

LAW OFFICES
PHILLIPS, CYMERMAN & STEIN s.c.
THE GRAND AVENUE, SUITE 5000
161 WEST WISCONSIN AVENUE
MILWAUKEE, WI 53203

N. PALEY PHILLIPS
(1907-1966)
KENNETH J. PHILLIPS
(1931-1990)
BARRY M. CYMERMAN
MARTIN D. STEIN

TELEPHONE
414.271.4262

TELEFAX
414.271.6548

October 23, 2002

Grant F. Langley, Esq.
Office of City Attorney
200 E. Wells St. Rm. 800
Milwaukee, WI 53202-3551
BY MAIL AND BY FAX (286-8550)

RE: My Clients : Evelyn Gray and Sebastes Smith
Your Insured : Nathan Neibauer
Date of Injury: May 22, 2002
Your File No.: 02-V-90

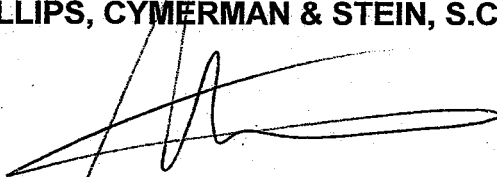
Dear Mr. Langley:

In response to your letter dated October 3, 2002 to Attorney Barry Cymerman: Please note that I have taken over this file and will handle the case to conclusion.

I am appealing the City of Milwaukee's denial of these claims. Pursuant to your instructions, I am notifying you of this and requesting a hearing. Please inform me as to when this hearing will take place.

Thank you for your attention to this matter.

Yours very truly,
PHILLIPS, CYMERMAN & STEIN, S.C.



Martin D. Stein
martin@pdc-law.com

MDS/db

cc: Steven M. Carini, Investigator Adjuster, Office of City Attorney

CITY OF MILWAUKEE

Form CA-43

GRANT F. LANGLEY
City Attorney

RUDOLPH M. KONRAD
Deputy City Attorney

THOMAS E. HAYES
PATRICK B. McDONNELL
LINDA ULISS BURKE
Special Deputy City Attorneys



OFFICE OF CITY ATTORNEY
800 CITY HALL
200 EAST WELLS STREET
MILWAUKEE, WISCONSIN 53202-3551
TELEPHONE (414) 286-2601
TDD 286-2025
FAX (414) 286-8550

October 3, 2002

Phillips, Donohue & Cymerman, S.C
Attn: Barry M. Cymerman
161 West Wisconsin Avenue, Suite 5000
Milwaukee, WI 53203

RE: C.I. File No. 02-V-90
Your Clients: Evelyn Gray (\$10,533.50) & Sebastes Smith (\$11,851.43)

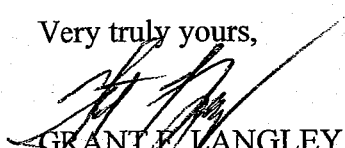
Dear Mr. Cymerman:

This office is in receipt of your claims on behalf of your clients, Evelyn Gray and Sebastes Smith in the amounts listed above relating to injuries sustained on May 22, 2002 when the vehicle in which they were passengers was hit by a City police vehicle near North Teutonia Avenue and West Florist Avenue.

The City of Milwaukee, based upon present information, is denying your clients' claim.

If you wish to appeal this decision, you may do so by sending a letter within 21 days of the receipt of this letter to the Milwaukee City Clerk, 200 East Wells Street, Room 205, Milwaukee, Wisconsin 53202, requesting a hearing.

Very truly yours,


GRANT F. LANGLEY
City Attorney

Steven M. Carini
STEVEN M. CARINI
Investigator Adjuster

SMC:beg
1032-2002-1913:58423

BEVERLY A. TEMPLE
THOMAS O. GARTNER
BRUCE D. SCHRIMPF
ROXANE L. CRAWFORD
SUSAN D. BICKERT
HAZEL MOSLEY
HARRY A. STEIN
STUART S. MUKAMAL
THOMAS J. BEAMISH
MAURITA F. HOUREN
JOHN J. HEINEN
MICHAEL G. TOBIN
DAVID J. STANOSZ
SUSAN E. LAPPEN
DAVID R. HALBROOKS
JAN A. SMOKOWICZ
PATRICIA A. FRICKER
HEIDI WICK SPOERL
KURT A. BEHLING
GREGG C. HAGOPIAN
ELLEN H. TANGEN
MELANIE R. SWANK
JAY A. UNORA
DONALD L. SCHRIEFER
EDWARD M. EHRlich
LEONARD A. TOKUS
MIRIAM R. HORWITZ
MARYNELL REGAN
G. O'SULLIVAN-CROWLEY

Assistant City Attorneys

LAW OFFICES
PHILLIPS, CYMERMAN & STEIN s.c.
THE GRAND AVENUE, SUITE 5000
161 WEST WISCONSIN AVENUE
MILWAUKEE, WI 53203

1032-2002-2115
Carini

CITY OF MILWAUKEE

2002 SEP 24 PM 4:06

RONALD D. LEONHARDT
CITY CLERK

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N. PALEY PHILLIPS
(1907-1966)
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BARRY M. CYMERMAN
MARTIN D. STEIN
SUSAN K. DESCHLER

September 19, 2002

City Attorney's Office
200 East Wells Street #800
Milwaukee, WI 53202
Attn: Ms. Linda Burke

RE: My Client : Evelyn Gray
Your Insured : Nathan Neibauer
Date of Injury : May 22, 2002

Dear Ms. Burke:

Please find enclosed with this letter the following medical records, reports and billing statements which were incurred by Evelyn Gray as a result of this accident:

St. Joseph's Hospital	\$ 195.00
St. Joseph's Emergency Physicians, LLP	\$ 170.00
Dr. Steven Kennedy	\$ 1232.50
Wage Loss New Health Services	\$ 436.00
TOTAL:	\$ 2033.50

Based on the enclosed medical records and the clear liability situation, settlement demand is \$8,500.00 plus special damages. Kindly contact me after you have had a chance to review the enclosed information. Thank you.

Yours very truly,
PHILLIPS, CYMERMAN & STEIN, S.C.


Barry M. Cymerman

BMC/jy
Enclosure

CITY OF MILWAUKEE
RECEIVED
OFFICE OF
CITY ATTORNEY
'02 SEP 25 PM 2:21

ST JOSEPHS HOSPITAL
 BOX 68-9510
 MILWAUKEE, WI 53268-9510
 Statement on: 08/05/02 at 09:08 AM

PAGE: 1

Guarantor: GRAY EVELYN
 7224 W APPLETON AVE #6
 MILWAUKEE, WI 53216-0000

Patient: GRAY EVELYN
 Visit #: 70644063
 AR Seg: 05/23/02 to 05/23/02

Date	Svc Code	Description	Units	Debits	Credits
05/23/02	118360	EMERGENCY CARE LEVEL	1	140.25	
05/23/02	11220010	CYCLOBENZAPRI TAB 10M	1	5.71	
05/23/02	12808036	IBUPROFEN TAB 600MG U	1	4.18	
05/31/02	9848074	ALLOW T19 MANAGED HEA	1	44.86	
06/14/02	9900614	PAY MANAGED HEALTH SE	-1		45.00-
06/20/02	9848530	ALL T19 MANAGE HLTH-A	-2		150.00-
* - Not posted				Balance:	0.00

CERTIFICATION OF PATIENT BILLING

PATIENT: EVELYN GRAY

DATE OF TREATMENT: 5/23/02 TO —

I, M. JAY HAECKER CORRESPONDENCE

TECHNICIAN AT: ST JOSEPH HOSPITAL

HEREBY CERTIFY THAT THE DOCUMENTS ANNEXED HERTO, AND
CONSISTING OF 1 PAGES, CONSTITUTE AN ACCURATE AND
LEGIBLE DUPLICATE OF THE PATIENT BILLING IN OUR POSSESSION
REGARDING THE ABOVE NAMED PATIENT, AS REQUESTED, AND FOR
WHICH AUTHORIZATION WAS GRANTED.

8/05/02
DATE

Mary Jay Haecker
CORRESPONDENCE TECHNICIAN

LAW OFFICES
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11520

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MARTIN D. STEIN
SUSAN K. DESCHLER

AUG 2 2002

TELEPHONE
414.271.4262

TELEFAX
414.271.6548

July 31, 2002

St. Joseph Hospital
5000 W. Chambers St.
Milwaukee, WI 53210
Attn: Medical Records

Covenant Healthcare System, Inc.
1126 South 70th Street
Suite NM101A
P.O. Box 44140
West Allis, WI 53214

Re: Patient:
Date of Birth
Date of Inju

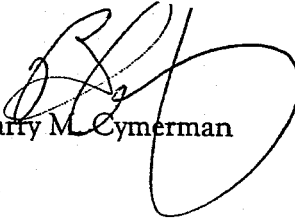
*Please note
3 different
requests are
included
Thank you
Source corp*

Dear Sir/Madam:

Please be advised that I r
occurred on the above c
certified copy of any a
Joseph's Hospital conce
you.

stained in an accident which
furnish me with a complete
s for services rendered at St.
y to the present time. Thank

MAN & STEIN, S.C.


Barry M. Cymerman

BMC/clm
Enclosure

*SLC 8/5/02
1 pg*



A MEMBER OF *Covenant* HEALTHCARE
Covenant Healthcare is sponsored by
the Wheaton Franciscan and Felician Sisters.

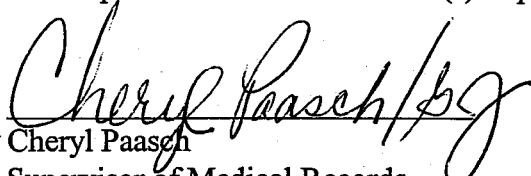
August 7, 2002

PHILLIPS, CYMERMAN & STEIN , S.C.
THE GRAND AVENUE, SUITE 5000
161 WEST WISCONSIN AVENUE
MILWAUKEE, WI 53203

CERTIFICATION OF MEDICAL RECORDS

Patient Name: Evelyn Gray
Patient DOB: December 26, 1979
Patient MRN: 40-22-65

I, Cheryl Paasch, Record Custodian of hospital records at St. Joseph's Hospital, Milwaukee, Wisconsin, hereby certify that the documents annexed hereto and consisting of 9 pages and date(s) of service 5/23/02, constitutes an accurate, legible, and complete duplicate of the St. Joseph's Hospital medical record regarding the above named patient for the service date(s) requested.


Cheryl Paasch
Supervisor of Medical Records

ST. JOSEPH'S HOSPITAL
A MEMBER OF COVENANT HEALTHCARE

Account No: 706440631 MR#: 0402265
Sched Date: 05/27/02 03:59 PM

PATIENT INFORMATION

GRAY EVELYN
7224 W APPLETON AVE
MILWAUKEE WI 53216

Phone: 414 462-1757

DOB: 12/26/1979 Age: 22

Gender: F MS: SINGLE

SS#: 399-84-0020

Religion: BAPTIST

Employer: NEW HEALTH SERVICES

Phone #:

Occupation:

NEAREST RELATIVE

Name: WRIGHT SUSIE

Phone: 414 264-9835

Bus Phone:

Relat: OTHER RELATIONS

Notify: Y

ADDITIONAL CONTACT

Name:

Phone:

Bus Phone:

Relat:

Notify:

VISIT INFORMATION

Admit Reason: HEAD AND NECK PAIN, MVA X 1 DAY

Comment: CAK T02142

Visit Type: E

Location: EMERGENCY DEPT#TRAUMA/MAJ

Last Inp Date:

Last Outpt Date:

PHYSICIAN INFO

Adm:

Att: EMERGENCY CONSULTANTS INC

PCP: NONE

INSURANCE INFORMATION

PRIMARY: MHS T19

Plan: STANDARD

PO BOX 3001

FARMINGTON MO 63640

Phone #: 414 345-4644

Subr: GRAY EVELYN

Relat: PATIENT IS INSURED

Policy#: 3998400200

Group#: 99999

Group Name: NONE

7800 06
F016

GUARANTOR INFORMATION

Name: GRAY EVELYN

7224 W APPLETON AVE #6

MILWAUKEE WI 53216-0000

Phone #: 414 462-1757

SS#: 399-84-0020

Employer: NEW HEALTH SERVICES

Phone #:

LAB WORK:

<p>Lab Study:</p> <input type="checkbox"/> EKG <input type="checkbox"/> Repeat in 3 hrs. <input type="checkbox"/> EKG #2 <input type="checkbox"/> ABG <input type="checkbox"/> RA or <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> Liver Profile <input type="checkbox"/> Mg <input type="checkbox"/> Calcium <input type="checkbox"/> Amylase <input type="checkbox"/> Lipase <input type="checkbox"/> UA <input type="checkbox"/> Cath <input type="checkbox"/> Clean Catch <input type="checkbox"/> Urine Preg. <input type="checkbox"/> Bedside <input type="checkbox"/> in Lab <input type="checkbox"/> HCG <input type="checkbox"/> Drug Screen <input type="checkbox"/> Urine <input type="checkbox"/> Comprehensive <input type="checkbox"/> ASA <input type="checkbox"/> Acetaminophen <input type="checkbox"/> ETOH <input type="checkbox"/> Other:	<p>Lab Study:</p> <input type="checkbox"/> Digoxin <input type="checkbox"/> CPK <input type="checkbox"/> CKMB <input type="checkbox"/> Troponin <input type="checkbox"/> CPK in 3 hrs. <input type="checkbox"/> CKMB in 3 hrs. <input type="checkbox"/> Troponin in 3 hrs. <input type="checkbox"/> Type Screen <input type="checkbox"/> Type Cross <input type="checkbox"/> units <input type="checkbox"/> Rh <input type="checkbox"/> PT <input type="checkbox"/> PTT <p>Cultures: <input type="checkbox"/> Urine <input type="checkbox"/> Sputum <input type="checkbox"/> Blood <input type="checkbox"/> Blood x 2 <input type="checkbox"/> Stool</p> <input type="checkbox"/> Gastrocult <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> QC <input type="checkbox"/> Rectal Heme <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> QC <input type="checkbox"/> Rapid Strep <input type="checkbox"/> Mono <input type="checkbox"/> RSV <input type="checkbox"/> Rotavirus <input type="checkbox"/> Dilantin <input type="checkbox"/> Depakote <input type="checkbox"/> Tegretol <input type="checkbox"/> Phenobarb <input type="checkbox"/> VDRL <input type="checkbox"/> GC Culture <input type="checkbox"/> Chlamydia <input type="checkbox"/> Wet Mount <input type="checkbox"/> Other:
---	---

RADIOLOGY:

<p>Radiology Study:</p> <input type="checkbox"/> Chest - portable <input type="checkbox"/> Chest PA - Lat <input type="checkbox"/> Chest - Upright <input type="checkbox"/> Abd series <input type="checkbox"/> KUB <input type="checkbox"/> Abd - Portable/view <input type="checkbox"/> Portable spine - cervical <input type="checkbox"/> Spine - cervical <input type="checkbox"/> collar <input type="checkbox"/> no collar <input type="checkbox"/> Spine - lumbar <input type="checkbox"/> Infant abd - chest <input type="checkbox"/> Pelvis <input type="checkbox"/> Finger <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Hand <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Wrist <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Elbow <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Shoulder <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Hip <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Knee <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Ankle <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Foot <input type="checkbox"/> Right <input type="checkbox"/> Left	<p>Radiology Study:</p> <input type="checkbox"/> CT - head <input type="checkbox"/> with <input type="checkbox"/> without <input type="checkbox"/> CT - chest <input type="checkbox"/> with <input type="checkbox"/> without <input type="checkbox"/> CT - ABD <input type="checkbox"/> with <input type="checkbox"/> without <input type="checkbox"/> US <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:
--	--

Signs / Symptoms Necessitating Xray CT U/S:

Pertinent Lab Values:
 WNL WNL Except:

02 APR 23 11 5:07

Xray Intep: ED Physician Radiologist Discussed With
 Negative No Fracture No Acute Changes

<p>CARDIAC MONITOR AND EKG INTERPRETATION:</p> <p>Rate: <input type="checkbox"/> Normal <input type="checkbox"/> Brady <input type="checkbox"/> Tachy Rhythm: <input type="checkbox"/> NSR <input type="checkbox"/> AFIB Ectopy: <input type="checkbox"/> None <input type="checkbox"/> PVCs <input type="checkbox"/> PACs EKG #1 _____ EKG #2 _____ EKG Comparison: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Prior EKG </p>	<p>RESPIRATORY THERAPY:</p> <p><input type="checkbox"/> Respiratory Order: <input type="checkbox"/> Asthma Protocol Unit Dose or <input type="checkbox"/> Albuterol <input type="checkbox"/> Atrovent <input type="checkbox"/> Xopenex <input type="checkbox"/> Rac Epi <input type="checkbox"/> Repeat TX _____ times every _____ min. <input type="checkbox"/> Continuous <input type="checkbox"/> Albuterol <input type="checkbox"/> Atrovent <input type="checkbox"/> 30 minutes <input type="checkbox"/> 60 minutes <input type="checkbox"/> BiPAP <input type="checkbox"/> CPAP </p>
--	---

NURSING ORDERS:

O₂ @ _____ l/min via NC Mask
 Saline Lock IV NS LR _____ Bolus _____ cc Rate _____ cc/hour
 Saline Lock IV NS LR _____ Bolus _____ cc Rate _____ cc/hour
 Monitor Glucometer
 Tetanus

*(105) Morphine 600ug po twice (O/C)
 Flecainid 10mg po*

FINAL DIAGNOSIS: *① Cephalgia
 ② Allc*

ADMIT TO: 24 hr OBS or In Patient
 ICU Cardiac Medical Surgical
 CCP

SIGNATURE: *[Signature]* TIME: *1637* MD / DO PA



EMERGENCY DEPARTMENT
 PHYSICIAN ORDERS

GRAY EVELYN
 DOB: 12/26/79 22Y SEX: F MR: 402265
 EMERGENCY CONSULTANTS INC
 ACCT#: 70644063

St. Joseph Regional Medi Center

Emergency Department QualChart® Page 1 of 2

MOTOR VEHICLE ACCIDENT

Fill in, circle pertinent positive findings. Complete all sections.

Exam Time: 6:30 a.m. / p.m.
 Mode of Arrival: EMS Other VSS except: Yes No Pulse Ox NL Hypoxic % on R/A or O2 @ _____ L/min
 Nurse's Triage Notes reviewed: Yes No

HISTORY: HX from Patient Unobtainable due to: Dementia Altered MS Extremis Other: _____
 HX from: Patient Family EMS Caretaker Old Medical Records
 LMP: _____ Last Tetanus Booster: _____

CHIEF COMPLAINT: This is a 22 year old male / female who presents with a complaint of MVA with injury/pain at: Head Neck Back
 Chest Abdomen Extremities anterior @ neck (scalp) & frontal HA

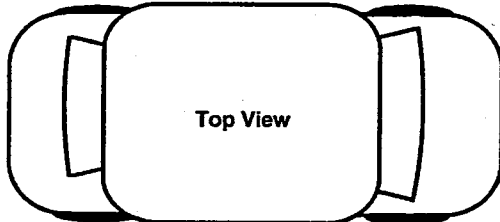
Occurred 1 Minutes Hours Days Prior to Arrival
 Onset of Pain Immediate _____ Minutes Hours Days Post Accident
 Severity of Pain Initially: Mild Moderate Severe Currently: Mild Moderate Severe
 Patient's Vehicle Car Truck Motorcycle Bicycle ATV versus Car Truck Motorcycle Bicycle ATV Stationary Object
 Position in Vehicle Driver Passenger Front Back
 Associated Signs and Symptoms Negative Headache Seizure Active Bleeding Motor / Sensory Deficit SOB
 LOC Duration: _____ Seconds Minutes Hours Unknown

Context Lost Control Fell Asleep Distracted Seizure Intoxicated Other: LOC
 Backboard / C-Collar Applied PTA

REVIEW OF SYSTEMS:		Pertinent Positives	
Constitutional	<u>Negative</u>	<u>Fever</u>	Chills
Eyes	<u>Negative</u>	<u>Photophobia</u>	Blurred Vision
ENT	<u>Negative</u>	Sore Throat	Ear Ache
CV	<u>Negative</u>	Palpitations	Chest Pain
Respiratory	<u>Negative</u>	SOB	Cough
GI	<u>Negative</u>	Vomiting	Diarrhea
GU	<u>Negative</u>	Dysuria	Hematuria
MS	<u>Negative</u>	Arthralgia	Myalgia
Skin	<u>Negative</u>	Rash	Bruising
Neuro	<u>Negative</u>	Headache	Weakness
Psych	<u>Negative</u>	Anxious	Depressed

Yes No All other systems either reviewed and negative or non-contributory for chief complaint

Site of Impact



Force: Low Moderate High Direct Glancing
 Restraints: None Ejected From Vehicle
 Lap / Shoulder Ambulatory at Scene
 Helmet / No Helmet Prolonged Extrication
 Air Bag Deployed
 Car Seat

PAST MEDICAL HISTORY: Previously Healthy Other: _____

Endocrine	DM	Thyroid				
CV	CAD	HTN	DVT	CHF	Afib	
Respiratory	COPD	Asthma	Bronchitis	Pneumonia	PE	
GI/GU	PUD	GERD	GI Bleed	Diverticulitis	Gall Stones	
Cancer:	Lung	Colon	Breast	Prostate		
Neuro/Psych	TIA/CVA	Depression	Anxiety	Migraine	(Other:)	


FAMILY HISTORY: Negative

Heart _____
 HTN _____
 Cancer _____
 Diabetes _____
 Other _____

SOCIAL HISTORY: Negative

Smoking _____ pqd
 ETOH / Drug Use _____
 Occupation _____
 Lives Alone _____ Lives W/Family _____ Nursing Home _____
 Other: _____

GRAY EVELYN
 DOB: 12/26/79 22Y SEX: F MR: 402265
 EMERGENCY CONSULTANTS INC
 ACCT#: 70644063



MOTOR VEHICLE ACCIDENT

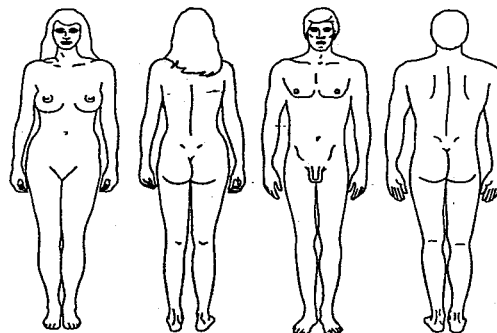
Fill in, circle pertinent, positive findings. Complete all sections.

PHYSICAL EXAMINATION:

EXAM LIMITED DUE TO: Dementia Altered MS Extremis Other: _____

	Normal Findings:	Abnormal Findings:
Appearance	Normal No Distress Well-Developed Well-Nourished	Distress: Mild Mod Severe Obese Cachectic
Eyes	Normal PERL / EOMI Conjunctiva Clear	R Pupil _____ L Pupil _____ Conjunctiva Inflamed
HEENT	Normal Ears Normal Nose Normal Oropharynx Normal	TM's Occluded Rhinorrhea / Epistaxis Oropharynx Erythema / Exudate
Neck	Normal Supple	Nonsupple (Eyes to help)
Respiratory	Normal Airway Patent CTA Breath Sounds Equal	Airway Obstructed Rales @ _____ Rhonchi @ _____ Wheezes @ _____ Retractions
Cardiovascular	Normal Respiration Nonlabored RRR Pulses Normal No Rub / Murmur	IRR Tachycardia Bradycardia Abn. Pulses @ _____ Murmur
GI / GU	Normal Soft / Nontender No Masses Bowel Sounds Normal No Organomegaly	Tender @ _____ Mass @ _____ Bowel Sounds Hypo Hyper Hepatomegaly / Splenomegaly
MS	Normal Strength / ROM Intact No Edema No Calf Tenderness	Limited @ _____ Edema @ _____ Calf Tenderness
Skin	Normal Warm & Dry Color Normal	Pale / Diaphoretic Cyanosis @ _____
Neuro	Normal Sensory / Motor Intact Reflexes Intact CN Intact A & O x 3	Focal Deficit @ _____ Abn. Reflex @ _____ CN _____ Palsy A V P U Disoriented
Psychiatric	Normal Affect / Mood Appropriate	Anxious / Depressed

Additional Findings:
 C-Collar / Backboard (PTA / ED)
 Removed w/consent post exam
 Hemotympanum / CSF Rhinorrhea
 Battle's Sign / Raccoon's Eyes
 Vertebral Tenderness / Deformity
 ↓ ROM
 SubQ Emphysema / Crepitus / Flail Chest
 Muffled Heart Sounds / JVD
 Rigid Abdomen
 Rectal Heme +/- Sphincter Tone ↓
 Pelvis / Hip Unstable
 GCS _____
 Extremity Injury / Deformity



H = Hematoma
 A = Abrasion
 C = Contusion
 L = Laceration
 T = Tenderness
 S = Swelling

RE-EVALUATION:

Pain Scale (0-10)

Time: _____ Unchanged Improved Worse _____
 Time: _____ Unchanged Improved Worse _____

MEDICAL DECISION MAKING:

Consideration of the following circled conditions may be warranted for the presenting problem.

- | | |
|------------------------|------------------------|
| Abdominal Injury | Neck / Spinal Injury |
| Abrasions / Contusions | Normal Exam |
| Chest Injury | Upper Extremity Injury |
| Head / Facial Injury | |
| Lower Extremity Injury | |
| Other: _____ | |

Ancillary Tests and ED Treatment: See Orders Sheet

ED PHYSICIAN DIAGNOSES:

- Cephalgia
- MVC
-

PHYS. NOTIFICATION/CONSULTS:

Discussed case/management/disposition of patient with:
 Name: _____ at _____ a.m. / p.m.
 Name: _____ at _____ a.m. / p.m.
 Name: _____ at _____ a.m. / p.m.
 Admit Transfer Consult Follow-up: _____

DISPOSITION: RX GIVEN: Yes No

Discharge to: Home Work Nursing Home Admit Deceased Left AMA
 Condition: Stable Unstable
 Care Endorsed to: _____ @ _____ a.m. / p.m.
 Transfer to: _____ Transfer Form Completed
 Disposition Rationale: _____

Standard After-Care Instructions Given to Patient Upon Discharge from ED

Progress Note/Critical Care/Procedure Note Attached Yes No

CRITICAL CARE PROVIDED FOR MIN.

SIGNATURE: I have reviewed the ancillary/nursing staff documentation.

 (Initials) Physician attests performing History, Pertinent Physical Examination, and Medical Decision Making

Disposition Time: 1636 a.m. / p.m.

MD/DO Initials: _____

Resident/PA/NP

GRAY EUELYN

DOB: 12/26/79

221 SEX: F

MR: 402265

EMERGENCY CONSULTANTS INC

ACCT#:

70644063



NAME GRAY, ADAM EVELYN - X	<input type="checkbox"/> M	DOB 12-26-79	AGE 22	DATE/TIME OF TRIAGE 5-23-02 1600
---	----------------------------	------------------------	------------------	--

CHIEF COMPLAINT HEAD & NECK Px (MVA x 1 DAY)	PRIVATE PHYSICIAN NONE	<input type="checkbox"/> ECI <input type="checkbox"/> PMD	MODE OF ARRIVAL <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> W/C <input type="checkbox"/> CARRIED <input type="checkbox"/> AMBULANCE
--	----------------------------------	--	--

PRE-HOSPITAL TREATMENT: NONE
 C-COLLAR BACKBOARD SPLINTING IV _____ MEDS _____
 OTHER: _____

FAMILY WITH PATIENT
 YES NO

VITAL SIGNS	TIME 1600	BP 128/63	P 85	RR 16	TEMP 97.3	O ₂ SAT
	TIME	BP	P	RR	TEMP	O ₂ SAT

ADDITIONAL TRIAGE ASSESSMENT

ALLERGIES <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LATEX	LMP/EDC mid May	WT(KG)	FINGERSTICK/DEVICE	TETANUS/IMMUNIZATIONS <input type="checkbox"/> UTD <input type="checkbox"/> >10 YRS <input type="checkbox"/> NEVER
---	---------------------------	--------	--------------------	--

MEDICATIONS DENIES	PAST MEDICAL HISTORY: <input type="checkbox"/> CARDIAC <input type="checkbox"/> RESP. <input type="checkbox"/> CANCER <input type="checkbox"/> NEURO <input type="checkbox"/> RENAL <input type="checkbox"/> SEIZURE <input type="checkbox"/> DIABETES <input type="checkbox"/> PSYCH <input type="checkbox"/> ADOA <input type="checkbox"/> OTHER _____ <input type="checkbox"/> TB <input type="checkbox"/> Exposure to/HX of Blood Borne Diseases
------------------------------	---

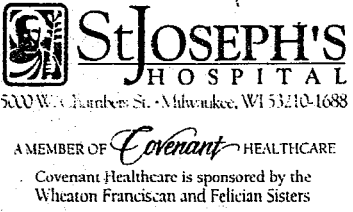
<input type="checkbox"/> DIVERT REGISTRATION <input type="checkbox"/> REASSURANCE <input type="checkbox"/> W/C <input type="checkbox"/> ICE <input type="checkbox"/> ELEVATION <input type="checkbox"/> DRESSING <input type="checkbox"/> SPLINT <input type="checkbox"/> SLING <input type="checkbox"/> OTHER _____	<input type="checkbox"/> REGISTER AND WAIT TO BE CALLED TRIAGE EDT TRIAGE RN
--	--

(SUBJECTIVE) TIME **1624**
 REASON FOR SEEKING CARE: **Unbelted frontseat passenger of MVA, car hit from behind while at a stop. Head did not hit anything. LOC. Headache ever since yest. @ sided neck pain.**

PLAN OF CARE: INITIATE STANDING ORDERS/TREATMENT PROTOCOL
 OTHER: **Alt. comfort**

DISPOSITION		
ADMIT: TIME _____ <input type="checkbox"/> CHECKLIST DONE <input type="checkbox"/> REPORT TO _____ <input type="checkbox"/> TO _____ VIA <input type="checkbox"/> W/C <input type="checkbox"/> CART <input type="checkbox"/> Condition _____ for transport	DISCHARGE: TIME 1707 <input type="checkbox"/> left AMA <input checked="" type="checkbox"/> INSTRUCTIONS GIVEN Patient preferred: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Demo <input type="checkbox"/> Practice <input type="checkbox"/> Video <input type="checkbox"/> Repetition Barriers to learning _____ <input type="checkbox"/> VERBALIZES UNDERSTANDING <input checked="" type="checkbox"/> REFERRED TO med <input checked="" type="checkbox"/> LEFT WITH self visitor <input type="checkbox"/> CONDITION stable <input checked="" type="checkbox"/> SCRIPTS GIVEN to pt <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> W/C <input type="checkbox"/> CARRIED <input type="checkbox"/> AMBULANCE _____	DEATH: <input type="checkbox"/> FAMILY NOTIFIED; <input type="checkbox"/> PMD NOTIFIED <input type="checkbox"/> MEDICAL EXAMINER NOTIFIED <input type="checkbox"/> DONOR NETWORK CALLED (1-800-432-5405) <input type="checkbox"/> PT IS CANDIDATE <input type="checkbox"/> PT IS NOT CANDIDATE NAME/RELATIONSHIP OF FAMILY APPROACHED _____ RESPONSE _____

PRIMARY NURSE [Signature]	SHIFT REPORT RN
PRIMARY EDT	SHIFT REPORT EDT



EMERGENCY DEPARTMENT
RECORD PAGE 1

GRAY EVELYN
 DOB: 12/26/79 22Y SEX: F MR: 402265
 EMERGENCY CONSULTANTS INC
 RCCT#: 70644063

SYSTEM	BASIC	FOCUSED	SYSTEM	BASIC	FOCUSED
NEUROLOGICAL	/	GCS	INTEGUMENTARY (SKIN)		
CARDIAC	/	RHYTHM	MUSCULOSKELETAL/ MOBILITY		
RESPIRATORY	/		PERIPHERAL/NEURO VASCULAR		
GI			PAIN/COMFORT	*	Rating on scale <u>8</u> HA, <i>Druck</i>
GU			SEXUAL/ REPRODUCTIVE		FHT
EENT					

GLASSES/CONTACTS OS _____ OD _____ OU _____

SAFETY CALL LIGHT IN REACH BED LOW/LOCKED SIDERAILS UP PARENTS AT BEDSIDE (FOR CHILD) FAMILY AT BEDSIDE
 INVASIVE DEVICES: _____

Patient Assessment Screens: (see screening questions on back of this sheet; screens are required on each patient as warranted by their condition)
Nutritional: completed; **Discharge Planning:** completed; **Functional Health:** completed; **Personal Safety:** completed

KEY: ✓ = WITHIN NORMAL LIMITS; X = WITHIN NORMAL LIMITS EXCEPT; NA = NOT ASSESSED
A BASIC NEUROLOGICAL, CARDIAC, RESPIRATORY AND PAIN/COMFORT ASSESSMENT IS REQUIRED ON EVERY PATIENT; OTHER ASSESSMENTS ARE FOCUSED BASED UPON PATIENT'S CHIEF COMPLAINT AND/OR EXHIBITING SIGNS AND SYMPTOMS

TIME/INITIALS OF RN COMPLETING
1625 (BS)

ORTHO-STATICS	TIME	LYING		SITTING		STANDING		INITIALS
		BP	P	BP	P	BP	P	
		BP	P	BP	P	BP	P	

TIME	BP	P	R	T	O ₂ SAT/O ₂	*	ASSESSMENTS/INTERVENTIONS/MEDICATIONS/EVALUATIONS	INITIALS
1625							Assessed	BS
1650						*	Mom 600 mg po. Flexeril 10mg po. Crackles given	BS
1707							DC ^a instd. + Rx ^s reviewed	BS

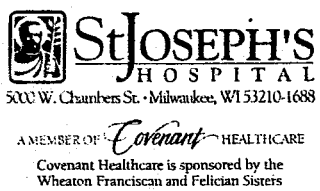
*Please place a * in column if medications are documented on that line.

INITIALS/SIGNATURE _____

BS Bedford
INITIALS/SIGNATURE

INITIALS/SIGNATURE _____

INITIALS/SIGNATURE _____



EMERGENCY DEPARTMENT
RECORD PAGE 2

GRAY EUELYN
DOB: 12/28/79 22Y SEX: F MR: 402265
EMERGENCY CONSULTANTS INC
ACCT*: 70644063



5000 W. Chambers St. Milwaukee, WI 53210-1688

A MEMBER OF *Covenant* HEALTHCARE

Covenant Healthcare is sponsored by the Wheaton Franciscan and Felician Sisters

- Orlando Alvarez, MD
- Fredrick Cowen, MD
- Edward Foster, MD
- Larry LaCrosse, MD
- J.B. Lindberg, MD
- Glenn McKenna, MD
- Jonathan Renkas, MD
- Jeffrey Sterling, MD

- T. Damm, PA-C
- K. Farnsworth, PA-C
- J. Haririe, PA-C
- J. Harrington, PA-C
- C. Kelley, PA-C
- J. McCommons, PA-C
- J. Nicholson, PA-C
- M. O'Keefe, PA-C
- J. Robison, PA-C
- K. Roller, PA-C
- E. Rose, PA-C



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- J. Nicholson, PA-C
- M. O'Keefe, PA-C
- J. Robison, PA-C
- K. Roller, PA-C
- E. Rose, PA-C

Patient Name Euelyn Gray Date 5/23/0

Rx

Patient Name _____ Date _____

Rx



Provisional Diagnosis _____

Patient Name _____ Physician who cared for you _____

We have examined and treated you today on an emergency/urgent care/outpatient basis only. If symptoms or medical problem(s) fail to improve, call us at 447-2171, see your doctor, or return here.

You must arrange for an exam with your physician in _____ days.

You should arrange for an exam with your physician if your condition does not improve in 5 days.

Physician _____

Telephone _____

Additional Instructions _____

Please follow the instructions below as indicated for:

Medication instruction sheet

You were sutured/stapled. They must be removed in _____ days.

You were prescribed sedatives or pain medications that may make you drowsy. Do not drink alcohol, drive, or operate machinery while you are taking those medications.

Cultures were done today. Results will not be available for 72 hours. Call 447-2171 between 8 a.m. and 10 a.m. on _____ to obtain your culture results.

X-rays do not always show injury or disease. Fractures (breaks in the bones) are not always revealed on the initial x-rays but may be revealed on subsequent x-rays. **Your x-ray has been read on a preliminary basis.** Final reading will be made by the Radiologist. You or your referral physician will be notified of any additional findings through the Emergency Department.

Your EKG has been read on a preliminary basis by the physician on duty. A final reading will be made. You or your referral physician will be contacted.

I have received discharge instructions and understand that I have received emergency care only. I am to call or see my family physician for further care.

Patient signature Euelyn Gray

Work/School Release:

_____ May return to work/school immediately with no limitations.

_____ Off work/school today, may return next scheduled shift/day.

Off work/school for 2 days. Re-check by family/company doctor or preferred doctor prior to return recommended.

_____ May return to work/school with the following limitations: _____




5000 W. Chambers St. Milwaukee, WI 53210-1688

A MEMBER OF *Covenant* HEALTHCARE

Covenant Healthcare is sponsored by the Wheaton Franciscan and Felician Sisters

GENERAL DISCHARGE INSTRUCTIONS ED-SJH

GRAY EUELYN
 DOB: 12/26/79 224 SEX: F MR: 402265
EMERGENCY CONSULTANTS INC
 ACCT#: 70644063





CONSENT FOR TREATMENT AND FINANCIAL AGREEMENT

Elmbrook Memorial Hospital

St. Michael Hospital

St. Francis Hospital

St. Joseph's Hospital

Covenant Healthcare hospitals include a number of ambulatory/outpatient sites that are covered by this Agreement.

Patient Name _____

Medical Record No. _____

Birthdate _____

Account No. _____

This Agreement controls my relationship with the Covenant Healthcare hospital ("Hospital") identified above.

1. General Consent.

I understand that my condition requires medical care. I consent to Hospital services, including routine diagnostic procedures, ordered by my physician(s). I will receive care from Hospital employees and agents under the supervision of my physician. I may also receive care from or be observed by students and other individuals learning in the Hospital.

2. Hospital Not Responsible for Physicians.

Some physicians at the Hospital are employed by the Hospital. A notice has been posted in the areas where those physicians work. The Hospital is not responsible for the decisions or actions of physicians it does not employ.

3. Follow-up Responsibility.

I may be released from the Hospital before all of my medical problems are known or treated. I am responsible for arranging follow-up care.

4. Valuables.

The Hospital has a safe place where my valuables (such as cash, jewelry or documents) may be stored. I agree that the Hospital is not liable for loss or damage to any valuables that I do not turn over for storage.

5. Release of Medical Records/Consent to Photograph Newborn.

I understand that I may review and receive a copy of my medical record at my own expense and that this review must take place in the Hospital's Medical Records Office during regular business hours, upon reasonable notice.

I agree that the Hospital, its employees and agents, and all physicians participating in my treatment may release to my insurers, other payors or other persons as necessary for billing and related purposes, any and all information that may be needed for billing, collection or payment of claims for services provided at or by the Hospital. I also agree that the Hospital may release information to other health care institutions, such as home health agencies or nursing homes, in order to arrange for my continuing health needs. I understand that I have a right, upon request, to inspect and receive a copy of all records being disclosed. This authorization applies to records to be created during this Hospital visit, starting on the date listed on the front of this form.

GRAY EUELYN
 DOB: 12/28/79 221 SEX: F MR: 402265
 EMERGENCY CONSULTANTS INC
 ACCT#: 70644063

I may revoke this consent to disclose confidential information at any time, except to the extent that the Hospital, its employees and/or agents, may have already acted in reliance on it. Unless I revoke it earlier, it will remain in full force and effect for one (1) year from the date of my signature.

If my care involves delivery of a baby or if my newborn is being admitted, I hereby give consent for my child to be photographed for Hospital security purposes.

6. Assignment and Agreement to Pay.

If I am entitled to Hospital benefits arising out of any type of insurance policy, I hereby assign those benefits to the Hospital for application to my Hospital bill. I will be responsible for charges not covered by this assignment, and for co-payments and deductible charges. I acknowledge that this is a "family purpose" obligation. Any credit balance after payment of insurance benefits may be applied to any account owed the Hospital by me or my family.

7. Medicare and Medicaid Payments.

I certify that the information given by me in applying for payment under Titles XVIII and XIX of the Social Security Act and Wisconsin's Medical Assistance Law 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 any information needed for Medicare and Medicaid claims. I request that payment of authorized benefits be made on my behalf for any services, including physician services. If I am a Medicare inpatient, I acknowledge that I have received a copy of the "Important Message from Medicare/CHAMPUS."

8. Separate Physician Bill.

I should expect bills from my physicians, since their services are billed separately from the Hospital's.

I/We understand, certify that I/we have read and understand the above, are the patient/patient and spouse and that I/we agree to the terms and conditions set forth and consent to treatment as stated above. I/We certify that the information supplied to the Hospital is true and correct.

Evelyn Gray 5-23-02
Patient Signature Date Spouse Signature Date

If the patient is a minor or unable to consent, complete and sign the following. Patient is unable to sign because:

Therefore, I, as a parent or guardian of the patient, agree to the terms and conditions set forth and consent to treatment as stated above. I certify that the information supplied to the Hospital is true and correct.

Patient/Guardian's Signature Date



GRAY EVELYN
DOB: 12/28/79 221 SEX: F MR: 402265
EMERGENCY CONSULTANTS INC
ACCT#: 70644063

ST JOSEPH EMER PHYS LLP
 ST JOSEPH REGIONAL MEDICAL CTR
 75 REMITT. DR #1574
 CHICAGO IL 60675 1574

PHONE
 800 219 9811

203797

EVELYN GRAY
 7224 W APPLETON AVE 6
 MILWAUKEE WI 53216

218001

DATE
 08/06/02
 203797
 ACCOUNT NUMBER

05/23/02

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT OF \$

DATE MO-DY-YR	PHYSICIAN	TRANSACTION DESCRIPTION	PROC CODE	AMOUNT
***PATIENT NAME -- EVELYN GRAY		203797		
05 23 02	LINDBERG	EMERGENCY DEPT VISIT	99283	149.00
			7840	
07 19 02	LINDBERG	MEDICAID PAYMENT-MEDICAID	30	-21.83
07 19 02	LINDBERG	MEDICAID ADJUSTMENT	30	-127.17
05 23 02	LINDBERG	MEASURE BLOOD OXYGEN LEVEL	94760	21.00
			7840	
07 19 02	LINDBERG	MEDICAID ADJUSTMENT-MEDICA	30	-21.00
		ACCOUNT BALANCE		0.00

PLEASE MAKE CHECK PAYABLE TO ST JOSEPHS EMERGENCY PHYSICIANS LLP
 PAYMENT MAY BE MADE BY CHECK, MONEY ORDER, VISA OR MASTERCARD.
 THIS BILL IS FOR THE PHYSICIANS SERVICES-NOT FOR THE HOSPITAL CHARGES.
 NOTICE: IF YOU HAVE ALREADY PAID THIS BILL,
 PLEASE DISREGARD THIS STATEMENT. THANK YOU.
 YOU CAN E-MAIL YOUR INSURANCE INFORMATION OR BILLING QUESTIONS
 TO APOLLOBILLING@ECI-MED.COM OR CALL 1-800-219-9811

ACCOUNT NUMBER	PREVIOUS BALANCE	PAYMENT/CREDIT	CHARGES	BALANCE DUE
203797		-170.00	170.00	0.00
08/06/02 MAKE CHECK PAYABLE TO: ST JOSEPH EMER PHYS LLP				
CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS AND OVER
0.00	0.00	0.00	0.00	0.00

TAX ID 38-3420925

TMADSEN

Statement of Account

DR STEVEN T KENNEDY DC
 11515 W NORTH AVE
 WAUWATOSA, WI 53226

Account No
859900

Page #
1

ATTY BARRY CYMERMAN
 161 W WISCONSIN AVE
 SUITE 5000 GRAND AVENUE
 MILWAUKEE, WI 53203

Date
07/24/2002

EVELYN GRAY

Date	For	Description	Ref	Charges	Credits
05/28/2002	EVELYN	COMPREHENSIVE EXAM	9931	150.00	
05/28/2002	EVELYN	X-RAY: CERVICAL AP & LAT	9931	65.00	
05/28/2002	EVELYN	SA TO 1-2 REGIONS	9931	42.50	
05/28/2002	EVELYN	INTERFERENTIAL CURRENT	9931	26.50	
05/28/2002	EVELYN	DEEP MUSCLE STIMULATION	9931	17.00	
05/29/2002	EVELYN	SA TO 1-2 REGIONS	9931	42.50	
05/29/2002	EVELYN	DEEP MUSCLE STIMULATION	9931	17.00	
05/29/2002	EVELYN	INTERFERENTIAL CURRENT	9931	26.50	
05/31/2002	EVELYN	SA TO 1-2 REGIONS	9931	42.50	
05/31/2002	EVELYN	INTERFERENTIAL CURRENT	9931	26.50	
05/31/2002	EVELYN	DEEP MUSCLE STIMULATION	9931	17.00	
06/03/2002	EVELYN	SA TO 1-2 REGIONS	9931	42.50	
06/03/2002	EVELYN	INTERFERENTIAL CURRENT	9931	26.50	
06/03/2002	EVELYN	DEEP MUSCLE STIMULATION	9931	17.00	
06/05/2002	EVELYN	SA TO 1-2 REGIONS	9931	42.50	
06/05/2002	EVELYN	INTERFERENTIAL CURRENT	9931	26.50	
06/05/2002	EVELYN	DEEP MUSCLE STIMULATION	9931	17.00	

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due

Balance Due

Notes

Statement of Account

DR STEVEN T KENNEDY DC
 11515 W NORTH AVE
 WAUWATOSA, WI 53226

Account No
859900

Page #
2

ATTY BARRY CYMERMAN
 161 W WISCONSIN AVE
 SUITE 5000 GRAND AVENUE
 MILWAUKEE, WI 53203

Date
07/24/2002

EVELYN GRAY

Date	For	Description	Ref	Charges	Credits
06/10/2002	EVELYN	SA TO 1-2 REGIONS	9931	42.50	
06/10/2002	EVELYN	DEEP MUSCLE STIMULATION	9931	17.00	
06/10/2002	EVELYN	INTERSEGMENTAL TRACTION	9931	17.00	
06/12/2002	EVELYN	SA TO 1-2 REGIONS	9931	42.50	
06/12/2002	EVELYN	DEEP MUSCLE STIMULATION	9931	17.00	
06/12/2002	EVELYN	INTERSEGMENTAL TRACTION	9931	17.00	
06/14/2002	EVELYN	SA TO 1-2 REGIONS	9931	42.50	
06/14/2002	EVELYN	DEEP MUSCLE STIMULATION	9931	17.00	
06/14/2002	EVELYN	INTERSEGMENTAL TRACTION	9931	17.00	
06/18/2002	EVELYN	SA TO 1-2 REGIONS	9931	42.50	
06/18/2002	EVELYN	DEEP MUSCLE STIMULATION	9931	17.00	
06/18/2002	EVELYN	INTERSEGMENTAL TRACTION	9931	17.00	
06/19/2002	EVELYN	SA TO 1-2 REGIONS	9931	42.50	
06/19/2002	EVELYN	DEEP MUSCLE STIMULATION	9931	17.00	
06/19/2002	EVELYN	INTERSEGMENTAL TRACTION	9931	17.00	
07/29/02	EVELYN	FINAL EXAM		55.00	
07/30/02	EVELYN	NARRATIVE REPORT FEE		150.00	

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due
\$0.00	\$1027.50	\$0.00	\$0.00	\$0.00

Balance Due
\$1232.50

Notes



DR. STEVEN T. KENNEDY

WIGNALL-KENNEDY CHIROPRACTIC CLINIC, S.C.
11515 W. North Ave., Wauwatosa, WI 53226

Office: (414) 257-2575
Fax: (414) 257-1778

July 30, 2002

Attorney Barry Cymerman
Suite 5000
The Plankinton Building
161 West Wisconsin Avenue
Milwaukee, WI 53203

RE: Evelyn Gray
DOI: 5/22/02
File No. 8599

Dear Attorney Cymerman:

Evelyn Gray presented in my office on 5/28/02, with injuries sustained in a motor vehicle collision which occurred at approximately 2:45 pm, on 5/22/02. Evelyn reported that she was traveling in a 1985 Cadillac Seville, in the front passenger side seat. Evelyn reported that the vehicle she was traveling in was heading north on Teutonia. Evelyn stated that she was falling asleep at the time, and the vehicle she was in was at a complete stop, at the intersection of Teutonia and Mill Road, waiting for a vehicle in front of it to make a left hand turn. With no forewarning, the vehicle Evelyn was sitting in was struck in the rear end by another automobile. Evelyn stated that all she recalled was the jerking motion of being thrown backwards and forwards, though she stated that she did not feel that she struck the dash in the collision. Evelyn was not sure if she put her hands out in front of her, or in which manner she tried to either restrain or brace herself.

The next thing Evelyn recalled was feeling very shocked and scared over what had taken place. She reported that while still at the accident scene, she specifically recalled how she felt very tense and scared. As that day passed, Evelyn stated that it was by the evening hours that she began to experience headache pain. She proceeded to state that by the following morning headaches were continuing, as was neck pain and stiffness upon waking.

Due to the increasing neck symptoms, Evelyn sought treatment at St. Joseph's Hospital on 5/23/02. At the hospital she was examined, diagnosed with cephalgia secondary to a motor vehicle collision, received Motrin 600 mg. and Flexeril, and she was restricted from work.

EXAMINATION

DATE:05/28/02

Pupillary reflexes are equal and reactive from right to left. Active range of motion of

GRAY
JULY 30, 2002

the cervical spine: flexion is no better than 30-35°, extension no better than 10°. Right and left lateral bending no better than 15-20°. Right rotation at 20°, left at 25°. All regions are restricted due to the pain produced primarily in and through the right cervical, upper scapula and upper thoracic region. Foraminal Compression test on the right side producing pain in and through the right thoracic, right trapezius region as well as some right suboccipital region pain upon the maneuver. Distraction and Soto Hall increasing pain and pulling through the upper thoracic and right cervical and trapezius musculature. Hypertonic musculature is more prevalent in and through the right cervical and upper thoracic as compared to the left with right trapezius region being more hypertonic and more sensitive and more guarded than the left. Hypomobility between C1-C2, C4-C5 is noted upon passive evaluation of motion. Trigger points are most active in the right suboccipital region referring symptoms into the occiput with pressure applied. Also very active trigger point at C5 on the right, and in the right trapezius musculature.

DIAGNOSIS

Evelyn Gray was treated in this office for injuries sustained a motor vehicle collision on 05/22/02, consisting of: acute post traumatic cervical strain, with post traumatic headaches of myofascial origin.

SUMMARY AND PROGNOSIS

Evelyn Gray was treated in this office from 05/28/02 through 07/29/02 with conservative management of her condition. Treatments of Evelyn consisted of electric interferential stimulation, addressing soft tissue pain and inflammation. Myofascial release and motorized therapy was applied addressing supportive soft tissue hypertonicity and trigger points of the soft tissue. Intersegmental traction therapy was applied addressing joint mobility. Manipulation was applied addressing joint mobility and function. Initially in this office, I advised Evelyn in the proper application of ice while at home addressing the headaches and neck pain primarily.

At the time of the motor vehicle collision, Evelyn was employed as a home health care aide with New Health Services. Due to the injuries sustained she was restricted from the workplace from 05/22/02 through 06/05/02.

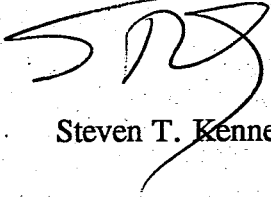
I assisted Evelyn with exacerbations of the headaches and neck pain upon her return to the workplace. The headaches were more difficult to stabilize than was initially anticipated following my evaluation on 05/28/02. I focused increased myofascial release therapy into the upper cervical region, as well as increase in manipulative therapy to the region, in an attempt to try and mobilize as well as stabilize the region.

As of the last evaluation in this office on 07/29/02. I feel that Evelyn's condition has reached a relative healing plateau. I feel Ms. Gray's condition is relatively stable and no further treatment was scheduled following the 07/29/02 treatment. Evelyn was strongly advised to continue with her stretching, to continue exercising on her own and to contact my office if she was to experience any further exacerbations.

GRAY
JULY 30, 2002

If you have any questions or need further information, feel free to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to be 'STK', written over a horizontal line.

Steven T. Kennedy, D.C., C.C.S.P.

STK/clh



DR. STEVEN T. KENNEDY

WIGNALL-KENNEDY CHIROPRACTIC CLINIC, S.C.
11515 W. North Ave., Wauwatosa, WI 53226

Office: (414) 257-2575
Fax: (414) 257-1778

June 3, 2002

Attorney Barry Cymerman
Suite 5000
The Plankinton Building
161 West Wisconsin Avenue
Milwaukee, WI 53203

RE: Evelyn Gray
DOI: 5/22/02
File No. 8599

Dear Attorney Cymerman:

Evelyn Gray presented in my office on 5/28/02, with injuries sustained in a motor vehicle collision which occurred at approximately 2:45 pm, on 5/22/02. Evelyn reported that she was traveling in a 1985 Cadillac Seville in the front passenger side seat. Evelyn reported that the vehicle she was traveling in was heading north on Teutonia. Evelyn stated that she was falling asleep at the time in the car, and the vehicle she was in was at a complete stop, at the intersection of Teutonia and Mill Road, waiting for a vehicle in front of it to make a left hand turn. With no forewarning, the vehicle Evelyn was sitting in was struck in the rear end by another automobile. Evelyn stated that all she recalled was the jerking motion of being thrown backwards and forwards, though she stated that she did not feel that she struck the dash in the collision. Evelyn was not sure if she put her hands out in front of her, or in which manner she tried to either restrain or brace herself.

The next thing Evelyn recalled was feeling very shocked and scared over what had taken place. She reported that while still at the accident scene, she specifically recalled how she felt more tense than just being scared. As that day passed, Evelyn stated that it was by the evening hours that she began to experience headache pain commence. She proceeded to state that by the following morning headaches were continuing, as was neck pain and stiffness upon waking.

Due to the increasing neck symptoms primarily, Evelyn sought treatment at St. Joseph's Hospital on 5/23/02. At the hospital she was examined, received muscle relaxants and Ibuprofen, and was released with restrictions from work. Evelyn returned home from the hospital and began taking medication and was resting. Through the weekend, Evelyn stated that she was not experiencing any improvement of her pain, and was actually noting more stiffness as time was passing, in regards to her neck motion. She reported that she did not feel the medication was producing any pain relief.

On 5/28/02, due to continuing complaints with no improvements, Evelyn sought treatment in my office. Her chief complaints at that time consisted of neck pain and

Gray
June 3, 2002

stiffness, with increased severity on the right, and headaches. Evelyn had not been back to work since the collision on 5/22/02, due to the pain and limited mobility.

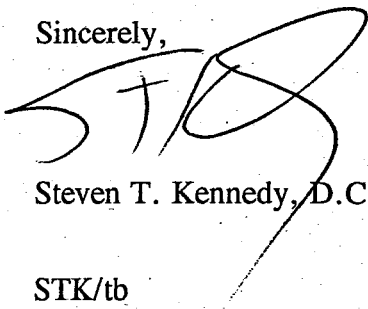
Evelyn Grays past medical history was non contributory to the condition she presented with, following the 5/22/02 collision.

Upon examination, active range of motion of the cervical spine between flexion and extension, right and left lateral bending, right and left rotation were limited and restricted with the end range of motion producing pain through the cervical and upper thoracic and scapula region, with increased severity on the right. Foraminal compression did reproduce symptoms along the right cervical and upper thoracic region, as well as some into the suboccipital region on the right. Palpatory findings revealed increased hypertonicity in and through the right cervical supportive soft tissue, and extending into the trapezius region more right than left. Hypomobility was most prominent between C1 and C2, and trigger points were very active in the right suboccipital region referring symptoms into the occiput with pressure applied C5 on the right, and the right trapezius region.

Evelyn Gray presented in my office on 5/28/02, with injuries sustained in a motor vehicle collision on 5/22/02, consisting of acute post traumatic cervical strain with headaches of myofascial origin directly related. Treatments commenced with electric stimulation therapy, advice in at home icing instructions for the headaches and the suboccipital trigger points, and postural advice. Evelyn was continuing to be completely restricted from the workplace over the next week, at which time I will reevaluate her, and determine her status at that time and working capability. Due to the amount of lifting procedures she has to do at the workplace I do not feel that she is capable of performing those tasks at the workplace at this time.

If you have any questions or need further information, feel free to contact my office.

Sincerely,



Steven T. Kennedy, D.C., C.C.S.P.

STK/tb



August 14, 2002

To Whom It May Concern:

This letter is to verify the hours of work missed by Evelyn Gray for pay period ending 5/31/2002. The names of the clients Ms. Gray provided service for could not be named, because of confidentiality laws. For this reason each client has been listed by number.

Client #1 – 6 hours @ \$8.00 per hour

Client # 2 – 12 hours @ \$ 8.00 per hour

Client # 3 – 24 hours @ \$ 8.00 per hour

Client # 4 – 2.5 hours @ \$ 8.00 per hour

Client # 5 – 10 hours @ \$ 8.00 per hour

If you have any questions regarding this matter, please contact me at 414-272-9261.

Sincerely yours,
LaTanya Torres - Rose
Operations Manager
New Health Services

Fostering Independence in the Community

1339 North Milwaukee Street • Milwaukee, Wisconsin 53202 • Voice: 414.272.9261 • Fax: 414.272.8995