 09:45

PATIENT NAME: FAROOKI, WAHEEDA

ACCOUNT NBR: 000587583-9420

| SRV DATE | REF NBR | DESCRIPTION | |
|----------|----------|---------------------------------|-----------------------------|
| 08/14/00 | 00004713 | COMPCARE ADJUSTMENT COMPCARE | SERVICE ON 07/01/00 185.06- |
| 09/05/00 | 00006913 | COMPCARE PAYMENT COMPCARE | SERVICE ON 07/08/00 580.39- |
| 09/05/00 | 00004713 | COMPCARE ADJUSTMENT COMPCARE | SERVICE ON 07/08/00 333.61- |
| 10/16/00 | 00006913 | COMPCARE PAYMENT COMPCARE | SERVICE ON 08/14/00 565.94- |
| 10/16/00 | 00004713 | COMPCARE ADJUSTMENT COMPCARE | SERVICE ON 08/14/00 325.31- |
| 11/16/00 | 00006913 | COMPCARE PAYMENT COMPCARE | SERVICE ON 09/20/00 119.54- |
| 11/16/00 | 00004713 | COMPCARE ADJUSTMENT COMPCARE | SERVICE ON 09/20/00 68.71- |

REMIT TO

WEST ALLIS MEMORIAL HOSP.
 PO BOX 341700
 MILWAUKEE WI 53234

| | |
|-------------------------|----------|
| BEGINNING BALANCE | 0.00 |
| NEW CHARGES/ADJUSTMENTS | 2500.50 |
| NEW PAYMENTS/CREDITS | 2500.50- |
| CURRENT ACCOUNT BALANCE | 0.00 |

MAKE CHECK PAYABLE TO: WEST ALLIS MEMORIAL HOSP.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
 WEST ALLIS MEMORIAL HOSP. PHONE: (414) 647-3147 OR 1-800-958-6202

ATTENTION

To ensure timely processing of your request for certified copies of itemized hospital bills we ask that you include the following information with your inquiry:

- ☎ Name and physical location of hospital where services were rendered.
- ☎ Patient's full name as it appears on hospital records.
- ☎ Patient's Social Security number.
- ☎ Patient's date of birth.
- ☎ Patient's medical records number (if available)
- ☎ The dates of service you are requesting.
- ☎ Signed authorization from patient or parent/legal guardian (if minor).

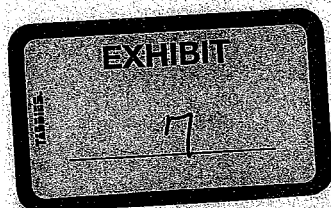
We can provide itemized bills for the following facilities:

- Memorial Hospital of Burlington
- Hartford Memorial Hospital
- Aurora Medical center – Kenosha
- St. Mary's Hospital – Kewaunee
- Lakeland Medical Center
- Milwaukee Psychiatric Hospital
- Sinai Samaritan Medical Center
- St. Luke's Medical Center – Milwaukee
- St. Luke's South Shore
- West Allis Memorial Hospital
- AMC Manitowoc County (formerly Two Rivers Hospital)

Please note: We can provide itemized bills only. We are unable provide UB92 or HCFA 1500 forms.

Please mail your requests to:
Aurora Health Care
Attention: Cathy Peters
3301 West Forest Home Avenue
Milwaukee, WI 53215

Or fax toll free 1-866-244-0821



CERTIFICATION OF MEDICAL RECORDS/BILLS

I, Sharon M. Saw, of Lake Shore Medical (facility)
located at 3201 So 16th St #1020 MI 48153-215, hereby certify that the
attached medical record/billing information, for the dates 5/2/08 to present
pertaining to patient, Wakeed A. Farooki, are true and
accurate copies of the original documents on file.

Date: 11-29-08

Sharon M. Saw

Certified Medical Assistant
Title

5:30 PM 8/14/00

HR 72

BP 130/90

Complaints of significant fatigue.
Note redness @ eye.

Trial of stationary cycle - has done
previously - became short of breath
after 3 minutes. HR 76 BP ↓ 110/80

Walking tolerance 1 block. I would expect
it to have increased more.

f Marshall PT.
328-6690.

* swelling @ leg since surgery
stocking? pressure gradient.

12-2-95

Pr skin to have skin test read (+) 3.5cm x 5cm.
well mark m.d. away SMS/CM

m

CXR rep - Ben

D/w Dr. L. A + pt => 010 T/13

P/ve Dr 1

05/19/00

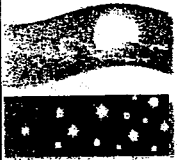
faxed referral to CompCare for office
visit with Dr. Manuel RBE

8-15-00

| | | |
|-----------------------|-------------|---------------|
| Date) 8-15-00 | R/R) 18 | Last Pap) - |
| B/P) 110/76 | Temp.) 98.4 | Last Mam.) - |
| Pulse) 64 | Wt.) 192 | Last PSA) ? |
| C/O) <u>H/Surgery</u> | | Last Lipid) ? |

Med
Flomax 4mg TID

all
NKOP



For depression...

PROZAC[®]
fluoxetine hydrochloride

See accompanying prescribing information for Prozac

Important Safety Information

For Prozac, the most commonly observed adverse events are nausea, headache, insomnia, anxiety, nervousness and somnolence. Prozac is contraindicated until at least two weeks have passed since discontinuing an MAO inhibitor, and an MAO inhibitor is contraindicated until at least five weeks after discontinuation of Prozac.

Discontinue immediately if rash or other possibly allergic phenomena appear for which an alternative etiology cannot be identified. Safety and effectiveness in pediatric patients have not been established.

A lower or less frequent dosage should be considered for patients with concurrent disease or on multiple, concomitant medications.

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Prozac[®] is a registered trademark of Eli Lilly and Company

LITHO IN CANADA



Elmbrook Memorial Hospital
19333 West North Avenue
Brookfield, WI 53045

St. Francis Hospital
3237 16th Street
Milwaukee, WI 53215

St. Joseph's Hospital
5000 West Chambers
Milwaukee, WI 53210

St. Joseph's Hospital - Bluemound
10010 West Bluemound Rd.
Brookfield, WI 53226

St. Michael Hospital
2400 West Villard
Milwaukee, WI 53209

HISTORY AND PHYSICAL

Referring Physician Copy

cc: SALEEM AMAN, MD, Referring Physician

ADMITTING DIAGNOSIS: Fractured right patella.

HISTORY OF PRESENT ILLNESS: The patient is a 63-year-old male who fell last evening while walking and landed on his right knee. He sustained a patella fracture which is widely displaced. He is admitted now for surgical repair with excision of the inferior pole of the patella and repair of the patellar tendon to the patella.

PAST MEDICAL HISTORY: No illnesses.

ALLERGIES: His Past History is remarkable for no known drug allergies.

MEDICATIONS: His Past History is remarkable for no medications.

REVIEW OF SYSTEMS: He denies chest pain, palpitations, no cough, shortness of breath, no GI or GU symptoms.

SOCIAL HISTORY: He does not smoke or drink.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION

GENERAL: He is a medium-built male in no acute distress.

HEART: Heart has a regular rate and rhythm without murmur, rub, or gallop.

LUNGS: Clear to auscultation.

ABDOMEN: Supple. Bowel sounds are positive. There is no mass or tenderness.

EXTREMITIES: The patient's right knee is remarkable for swelling and a palpable defect. Foot is pink and warm with 2+ dorsalis pedis pulse.

RADIOLOGIC: X-rays reveal a fracture of the inferior pole of the patella which is widely displaced.

PLAN: Excision and repair of the patellar tendon to the patella. The patient understands the risks, complications of surgery, desires I proceed.

JEFFREY BUTLER, MD

JB/dg D.05/03/2000 10:19:30 T.05/03/2000 10:21:24

ST. FRANCIS HOSPITAL

DOCTOR: JEFFREY BUTLER, MD

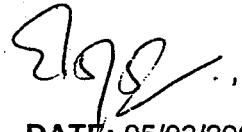
VISIT TYPE: I

ROOM #: 5E 5212 2

NAME: FAROOKI, WAHEED A

MRN: 128632

DOB: 10/07/1936


DATE: 05/03/2000

ACCT #: 10179118

AGE: 63Y

HISTORY AND PHYSICAL

Patient: FAROOKI, WAHEED A
MRN: 419211

Flowsheet Print Request
Date Range: 6/11/1998 11:45 AM - 6/7/2000 11:45 AM

Printed by: Woods, Katrina
Printed on: 5/31/2000 11:45 AM

| EVENTS | 12/27/1999 11:30 AM | 12/8/1999 7:34 AM | 12/7/1999 2:51 PM | 12/7/1999 7:39 AM | 2/10/1999 12:51 PM | 2/2/1999 4:16 PM | 2/2/1999 12:00 AM |
|---------------------------|------------------------|----------------------|----------------------|----------------------|-----------------------|---------------------|----------------------|
| CBC | | | | | | | |
| White Blood Cells | | | | 4.9 | | | |
| RBC | | | | 4.63 | | | |
| Hemoglobin | | | | 12.8 | | | |
| Hematocrit | | | | 40 | | | |
| Platelet | | | | 179 | | | |
| MCV | | | | 86 | | | |
| MCH | | | | 28 | | | |
| MCHC | | | | 32 | | | |
| RDW-SD | | | | 44 | | | |
| Hospital Documents | | | | | | | |
| History & Physicals | | | History & P | | | | |
| Operative Reports | (c) Operativ | Operative R | | | | Operative R | Operative R |
| Pathology | | | | | | | |
| Anatomic Pathology | | | | | ANAPATH | | |

Q
5/31

SINAI SAMARITAN MEDICAL CENTER

* Document subject to amendment *

MR NUMBER: 00-41-92-11
PAT. NAME: FAROOKI, WAHEED A

DATE OF BIRTH: 10/07/1936

ADDENDUM

Amendment to previous dictation on this procedure:

PREOPERATIVE DIAGNOSIS:

Left exotropia.

PROCEDURE:

RESECTION OF LEFT LATERAL RECTUS MUSCLE AND RESECTION OF LEFT MEDIAL RECTUS MUSCLE.

Second half:

Attention was directed to the medial aspect of the globe. The left medial rectus muscle was similarly approached and isolated from its _____. However, it was a very fragile and frayed muscle and was markedly weakened. Two double-arm 5-0 Vicryl sutures were placed through the belly muscle _____ superiorly and inferiorly, approximately 6 mm from the original insertion. However, the muscle was frayed enough that, when this was done and the muscle cut free from its original muscle stump, it disinserted from the sutures and retracted back into the globe. It was impossible to safely retrieve this "lost" left medial rectus muscle. Consequently, the fibrous sheaths and _____ fascia were sutured back to the original muscle stump. The bleeding vessels were cauterized. _____ was closed with running 7-0 Vicryl and several interrupted 7-0 Vicryl sutures. The patient received _____ ointment patch and went to the recovery room in good condition. The patient tolerated the procedure well.

Norman E. Cohen, MD
NEC/cjf/n 2301
d. 12/07/1999
t. 12/09/1999 1:54 P
cc: Norman E. Cohen, MD

SINAI SAMARITAN MEDICAL CENTER

* Document subject to amendment *

MR NUMBER: 00-41-92-11
PAT. NAME: FAROOKI, WAHEED A

DATE OF BIRTH: 10/07/1936

ADDENDUM

Amendment to previous dictation on this procedure:

Printed by: Woods, Katrina
Printed on: 5/31/2000 11:46 AM

Operative Report - Hospital

FAROOKI, WAHEED A - 419211

PREOPERATIVE DIAGNOSIS:

Left exotropia.

PROCEDURE:

RESECTION OF LEFT LATERAL RECTUS MUSCLE AND RESECTION OF LEFT MEDIAL RECTUS MUSCLE.

Second half:

Attention was directed to the medial aspect of the globe. The left medial rectus muscle was similarly approached and isolated from its _____ . However, it was a very fragile and frayed muscle and was markedly weakened. Two double-arm 5-0 Vicryl sutures were placed through the belly muscle _____ superiorly and inferiorly, approximately 6 mm from the original insertion. However, the muscle was frayed enough that, when this was done and the muscle cut free from its original muscle stump, it disinserted from the sutures and retracted back into the globe. It was impossible to safely retrieve this "lost" left medial rectus muscle. Consequently, the fibrous sheaths and _____ fascia were sutured back to the original muscle stump. The bleeding vessels were cauterized. _____ was closed with running 7-0 Vicryl and several interrupted 7-0 Vicryl sutures. The patient received _____ ointment patch and went to the recovery room in good condition. The patient tolerated the procedure well.

Norman E. Cohen, MD

NEC/cjf 2301

d. 12/07/1999

t. 12/09/1999 1:54 P

cc: Norman E. Cohen, MD

Completed Action List:

Printed by: Woods, Katrina
Printed on: 5/31/2000 11:46 AM

Page 2 of 3
(Continued)

Operative Report - Hospital

FAROOKI, WAHEED A - 419211

Result Type: Operative Report - Hospital
Result Date: Monday, December 27, 1999 11:30 AM
Result Status: Auth

Printed by: Woods, Katrina
Printed on: 5/31/2000 11:46 AM

Page 3 of 3
(End of Report)

Ophthalmology Associates, S.C.

A Multi-Specialty Eye Care Practice

Thomas V.P. Alpren, M.D.
Susan H. Chesshire, M.D.
Glenn E. Graves, M.D.
Edward W. Waldeck, M.D.
Lisa V. Gontarek, O.D.
Nancy M. Duquette, O.D.

June 13, 2000

Saleem Aman, M.D.
3201 South 16th Street #1020
Milwaukee, WI 53215

Re: Waheed Farooki
DOB: 10/07/36

Dear Dr. Aman:

Mr. Waheed Farooki was seen in the office on June 8, 2000 for a medical evaluation stating that he has been experiencing double vision which lasts intermittently. Careful history reveals that the patient had surgery on his extraocular muscles in the left eye a while back and had a fairly good result but noticed progressively more diplopia as the postoperative period lengthened.

His vision is excellent in both eyes at 20/20 in the right and 20/20- in the left. He corrects to 20/20 bilaterally with the following correction of +1.75 sphere in the right and +1.25 +0.75 x 82 in the left. He does show an intermittent left exotropia. The remainder of the examination is essentially normal.

DIAGNOSIS: Left exotropia status post muscle surgery.

We informed the patient that this is very typical of exotropia after surgery that sometimes more surgery needs to be performed but he must wait a good six months or more prior to contemplating further surgery so that the scarring and position will stabilize. If he is not severely bothered by the diplopia he can get by with intermittently closing one eye or the other.

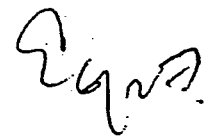
The patient will make a decision whether to return to his original surgeon or follow up with our group. If you have any further questions regarding this patient, please do not hesitate to contact me.

Yours truly,



Edward W. Waldeck, M.D.

EWW/cas
dictated not read



Main Office: 2500 West Layton Ave., Suite 110, Milwaukee, WI 53221, (414) 281-0424, (414) 281-0959 FAX, www.milwaukeevision.com

2020 S. Packard Ave.
Cudahy, WI 53110
(414) 769-6900
(414) 769-8772 FAX

6080 S. 108th St.
Hales Corners, WI 53130
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Suite 130
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(262) 784-3834 FAX

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3237 16th Street
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10010 West Bluemound Rd.
Brookfield, WI 53226

St. Michael Hospital
2400 West Villard
Milwaukee, WI 53209

RADIOLOGY

Referring Physician Copy

cc: PAUL COOGAN, MD
SALEEM AMAN, MD, Referring Physician
JEFFREY BUTLER, MD, Attending Physician

ORDERING PHYSICIAN: JEFFREY BUTLER, MD
OCCURRENCE NUMBER:

1. 8674589
2. 8675583

EXAM DATE: 05/03/2000

EXAM:

1. RIGHT KNEE, FOUR VIEWS
2. CHEST AP

CLINICAL HISTORY:

1. Knee pain.
2. Preoperative chest

REPORT:

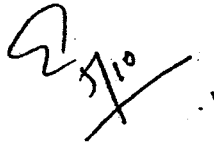
1. RIGHT KNEE: Examination demonstrates a horizontal fracture through the inferior aspect of the patella with associated superior retraction of the majority of the patella. A small joint effusion is identified. There is evidence of an old proximal fibular fracture.
2. CHEST AP: The heart size and vessels are normal and no infiltrates are seen.

IMPRESSION:

1. Acute fracture through the patella, as described. There is approximately 4 cm of separation between the patellar fragments.
2. Negative chest.

ROBERT GOULD, MD
Radiologist

RG/LE D.05/03/2000 15:12:53 T.05/03/2000 18:50:05



ST. FRANCIS HOSPITAL

RADIOLOGIST: ROBERT GOULD, MD
VISIT TYPE: I
ROOM #: 5E 5212 2

NAME: FAROOKI, WAHEED A
MRN: 128632
DOB: 10/07/1936

DATE: 05/03/2000
ACCT #: 10179118
AGE: 63Y

RADIOLOGY

Waheed Farooki
DOB: 10/7/36

Family Practice Clinic
August 15, 2000

Problem List: 1. Complaining of SOB.
2. Right knee pain.

Subjective: Mr. Farooki came in today for follow-up. He has a history of a right knee patella fracture, for which he had surgery done 3-4 months ago, and he is getting physical therapy. He still has pain and the pain bothers him a lot at night. He also gets short of breath after walking a block, and he starts huffing and puffing. He denies any chest pain, denies any nausea or vomiting, denies any diaphoresis or black outs, though he has a problem with diplopia because of strabismus.

Objective: Alert and oriented x 3. BP 110/76. Pulse 60. WT 192 lb. Temperature 98.4°. Respiratory rate 18.

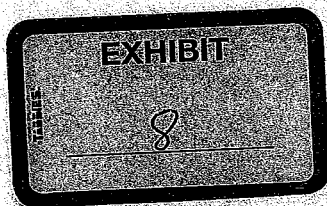
Exam: HEENT: Normocephalic, non-traumatic. Pupils are equal and reactive to light. EOMI. No conjunctival injection. Strabismus is present. No icterus bilaterally. Funduscopy WNL bilaterally. Ears: Canals clear. TMs WNL. Nose: Mucous membranes clear. Color pink. Slight septal deviation. Oral cavity: Mucous membranes moist. No tongue coating. No tongue deviation. Positive gag reflex. Posterior pharyngeal wall WNL. Tonsils WNL. Neck supple. ROM WNL. Lymph nodes not palpable. No JVD. No bruits. Chest: Non-tender to palpation bilaterally. Normal vesicular breathing in all three lung fields bilaterally. Cardiovascular Exam: S₁, S₂ audible. RR&R. No S₃, S₄. Trace pedal edema. Abdomen is soft. Bowel sounds are present. No rigidity or guarding. No organomegaly. Rectal not done. Extremities: Right knee exam shows scar of surgery seen. The knee is swollen compared the left knee, which is normal. ROM WNL, non-tender. CNS non-focal. Back exam WNL.

Assessment & Plan:

1. SOB, possibility of CHF: An EKG was done that shows normal sinus rhythm with no LVH. Will do 2-D echo to evaluate further. In the meantime, the patient is to continue to exercise.
2. Right knee, s/p surgery, improving. The patient was told to continue taking Celebrex 200 mg a day, and we will evaluate further. The patient was told that the pain and swelling will go away as he exercises more.
3. The patient discussed options with me regarding his eyes. He had corrective surgery done for strabismus. The patient was told to give it a couple of months and see how his eyes behave. If there is still a problem, we will get another opinion.
4. Symptoms of depression: The patient is very worried about his eyes and about his knee, because before that he was perfectly fine and in good health. He sleeps too much and he has lost interest and has crying spells. In light of these findings, he will be referred to Dr. Gratcherona, psychiatry, for evaluation. The patient denies any homicidal or suicidal ideations.
5. Follow-up with me in a month.


Saleem Aman, M.D.

SA:dbe
dd: 8/15/00
dt: 8/18/00



**DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND**

1 December 2000

MEMORANDUM FOR Bridge Law Office

Attention: Mr. Gregg Bridge
2300 North Mayfair Road, Suite 470
Wauwatosa WI 53226-1505

FROM: Department of the Air Force
440 Airlift Wing/DPC (Civilian Personnel Office)
300 E College Avenue
General Mitchell IAP-ARS WI 53207-6299

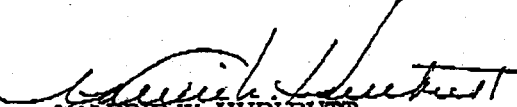
SUBJECT: Our Employee/Your Client, Mr. Waheed A. Farooki

1. The following salary and attendance information, for the period 2 May 00 through 18 Nov 00, pertaining to the above subject employee/client is based on information provided by our Accounting and Finance Office and provided to you pursuant to your written request dated 16 November 2000:

- a. Salary on 2 May 00 to present: \$56,156 pa (work year 2087 hours, workday 8 hours)
- b. Dates/Number of Hours Missed Work

| | | |
|---------------------|----------------------|----------------------|
| 03 May 00 (8 hours) | 25 May 00 (8 hours) | 17 Aug 00 (½ hour) |
| 04 May 00 (8 hours) | 26 May 00 (8 hours) | 18 Aug 00 (2½ hours) |
| 05 May 00 (8 hours) | 30 May 00 (8 hours) | 01 Sep 00 (2½ hours) |
| 08 May 00 (8 hours) | 31 May 00 (8 hours) | 08 Sep 00 (2½ hours) |
| 09 May 00 (8 hours) | 01 Jun 00 (8 hours) | 15 Sep 00 (2 hours) |
| 10 May 00 (8 hours) | 02 Jun 00 (8 hours) | 29 Sep 00 (2½ hours) |
| 11 May 00 (8 hours) | 08 Jun 00 (½ hour) | 22 Sep 00 (2½ hours) |
| 12 May 00 (8 hours) | 16 Jun 00 (8 hours) | 06 Oct 00 (2½ hours) |
| 15 May 00 (8 hours) | 23 Jun 00 (2½ hours) | 13 Oct 00 (2½ hours) |
| 16 May 00 (8 hours) | 30 Jun 00 (2½ hours) | 20 Oct 00 (2½ hours) |
| 17 May 00 (8 hours) | 07 Jul 00 (2½ hours) | 27 Oct 00 (2½ hours) |
| 18 May 00 (8 hours) | 14 Jul 00 (2½ hours) | 03 Nov 00 (2½ hours) |
| 19 May 00 (8 hours) | 21 Jul 00 (2½ hours) | |
| 22 May 00 (8 hours) | 28 Jul 00 (2½ hours) | |
| 23 May 00 (8 hours) | 04 Aug 00 (2½ hours) | |
| 24 May 00 (8 hours) | 11 Aug 00 (2½ hours) | |

2. We are unable to ascertain if any/all of the above absences were related to the off duty accident referenced in your 16 November 2000 letter. Questions may be directed to the undersigned at 414-482-5073.


VALERIE W. HURLBUTT
Employee/Labor Relations Specialist
Civilian Personnel Office

Cc: CE/Mr. Vistasp Jijina/Supervisor

104.25
+ 26.90

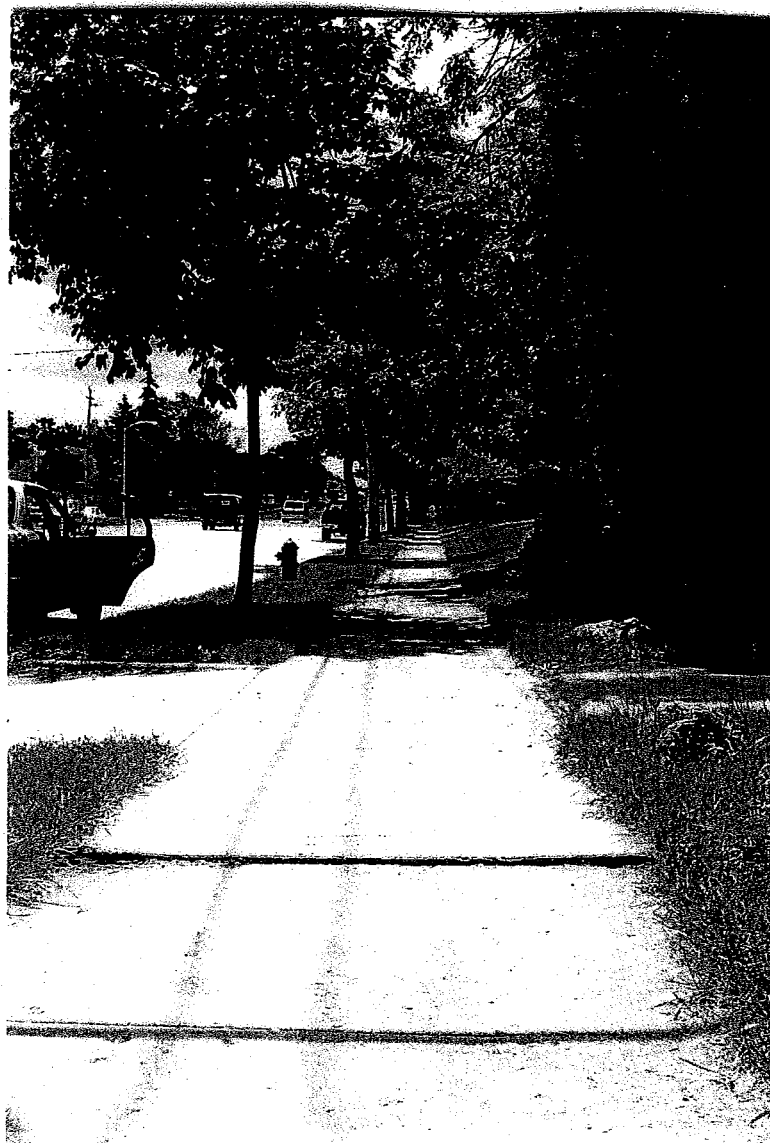
\$ 2804.32

EXHIBIT
9

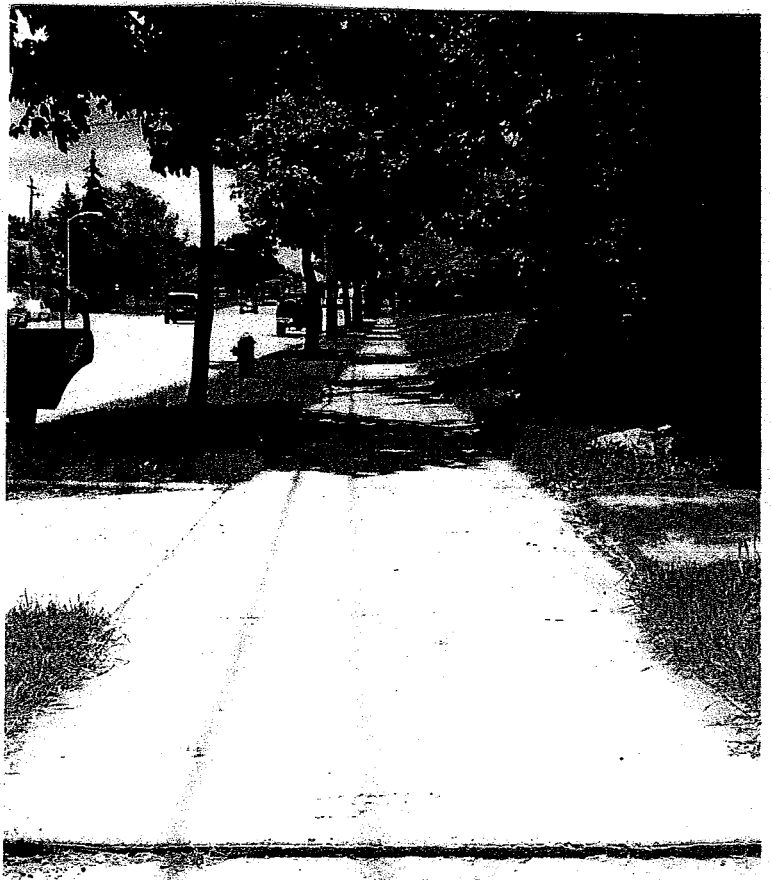
1.

Area where Mr. Farooki
tripped and fell.

(More raised portion and "X" in
lower right hand corner
which was placed by City prior
to fall, upon information and belief.)



2.

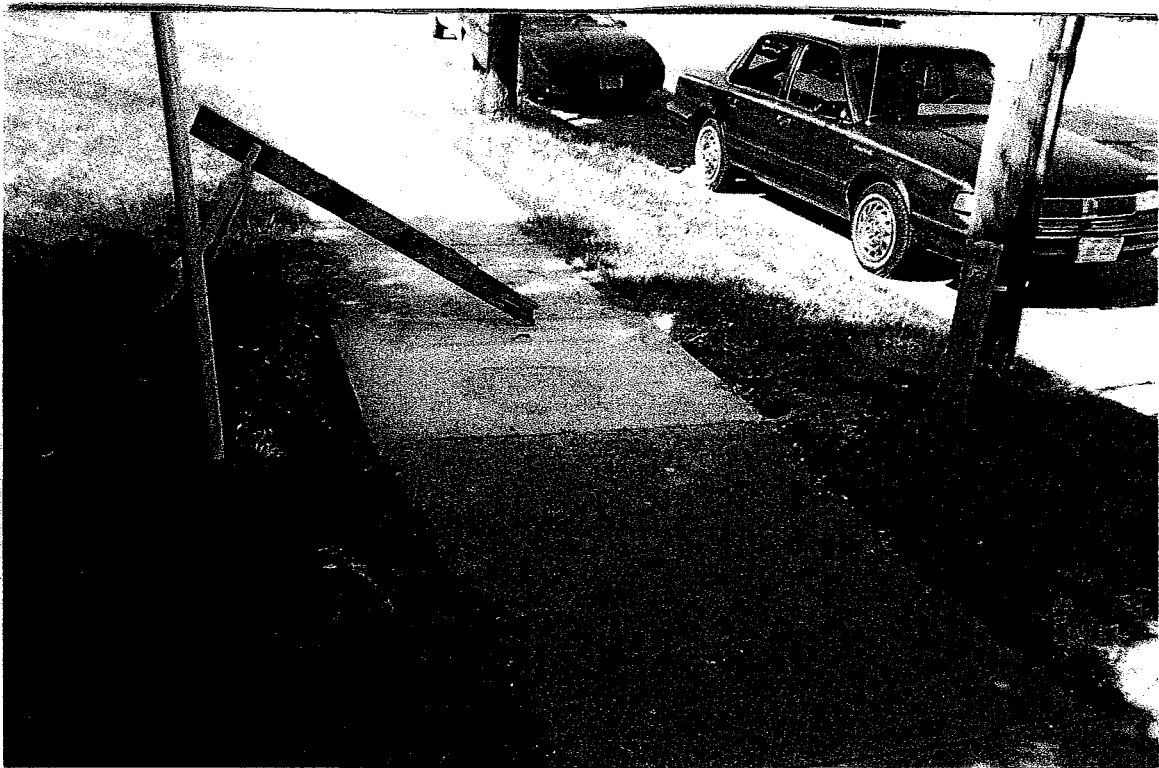


3.

Repairs undertaken up and
down the block where fall occurred.



4.
Area of fall post repair.



5.
Mr. Farooki's injury.

