Davis & Gelshenen LLP

Daniel S. Davis
John J. Gelshenen, Jr.

Robert B. Corris, S.C. *Of Counsel*
(affiliated, not a partnership)

735 North Water Street, Suite 1440
Milwaukee, Wisconsin 53202
414.271.1000/tel
414.272.8050/fax

May 9, 2003

Milwaukee City Clerk
200 East Wells St.
Room 205
Milwaukee, WI 53202

Re: Our Client: Ibrahim Mohamed
C.I. File No: 02-V-169

Dear Clerk:

Please consider this letter an appeal of the City Attorney's decision to deny the above referenced claim and a formal request for a hearing on this matter.

If you have any questions, please feel free to contact me.

Very Truly Yours,

Daniel S. Davis

DSD/cjk

CITY OF MILWAUKEE
2002 NOV 20 AM 9:15
RONALD D. LEONHARDT
CITY CLERK

NOTICE OF INJURY

To: City of Milwaukee
City Clerk's Office
Milwaukee City Hall
Room 205
200 East Wells Street
Milwaukee, WI 53202

Rupert A. Reilly
749 West State Street
Milwaukee, WI 53233

Claimant's Name: Ibrahim A. Mohamed
4621 W. Mill Road
Milwaukee, WI 53218

Date of Occurrence: October 9, 2002

Location of Occurrence: Intersection of North 43rd Street and West Good Hope Road in the City of Milwaukee, Wisconsin

PLEASE TAKE NOTICE, pursuant to Wisconsin Statute 893.80, that on October 9, 2002, Ibrahim Mohamed, residing at the above address, was traveling northbound on North 43rd Street when Rupert Reilly, operating a police squad vehicle owned by the City of Milwaukee, drove into the intersection at 43rd Street and Good Hope Road against the red light causing Mr. Mohamed's vehicle to collide with the police squad vehicle. The police squad vehicle did not have its emergency siren on. As a result of the accident, Ibrahim Mohamed sustained injuries and damages.

Liability for Mr. Mohamed's injuries and damages is attributed to the City of Milwaukee pursuant to theory of respondeat superior, in that they arise out of the acts of their employees, in this case Rupert Reilly.

CITY OF MILWAUKEE
RECEIVED
02 NOV 20 PM 3:38
OFFICE OF
CITY ATTORNEY

Dated at Milwaukee, Wisconsin this 14th day of November, 2002.

DAVIS & GELSHENEN LLP
Attorneys for Ibrahim A. Mohamed

By: _____
Daniel S. Davis
WI Bar No. 1023958

Davis & Gelshenen LLP
735 North Water Street
Suite 1440
Milwaukee, WI 53202
Tel: 414.271.1000
Fax: 414.272.8050

4/3/03
(014) 9:35 A

NOTICE OF CLAIM

To: City of Milwaukee
City Clerk's Office
Milwaukee City Hall
Room 205
200 East Wells Street
Milwaukee, WI 53202

CITY OF MILWAUKEE
2003 APR -3 AM 9:39
RONALD D. LEONHARDT
CITY CLERK

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4621 W. Mill Road
Milwaukee, WI 53218

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Liability for Mr. Mohamed's injuries and damages is attributed to the City of Milwaukee pursuant to theory of respondeat superior, in that they arise out of the acts of their employees, in this case Rupert Reilly.

Please be further advised that as a result of the aforementioned negligence, Ibrahim Mohamed suffered physical injuries, and has incurred medical bills and other special damages as follows:

1. Paratech Ambulance: $ 542.08

CITY OF MILWAUKEE
RECEIVED
2003 APR -3 PM 3:43
OFFICE OF
CITY ATTORNEY

2.	Froedtert Hospital:	$ 4,135.08
3.	Medical College of Wisconsin:	$ 620.00
4.	Alpha Medical Clinic:	$ 239.73
5.	St. Michael's Hospital:	$ 1,604.50
6.	Walgreens:	$ 60.41
7.	Wage Loss:	$ 284.40
8.	Property Damage:	$ 6,500.00

Other Damages:

Pain, Suffering and Disability:	$ 25,000.00
TOTAL DAMAGES:	$ 38,986.20

Please send written acknowledgment of this notice of claim.

Dated at Milwaukee, Wisconsin this 28th day of March, 2003.

DAVIS & GELSHENEN LLP
Attorneys for Ibrahim A. Mohamed

By: _____
Daniel S. Davis
WI Bar No. 1023958

Davis & Gelshenen LLP
735 North Water Street
Suite 1440
Milwaukee, WI 53202
Tel: 414.271.1000
Fax: 414.272.8050

CERTIFICATION OF MEDICAL RECORDS

PATIENT: Ibrahim Mohamed

I, Virginia Mike, Records Custodian of Medical Records at PARATECH AMBULANCE SERVICE, INC., hereby certify that the documents annexed hereto and consisting of 3 pages, constitute an accurate, legible and complete duplication of our medical records regarding the above-named patient, covering the dates of:

10/09/02.

Virginia Mike
Medical Records Custodian

12/17/02
Date

PARATECH AMBULANCE SERVICE, INC.
P.O. Box 240076
9401 W. Brown Deer Rd.
Milwaukee, WI 53224-9004
414-365-8900
Fax: 414-365-3889

MILWAUKEE
WI 53223

1-800-378-7768
358-1111

WISC. ID.
#60-10990

Paratech AMBULANCE SERVICE

From: St. ,1 | Trip# 58A

Date Incident Reported Mo./Day/Year	Type of Dispatch	Responding Unit #	Road Cond.	Run#
10.9.02	☒ Emer. ☐ Non-emer. ☐ Downgraded ☐ Upgraded ☐ Still ☐ Sched.	110	☐ Snow ☐ Ice ☐ Rain ☐ Fog ☐ Overcast ☒ Clear	21617

(Use Military Time)

Pt. Det.	Call Rec.	En Route	At Scene	At Pt.	Lv. Scene	At Dest.	In Service
1853	1854	1854	1857	1858	1917	1937	2001

RESPONSE

Crew Member License #
1. Petrarca 303248
2. Hellman 301813
3. Ø
4. Ø

Location Type: ☐ Airport ☐ Clinic/Medical ☐ Educational Inst. ☐ Farm ☒ Highway/Street ☐ Home/Residence ☐ Hospital ☐ Industrial ☐ Mine/Quarry ☐ Nursing Home ☐ Public Building ☐ Public Outdoors ☐ Recreational/Sport ☐ Residential Inst. ☐ Restaurant/Bar ☐ Waterway ☐ Unspecified ☐ Other

Response Type: ☐ Mutual Aid ☐ Intercept ☒ Response To Scene ☐ Scheduled Transfer ☐ Standby ☐ Unscheduled Interfacility Transfer ☐ Unknown ☐ NA

Incident Address / Facility Name	RM/Unit	County	Mileage End	Begin	Total
43rd / Good Hope		MKE	13.5	0.0	13.5

Destination Address / Facility Name ☐ No Transport	RM/Unit	County	Diverted, Why?	Reason For Transport
FMLH	ER	MKE		☒ Pt/Fam ☐ MD ☐ Insurance ☐ Closest ☐ Special Need

DEMOGRAPHICS

Patient Name (Last, First, MI)	Address	City	State	ZIP Code	PHONE
Mohamed Ibrahim A.	4621 W. Mill Rd.	MKE	WI		414 358-8722

Date of Birth	Age	Weight	Gender	Race	Personal Physician
01/01/66	36		☒ Male ☐ Female	☐ White ☐ Hispanic ☐ Asian/Pacific Islander ☒ Black ☐ American Indian/Alaska Native ☐ Other ☐ Unknown	☒ NA

Emergency Contact Name (Last, First, MI)	Relationship	Address	City	State	ZIP Code	Phone
Lacking Mohamed Loraya	(wife)					( )

INSURANCE

Social Security # Patient	Social Security # Emer Cont.	Employer	Address	City	State	ZIP Code	Phone
255 95 5702		☐ NA					( )

MEDI-CARE # T-18	Insurance Name	Policy Number	Group Number	☐ NA

MEDI-CAID # T-19	HMO	Insurance Name	Policy Number	Group Number	☐ NA	Work Related Injury ☐ Yes ☐ No

HISTORY

Signs/Symptoms: ☐ Abdom Pain ☒ Back Pain ☐ Bloody Stool ☐ Bleeding ☐ Breathing Difficulty ☐ Cardiac Arrest ☐ Chest Pain ☐ Choking ☐ Diarrhea ☒ Dizziness ☐ Ear Pain ☐ Eye Pain ☐ Fever/Hyperthermia ☐ Headache ☐ Hypertension ☐ Hypothermia ☐ Nausea ☐ Numbness ☐ Paralysis ☐ Palpitations ☐ Pregnancy/Childbirth ☐ Respiratory Arrest ☐ Seizures/Convulsions ☐ Syncope ☒ Trauma ☐ Unresp./Unconscious ☐ Vaginal Bleeding ☐ Vomiting ☐ Weakness ☐ None ☐ Unknown ☒ Other See C.C.

Medical History ☐ None: Sinus Problems

Allergies ☐ Latex: -NKDA-

Patient's Current Medications/Dose: ☒ None

Pre-Existing Medical Condition: ☐ Asthma ☐ Cancer ☐ Cardiac ☐ Chronic Renal Failure ☐ Chronic Respiratory Failure ☐ CVA/TIA ☐ Diabetes ☐ Emphysema ☐ Gastrointestinal ☐ Headaches ☐ Hepatitis ☐ Hypertension ☐ Hypotension ☐ Psychiatric Problem ☐ Seizure/Convulsions ☐ Substance Abuse ☐ Sickle Cell ☐ Tracheostomy ☐ Tuberculosis ☐ Other ☒ None ☐ Unknown

Last Oral Intake:

ASSESSMENT

Poor Range of Motion

Chief Complaint/ONSET: Neck + Extremity pn (L) wrist (R) Leg

Cause of Injury: MVA

Level Of Consciousness: Initial ☒ A - Alert x3 ☐ V - Verbal ☐ P - Pain ☐ U - Unresponsive; Oriented ☒ Person ☒ Place ☒ Time

Behavior/Mental Status: ☒ Normal ☐ Usually Confused ☐ Incoherent ☐ Intermittent Consc. ☐ Mental/Psych ☐ Confused ☐ Slurred Speech ☐ Combative ☐ Other

Initial Vitals: ☐ Lying ☐ Sitting ☐ Standing

Respirations Effort: 1. Normal 2. Increased, Not Labored 3. Increased, Labored 4. Decreased, Fatigued 5. Assisted 6. Not Assessed

Time/Init	B/P	Pulse Rate	Pulse Qual	Resp Rate	Resp Effort
1916 TH	164/78	132	☒ Reg ☐ Irr	16	1
1932 TH		116	☒ Reg ☐ Irr	12	1
			☐ Reg ☐ Irr		

Skin: Temp ☒ Normal ☐ Cold ☐ Cool ☒ Warm ☐ Hot; Moisture ☒ Normal ☒ Dry ☐ Moist ☐ Diaph; Color ☒ Normal ☐ Cyanotic ☐ Pale ☐ Cherry ☐ Flushed ☐ Jaundice ☐ Ashen

Temp. ____ ☐ PO ☐ Ax ☐ R ☐ Ear

Capillary Refill ☐ Normal ☐ Delayed

Eyes: ☒ PERL; R Prothesis L; R Reactive L; R Nonreactive L; R Constricted L; R Dilated L; R Blind L; R Cataracts L; R Glaucoma L

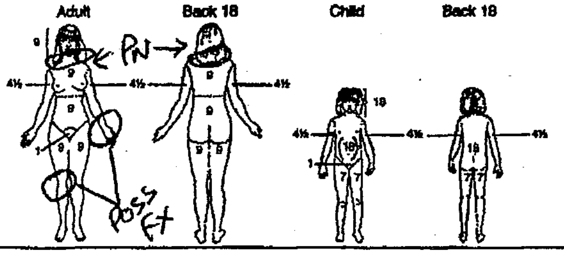
Breath Sounds: R Wheeze L; (R) Clear (L); R Wet L; R Decreased L; R Absent L; R Stridor L

Breath Quality: (R) Normal (L); R Shallow L; R Ch/Stokes L; R Labored L

Pain: ☐ N/A
Provoke
Quality ☐ Sharp ☒ Dull ☐ Cramp ☐ Crushing ☒ Constant
Radiate ☐ No ☒ Yes
Where
Severity (1 to 10) 8
Time Since Onset ☐ 0-15 Min. ☒ 15-60 Min. ☐ 1-12 Hour ☐ 12-24 Hour ☐ Other

PHYSICAL EXAM

☐ N/A



DESCRIPTION

		1 PAIN	2 AMPUTATION	3 BLUNT/BRUISE	4 BURN	5 CRUSH	6 DISLOCATION/FX	7 GUNSHOT	8 LACERATIONS/ABRAS	9 PUNCTURE/STAB	10 SOFT TISSUE EDEMA
EXTERNAL	A										
HEAD/FACE	B										
NECK	C	X									
BACK	D										
THORAX	E										
ABDOMEN	F										
SPINE	G										
UPPER EXTREMITY (L) / R	H						X				
LOWER EXTREMITY L / (R)	I						X				
UNSPECIFIED	J										

Name: Mohamed Ibrahim	Date: 10 / 09 / '02	Trip # 584	Run # 21617

CRASH

Motor Vehicle Crash ☐ N/A
P = Patient Location in Vehicle
X = Location of Damage to Vehicle

Type: ☐ ATV ☐ Car [x] Van ☐ Truck ☐ Aircraft ☐ Semi ☐ Bus ☐ Motorcycle ☐ Snowmobile ☐ Watercraft

Exterior Damage ☐ N/A: ☐ None ☐ Minor [x] Moderate ☐ Major ☐ Rollover

Interior Damage ☐ N/A: [x] None ☐ Spidered Window ☐ St. Wh. Bent ☐ Compart. Intrusion ☐ Patient Ejected

Restraints ☐ N/A: (Y) Airbag N — Deployed; (Y) Lap Belt N; (Y) Shoulder Belt N; Y Child Seat (N)

Safety Equipment ☐ N/A: [x] None ☐ Helmet ☐ Eye Prot. ☐ Prot. Clothing ☐ Float. Dev. ☐ Unknown

INCIDENT DESCRIPTION

Procedure or Treatment ☐ N/A — Crew Member # From Front Page—1, 2, 3, etc.

☐ Adv. Airway (Combi.) ☐ Assisted Ventilation; 1,2 [x] Backboard; ☐ Bleeding Control; ☐ Burn Care; ☐ Endotracheal Intubate; 1,2 [x] Cervical Immobilize; ☐ DNR Protocol; ☐ CPR; ☐ Epi Admin; ☐ External Defib.; ☐ Glucose Admin.; ☐ I.V. Catheter/Fluids; ☐ MAST; ☐ Nasopharyngeal Airway; 2 [x] Vital Signs; ☐ Splint of Extremity; ☐ Traction Splint; ☐ BVM; ☐ Vent. Assist; ☐ Obstetric Care/Delivery; ☐ ~~Oropharyngeal Airway~~; 2 [x] O2 By Mask/~~Cannula~~ 3 LPM for neck/back px

Cause of Injury ☐ N/A: ☐ Aircraft Related ☐ Athletic Event ☐ Bicycle Crash ☐ Bite ☐ Chemical Exposure ☐ Child Battering ☐ Drowning ☐ Drug Poison ☐ Electrocution (Non-Light) ☐ Excessive Cold ☐ Excessive Heat ☐ Fall ☐ Fire/Flames ☐ Firearm Self-Inflicted ☐ Firearm Accidental ☐ Firearm Assault ☐ Lightning ☐ Machinery Injury ☐ Mechanical Suffocation ☐ Motor Vehicle (Non-Traff.) [x] Motor Vehicle (Traffic) ☐ Pedestrian Traffic ☐ Physical Assault ☐ Poison, Not Drugs ☐ Radiation Exposure ☐ Rape ☐ Smoke Inhalation ☐ Stabbing/Assault ☐ Stings (Plant/Animal) ☐ Water Transport Incident ☐ Unknown ☐ Other

Provider Impression ☐ N/A: ☐ Abd. Px/Problems ☐ Airway Obstruction ☐ Allergic Reaction ☐ Altered L.O.C. ☐ Behavioral/Psych ☐ Cardiac Arrest ☐ Cardiac Rhythm. Disturb. ☐ Chest Pn. Discomfort ☐ Diabetic Symptoms ☐ Electrocution ☐ Hyperthermia ☐ Hypothermia ☐ Hypovolemia/Shock ☐ Inhalation Injury ☐ Intoxication ☐ Obvious Death ☐ Poison/Drug Injestion ☐ Pregnancy/Ob Delivery ☐ Respiratory Arrest ☐ Respiratory Distress ☐ Seizure ☐ Sexual Assault/Rape ☐ Toxic Smoke Inhalation ☐ Stings/Bites ☐ Stroke/CVA ☐ Syncope/Fainting [x] Traumatic Injury ☐ Vaginal Hemorrage ☐ Unknown [x] Other — See C.C. ☐ GI Bleed ☐ Headache ☐ Hypertension

CPR Provider [x] N/A: ☐ Bystander ☐ First Responder Unit ☐ EMS Unit ☐ Unknown

ADVANCED SKILLS (section marked N/A)

CPR [x] NA — Start Time ____ Discontinue ____
Witnessed Arrest [x] NA — ☐ Yes ☐ No; Time ____; ☐ Machine Error
Advanced Skills [x] NA — ☐ Advanced Airway ☐ Combi. ☐ Intub. ☐ Assist Inhaler ☐ Assist Nitro ☐ Defib Protocol ☐ Epi Administration ☐ Monitor Only
ALS Arrives [x] NA — Eng/Med ____ Time ____
EKG Interpetation [x] NA — Initial Rhythm ____ ☐ Shock ☐ No Shock; Time ____
Pt. Outcome [x] NA — ☐ Expire At Scene ☐ Admit To ICU / CCU ☐ Unknown

Defibrillation — Time / Joules / By Whom / Outcome (blank, crossed out)
☐ Epi ☐ Nitro ☐ Inhaler — By — Time — ☐ Adult Dose ☐ Child Dose — Repeat X (crossed out)
Medical Control Contact [x] NA — Physician Name — Time

Advanced Airway • Airway Condition — Time / By Whom / Placement: ☐ Eso. ☐ Trach. ☐ E ☐ T ☐ E ☐ T / Outcome: ☐ Succ. ☐ Unsuc. ☐ Succ ☐ Unsuc. ☐ Succ ☐ Unsuc.
☐ Epi ☐ Nitro ☐ Inhaler — By — Time — ☐ Adult Dose ☐ Child Dose — Repeat X
Medical Control Contact [x] NA — Physician Name — Time

MISCELLANEOUS

Incident Disposition ☐ NA

Treated/Transported by EMS — Destination Type - AND - Destination Determination: ☐ Home/Residence ☐ Police/Jail ☐ Medical Office/Clinic ☐ Skilled Nursing Facil. [x] Hospital -E.D. ☐ Hospital -D.A. ☐ Morgue ☐ Other ☐ Closest Facility ☐ Diversion ☐ Law Enforce. Choice ☐ Managed Care ☐ On Line Med. Direction ☐ Patient/Family Choice ☐ Patient/Phys. Choice ☐ Protocol [x] Specialty Center

Treated/Transferred Care [x] NA — ☐ To Aero-Medical Unit ☐ To ALS Unit ☐ To BLS Unit ☐ To Law Enforcement

Treat./No Trans. w/ Rel. of Liab. [x] NA — ☐ Treat./Trans. by Priv. Veh. ☐ Treat./Trans. by Other Means ☐ Treated and Released ☐ Patient Refused Care

No Treat. Needed [x] NA — ☐ Dead at Scene ☐ Canceled Enroute ☐ Unknown ☐ No Patient Found

Exposure incident (Type?) [x] NA

Lights And Siren During Transport: ☐ N/A — [x] Non-Emergent., No Lights or Siren ☐ Emergent., Lights and Siren ☐ Initial Emergent., Downgrade To No Lights and Siren ☐ Initial Non-emergent., Upgrade To Lights and Siren

[x] **Patient Restrained** How? Cot Straps / Longboard

Other Services on Scene ☐ NA — [x] Police MPD [x] Fire E9 ☐ Sheriff ☐ Other ☐ None ☐ Physician ☐ First Responder

Arrival Status: [x] Unchanged ☐ Better ☐ Worse ☐ DOA ☐ Unknown

PPE Used: [x] Gloves ☐ Gown ☐ Goggles ☐ Mask ☐ Other

Facility Notified By: ☐ NA [x] Radio ☐ Phone ☐ Unable* ☐ No Need* ☐ Direct ☐ EKG Telemetry *Explain ____

[x] NA — E.D. Physician: ____ Time Report Received: ____ By: (2)

NARRATIVE

Pt. is 36 y/o ♂ c̄ C.C. of traumatic inj. 2° to MVA. Pt. A&O x3. Pt. stated does not remember collision (Evidence of LOC) Ø altered levels of concn, however, Pt. states px in neck, (L) wrist, and (R) leg. ~~Ø obvis~~ Ø obvious gross deformities, bleeding, or bruising found on exam. Full trauma assessment performed. Ø JVD - trach midline - Ø crepitus - mandibular tenderness - Ø px in abd. (soft) on palpation. Visual not performed on (L) wrist / (R) leg due to pro-splints by MFD on pt. before Paratech arrival. Pt. stated he pulled out from green light when struck by MPD vehicle traveling in emergency mode. Speed est. at 40 mph during collision. Pt stated was wearing seat belt c̄ airbag & deployment. Ø compartment intrusion - Ø spidered windshield - ~~Airbag used~~. Pt fully immobilized ~~for~~ spinal precautions. Pt placed on O2 at 3 LPM via N.C. for neck px. CMS good x4. Pt. stated tingling in (L) wrist. Pt. tx on cot/longboard - supine → FMLH trauma room C. Ø change in pt status.

Signature: # 302813 — 303248

Received By: Trauma Team

[redacted]

Paratech AMBULANCE SERVICE

. . . help is on the way

(414) 365-8900

RUN NUMBER: 02 - 21617
DATE OF CALL: 10/9/2002
TIME OF CALL: 18:53
CALLER:

IBRAHIM A. MOHAMED
4621 W MILL RD
MILWAUKEE, WI 53223

FROM: W GOOD HOPE RD & N 43RD S
TO: FROEDTERT EAST

PRIMARY PAYOR: WPS INSURANCE 255-95-5702
SECONDARY PAYOR: PRIVATE PAY

DESCRIPTION OF CHARGES	QUANTITY	UNIT PRICE	AMOUNT
BASE RATE	1	336.00	336.00
MILEAGE	14	8.76	122.64
OXYGEN	1	33.00	33.00
CANNULA	1	2.70	2.70
C-COLLAR	1	22.88	22.88
GLOVES/PAIR	4	1.62	6.48
HEAD IMMOBILIZER/CID	1	13.43	13.43
LINENS	1	4.95	4.95
TOTAL CHARGES THIS CALL			542.08

DESCRIPTION OF CREDITS	CHECK #	PAID DATE	PAID BY	AMOUNT
Payment-Check		11/22/2002	WPS INSURANCE	204.94
TOTAL CREDITS THIS CALL				204.94

PAYMENT DUE BY: 01-16-2003 **PLEASE PAY THIS AMOUNT 337.14**

Your account is 30 days past due. Please remit.

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

PATIENT NAME: MOHAMED, IBRAHIM A.
PATIENT SSN: 255-95-5702
TRIP NUMBER: 02 - 21617
DATE OF SERVICE 10/9/2002
CURRENT DATE: 12/17/02
AMOUNT ENCLOSED: $
PAYMENT DUE BY: 01-16-2003

Patient Notice: You are receiving this bill for one of the following reasons: Ambulance service is not a covered benefit; Balance after insurance payment (deductible or coinsurance); No response from insurance; We have no insurance information on file; or, Your insurance company is requesting additional information from you in order to process claim. Please remit payment. If you have any questions please call our Customer Service Dept at 1-414-365-8900 Ext. 4 or contact your insurance company.

Froedtert Memorial
Lutheran Hospital
9200 West Wisconsin Avenue
Milwaukee, WI 53226-3596

Froedtert Hospital

Froedtert &
Community Health

414-805-3000
www.froedtert.com

HOSPITAL RECORD CERTIFICATION

I, DIANE TOLAVASEK, Custodian of the medical records of Froedtert Memorial Lutheran Hospital, do hereby certify that the photographic copy of the medical record of Ibrahim Mohamed, born 1.1.66 covering the period from 10.9.02 to 10.10.02, has been compared with original medical records on file with Froedtert Memorial Lutheran Hospital, Medical Record Department, and the photographic copy is, to the best of my knowledge, a complete, legible and accurate duplicate of said medical records, except as outlined here: (If No Exceptions, Type, "NONE")

NONE

SIGNED: Diane ToDavasek, RHIT

DATE: 1-6-03

Court Case Number: —
Hospital Number: 09.00.19.28

Revised 10-02

FROEDTERT MEMORIAL LUTHERAN HOSPITAL

MRUN: 09-00-19-28 **Account #:** 312093644
Pt Type: OUTPATIENT **NU/Rm/Bd:** **Registrar:** DA **Privacy Code:**
Service: ETR-E **MSP:** **Legal Guardian:** N
Priority: EMERGENCY **COA Expiration Date:** 01/01/2001
Source: EMERGENCY ROOM **Visit Dept:**
Admit D/T: 10/09/2002 @ 1947 **Disch D/T:**

PATIENT INFORMATION

Name: MOHAMED,IBRAHIM **Title:** **SS#:** 255-95-5702
Address: 4627 W MILL RD **DOB:** 01/01/1966
C/S/Z: MILWAUKEE, WI 53223 **Age:** 36Y **Ins Card Dt:**
County: MILWAUKEE **Sex:** M **Accdnt:** 01 10/09/2002
Home Phone: 414-358-8777 **Race:** BLACK
Marital Status: MARRIED **Religion:** MUSLIM ISLAMIC
Employer: UNKNOWN **Work Phone:**
Employer Address: **Emp Status:** UNKNOWN **Emp Info:** AP
C/S/Z: **Occup:** **Emp Code:** 177

GUARANTOR INFORMATION

Guar Name: MOHAMED,IBRAHIM **Rel to Pt:** PATIENT
Guar Address: 4627 W MILL RD **Guar Emp:** UNKNOWN
C/S/Z: MILWAUKEE, WI 53223 **Empl Add:**
Guar Phone: 414-358-8777 **C/S/Z:**
Guar SS#: 255-95-5702 **Empl Phone:**

FINANCIAL INFORMATION

Insurance #1: (N) N0986-WPS (PPO)
Policy Holder: MOHAMED,IBRAHIM
Rel to Pt: PATIENT IS INSURED
Policy #: 255955702
Ins #1 Add: PO BOX 8190
C/S/Z: MADISON, WI 53708-8190
Phone #: 800-221-5313 **Emp Sts:** UNKNOWN
PreCert Phone #: 800-333-5003
Eff Date: 10/09/2002
Auth #:
Group Name: UNKNOWN
Group #: 150000 01133 **Emp Cd:** 177
Insurance #3:

Insurance #2: (N) SP004-SELF PAY
Policy Holder: MOHAMED,IBRAHIM
Rel to Pt: PATIENT IS INSURED
Policy #:
Ins #2 Add: UNKNOWN
C/S/Z: UNKNOWN, WI 99999
Phone #: **Emp Sts:** UNKNOWN
PreCert Phone #:
Eff Date:
Auth #:
Group Name:
Group #: **Emp Cd:** 177
Insurance #4:

NEXT OF KIN

Name: NONE,GIVEN **Relationship:** OTHER
Home Phone #: **Work Phone #:**

NOTES ON FILE

PHYSICIAN/DIAGNOSIS INFORMATION

Adm Dx: MVA
Admit MD: SWOBODA,THOM **Attnd MD:** SWOBODA,THOM **PC MD:** NONE,GIVEN
Patient's Reason for Visit: -
Comments:

ASSEMBLE	ANALYSIS	CODE	CLEAR	DRG REVIEW	FP&S		
DISCHARGE SUMMARY DICTATED BY:		DATE:		CHAPLAIN			

12/17/02

FROEDTERT MEMORIAL LUTHERAN HOSPITAL

Name: MOHAMED,IBRAHIM MRUN: 09-00-19-28 Acct #: 312093644
Pt Service: ER TRAUMA Admit Date: 10/09/2002 Cmb Acct:
Pt Type: OUTPATIENT Expired: Discharge Date: 10/10/02

Sex: MALE DOB: 01/01/1966
Race: BLACK SSN: 255-95-5702
Address: 4627 W MILL RD
City: MILWAUKEE State: WI Zip: 53223
County: MILWAUKEE

Admit Date: 10/09/2002 Admit Time: 7:37 PM
Type of Admit: EMERGENCY Source of Admission: EMERGENCY ROOM
Discharge Date: 10/10/2002 Discharge Time: 12:15 AM
Length of Stay: 1 Discharge Status: HOME
Days in ICU: Days in CCU:
Days in Special Unit:
Admitting Physician: SWOBODA,THOMAS

Trauma Y/N: YES

Attending Physicians
SWOBODA,THOMAS

Consulting Physicians	Service
SOMBERG,LEWIS	SURGERY

Primary Care Physicians
NONE,GIVEN

Other Physicians Relationship to Patient

Financial Class: MANAGED CARE

Insurance Company Name	Financial Class
WPS (PPO)	MANAGED CARE
SELF PAY	SELF PAY

Admitting Diagnosis: 959.8 INJURY MLT SITE/SITE NEC
Admitting and Principal Diagnoses Same: NO Princ. Dx= 924.21

Diagnoses on File: (# = override)

924.21	CONTUSION OF ANKLE
923.21	CONTUSION OF WRIST
724.5	BACKACHE NOS
E812.0	MV COLLISION NOS-DRIVER

Procedures: (# = override)

CPT Information:

Name: MOHAMED,IBRAHIM MRUN: 09-00-19-28 Acct #: 312093644

4739

10/17/02

FROEDTERT MEMORIAL LUTHERAN HOSPITAL

DRG:
DRG Reimb: Outl Reimb:
TXF Reimb: Total Charges: 1819.58

Coder:	JACQUELINE PRUITT	Date:	10/11/2002
Abstractor:		Date:	
Modified by:		Date:	
DRG Status		Date:	
ABS Status	COMPLETE	Date:	10/11/2002

Name: MOHAMED,IBRAHIM MRUN: 09-00-19-28 Acct #: 312093644

4739

UNITED
REGIONAL MEDICAL SERVICES, INC.
8700 West Wisconsin Avenue
Milwaukee, Wisconsin 53226
(414) 777-3700

FROEDTERT
Memorial Lutheran Hospital

MEDICAL COLLEGE OF WISCONSIN
Physicians & Clinics

09001928
MOHAMED,IBRAHIM
01-Jan-1966 36

F EMERGENCY TRAUMA
RALPH LAYMAN

09-Oct-2002 20:05

CT HEAD W/O CONTRAST
740A-100902

CLINICAL INDICATION:
MVC

AXIAL CT IMAGES OF THE HEAD WITH NO COMPARISONS.

THE VENTRICLES APPEAR NORMAL BILATERALLY. THE BASAL CISTERNS ARE INTACT. THERE ARE NO EXTRA-AXIAL FLUID COLLECTIONS. BRAIN PARENCHYMA APPEARS NORMAL. THERE IS NO SIGN OF HEMORRHAGE. THE SINUSES ARE CLEAR AND THE CALVARIUM APPEARS NORMAL.

IMPRESSION: NORMAL CT STUDY OF THE HEAD.

+ EXAMINATION REVIEWED REPORTED FINDINGS CONFIRMED BY: DR. ULMER.

Document electronically signed by: JAMES DUNN, M.D.
signature date/time: 10/11/2002 16:27
Document electronically cosigned: JOHN L. ULMER, M.D.
signature date/time: 10/14/2002 19:32

JCD/jmf

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09001928
MOHAMED, IBRAHIM
01-Jan-1966 36

F EMERGENCY TRAUMA
RALPH LAYMAN

09-Oct-2002 21:10 | DX C SPINE 4-6V | 746A-100902 | SS

CLINICAL INDICATION:
MVC

THERE IS NORMAL ALIGNMENT OF THE CERVICAL SPINE. THERE ARE NO FRACTURES. THERE IS NO PREVERTEBRAL SOFT TISSUE SWELLING.

IMPRESSION: NEGATIVE STUDY OF THE CERVICAL SPINE.

+ EXAMINATION REVIEWED REPORTED FINDINGS CONFIRMED BY: DR. FINGER.

dictated: TIMOTHY P. RIPPLE, M.D.
Document electronically cosigned: WILLIAM A. FINGER, M.D.
signature date/time: 10/10/2002 09:28

TPR/bj

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09001928
MOHAMED, IBRAHIM
01-Jan-1966 36

F EMERGENCY TRAUMA
RALPH LAYMAN

09-Oct-2002 21:10

DX T SPINE 2V
746B-100902

CLINICAL INDICATION:
MVC

THERE IS NORMAL ALIGNMENT. THERE ARE NO FRACTURES. THE PARASPINAL STRIPE IS NORMAL.

IMPRESSION: NEGATIVE STUDY OF THE THORACIC SPINE.

+ EXAMINATION REVIEWED REPORTED FINDINGS CONFIRMED BY: DR. FINGER.

dictated: TIMOTHY P. RIPPLE, M.D.
Document electronically cosigned: WILLIAM A. FINGER, M.D.
signature date/time: 10/10/2002 09:28

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09001928
MOHAMED, IBRAHIM
01-Jan-1966 36

F EMERGENCY TRAUMA
RALPH LAYMAN

09-Oct-2002 21:10

DX L SPINE 2-3V
746C-100902

CLINICAL INDICATION:
MVC

THERE IS NORMAL ALIGNMENT OF THE LUMBAR SPINE. THERE ARE NO FRACTURES. THE SACROILIAC JOINTS APPEAR NORMAL.

INCIDENTAL NOTE IS MADE OF A SMALL BONE ISLAND IN THE LEFT FRONTAL HEAD. NO PELVIC FRACTURES ARE APPRECIATED. THE HIP JOINTS ARE NORMAL BILATERALLY.

IMPRESSION: NEGATIVE STUDY OF THE LUMBAR SPINE AND PELVIS.

+ EXAMINATION REVIEWED REPORTED FINDINGS CONFIRMED BY: DR. FINGER.

dictated: TIMOTHY P. RIPPLE, M.D.
Document electronically cosigned: WILLIAM A. FINGER, M.D.
signature date/time: 10/10/2002 09:28

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Physicians & Clinics

09001928 F EMERGENCY TRAUMA
MOHAMED,IBRAHIM RALPH LAYMAN
01-Jan-1966 36

09-Oct-2002 DX WRIST (W HAND) 3-6 LT SS
21:10 746D-100902

CLINICAL INDICATION:
MVC

THERE ARE NO FRACTURES, DISLOCATIONS, OR DESTRUCTIVE LESIONS. NO SOFT TISSUE INJURY IS APPRECIATED.

IMPRESSION: NEGATIVE STUDY OF THE LEFT HAND.

+ EXAMINATION REVIEWED REPORTED FINDINGS CONFIRMED BY: DR. FINGER.

dictated: TIMOTHY P. RIPPLE, M.D.
Document electronically cosigned: WILLIAM A. FINGER, M.D.
signature date/time: 10/10/2002 09:28

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Physicians & Clinics

09001928
MOHAMED, IBRAHIM
01-Jan-1966 36

F EMERGENCY TRAUMA
RALPH LAYMAN

09-Oct-2002 21:10

DX WRIST (W HAND) 3-6V RT SS
746E-100902

CLINICAL INDICATION:
MVC

THERE ARE NO FRACTURES, DISLOCATIONS, OR DESTRUCTIVE LESIONS.
THERE IS NO APPRECIABLE SOFT TISSUE INJURY.

IMPRESSION: NEGATIVE STUDY OF THE RIGHT HAND AND WRIST.

+ EXAMINATION REVIEWED REPORTED FINDINGS CONFIRMED BY: DR. FINGER.

dictated: TIMOTHY P. RIPPLE, M.D.
Document electronically cosigned: WILLIAM A. FINGER, M.D.
signature date/time: 10/10/2002 09:28

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Physicians & Clinics

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MOHAMED,IBRAHIM
01-Jan-1966 36

F EMERGENCY TRAUMA
RALPH LAYMAN

09-Oct-2002 21:10 DX ANKLE 3-6V RT SS
746F-100902

CLINICAL INDICATION:
MVC

THE ANKLE MORTISE IS SYMMETRIC. THERE IS NO SOFT TISSUE SWELLING. THERE ARE NO FRACTURES.

IMPRESSION: NEGATIVE STUDY OF THE RIGHT ANKLE.

+ EXAMINATION REVIEWED REPORTED FINDINGS CONFIRMED BY: DR. FINGER.

dictated: TIMOTHY P. RIPPLE, M.D.
Document electronically cosigned: WILLIAM A. FINGER, M.D.
signature date/time: 10/10/2002 09:28

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Physicians & Clinics

09001928
MOHAMED, IBRAHIM
01-Jan-1966 36

F EMERGENCY TRAUMA
RALPH LAYMAN

09-Oct-2002 19:45

PO CHEST PA OR AP
749A-100902

CLINICAL INDICATION:
MVC

THE HEART IS NORMAL IN SIZE. THE PULMONARY VASCULATURE IS NORMAL. THERE IS NO PNEUMOTHORAX ON THE SUPINE EXAM. THERE ARE NO AREAS OF INFILTRATE OR CONSOLIDATION. NO RIB FRACTURES ARE APPRECIATED. THE COSTOPHRENIC ANGLES ARE SHARP.

IMPRESSION: NO ACTIVE DISEASE.

+ EXAMINATION REVIEWED REPORTED FINDINGS CONFIRMED BY: DR. FINGER.

dictated: TIMOTHY P. RIPPLE, M.D.
Document electronically cosigned: WILLIAM A. FINGER, M.D.
signature date/time: 10/10/2002 09:29

TPR/bj

17 MVA (5)

TIME SEEN: Arrival ROOM: Trauma A EMS Arrival
HISTORIAN: patient spouse paramedics
HX / EXAM LIMITED BY:

HPI chief complaint: MVA Injury to: Chest Abd

occurred: just PTA

position in vehicle: driver passenger front back

context: car collision overturned vehicle
single-car accident (lost control / fell asleep / unknown cause)
hit police car @ 10mph

location of pain/injuries:
head face mouth
neck chest abdomen
back upper mid- lower
radiating to (R / L) thigh / leg

right		left	
shldr	hip	shldr	hip
arm	thigh	arm	thigh
elbow	knee	elbow	knee
f-arm	leg	f-arm	leg
wrist	ankle	wrist	ankle
hand	foot	hand	foot

severity of pain:
mild
moderate
severe

associated symptoms:
lost consciousness / dazed
duration:
remembers:
impact coming to hospital
seizure

site of impact:
"P" = primary "S" = secondary

force low mod. high
direct glancing

restraints:
none lap / shoulder
doesn't recall
car seat
air bag deployed
thrown from vehicle
ambulated at scene
long extrication

ROS all systems neg except as marked
loss feeling / power arms/legs
headache
double vision / hearing loss
trouble breathing / chest pain
nausea / vomiting
loss of bladder function
skin laceration
recent fever / illness

SOCIAL HISTORY recent ETOH smoker drug abuse

PAST HISTORY negative

Meds: none / see nurses note
Allergies: NKDA / see nurses note

09-00-19-28
MOHAMED, IBRAHIM
01/01/1966
312093644

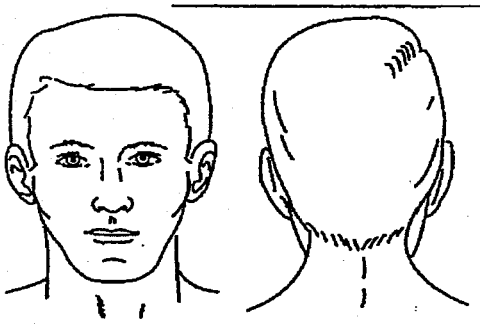
10.9.02 c2

Nurses note reviewed Tetanus immun. UTD Vital signs reviewed

PHYSICAL EXAM Alert Lethargic Anxious
Distress- NAD mild moderate severe
Other- c-collar (PTA / in ED) back-board IV splint

HEAD
no evidence of trauma
see diagram
Battle's sign / Raccoon Eyes

NECK
non-tender
painless ROM
trachea midline
see diagram
vertebral point-tenderness
muscle spasm / decreased ROM
pain on movement of neck



EYES
PERRL
EOMI
unequal pupils R-___mm L-___mm
EOM entrapment / palsy
subconjunctival hemorrhage

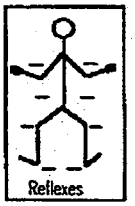
ENT
nml external inspection
no dental injury
hemotympanum
TM obscured by wax
clotted nasal blood
dental injury / malocclusion

RESP & CVS
chest non-tender
breath sounds nml
heart sounds nml
see diagram (on reverse)
decreased breath sounds
wheezing / rales
splinting / paradoxical movements

ABDOMEN
non-tender
no organomegaly
see diagram (on reverse)
tenderness / guarding / rebound
mass / organomegaly

GENITAL / RECTAL
nml genital exam
nml vaginal exam
nml rectal exam
heme negative stool
perineal hematoma
blood at urethral meatus
decreased rectal tone

NEURO / PSYCH
oriented x3
mood & affect
CN'S nml
sensation & motor nml
confusion / disorientation
EOM palsy / anisocoria
facial asymmetry
unsteady / ataxic gait
sensory / motor deficit



 Circle positives, check normals, backslash (\) negatives.

(12/01) 623551

342

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Memorial Lutheran Hospital
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P.O. Box 26099
Milwaukee, WI 53226-3996
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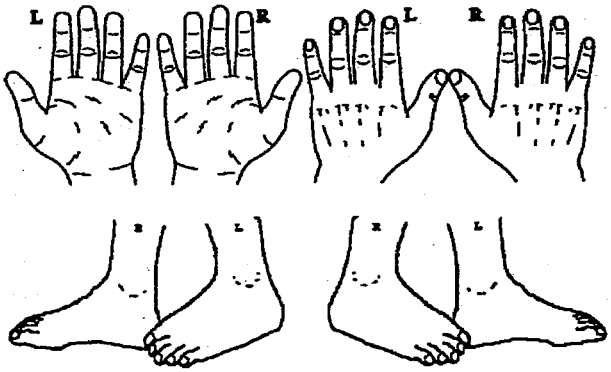
EMERGENCY PHYSICIAN RECORD

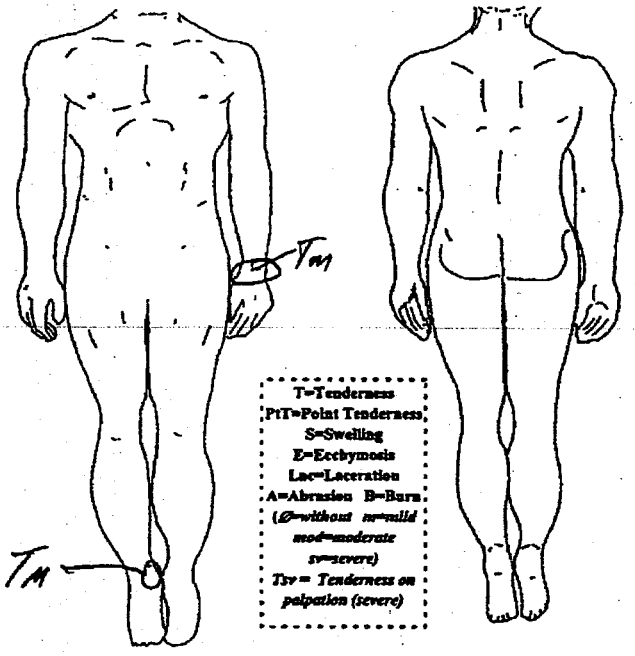
SKIN
- ✓ intact
- ✓ warm, dry

BACK
- ✓ no CVA tenderness
- ✓ no vertebral tenderness

EXTREMITIES
- ✓ atraumatic
- ✓ pelvis stable
- ✓ hips non-tender
- ✓ no pedal edema
- ✓ nml ROM

__see diagram
__crepitus / diaphoresis
__see diagram
__vertebral point-tenderness
__CVA tenderness
__muscle spasm / limited ROM
__see diagram
__bony point-tenderness
__painful / unable to bear weight
__pulse deficit
Joint Exam:
__limited ROM / ligaments laxity / joint effusion





PROGRESS:
ibuprofen 800mg PO ST given
T/C spines per
cleared by TS
D/C Home

XRAYS ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/radiologist

C-Spine D-Spine LS-Spine
- ✓ nml / NAD
- ✓ no fracture
- ✓ nml alignment
- __soft tissues nml

__reversal / straightening of cerv. lordosis
__DJD / spondylosis / spurring

CXR
- __nml / NAD
- __no infiltrates
- __nml heart size
- __nml mediastinum

__rib fracture
__infiltrate / atelectasis

OTHER ☐ See separate report
Wrist: neg
Ankle: neg

__Discussed with Dr.
will see patient in: office / ED / hospital
Counseled patient / family regarding:
lab results diagnosis need for follow-up
__Rx given __Admit orders written

__CRIT CARE- 30-74 min
75-104 min ____ min
__Prior records ordered
__Additional history from:
family caretaker paramedics

CLINICAL IMPRESSION: MVA

contusion

head		wrist	R/L		
face		hand	R/L		
chest		hip	R/L		
abdomen		thigh	R/L		
back		knee	R/L		
shoulder	R/L	leg	R/L		
arm	R/L	ankle	R/L		
elbow	R/L	foot	R/L		
forearm	R/L				

sprain / strain
neck dorsal lumbar
sacral

concussion
with LOC w/o LOC

laceration

DISPOSITION- ☐ home ☐ admitted ☐ transferred
CONDITION- ☐ unchanged ☐ improved ☑ stable

Resident / Student - 76261
Faculty Signature - #4071
☑ Discussed, supervised, examined, and agree

Wound Description/Repair
length____cm location
__superficial __SQ __muscle __linear __stellate __irregular
__clean __contaminated *moderately / *heavily
distal NVT: __neuro & vascular status intact __no tendon injury
anesthesia: __local __digital block ____cc
__lidoc 1% 2% epi / bicarb __marcaine .25% .5% __LET
prep:
__Betadine / H *debrided / undermined
__irrigated/w
*extensi 09-00-19-28
__explored MOHAMED, IBRAHIM
repair: W 01/01/1966
S 312093644
*Subcu
*may indicate intermediate repair *may indicate
nsive
les
repair

MVA - 17

PRINT DATE/TIME: 10/14/02 0235

DYNACARE LABORATORIES 9200 W. WISCONSIN AVE. MILWAUKEE, WI 53226

ETR

HEMATOLOGY-GENERAL

		DATE	10/09/02
		TIME	2000
	UNITS	NORMAL VALUE	
CBC			
WBC	/CMM	[4000-10000]	6890
WBC (08/21/02 -- Current)			
New Hematology reference ranges effective August 21st, 2002.			
RBC X 10^6	/CUMM	[4.4-5.8]	**4.2L**
HEMOGLOBIN	g/dL	[13.0-17.0]	13.8
HEMATOCRIT	%	[42-52]	**39L**
MCV	fL	[80-100]	93
MCH	pg	[27-34]	33
MCHC	g/dL	[32-36]	35
MEAN PLT VOL	fL	[7.5-9.5]	**7.0L**
RDW	%	[11.5-14.0]	11.7
PLT CT X 10^3	/CUMM	[150-350]	321

HEMATOLOGY-OTHER

		DATE	10/09/02
		TIME	2000
	UNITS	NORMAL VALUE	
PLT CT X 10^3	/CUMM	[150-350]	321

Legend:
L = Low

PATIENT NAME: MOHAMED, IBRAHIM
MEDICAL RECORD #: (00002)09-00-19-28
DOB: 01/01/1966 SEX: M RACE: B
FINANCIAL #: 312093644
LOCATION: ETR

ADMITTING MD: SWOBODA, THOMAS K.

DISCH:10/11/02

FINAL CHART
HEMATOLOGY

PRINT DATE/TIME: 10/14/02 0235

DYNACARE LABORATORIES 9200 W. WISCONSIN AVE. MILWAUKEE, WI 53226

ETR

TRANSFUSION SERVICE

CUMULATIVE RESULT SUMMARY

DATE	10/09/02
TIME	2000

BLOOD GROUP & TYPE

ABORH TYPE	A POS

ANTIBODY SCREENING

ANTIBODY SCREEN	NEGATIVE

PATIENT NAME: MOHAMED, IBRAHIM
MEDICAL RECORD #: (00002)09-00-19-28
DOB: 01/01/1966 SEX: M RACE: B
FINANCIAL #: 312093644
LOCATION: ETR

ADMITTING MD: SWOBODA, THOMAS K.

DISCH:10/11/02

FINAL CHART
TRANSF SERVICE

PAGE 2
END OF CHART

Supplement Page

Time	BP (L/R)	P	R	T (O/R)	O2 SAT	Pain 0-10	GCS	Meds/IVs (Dose/Site/Amt/Route)	Assessment / Interventions / Response
2010	145/93	108	18		100% RA				Pt to CT s̄ RN/Monitor
2010	168/89	110	16		100% RA				pt back from CT s̄ difficulty
2045									Report to Nicole RN
2045									Pt remains to xray LB
2120	133/103	100	20						Pt return from xray LB
2210	139/71	104	20					800mg Ibuprofen administered PO for pain	LB
									700cc urine output LB
2310	114/69	96	26						
2330									Report to Nancy, RN LB
0030								18g CIV D/C intact. Ø bleeding	D/C = tired F/U Rx + care

NAME:

INTAKE			OUTPUT		
TIME	AMOUNT	TYPE	TIME	AMOUNT	TYPE
			2210	700cc	urine
TOTAL:			TOTAL:		

DISPOSITION: ☒ HOME ☐ ADMIT 0030 ☐ LNS ☐ AMA ☐ ELOPED ☐ OTHER

REPORT TO: ______ TIME: ______ ☐ VALUABLES CHECKED

TRANSPORTED TO ______ BY: ☐ MD ☐ RN ☐ TRSP WITH: ☐ O2 ☐ MONITOR

FAMILY / SO ☐ PRESENT ☐ NOTIFIED ☐ NOT CONTACTED
☐ SEE CONTINUATION OF NURSING NOTES

FROEDTERT HOSPITAL SUPPLEMENTAL PAGE PAGE 1: 19300

INITIALS	SIGNATURES
MA	Marta
LB	L. Bernath RN

09-00-19-28
MOHAMED, IBRAHIM
01/01/1966
312093644

9/2002

ED Nurses Notes

19300

Supplement Page
ED & Trauma Center Record 19300
Trauma & Res Record: 21478

ORIGINAL - Medical Records
WHITE - Nursing
PINK - Registration

623513
5/02

Froedtert Hospital

9200 West Wisconsin Avenue
P.O. Box 26099
Milwaukee, WI 53226-3596

Primary Affiliate of the
Medical College of Wisconsin

E.D. and Trauma Center Record
Supplement Page - Item # 20480

DATE: 10 / 9 / 02 — **TRAUMA TEAM RESPONSE** *=T.C.

	TIME			TIME				TIME
☐ Trauma Alert		Madden	RN		EM Resident	Hindle	MD	
☒ Trauma Call	1937	Fredricks	RN		EM Resident	Hansen	MD	
☐ ED Alert			RN		EM Faculty	Svoboda	MD	
Patient Arrival		Ruby	PCA/(ED)T		Surgery Resident	Layman	MD	
Multiple Resuscitations		___ MSW/Chaplain	RT		Surgery Resident	Kolby	MD	
In progress ☐ Yes ☒ No		RN SCRIBE	for		Surgery Faculty		MD	

PRE-HOSPITAL REPORT

TRANSPORT MODE ☐ ALS/Med Unit# ____ ☐ BLS Amb Med ☐ Helicopter ____ ☐ Private Vehicle ☐ Other ____

REFERRING HOSPITAL ☒ NA Name:

INJURY TIME 20 ☐ Unintentional ☐ Intentional by ____ POLICE NOTIFIED: ☐ Yes ☐ No Agency ____

MOTOR VEHICLE TRAUMA ☒ MVC ☐ MCC ☐ MPC ☐ Bicycle Fatalities at Scene X ____ Speed of Crash ____

Patient's Position: ☒ Driver ☐ Passenger: ☐ Front ☐ Rear ☐ Ejected ____ FT mph Type of Vehicle ____

Type of Collision: ☒ Head on ☐ Side impact (D or P) ☐ Rear-ended ☐ Roll-Over ☐ Other: ____

Safety Devices: ☐ Seat Belt 2 pt / 3pt ☐ Unrestrained ☐ Airbag ☐ Helmet ☐ Other: ____

PENETRATING ☐ GSW ☐ SGW ☐ SW ☐ Impalement — Weapon Description: Ø

FALL/JUMP TRAUMA Approximate Height: ____ ft — Landed on Surface Type Ø

BATTERY Weapon Description Ø

OTHER TRAUMA Describe: Ø

PRE-HOSPITAL INTERVENTIONS B/P WNL P 132 R 16 ☐ MEDS ____

IVs: ☐ Right: Size ____ Amount Infused ____ ☐ Left: Size ____ Amount Infused ____

☐ CPR ☐ O2 @ ____ lpm ☐ NRB ☐ NC ☐ OralAirway ☐ BVM/T ☐ ETT# ____ ☐ Combi-Tube / EOA

☐ Splint ☐ Dressing ☐ Needle Thoracostomy R/L ☐ Tube Thoracostomy R/L

HISTORY & ROS

PATIENT'S CHIEF COMPLAINT: Darist (R) Leg Pain — AGE 39 ☐ Approximate Age (M) F

Allergies ☐ Unknown — Medications ☐ Unknown Ø

Past Medical HX ☒ None ☐ Unknown ☐ Cardiac ☐ Respiratory ☐ HTN ☐ DM ☐ Seizures ☐ Psychiatric ☐ GI ☐ GU ☐ Musculo

☐ Past Surgery ____

Social HX ☐ Smokes ☐ ETOH ☐ Other: Ø ☐ Unknown — Family HX Ø ☐ Unknown

Last Tetanus — LMP/EDC Ø ☐ Unknown — Pregnant: ☐ Yes ☐ No ☐ Unknown — Last Meal ☒ Unknown

PRIMARY SURVEY

AIRWAY ☒ Patent ☐ Partially Obstructed ☐ Obstructed ☐ Secretions ☐ Foreign Body ☐ Other: ____
☐ ETT Present: ☐ Oral ☐ Nasal

BREATHING Spontaneous Rate 16 Assisted Rate ____ ☐ Bag Valve Device
Pattern: ☒ No distress ☐ Labored ☐ Apneic
Trachea: ☒ Midline ☐ Deviated - R / L Chest Wall Movement: ☐ WNL ☐ Sucking Chest Wound ☐ Flail
Breath Sounds: Right ☒ WNL ☐ Diminished ☐ Absent Left ☒ WNL ☐ Diminished ☐ Absent

CIRCULATION Pulse Rate 100 Site ____ ☐ Normal ☐ Weak Absent Site ____
Color: ☐ WNL ☐ Pale ☐ Cyanotic ☐ Flushed
Skin: ☒ Warm ☐ Cool ☐ Hot ☒ Dry ☐ Diaphoretic Hemorrhage: ☐ Site

DISABILITY Neuro: ☒ Alert ☐ Responds to Verbal ☐ Responds to Pain ☐ Unresponsive

EXPOSURE ☒ Log rolled ☐ NA
☒ Spine precautions maintained by: Hindle

C-SPINE PRECAUTIONS Backboard w/CID: ☐ NA ☐ On ☒ Removed at 1942
C-Collar: ☐ NA ☐ On ☐ Removed at ____

RN Signatures	Number
Madden RN	
Surgical Faculty	

109-00-19-28
MOHAMED, IBRAHIM
01/01/1966
312093644

Trauma & Resuscitation
19478

ORIGINAL - Medical Records
CANARY - ED Records
7/02

Froedtert Hospital
9200 West Wisconsin Avenue
P.O Box 26099
Milwaukee, WI 53226-3596
Primary Affiliate of the Medical College of Wisconsin

Trauma Resuscitation Record - Emergency Care Center - Item # 21478

SECONDARY ASSESSMENT

HEAD/FACE ☐ WNL Pupil Right: Size 4 mm ☒ Reactive ☐ Sluggish ☐ Unreactive
☒ +LOC Pupil Left: Size 4 mm ☒ Reactive ☐ Sluggish ☐ Unreactive
☐ +Amnesia (Event Retrograde) ☐ Racoon sign / Battle sign TM's Clear
☐ Otorrhea ☐ Rhinorrhea
☐ Teeth Malocclusion ☐ Teeth Missing
☐ Maxilla unstable ☐ Mandible unstable
☐ Zygoma unstable ☐ Deformity

NECK ☒ WNL
☐ Tender ☐ Sub-Q emphysema
☐ Tracheal deviation ☐ JVD

CHEST / RESPIRATORY ☒ WNL
☐ Abnormal Breath Sounds R / L
☐ Asymmetric Movement
☐ Sub-Q Emphysema
☐ Rib Tenderness ☐ Sternal Tenderness
☐ Deformity

CARDIAC ☒ WNL
☐ Rhythm ST
☐ Heart Tones Distant ☐ Heart Tones Absent

ABDOMEN ☒ WNL
☐ Tender: ☐ LUQ ☐ RUQ ☐ LLQ ☐ RLQ
☐ Distention ☐ Rigid ☐ Scars
☐ Guarding ☐ Abn fetal heart tones (rate)
Bowel Sounds.
☐ Abnormal (describe) ☐ Not Assessed

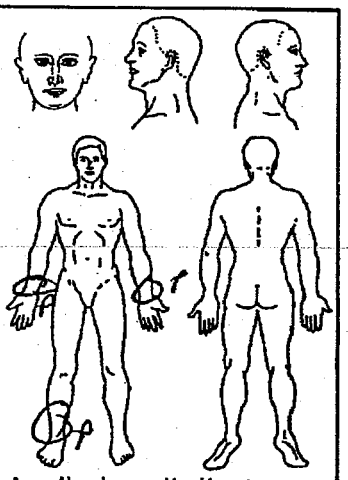
PELVIS/GU ☒ WNL
☐ Blood at Meatus ☐ Blood in Urine
☐ Pelvis-Unstable ☐ Pelvic/GU deformity
☐ Abrasion ☐ Contusion
☐ Laceration ☐ Swelling
Rectal Exam: ☐ Abnormal rectal tone
☐ Not Assessed

UPPER EXTREMITIES ☐ WNL
☐ Abrasion ☐ Contusion ☐ Crepitus
☐ Deformity ☐ Laceration ☐ Swelling
☐ Abnormal or absent radial pulse R / L
(L) wrist pain
(R) wrist tenderness (mild)

LOWER EXTREMITIES ☐ WNL
☐ Abrasion ☐ Contusion ☐ Crepitus
☐ Deformity ☐ Laceration ☐ Swelling
☐ Abnormal or absent pulse:
☐ Femoral R / L ☐ Pedal R / L
(R) medial malleolus tenderness & good ROM deformity

BACK / MUSCULOSKELETAL ☐ WNL
☐ Spinal deformity
☐ Motor Deficit: ☐ RUE ☐ LUE ☐ RLE ☐ LLE
☐ Sensory deficit: ☐ RUE ☐ LUE ☐ RLE ☐ LLE
Mid thoracic upper lumbar tenderness

BEHAVIORAL ☒ Coopertative ☐ Uncooperative
☐ Combative ☐ Anxious ☐ Crying ☐ Unresponsive



A Abrasion H Hematoma
Amp Amputation E Edema
B Burn P Pain
Bl Blood L Laceration
C Contusion PW Puncture Wound
D Deformity T Tattoo

TIME	LAB TEST
	☐ None ordered
1457	☒ Basic Panel, H & H, Type & Screen
	☐ Extended Panel, CBC, T & C for # Units, ABG, Basic Chem.
	Pregnancy
1745	Glucose Finger Stick
	X-RAYS
	☐ None ordered
1944	CXR
	C-Spine
	Spine T L S
	CT Head/Chest/Abd/Pelvis
	EKG - 12 lead
	Ultra Sound by

FAMILY NOTIFICATION
Family / SO Notified: ☐ Yes ☐ PTA ☐ No (reason) IV process
Name: [illegible] Relationship: [illegible]
By _____ Time _____

CLOTHING/VALUABLES
Clothing List Completed ☒ Yes ☐ No By: Kim EDT
Given to: _____ Relationship: _____ By: _____
Valuables given to: _____ Relationship: _____ By: _____

WARMING MEASURES
☒ Warm Blankets
☒ Warm IV Fluids
☐ IV Warming Unit
☐ Hypothermia Unit
☐ Bair Hugger

ID BAND ☒ Applied

CONSULTS	Called	Arrived

RN Signatures	Number
Surgical Faculty	

09-00-19-28
MOHAMED, IBRAHIM
01/01/1966
312093644

Trauma & Resuscitation
19478

ORIGINAL - Medical Records
CANARY - ED Records
7/02

Trauma Resuscitation Record - Emergency Care Center - Item # 21478

Froedtert Hospital
9200 West Wisconsin Avenue
P O Box 26099
Milwaukee, WI 53226-3596
Primary Affiliate of the
Medical College of Wisconsin

VITAL SIGNS

Time	B/P	MAP	P / HR	R	T	EKG
1945	154/100 M/NI/A		P HR	S A	35	ST
1947	107/97 M/NI/A		P HR	S A		ST
	M/NI/A		P HR	S A		
	M/NI/A		P HR	S A		
	M/NI/A		P HR	S A		
	M/NI/A		P HR	S A		
	M/NI/A		P HR	S A		
	M/NI/A		P HR	S A		

OXYGEN

PO_2	O_2/FIO_2	ET CO_2	Vent Rate	TV
100%	2 Lnc			
100%	2 Lnc			

GCS

E	V	M	T

PAIN

Lev	Sou	Int	Res

INTERVENTIONS

Time Done	Procedure	Size	Site	Done By
	AIRWAY			
☐PTA	Adjunct			
☐PTA	ETT ☐RSI			
	Placement confirmed: Breath Sounds ✓'d ☐L ☐R ☐ETCO2			
	CHEST			
☐PTA	Chest Tube - Left			
☐PTA	Chest Tube - Right			
	Autotransfusion			
	Thoracotomy			
	VASCULAR ACCESS			
☐PTA	Peripheral IV #1	18	@Ac	Froedtert
☐PTA	Peripheral IV #2			
1945	Veni-puncture		@Fem	Kelley
	Arterial Puncture			
	Central Line			
	ABDOMEN			
☐PTA	Foley Catheter			
☐PTA	NG/OG Tube			
	Placement Confirmed: ☐Auscultation ☐Aspirate ☐Other			
	DPL			

Time	OUTPUT	Amount
	Thoracotomy	☐NONE
	Gastric Type:_____	☐NONE
	Urine	☐NONE
	OUTPUT TOTAL	

MEDICATIONS

Time	Medication	Dose	Route	Site	Solution Volume	Given By
	dT	0.5cc	IM			
	Mfg.	Lot #		Exp.		
	IV CT Contrast					☐None

IV FLUIDS

IV Liter#	Fluid	Volume	Site/ Size	Level 1 Warmer Used	Time Started	Time Discontinued	Amt. Infused
						PTA AMOUNT	
1#	LR	+ 0.7	@AC	—	1948		
						IV TOTAL	

BLOOD PRODUCTS

Type	Unit #	Volume	Site	Level 1 Warmer Used	Time Started	Time Discontinued	Amt. Infused
						PTA AMOUNT	
			BLOOD PRODUCTS TOTAL				

ADMISSION ORDERS: ☐Admit to_____ Report to_____ Time_____ ☐Transport Time:_____ ☐RN ☐MD ☐RT ☐Transporter ☐ACLS Protocol ☐Stretcher

DC ORDERS: ☐Discharge to_____ ☐AMA Via ☐Ambulatory ☐W/C

DISCHARGE ASSESSMENT: Neuro ☐Alert ☐Responds to Verbal ☐Responds to Pain ☐Unresponsive Respiration ☐Unlabored ☐_____ Skin ☐Pink & Warm_____

☐**DEATH** Time Pronounced_____ Time to Morgue_____ ☐DOCUMANTATION CONTINUED ON SUPPLEMENT PAGE

RN Signatures	Number

Procedures, tests, medications, blood, and admission / discharge orders by:

MD Emergency Medicine	4207
MD Surgical Faculty	

09-00-19-28
MOHAMED, IBRAHIM
01/01/1966
312093644

Trauma & Resuscitation

19478

ORIGINAL - Medical Records
CANARY - ED Records
7/02

Trauma Resuscitation Record - Emergency Care Center - Item # 21478

Froedtert Hospital
9200 West Wisconsin Avenue
P O Box 26099
Milwaukee, WI 53226-3596
Primary Affiliate of the Medical College of Wisconsin

General/Test Flow Sheet

Front

tr 9

DATE	Time	clothing Valuables										COMMENTS/ INITIALS / SIGNATURE
10/9	2015											all clothing articles bagged also 1 pr Black Shoes and Cape and white Socks - Valuables in Safe PCH Ruby Suggs

09-00-19-28
MOHAMED, IBRAHIM
01/01/1966
312093644

Record count on Test / Procedure / Equipment Use Record

2002

Flowsheet General

2215

Froedtert Hospital

9200 West Wisconsin Avenue
P O Box 26099
Milwaukee, WI 53226-3596
Primary Affiliate of the
Medical College of Wisconsin

Front
601001
6/01

General/Test Flow Sheet - Item # 2215

12/13/02

Consultation Report

Reason for Consultation:

- ☐ Exam and Advise
- ☐ Advise and Follow
- ☐ Advise and Related Orders
- ☐ Advise and Procedure
- ☐ Advise and Accept Transfer if Indicated
- ☐ Other:

Requested By: ______ M.D. ______ ID NO. TRAUMA BAY SERVICE

Date Requested: ______ Time Requested: ______

An appropriate Consultation should include: H & P, Assessment, Opinion, Recommendations, and follow-up.

CC: MVC

HPI: 39 yo M, belted, hit on passenger side of car ~~by a car~~ while going thru intersection. H3 speed was approx 30 mph. (+) Airbag deployment. c/o (B) wrist, (R) ankle & back pain

A - intact
B - (B)
C - (+) fem/DP/PT (B)
D - moves all ext

A - Ø drug allergies
M - Ø med/surg hx
P - Ø meds
L - ate @ 1600
E - hit while crossing intersection, ØEtOH, Ø drugs, acc tob

HEENT: NCAT, TM clear, pup 4→3, EOMI, midface stable, Ø blood nares/mouth
Neck: C-collar in place, c/o low cervical pain
Chest: RRR, (B) breath sounds, stable
Back: c/o mid thoracic & upper lumbar tenderness, Ø stepoffs/deformities
Pelvis: stable to A/P - lat motion
Rectal: good tone, Ø gross blood
Ext: good motor-sensation, point tenderness to wrist (B), Ø snuffbox (L) 2° to pain, point tenderness on (R) ankle, Ø tenderness on (L)
Abd: soft, NTND

CXR: Ø fx, Htx, Ptx
ETOH - Ø level

A/P 39 yo M MVC (+) LOC, c/o (B) wrist, (R) ankle, back pain
~~(-)ETOH Øbleed~~
(1) plain films of CTL spine, (B) wrist, (R) ankle
(2) Dispo (+) rad. results

R. D. Layman MD 76476 ID NO. TB SERVICE 10/9/2 DATE 2010 TIME

Consultation Type

- ☐ Brief
- ☐ Limited
- ☐ Intermediate
- ☐ Extended
- ☐ Froedtert Memorial Hospital
- ☐ Milwaukee County Mental Health Complex

White - Med Record
Canary - FPS
Pink - Consultant

8/00
718052
Consultation Report

Froedtert Hospital

9200 West Wisconsin Avenue
P O Box 26099
Milwaukee, WI 53226-3596

Primary Affiliate of the Medical College of Wisconsin

09-00-19-28
MOHAMED, IBRAHIM
01/01/1966
312093644

12

OCT 0 9 2002

2442

CONSULTATION REPORT - Page 1	Your site name here - Edit prntitle.txt	Printed: 12/27/02 13:51
Patient: MOHAMED, IBRAHIM	MR#: 09001928 Discharged: 10/10/02	Service Dates: 10/09/02 - 00/00/00
Copy For: HCC SPAINE	REQ:10630731 - DET:13577513 - ITEM:14627951 - ELEM:21741403 - FLAGS:IN	

Emergency Department And Trauma Center Discharge Instructions

Discharge Instructions

Your diagnosis is Multiple confusion

Your medicines are

Do not drive, operate heavy equipment, or swim on the following medicines:

FOLLOW UP:

- ☑ Clinic to follow up with primary Doctor NEXT available
- ☐ Your Doctor is
- ☐ You must call this number to make appointment
- ☐ Your appointment is at
- We will notify you by mail if cultures taken are positive.
- Your x-rays will be evaluated by a radiologist. If there is new information we will contact you.

Other Instructions (check boxes for instruction sheet)

☐ Analgesic	☐ Ibuprofen	☐ Asthma / Bronchitis	☐ Fractures / Sprains	☐ S.T.D s/Vaginosis
☐ Antibotic	☐ Inhaler	☐ Back Pain	☐ Gastritis / GE	☐ Urinary Tract Infection
☐ Bactrim	☐ Prednisone	☐ Cast Care/Neuorvascular	☐ Head Injury	☐ Wound / Suture Care
☐ Compazine	☐ Tetanus	☐ Chest Pain	☐ Motor Vehicle Crash	☐ Other
☐ Flexeril	☐ Tylenol # 3	☐ Crutches	☐ Musculoskeletal	
	☐ Vicodin	☐ Dental Pain	☐ Pharyngitis	

RXs

- ☐ Filled #
- ☐ Scripts Given #

☑ Other Instructions Ibuprofen for pain

Return to the emergency department if you are worse in any way or if: Fever chills numbness, tingling, severe pain and/or leg pain

VISIT VERIFICATION

Seen On 10/9 Time In Time Out 0038

- ☐ Medical staff concludes that the condition of the patient DOES NOT warrant absence from work / school.
- ☐ Medical staff concludes that the condition of the patient DOES warrant absence from work / school.
- ☒ The patient is able to return to work / school on 10/12/02
- ☑ Restrictions, if any

I understand that the treatment received was given on an emergency basis only, and therefore, discharge may have occurred before all medical problems were apparent, diagnosed, and/or treated. I have read and understand the above. I received a copy of this form and applicable instruction sheets and will arrange for follow-up care as indicated above.

Instructions received and understood by patient — Date 10/10/02

INSTRUCTIONS GIVEN TO PATIENT BY:

RN Signature # 80

Date / Time 10/10/02 0015

- ☑ Follow-up Instructions Reviewed
- ☑ Other Instructions - See Narrative
- ☑ Medication Instructions Reviewed

Rx's RESPONSE TO INSTRUCTIONS

- ☐ Verbalizes accurate understanding
- ☐ Returns demonstrations accurately
- ☐ Aware of S/S for return to ED

09-00-19-28
MOHAMED, IBRAHIM
01/01/1966
312093644

BLUE - Medical Records
WHITE - Emergency Dept
YELLOW - Patient Copy

9/00
ED Discharge Instructions

19396

Froedtert Hospital

9200 West Wisconsin Avenue
P.O. Box 26099
Milwaukee, WI 53226-3596

Primary Affiliate of the
Medical College of Wisconsin

Emergency Department And Trauma Center
Discharge Instructions

Emergency / Trauma Center Orders

ALERT BOX RN CHECK ALL APPLICABLE

ORDER NUMBER 1
- ☐ WC
- ☐ CART
- ☐ BED
- ☐ PORTABLE
- ☐ 02
- ☐ IV
- ☐ CENTRAL LINE
- ☐ ISOLATION

RADIOLOGY

TIME	MD	RN	ORDER	TIME	MD	RN	ORDER	TIME	MD	RN	ORDER
			☐ ABD Series				☐ Pelvis				☐ Foot R L
			☐ CXR PA/LAT				☐ Hand R L				☐ Abd CT
			☐ CXR Port				☐ Wrist R L				☐ Chest CT
			☐ C Spine				☐ Elbow R L				☐ Head CT
			☐ T Spine				☐ Shoulder R L				☐ Pelvis US
			☐ LS Spine				☐ Knee R L				☐
			☐ Hip				☐ Ankle R L				☐

☐ Ambulatory ☐ Wheelchair ☐ Cart ☐ Portable ☐ Monitor ☐ O_2

Reason for Exam: _____

Staff MD # _____

COMPUTER DOWNTIME - FOR RADIOLOGY USE ONLY
X-Ray Room # _____
Tech ID #1 _____ Student ID #1 _____
Tech ID #2 _____ Student ID #2 _____
Time In _____ Time In Room _____ Time Out _____

WHOLE BLOOD

TIME	MD	RN	ORDER
			☐ Bicarbonate
			☐ Bilirubin
			☐ Chloride
			☐ CO level
			☐ Glucose
			☐ Ionized calcium
			☐ Potassium
			☐ Sodium
			☐ Total Hgb
			☐ Venous pH

LABORATORY

TIME	MD	RN	ORDER	TIME	MD	RN	ORDER	TIME	MD	RN	ORDER
			☐ ABO RH				☐ CK-MB with Troponin				☐ T & S
			☐ ABG				☐ Digoxin Level				☐ UA Void / Cath (Circle)
			☐ Acetaminophen (Tylenol)				☐ Dilantin				☐ UHCG
			☐ Amylase				☐ ETOH				☐ Valproic Acid (Depakote)
			☐ Basic Metabolic Panel				☐ GC				☐ Wet Mount
			☐ BHCG				☐ Gram Stain				
			☐ BL Cult x 2				☐ Hepatic Function				
			☐ Carbamazipine (Tegretol)				☐ Lipase				
			☐ CBC w/diff				☐ PT/PTT				
			☐ CBC w/o diff				☐ Sputum Cult				
			☐ Chlamydia				☐ T & C _____ units				

MISCELLANEOUS ORDERS *See Pneumonia Antibiotic Guideline on back

TIME	MD	RN	ORDER
			☐ Monitor
			☐ 12 lead ECG Ind: _____
			☐ O2 _____ L per _____
			☐ Pulse OX
			☐ IV Capped
			☐ IVF _____ Rate _____
			☐ Orthostatics
			☐ HHN Albuterol 2.5 mg
			☐ NG ☐ Suction _____
			☐ Glucostix
			☐ Foley
			☐ Urine Pregnancy
			☐ Straight Cath
			☐ Urine Dipstick
			☐ Restraint (see restraint order)
			☐ dT 0.5cc IM

TIME	MD	RN	ORDER
			☐ Old Records
			[signature]
2350			☐ Admit ☑ Discharge
			Service _____ Staff _____
			☐ gen ☐ tele ☐ intensive care

INITIALS	SIGNATURE	PHYSICIAN NUMBER
[illegible]	[signature]	420071
[illegible]	[signature]	

ROOM _____

09-00-19-28
MOHAMED, IBRAHIM
01/01/1966
312093644

Physician Signature: _____ ID No. _____

Date: _____ Time: _____

MD SIGNATURE, DATE AND TIME REQUIRED WITHIN 72 HRS. FOR VERBAL AND TELEPHONE ORDERS.

Physician Orders

2490

ORIGINAL - Medical Records
CANARY - Nursing
PINK - Pharmacy

623520
9/02

Froedtert Hospital

9200 West Wisconsin Avenue
P O Box 26099
Milwaukee, WI 53226-3596

Primary Affiliate of the Medical College of Wisco

Physician Order Sheet - Item #29385

Froedtert & Medical College

9200 West Wisconsin Avenue
Milwaukee, Wisconsin 53226
(414) 805-3700

USE BALL POINT PEN - PLEASE PRESS HARD

DATE OF EXAM _____ **TIME** _____

EXAM REQUESTED (Print Clearly)

1) CTL Spine
2) (R) wrist 3 views
3) (L) wrist 3 views
4) (R) ankle 3 views

PO Chest - Done

NOTE ADDED INSTRUCTIONS: _____

SEND FILM TO CLINIC ☐ YES

REQUEST FOR COPY OF REPORT TO BE SENT TO:

NAME _____

ADDRESS _____

ZIP _____

FAX NO. _____

Addressograph Area

09 00 19 2
MOHAMED,IBRAHIM
01/01/1966 M REG 10/09/2002

3120936 44 EDTC

REASON FOR EXAM (Clinical Indications / Diagnosis for exam(s))

MW C

☐ STAT READING

ORDERING PHYSICIAN NAME (PRINT)	ORDERING PHYSICIAN NUMBER
Layman	76476
ORDERING PHYSICIAN/DESIGNEE SIGNATURE	TELEPHONE NUMBER
	917 [illegible]
DATE OF SIGNATURE / DATE ORDERED	SERVICE/CLINIC
10/9/2	TO

COMPUTER DOWNTIME - FOR RADIOLOGY USE ONLY
If computer system is down, please complete this section:

DATE _____ ROOM NO. _____

TECH ID #1 _____ STUDENT ID #1 _____

TECH ID #2 _____ STUDENT ID #2 _____

TIME IN _____ TIME IN ROOM _____ TIME OUT _____

INDICATE EXAMS IF DIFFERENT FROM ABOVE

MOHAMED,IBRAHIM
09001928 Day# 749A-100902
ER - FMLH EMERGENC
PO CHEST PA OR AP

RAD CHECKED _____

Yellow - Medical Records 10/01
White - Radiology
Pink - Ordering Physician/Clinic

Radiology Request

5124

RADIOLOGY REQUEST

Froedtert & Medical College

9200 West Wisconsin Avenue
Milwaukee, Wisconsin 53226
(414) 805-3700

USE BALL POINT PEN - PLEASE PRESS HARD

DATE OF EXAM _____ **TIME** _____

EXAM REQUESTED (Print Clearly)

CT OH

NOTE ADDED INSTRUCTIONS: _____

SEND FILM TO CLINIC

☐ YES

REQUEST FOR COPY OF REPORT TO BE SENT TO:

NAME _____

ADDRESS _____

ZIP _____

FAX NO. _____

Addressograph Area

09 00 19 2
MOHAMED, IBRAHIM
01/01/1966 M REG 10/09/2002
3120936 44 EDTC

REASON FOR EXAM (Clinical Indications / Diagnosis for exam(s))

MVC
+ LOC
L

☐ STAT READING

ORDERING PHYSICIAN NAME (PRINT)	ORDERING PHYSICIAN NUMBER
[illegible]	76476
ORDERING PHYSICIAN/DESIGNEE SIGNATURE	**TELEPHONE NUMBER**
[signature]	917-865-7
DATE OF SIGNATURE / DATE ORDERED	**SERVICE/CLINIC**
10/9/2	TCS

COMPUTER DOWNTIME - FOR RADIOLOGY USE ONLY
If computer system is down, please complete this section:

DATE _____ ROOM NO. _____

TECH ID #1 _____ STUDENT ID #1 _____

TECH ID #2 _____ STUDENT ID #2 _____

TIME IN _____ TIME IN ROOM _____ TIME OUT _____

INDICATE EXAMS IF DIFFERENT FROM ABOVE

MOHAMED, IBRAHIM
09001928 Day# 740A-100902
ER - FMLH EMERGENC

RAD CHECKED _____

Yellow - Medical Records
White - Radiology
Pink - Ordering Physician/Clinic

10/01

Radiology Request

5124

RADIOLOGY REQUEST

Froedtert Hospital

Patient Accounting Department
9200 West Wisconsin Avenue
P.O. Box 26099
Milwaukee, WI 53226-3596

Primary Affiliate of the
Medical College of Wisconsin

01/31/2003

Serv Date(s): 10/09/2002 thru 10/10/20
Primary Ins: WPS (PPO)
Secondary Ins: SELF PAY
Tertiary Ins:

MOHAMED, IBRAHIM 312093644
4627 W MILL RD
MILWAUKEE, WI 53223

Patient: MOHAMED, IBRAHIM

Charge Summary

Code	Revenue Description	
250	PHARMACY	4.58
260	IV THERAPY	121.00
271	NONSTER SUPPLY	8.50
272	STERILE SUPPLY	69.50
302	LAB/IMMUNOLOGY	96.00
305	LAB/HEMATOLOGY	21.00
320	DX X-RAY	818.00
324	DX X-RAY/CHEST	182.00
351	CT SCAN/HEAD	698.00
459	OTHER EMERS ROOM	2116.50
TOTAL CHARGES		4135.08
TOTAL AMOUNT DUE:		4135.08

Froedtert Hospital

Patient Accounting Department
9200 West Wisconsin Avenue
P.O. Box 26099
Milwaukee, WI 53226-3596

Primary Affiliate of the
Medical College of Wisconsin

01/31/2003

Serv Date(s): 10/09/2002 thru 10/10/20
Primary Ins: WPS (PPO)
Secondary Ins: SELF PAY
Tertiary Ins:

MOHAMED, IBRAHIM 312093644
4627 W MILL RD
MILWAUKEE, WI 53223

Patient: MOHAMED, IBRAHIM

Charge Detail

Service Date	Charge Code	Qnt.	Description	Amount
10/09/02	44564391	1	IBUPROFEN 800MG TABLET	4.58
10/09/02	09931058	1	IV INFUSION	121.00
10/09/02	09930009	1	IV INSERTION KIT	59.00
10/09/02	09910217	1	OXYGEN	10.50
10/09/02	21001425	1	TRANSFUSION T&CXM	45.00
10/09/02	21001565	1	RH TYPE	10.00
10/09/02	21001557	1	ABO RH	22.00
10/09/02	21000047	1	ANTIBODY SCREEN	19.00
10/09/02	20101002	1	CBC	21.00
10/09/02	28000131	1	DX C SPINE 4-6V SS	216.50
10/09/02	28004117	1	DX T SPINE 2V	82.50
10/09/02	28004109	1	DX L SPINE 2-3V	90.00
10/09/02	28000941	1	DX WRIST W HAND 3-6 LT SS	140.00
10/09/02	28000958	1	DX WRIST W HAND 3-6V RT SS	140.00
10/09/02	28001089	1	DX ANKLE 3-6V RT SS	149.00
10/09/02	28002558	1	PO CHEST PA OR AP	182.00
10/09/02	31101058	1	CT HEAD W/O CONTRAST	698.00
10/09/02	09900762	1	TRAUMA - EXTENDED	2116.50
10/09/02	09910001	1	FINGERSTICK KIT	8.50
10/09/2002			Service Date Total:	4135.08

PLEASE DO NOT STAPLE IN THIS AREA

[redacted]

PICA

HEALTH INSURANCE CLAIM FORM

PICA

1 MEDICARE (Medicare #) | MEDICAID (Medicaid #) | CHAMPUS (Sponsor's SSN) | CHAMPVA (VA File #) | GROUP HEALTH PLAN (SSN or ID) | FECA BLK LUNG (SSN) | OTHER (ID) X

1a INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1): 255955702

2 PATIENT'S NAME (Last Name, First Name, Middle Initial): MOHAMMED IBRAHIM

3 PATIENT'S BIRTH DATE MM DD YY: 01 01 66 SEX M X F

4 INSURED'S NAME (Last Name, First Name, Middle Initial):

5 PATIENT'S ADDRESS (No., Street): 4621 W. MILL RD

6 PATIENT RELATIONSHIP TO INSURED: Self | Spouse | Child | Other

7 INSURED'S ADDRESS (No., Street):

CITY: MILWAUKEE STATE: WI

8 PATIENT STATUS: Single | Married | Other; Employed | Full-Time Student | Part-Time Student

CITY: STATE:

ZIP CODE: 53218 TELEPHONE (Include Area Code): 414353-2862

ZIP CODE: TELEPHONE (INCLUDE AREA CODE): ( )

9 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial):

10 IS PATIENT'S CONDITION RELATED TO:

11 INSURED'S POLICY GROUP OR FECA NUMBER:

a OTHER INSURED'S POLICY OR GROUP NUMBER:

a EMPLOYMENT? (CURRENT OR PREVIOUS) YES | NO

a INSURED'S DATE OF BIRTH MM DD YY: SEX M | F

b OTHER INSURED'S DATE OF BIRTH MM DD YY: SEX M | F

b AUTO ACCIDENT? YES | NO PLACE (State):

b EMPLOYER'S NAME OR SCHOOL NAME:

c EMPLOYER'S NAME OR SCHOOL NAME:

c OTHER ACCIDENT? YES | NO

c INSURANCE PLAN NAME OR PROGRAM NAME:

d INSURANCE PLAN NAME OR PROGRAM NAME: DAVIS & GELSHENEN LLP

10d RESERVED FOR LOCAL USE

d IS THERE ANOTHER HEALTH BENEFIT PLAN? YES | NO If yes, return to and complete item 9 a d

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below

SIGNED: SIGNATURE ON FILE DATE:

13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED: SIGNATURE ON FILE

14 DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15 IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a I.D. NUMBER OF REFERRING PHYSICIAN

18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19 RESERVED FOR LOCAL USE

20 OUTSIDE LAB? YES | NO $ CHARGES

21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1 719.49

2 723.1

3.

4.

22 MEDICAID RESUBMISSION CODE: ORIGINAL REF NO:

23 PRIOR AUTHORIZATION NUMBER:

24 A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
1 10 11 2002		11	1	99215		1	145.00	1				
2 10 17 2002		11	1	99214		1	94.73	1				
3												
4												
5												
6												

25 FEDERAL TAX I.D. NUMBER SSN EIN: 39-1834872 EIN X

26 PATIENT'S ACCOUNT NO.:

27 ACCEPT ASSIGNMENT? (For govt. claims, see back) YES X | NO

28 TOTAL CHARGE: $ 239.73

29 AMOUNT PAID: $ 0.00

30 BALANCE DUE: $ 239.73

31 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED: DR O. OYESANYA DATE: 12/17/02

32 NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33 PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #:

ALPHA MEDICAL CLINIC, S.C.
3001 W. Center St. #102
Milwaukee, WI 53210
Tel. 414-444-4838

PIN# GRP#

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

790-0119 (12/90) (OCR) 2 pt.

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88) PLEASE PRINT OR TYPE FORM HCFA-1500 (12-90) FORM OWCP-1500 FORM RRB-1500

PROGRESS NOTES

NAME Ibrahim MOHAMED DATE OF BIRTH 01/01/66 PG# 3

DATE - TIME HT

CPT CODE WT 133LB BMI BP 124/80 P 100 T ALLERGIES N/KDA

Formedic

PAGE # CHART #

10/11/02 S- Patient said he was the belted driver of a car being driven on 10/9/02 at 7pm north bound on Sherman blvd when S.U.V police car crossed his path at an intersection causing a collision. Patient said his auto air bags deployed and that he lost consciousness for 8-10 minutes. He was taken to Provident Hospital and X-ray of his wrists (R) ankle and back/neck were done. He was given Ibuprofen at ER and discharged.

Presently, he is complaining about pain at the back of his neck Upper back and (R) ankle including (L) wrist and both shoulders [(L) > (R) Sx]

O- GEN: Appears alert, not ill looking or in any distress.
Head/Eyes: PEARL- No apparent bruises, abrasions or laceration noted on face or other parts of head.
Neck: No apparent swelling, tenderness or limitation of neck movement noted.
Lungs: CTA. CVS: S1xS2 - RRR
MS/SKIN: noted 3 linear (2-3cm each) abrasions on lateral aspect of (L) wrist and noted bruising (1x2 cm) over (L) upper back (inferior to (L) scapula, otherwise no swelling, tenderness or limitation of movements - noted at (R) ankle and shoulders bilat including finger joints
Abd: soft x not distended or tender - No HSM
Ext: No pedal edema

A- ① Upper back pain x shoulders' pain ?
② Cervicalgia
③ (L) wrist & (R) ankle pain } ? post auto crash

P- ① Soma compound with codeine 1 or 2 p.o. qid/PRN - pain #30
② Advised to avoid lifting, pushing or pulling objects greater than 20LB x 1 month
③ Follow up in 1wk and consider referral for Physical therapy if pain fails to improve

IBRAHIM MUHAMMED DOB - 01/01/66

DATE - TIME HT
CPT CODE WT 135LB BMI BP 130/90 P 90 T ALLERGIES NKDA

Formedic 4

10/17/02 S Patient said he has taken prescribed Soma compound with codeine but experienced only some improvement of the pain at his upper back, neck and (L) shoulder.

O Gen: NAD in any distress
Lungs: CTA
CVS: S1 & S2 RRR
MS: No swelling, erythema, tenderness or movement limitation noted over neck and (L) shoulder. Also, no swelling, erythema or tenderness noted over scapillae and thoracic spines (upper back)
SKIN: Abrasions on (R) wrist appear covered with scab & healing satisfactorily

A (1) Neck, upper back and (L) shoulder pain - post auto crash

P (1) Advised to continue Soma Compound with codeine prescribed
(2) Arrange referral to physical therapist for 2 times per week physical therapy to upper back, neck and left shoulder (St Michael Hospital PT dept)
(3) RTO in 1 month

-Cyanf.-

St. Michael Hospital
ATTN MEDICAL RECORDS
2400 W VILLARD AVE
MILWAUKEE WI 53209

CERTIFICATION OF MEDICAL RECORDS

PATIENT: Ibrahim Mohamed

DATE(S) OF SERVICE:

I, Cheryl Braunreiter, RHIA, Record Custodian of hospital records at St. Michael Hospital, Milwaukee, Wisconsin, hereby certify that the documents annexed hereto and consisting of 13 pages, constitute an accurate, legible, and complete duplicate of the St. Michael Hospital Medical records at the time of preparation regarding the above named patient for the service date(s) listed.

Cheryl Braunreiter, RHIA

Cheryl Braunreiter RHIA

December 17, 2002

ST.MICHAEL HOSPITAL .
A MEMBER OF COVENANT HEALTHCARE

D/C 11/20/02

Account No: 5777489
Sched Date: 10/21/02 01:15 PM

MR#: 0689612

PATIENT INFORMATION

MOHAMED IBRAHIM
4621 W MILL RD
MILWAUKEE WI 53218

Phone: 414 358-8777
DOB: 01/01/1966 Age: 36
Gender: M MS: MARRIED
SS#: 255-95-5702
Religion:
Employer: AMERHART
Phone #:
Occupation:

NEAREST RELATIVE

Name: LACKINGMOHAM LATOYA
Phone: 414 358-8777
Bus Phone:
Relat: OTHER RELATIONS
Notify: Y

ADDITIONAL CONTACT

Name:
Phone:
Bus Phone:
Relat:
Notify:

VISIT INFORMATION

Admit Reason: BACK PAIN
Comment: SM DR O OLUSOJI MD

Visit Type: R
Location: SMH PT & POWER SATELLITE#
Last Inp Date:
Last Outpt Date:

PHYSICIAN INFO

Adm:
Att: PHYSICIAN NOT ON FILE
PCP:

INSURANCE INFORMATION

PRIMARY: WPS
Plan: STANDARD
PO BOX 8190
MADISON WI 53708
Phone #: 800 221-6925
Subr: MOHAMED IBRAHIM
Relat: PATIENT IS INSURED
Policy#: 255955702
Group#: WPS8815000001133
Group Name: AMERHART

GUARANTOR INFORMATION

Name: MOHAMED IBRAHIM
4621 W MILL RD
MILWAUKEE WI 53218-0000

Phone #: 414 358-8777
SS#: 255-95-5702
Employer: AMERHART
Phone #:

☒ PT ☐ OT ☐ ST ☐ PROGRESS REPORT ☒ DISCHARGE REPORT 2

DIAGNOSIS (L) shld, upper back, & neck strain PRECAUTIONS: ø

Patient seen for 8 of 8 scheduled visits between 10/21/02 (Date) and 11/20/02 (Date).

Patient reports: Doing great - has no problems

Range of pain, 0 – 10 Current: ø/10 Initially: 7/10 Subjective Pain Description:

Treatment / Education: trt incl. neck/shld ROM ex, posture + body mech, scap/shld strengthg ex + PRES, STM/US, HEP

Functional Status: Doing well has resumed all activities w/ reduction in pain

Clinical Status: grip strength / UE shld strength 5/5
neck ROM, WNL all directions
shld ROM WNL all motions (R) equal to (L)
reports ø Rx or numbness

Goals (Include met/not met/why as applicable)

All goals met, will D/C PT services at this time

Plan / Recommendations: ☒ DC Therapy ☐ Continue:
D/C to HEP

☒ Patient input solicited, plan discussed and agreed upon with patient / significant other.

Therapist Signature: [signature] PT Date: 11/20/02

Physician Reply / Orders:

☐ DC Therapy
☐ Continue Therapy: _____
☐ Special Instructions/Precautions: _____

Physician Signature: _____ **Date:** _____

Covenant Rehabilitation Services

Facility SMMRC

PT / OT / ST PROGRESS / DISCHARGE REPORT

68577 6/01

MOHAMED IBRAHIM
DOB: 01/01/66 36Y SEX: M MR: 689612
PHYSICIAN NOT ON FILE
ACCT#: 5777489

Distribution: **White:** Return to Clinic **Yellow:** Physician Copy **Pink:** Therapist Copy

3

Diagnosis: ______________________ Next Physician Appointment: ______________________

What is the best way for the patient to learn? ☐ Read ☐ Listen ☐ Pictures ☐ Demo ☐ Video ☐ Other ______

Potential Learning Barriers identified by staff: ______________________ ☐ None

If barriers are identified, see Plan of Care on Initial Evaluation.

	Visit # 7 / Date 11/18/02	Visit # 8 / Date 11/20/02	Visit # / Date
STATUS	Pt came in late for appt	Dozwell feels great ⊘ Px	
TREATMENT AND EDUCATION	Only had time to go through ex progression (per protocol) Dozwell no problems Seems to be (I) ē HEP	Scap rows/Lat pull down Bicep strength UE strength ex Cervical ROM ex + stability ex. Rot/Flex/Rot flex	
Taught	☐Patient ☐Family ☐Other ______	☐Patient ☐Family ☐Other ______	☐Patient ☐Family ☐Other ______
Methods	☐Verbal ☐Demo ☐Written ☐Other ______ ☐AV / TV	☐Verbal ☐Demo ☐Written ☐Other ______ ☐AV / TV	☐Verbal ☐Demo ☐Written ☐Other ______ ☐AV / TV
TREATMENT / OUTCOME RESPONSE — Educ. Response: (Key Below) ______	tol well,	PT D/C Eval See note	
Care Plan	☐ Continue with plan ☐ Revised as per above	☐ Continue with plan ☐ Revised as per above	☐ Continue with plan ☐ Revised as per above
Time/ Initials	[illegible] / CJB	30 / CSB	
Tx Charge	PTBV	PTEXI PEVI	

Educ. Response Key: 1. Verbalized Understanding 2. Demonstrates Skill 3. Needs Further Instruction/Reinforcement 4. Offered and Refused 5. Unable to Meet

OTHER COMMENTS: ______________________

Init.	Signature	Init.	Signature	Init.	Signature
CSB	[signature]				

Covenant Rehabilitation Services

Facility SMHRC

PT/OT/SP
TREATMENT
FLOWSHEET

66831 1/01

MOHAMED IBRAHIM
DOB: 01/01/66 36Y SEX: M MR: 689612
PHYSICIAN NOT ON FILE
ACCT#:
5777489

Diagnosis: _____ Next Physician Appointment: _____

What is the best way for the patient to learn? ☐ Read ☐ Listen ☐ Pictures ☐ Demo ☐ Video ☐ Other _____

Potential Learning Barriers identified by staff: _____ ☐ None

If barriers are identified, see Plan of Care on Initial Evaluation.

	Visit # 4	Date 11/04/02	Visit # 5	Date 11/06/02	Visit # 6	Date 11/11/02
STATUS	Reports Therapy is working and he is getting better.		Does better every day only a little stiff.		Doing well, only complaint is (L) shld soreness in morning after he wakes up - gets better after he moves around a little	
TREATMENT AND EDUCATION	Lat Row 4x10 40# Tricep pushdown 70# 3x10 Shld press 30# 3x10 Lat pull down 90# x10 70# x10 Bicep curl 40# 3x5 Push-up on swiss ball 2x10 1x15 (knees against table) Taught: ☐Patient ☐Family ☐Other _____ Methods: ☐Verbal ☐Demo ☐Written ☐Other _____ ☐AV / TV		Lat Row 50# 3x10 Lat pull down 70# 3x10 Bicep curl 7.5# 2x10 Neck stretches AROM Lat flex 5sec 4x each Rot Flex Ext Taught: ☐Patient ☐Family ☐Other _____ Methods: ☐Verbal ☐Demo ☐Written ☐Other _____ ☐AV / TV		Lat Row 60# 3x10 Shld press 30# 3x10 Lat pull down 60# 3x10 Bicep curls (Bucket / pully) 12.5# 3x10 Prone scapular retraction on SB 3x15 2# Taught: ☐Patient ☐Family ☐Other _____ Methods: ☐Verbal ☐Demo ☐Written ☐Other _____ ☐AV / TV	
TREATMENT / OUTCOME RESPONSE	Educ. Response: (Key Below) _____ Sx 5 support. Doing well feels good.		Educ. Response: (Key Below) _____ Shld stretches ext / retraction & flex. Tol well more loose		Educ. Response: (Key Below) _____ Shld flex / Abd (L) 165° Shld IR 0-60° (L) ER 0-50° (L) mildly (+) Empty can (-) Rx c flex / shld scaption 90° and up c 2# 10, 15, 20 reps (+) Empty can (-)	
Care Plan	☐ Continue with plan ☐ Revised as per above		☐ Continue with plan ☐ Revised as per above		☐ Continue with plan ☐ Revised as per above	
Time / Initials	30	CJB	30	CJB	30	CJB
Tx Charge	PREX2		PREX2		PREX2	

Educ. Response Key: 1. Verbalized Understanding 2. Demonstrates Skill 3. Needs Further Instruction/Reinforcement 4. Offered and Refused 5. Unable to Meet

OTHER COMMENTS: _____

Init.	Signature	Init.	Signature	Init.	Signature
CJB					

Covenant Rehabilitation Services

Facility SMH

PT/OT/SP TREATMENT FLOWSHEET

66831 1/01

MOHAMED IBRAHIM
DOB: 01/01/66 36Y SEX: M MR: 689612
PHYSICIAN NOT ON FILE
ACCT#: 5777489

Diagnosis: _____ Next Physician Appointment: _____

What is the best way for the patient to learn? ☐ Read ☐ Listen ☐ Pictures ☐ Demo ☐ Video ☐ Other _____

Potential Learning Barriers identified by staff: _____ ☐ None

If barriers are identified, see Plan of Care on Initial Evaluation.

	Visit # 1	Date 10/21/02	Visit # 2	Date 10/28/02	Visit # 3	Date 10/30/02
STATUS	PT eval		Stiff over weekend in neck + shld		Dizzy while Not much better	
TREATMENT AND EDUCATION	• PT eval - see forms • postre reed - use of lumbar & cervical roll • sleeping position ed. • US 1.4w/cm² x 8min 1mHz to (L) lower CLS-> TL region in (R) sidelying • other ex: sh. rolls, scap squeezes, chin tucks handouts issued.		STM + (L) Scapular + cervical paraspinals, UT (L) cervical cervical Traction + MFR		Bphasic e-stim as tol 10 on 10 off x20 min 100% work on posture while sitting. Thagun ex Bottom Lat Row 3x10	
	Taught: ☐Patient ☐Family ☐Other _____ Methods: ☐Verbal ☐Demo ☐Written ☐Other _____ ☐AV / TV		Taught: ☐Patient ☐Family ☐Other _____ Methods: ☐Verbal ☐Demo ☐Written ☐Other _____ ☐AV / TV		Taught: ☐Patient ☐Family ☐Other _____ Methods: ☐Verbal ☐Demo ☐Written ☐Other _____ ☐AV / TV	
TREATMENT / OUTCOME RESPONSE	Educ. Response: (Key Below) _____ bd pain ↑ above; Monitor pt's c/o of LS pain - if cont - call MD for order - LS not evaluated today		Educ. Response: (Key Below) _____ tol tx well. Pt noted to cont c usual activity ~~Ex~~		Educ. Response: (Key Below) _____ tol well.	
Care Plan	☒ Continue with plan ☐ Revised as per above		☐ Continue with plan ☐ Revised as per above		☐ Continue with plan ☐ Revised as per above	
Time/ Initials	60	AR	30	CSB	30	CSB
Tx Charge	3 PEV 1 DUES, 1 DV		PMOT2		PEX1, PES51	

Educ. Response Key: 1. Verbalized Understanding 2. Demonstrates Skill 3. Needs Further Instruction/Reinforcement 4. Offered and Refused 5. Unable to Meet

OTHER COMMENTS: _____

Init.	Signature	Init.	Signature	Init.	Signature
AR	Amy Rose MPT				

Covenant Rehabilitation Services

Facility _____

PT/OT/SP TREATMENT FLOWSHEET

66831 1/01

Mohammed, Ibrahim

MOHAMED IBRAHIM
DOB: 01/01/66 36Y SEX: M MR: 689612
PHYSICIAN NOT ON FILE
ACCT#: 5777489

DIAGNOSIS: (L) shoulder, upper back & neck strain — DATE OF ONSET: 10/9/02

RX / PRECAUTIONS:

MEDICAL HISTORY

MECHANISM OF INJURY / WORK RELATED INJURY
pt's drivers side of car hit (MVA); pushed his car into 2 others

PREVIOUS TESTS / RX / INCLUDING PAIN RX AND RESULTS
XRAY in ER = (-)

MEDICATIONS / ALLERGIES
pain meds. antiinflams & mm relaxers = helping

OTHER DIAGNOSES / SURGERIES
good general health

* pt also clo LBP (lumbar not assessed today 2° not ordered. will monitor)

SOCIAL STATUS

VOCATIONAL / AVOCATIONAL ACTIVITIES
on light duty c lifting restriction; normally needs to lift ≤ 50# — WORKING ☒ YES ☐ NO

PSYCHOSOCIAL FACTORS
Rec activ = YMCA, wt lifting & soccer (unable since accident)

PAIN

LOCATION / ONSET
(L) shoulder, (L) CS → TS & LS

PAIN INTENSITY SCALE
7/10

CHARACTERISTICS
A (R) hand dominant

WHAT INCREASES PAIN?
reaching, lifting, stiff in a.m., work

WHAT DECREASES PAIN?
meds, heat

BEHAVIORS

FUNCTIONAL LIMITATIONS

FUNCTION / PAIN LIMITATIONS
on restricted work duty; painful c overhead reaching, turning head, stiff in a.m., UTA YMCA workouts & soccer; difficulty playing / caring for 2yo child

CLINICAL LIMITATIONS

CLINICAL LIMITATIONS
see part B

GOALS

SHORT TERM GOALS / TIME FRAME (2wks)
1. (I) posture correction 2. (I) body mechanics 3. ↓ pain to 4/10 at worst

LONG TERM GOALS / TIME FRAME (4wks)
1. (I) HEP 2. shoulder ROM R=L 3. CS ROM WNL 4. strength = 4/5 - 5. minimal to c reaching/lifting activ 6. return to full duty 7. return to gym

PATIENT / FAMILY GOAL (INCL. PAIN)
↓ pain; return to full duty & gym

PLAN

PLAN (RX FREQ, DURATION, EDUCATIONAL PLAN)
2x/wk x 4wks for modalities prn, posture ed, body mech ed, ther ex, ROM, manual RTOM, HEP

DX

REHAB PROGNOSIS
good

THERAPIST'S SIGNATURE — DATE: 10/21/02

Goals discussed with Patient/Family ☒

Covenant HEALTHCARE

FACILITY SMHCF

WHITE - MEDICAL RECORDS YELLOW - CLINIC

SUMMARY OF PHYSICAL MEDICINE EVALUATION

512 3/2002 R4

MOHAMED IBRAHIM
DOB: 01/01/66 36Y SEX: M MR: 689612
PHYSICIAN NOT ON FILE
ACCT#: 5777489

Covenant HEALTHCARE

PHYSICAL MEDICINE OBJECTIVE FINDINGS SHOULDER - PART B

PATIENT NAME - LAST: Mohammed, Ibraham
FIRST
ROOM NUMBER

MOHAMED IBRAHIM
DOB: 01/01/66 36Y SEX: M MR: 689612
PHYSICIAN NOT ON FILE
ACCT#: 5777489

FACILITY: SMHCF

APPEARANCE

APPEARANCE - ATROPHY / EDEMA / SKIN INTEGRITY: Fwd sh, protracted scap, Fwd head

POSTURE / STRUCTURE - CERVICAL / THORACIC SPINE:

POSTURE / STRUCTURE - SCAPULAR POSITION:

GAIT:

ROM / STRENGTH

LEFT AROM	LEFT PROM	LEFT MMT	MOTION	RIGHT AROM	RIGHT PROM	RIGHT MMT
			SCAPULA: SERRATUS ANT.			
			RHOMBOIDS			
			LOW TRAP.			
			G-H JOINT: SUPRASPINATUS			
145°		4-/5 all painful	FLEXION	165°	Hero AE	4/5
—			EXTENSION			
150°			ABDUCTION	165°		
			ADDUCTION			
25°			EXT. ROTATION	60°		
20°			INT. ROTATION	50°		
			ELBOW: ELBOW FLEXION			
			ELBOW EXTENSION			
			FOREARM: SUPINATION			
			PRONATION			

POSITION CODE: Supine - SU Prone - PR Sitting - SI Standing - SA

STRENGTH	LEFT	RIGHT
Grasp	NT	NT
Lateral Pinch		
Palmar Pinch		

PALPATION / SENSATION

PALPATION: tender (L) UT, levator, lower CLS, rhomboid, periscap

SENSATION:

SPECIAL TESTS

Empty Can: (+)
Drop Arm: (−)
Apprehension: ↓ ROM to anter
Impingement: possible (+)?
Speeds:
Elbow Valgus / Varus:

Yergason: (−)
Tinels: NT
Joint Play:
Thoracic Outlet:
A/C Joint:

OTHER

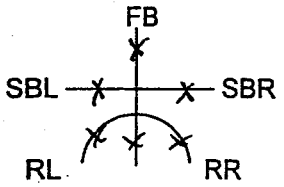
THERAPIST'S SIGNATURE: Amy RN/NT

WHITE - MEDICAL RECORDS
YELLOW - CLINIC
FORM 290 5/96

PHYSICAL MEDICINE OBJECTIVE FINDINGS - CERVICAL/THORACIC SPINE /PT. B

POSTURE see sh- eval

MOTION LOSS / COMMENTS



all AROM CLS limited ± 25-30% 2° (L) UT/CLS pain

Passive intervertebral motion: _____

CERVICAL DIFFERENTIAL TESTING

Rep Pro _____
Rep Ret _____
Rep Ret Ext _____
Rep SB (R) _____
Rep SB (L) _____
Rep ROT (R) _____
Rep ROT (L) _____
Rep Flex _____

STRENGTH

Trunk - upper back _____
Trunk - lower Trapezius R _____ L _____
Grip R _____ L _____
Other _____

UPPER QUADRANT	LEFT	RIGHT
C4 Shld. Shrug	4-/5	4+/5
C5 Biceps		
C6 Wrist Ext.		
C7 Triceps		
C8 Thumb Ext.	4/5	
T1 Hand Int.		

REFLEXES/ SENSATION / OTHER

REFLEXES: Biceps C5-C6 _____ SENSATION intact to L.t. Headache? Ø
Triceps C7 _____ denies Radiculopathy Tinnitis Ø
Brac. rad C5 - C6 _____

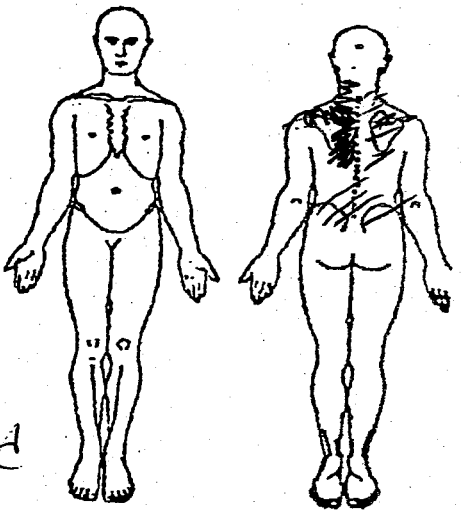
SPECIAL TESTS

Compression: (-)
Distraction: (-)
Quadrant: NT
TMJ: NT
Thoracic outlet: ↓
Other: see shoulder eval - pt also c/o L/S pain - will monitor - if cont then call MD

Impression: _____

PAIN PATTERN

PALPATION moderate tenderness (L) >> (R) lower CLS -> UT, levator, rhomboid, periscap region, mod - muscle guarding noted



Therapist: AJR MPT Date: 10/21/02

Covenant HEALTHCARE
Facility SMRC

Physical Medicine Objective Findings - Cervical / Thoracic Spine - Part B

Mohammed Ibrahim
MOHAMED IBRAHIM
DOB: 01/01/66 36Y SEX: M MR: 689612
PHYSICIAN NOT ON FILE
ACCT#: 5777489

WHITE - MEDICAL RECORDS
YELLOW - CLINIC

505 6/97

9

ST.MICHAEL HOSPITAL
A MEMBER OF COVENANT HEALTHCARE

Account No: 5777489
Sched Date: 10/21/02 01:15 PM

MR#: 0689612

PATIENT INFORMATION

MOHAMED IBRAHIM
4621 W MILL RD
MILWAUKEE WI 53218

Phone: 414 358-8777
DOB: 01/01/1966 Age: 36
Gender: M MS: MARRIED
SS#: 255-95-5702
Religion:
Employer: AMERHART
Phone #:
Occupation:

NEAREST RELATIVE
Name: LACKINGMOHAM LATOYA
Phone: 414 358-8777
Bus Phone:
Relat: OTHER RELATIONS
Notify: Y

ADDITIONAL CONTACT
Name:
Phone:
Bus Phone:
Relat:
Notify:

VISIT INFORMATION

Admit Reason: BACK PAIN
Comment: SM DR O OLUSOJI MD

Visit Type: ~~ER~~ OR
Location: SMH PT & POWER SATELLITE#
Last Inp Date:
Last Outpt Date:

PHYSICIAN INFO
Adm:
Att: PHYSICIAN NOT ON FILE
PCP:

INSURANCE INFORMATION

PRIMARY: WPS
Plan: STANDARD
PO BOX 8190
MADISON WI 53708
Phone #: 800 221-6925
Subr: MOHAMED IBRAHIM
Relat: PATIENT IS INSURED
Policy#: 255955702
Group#: WPS8815000001133
Group Name: AMERHART

GUARANTOR INFORMATION

Name: MOHAMED IBRAHIM
4621 W MILL RD
MILWAUKEE WI 53218-0000

Phone #: 414 358-8777
SS#: 255-95-5702
Employer: AMERHART
Phone #:

DeBra-
500-DED.
Coinsurance- 85 Covered
Plus
Out of pocket- $45.00

Therapy Services provided
Bus & PT or OT.
(Not PTA/ATC)
6 visits per year.
FAX notes # DX, procedures
6 code- notes from
6 V75. Treatment
Plan

608-226-4444
Attn: Medical review

10

DEA # _____

ALPHA MEDICAL CLINIC, S.C.
OLUSOJI OYESANYA, M.D., M.P.H.
GENERAL MEDICINE
6001 WEST CENTER STREET
SUITE 102
MILWAUKEE, WI 53210
414-444-4484 FAX: 414-444-4838

NAME Ibrahim MOHAMED 10/09/02

ADDRESS _____

℞ (Please Print)

Dear Physical therapist,

Please, arrange 2 times per week physical therapy to the upper back, neck and (L) shoulder of the above named patient who was involved in an auto crash on 10/09/02

☐ LABEL

REFILL _____ TIMES PRN NR

M.D.

TO INSURE BRAND NAME DISPENSING, PRESCRIBER MUST WRITE 'NO SUBSTITUTION' OR 'N.S.' ON THE PRESCRIPTION.

TRI011106_100182797-2_03_26683_0001

06-NOV-01

REMOVE TAPE & ATTACH SECOND SHEET ALONG LINE 2

850/575

St. Michael Hospital
2400 West Villard Avenue
Milwaukee, Wisconsin 53209-4999
A MEMBER OF Covenant HEALTHCARE
St. Michael Hospital is Sponsored by the Wheaton Franciscan Sisters

MOHAMED IBRAHIM
DOB: 01/01/66 36Y SEX: M MR: 689612
PHYSICIAN NOT ON FILE
ACCT#: 5777489

4/97 R1

PHYSICAL MEDICAL MASTER SHEET

CERVICAL SPINE - 25
Flexibility: Retraction

Pull head straight back keeping jaw and eyes level.
Hold 5 seconds - Repeat 10 times.
Do 2 times per day.

Also:

1) shoulder blade pinches x 10 reps
2) shoulder rolls x 10 reps

} 3x daily

3) Add towel roll behind your lowback while sitting for support

4) Add towel roll inside pillowcase for neck support while sleeping ? use extra pillow for arm support

5) Be aware of your posture.

rd 2/10/06

12
13

Covenant
HEALTHCARE

CONSENT FOR TREATMENT AND FINANCIAL AGREEMENT

☐ Elmbrook Memorial Hospital
☐ St. Francis Hospital
☐ St. Michael 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.

MOHAMED IBRAHIM
DOB: 01/01/66 36Y SEX: M MR: 689612
PHYSICIAN NOT ON FILE
ACCT#: 5777489

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.

X Ibrahim _____ Oct 21-02 _____ _____
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

Covenant HEALTHCARE
Elmbrook Memorial Hospital • St. Francis Hospital
St. Joseph's Hospital • St. Michael Hospital

1820 8/2000 R4

MOHAMED IBRAHIM
DOB: 01/01/66 36Y SEX: M MR: 689612
PHYSICIAN NOT ON FILE
ACCT#: 5777489

CERTIFICATION OF PATIENT BILLING

PATIENT: IBRAHIM MOHAMED

DATE OF TREATMENT: 10/21/02 TO 11/20/02

I, M. JAY HAECKER CORRESPONDENCE TECHNICIAN AT: ST MICHAEL'S HOSPITAL

HEREBY CERTIFY THAT THE DOCUMENTS ANNEXED HERTO, AND CONSISTING OF 2 PAGES, CONSTITUTE AN ACCURATE AND LEGIBLE DUPLICATE OF THE PATIENT BILLING IN OUR POSSISSION REGARDING THE ABOVE NAMED PATIENT, AS REQUESTED, AND FOR WHICH AUTHORIZATION WAS GRANTED.

1/31/03
DATE

M. Jay Haecker
CORRESPONDENCE TECHNICIAN

ST MICHAEL HOSPITAL
BOX 68-9505
MILWAUKEE, WI 53268-9505
Statement on: 01/31/03 at 09:32 AM

Guarantor: MOHAMED IBRAHIM
4621 W MILL RD
MILWAUKEE, WI 53218-0000

Patient: MOHAMED IBRAHIM
Visit #: 5777489
AR Seg: 10/21/02 to 10/31/02

Date	Svc Code	Description	Units	Debits	Credits
10/21/02	5301009	PT ULTRA/US ELECSTIM/	1	81.00	
10/21/02	5301051	PT EVALUATION/UNIT	3	250.50	
10/28/02	61940259	PT MANUAL THERAPY/UNI	2	200.00	
10/30/02	5301003	PT ELEC STIM UNATTEND	1	89.50	
10/30/02	5301012	PT THERAPEUTIC EXER/U	1	100.00	
11/29/02	9900649	PAY WPS	-1		591.22-
12/02/02	9848532	ALL WPS PPO-ADMINISTR	-1		129.78-
				Balance:	0.00

* - Not posted

ST MICHAEL HOSPITAL
BOX 68-9505
MILWAUKEE, WI 53268-9505
Statement on: 01/31/03 at 09:32 AM

Guarantor: MOHAMED IBRAHIM
4621 W MILL RD
MILWAUKEE, WI 53218-0000

Patient: MOHAMED IBRAHIM
Visit #: 5777489
AR Seg: 11/01/02 to 11/20/02

Date	Svc Code	Description	Units	Debits	Credits
11/04/02	5301012	PT THERAPEUTIC EXER/U	2	200.00	
11/06/02	5301012	PT THERAPEUTIC EXER/U	2	200.00	
11/11/02	5301012	PT THERAPEUTIC EXER/U	2	200.00	
11/18/02	5301012	PT THERAPEUTIC EXER/U	1	100.00	
11/20/02	5301012	PT THERAPEUTIC EXER/U	1	100.00	
11/20/02	5301051	PT EVALUATION/UNIT	1	83.50	

* - Not posted

Balance: 883.50

Davis & Gelshenen LLP

Daniel S. Davis
John J. Gelshenen, Jr.
Robert B. Corris, S.C. *Of Counsel*
(affiliated, not a partnership)

735 North Water Street, Suite 1440
Milwaukee, Wisconsin 53202
414.271.1000/tel
414.272.8050/fax

WAGE LOSS STATEMENT

Employer's Name: Amerhart

Address: 5800 West Douglas Ave.
Milwaukee, WI 53218

Employee's Name: Ibrahim Mohamed

Social Security #: 255-95-5702

Wage Rate - Per Hour $ 11.85
OR Per Job $ _____

Number of scheduled hours worked per day 8 +

Number of overtime hours worked per day 1 hr - more when available

Number of overtime hours worked per week 5 hr - more when available

Dates of employee's absence from work and reason for absences:

10/10/02 ~~1/2~~ 10/11/02 + 10/14/02 -
Abe is scheduled for 8 hours day - There has been overtime but it's not a sure thing

Total number of days absent 3 Total number of hours absent 24

Is there any vacation time, paid holidays, company contributions, fringe benefit plans or other financial loss the employee incurred as a result of this accident? If so, explain. none

Total wage loss $ 284.40

Date 12-11-02 Signature of Employer Joan Kuss
H.R. Mgr.

Phone number of signator 920-494-4744