NOTICE OF INJURY

CITY OF MILWAUKEE
CITY CLERK
200 East Wells Street
Milwaukee, WI 53202

CITY OF MILWAUKEE
DEPT. OF PUBLIC WORKS
841 North Broadway
Milwaukee, WI 53202

This is a notice of injury pursuant to Wisconsin Statutes Section 893.80(1)(a). The claimant is Elizabeth Crespo Rivera, 331A West Washington Street, Milwaukee, Wisconsin 53204. Claimant suffered injuries December 3, 2004 when she was walking on the sidewalk in front of the property located at 624 West Scott Street, Milwaukee, Milwaukee County, Wisconsin toward her car which was parked on the street in front of 624 West Scott Street, Milwaukee, Milwaukee County, Wisconsin. The slab of sidewalk leading to the street is much higher than the other slabs causing claimant to stumble and fall.

The claimant suffered injuries to her finger, both hands and neck.

Dated this 7th day of January, 2005.

EISENBERG, WEIGEL, CARLSON,
BLAU & CLEMENS, S.C.
Attorneys for Claimant

By: _____
Robert A. Figg
State Bar No.: 1014923

POST OFFICE ADDRESS

2228 West Wells Street
Milwaukee, Wisconsin 53233

(414) 342-1000

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CLAIM AGAINST THE CITY OF MILWAUKEE

Pursuant to Section 893.80(1)(b)

CITY OF MILWAUKEE
2006 MAY 24 PM 1:24
RONALD D. LEICHTARDT
CITY CLERK

To: City Clerk's Office
City of Milwaukee
City Hall
200 East Wells Street
Milwaukee, WI 53202

CLAIMANT:

Elizabeth Crespo-Rivera
1550 South Pierce Street
Milwaukee, WI 53204

Date of Accident: December 3, 2004
Location of Accident: 624 W. Scott Street

CLAIM:

Medical Expenses:

CITY OF MILWAUKEE
RECEIVED
2006 MAY 24 PM 3:57
OFFICE OF
CITY ATTORNEY

1. St. Francis Hospital, December 3, 2004: $648.00.
2. Emergency Medicine Specialists, December 3, 2004: $198.00.
3. Radiology Specialists of Milwaukee, December 3, 2004: $42.00.
4. St. Luke's Hospital, January 24 through June 8, 2005: $2,588.38.
5. Sixteenth Street Health Clinic, December 6, 2004: $70.00.

TOTAL MEDICAL EXPENSES: **$ 3,546.38**

Pain and Suffering: **$25,000.00**

TOTAL CLAIM: **$28,546.38**

THEORY OF LIABILITY

Please review attached pictures. The cement slab where our client tripped and fell, which connects the sidewalk to the curb, is nearly five inches above the level of the sidewalk. This is a very unusual condition which creates a very significant hazard and caused our client's fall and injuries.

"Every municipality has a duty to exercise ordinary care to construct, maintain, and repair its sidewalks so that they will be reasonably safe for public travel." **WISCONSIN CIVIL JURY INSTRUCTIONS** 835.

For liability to attach under 835 at least construction notice is required. Although there may have been actual notice based on property owner complaints, this was a very large and unusual problem easily observable to even a police officer driving by on normal patrol. We're not talking about a crack in the sidewalk that is an inch above its joining slab. By pedestrian standards, this is more in the area of a cliff. The City should have known if they did not in fact know.

Dated this 22 day of May, 2006.

EISENBERG, WEIGEL, CARLSON,
BLAU & CLEMENS, S.C.
Attorneys for the Claimant,
Elizabeth Crespo-Rivera

By: _____
Robert A. Figg
State Bar No.: 1014923

RAF:bz

Enclosure

8035 HIGHWAY OR SIDEWALK DEFECT OR INSUFFICIENCY

Every municipality has the duty to exercise ordinary care to construct, maintain, and repair its (highways) (sidewalks) so that they will be reasonably safe for public travel. This duty does not require the municipality to guarantee the safety of its (highways) (sidewalks) or render them absolutely safe for all persons who travel upon them. It is sufficient if they are constructed (and) (maintained) so as to be reasonably safe.

A (highway) (sidewalk) is defective when it is not (constructed) (maintained) so as to be reasonably safe for anticipated public use.

(However, before you may find (municipality) negligent because of the existence of a defective condition, you must first find that (municipality) through its officers or employees had either actual notice of the defect, or constructive notice, because the defect had existed for such a length of time before the accident that the municipality through its officers and employees in the exercise of ordinary care should have discovered it in time to remedy the defect.)

You may consider the topography and development of the locality (the standard of sidewalk construction which this part of the municipality had attained), as well as the amount and character of traffic on the (highway) (sidewalk) and the intended use of the (highway) (sidewalk) by the public.

COMMENT

This instruction was approved in 1974 and numbered Wis JI-Civil 1029. It was renumbered in 1985. Editorial changes were made in 1994. The instruction and comment were updated in 2004.

Wis. Stat. § 893.83(1). This instruction was previously numbered Wis. Stat. § 81.15.

Notice that the third paragraph of the instruction is not to be used if the claim is based on insufficient construction. The first parenthetical clause in paragraph four is used only in sidewalk cases.

The current cases dealing with the duty of the municipality impose such duty only if the highway in question is being used by persons who themselves are exercising ordinary care for their own safety. Kobelinski v. Milwaukee & Suburban Transport. Corp., 56 Wis.2d 504, 202 N.W.2d 415 (1972). However, an action brought pursuant to Wis. Stat. § 81.15 is, in legal contemplation, an action for negligence and the comparative negligence act applies. Hales v. City of Wauwatosa, 274 Wis. 445, 82 N.W.2d 301 (1957).

Krause v. Veterans of Foreign Wars, Post No. 6498, 9 Wis.2d 547, 554, 101 N.W.2d 645 (1960), recommends the use of negligent in the safe place question to permit the jury to better understand the comparison question. It would seem that the same practice should apply to highway (sidewalks) defects.

Kortendick v. Waterford, 142 Wis. 413, 417, 125 N.W. 945 (1910), discusses, to some extent, the standard of maintenance required.

McQuillan, Municipal Corporations, Vol. 19 (1967), § 54.116 at page 343.

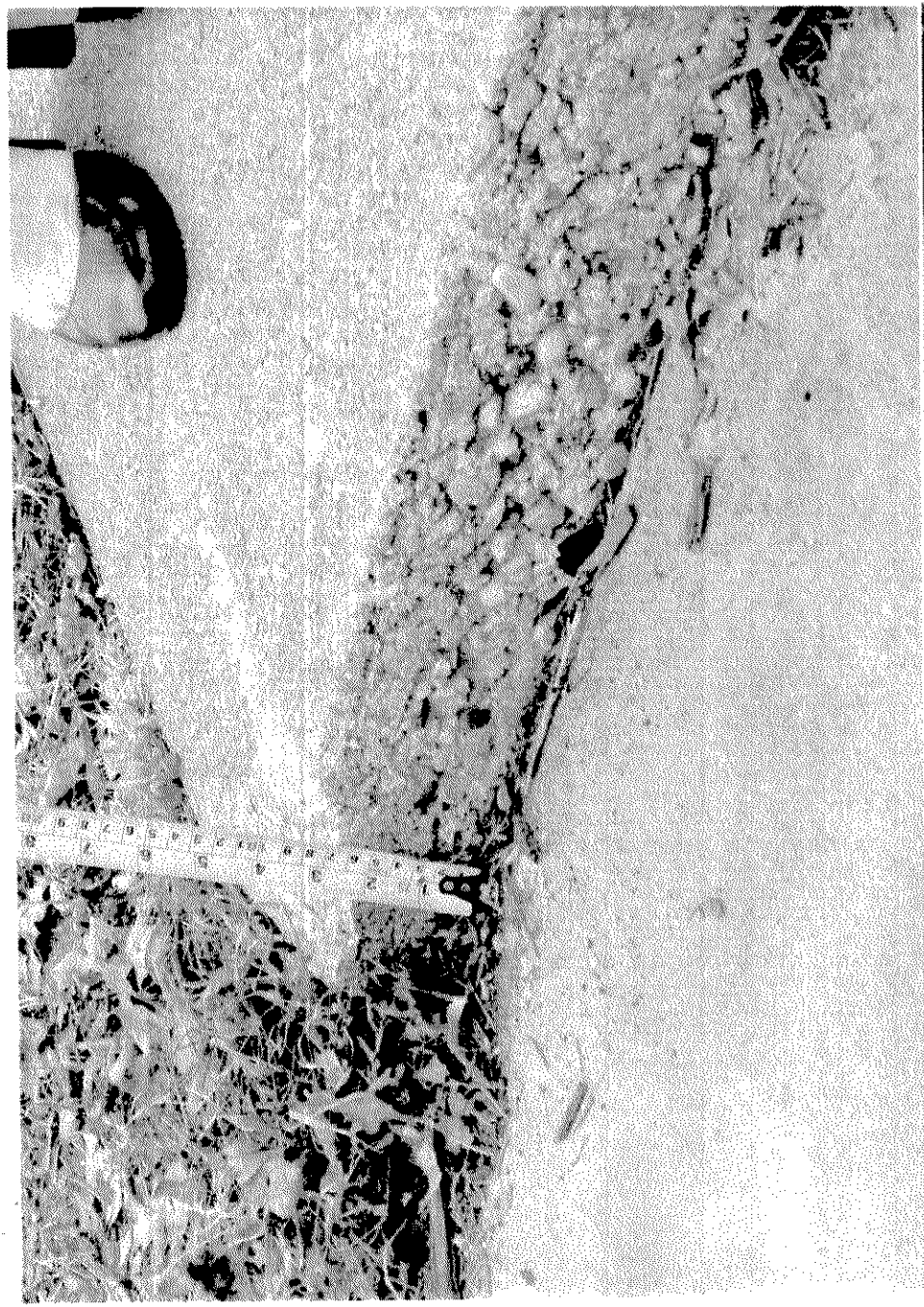
Inspection. There is some case law that suggests a duty to inspect on the part of a municipality. In Cable v. Marinette County, 17 Wis.2d 590, (1962) at p. 594, the Court quoted at length from Peake v. Superior, 106 Wis.403 (1900) at p. 409-10, that if a highway becomes defective and causes injury to a traveler, "the question whether the municipal official had notice of the defect, or had exercised ordinary and reasonable care and diligence in inspecting the highway and repairing the defect arises, and must be decided. . . .(T)he duty to discover and repair defects afterwards occurring, not by acts of the municipality, is one involving only ordinary and reasonable care and diligence." The Peake Court here was paraphrasing Ward v. Jefferson, 24 Wis. 342 (1869).

Neither Peake nor Ward discussed a duty of inspection. This duty arises in the context of constructive notice. Green v. Nebagamain, 113 Wis. 508, 511 (1902). Case law does not suggest that the duty of ordinary care requires a regular inspection program. The comments of the Peake Court applied to constructive notice, which was an issue in the case.

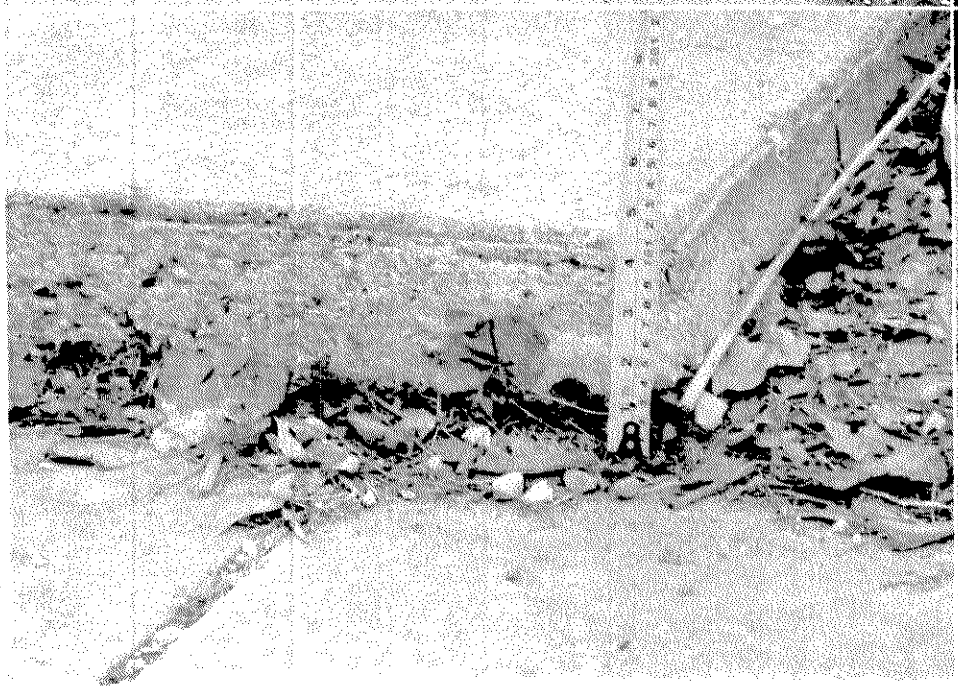
A municipality may be charged with constructive notice of a defect. Forbus v. LaCrosse, 21 Wis.2d 171, 173-4 (1963).

Actual notice of a defect creates a duty to inspect and remedy the defect. Sambs v. City of Brookfield, 66 Wis.2d 296, 306-307 (1974).

Elizabeth Lespo



Elizabeth Cooper



ST.FRANCIS HOSPITAL
A MEMBER OF COVENANT HEALTHCARE

Account No: 10785735
Sched Date: 12/03/04 06:41 PM

MR#: 0693430

PATIENT INFORMATION

CRESPO-RIVERA ELIZAB
6057 S 17 ST APT 101
MILWAUKEE WI 53204

Phone:
DOB: 10/22/1941 Age: 63
Gender: F MS: DIVORCED
SS#: 582-21-7146
Religion: PENTECOSTAL
Employer: NONE
Phone #:
Occupation:

NEAREST RELATIVE

Name: CRESPO ELIZABETH
Phone: 414 672-5952
Bus Phone:
Relat: CHILD
Notify: Y

ADDITIONAL CONTACT

Name:
Phone:
Bus Phone:
Relat:
Notify:

VISIT INFORMATION

Admit Reason: RIGHT HAND INJURY
Comment: MK/T04388

Visit Type: E
Location: FAST TRACK#
Last Inp Date:
Last Outpt Date:

INTERPRETER NEEDED: YES
Language: SPANISH

PHYSICIAN INFO

Adm:
Att: BAYE PETER J
PCP: 16 ST CLINIC

INSURANCE INFORMATION

PRIMARY: ICARE T19
Plan: STANDARD
10201 N. PORT WASHIN
MEQUON WI 53092
Phone #: 262 241-2830
Subr: CRESPO-RIVERA ELIZAB
Relat: PATIENT IS INSURED -
Policy#: 5822171460
Group#:
Group Name:

GUARANTOR INFORMATION

Name: CRESPO-RIVERA ELIZABET
6057 S 17 ST APT 101
MILWAUKEE WI 53204-0000

Phone #:
SS#: 582-21-7146
Employer: NONE
Phone #:

Date

TIME SEEN BY M.D. 1850	TIME	INITIALS

TIME MD ORDER:

- ☐ HOSPITAL RECORDS
- ☐ EKG
- ☐ HEMOGRAM/ DIFFERENTIAL
- ☐ METABOLIC PANEL–BASIC
- ☐ METABOLIC PANEL– COMP
- ☐ U/A
- ☐ TROPONIN
- ☐ CK WITH MB SCREEN
- ☐ MYOGLOBIN
- ☐ LIVER PROFILE
- ☐ AMYLASE
- ☐ LIPASE
- ☐ ABG FIO_2 _____
- ☐ GLUCOSE
- ☐ ALCOHOL
- ☐ PREGNANCY – SERUM
- ☐ GC/CHLAMYDIA
- ☐ TRICH/YEAST
- ☐ RPR
- ☐ DRUG SCREEN – URINE
- ☐ DRUG SCREEN – SERUM
- ☐ APPT
- ☐ INR
- ☐ FIBRINOGEN
- ☐ FIBRIN SPLIT/DEGRAD PRODUCTS
- ☐ C/S _____
- ☐ C/S _____
- ☐ TYPE & _____
- ☐ BNP
- ☐ D-DIMER
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

X-RAYS

REASON FOR X-RAYS: Straight pain.

- ☐ CHEST _____
- ☐ ABD _____
- ☐ C-SPINE _____
- ☐ SHOOT THRU _____
- ☐ R hand
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

TIME MD ORDER	ORDERS	TIME	SIGNATURE
	☐ RAPID STREP ☐ URINE DIP RESULTS ☐ URINE PREGNANCY ☐ SEND IF POSITIVE		
	motrin 600mg po ,1960 ~		
	orthoglass splint		
	orthopedic referall		

DISPOSITION/TIME ORDERED

- ☐ HOME ☐ ADMIT ☐ OBS ADMIT TIME:
- Final Diagnosis: R/5th proximal phalynx displaced fx
- 2° Diagnosis: _____
- Telemetry: Yes ☐ No ☐ Time _____
- Attending MD: _____
- MD On-Call: _____
- PMD requests unit: _____
- ☐ TRANSFER – Hospital: _____
- ☐ _____

NOTIFICATION | **TIME**

- HEALTH DEPARTMENT
- POLICE
- MEDICAL EXAMINER
- PHYSICIAN ASSISTANT
- ATTENDING STAFF

ST. FRANCIS
A Covenant HOSPITAL
3237 South 16th Street
Milwaukee, WI 53215

EMERGENCY DEPARTMENT ORDERS

CRESPO-RIVERA ELIZABETH
DOB: 10/22/1941 Age: 71 SEX: F MR: 693430
BAYE PETER J
ACCT#:

CHIEF COMPLAINT: right hand 5th digit pain

HISTORY OF PRESENT ILLNESS: Patient complains of an injury to the right fifth digit approximately 1 hour prior to arrival.pt was walking on the side walk and she held herself up with her right hand to keep from falling. Pt denies any LOC or head injury. Pt reports right little finger pain. Pt is up to date on her tetanus.

ALLERGIES: -reviewed nurses' notes
CURRENT MEDICATIONS: -reviewed nurses' notes
REVIEW OF SYSTEMS: A comprehensive review of systems was negative.
PAST MEDICAL HISTORY: HTN, pace maker, cholesterol
SOCIAL HISTORY: denies drugs, alcohol and tobacco
FAMILY HISTORY: non contributory
I reviewed the patient's nurses' database, .
PHYSICAL EXAM: Vital Signs: Reviewed Nurse's notes.
PATIENT STATUS: well nourished,.
FINGER: Right fifth digit. Tender along the proximal phalynx. Swollen. Range of motion: diminished. With deformity, finger appears slightly internally rotated. Skin is abraded. Neurovascular status: normal. The wrist, hand, and rest of the fingers have full range of motion and are without pain or tenderness. There are no signs of a tendon injury. The distal pulses are normal. Capillary refill is normal.
NAIL: Little finger nail intact. Nailbed: intact. Surrounding tissue is nontender. No erythema. No drainage. There is no local evidence of infection.

RADIOLOGY:
X-ray: right hand: proximal phalynx of 5th digit displaced fracture

PROCEDURE(S):
A fiberglass splint was applied in a neutral position to the finger. Splint was applied by the EMT.
COURSE IN THE EMERGENCY DEPARTMENT: pt received ibuprofen
This patient's case was discussed with Dr. Paul Coogan
MEDICAL DECISION-MAKING:
After review of patient's history, physical exam and objective data obtained during this Emergency Department visit, the little finger pain is due to a displaced fracture of the right proximal phalynx. Other joints are normal. No tendon injury. pulses are normal. pt was splinted and given orthopedic referral to see on monday. pt was instructed to keep splint on and take pain medication.
DIAGNOSIS: Closed Fracture of the Little Finger, Proximal Phalanx 816.01
DISPOSITION: Patient was discharged home in good condition.
Patient discharged with prescription(s) for: Percocet.
Patient to follow up with: orthopedist monday.

Dagmara Stieber PA-C

CONSULTATION | PA/RESIDENT/MEDICAL STUDENT

DIAGNOSIS

CONDITION
☑ GOOD ☐ FAIR ☐

ATTENDING STAFF

CRESPO-RIVERA ELIZABETH
DOB: 10/22/1941 63Y SEX F MR: 693430
BAYE PETER J
ACCT#:
10785735

Crespo Rivera

FRANCIS
A Covenant HOSPITAL
3237 South 16th Street
Milwaukee, WI 53215

DATE 10/3/04 NAME [redacted]lizabeth D.O.B. 10 22 4[redacted]
TIME 1835 TO WR TIME 1840 TO ED TIME ☒ FT

TRIAGE/DATABASE

ARRIVAL MODE ☒ WALK ☐ WC ☐ CARRIED ☐ AMBULANCE
TREATMENT PRIOR ☐ C-COLLAR/BOARD ☐ O2 ☐ SPLINT ☐ DRESSING ☐ IV ☒ N/A
ACCOMPANIED BY: ☐ SELF ☐ PARENT ☐ FRIEND ☒ RELATIVE ☐ CO-WORKER ☐ OTHER
IF INJURY: ☒ UNINTENTIONAL ☐ # INTENTIONAL BY:
PREVIOUS INJURY BY SAME PERSON?

TRIAGE CATEGORY ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5

☐ R ☐ O	BP	P	RR	Pain	SpO2	No Change
97.8	154/86	78	24	8/10	98%	

Time

CHIEF COMPLAINT/ONSET/MECHANISM OF INJURY: INFORMANT: ☒ PT ☐ FAMILY/SO ☐ NSG HOME RECORD ☐ SEE ATTACHED

(L) hand pain s/p fall 30" ago

TB SCREEN: COUGH > 2 WEEKS ☐ YES ☒ NO
HEMOPTYSIS ☐ YES ☒ NO (IF YES GO TO SECONDARY SCREENING)
SECONDARY ☐ NO ☐ FEVER ☐ UNINTENTIONAL WEIGHT LOSS ☐ MALAISE ☐ HX/TB ☐ NIGHTSWEATS ☐ LOSS OF APPETITE

ALLERGIES:
☒ NKA

MEDICATIONS DOSE/FREQUENCY
Atenolol
Paxil
Wellbutrin
Ibuprofen prn

IMMUNIZATIONS/ WT. (KG)/lbs. ☐ est.
TETANUS UTD.

TRIAGE INTERVENTION: ☐ N/A
☒ ICE ☐ SPLINT ☐ ELEVATION ☐ SLING
☐ RINGS REMOVED ☒ DRESSING ☐ W/C
VISUAL ACUITY OD OS
GLUCOMETER
TRIAGE RN Maureen McMahon

PAST HEALTH HISTORY ☐ N/A SURGERIES ☐ PPM, TAH
HTN ☒ CARDIAC Bradycardia Arthritis
CVA ☐ LUNG ☐ ETOH/DRUGS ☐
SEIZURES ☐ CANCER ☐ SMOKES PK/DAY 1 chol
DIABETES ☐ GI/GU ☐ OTHER Depression/Wellbutrin
LMP IF > 4 WK THEN PREG TEST G P AB EDC

☒ ADULT/PED BASIC	NEURO/MENTAL	CV	RESP	GI#	GU	EENT	MS/MOBILITY#	NEUROVASC PERIPH	SKIN	PAIN/COMFORT	SEX REPRODUCTIVE
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	
FOCUS											

STANDARDS INITIATED FOR:
☐ INEFFECTIVE BREATHING PATTERN ☐ ALTERATION IN TISSUE PERFUSION ☐ ALTERATION IN FLUID VOLUME ☒ ALTERATION IN COMFORT
☐ IMPAIRED SKIN INTEGRITY ☐ IMPAIRED PHYSICAL MOBILITY ☐ INEFFECTIVE INDIVIDUAL COPING

SAFETY
☐ SIDE RAILS UP
☐ CALL LIGHT

ASSESSMENT INTERVENTION/EVALUATION

TIME	T	BP	P	R	SpO2	PAIN	IV/MEDICATION	SIGNIFICANT FINDINGS/INTERVENTIONS
1900								(R) As written above. Abrasion to (R) hand — a
1900							Motrin 600mg PO	Pt given discharge instructions verbalized understanding — a

CONTINUATION

☐ CARDIAC MONITOR/INTERPRETATION/TIME

IV: TIME	SITE	NEEDLE	SOLN	RATE	INITIAL

OUTCOME

DISPOSITION: ✓ DISCHARGE ☐ ADMIT ☐ ROOM #
☐ TRANSFER REPORT GIVEN TO:
DISCHARGE MODE: ☐ AMB ☐ WC ☐ CRUTCHES ☐ CARRIED ☐ STRETCHER
ACCOMPANIED BY: ☐ SELF ☐
DISCHARGE INST. TO: ☐ PT ☐ ☐ COMPLETE MED RECORD SENT WITH TRANSFER
TIME: 1900 INITIALS: a

☐ ADVANCED DIRECTIVE ATTACHED ☐ ISOLATION PRECAUTION SEIZURE PRECAUTION

INTAKE OUTPUT:
IV URINE
PO OTHER

TIME (Collected/Sent)
LAB RAD
ECG CT
URINE CULTURE
WOUND PREP PELVIC EXAM

CRESPO-RIVERA ELIZABETH
DOB 10/22/1941 SEX F MR 693430
BAYE PETER J
ACCT# 10785735

SIGNATURES: [signature] INITIALS a
SIGNATURES: INITIALS

EMERGENCY DEPARTMENT AFTER CARE INSTRUCTIONS

PROVISIONAL DIAGNOSIS: 5th (R) dig Fx

The examination and treatment you have received in the Emergency Department has been given on an emergency basis only. **Should your condition worsen or any new symptoms develop, or should you not recover as expected, contact your doctor or the doctor you were given for follow-up care.** If you cannot contact the doctor, return to the Emergency Department.

Discharged by MD/PA ☐

PATIENT LABELS MUST BE PLACED ON ALL PAGES (PARTS) – SIDES – OR FOLD-OUT (PANELS) THAT THIS BOX APPEARS ON.

ADDITIONAL INSTRUCTIONS:

- keep splint on
- See orthopedic doctor Dr. [illegible] on monday
- Ibuprofen for pain

FOLLOW-UP CARE IN 2 **DAYS WITH:** ☐ YOUR DOCTOR

☐ IF NOT IMPROVING
☐ FOR RECHECK

☐ Dr. [illegible]
☐ GAMP CLINIC
☐ PHYSICIAN REFERRAL

I understand that a copy of my Emergency Department record will be sent to my primary care physician.

Elizabeth Crespo

Signature of Patient or Responsible Person

Please follow the instructions below as indicated for you:

MEDICAL

- ☐ Abdominal Illnesses
- ☐ Allergic Reactions
- ☐ Asthma
- ☐ Bacterial Vaginosis
- ☐ Chest Pain
- ☐ Chicken Pox
- ☐ Conjunctivitis/Eye
- ☐ Ear Infection
- ☐ Fever – Child
- ☐ Lice
- ☐ Headache
- ☐ Hypertension (High Blood Pressure)
- ☐ Kidney Stone
- ☐ Lung Infection
- ☐ Nosebleed
- ☐ PID
- ☐ Seizure
- ☐ Sore Throat
- ☐ STD
- ☐ Threatened Miscarriage
- ☐ Toothache
- ☐ URI Group
- ☐ UTI
- ☐ Viral Syndrome

ORTHOPEDIC

- ☐ Back Pain
- ☐ Cast Care
- ☐ Crutch Walking
- ☐ Neck Strain
- ☒ Sprain/Strain/Fracture

TRAUMA

- ☐ Auto Accident
- ☐ Burn
- ☐ Head Injury
- ☐ Rib Injury
- ☐ Smoke Inhalation
- ☐ Tetanus
- ☐ Wound Care

☐ Your sutures should be removed in _____ days by your doctor or in our Emergency Department.

☐ Other

☐ You were prescribed sedatives or pain medications that may make you drowsy. Do not drink or operate machinery while you are taking these medications.

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 in 24 hours. You will be notified of any additional findings.

ST. FRANCIS
A Covenant Health Hospital
3237 South 16th Street
Milwaukee, WI 53215

78731 10/03 P1

MEDICAL RECORD

ST. FRANCIS

PATIENT LABELS MUST BE PLACED ON ALL PAGES (PARTS) – SIDES – OR FOLD-OUT (PANELS) THAT THIS BOX APPEARS ON.

TO: ED#:

DATE RELEASED: TIME RELEASED:

NATURE AND EXTENT OF INJURY/ILLNESS:

PATIENT WAS TREATED IN ST. FRANCIS HOSPITAL EMERGENCY DEPARTMENT AND CHECK ONE:

☐ MAY RETURN TO WORK IMMEDIATELY ☐ MAY RETURN TO WORK

LIMITATIONS, IF ANY:

☐ DATE OF RETURN TO WORK CANNOT BE DETERMINED AT THIS TIME

☐ PATIENT REFERRED TO

☐ PATIENT MAY RETURN TO SCHOOL/GYM

DATE

If you need a release to return to work or school, or any extension of the time period indicated, it should be obtained from your physician, the company physician or the physician given to you for follow-up care.

ST. FRANCIS HOSPITAL EMERGENCY DEPARTMENT
3237S 16th St. • Milwaukee, Wisconsin 53215 • 414-647-5165

CRESPO-RIVERA ELIZABETH
DOB 10/22/1941 60 Y SEX F MR: 693430
BAYE PETER J
ACCT#: 10785735

NAME AGE WGT

ADDRESS DATE 12/2/04

☐ ALLERGIES

℞ Percocet 5/325
Take 1 tab po q 6 hrs
prn pain
(#10)

FRACTURA DE DEDO

LO QUE USTED DEBE SABER:

- Una fractura de dedo, conocida también como dedo roto, es la rotura de uno o más de los huesos que conforman el dedo. Su dedo puede doler, sentirse adormecido o débil, o presentar hormigueo. También puede hincharse y ponerse morado. Además puede sangrar si la piel se corta. Es posible que la apariencia del dedo no sea normal y que luzca torcido si los huesos se encuentran fuera de lugar. Usted puede tener dificultad para moverlo o, es posible, que no pueda moverlo en absoluto.

- Usted puede romperse un dedo de diferentes maneras. Puede suceder al caerse o al tener un accidente. Puede rompérselo practicando algún deporte. Es posible que no recuerde como se lo rompió. Si los huesos se salen de lugar es necesario colocarlos nuevamente en su sitio. Es posible que necesite cirugía si la fractura es grave. La recuperación de una fractura en el dedo puede durar entre 6 y 8 semanas. Las radiografías pueden mostrar si la fractura ha sanado.

DESPUÉS DE SER DADO DE ALTA:

- La parte más importante en el tratamiento de un dedo lesionado la quietud del mismo, durante la recuperación. La quietud disminuye la hinchazón en el dedo y permite a su vez que la lesión se recupere. Cuando el dolor haya disminuido, usted puede comenzar lentamente a realizar sus movimientos normales.

- El hielo hace que los vasos sanguíneos se constriñan (reduzcan) lo cual ayuda a disminuir la inflamación (enrojecimiento, hinchazón y dolor). Ponga hielo picado en una bolsa plástica y envuélvala con una toalla. Coloque la bolsa en el dedo lesionado y déjela durante 15 ó 20 minutos en cada hora y tanto tiempo como usted considere necesario. No duerma sobre la bolsa de hielo porque puede sufrir quemaduras.

- Mantenga su mano elevada por encima del nivel del corazón. Esto ayuda a disminuir tanto la hinchazón como el dolor.

- Sus medicamentos son: _____.

    - Tome sus medicamentos siguiendo siempre las indicaciones de sus médicos. Si usted piensa que no hay mejoría o siente que se presentan efectos secundarios, llame a su médico. No suspenda los medicamentos sin discutirlo antes con su médico.

    - Haga una lista con los nombres de los medicamentos que usted está tomando y anote también la frecuencia con que los toma. Cuando visite a su médico, traiga consigo esta lista con los nombres de sus medicamentos o los envases de los mismos. Aprenda porqué toma cada uno de estos medicamentos. Pídale a su

médico información relacionada con sus medicamentos.

- Usted puede tomar acetaminofén o ibuprofeno para aliviar su dolor. Estos medicamentos son fáciles de conseguir porque son de venta libre (sin receta médica). Si usted es alérgico a la aspirina, no tome ibuprofeno.

- Si en el momento de la lesión usted sufrió una rotura o raspadura en la piel, es posible que le apliquen una inyección antitetánica o un antibiótico. Si le aplican la inyección antitetánica, su brazo puede hincharse, enrojecerse o sentirse caliente al tocar el sitio de la inyección. Esta es una reacción normal al medicamento que fue inyectado.

- Si está tomando antibióticos, tómelos hasta agotarlos aunque usted se sienta mejor.

- Es posible que los médicos le envuelvan el dedo con una cinta o con un entablillado para evitar que el dedo se mueva mientras se recupera. Los médicos pueden ordenarle que use el entablillado a toda hora durante 6 a 8 semanas. Es posible que tenga que continuar usándolo por otras 6 a 8 semanas mientras realiza alguna actividad deportiva.

  - Usted puede quitarse el entablillado todos los días, para lavar el dedo afectado.

  - Cuando se quite el entablillado, no trate de mover la punta del dedo.

  - Vuelva a colocarse el entablillado lo más pronto posible. Al pegar nuevamente la cinta adhesiva tenga el cuidado de poner el entablillado en el mismo sitio y posición. Si el entablillado se humedece, debe colocarle cinta adhesiva nuevamente. Si su dedo está adormecido o con hormigueo, es posible que el entablillado esté muy apretado. Afloje la cinta para que el dedo esté confortable.

  - Mueva varias veces al día la parte de su dedo que no esté cubierta por el entablillado.

LLAME _____ SI:

- El dolor y la hinchazón que usted presenta están empeorando.

- Su dedo lesionado está frío mientras que los otros dedos se encuentran calientes.

- Su dedo está hinchado y excesivamente rojo.

BUSQUE ATENCIÓN INMEDIATA SI:

- Su dedo luce de color blanco o azul.
- Su dedo afectado está adormecido o con hormigueo.

D. Cesión y Acuerdo de Pago: Comprendo que soy responsable del pago de los servicios que he recibido y garantizo el pago de estos servicios. Por medio de la presente, me comprometo a ceder al Centro y a los médicos y profesionales asociados al Centro, para que los apliquen a mi factura de cuidados médicos, todos mis derechos y reclamaciones de reembolso, de conformidad con cualquier plan de atención médica federal o estatal (incluyendo pero sin limitarse a Medicare o Medicaid), póliza de seguro médico, cualquier plan de atención médica gestionada o cualquier otro plan similar de pago por parte de terceros que cubra los gastos de atención médica y para los cuales pueda haber dinero disponible para pagar el costo de los servicios que se me hayan brindado. Comprendo que soy responsable de cualquier pago suplementario aplicable, gastos deducibles, coseguro médico y/o costos y gastos no cubiertos. Comprendo que no todas las compañías de seguros médicos pagan los honorarios usuales y acostumbrados del Centro, los médicos y/o profesionales asociados al Centro. Por lo tanto, cuando lo permitan las leyes, cualquier saldo pendiente será mi responsabilidad. Comprendo y estoy de acuerdo en que soy responsable del costo del cobro y/o de los honorarios razonables de los abogados que tengan relación con mi cuenta. Comprendo que a mis aseguradores, pagadores u otros, se les revelará información sobre mi salud a efectos de facturación. También comprendo que podría recibir otras facturas adicionales de los médicos independientes implicados en mi atención, incluyendo radiólogos, anestesiólogos, patólogos, médicos de salas de urgencias y otros médicos independientes. Puede que estos médicos participen o no en todas las redes de seguros médicos.

E. Objetos de Valor: Se recomienda insistentemente que no se tengan objetos de valor (tales como dinero en efectivo, joyas, documentos) en el Centro. Comprendo que el Centro dispone de un lugar donde puedo guardar mis objetos de valor. Si decido tener conmigo objetos de valor en el Centro, lo hago bajo mi propio riesgo y comprendo y estoy de acuerdo en que el Centro no tenga responsabilidad por la pérdida o daño de cualquier objeto de valor que yo no entregue para su custodia.

F. Fotografías: Comprendo y estoy de acuerdo en que el Centro pueda tomar imágenes fotográficas, electrónicas y/o de video de mi persona, en los casos en que sea necesario para ayudar en mi tratamiento o para mi seguridad. Si la atención médica que reciba implica un parto, doy mi consentimiento para que el bebé sea fotografiado por razones de seguridad y/o uso personal.

G. Notificación de Privacidad: Reconozco que se me ha dado una copia de la Notificación de Prácticas de Privacidad del Centro (Notice of Privacy Practices). Por favor consulte la Notificación de Prácticas de Privacidad (Notice of Privacy Practices) si desea mayor información sobre la revelación de información sobre su salud y sus derechos de acceso a dicha información.

X Elizabeth Crespo
Firma del Paciente/Representante Autorizado

12/03/04
Fecha

Grado de Parentesco del Representante Autorizado

Si no puede firmar el documento, explique las razones: _____

Covenant HEALTHCARE
A member of Covenant Healthcare, which is sponsored by the Wheaton Franciscan and Felician Sisters

St. Francis Hospital
St. Michael Hospital
Elmbrook Memorial Hospital
St. Joseph Regional Medical Center

Inpatient and Outpatient Consent for Treatment & Financial Agreement (Spanish)

79775 4/03

CRESPO-RIVERA ELIZABETH E
DOB: 10/22/1941 63Y SEX: F MR: 693430
BAYE PETER J
ACCT#: 10785735

Consentimiento para el Tratamiento de Pacientes de Consulta Interna y Externa y Acuerdo Financiero

☐ St. Joseph Regional Medical Center
☐ Elmbrook Memorial Hospital
☐ St. Michael Hospital
☐ St. Francis Hospital

Entre los hospitales de Covenant Healthcare se incluyen diversos centros de consultas ambulatorias/externas comprendidos en este Acuerdo.

A. Consentimiento para el Tratamiento: Ingreso en el centro anteriormente mencionado (el "Centro") con fines de tratamiento médico y/o quirúrgico o de diagnóstico. Doy mi consentimiento a mi médico, a otros médicos primarios, consultantes y/o referentes y a sus ayudantes y personal designado, además de a otros empleados del Centro, para que me presten los servicios de tratamiento médico, quirúrgico, de diagnóstico u otros tratamientos que mi médico estime necesarios y/o apropiado. Este consentimiento incluye mi autorización para servicios de atención hospitalaria, procedimientos de diagnóstico y todos los tratamientos médicos que se apliquen según las instrucciones de mi(s) médico(s). Entre estos se incluyen radiografías, procedimientos de laboratorio y otras pruebas, tratamientos o medicamentos, monitoreo y cualquier otro procedimiento o tratamiento que no requiera mi consentimiento informado específico. Comprendo que, en el transcurso del diagnóstico y tratamiento, es posible que se extraigan de mi cuerpo células, tejidos y/o partes. Autorizo al personal del Centro a conservar o usar dichas células, tejidos o partes para fines docentes y/o deshacerse de las células, tejidos o partes que me sean extraídas.

B. Reconocimientos Generales: Comprendo que la práctica de la medicina y de la cirugía no es una ciencia exacta. Comprendo que un tratamiento médico y quirúrgico y un diagnóstico pueden implicar riesgos de lesión e incluso de muerte. No se me ha dado ninguna garantía con relación a los resultados de mis exámenes o tratamientos en este Centro. Comprendo que muchos de los médicos del Centro no son empleados ni agentes del Centro, sino, más bien, médicos independientes a quienes se les ha concedido el privilegio de usar este Centro para la atención y tratamiento de sus pacientes. Comprendo que el Centro no es responsable de ninguna acción u omisión ni de las instrucciones dadas por parte de aquellos médicos independientes que me atiendan durante mi estancia en el Centro. Comprendo y estoy de acuerdo en que podría ser observado y/o recibir atención por parte de estudiantes de medicina, enfermería y de otras especialidades médicas que estén recibiendo capacitación en el Centro. Comprendo que soy responsable de seguir las instrucciones y hacer las coordinaciones para la consulta de seguimiento. Comprendo que puedo revisar y recibir una copia de mi historia clínica, cubriendo yo los gastos y que dicha revisión deberá realizarse en la consulta de mi médico, en horario laboral.

C. Pagos mediante Medicare: Reconozco que he recibido una copia del "Mensaje Importante de Medicare" ("Important Message from Medicare") si fuera procedente.

Covenant

Elmbrook Memorial Hospital
19333 West North Avenue
Brookfield, WI 53045

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

St. Joseph Regional Medical Center
5000 West Chambers
Milwaukee, WI 53210

St. Michael Hospital
2400 West Villard
Milwaukee, WI 53209

RADIOLOGY

cc: PETER BAYE, MD, Ordering Physician

ORDERING PHYSICIAN: Dr. Peter Baye
OCCURRENCE NUMBER: 77437788

EXAM DATE: 12/03/2004

EXAM: Hand Rt 3+ Views

CLINICAL HISTORY: Injury.

REPORT: There is an oblique fracture through the proximal phalanx of the little finger. There is some dorsal angulation of the distal fragment. On this two view study, it appears the fracture does not extend to the articular surface.

IMPRESSION:
Fifth finger fracture as described.

This document was electronically signed by ROBERT GOULD, MD on 12/04/2004 10:33:25.

ROBERT GOULD, MD
Radiologist

RG/emc D.12/04/2004 08:17:50 T.12/04/2004 09:31:57
Doc ID #: 3865439 Voice ID #: 3746535

ST. FRANCIS HOSPITAL
RADIOLOGIST: ROBERT GOULD, MD

VISIT TYPE: E
ROOM #: FATR

NAME: CRESPO-RIVERA, ELIZABETH
MRN: 693430
DOB: 10/22/1941

DATE: 12/03/2004

ACCT #: 10785735
AGE: 63Y

RADIOLOGY

ST FRANCIS HOSPITAL
PO BOX 68-4007
MILWAUKEE, WI 53268-4007
Statement on: 02/14/05 at 10:15 AM

Guarantor: CRESPO-RIVERA ELIZABETH
6057 S 17 ST APT 101
MILWAUKEE, WI 53204-0000

Patient: CRESPO-RIVERA ELIZABETH
Visit #: 10785735
AR Seg: 12/03/04 to 12/03/04

Date	Svc Code	Description	Units	Debits	Credits
12/03/04	8403069	HAND RT 3+ VIEWS	1	278.25	
12/03/04	12808036	IBUPROFEN TAB 600MG U	1	3.50	
12/03/04	61549282	ED CARE LEVEL 2	1	264.75	
12/03/04	61549439	FINGER SPLINTING	1	101.50	
12/09/04	9848072	ALLOW T19 INDEPENDENT	-1		473.07-
12/31/04	9900505	PAY T19 INDEPENDENT C	-1		174.93-

* - Not posted

Balance: 0.00

INTEGRATED BILLING SYSTEMS

FOR

EMERGENCY MEDICINE SPECIALISTS

February 17, 2005

Eisenberg, Weigel, Carlson, Blau & Clemens, SC
3732 W Wisconsin Ave Suite 300
Milwaukee, WI 53208

Re:

Your Client:	Elizabeth Crespo Rivera
Date of Birth:	10/22/41
Date of Accident:	12/03/04

RECORDS CERTIFICATION

I, *Shari Roach*, hereby certify that the attached documents are a complete and accurate copy of the statement(s) held at Integrated Billing Systems, Inc. for Emergency Medicine Specialists, SC. (emergency department physicians at St. Michael's and St. Francis Hospital).

If you have any additional questions, please feel free to contact me directly at 414-570-7118.

Sincerely,
Shari Roach
Research Analyst

7071 S 13TH ST., #104 • OAK CREEK, WI • 53154
PHONE: 414-570-7100 • FAX: 414-570-7117

LOCATION: ST FRANCIS HOSPITAL EMERG PT-0004 PAGE: 1

ELIZABETH CRESPORIVERA
6057 S 17 ST APT 101
MILWAUKEE WI 53204

BILLING DATE: 02/17/05

TOTAL BALANCE: 0.00

BILL TO: CRESPORIVERA ELIZABETH CHART #: F0693430

DATE	POS	PROC	DESCRIPTION	CHARGES	CREDITS	BALANCE
			E CRESPORIVERA			
			PAUL J COOGAN MD			
12/03/04		99283	EMERGENCY DEPT VISIT LEVEL 3	198.00		198.00
12/14/04			MEDICAID INDEPENDENT CARE #7857351 Filed			
01/12/05			PAYMENT MEDICAID INDEPENDENc# 7857351		27.30-	170.70
01/12/05			WRITE-OFF MEDICAID INDEPENDENc# 7857351		170.70-	0.00

CURRENT	/30-60 DAYS/	/60-90 DAYS/	>90 DAYS/	TOTAL	INS PENDING	TOTAL DUE
0.00	0.00	0.00	0.00	0.00	0.00	0.00

EMERGENCY MEDICINE SPECIALISTS
7071 S 13TH
STE 104
OAK CREEK WI 53154

LOCATION : ST FRANCIS HOSPI

PHONE : 414 570 7100

RADIOLOGY SPECIALISTS OF MILWAUK
PO BOX 14307
MILWAUKEE WI 53214-0307

Billing Tel# 414-475-2142
Federal Id# 391984839
09:57:19 15 Feb 2005

Acct# 10785735
RIVERA ELIZABETH CRESPO
6057 S 17 ST APT 101
MILWAUKEE, WI 53204-3613

Patient
Ss# 582-21-7146 DoB 10-22-1941
CRESPO RIVERA ELIZABETH
6057 S 17 ST APT 101
MILWAUKEE, WI 53204-3613

Insurance
Ins 1320 Eff (Primary)
Car 277-ICARE T19
Pol 5822171460 Grp
Sub Rel 1
Emp NONE

Ins Eff (Secondary)
Car
Pol Grp
Sub Rel
Emp

--
Tel
Mr# 693430 Loc 01-SF Dr 7
Refdr 2462-BAYE PETER Pc 13 Bs 1 Dq 0 Bal 0.00
Ptype 30 Adm Dis

Ref#	Date	Code	Cpt	Description	Diag	P	S	Amount	Lc	Dr
1	12-03-04	73130	73130	HAND MIN 3 VIEWS	816.01	+		42.00	01	7
				Mod: RT						
1	01-17-05	0732		ICARE/WW/WCRD PAYMENT				9.65-	01	7
1	01-17-05	0832		ICARE/WW/WCRD ADJUSTMENT				32.35-	01	7
1	01-17-05	0432		ICARE/WW/WCRD ALLOWED					01	7
				Amt 9.65						
	12-14-04	0055		MEDICAID SUBMITTED	Pri-P	+			01	7
				C5155665						
								0.00		
				Transactions to be Posted						
								0.00		

MEDICAL SERVICES
HEALTH & NUTRITION EDUCATION
SOCIAL SERVICES & WIC
SIXTEENTH STREET COMMUNITY HEALTH CENTER
1032 S. 16th STREET
MILWAUKEE, WISCONSIN 53204
(414) 672-1353

FAX

DATE	8-11-05
TO	Carla Babolz
COMPANY	Eisenberg, Weigel, Carlson
PHONE	414-342-1000
FAX	414-342-5060
FROM	Tamara Noll
DEPARTMENT	Billing
PHONE	414.294-3191 x 864
FAX	414.294-4681

COMMENTS

This cover sheet is the first of 5 pages.

REMARKS: ☐ Urgent ☐ For your review ☐ Reply ASAP ☐ Please comment

08/10/05 OPEN ITEM PAYMENT HISTORY BY ACCOUNT Page 2

Account	Dt Serv	Patient	Units	Proc Code	Diag Code	Ord/Vchr/Stat/Loc	Ins 1-Billed Ins 2-Billed	Amount	Balance
[redacted]									
		A12	(	09/25/04)	ICare T19 Disallow		on 09/25/04	-14.00	
									0.00
[redacted]						35/397269	/2/M 107-10/19/04 0-	70.00	
		A12	(	10/19/04)	ICare T19 Disallow		on 10/19/04	-36.15	
		Check Payment	(237755	11/29/04 for $	45.30) from Ins #107		on 11/26/04	-30.00	
		A12	(237755	11/29/04)	ICare T19 Disallow		on 11/26/04	2.15	
									0.00
[redacted]						35/397269	/2/M 107-10/19/04 0-	17.00	
		A12	(	10/19/04)	ICare T19 Disallow		on 10/19/04	-13.30	
		Check Payment	(237755	11/29/04 for $	45.30) from Ins #107		on 11/26/04	-3.88	
		A12	(237755	11/29/04)	ICare T19 Disallow		on 11/26/04	0.09	
									0.00
[redacted]						35/397269	/2/M 107-10/19/04 0-	18.00	
		A12	(	10/19/04)	ICare T19 Disallow		on 10/19/04	-12.58	
		Check Payment	(237755	11/29/04 for $	45.30) from Ins #107		on 11/26/04	-5.42	
									0.00
[redacted]							/2/M 107-10/19/04 0-		
									0.00
12/06/04	ELIZABETH 01	1.00 99213		616.11	35/419886	/2/M	107-12/13/04 0-	70.00	
		A12	(	12/09/04)	ICare T19 Disallow		on 12/08/04	-36.15	
		Check Payment	(239233	01/25/05 for $	36.00) from Ins #107		on 01/23/05	-36.00	
		A12	(239233	01/25/05)	ICare T19 Disallow		on 01/23/05	2.15	
									0.00
01/04/05	ELIZABETH 01	1.00 99214		401.9	163/429190	/2/M	107-01/11/05 0-	104.00	
		A12	(	01/10/05)	ICare T19 Disallow		on 01/10/05	-57.54	
		Check Payment	(239958	02/16/05 for $	72.34) from Ins #107		on 02/14/05	-56.62	
		A12	(239958	02/16/05)	ICare T19 Disallow		on 02/14/05	10.15	
									0.00
01/04/05	ELIZABETH 01	1.00 96640		466.0	163/429190	/2/M	107-01/11/05 0-	33.00	
		A12	(	01/10/05)	ICare T19 Disallow		on 01/10/05	-17.61	
		Check Payment	(239958	02/16/05 for $	72.34) from Ins #107		on 02/14/05	-16.72	
		A12	(239958	02/16/05)	ICare T19 Disallow		on 02/14/05	0.33	
									0.00
01/04/05	ELIZABETH 01	1.00 J7619,1		466.0	163/429190	/2/M	107-01/11/05 0-		
									0.00
01/05/05	ELIZABETH 01	1.00 NOSHOW		NOSHOW	163/429605	/2/M	0- 0-		
									0.00
02/15/05	ELIZABETH 01	1.00 99396		V70.0	163/446573	/2/M	107-03/07/05 0-	141.00	
		A12	(	02/27/05)	ICare T19 Disallow		on 02/27/05	-121.42	
		Check Payment	(241824	04/20/05 for $	45.02) from Ins #107		on 04/19/05	-20.31	
		A12	(241824	04/20/05)	ICare T19 Disallow		on 04/19/05	0.43	
									0.00
02/16/05	ELIZABETH 01	1.00 93000		780.4	163/446573	/2/M	107-03/07/05 0-	67.00	
		A12	(	02/27/05)	ICare T19 Disallow		on 02/27/05	-29.72	
		Check Payment	(241824	04/20/05 for $	45.02) from Ins #107		on 04/19/05	-25.01	
		A12	(241824	04/20/05)	ICare T19 Disallow		on 04/19/05	-13.27	
									0.00
03/08/05	ELIZABETH 01	1.00 99213		041.86	163/454403	/2/M	107-03/18/05 0-	70.00	
		A12	(	03/10/05)	ICare T19 Disallow		on 03/10/05	-36.15	
		Check Payment	(241824	04/20/05 for $	36.00) from Ins #107		on 04/19/05	-36.00	
		A12	(241824	04/20/05)	ICare T19 Disallow		on 04/19/05	2.15	
									0.00
04/14/05	ELIZABETH 01	1.00 99213		414.00	163/469474	/2/M	107-04/19/05 0-	74.00	

Patient: 10618.1 - ELIZABETH 01 CRESPO
Date: 12/06/2004 01:45
Provider: ALICIA BROEREN, MD

CHIEF COMPLAINT
The Chief Complaint is: Needs referral for ortho.

HISTORY OF PRESENT ILLNESS
ELIZABETH 01 CRESPO is a 63 year old female.
See PMH for description of fall.
* Right hand pain somewhat releived with ibuprofen.

CURRENT MEDICATION
* Medications, vaccines
- Atenolol 100 MG TABS, SIG:QD, Qty:30, Days:30, Refills:0
- Aspirin 325 MG TABS, SIG:QD, Qty:30, Days:30, Refills:0
- Sular 20 MG TB24, SIG:QD, Qty:30, Days:30, Refills:0
- Triamterene-HCTZ 25-37.5 MG CAPS, SIG:qd, Qty:1, Days:1, Refills:
- Ibuprofen 800 MG TABS, SIG:qid, Qty:1, Days:1, Refills:, prn
- Paxil 40 MG TABS, SIG:qd, Qty:1, Days:1, Refills:
- Protonix 40 MG TBEC, SIG:qd, Qty:1, Days:1, Refills:
- Lipitor 20 MG TABS, SIG:qd, Qty:30, Days:30, Refills:3
- Ibuprofen 800 MG TABS, SIG:tid, Qty:1, Days:1, Refills:, prn
- Percocet 5-325 MG TABS, SIG:qid, Qty:1, Days:1, Refills:, prn

PAST MEDICAL/SURGICAL HISTORY
Reported History:
Environmental exposure: No secondhand cigarette smoke exposure.
Physical trauma: A fall - 12/03/2004 on sidewalk and hurt R hand, seen at St Francis Hospital.

PERSONAL HISTORY
Behavioral history: Not smoking.

ALLERGIES
An allergy no known drug allergies, nkda.

PHYSICAL FINDINGS
Vital signs:

Vital Signs	Value
Oral temperature	99.0 F
Blood pressure while sitting	120/76 mmHg
Weight	233 lbs

Musculoskeletal system:
Finger:
Fingers of the right hand: * Swelling of the little finger. * Swelling of the little finger MCP joint.
Hands:
Right hand: * Hand was tender on palpation.
Wrist:
General/bilateral: ° Appearance of the wrist was normal. ° No tenderness on palpation of the wrist.

ASSESSMENT
* Open fracture of the right fifth finger proximal phalanx with displacement - open fracture per family, does not appear open to me, will have Ortho evaluate

PREVIOUS TESTS
X-Ray Of The Finger(s):
There is a fracture of the right little finger proximal phalanx.

PLAN

* Follow-up 1 month with me for HTN and prn//vc
* Consultation with an orthopedic surgeon - Hand Surgeon, Dr. Crimmins/Dr.Chamoy//vc

ALICIA BROEREN, MD

Entered data sealed by: Alicia Broeren Date: 12/06/2004 18:35

Aurora Health Care®

Certification of Itemized Statements

Patient name: Elizabeth Crespo

I, Diana Herrera custodian of patient accounts at Aurora Health Care. I am duly qualified to make the certification with respect to said medical bills.

Attached hereto are 4 pages of an itemized bill relating to patient Elizabeth Crespo for the dates of service 12/03/06 to present for St. Luke's. These are accurate, legible, and complete duplicates of the patient's bill. These bills contain acts, and conditions, made at or near the time by, or from information transmitted by a person with knowledge of the information contained therein.

March 21, 2006

Please apply to account number: 05/413/3770

The fee for this service is: **$8.40** pd

Please return your check along with this letter to the attention of:

Aurora Health Care
Hospital Cash Posting
3031 West Montana Avenue
Milwaukee, WI 53215

This Account
Has been placed with a
Collection Agency
Please Call
Agency:
Phone:

A U R O R A H E A L T H C A R E
AURORA ST LUKES MEDICAL CENTER
PATIENT ACCOUNT - DETAIL

PATIENT NAME: CRESPO, ELIZABETH

ACCOUNT NBR: 107388092-5018
BILLING PERIOD: 01/26/05 03/21/06

BILL TO
ELIZABETH CRESPO
1550 S PEARL ST
MILWAUKEE WI 532042458
USA

SRV DATE	REF NBR	DESCRIPTION		
01/24/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
01/24/05	92742574	OCCUPATIONAL THERAPY EVAL	(QTY OF 0001)	188.00
01/24/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0001)	85.00
02/03/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0002)	170.00
02/03/05	92757661	MANUAL THERAPY OT PER 15 MIN	(QTY OF 0001)	81.75
02/03/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
02/07/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0002)	170.00
02/07/05	92757661	MANUAL THERAPY OT PER 15 MIN	(QTY OF 0001)	81.75
02/07/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
02/10/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0002)	170.00
02/10/05	92757661	MANUAL THERAPY OT PER 15 MIN	(QTY OF 0001)	81.75
02/10/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
02/28/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0001)	85.00
02/28/05	92757661	MANUAL THERAPY OT PER 15 MIN	(QTY OF 0001)	81.75
02/28/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
03/08/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
03/08/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0003)	255.00
03/17/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0003)	255.00
03/17/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
03/28/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0001)	85.00
03/28/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		MEDICAID I-CARE	01/26/05 - 02/01/05	
		MEDICAID I-CARE	02/02/05 - 03/01/05	
		MEDICAID I-CARE	03/02/05 - 03/31/05	
02/25/05	00006915	MEDICAID PAYMENT MEDICAID I-CARE	SERVICE ON 01/24/05	177.69-
02/25/05	00004708	MEDICAID HMO ADJUSTMENT MEDICAID I-CARE	SERVICE ON 01/24/05	95.31-
03/24/05	00006915	MEDICAID PAYMENT MEDICAID I-CARE	SERVICE ON 02/03/05	710.76-
03/24/05	00004708	MEDICAID HMO ADJUSTMENT MEDICAID I-CARE	SERVICE ON 02/03/05	211.24-
04/27/05	00006915	MEDICAID PAYMENT MEDICAID I-CARE	SERVICE ON 03/08/05	533.07-
04/27/05	00004708	MEDICAID HMO ADJUSTMENT MEDICAID I-CARE	SERVICE ON 03/08/05	61.93-

PATIENT NAME: CRESPO, ELIZABETH ACCOUNT NBR: 107388092-5018

SRV DATE	REF NBR	DESCRIPTION

REMIT TO
AURORA ST LUKES MED CNTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	1790.00
NEW PAYMENTS/CREDITS	1790.00-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA ST LUKES MED CNTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS ACCOUNT PLEASE CONTACT:
AURORA ST LUKES MED CNTR PHONE: (414) 647-3147 OR 1-800-958-6202 DEH

PATIENT NAME: CRESPO, ELIZABETH
ACCOUNT NBR: 107388092-5127
BILLING PERIOD: 05/11/05 03/21/06

BILL TO
ELIZABETH CRESPO
1550 S PEARL ST
MILWAUKEE WI 532042458
USA

SRV DATE	REF NBR	DESCRIPTION		
05/10/05	92742574	OCCUPATIONAL THERAPY EVAL	(QTY OF 0001)	188.00
05/10/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0001)	85.00
05/10/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
05/26/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0002)	170.00
05/26/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
06/01/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0002)	170.00
06/01/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
06/08/05	92757657	THERAPEUTIC EXER OT PER 15 MIN	(QTY OF 0002)	170.00
06/08/05	92757731	COUNTER-THERAPY VISIT	(QTY OF 0001)	0.00
		-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --		
		MEDICAID I-CARE	05/11/05 - 06/09/05	
		MEDICAID I-CARE	06/10/05 - 07/01/05	
06/27/05	00006915	MEDICAID PAYMENT MEDICAID I-CARE	SERVICE ON 05/10/05	355.38-
06/27/05	00004708	MEDICAID HMO ADJUSTMENT MEDICAID I-CARE	SERVICE ON 05/10/05	87.62-
06/27/05	00006915	MEDICAID PAYMENT MEDICAID I-CARE	SERVICE ON 06/01/05	177.69-
06/27/05	00004708	MEDICAID HMO ADJUSTMENT MEDICAID I-CARE	SERVICE ON 06/01/05	7.69
07/29/05	00006915	MEDICAID PAYMENT MEDICAID I-CARE	SERVICE ON 06/08/05	177.69-
07/29/05	00004708	MEDICAID HMO ADJUSTMENT MEDICAID I-CARE	SERVICE ON 06/08/05	7.69

REMIT TO
AURORA ST LUKES MED CNTR
PO BOX 341100
MILWAUKEE WI 532341100

BEGINNING BALANCE	0.00
NEW CHARGES/ADJUSTMENTS	798.38
NEW PAYMENTS/CREDITS	798.38-
CURRENT ACCOUNT BALANCE	0.00

MAKE CHECK PAYABLE TO: AURORA ST LUKES MED CNTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS ACCOUNT PLEASE CONTACT:
AURORA ST LUKES MED CNTR PHONE: (414) 647-3147 OR 1-800-958-6202 DEH

AURORA HEALTH CENTER-20TH STREET

2906 South 20th Street • Milwaukee, WI 53215-3732 • Phone (414) 385-6800

To: Eisenberg, Weigel, Carlson, Blau & Clemens, S.C.

DATE: August 10, 2005

ACCOUNT NO.: 03-16-45

PATIENT: Elizabeth Crespo Rivera DOB: 10/22/41

____ Wisconsin Statutes 146.81, 146.82 and 146.83 regulate the confidentiality of and access to patient health care records. Release of these records is prohibited without the written informed consent of the patient or person authorized by the patient.

Your request for information fails to meet the following requirements of an informed consent:

____ Name of patient.
____ Purpose of disclosure.
____ Type of information to be disclosed.
____ Individual, agency or organization to which disclosure may be made.
____ Name of health care providers making the disclosure.
____ Signature of the patient or person authorized by the patient.
____ Date on which consent is signed.
____ Time period during which consent is effective.
____ For your convenience a copy of our informed consent is enclosed for completion.

XXXX In reference to the request received from Carla Bubolz for health care information on the above-named patient, the charge for this service is $ 14.05 *, payable in advance. Please send your remittance in this amount payable to Aurora Health Center, 2906 S. 20th Street, Milwaukee, WI 53215, with this letter to the attention of Margie, to expedite handling. (IRS #39-1678306) Thank you.
*Photocopying and postage fees for all medical records from 12/03/04 through 07/27/05.

____ We are unable to identify the patient. If you can submit additional information such as birth date, Social Security number, maiden name, parent's name, job injury, evaluation, pre-employment approximate treatment date, or whether the patient was seen on a private basis, for an on-the-examination or executive physical, we will be happy to make another search.

____ After thoroughly checking our files, we are unable to locate a record on the above-named patient.

____ Since we do not have an informed consent signed by the patient for release of health care information to _____, we are sending the enclosed to you for forwarding.

____ In answer to your request for health care information, enclosed is a photocopy of pertinent information from the patient's health care record which includes the following: _____

NOTICE OF CONFIDENTIALITY REQUIREMENTS

Federal regulations, 42 CFR Part 2, restrict the disclosure of alcohol or drug abuse patient records without the specific written consent of the patient. As a matter of practice, Aurora Health Center does not release any such records, if any such records exist, in response to a general request for medical records, unless the patient has specifically authorized The Center to release such information on a consent form provided by The Center (please request). Therefore, if any such records exist and you are seeking to obtain those records, you must first submit a valid release and consent form signed by the patient.

____ Other: _____

AURORA HEALTH CENTER-20TH STREET

Staff Member Handling The Above: Margie (Name) Business Office (Department)

Aurora Health Center - Parkway
2906 S. 20th Street
Milwaukee, WI 53215
(414) 385-8800

PATIENT NAME:	Crespo, Elizabeth	**CHART#:**	**000000031645**
DOB:	10/22/1941	**DATE OF VISIT:**	06/21/2005
PROVIDER:	Lewis Chamoy, MD	**VISIT #:**	000026584029
MRN:	000029153566	**DEPT:**	SURG

SUBJECTIVE: Patient with a fractured right small finger.

PHYSICAL EXAMINATION: Has no tenderness over the fracture site. All of the tenderness is in her joint. In flexion, she lacks full flexion.

She is finished with therapy. She still has occasional aching when she bends her finger.

Told to continue soaking her hand in warm water and actively and passively moving her finger and over time this time should improve.

Will see her back as necessary.

Dictating Provider
Lewis Chamoy, MD

/dot
DD: 06/21/2005
TD: 06/22/2005

Doc #: 1354967
Job #:

Copy Sent To:

*

Aurora Health Center - Parkway
2906 S. 20th Street
Milwaukee, WI 53215
(414) 385-8800

PATIENT NAME:	Crespo, Elizabeth	**CHART#:**	**000000031645**
DOB:	10/22/1941	**DATE OF VISIT:**	05/03/2005
PROVIDER:	Lewis Chamoy, MD	**VISIT #:**	000025877979
MRN:	000029153566	**DEPT:**	SURG

SUBJECTIVE: The patient has a fracture of her right small finger. Has good extension but limited flexion. She is still having tenderness in the finger. She is having no other musculoskeletal complaints.

(This is done through a translator.)

PHYSICAL EXAMINATION: The patient's finger is still sore over the PIP joint.

PLAN: She is sent back into therapy for ultrasound and tie downs. Will see her back in a month.

Dictating Provider
Lewis Chamoy, MD

/dot
DD: 05/03/2005
TD: 05/04/2005

Doc #: 1261477
Job #:

Copy Sent To:

*

Aurora Health Center - Parkway
2906 S. 20th Street
Milwaukee, WI 53215
(414) 385-8800

PATIENT NAME:	Crespo, Elizabeth	**CHART#:**	**000000031645**
DOB:	10/22/1941	**DATE OF VISIT:**	01/18/2005
PROVIDER:	Lewis Chamoy, MD	**VISIT #:**	000024355413
MRN:	000029153566	**DEPT:**	SURG

SUBJECTIVE: The patient had a fractured right small finger. It was splinted. It healed. She is still having tenderness and loss of some motion.

She says it hurts when she bends it.

Sent for x-ray.

ADDENDUM: The x-ray of her right small finger shows the fracture has healed. There is a little bit of malunion, which will probably prevent her from getting full extension.

Will put her in therapy. She can have some ultrasound, active and passive range of motion.

Will see her back in a month.

Dictating Provider
Lewis Chamoy, MD

/dot
DD: 01/18/2005
TD: 01/20/2005

Doc #: 751188
Job #:

Copy Sent To:

*

Aurora Health Center - Parkway
2906 S. 20th Street
Milwaukee, WI 53215
(414) 385-8800

PATIENT NAME:	Crepso, Elizabeth	**CHART#:**	**000000031645**
DOB:	10/22/1941	**DATE OF VISIT:**	12/28/2004
ATTENDING:	Lewis Chamoy, MD	**VISIT #:**	000024109737
MRN:	000029153566	**DEPT:**	SURG

SUBJECTIVE: Patient with a fracture of the fifth finger (right hand), proximal phalanx. Has a little angulation on x-ray. It shows the fracture is healed. She said the dressings were wet and she lost her support in her splint.

PLAN:

1. She was told to soak her hand everyday in warm water.
2. Start exercising.

Will see her back in a month.

Dictating Provider
Lewis Chamoy, MD

/dot
DD: 12/28/2004
TD: 12/30/2004

Doc #: 719455
Job #:

Copy Sent To:

*

Aurora Health Center - Parkway
2906 S. 20th Street
Milwaukee, WI 53215
(414) 385-8800

PATIENT NAME:	Crepso, Elizabeth	**CHART#:**	**000000031645**
DOB:	10/22/1941	**DATE OF VISIT:**	12/14/2004
ATTENDING:	Lewis Chamoy, MD	**VISIT #:**	000023841054
MRN:	000029153566	**DEPT:**	SURG

SUBJECTIVE: Patient with a fractured right small finger.

OBJECTIVE: She comes in now with a splint distal. Her MP is straight. Her IP is flexed.

She was advised to have it the opposite way from the translator.

She is having an outrigger splint made for her finger and we will take an x-ray in the splint and see if this is holding it okay.

ADDENDUM: The patient has been wearing the splint improperly. Her PIP is flexed, not her MP joint.

X-ray is taken which shows the fracture is only displaced minimally. She was told for that reason, I would like to continue splinting. She is given the option of an Orthoplast splint which is fiberglass and the daughter says if she has the Orthoplast splint she will take it off, so she is put in a fiberglass splint. Told to wear it two more weeks.

Will see her back at that time and take her cast off and start her on exercises. Post-reduction films are satisfactory. There is still a little dorsal angulation.

Dictating Provider
Lewis Chamoy, MD

/dot
DD: 12/14/2004
TD: 12/16/2004

Doc #: 698504
Job #:

Copy Sent To:

*

Aurora Health Center - Parkway
2906 S. 20th Street
Milwaukee, WI 53215
(414) 385-8800

PATIENT NAME:	Crepso, Elizabeth	**CHART#:**	**000000031645**
DOB:	10/22/1941	**DATE OF VISIT:**	12/07/2004
ATTENDING:	Lewis Chamoy, MD	**VISIT #:**	000023832151
MRN:	000029153566	**DEPT:**	SURG

I have been asked to see this patient by: Lisa Brown.

CHIEF COMPLAINT: Fracture, right hand.

History of Present illness: On 12/03/04 the patient fell, fracturing her right hand. She comes in with x-rays which show a displaced fracture of the base of the proximal phalanx of the right small finger.

Past Medical History, Family Medical History, Social History, Review of Systems:
Please see attached sheet. Reviewed.

Physical Examination:

Constitutional: Vital signs are recorded and reviewed. Patient appears stated age and in no acute distress. Large body habitus.

Psychological: Patient is alert and oriented to time, place, and person. Normal mood and affect.

Skin: Inspection of the extremity: See below.

Cardiovascular/Respiratory: Radial artery pulses present at the wrist. There is no edema present in the extremity. Capillary refill is excellent. Heart is regular. Lungs are clear.

Lymphatic: No palpable epitrochlear lymphadenopathy and no lymphangitis.

Neurologic: No numbness.

Musculoskeletal: The patient has a swollen, ecchymotic right hand with limited motion.

SKIN: The patient has a swollen and ecchymotic hand.

IMPRESSION: Displaced fracture.

RECOMMENDATIONS: Closed reduction with a metacarpal block anesthesia. The patient is reduced and put into a posterior splint. Will see her back in one week and re-xray her. She is told she would need three weeks in the splint.
Copies sent to: Lisa Brown.

ADDENDUM: Post reduction x-rays show satisfactory alignment. She was told she has to keep this taped and reinforced. Will see her back in one week and x-ray her in her splint.

Dictating Provider
Lewis Chamoy, MD

/dot
DD: 12/07/2004
TD: 12/09/2004

Doc #: 686261
Job #:

Copy Sent To:

*

The Medical-Surgical Clinic
AuroraHealthCare®
2400 West Lincoln Avenue • Milwaukee, WI 53215-2599 • Tel: 414/671-7000
9200 West Loomis Road, Suite 116 • Franklin, WI 53132-9665 • Tel: 414/529-9232

Patient Name: _____

	REASON FOR VISIT
Date: 5-3-05 Age: _____ BP: _____ Wt: _____ Ht: _____ Temp: _____ Last Pap: _____ Pulse: _____ Last Mammo: _____ Resp: _____ Last PSA: _____ Are you pregnant? ☐ Yes ☐ No Nurse's Initials: MK	RVT Rev c Dr. Chaney
Date: 6-21-05 Age: _____ BP: _____ Wt: _____ Ht: _____ Temp: _____ Last Pap: _____ Pulse: _____ Last Mammo: _____ Resp: _____ Last PSA: _____ Are you pregnant? ☐ Yes ☐ No Nurse's Initials: RN	here for rev c Dr. Chaney D hand
Date: _____ Age: _____ BP: _____ Wt: _____ Ht: _____ Temp: _____ Last Pap: _____ Pulse: _____ Last Mammo: _____ Resp: _____ Last PSA: _____ Are you pregnant? ☐ Yes ☐ No Nurse's Initials: _____	
Date: _____ Age: _____ BP: _____ Wt: _____ Ht: _____ Temp: _____ Last Pap: _____ Pulse: _____ Last Mammo: _____ Resp: _____ Last PSA: _____ Are you pregnant? ☐ Yes ☐ No Nurse's Initials: _____	

NURSE NOTES

...he Medical-Surgical Clinic

Aurora Health Care®

PROGRESS NOTES

'AME ____________________

12-7-04 Drew up 5cc Marcaine .5% Lot 132403A exp 1-06 &
5cc Xylocaine 2% Lot 304210 exp 4-07 For Dr. Utanoy
To inject into (R) Hand —— MKamz LPN
6-21-05 c/o continued pain & stiffness to (R) Hand
MKamz LPN

St. Luke's Medical Center
Aurora Health Care®
Milwaukee, Wisconsin

ROOM NO.
PATIENT
HOSP. NO.
DOCTOR

CRESPO, ELIZABETH
10/22/1941 00-82-90-42
20333576 63Y F
Chamoy, Lewis
1181

COPY

Aurora Rehabilitation Center

OCCUPATIONAL THERAPY EVALUATION Date: 6/8/05

Diagnosis: (R) SF fx

Injured Hand: (Right) Left Hand Dominance: (Right) Left

		Right	Left
Elbow AROM	Flexion/Extension (0-145)		
Wrist AROM	Flexion (0-80)		
	Extension (0-70)		
	Radial Deviation (0-20)		
	Ulnar Deviation (0-30)		
Forearm AROM	Supination (0-90)		
	Pronation (0-90)		
Fingers AROM			
Index	MP (0-90)		
	PIP (0-110)		
	DIP (0-90)		
Long	MP (0-90)		
	PIP (0-110)		
	DIP (0-90)		
Ring	MP (0-90)		
	PIP (0-110)		
	DIP (0-90)		
Small	MP (0-90)	0-70	0-70
	PIP (0-110)	-20-85	0-90
	DIP (0-90)	0-100	0-40
Thumb	MP (0-70)		
	IP (0-90)		
	Radial Abduction		
	Palmar Abduction		
	Adduction		
	Opposition		

GRIP STRENGTH: (JAMAR DYNAMOMETER MAXIMAL EFFORT GRIP STRENGTH TEST)

Handle Position	R	L
1.	____ lbs.	____ lbs.
2.	45, 40, 40 lbs.*	35, 30, 30 lbs.*
3.	____ lbs.	____ lbs.
4.	____ lbs.	____ lbs.
5.	____ lbs.	____ lbs.
*Normative Range	(37-77) lbs.	(24-66) lbs.

PINCH STRENGTH:

	R	L
Lateral	15, 14, 15 lbs.	14, 15, 15 lbs.
Normative Range	(10-20) lbs.	(10-19) lbs.
Palmar/3 Point:	15, 14, 12 lbs.	14, 13, 14 lbs.
Normative Range	(10-20) lbs.	(10-20) lbs.

Therapist: [signature], OTR Date: 6/8/05

lrotcnam.ms5/96:cbnbk

Aurora Rehabilit[illegible]ion Center

OCCUPATIONAL THERAPY ORDER

2009-03-16-45-A
MRN: 29159566
CRESPO,ELIZABETH
588-21-7146
10/22/1941 63

PATIENT NAME: ____________ DATE: 5/3/2

DIAGNOSIS: ____________

EVALUATION

RANGE OF MOTION
- ☐ Shoulder
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Thumb
- ☐ Finger
  - ☐ Index
  - ☐ Long
  - ☐ Ring
  - ☐ Small

STRENGTH
- ☐ Grip
  - ☐ 5 Level
  - ☐ Rapid Exchange
- ☐ Pinch
  - ☐ Lateral
  - ☐ 3 Point

DEXTERITY
- ☐ Purdue Pegboard

SENSATION
- ☐ Sensory Tracing
- ☐ Monofilament:
  - ☐ Thumb
  - ☐ Index
  - ☐ Long
  - ☐ Ring
  - ☐ Small
- ☐ Two Point
- ☐ Moving Two Point

TREATMENT

EXERCISES
- ☒ AROM
- ☒ AROM (Assisted)
- ☒ PROM
- ☐ Myofascial Release
- ☐ Desensitization
- ☐ Massage
- ☒ Tie-Down
- ☐ Scar Management w/Elastomere

RESISTIVE
- ☐ BTE
- ☐ Dumbbells
- ☐ Gripper
- ☐ Weightwheel
- ☐ Putty

EDEMA CONTROL
- ☐ Edema Control Glove
- ☐ Jobst Glove
- ☐ Coban Wrap

MODALITIES
- ☐ Iontophoresis
- ☐ Phonophoresis
- ☒ Ultrasound
- ☐ Fluidotherapy
- ☒ Paraffin Wax
- ☐ Muscle Stimulation
- ☐ CPM
- ☐ TENS Unit

SPLINTS

STATIC SPLINTS
- ☐ Resting Pan
- ☐ Thumb Spica
  - ☐ Include Wrist
  - ☐ Palm Based
  - ☐ Include IP
- ☐ Wrist Cock-up
- ☐ Ulnar Gutter
- ☐ Radial Gutter
- ☐ Dorsal Blocking
  - ☐ w/Rubber Band Traction
- ☐ IP Extension (Finger Gutter)
- ☐ Joint Jack
- ☐ Safety Pin
- ☐ Long Arm (Ulnar Nerve)
- ☐ Tennis Elbow

SPLINT WEARING TIME
- ☐ At Night
- ☐ Daytime
- ☐ At Work
- ________ Minutes Per Day
- ________ Times Per Day

DYNAMIC SPLINTS
- ☐ Capener
- ☐ Finger Knuckle Bender
- ☐ Reverse Finger Knuckle Bende
- ☐ MP Knuckle Bender
- ☐ MP Flexion
- ☐ MP Extension
- ☐ PIP Flexion
- ☐ PIP Extension
- ☐ Drop-Out Splint
- ☐ Early Extensor Tendon Splint

ARTHROPLASTY
- ☐ MP Extension

DURATION OF THERAPY

3 Times Per Week For 4 Week(s)

RETURN TO WORK SERVICES

- ☐ Employer Contact
- ☐ Impacto Gloves
- ☐ On-Site Job Analysis
- ☐ Functional Capacity Evaluation

____________ M.D.

Form A1598 - 1M © AHC X9428 (Rev. 2/99)

OCCUPATIONAL THERAPY ORDER

J915 3566

AuroraHealthCare Milwaukee, Wisconsin
Aurora Rehabilitation Center
☒ St. Luke's Medical Center ☐ West Allis Memorial Hospital
☐ Sinai Samaritan Medical Center ☐ Hartford Memorial Hospital
☐ Other ☐ The Medical-Surgical Clinic

CRESPO, ELIZABETH 0 3/6
10/22/1941 00-82-90-42
20221901 63Y F
Chamoy, Lewis

1181

ELBOW, WRIST AND HAND INITIAL EVALUATION

☐ P.T. ☒ O.T. Key: NT = Not Tested; N/A = Not Applicable

Diagnosis: (R) SE Radial FX

Subjective/Pain: Now: 8/10 Best: 0/10 Worst: 8/10
Pt reports ↑ pain c AROM.

Precautions: ☐ N/A

Surgery Date: Ø

Dominant Hand: ☒ Right ☐ Left

Observation (Posture, Alignment, Palpation): Rt guarded

Edema ☒ N/A Volumetric Measure: ☐ N/A Right ml Left ml

Location of Measure	Index	Middle	Ring	Small	Thumb	MCP	Wrist	Elbow	
RIGHT	Cm	Cm	Cm	Cm	Cm	Cm	Cm	Cm	Cm
LEFT	Cm	Cm	Cm	Cm	Cm	Cm	Cm	Cm	Cm

Wounds: ☒ N/A ☐ Open ☐ Closed
Scar: ☒ N/A ☐ Adherent ☐ Non-adherent ☐ Sutured ☐ Raised ☐ Drainage ☐ Flattened
Scar Sensitivity: ☒ N/A ☐ Light Touch ☐ Deep Pressure ☐ Mild ☐ Moderate ☐ Severe
Sensation: ☒ NT Reports ↓ sensation Rt finger paresthesias ☐ Mild ☐ Moderate ☐ Severe
2 point discrimination ☐ NT ☐ See attached. Semmes Weinstein ☒ NT ☐ See attached.
Coordination: ☐ NT 9 hole peg Right: ____ secs. (Norm: ____) Left: ____ secs. (Norm: ____)
ROM: Proximal limitation ☒ N/A
☒ All motions WFL except those noted ☐ Only those motions that were assessed are noted

	MOTION	Right ROM Active	Right ROM Passive	Left ROM Active	Left ROM Passive
ELBOW	Flexion				
	Extension				
	Supination				
	Pronation				
WRIST	Flexion	0-50		0-55	
	Extension	0-60		0-70	
	Ulnar Deviation	0-25		0-30	
	Radial Deviation	0-15		0-25	
THUMB	MP Ext / Flex				
	IP Ext / Flex				
	Radial Abduction				
	Palmar Abduction				
INDEX	MP Ext/Flex				
	PIP Ext/Flex				
	DIP Ext/Flex				
	Total Motion				

	MOTION	Right ROM Active	Right ROM Passive	Left ROM Active	Left ROM Passive
MIDDLE	MP Ext / Flex				
	PIP Ext / Flex				
	DIP Ext / Flex				
	Total Motion				
RING	MP Ext / Flex				
	PIP Ext / Flex				
	DIP Ext / Flex				
	Total Motion				
LITTLE	MP Ext / Flex	+10-35		0-60	
	PIP Ext / Flex	-10-70		0-90	
	DIP Ext / Flex	0-40		0-45	
	Total Motion				
	Distal Palmar Crease				
	Opposition				

Limited by: PN = Pain, AD = Adhesion, S = Swelling, ET = Extrinsic Tightness, IT = Intrinsic Tightness

Manual Muscle Test: ☐ N/A ☒ NT ☐ See Attached

Strength	Grip	Lateral Pinch	3 Point Pinch	Tip Pinch
RIGHT	Deferred Lbs.	2° DX Lbs.	Ø ordered Lbs.	by MD Lbs.
LEFT	Lbs.	Lbs.	Lbs.	Lbs.

Additional Comments/Special Tests: Ø

Session Length: 45 min Units Billed: 30 min Eval
Today's Treatment: Tendon glides

Signature: Darren Jones OTR Date 1/24/05

Aurora Health Care* Milwaukee, Wisconsin

CRESPO, ELIZABETH
10/22/1941 00-82-90-42
20221901 63Y F
Chamoy, Lewis
1181

- [ ] Aurora Medical Center, Hartford
- [ ] Aurora Sinai Medical Center
- [x] St. Luke's Medical Center
- [ ] St. Luke's South Shore
- [ ] West Allis Memorial Hospital
- [ ] Other:

OUTPATIENT SUMMARY [ ] Initial Eval. [ ] Update [ ] Discharge

- [ ] Physical Therapy
- [x] Occupational Therapy
- [ ] Speech Therapy

Date of Initial Evaluation: 1/24/05 Date of Onset / Surgery: ~~1/24/05~~ 12/3/04

Primary Diagnosis: (R) SF healed fx Treatment Diagnosis:

Clinical Findings/Assessment: *For initial include:* history, prior and current functional levels, reason for referral. *For update include:* progress toward goals and reasons for continued care.

Pt reports walking outdoors & tripped on a crack stumbling forwards, catching herself c (R) outstretched hand, sustaining (R) SF fx.

Pt had limitations c LE dressing & fasteners prior to injury. She states c/o (R) Hip pain/rib pain.

Assessment:

- [ ] Impaired Gait
- [ ] Impaired Strength
- [ ] Impaired Activity Tolerance
- [ ] Impaired Work / Leisure Tolerance
- [ ] Impaired Balance
- [x] Impaired Joint Motion
- [ ] Impaired Skin Integrity
- [ ] Excessive Scar Tissue
- [ ]
- [ ] Edema
- [ ] Impaired Safety
- [ ] Impaired ADL
- [x] Pain
- [ ] Impaired Cognition /Communication
- [ ] Impaired Posture / Biomechanics
- [x] Muscle Guarding (R) hand/wrist
- [ ] Impaired Swallowing
- [ ] Impaired Voice / Motor Speech
- [ ] Impaired Language

Goals: *(Short term)* Target Date: 6 visits

Patient will:
1. Report of pain @ 4/10 or less c Mom/use.
2. Dem (I) c HEP/Mom exercises to complete light IADLs/HH chores.
3. Dem (I)/ease c lifting glass, writing, opening jar.

Outcome: (Long Term) Target Date: 10 visits

Patient Will:
- [x] 1) Be independent with progressive HEP
2. Report pain at 2/10 or less c use.
3. Address (R) grip/pinch strength c PM
4. 4 (R) hand/SF Mom WNL/Strength & WFL to complete HH chores (sweep, wash dishes) per orders.

Potential for Goal Achievement: [x] Good [ ] Fair [ ] Limited:

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

- 1 Family Support
- __ Motivational Level
- [x] Patient agrees with treatment plan and goals
- __ Weight Bearing Status
- __ Safety Awareness
- __ Activity Tolerance
- = Medical Status
- 2 Cognition / Communication (E) Spanish
- __ Other: family reports head injury / hx forgetfulness

Plan of Care: Skilled training and instruction for:

- [ ] Safety / Risk Factor Management
- [ ] Progressive HEP
- [ ] ADL Training
- [x] Manual Therapy
- [ ] Progressive Gait / Mobility / Stairs
- [ ] Neuromuscular Re-education
- [x] Modalities: US, Fluido
- [x] Therapeutic Exercise / Activities: AROM
- [ ] Postural Re-education
- [ ] Other:
- [ ] Functional Activity Training / Work Simulation
- [ ] Voice / Motor Speech Therapy
- [ ] Communication / Cognition Therapy
- [ ] Swallowing Therapy
- [ ] Other:

Frequency / Duration (e.g. 3x / wk x 4 weeks) 2-3x/wk x 4 wks.

Recommendations: Provider Rx to ↓ pain/↑ functional independence to prior

Therapist Signature: Carmen Ramirez, OTR Date 1/24/05

For Patients with Medicare Only: HICN Number: Provider Number:

Visits from start of care: Certification from: through: Service dates from: through:

I certify the need for these services, furnished under this plan of treatment and while under my care.

Physician Signature: Date

Aurora Rehabilitation Center

2009-03-16-45-A
MRN: 29153544
CREPSO,ELIZABETH
582-31-7146
10/22/1941

OCCUPATIONAL THERAPY ORDER

PATIENT NAME: _____ DATE: 12/14/04

DIAGNOSIS: _____

EVALUATION

RANGE OF MOTION
- ☒ Shoulder
- ☒ Elbow
- ☒ Forearm
- ☒ Wrist
- ☒ Thumb
- ☒ Finger
  - ☒ Index
  - ☒ Long
  - ☒ Ring
  - ☒ Small

STRENGTH
- ☒ Grip
  - ☒ 5 Level
  - ☒ Rapid Exchange
- ☒ Pinch
  - ☒ Lateral
  - ☒ 3 Point

DEXTERITY
- ☒ Purdue Pegboard

SENSATION
- ☒ Sensory Tracing
- ☒ Monofilament:
  - ☒ Thumb
  - ☒ Index
  - ☒ Long
  - ☒ Ring
  - ☒ Small
- ☒ Two Point
- ☒ Moving Two Point

TREATMENT

EXERCISES
- ☒ AROM
- ☒ AROM (Assisted)
- ☒ PROM
- ☒ Myofascial Release
- ☒ Desensitization
- ☒ Massage
- ☒ Tie-Down
- ☒ Scar Management w/Elastomere

RESISTIVE
- ☒ BTE
- ☒ Dumbbells
- ☒ Gripper
- ☒ Weightwheel
- ☒ Putty

EDEMA CONTROL
- ☒ Edema Control Glove
- ☒ Jobst Glove
- ☒ Coban Wrap

MODALITIES
- ☒ Iontophoresis
- ☒ Phonophoresis
- ☒ Ultrasound
- ☒ Fluidotherapy
- ☒ Paraffin Wax
- ☒ Muscle Stimulation
- ☒ CPM
- ☒ TENS Unit

SPLINTS

STATIC SPLINTS
- ☒ Resting Pan
- ☒ Thumb Spica
  - ☒ Include Wrist
  - ☒ Palm Based
  - ☒ Include IP
- ☒ Wrist Cock-up
- ☒ Ulnar Gutter — palm based
- ☒ Radial Gutter
- ☒ Dorsal Blocking
  - ☒ w/Rubber Band Traction
- ☒ IP Extension (Finger Gutter)
- ☒ Joint Jack
- ☒ Safety Pin
- ☒ Long Arm (Ulnar Nerve)
- ☒ Tennis Elbow

SPLINT WEARING TIME
- ☒ At Night
- ☒ Daytime
- ☒ At Work

_____ Minutes Per Day
_____ Times Per Day

DYNAMIC SPLINTS
- ☒ Capener
- ☒ Finger Knuckle Bender
- ☒ Reverse Finger Knuckle Bender
- ☒ MP Knuckle Bender
- ☒ MP Flexion
- ☒ MP Extension
- ☒ PIP Flexion
- ☒ PIP Extension
- ☒ Drop-Out Splint
- ☒ Early Extensor Tendon Splint

ARTHROPLASTY
- ☒ MP Extension

DURATION OF THERAPY

_____ Times Per Week For _____ Week(s)

MP's flexed to tolerance & IP's ext 0°

RETURN TO WORK SERVICES

- ☒ Employer Contact
- ☒ Impacto Gloves
- ☒ On-Site Job Analysis
- ☒ Functional Capacity Evaluation

_____ M.D.

Aurora Health Center - Parkway
2906 S. 20th Street
Milwaukee, WI 53215
(414) 385-8800

PATIENT NAME:	Crespo, Elizabeth	**DATE:**	01/18/2005
DOB:	10/22/1941	**VISIT #:**	000024405878
PROVIDER:		**SOC SEC#:**	582-21-7146
MRN:	000029153566	**DEPT:**	Diagnostic Imaging
CHART#:	**000000031645**		

ORDERING PROVIDER: CHAMOY

RAD EXAM: RIGHT FIFTH FINGER

FINDINGS: Comparison is made with the study of December 28, 2004. Essentially no change in the position or alignment at the fracture site at the base of the proximal phalanx. Some interval osseous healing is suggested.

Dictating Provider
Petre I. Wecsler, MD

PIW/ajk
DD: 01/19/2005
TD: 01/19/2005

Doc #: 749468
Job #: 000002747

Copy Sent To:
Lewis Chamoy, MD

Aurora Health Center - Parkway
2906 S. 20th Street
Milwaukee, WI 53215
(414) 385-8800

PATIENT NAME:	Crepso, Elizabeth	**DATE:**	12/28/2004
DOB:	10/22/1941	**VISIT #:**	000024110405
ATTENDING:		**SOC SEC#:**	582-21-7146
MRN:	000029153566	**DEPT:**	Diagnostic Imaging
CHART#:	**000000031645**		

ORDERING PROVIDER: CHAMOY

RAD EXAM: RIGHT FIFTH FINGER

FINDINGS: Comparison is made with the study of December 14, 2004. The cast has been removed. No change in the position or alignment at the fracture site of the proximal phalanx.

Dictating Provider
Petre I. Wecsler, MD

PIW/ajk
DD: 12/29/2004
TD: 12/29/2004

Doc #: 716521
Job #: 000006497

Copy Sent To:
Lewis Chamoy, MD

Aurora Health Center - Parkway
2906 S. 20th Street
Milwaukee, WI 53215
(414) 385-8800

PATIENT NAME:	Crepso, Elizabeth	**DATE:**	12/14/2004
DOB:	10/22/1941	**VISIT #:**	000023897703
ATTENDING:		**SOC SEC#:**	582-21-7146
MRN:	000029153566	**DEPT:**	Diagnostic Imaging
CHART#:	**000000031645**		

ORDERING PROVIDER: Lewis Chamoy, MD

RAD EXAM:

FIFTH DIGIT RIGHT HAND (DECEMBER 7, 2004)

The 4th and 5th digits are buddy taped, and a posterior splint is present.

There is an obliquely orientated fracture involving the proximal aspect of the proximal phalanx of the fifth digit. A slight amount of overriding of the fragments is present. The examination is otherwise unremarkable.

FIFTH DIGIT RIGHT HAND (DECEMBER 14, 2004)

Since last week's examination, no remarkable interval change is identified. The fracture involving the proximal phalanx of the fifth digit is once again seen, and it's overall position and alignment appears stable.

Dictating Provider
August Rymut, MD

AR/ljh
DD: 12/15/2004
TD: 12/15/2004

Doc #: 695095
Job #: 000002570

Copy Sent To:
Lewis Chamoy, MD

Aurora Health Center - Parkway
2906 S. 20th Street
Milwaukee, WI 53215
(414) 385-8800

PATIENT NAME:	Crepso, Elizabeth	**DATE:**	12/07/2004
DOB:	10/22/1941	**VISIT #:**	000023840100
ATTENDING:		**SOC SEC#:**	582-21-7146
MRN:	000029153566	**DEPT:**	Diagnostic Imaging
CHART#:	**000000031645**		

ORDERING PROVIDER: LEWIS CHAMOY, MD

RAD EXAM: RIGHT FIFTH FINGER

FINDINGS: Comparison is made with the examination from December 3, 2004 from St. Francis Hospital.

Once again, there is a fracture within the proximal third of the middle phalanx. No significant change in the position or alignment at the fracture site.

pw

Dictating Provider
Petre I. Wecsler, MD

PIW/dmr
DD: 12/08/2004
TD: 12/08/2004

Doc #: 683022
Job #: 000000307

Copy Sent To:
Lewis Chamoy, MD

Aurora Health Center

2906 South 20th Street
Milwaukee, WI 53215-3732
T (4' ... 8868

Aurora Occupational Health Services

NAME 2009-081645A MRN:29153566 CREPSO,ELIZABETH 388-31-7146 10/22/1941

ADDRESS

AGE

DATE 12/7/09

℞

V/ codin 30 1 po qid prn

REFILL 2 TIMES

M.D.

DEA REG. NO.

Form A1595P - 10M AHC 18047A.i (Rev. 09/01) Front

Aurora Health Center

Occupational Health Services
2906 South 20th Street
Milwaukee, WI 53215

T (414) 385-8860 (Occ Med)
F (414) 385-8868 (Occ Med)
T (414) 385-8850 (Drug Screen)
F (414) 385-8858 (Drug Screen)
www.AuroraHealthCare.org

PATIENT HISTORY INFORMATION

Patient Name Elizabeth Crespo Date of Birth Oct. 22-41

Occupation _____ Marital Status divorce

Are you right or left-handed? (Right) / Left (circle one)

Current Symptoms/Complaints: broken finger FU

Duration of symptoms / Date of Injury: 12-3-04

Please list all current medications including aspirin, prescription and non-prescription medications:

Atenolol 100 m. Lupitor, Ranitidine, aspirin
Ibuprophen, paxil

Please list all previous surgeries, serious illnesses and/or injuries:

High blood pressure, Depresion and heart pacemaker

Please list all allergies, including food, drugs, latex, adhesives etc:

none

Have you ever had problems with anesthesia? ____Yes ✓ No
If yes, please explain: _____

Do you use, or have you ever used tobacco? ✓ Yes ____No Amount per day 10

Do you drink alcohol? ____Yes ✓ No Amount per day ____

Do you consume caffeine? ✓ Yes ____No Amount per day coffee (2 cups)

Do you use, or have you ever used drugs for recreational or non-prescribed purposes?

____Yes ✓ No What type ____ How much ____ Last used ____

Patient Name Elizabeth Crespo

Do you currently have, or have you ever had and of the following: (circle YES or NO)

Cancer (when/what type)	YES	NO	
RESPIRATORY:			
Respiratory/Breathing Problems	YES	NO	
Asthma/Shortness of Breath	YES	NO	
Tuberculosis/Pneumonia	YES	NO	
CARDIOVASCULAR:			
Heart Disease	YES	NO	
High Blood Pressure	YES	NO	
Chest Pain	YES	NO	
HEMATOLOGICAL:			
Blood Disorders/Anemia/Blood Clots	YES	NO	
GI:			
Hepatitis/HIV	YES	NO	
Stomach Disorders/Ulcer	YES	NO	
Liver Disease	YES	NO	
GU:			
Urinary/Kidney Disorders Frequency	YES	NO	
Genital Problems/Disease	YES	NO	
NEUROLOGICAL:			
Nerve Disorders	YES	NO	
Mental Health Disorders	YES	NO	Depresion
Weakness/Numbness/Tremors	YES	NO	
Headaches	YES	NO	
Seizures	YES	NO	
Stroke	YES	NO	
ENDOCRINE:			
Diabetes	YES	NO	
Thyroid Disease	YES	NO	
INTEGUMENTARY:			
Skin Disease	YES	NO	
ENT:			
Ear/Nose/Throat/Eye Problems	YES	NO	
MUSCULOSKELETAL:			
Muscle/Bone Problems	YES	NO	Arthritis
Osteoporosis	YES	NO	
Arthritis	YES	NO	

Do any of your blood relatives have a history of any of the above? ____No ____Yes Explain:
Mom, Dad.

E.C.R. Elizabeth Crespo 12-7-04
Patient Signature Date

Reviewed By 12/21
Reviewed By Date