

FIGUEROA & JACKSON, LLC ATTORNEYS AT LAW

THE PETTIBONE MANSION
2051 WEST WISCONSIN AVENUE
MILWAUKEE, WISCONSIN 53233

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

August 24, 2005

City Clerks Office
ATTN: CLAIMS
200 E. Wells St., Room 205
Milwaukee, WI 53202-3567

CITY OF MILWAUKEE
2005 AUG 25 PM 2: 27
RONALD D. LEONHARDT
CITY CLERK

RE: Notice of Claim for Damages for Warnette Hunter
Date of Incident: March 13, 2004

Dear City Clerk:

Pursuant to sect. 893.80(1)(b), Wis. Stats, Warnette Hunter, through her undersigned counsel, presents this notice of claim for damages.

Please note that this is a follow-up to the notice of circumstances of injury that your office received on July 8, 2004. The previous notice did not list an amount of medical bills due to my client needing knee surgery as a result of the accident.

CLAIMANT

Ms. Warnette Hunter
4326 W. Keefe Avenue
Milwaukee, WI 53216

CITY OF MILWAUKEE
2005 AUG 25 PM 3: 25
OFFICE OF
CITY ATTORNEY

CIRCUMSTANCES OF CLAIM FOR DAMAGES

On March 13, 2004, at approximately 6:30 p.m., Ms. Hunter was waiting to board the number 76, at the bus stop located 60th and Fond du lac Avenue. As Ms. Hunter stepped into the street to board the bus, her foot was caught in a hole that was in the

street. As a result, Ms. Hunter twisted her right ankle and knee. Ms. Hunter went to the emergency room at St. Michael's on March 14, 2004 because of the persistent pain and swelling in her right ankle and knee and was prescribed Ibuprofen, Hydrocodone and Naproxem to deal with her pain. Ms. Hunter went to her primary care physician, Dr. Geoffrey Scott to follow up with him regarding the continued pain in her right ankle and knee. Dr. Scott referred her to Dr. Ronald Arnold, who specializes in feet problems. Dr. Arnold took an MRI of Ms. Hunter's ankle and knee and determined that Ms. Hunter had torn two ligaments in her right ankle and torn cartilage in her right knee.

Ms. Hunter has undergone physical therapy from April 30, 2004 until May24, 2004. Ms. Hunter's kneecap has not healed by itself; therefore she has been scheduled for surgery on July 12, 2004, to repair the torn cartilage in her right knee. Based on the negligence of the City of Milwaukee Department of Public Works to keep the streets in a safe condition for its drivers and pedestrians, the City is liable to my client in the amount of

\$133,718.10.

Copies of the claimant's medical records and medical bills have been provided for your review.

Please send us a written acknowledgement of this Notice of Claim for Damages.

OUR EVALUATION OF THIS CLAIM

Medical and Hospital Expense: \$ 26,743.62

Loss Wages: \$ 0.00

Past, Present and Future Pain and
Suffering and Disability, if any: \$ 106,974.48

TOTAL DEMAND \$ 133,718.10

Warnette Hunter
Warnette Hunter
Complainant

Aug 22, 2005
Date

Tamara N. Jackson
Tamara N. Jackson
Attorney for Complainant

August 22, 2005
Date

ST MICHAEL HOSPITAL
 BOX 68-9505
 MILWAUKEE, WI 53268-9505
 Statement on: 08/15/05 at 09:13 AM

PAGE: 1

Guarantor: HUNTER WARNETTE
 4326 W KEEFE AVENUE
 MILWAUKEE, WI 53216-0000

Patient: HUNTER WARNETTE
 Visit #: 5964087
 AR Seg: 03/14/04 to 03/14/04

Date	Svc Code	Description	Units	Debits	Credits
03/13/04	61549283	ED CARE LEVEL 3	1	394.25	
03/14/04	12808013	VICODIN-GEN TAB UD	1	4.60	
03/14/04	59280731	ED ANKLE RT 3+ VIEWS	1	247.00	
03/14/04	59280735	ED FOOT RT 3+ VIEWS	1	235.50	
03/18/04	9848034	ALLOW T19 OUTPATIENT	-1		773.49-
03/25/04	9900301	PAY T19 INPATIENT	-1		104.86-
05/27/04	9848472	ALLOW MIN BAL WRITE O	-1		3.00-
* - Not posted				Balance:	0.00

24563

FIGUEROA & JACKSON, LLC ATTORNEYS AT LAW

THE PETTIBONE MANSION
2051 WEST WISCONSIN AVENUE
MILWAUKEE, WISCONSIN 53233

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

July 27, 2005

St. Michaels Hospital
Attn: Medical Records
2400 W. Villard Avenue
Milwaukee, WI 53209-4999

RE: Personal Injury Case

To whom this may concern:


Enclosed please find an authorization for the release of medical information that has been signed by Warnette Hunter. I am writing to request any billing records from March 14, 2004 until March 15, 2004 that you may have concerning Warnette Hunter as it relates to a slip and fall accident that occurred on March 13, 2004. The signed authorizations indicate that she approves the release of any information we request in the interests of her legal matter.

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

Thank you for your prompt attention to this matter.

Sincerely,

FIGUEROA & JACKSON, LLC



Tamara N. Jackson
Attorney at Law

Enclosure

OSK

3

AUTHORIZATION TO VIEW / DISCLOSE HEALTH INFORMATION

Patient Name: Wannette Hunter MR Number 16-05-72
Address 4326 W KeefeRD City Milwaukee State Wis. Zip 53216
Date of Birth: 3-26-1957 Social Security # 394-70-5631 Phone 414 873-8025

I authorize the use or disclosure of the above named patient's Protected Health Information as described below:

FROM:

- | | |
|--|---|
| <input type="checkbox"/> St Joseph's Regional Medical Center
5000 W. Chambers
Milwaukee, WI 53210 | <input type="checkbox"/> Elmbrook Memorial Hospital
19333 W. North Avenue
Brookfield, WI 53045 |
| <input checked="" type="checkbox"/> St. Michael Hospital
2400 W. Villard Avenue
Milwaukee, WI 53209-4999 | <input type="checkbox"/> St. Francis Hospital
3237 S. 16 th Street
Milwaukee, WI 53215 |

TO: Name Wannette Hunter
Address 4326 W Keefe City Mil State Wis Zip 53216

FOR THE PURPOSE OF: (Check all that apply.)

- View Protected Health Information ONLY: Date _____ Time _____
 Continued Care Legal Insurance At Request of Patient Other _____

INFORMATION TO BE VIEWED AND OR DISCLOSED:

Date(s) of Service: 3-13-04 to 3-15-04

The type and amount of information to be used or disclosed is as follows:

- | | | | | |
|--|--|--|---|--|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Consultation | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Operative Report | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Lab | <input type="checkbox"/> EKG | <input type="checkbox"/> X-ray | <input type="checkbox"/> CT Scan | <input checked="" type="checkbox"/> ED Record |
| <input type="checkbox"/> Record Abstract | <input type="checkbox"/> HIV/AIDS (including test results) | <input type="checkbox"/> Mental Health (including treatment results) | | |
| <input type="checkbox"/> Entire Record | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Immunization Records | | |
| <input type="checkbox"/> Other _____ | | | | |

This authorization is voluntary. CHSI will not condition your treatment on this authorization.

I understand that I have a right to revoke this authorization at any time. I can do so by submitting my revocation in writing to the Medical Records Department. I understand that my revocation will not apply to information that has already been released in response to this authorization.

In support of your privacy, CHSI does not accept your blanket authorization to disclose Protected Health Information of treatment you have not yet received. A new authorization will be required for each new episode of care. I understand that if I refuse to authorize the disclosure of information, the information may not be released. Refer to the Notice of Privacy Practices for more information about your rights with your Protected Health Information.



Sponsored by the Wheaton Franciscan and Falconer Sisters

Authorization To View /
Disclose Health Information
For Hospitals

79466 3/03

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

3/14/05
gnc
D3/31/05

ST. MICHAEL HOSPITAL
A MEMBER OF COVENANT HEALTHCARE

1800
JR

Account No: 5964087
Sched Date: 03/14/04 02:32 PM

MR#: 0160572

PATIENT INFORMATION

HUNTER WARNETTE
3232 N 24 PLACE
MILWAUKEE WI 53206

Phone: 414 873-8025
DOB: 03/26/1957 Age: 46
Gender: F MS: DIVORCED

SS#: 394-70-5631
Religion: BAPTIST
Employer:
Phone #:
Occupation:

NEAREST RELATIVE

Name: HUGHES SHIRLEY
Phone: 414 371-9299
Bus Phone:
Relat: PARENT
Notify: Y

ADDITIONAL CONTACT

Name: HUNTER CONSUELLA
Phone: 414 873-8025
Bus Phone:
Relat: CHILD
Notify: Y

VISIT INFORMATION

Admit Reason: PAIN - EXTREMITIES
Comment: SW T04074

Visit Type: E
Location: EMERGENCY DEPT#
Last Inp Date:
Last Outpt Date: 01/08/04

INTERPRETER NEEDED: NO
Language: ENGLISH

PHYSICIAN INFO

Adm:
Att: EMERGENCY MEDICINE SPECIA
PCP: SCOTT GEOFFREY

INSURANCE INFORMATION

PRIMARY: T19
Plan: STANDARD
6406 BRIDGE ROAD
MADISON WI 53784
Phone #: 800 947-9627
Subr: HUNTER WARNETTE
Relat: PATIENT IS INSURED -
Policy#: 3947056310
Group#:
Group Name: .

GUARANTOR INFORMATION

Name: HUNTER WARNETTE
3232 N 24 PLACE
MILWAUKEE WI 53206-0000
Phone #: 414 873-8025
SS#: 394-70-5631
Employer:
Phone #:

Rosclush



DATE BEEN 3/14/04
 TIME BEEN 1717

1800

- URINE DIP
- SEND U/A IF POS
- GLU
- BILI
- KET
- SG
- BLO
- pH
- PRO
- URO
- NIT
- LEU

X-RAYS

- REASON FOR X-RAYS
- CHEST
 - ABD
 - C-SPINE
 - SHOOT THRU
- Rankie
 / Boot

1540

amteches
 T VI OD, IN PV 1758

DISPOSITION / TIME ORDER **NOTIFICATION** **TIME**

HOME ADMIT OBSERVATION

Diagnosis: Rankie sprain
 2nd Diagnosis: Rankie contusion

Telemetry: Yes No Time

Attending MD:

MD On-Call:

PRN Request Job:

TRANSFER - Home

HEALTH DEPARTMENT

POLICE

MEDICAL EXAMINER

PA / RESIDENT / MEDICAL STUDENT

ATTENDING STAFF

[Signature]



EMERGENCY DEPARTMENT
 ADMISSION - PAGE 1

HUNTER WARNETTE
 DOB: 03/26/57 46Y SEX: F MR: 160572
 EMERGENCY MEDICINE SPECIALIST

ACCT#: 5964087



EMERGENCY RECORD - PHYSICIAN DOCUMENTATION

Patient ID: 160572

Sun Mar 14, 2004

CHIEF COMPLAINT: right ankle injury

HISTORY OF PRESENT ILLNESS: Patient complains of a twisting injury to the right lateral ankle approximately a few hours prior to arrival. Patient is unable to bear weight. The injury allegedly occurred while walking.

Patient states she landed on left knee, and there is slight bruising here. No head injury. No numbness or tingling. No other injuries. No previous injuries.

ALLERGIES: -reviewed nurses' notes

CURRENT MEDICATIONS: -reviewed nurses' notes

REVIEW OF SYSTEMS: As per the HPI, the review of systems was otherwise negative.

PAST MEDICAL HISTORY: GERD, migraines

SOCIAL HISTORY: smoker

FAMILY HISTORY: not inquired

I reviewed the patient's nurses' database.

PHYSICAL EXAM: Vital Signs: Reviewed Nurse's notes.

PATIENT STATUS: well nourished, well hydrated, in wheelchair.

ANKLE: right lateral ankle. Tender. moderate swelling. Range of motion: limited secondary to pain. No deformity. There is no erythema, warmth or ecchymosis. Neurovascular status: normal. The foot and knee have full range of motion and are without pain or tenderness. The posterior tibial pulse is normal. The dorsalis pedis pulse is normal. Capillary refill is normal. Without joint instability. Achilles tendon is nontender. the proximal fibula is nontender.

MOOD: Appropriate to subject.

GAIT: unable to test.

KNEE: left anterior knee. Nontender. Nonswollen. Range of motion: full. No deformity. Skin is slightly ecchymotic. Neurovascular status: normal. Without ligamentous laxity of knee. Without joint instability. Without joint effusion. The hip and ankle have full range of motion and are without pain or tenderness.

RADIOLOGY:

X-ray: An x-ray was obtained of the right ankle foot. The quality of the films was good. The x-ray was normal. there is possible calcification or mild avulsion of calcaneous. Interpretation by the ED physician.

PROCEDURE(S):

orthoglass posterior ankle splint was applied to the right ankle. Splint was applied by the

COURSE IN THE EMERGENCY DEPARTMENT: Will treat for conservatively as sprain rule out fracture with RICE, splint and crutches. Low clinical suspicion of fracture, therefore, will have patient see PMD this week for follow up. No evidence of infection, achilles injury.

This patient's case was discussed with Dr. John Rosebush

DIAGNOSIS: Acute right ankle sprain, rule out fracture, left knee contusion **DISPOSITION:** Patient was discharged home in good condition.

Patient discharged with prescription(s) for: vicodin.

Patient to follow up with: their personal physician as noted.

Effett Virk PA-C

CONSULTATION

DIAGNOSIS

CONDITION

DATE

ATTENDING
JR

EMERGENCY RECORD

RESIDENT/MEDICAL STUDENT
Hunter Warnette

HUNTER WARNETTE

DOB: 03/26/57 46Y SEX: F MR: 160572
EMERGENCY MEDICINE SPECIA

ACCT#: 5964087



MEDICAL RECORDS COPY



Call West Coast Regional
 Administration: 800-451-7273
 Fax: 800-451-7273

EMERGENCY PATIENT CARE RECORD

TIME: 1410 ARRIVAL MODE: WALK WC CARRIED AMB. MED. UNIT
 TREATMENT PRIOR TO ARRIVAL: COLLAR/BOARD CE SPLINT DRESSING IV
 TO ARRIVAL: DRUGS

TRIAGE CATEGORY: 1 2 3 4 5
 T: O: R: BP: 97.7 / 147/90 P: 108/18 SpO2:
 TB SCREEN: YES NO HEMOPHYSI? YES NO
 43 WEEKS? YES NO IF YES GO TO SECONDARY SCREENING.
 SECONDARY: FEVER UNINTENTIONAL WEIGHT LOSS CHILLS
 NIGHT SWEATS LOSS OF APETITE MALAISE NONE
 ALLERGIES: Compazine

CHIEF COMPLAINT/ONSET/MECHANISM OF INJURY/PAIN:
 (P) knee injured, twisted while stepping down 1 1/2^o pgs to animal 10/10 (P) Swelling

MEDICATIONS:
 Imitrex tyl #3 Nexium

HEALTH HISTORY: TB CA GVA ASTHMA NICOTINE USE (P)
 ADDA DEPRESSION TBP DBM ARTHRITIS SEIZURES COPD
 ULCER INFECTIONS CARDIAC PAPERS SICKLE CELL
 CONTRACEPTION: ALCOHOL USE: occasionally

TRIAGE INTERVENTION:
 First Aid Measure Time to RM: 1640
 Ice bag Tylenol
 Ibuprophen 600mg Isolation Precautions
 Reassurance Purple Green

LMP: G P A IMMUNIZATIONS/UTD: TETANUS WEIGHT: TRIAGE RN: JK RN

TRIAGE

STANDARD/ASSESSMENT

Standard	Mental State	Neuro	CV	Resp	GI	GU	MS	PV	Integumentary
Basic	✓	✓	✓	✓					✗
Focused									
Findings									See above
Standard	Comfort/Coping	Continuity of Care	Mobility/Activity	Nutrition/Hydration	Domestic Violence	Patient Education	Safety	Spiritual/Valuing	R.N.
Basic	✗	✓	✓	✓					
Focused									Time: 1410
Findings	10/10								Initials: JK

INTERVENTION/EVALUATION

TIME	T	BP	P	R	SpO2	DIEP	PAIN 0-10	PATH	WOUND PREP	RESTRAINT FLOW SHEET	SECURITY ON STAND BY
1410	Triage cont					I					
1640						D)					
1758						JK					

Medicated 600mg Motrin for pain
 20px + swelling to ankle (P) JK
 Foot Rx radiating up leg. The
 swellings gone down a lot. The
 pt demonstrated crunch walking & difficulty
 w/ contact pt. pt. medicated &
 JK's home.

ADMISSION ROOM: Yes No
 Report to: PC Waiver Jewish Other Glasses
 Organ Donor: Y N
 Advanced Directive: Y N Safe
 Copy Present: Y N None
 Consent signed: Y N RN:
 Legit Notification: IV: SITE: NEEDLE:
 Donor Network: TIME: SOLN: RATE: SERIAL: LAB
 Family: RAD
 FWD: UT
 Ref: UA
 PA: CULTURE

DISCHARGE/TRANSFER: Discharge Transfer
 ACCOMPANIED BY: Brother
 VERBALIZED INPATIENT HISTORY: Yes No
 Retained in: Records Unit
 HUNTER WARNETTE
 DOB: 03/26/57 46Y SEX: F MR: 160572
 EMERGENCY MEDICINE SPECIA
 ACOCT#: 5964087

ambA between/ unknown. Cheraume McHale

EMERGENCY DEPARTMENT AFTER CARE INSTRUCTIONS

PROVISIONAL DIAGNOSIS: *fracture of the right*

DATE: _____

PATIENT LABELS MUST BE PLACED ON ALL PAGES (FRONT & SIDES) OF THIS FORM

The treatment and medication you have received in the Emergency Department has been given to you on an "as-needed" 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: _____

ADDITIONAL INSTRUCTIONS:

*Rest leg & elevate.
Return to Dr. [unclear] [unclear]*

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

FOLLOW-UP CARE IN 7 DAYS WITH: YOUR DOCTOR

- IF NOT IMPROVING Dr. _____
- FOR RECHECK GAMP CLINIC
- PHYSICIAN REFERRAL

Signature of Patient or Responsible Person

[Signature]

- MEDICAL**
- Abscesses/Infections
 - 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
 - Your sutures should be removed in _____ days by your doctor or in our Emergency Department.
 - Other _____
- 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

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 writing will be made by the radiologist in 24 hours. You will be notified of any additional findings.

ST. MICHAEL

EMERGENCY DEPARTMENT ADMISSION - PAGE 2

PHYSICIAN COPY

MICHAEL

PATIENT LABELS MUST BE PLACED ON ALL PAGES (FRONT & SIDES) OF THIS FORM

ST. MICHAEL HOSPITAL EMERGENCY DEPARTMENT

HUNTER WARNETTE
 DOB: 03/26/57 46Y SEX: F MR: 160572
 EMERGENCY MEDICINE SPECIA
 ACCT#: 5964087



DATE RECEIVED: _____ TIME RELEASED: _____
 NAME: _____
 ADDRESS: _____
 PHONE: _____
 SIGNATURE: _____

NAME: _____
 ADDRESS: _____
 PHONE: _____
 SIGNATURE: _____



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

RADIOLOGIC CONSULTATION

ORIGINAL

cc: GEOFFREY SCOTT, MD, Primary Care Physician
EMERGENCY MEDICAL SPECIALISTS, Ordering Physician
JOHN ROSEBUSH, MD, Attending Physician

ORDERING PHYSICIAN: Emergency Medical Specialists
OCCURRENCE NUMBER: 53581195

EXAM DATE: 03/14/2004

EXAM: RIGHT FOOT, THREE VIEWS, MARCH 14, 2004

COMPARISON: None.

INDICATION: Forty-six-year-old female with pain status post fall.

REPORT: Three views of the right foot are submitted for interpretation. Visualized osseous structures appear intact. There is bunion formation identified at the head of the first metatarsal. There is no dislocation. Tarsometatarsal joints are aligned. There is no evidence of a joint effusion.

IMPRESSION: No acute process.

This document was electronically signed by COLLEEN BONKOWSKI, MD on 03/15/2004 15:01:46.

COLLEEN BONKOWSKI, MD

CMB/jw D.03/15/2004 08:17:17 T.03/15/2004 09:27:01
Doc ID #: 3348607 Voice ID #: 3272295

ST. MICHAEL HOSPITAL

RADIOLOGIST: COLLEEN BONKOWSKI,
MD

NAME: HUNTER, WARNETTE

DATE: 03/14/2004

VISIT TYPE: E

MRN: 160572

ACCT #: 5964087

ROOM #: ED

DOB: 03/26/1957

AGE: 46Y

RADIOLOGIC CONSULTATION



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

RADIOLOGIC CONSULTATION

ORIGINAL

cc: GEOFFREY SCOTT, MD, Primary Care Physician
EMERGENCY MEDICAL SPECIALISTS, Ordering Physician
JOHN ROSEBUSH, MD, Attending Physician

ORDERING PHYSICIAN: Medicine Emergency

OCCURRENCE NUMBER: 53581193

EXAM DATE: 03/14/2004

EXAM: RIGHT ANKLE

COMPARISON: None.

INDICATION: Forty-six-year-old female with pain, status post fall.

REPORT: Three views of the right ankle are submitted. There is soft tissue swelling identified about the lateral malleolus. However, there is no evidence of an acute fracture or dislocation. The ankle mortise is intact.

IMPRESSION: Soft tissue swelling about the lateral malleolus, a ligamentous injury cannot be excluded. Followup radiographs as clinically indicated. Also, followup radiograph in five days may be helpful to reassess for fracture.

This document was electronically signed by COLLEEN BONKOWSKI, MD on 03/15/2004 15:02:23.

COLLEEN BONKOWSKI, MD

CMB/clr D.03/15/2004 08:18:10 T.03/15/2004 09:30:22
Doc ID #: 3348615 Voice ID #: 3272301

ST. MICHAEL HOSPITAL

RADIOLOGIST: COLLEEN BONKOWSKI,
MD

VISIT TYPE: E

ROOM #: ED

NAME: HUNTER, WARNETTE

MRN: 160572

DOB: 03/26/1957

DATE: 03/14/2004

ACCT #: 5964087

AGE: 46Y

RADIOLOGIC CONSULTATION

Covenant Healthcare

Inpatient and Outpatient Consent for Treatment & Financial Agreement

St. Joseph Regional Medical Center

St. Michael Hospital

Elmbrook Memorial Hospital

St. Francis Hospital

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

A. Consent for Treatment: I am entering the above named facility (the "Facility") for the purpose of medical and/or surgical treatment or diagnosis. I consent to my physician, other attending, consulting and/or referring physicians and their assistants and designees, and other Facility personnel, to provide me with such medical, surgical, diagnostic or other treatment services judged necessary and/or appropriate by my physician. This consent includes my consent for hospital services, diagnostic procedures and all medical treatment rendered under the instructions of my physician(s) including x-ray and laboratory procedures and other tests, treatments or medication, monitoring, and all other procedures or treatments that do not require my specific informed consent. I understand that in the course of diagnosis and treatment, cells, tissues and/or parts may be removed from my body. I authorize Facility personnel to preserve or use such cells, tissues or parts for teaching purposes and/or to dispose of any cells, tissues or parts that are removed.

B. General Acknowledgments: I understand that the practice of medicine and surgery is not an exact science. I understand that medical and surgical treatment and diagnosis may involve risks of injury, and even death. No guarantees have been made to me with respect to the results of my examinations or treatments in the Facility. I understand that many of the physicians on the Facility's staff are not employees or agents of the Facility but, rather, are independent contractors who have been granted the privilege of using this Facility for the care and treatment of their patients. I understand that the Facility is not liable for any actions or omission of, or the instructions given by, such independent contractors who treat me while I am in the Facility. I understand and agree that I may be observed and/or receive care from medical, nursing, and other health care students in training at the Facility. I understand that it is my responsibility to follow instructions about and make arrangements for follow-up care. I understand that I may review and obtain a copy my medical record, at my own expense, and that this review shall take place in the Facility, during regular business hours.

C. Medicare Payments: I acknowledge receipt of the "Important Message from Medicare," as applicable.



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

1820 2/03 R8

P	HUNTER WARNETTE
DOB: 03/26/57	46Y SEX: F MR: 160572
EMERGENCY MEDICINE SPECIA	
ACCT#:	
5964087	

Patient: 20020495
 MARNETTE HUNTER
 3232 N 24TH PLACE
 MILWAUKEE, WI 53206-1211
 (414) 393-0525

Sex: Female
 DOB: 03/26/1957
 SSN: 394-70-5631

Primary Insurance:
 E.D.S. FEDERAL CORPORATION
 6406 BRIDGE RD.
 MADISON, WI 53784-0002
 Pol: 3947056310 Grp:

Secondary Insurance:
 -NONE-
 Pol: Grp:

Doctor: RONALD Z ARNOLD DPM Facility: DR. RONALD Z. ARNOLD S.C.
 A DR RONALD Z ARNOLD SC 4 (414) 354-2240

Date:	Code:	Mod:	Loc:	Description:	Amount:
07-Aug-03	99202-25			NEW PT, OFFICE/OUTPATIENT	\$110.00
	73620-RT			X-RAY, 2V-FOOT	\$85.00
	73620-LT			X-RAY, 2V-FOOT	\$85.00
	*****			PAYMENT FOR ABOVE TREATMENTS COMBINED:	
				10/04/03 PAID BY E.D.S. FEDERAL CORPORATIO	-83.25
				10/04/03 COURTESY ADJUSTMENT	-188.74
				07/24/04 NOT PAID BY PATIENT	
				07/24/04 COURTESY ADJUSTMENT	-8.00

Doctor: RONALD Z ARNOLD DPM Facility: ST. MICHAELS HOSPITAL
 A DR RONALD Z ARNOLD SC SM (414) 527-8000

Date:	Code:	Mod:	Loc:	Description:	Amount:
03-Oct-03	28296-LT			BUNIONECTOMY W/OSTEOTOMY	\$2028.00
	28153-59-1A			HENT PHALANGECTOMY, HEAD	\$657.00
	*****			PAYMENT FOR ABOVE TREATMENTS COMBINED:	
				11/28/03 PAID BY E.D.S. FEDERAL CORPORATIO	716.15
				11/28/03 COURTESY ADJUSTMENT	-1292.35
				07/24/04 NOT PAID BY PATIENT	
				07/24/04 COURTESY ADJUSTMENT	-8.00

Doctor: RONALD Z ARNOLD DPM Facility: DR. RONALD Z. ARNOLD S.C.
 A DR RONALD Z ARNOLD SC 4 (414) 354-2240

Date:	Code:	Mod:	Loc:	Description:	Amount:
13-Oct-03	73620-LT			X-RAY, 2V-FOOT	\$85.00
				10/24/03 PAID BY E.D.S. FEDERAL CORPORATIO	24.51
				10/24/03 COURTESY ADJUSTMENT	-57.69
				07/24/04 NOT PAID BY PATIENT	
				07/24/04 COURTESY ADJUSTMENT	3.00

		05/17/04 COURTESY ADJUSTMENT	500.00
		07/14/04 NOT PAID BY PATIENT	100.00
		07/29/04 COURTESY ADJUSTMENT	100.00
29-Mar-04	*PATIENT DID NOT PAY COPAY		
02-Apr-04	97112-0P	ULTRASOUND PHYS THERAPY	345.00
		04/16/04 NOT PAID BY S.O.D. FEDERAL CORPORATION	
		04/16/04 COURTESY ADJUSTMENT	0.00
		04/16/04 NOT PAID BY PATIENT	
		04/16/04 COURTESY ADJUSTMENT	0.00
		04/16/04 COURTESY ADJUSTMENT	40.00
13-Apr-04	97112-0P	ULTRASOUND PHYS THERAPY	345.00
		04/22/04 NOT PAID BY S.O.D. FEDERAL CORPORATION	
		04/22/04 COURTESY ADJUSTMENT	10.00
04-May-04	97128-0P	ULTRASOUND PHYS THERAPY	345.00
		05/13/04 NOT PAID BY S.O.D. FEDERAL CORPORATION	
		05/13/04 COURTESY ADJUSTMENT	40.00
05-May-04	*TITLE 19 DOES NOT COVER ULTRA SOUND THERAPY		
		TOTAL CHARGES	19850.00
		TOTAL INSURANCE PAYMENTS	1135.00
		TOTAL ADJUSTMENTS	2134.95
		CURRENT ACCOUNT BALANCE	50.00

FIGUEROA & JACKSON, LLC ATTORNEYS AT LAW

THE PETTIBONE MANSION
2051 WEST WISCONSIN AVENUE
MILWAUKEE, WISCONSIN 53233

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

December 7, 2004

Dr. Ronald Z. Arnold
4455 W. Bradley Road
Milwaukee, WI 53223

RE: Personal Injury Case

Dear Dr. Arnold:

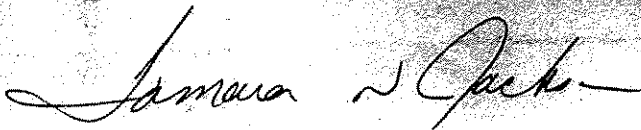
Enclosed please find an authorization for the release of medical information that has been signed by Warnette Hunter. I am writing to request any records you may have concerning Warnette Hunter as it relates to a slip and fall accident that occurred on March 13, 2004. The signed authorizations indicate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

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

Thank you for your prompt attention to this matter.

Sincerely,

FIGUEROA & JACKSON, LLC



Tamara N. Jackson
Attorney at Law

Enclosure

5-4-04 Warnette Hunter:

C: Follow up of right ankle sprain.

S: She relates the pain has improved in right ankle. She relates since ankle has been feeling better, she has tried regular tennis shoes today.

O: She has mild amount of edema overlying the anterior aspect of the lateral gutter and overlying the ATF ligament. No pain with ROM.

A: S/P Right ankle sprain.

P: Ultra sound physical therapy is provided this date. She is instructed she may begin weight bearing in the CAM walker. She is sent for a Swede-O ankle brace. Rx: Physical therapy including ultra sound physical therapy, strengthening/proprioception retraining.

3w ALM/RZA

4-2-04 Warnette Hunter:

C: Follow up of MRI - right foot.

S: She relates pain and swelling has decreased somewhat since last visit. She relates she has not seen an orthopedic doctor yet.

O: MRI results reveal patient has a rupture of the anterior talofibular ligament and a partial tear of the calcaneal fibular ligament. There is a small area of subchondral edema in the posterior lateral aspect of the talor dome. There is no distinct osteochondral lesion noted, there is effusions of the ankle and subtalar joints. There are degenerative changes to the fourth and fifth TMT joints and all tendons surrounding the ankle are intact. Upon review of the actual MRIs there is evidence of effusions surrounding the peroneal tendons. The peroneal tendons do appear to be intact to the posterior talofibular ligament also appears intact and calcaneal fibular ligament fibers which appear to be intact. Patient also has a radiolucent line in the base of the fifth metatarsal consistent with possible stress fracture or marrow edema. Physical examination reveals patient has decrease in edema of right lower extremity. There is also decrease in pain upon palpation overlying the anterior, posterior ankle and lateral ankle since previous examination.

A: Ankle sprain right foot with possible fifth metatarsal stress fracture.

P: Ultra sound physical therapy is provided this date. Discussed treatment options with patient including possible lateral ankle stabilization. Again advised patient to follow up with orthopedic surgeon in regards to pain in right knee. She is to continue with CAM walker and remain non-weight bearing. 1w-ALM/RZA

4-13-04 Warnette Hunter:

C: Follow up of right ankle sprain.

S: She relates the pain has improved somewhat. She was been to see an orthopedic surgeon and believes she may have torn some cartilage. She is going for an MRI of her knee later this week.

O: She has decreased edema overlying the ankle. There is still some edema overlying the inferior and posterior aspect of the ankle joint and anterior aspect of the lateral gutter. There is no ecchymosis. There is mild pain upon palpation overlying the anterior talofibular ligament and calcaneal fibular ligaments along with the anterior aspect of the lateral gutter. No pain upon palpation of the fifth metatarsal.

A: Ankle sprain right foot with possible fifth metatarsal stress fracture.

P: Ultra sound physical therapy is provided this date. She is to continue with CAM walker and be non-weight bearing. 1w ALM/RZA

4-21-04 Warnette Hunter:

C: Follow up of right ankle sprain.

O: She appears to have some inflammation present compatible with sprain.

A: Right ankle sprain.

P: Ultra sound physical therapy is provided this date. Rx: Vicodin ES #30 1 q46h prn pain. She is to continue with Naprosyn 500mg b.i.d. 1w RZA

Warnette Hunter:

Excision of surgery performed to left foot.

has no complaints at this time.

is no erythema, drainage, unusual swelling, cellulitis or temperature increase to suggest any type of clinical infection at this

Excision of Irritant Hardware left foot.

Dressing are changed this date. She is to return for post operative

day.

RZA

23-03 Warnette Hunter: Rx: Vicodin ES #15 1 q46h prn pain. RZA

23-04 Warnette Hunter:

O: Injury to right leg and foot and ankle.

S: She states she was exiting a bus and twisted her right lower extremity. She relates since injury on March 14, 2004, she has been experiencing foot and ankle pain along with pain in right knee. She relates she was originally seen at St. Michael's hospital and given crutches and a splint. She was also re-evaluated at St. Joseph's Hospital which she was diagnosed with a possible fracture of the lateral os calcis. She relates she has been non-weight bearing since injury.

O: She has a moderate amount of edema overlying the lateral malleolus and dorsal aspect of the right foot. There is no ecchymosis, no open lesions, no increase in temperature, erythema, or infection. DP/PT pulses are present bilaterally. She has pain upon palpation of the anterior aspect of the ankle joint and posterior aspect of the lateral gutter. She also has pain upon palpation overlying the lateral ankle ligaments and also has pain upon palpation overlying the dorsal aspect of the fourth metatarsal cuboid joint. There is also mild bony prominence overlying this area. She also has pain upon palpation of the knee and proximal fibula.

X-ray report: Diagnostic x-rays are taken this date and reveals no fracture or dislocation. Patient does have a moderate amount of sclerosis along the medial facet of the calcaneus and at the calcaneal cuboid joint. Ankle x-rays reveal ankle joint space is well maintained. There is no fracture or dislocation.

A: Ankle sprain right ankle.

P: Discussed treatment options with patient. She is dispensed a CAM walker this date and her ankle splint was removed. She is to remain non-weight bearing. She is sent for an MRI of the ankle and midfoot. She is also advised she is to be seen by an orthopedic surgeon for possible proximal fibular fracture. She is to follow up after MRI. Rx: Naprosyn 500mg 1 po b.i.d. pc. and Vicodin #20 1 po q6h prn pain.

ALM/RZA

29-07 Rx: Vicodin ES #30 1 q46h prn pain RZA

4-5-04 Rx: SAME AS ABOVE



DR. RONALD Z. ARNOLD
AA 5226128

DR. RONALD Z. ARNOLD, S.C.
PODIATRISTS - FOOT SPECIALISTS

DR. AMY L. MILLER
BM 7765172
DR. TRACY R. COULTER
BM 7898224

Office Phone: (414) 354-2240
Fax: (414) 354-2379

4455 West Bradley Road
Bank Building - Bradley Village Shopping Center

Brown Deer, WI 53223

Name Wannette Hunter Date 5/4/04

Address

R Swedo Ankle Brace (R)

Dx - S/P ankle sprain (R)
Ruptured ATF ligament

Label Yes No

Refill - 1 - 2 - 3 - 4 - 5 - NR (5)

Dr. Amy Miller DM
BNDD No. _____

DR. RONALD Z. ARNOLD
AA 5226128

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4455 West Bradley Road
Bank Building - Bradley Village Shopping Center

Brown Deer, WI 53223

Name Wanette Hunter Date 5/4/04

Address _____

R Ultra sound and strengthening/
proprioception Retraining (R) ankle ✓
Dr: S/P (R) Ankle Sprain

Label Yes No

Refill - 1 - 2 - 3 - 4 - 5 - NR

Dr. Amy Miller, DPM
BNDD No. _____



To: Ronald Arnold, D.P.M.
4455 W Bradley Rd
Second Floor
Brown Deer, WI 53223-0000
Phone: 414-354-2240
Fax: 414-354-2379

Name: Warnette Hunter
MRN #: 91650801
Phone: 414-873-8025
DOB: 03/26/1957 **Gender:** Female
Exam Date: 03/29/2004
Referring Phys.: Ronald Arnold, D.P.M.

EXAM: MRI OF THE RIGHT ANKLE

CLINICAL INFORMATION: Ankle injury 3/14/04. There is lateral pain and a question of lateral ankle ligament rupture.

TECHNICAL INFORMATION: Long TR sagittal, oblique coronal and axial, as well as short TR oblique axial images of the right ankle. Comparison, none.

INTERPRETATION: The anterior, medial, and Achilles tendons appear normal. The peroneal tendons also appear normal without evidence of subluxation, tendinosis, or tenosynovitis.

The anterior and posterior tibiofibular ligaments are intact. The anterior talofibular ligament is ill-defined along its course consistent with a rupture. The calcaneofibular ligament is also somewhat indistinct, findings consistent with at least a sprain or partial tear if not a rupture. The posterior talofibular ligament appears intact. The deep and superficial components of the deltoid ligament are intact.

A small focus of subchondral edema involves the posterolateral aspect of the talar dome representing a small bone bruise. No frank osteochondral defect is seen. Subchondral edema is seen plantarly in the distal aspect of the talus. There is also mild edema medially in the navicular. This is non-specific. Mild subchondral edema is seen in the proximal fourth and fifth metatarsals with associated mild osteophyte formation at the fourth TMT joint. These findings are likely related to abnormal biomechanical stresses from mild degenerative disease.

No edema is present to suggest an occult fracture.

The sinus tarsi contents demonstrate a normal appearance. The plantar fascia insertion is normal.

Mild soft tissue edema is seen laterally near the symptomatic marker likely related to the recent sprain.

CONCLUSION:

1. Ruptured anterior talofibular ligament.

2. Calcaneofibular ligament somewhat ill-defined with findings representative of at least a partial tear if not a complete tear.
3. Small focus of subchondral edema in the posterolateral aspect of the talar dome consistent with a small bone bruise. No frank osteochondral lesion is seen.
4. Small effusions involving the tibiotalar and posterior subtalar articulations.
5. Scattered areas of non-specific edema in the plantar aspect of the distal talus as well as the medial aspect of the navicular bone.
6. Mild degenerative changes involving the fourth and fifth TMT joints.
7. Intact tendons around the ankle.

MDH:km

Interpreting Physician



The Medical College of Wisconsin

Mark D. Hoenwarter, M.D.

Electronically Signed: 3/29/04 10:30 pm

JCRV Transcribed Text Report

Patient Name: HUNTER, WARNETTE
EncounterNum: 71031236
Medical Record #: 455353
Encounter Admit D/T: 03/19/2004 08:14
Patient Age: 46 Y

ActivityDtTm: 03/19/2004 16:40
DocumentType: RADIOLOGY-XRAY
DocumentUID: 3359802

cc:
GEOFFREY SCOTT, MD, Primary Care Physician

ORDERING PHYSICIAN: Dr. Geoffrey Scott
OCCURRENCE NUMBER: 53757806

EXAM DATE: 03/19/2004

EXAM: RIGHT ANKLE

CLINICAL INFORMATION: Twisting injury 03/14/2004. Pain lateral ankle, bottom of the foot, and shooting up toward the knee.

REPORT: There is mild soft tissue swelling over the lateral malleolus and a small ankle joint effusion. See only on the AP view is questionable evidence for a nondisplaced avulsion fracture off the lateral os calcis. AP film of the foot is sometimes better able to delineate lateral calcaneal avulsion fractures. No other evidence of fracture, dislocation, destructive lesion, or other osseous or joint abnormality. The ankle mortise and joint space are maintained.

IMPRESSION:

1. Possible nondisplaced avulsion fracture off the lateral os calcis. AP foot radiograph might help confirm this.
2. Mild soft tissue swelling over the lateral malleolus. Small ankle joint effusion.

Radiologist:

QUENTIN ROSE, MD

QR/ksn D.03/19/2004 16:40:23 T.03/19/2004 17:30:33
Doc ID #: 3359802 Voice ID #: 3282867
ST. JOSEPH REGIONAL MEDICAL CENTER
NAME: HUNTER, WARNETTE
MRN: 455353
VISIT TYPE: C
DOB: 03/26/1957
ACCT #: 71031236
ROOM #: RAD

H
THURSDAY MORNING
3/22/04

RADIOLOGY

M. Cullen, MD - J. Grum, MD - J. Grogan, MD - J. Hartwick, MD - D. Lye,
MD - S. Gryniewicz, MD - R. Nelmon, MD - L. Gilles, MD - W. MacDonald,
MD - P. Grebe, MD
M. Lawton, MD - K. Kluessendorf, MD - E. Conti, MD - J. Smith, MD - D.
Reasa, MD - E. Kinsfogel, MD - S. Arnold, MD - S. VanBlarcom, MD - J.

Current User: JAEDIKE, MARY

fax: 774 6004

DR. RONALD Z. ARNOLD
AA 5226128

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Fax: (414) 354-2379

4455 West Bradley Road
Bank Building - Bradley Village Shopping Center

Brown Deer, WI 53223

Name Hunter, Warnette Date 3/19/04

Address _____

R MRI (R) foot and ankle

Dx: (1) (R) ankle sprain with possible rupture of lateral ankle ligaments
(2) Possible fx or dislocation of midfoot
Bony prominence in Metatarsal

Label Yes No

Refill - 1 - 2 - 3 - 4 - 5 - NR

Dr. Amy Miller

BNDD No. _____

Patient will be calling.

Patient Ledger
 BAYSHORE BILLING SERVICE INC
 MILAN GRBIC PT
 Friday, April 29, 2005, 09:26 AM

WARNETTE HUNTER (HUNTER0001)
 Responsible: Self Home: (414) 873-8025
 Primary: EDS FEDERAL (EDS) ID: 3947056310

Billing	Date	Provider	ATX Code	Patient Billed	Primary Billed	Secondary Billed	Tertiary Billed	Debit	Credit	Balance
3671	07/29/2004	GRBIC0	97001	09/02/2004 10/01/2004	08/03/2004			85.00	0.00	85.00
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3671	08/19/2004	GRBIC0	EDSADJ					0.00	73.09	1.00
3671	10/07/2004	GRBIC0	PC					0.00	1.00	0.00
3671	07/29/2004	GRBIC0	97035	09/02/2004 10/01/2004	08/03/2004			55.00	0.00	55.00
3671	08/19/2004	GRBIC0	IP					0.00	11.03	43.97
3671	08/19/2004	GRBIC0	EDSADJ					0.00	42.97	1.00
3671	10/07/2004	GRBIC0	PC					0.00	1.00	0.00
3671	07/29/2004	GRBIC0	97110	09/02/2004 10/01/2004	08/03/2004			55.00	0.00	55.00
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3671	10/07/2004	GRBIC0	PC					0.00	1.00	0.00
3671	07/29/2004	GRBIC0	97112	09/02/2004 10/01/2004	08/03/2004			55.00	0.00	55.00
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3671	10/07/2004	GRBIC0	PC					0.00	1.00	0.00
3671	07/29/2004	GRBIC0	97140	09/02/2004 10/01/2004	08/03/2004			55.00	0.00	55.00
3671	08/19/2004	GRBIC0	IP					0.00	23.28	31.72
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3671	10/07/2004	GRBIC0	PC					0.00	2.00	0.00
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3721	09/09/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
3721	08/03/2004	GRBIC0	97110	09/02/2004	08/05/2004 08/24/2004 08/26/2004 09/09/2004			110.00	0.00	110.00
3721	09/09/2004	GRBIC0	IP					0.00	38.88	71.12
3721	09/09/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
3721	08/03/2004	GRBIC0	97112	09/02/2004	08/05/2004 08/24/2004 08/26/2004 09/09/2004			55.00	0.00	55.00
3721	09/09/2004	GRBIC0	IP					0.00	19.13	35.87
3721	09/09/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
3721	08/03/2004	GRBIC0	97140	09/02/2004	08/05/2004 08/24/2004 08/26/2004 09/09/2004			55.00	0.00	55.00
3721	09/09/2004	GRBIC0	IP					0.00	25.28	29.72
3721	09/09/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
3722	08/05/2004	GRBIC0	97035	09/02/2004	08/05/2004			55.00	0.00	55.00

Patient Ledger
 BAYSHORE BILLING SERVICE INC
 MILAN GRBIC PT
 Friday, April 29, 2005, 09:26 AM

WARNETTE HUNTER (HUNTER0001)
 Responsible: Self Home: (414) 873-8025
 Primary: EDS FEDERAL (EDS) ID: 3947056310

Billing	Date	Provider	ICD Code	Patient Billed	Primary Billed	Secondary Billed	Tertiary Billed	Debit	Credit	Balance
3722	09/09/2004	GRBIC0	IP					0.00	12.03	42.97
3722	09/09/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
3722	08/05/2004	GRBIC0	97110	09/02/2004	08/05/2004			110.00	0.00	110.00
3722	09/09/2004	GRBIC0	IP					0.00	38.88	71.12
3722	09/09/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
3722	08/05/2004	GRBIC0	97112	09/02/2004	08/05/2004			55.00	0.00	55.00
3722	09/09/2004	GRBIC0	IP					0.00	19.13	35.87
3722	09/09/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
3722	08/05/2004	GRBIC0	97140	09/02/2004	08/05/2004			55.00	0.00	55.00
3722	09/09/2004	GRBIC0	IP					0.00	25.28	29.72
3722	09/09/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
3760	08/10/2004	GRBIC0	97035	09/02/2004	08/10/2004			55.00	0.00	55.00
3760	09/24/2004	GRBIC0	IP					0.00	12.03	42.97
3760	09/24/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
3760	08/10/2004	GRBIC0	97110	09/02/2004	08/10/2004			110.00	0.00	110.00
3760	09/24/2004	GRBIC0	IP					0.00	38.88	71.12
3760	09/24/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
3760	08/10/2004	GRBIC0	97112	09/02/2004	08/10/2004			55.00	0.00	55.00
3760	09/24/2004	GRBIC0	IP					0.00	19.13	35.87
3760	09/24/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
3760	08/10/2004	GRBIC0	97140	09/02/2004	08/10/2004			55.00	0.00	55.00
3760	09/24/2004	GRBIC0	IP					0.00	25.28	29.72
3760	09/24/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
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3831	09/03/2004	GRBIC0	IP					0.00	11.03	43.97
3831	09/03/2004	GRBIC0	EDSADJ					0.00	42.97	1.00
3831	10/07/2004	GRBIC0	PC					0.00	1.00	0.00
3831	08/12/2004	GRBIC0	97110	09/02/2004	08/17/2004			110.00	0.00	110.00
3831	09/03/2004	GRBIC0	IP					0.00	36.88	73.12
3831	09/03/2004	GRBIC0	EDSADJ					0.00	71.12	2.00
3831	10/07/2004	GRBIC0	PC					0.00	2.00	0.00
3831	08/12/2004	GRBIC0	97112	09/02/2004	08/17/2004			55.00	0.00	55.00

Patient Ledger
 BAYSHORE BILLING SERVICE INC
 MILAN GRBIC PT
 Friday, April 29, 2005, 09:26 AM

WARNETTE HUNTER (HUNTER0001)
 Responsible: Self Home: (414) 873-8025
 Primary: EDS FEDERAL (EDS) ID: 3947056310

Billing	Date	Provider	TXCode	Patient Billed	Primary Billed	Secondary Billed	Tertiary Billed	Debit	Credit	Balance
				10/01/2004	08/24/2004					
3831	09/03/2004	GRBIC0	IP					0.00	18.13	36.87
3831	09/03/2004	GRBIC0	EDSADJ					0.00	35.87	1.00
3831	10/07/2004	GRBIC0	PC					0.00	1.00	0.00
3831	08/12/2004	GRBIC0	97140	09/02/2004	08/17/2004			55.00	0.00	55.00
				10/01/2004	08/24/2004					
3831	09/03/2004	GRBIC0	IP					0.00	23.28	31.72
3831	09/03/2004	GRBIC0	EDSADJ					0.00	29.72	2.00
3831	10/07/2004	GRBIC0	PC					0.00	2.00	0.00
3869	08/19/2004	GRBIC0	97035	09/02/2004	08/19/2004			55.00	0.00	55.00
					08/24/2004					
3869	09/03/2004	GRBIC0	IP					0.00	11.03	43.97
3869	09/03/2004	GRBIC0	EDSADJ					0.00	42.97	1.00
3869	09/09/2004	GRBIC0	PC					0.00	1.00	0.00
3869	08/19/2004	GRBIC0	97110	09/02/2004	08/19/2004			110.00	0.00	110.00
					08/24/2004					
3869	09/03/2004	GRBIC0	IP					0.00	38.88	71.12
3869	09/03/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
3869	08/19/2004	GRBIC0	97112	09/02/2004	08/19/2004			55.00	0.00	55.00
					08/24/2004					
3869	09/03/2004	GRBIC0	IP					0.00	19.13	35.87
3869	09/03/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
3869	08/19/2004	GRBIC0	97140	09/02/2004	08/19/2004			55.00	0.00	55.00
					08/24/2004					
3869	09/03/2004	GRBIC0	IP					0.00	25.28	29.72
3869	09/03/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
3909	08/24/2004	GRBIC0	97035	09/02/2004	08/24/2004			55.00	0.00	55.00
3909	09/09/2004	GRBIC0	IP					0.00	12.03	42.97
3909	09/09/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
3909	08/24/2004	GRBIC0	97110	09/02/2004	08/24/2004			110.00	0.00	110.00
3909	09/09/2004	GRBIC0	IP					0.00	38.88	71.12
3909	09/09/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
3909	08/24/2004	GRBIC0	97112	09/02/2004	08/24/2004			55.00	0.00	55.00
3909	09/09/2004	GRBIC0	IP					0.00	19.13	35.87
3909	09/09/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
3909	08/24/2004	GRBIC0	97140	09/02/2004	08/24/2004			55.00	0.00	55.00
3909	09/09/2004	GRBIC0	IP					0.00	25.28	29.72
3909	09/09/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
3958	08/26/2004	GRBIC0	97035	09/02/2004	08/26/2004			55.00	0.00	55.00
3958	09/15/2004	GRBIC0	IP					0.00	12.03	42.97
3958	09/15/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
3958	08/26/2004	GRBIC0	97110	09/02/2004	08/26/2004			110.00	0.00	110.00
3958	09/15/2004	GRBIC0	IP					0.00	38.88	71.12
3958	09/15/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
3958	08/26/2004	GRBIC0	97112	09/02/2004	08/26/2004			55.00	0.00	55.00
3958	09/15/2004	GRBIC0	IP					0.00	19.13	35.87
3958	09/15/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
3958	08/26/2004	GRBIC0	97140	09/02/2004	08/26/2004			55.00	0.00	55.00
3958	09/15/2004	GRBIC0	IP					0.00	25.28	29.72
3958	09/15/2004	GRBIC0	EDSADJ					0.00	29.72	0.00

Patient Ledger
 BAYSHORE BILLING SERVICE INC
 MILAN GRBIC PT
 Friday, April 29, 2005, 09:26 AM

WARNETTE HUNTER (HUNTER0001)
 Responsible: Self Home: (414) 873-8025
 Primary: EDS FEDERAL (EDS) ID: 3947056310

Billing	Date	Provider	TX Code	Patient Billed	Primary Billed	Secondary Billed	Tertiary Billed	Debit	Credit	Balance
3990	08/31/2004	GRBIC0	97010	09/02/2004	08/31/2004			35.00	0.00	35.00
3990	09/30/2004	GRBIC0	EDSADJ					0.00	35.00	0.00
3990	08/31/2004	GRBIC0	97035	09/02/2004	08/31/2004			55.00	0.00	55.00
3990	09/30/2004	GRBIC0	IP					0.00	12.03	42.97
3990	09/30/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
3990	08/31/2004	GRBIC0	97110	09/02/2004	08/31/2004			110.00	0.00	110.00
3990	09/30/2004	GRBIC0	IP					0.00	38.88	71.12
3990	09/30/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
3990	08/31/2004	GRBIC0	97112	09/02/2004	08/31/2004			55.00	0.00	55.00
3990	09/30/2004	GRBIC0	IP					0.00	19.13	35.87
3990	09/30/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
3990	08/31/2004	GRBIC0	97140	09/02/2004	08/31/2004			55.00	0.00	55.00
3990	09/30/2004	GRBIC0	IP					0.00	25.28	29.72
3990	09/30/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
4064	09/07/2004	GRBIC0	97035		09/07/2004			55.00	0.00	55.00
4064	09/24/2004	GRBIC0	IP					0.00	12.03	42.97
4064	09/24/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
4064	09/07/2004	GRBIC0	97110		09/07/2004			110.00	0.00	110.00
4064	09/24/2004	GRBIC0	IP					0.00	38.88	71.12
4064	09/24/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
4064	09/07/2004	GRBIC0	97112		09/07/2004			55.00	0.00	55.00
4064	09/24/2004	GRBIC0	IP					0.00	19.13	35.87
4064	09/24/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
4064	09/07/2004	GRBIC0	97140		09/07/2004			55.00	0.00	55.00
4064	09/24/2004	GRBIC0	IP					0.00	25.28	29.72
4064	09/24/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
4138	09/14/2004	GRBIC0	97010	10/01/2004	09/14/2004			35.00	0.00	35.00
4138	10/07/2004	GRBIC0	EDSADJ					0.00	35.00	0.00
4138	09/14/2004	GRBIC0	97035	10/01/2004	09/14/2004			55.00	0.00	55.00
4138	10/07/2004	GRBIC0	IP					0.00	12.03	42.97
4138	10/07/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
4138	09/14/2004	GRBIC0	97110	10/01/2004	09/14/2004			110.00	0.00	110.00
4138	10/07/2004	GRBIC0	IP					0.00	38.88	71.12
4138	10/07/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
4138	09/14/2004	GRBIC0	97112	10/01/2004	09/14/2004			55.00	0.00	55.00
4138	10/07/2004	GRBIC0	IP					0.00	19.13	35.87
4138	10/07/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
4138	09/14/2004	GRBIC0	97140	10/01/2004	09/14/2004			55.00	0.00	55.00
4138	10/07/2004	GRBIC0	IP					0.00	25.28	29.72
4138	10/07/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
4219	09/16/2004	GRBIC0	97010	10/01/2004	09/21/2004			35.00	0.00	35.00
					10/07/2004					
4219	10/15/2004	GRBIC0	EDSADJ					0.00	35.00	0.00
4219	09/16/2004	GRBIC0	97035	10/01/2004	09/21/2004			55.00	0.00	55.00
					10/07/2004					
4219	10/13/2004	GRBIC0	IP					0.00	12.03	42.97
4219	10/13/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
4219	09/16/2004	GRBIC0	97110	10/01/2004	09/21/2004			110.00	0.00	110.00
					10/07/2004					
4219	10/13/2004	GRBIC0	IP					0.00	38.88	71.12

Patient Ledger
 BAYSHORE BILLING SERVICE INC
 MILAN GRBIC PT
 Friday, April 29, 2005, 09:26 AM

WARNETTE HUNTER (HUNTER0001)
 Responsible: Self Home: (414) 873-8025
 Primary: EDS FEDERAL (EDS) ID: 3947056310

Billing	Date	Provider	TX Code	Patient Billed	Primary Billed	Secondary Billed	Tertiary Billed	Debit	Credit	Balance
4219	10/13/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
4219	09/16/2004	GRBIC0	97112	10/01/2004	09/21/2004			55.00	0.00	55.00
						10/07/2004				
4219	10/13/2004	GRBIC0	IP					0.00	19.13	35.87
4219	10/13/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
4219	09/16/2004	GRBIC0	97140	10/01/2004	09/21/2004			55.00	0.00	55.00
						10/07/2004				
4219	10/13/2004	GRBIC0	IP					0.00	25.28	29.72
4219	10/13/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
4220	09/17/2004	GRBIC0	97035	10/01/2004	09/21/2004			55.00	0.00	55.00
4220	10/07/2004	GRBIC0	IP					0.00	12.03	42.97
4220	10/07/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
4220	09/17/2004	GRBIC0	97110	10/01/2004	09/21/2004			110.00	0.00	110.00
4220	10/07/2004	GRBIC0	IP					0.00	38.88	71.12
4220	10/07/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
4220	09/17/2004	GRBIC0	97112	10/01/2004	09/21/2004			55.00	0.00	55.00
4220	10/07/2004	GRBIC0	IP					0.00	19.13	35.87
4220	10/07/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
4220	09/17/2004	GRBIC0	97140	10/01/2004	09/21/2004			55.00	0.00	55.00
4220	10/07/2004	GRBIC0	IP					0.00	25.28	29.72
4220	10/07/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
4221	09/20/2004	GRBIC0	97035	10/01/2004	09/21/2004			55.00	0.00	55.00
4221	10/07/2004	GRBIC0	IP					0.00	12.03	42.97
4221	10/07/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
4221	09/20/2004	GRBIC0	97110	10/01/2004	09/21/2004			110.00	0.00	110.00
4221	10/07/2004	GRBIC0	IP					0.00	38.88	71.12
4221	10/07/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
4221	09/20/2004	GRBIC0	97112	10/01/2004	09/21/2004			55.00	0.00	55.00
4221	10/07/2004	GRBIC0	IP					0.00	19.13	35.87
4221	10/07/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
4221	09/20/2004	GRBIC0	97140	10/01/2004	09/21/2004			55.00	0.00	55.00
4221	10/07/2004	GRBIC0	IP					0.00	25.28	29.72
4221	10/07/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
4277	09/22/2004	GRBIC0	97035	10/01/2004	09/23/2004			55.00	0.00	55.00
4277	10/07/2004	GRBIC0	IP					0.00	12.03	42.97
4277	10/07/2004	GRBIC0	EDSADJ					0.00	42.97	0.00
4277	09/22/2004	GRBIC0	97110	10/01/2004	09/23/2004			110.00	0.00	110.00
4277	10/07/2004	GRBIC0	IP					0.00	38.88	71.12
4277	10/07/2004	GRBIC0	EDSADJ					0.00	71.12	0.00
4277	09/22/2004	GRBIC0	97112	10/01/2004	09/23/2004			55.00	0.00	55.00
4277	10/07/2004	GRBIC0	IP					0.00	19.13	35.87
4277	10/07/2004	GRBIC0	EDSADJ					0.00	35.87	0.00
4277	09/22/2004	GRBIC0	97140	10/01/2004	09/23/2004			55.00	0.00	55.00
4277	10/07/2004	GRBIC0	IP					0.00	25.28	29.72
4277	10/07/2004	GRBIC0	EDSADJ					0.00	29.72	0.00
Patient Total								4260.00	4260.00	0.00

Provider Totals
 MILAN GRBIC PT

4260.00 4260.00 0.00

Patient Ledger
BAYSHORE BILLING SERVICE INC
MILAN GRBIC PT
Friday, April 29, 2005, 09:26 AM

Report Totals	4260.00	4260.00	0.00
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MILAN GRBIC, PT, LLC

950 North 35th Street
Milwaukee, WI 53208

414.342.0208 phone
414.342.0508 fax
e-mail: milangrbicpt@hotmail.com

FACSIMILE

Date 12, 08, 04

To Tamara N. Jackson
Company Figueroa Jackson, LLC
Fax (414) 342-3581

From Tom Jona
Company Milan Grbic's Office
Fax _____

Phone _____
Number of Pages 11 (including fax cover sheet)

Memo Please send a payment
of \$ 8.40 for copies
of these Medical
Records.
If any question please
call.

The information contained in this facsimile message is intended for the personal and confidential use of the designated recipient named above. This message may include confidential patient information. If the reader of this message is not the intended recipient or an agent thereof, you are hereby notified that you have received this document in error and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this message in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.

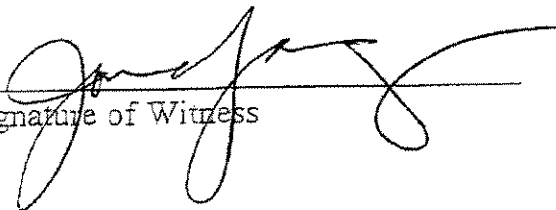
CERTIFICATION OF RECORDS

I DO HEREBY CERTIFY that the attached copies of the medical records and/or billing statements of Milan Grbic, PT LLC health care provider, relative to the treatment rendered to Wannette Hunter, patient, from 07/29 to 09/24/04, has been compared to the original medical and/or billing record(s) on file with this medical provider and is an accurate, legible and complete duplicate of said medical and/or billing record(s). This statement is intended to satisfy the authentication requirements of Section 908.03(6m)(a), Wisconsin Statutes.

I DO HEREBY CERTIFY that these records are under my control and jurisdiction and have been maintained in the course of regularly conducted activity, in accordance with Section 908.03(6), Wisconsin Statutes.

In witness whereof, I have set my hand on this 08 day of December, 2004.

Milan Grbic, PT, LLC
Signature of Record Custodian


Signature of Witness

MILAN GRBIC, PT, LLC

950 North 35th Street
Milwaukee, WI 53208

414.342.0208 phone

414.342.0508 fax

e-mail: milangrbicpt@hotmail.com

Hunter, Warrnette

- Physical Therapy
 Progress Report Discharge Summary

Diagnosis: (R) knee scope

Dates of Service (to / from): 7/29 → 9/22/04

Total Visits: 14, 15 total

Treatment Provided:

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

Treatment Provided (specify): _____

Current Functional Status:

He has full knee A/AAPom. Hamstring length has ↑ to 102° + of SLR. VMO strength 3+ / 5 + should ↑ to continuation of HEP as pt. is very motivated. Abdom pain resolved by dull ache. Ambulating well without cane. P.T. goals met.

Recommendations: Continue Therapy

D/C p 9/22/04 P.T. met

Plan discussed and agreed upon with patient / significant other.

[Signature]
Signature / Date

Physician Reply / Orders:

- D/C Therapy: _____
- Continue Therapy: Frequency _____ times per week Duration _____ weeks
- I agree with the Therapist's recommendation.
- Special Instructions / Precautions: _____

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

Physician Signature: [Signature] Date: 9/22/04

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e-mail: milangrbicpt@hotmail.com

PROGRESS NOTE

Hander, Warrnette

@ lat release

DIAGNOSIS:	Date: 9/17/04 Visit #: 13	Date: 9/20/04 Visit #: 14	Date: 9/22/04 Visit #: 15
<u>Subjective:</u>	overall is stronger, but VMO still	some ache, but ϕ about pain noted	ϕ c/o
<u>Modalities:</u>	soft. US NMES + CP	US NMES + CP	US NMES + CP
<u>Soft Tissue Mobility and/or stretching:</u>	for VMO re-ed STM to VLO of ITB (deep)	STM to plegisone to (R) PPS hamo / quad / adductor	STM to \bar{c} hamo / quad stretching
<u>Exercise:</u>	SLR: 108° Bike. x 17 min leg press: 40# 4x10	stretching Bike. x 16 min level 7	Bike. as \bar{c} - 9/20
<u>Other:</u>	6" step ups 3x10	PEE's from 9/17/04	PEE's from 9/17/04
<u>Comments:</u>	4# not PEE'S 3x10 close - chained quad into \bar{c}	+ ski squats \bar{c} UE'S 3x10	all P.T. goals met.
<u>Plan:</u>	thrustband (blue) 3x10	Cont x 1 visit	D/c

[Handwritten signatures]
therapist signature therapist signature therapist signature

Assessment:

Plan:

all D/c summary *[Signature]*

MILAN GRBIC, PT, LLC

950 North 35th Street
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PROGRESS NOTE

Hunter, Wacnette

Ⓜ last release

DIAGNOSIS:	Date: 9-7-04 Visit #: 10	Date: 9/14/04 Visit #: 11	Date: 9/16/04 Visit#: 12
Subjective:	φ clo today	"Doing good."	feeling strong, some in numb thong
Modalities:	OS NMES + CP STM to scars + MFR +	US NMES + CP	US NMES + CP
Soft Tissue Mobility and/or stretching:	ITB; ham / calf stretch to 85° SLR	STM to ant / post PFS. ham / quad stretch	STM + Bifreeze + medial foot massage ham stretch
Exercise:	Bike: x 15 min level 7 2 1/2 mat VMO PRE'S	Bike: x 15' # 7 3 lb mat VMO PRE'S	+ 105° SLR Bike + PRE'S on 9/14
Other:	leg press 30# 6" step ups	leg press 35# 3x10 6" step ups 3x10	
Comments:	ski squats 3x10	ski squats ford lunges 2x10	↓
Plan:	Cont → 9/21 MD appt.	Cont x 1 wk	below

[Signatures]
therapist signature therapist signature therapist signature

Assessment: Excellent progress. φ edema. Needs to bulk up
VMO 3+15.

Plan: VMO. cont x 1 wk

MILAN GRBIC, PT, LLC

950 North 35th Street
Milwaukee, WI 53208

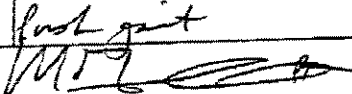

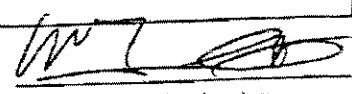
414.342.0208 phone
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e-mail: milangrbicpt@hotmail.com

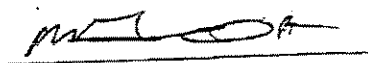
PROGRESS NOTE

Hunter, Wainette

(R) lat release

DIAGNOSIS:	Date: 8-24-04 Visit #: 7	Date: 8-26-04 Visit #: 8	Date: 8-31-04 Visit #: 9
<u>Subjective:</u>	going 5 cane most of the time w/ in home	went to get rid of cane soon	pic + to 3/10
<u>Modalities:</u>	US ant PFS NMES + CP T ex. for VMO M-ck	US NMES + CP	US NMES + CP
<u>Soft Tissue Mobility and/or stretching:</u>	STM to ITB + psoas = medial part note: ham	STM = Scuba to ham / distal quad = piriform stretching	STM to ant / post PFS = Birfyg ham to
<u>Exercise:</u>	at. / to: 80' from quad ab to: 125' Bike: 15 mi level 7 leg press 25#	Bike: x 16 mi level 8-9 step ups 5" str squats	added standing combination quad / hip flexor stretch to HEP 3x20'
<u>Other:</u>	3x10 quad sets SIR 2 TPE 2#	leg press 25# 3x10 2 1/2 PPE's -	PPE's / Bike from 8/22
<u>Comments:</u>	add sets all 3x12 gait: 3 min x 1 5 cane =	AARTRM: 3° - 127°	
<u>Plan:</u>	mild limp. lost gait	Cont 2x/wk	

 therapist signature
 therapist signature
 therapist signature

Assessment: SX + stability. Elbow remains
 mild. VMO fair at 3-15.
Plan: 3' quad log = Active SIR

 signature of therapist

MILAN GRBIC, PT, LLC

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Milwaukee, WI 53208

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e-mail: milanrbicpr@hotmail.com

PROGRESS NOTE

Hunter, Wainette

© knee scope
DIAGNOSIS: ^{lat} release

	Date: 8-10-04 Visit #: 4	Date: 8/12/04 Visit #: 5	Date: 8/19/04 Visit #: 6
<u>Subjective:</u>	MD pleased thurs for a progress	Swelling has readily gone down, feels much better!	better every week
<u>Modalities:</u>	HP > a 4 US NMES + CP i 4	HP > a ex. US NMES + CP p ex	HP > a 4. US NMES + CP i 4
<u>Soft Tissue Mobility and/or stretching:</u>	STM to scars + Sombra gel knee stretch	STM ad on 8/10	STM ant/post PFT + Sombra gel
<u>Exercise:</u>	to 70. Bike level 8 x 15 min	Bike level 8 x 17'-2' Cool down	knee stretch to 80° Bike level 8 x 15 min
<u>Other:</u>	leg press: 15# 3x10	leg press: 15# 3x10	2 1/2 # PRE'S 4x10 SLR 2#
<u>Comments:</u>	quad sets SLR TRF 2# add sets 3x10	exs. on mat = 2 1/2 # 3x10	ski squats 4° step ups leg press 15# 3x10 q
<u>Plan:</u>	Cont POC	Progressing I steadily	below

[Signature]
therapist signature

[Signature]
therapist signature

[Signature]
therapist signature

Assessment: Edema +. doing care ≤ 15 min.

Plan: Quad bag ≤ 5° = SLR.
Aron 3° - /15°.

[Signature]

MILAN GRBIC, PT, LLC

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Milwaukee, WI 53208

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e-mail: milangrbicpt@hotmail.com

- Physical Therapy
- Progress Report
- Discharge Summary

Hunter, Wainette

Diagnosis: (R) knee scope

Dates of Service (to / from): 7/29 - 8/5/04

Total Visits: 3

Treatment Provided:

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

Treatment Provided (specify): _____

Current Functional Status:

Edema is slowly ↓ Pt.
 still c/o considerable lateral knee
 pain. ARM is 5° - 105° +
 AA = 3° - 120°. able to bike
 10 minutes. Using cane.

Recommendations: Continue Therapy

NSAID's ?
Please advise

Thanks

Plan discussed and agreed upon with patient / significant other.

Signature / Date

Physician Reply / Orders:

D/C Therapy: _____

Continue Therapy: Frequency _____ times per week Duration _____ weeks

Continue PT, Advance quad strength

I agree with the Therapist's recommendation.

Special Instructions / Precautions: _____

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

Physician Signature: _____

Date: 8/5/04

MILAN GRBIC, PT, LLC

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Milwaukee, WI 53208

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PROGRESS NOTE

Hunter, Waverette

Ⓟ full scope
DIAGNOSIS: 1st release

	Date: 7-29-04 Visit #: 1	Date: 8-3-04 Visit #: 2	Date: 8-5-04 Visit #: 3
<u>Subjective:</u>	cool	still very sore + swollen; especially in the A.M.	pain still bad
<u>Modalities:</u>	HP x 10' E CX OS 1.5 w/ am 2 x 8' to ext. knee	HP/OS E CX NMES + CP x 10' 7 CX E AA OS 10" in : 10" off	HP/OS NMES + CP as E
<u>Soft Tissue Mobility and/or stretching:</u>	pe mod ES E RICE x 15 min.	8 mA STM E Sombra gel to ext PES = gentle	STM E Sombra E lymphatic massage to ↓ edema
<u>Exercise:</u>	quad / add acts TRK heel slides 2-3 x 10	ham / ext mbs Bike. x 10 min level 6 full res.	ham / calf stretch Bike: x 10 min level 8
<u>Other:</u>	issued order for cast	TRK quad / add acts SLR = AA	TRK quad / add acts leg press 5#
<u>Comments:</u>		3x10 reviewed cast use; Ⓟ E var	3x10 ham / calf str.
<u>Plan:</u>	cont poc	E 5 min. max.	↓


therapist signature therapist signature therapist signature

Assessment:

ALL MD progress note

Plan:


signature of therapist

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PHYSICAL THERAPY INITIAL EVALUATION

Name: Warnette Hunter
Physician: Kevin Weidman, M.D.
DOB: 03/26/1957
Diagnosis: Right knee arthroscopy.

MR#: 350379
Date: 07/29/04
Date of Onset: July 2004

History: The patient originally injured her right knee in May 2004. Preoperative therapy was unsuccessful in allowing her avoid the surgery. She reports that she suffered ligament damage. She underwent arthroscopic lateral release about two weeks ago. The patient is disabled and not gainfully employed. She is currently using pain medication approximately four-times a day. She complains of 7/10 level knee pain primarily in the front of the knee. She also complains of considerable swelling. She had the knee drained twice within one week of the surgery. At this time, she also complains of cramping into the calf. She is not ambulating today with her crutches due to "being tired of them". She does not have a cane. Her goal with therapy is "to be able to walk normally again without a device."

Clinical Examination: This 47-year-old female presents with a edematous right knee. There is temperature change nor discoloration. She does not have evidence of a calf DVT. Arthroscopic scars are well healed without evidence of drainage recently. She is tender into the popliteal fossa as well as the lateral aspect of the patella femoral joint. AROM is 10-60° with PROM at 8-75°. Strength is approximately 2/5 in the VMO, hamstrings and quadriceps within available range. Hip strength is 3/5. She ambulates without a device today but weight-bears more heavily on the left lower extremity and has affordable heel toe pattern on the right. This is the most probable cause of her calf cramping. We will order her a cane later today. She has less than negative 3° of active ankle dorsiflexion due to the calf tightness. She is unable to stair climb without bilateral upper extremity support and with protective techniques for the right lower extremity. Otherwise she is independent with transfers and bed mobility.

Clinical Impression/PT Diagnosis: Two weeks status post arthroscopic right knee lateral release.

Problem List:

1. Severe edema/pain.
2. Muscle guarding/decreased range of motion of lower extremities.
3. Weak knee stabilizers with subsequent inability to properly ambulate.

Short-Term Goals (2 Weeks):

1. Improve AROM to tolerate 15 minutes on exercise bike; no quad lag with active straight leg raise.
2. Patient to ambulate 15 minutes with or without device with proper heel toe pattern and improve symmetry.
3. Independence with home strengthening program.

Long Term Goal: Patient to tolerate greater than 30 minutes of regular community ambulation with proper right knee stability noted and without asymmetrical weightbearing. She is also to tolerate 30 minutes of standing household cleaning without significant discomfort.

Goal Potential: Good, over eight weeks.

Providing Comprehensive & Personalized Physical Therapy

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Warnette Hunter
07/29/04
Page 2

Plan of Care: The patient will be seen twice a week for 8 weeks. Today, she will be started on modalities to increase inflammation as well as manual therapy to promote flexibility. We will issue her a home strengthening and basic stretching program. She will be progressed to the bike next week and will be sent to pick up a cane later today. As symptoms allow, she will be progressed to higher level exercise.


Milan Grbic, PT

MG/aam
15878

Providing Comprehensive & Personalized Physical Therapy

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

PG# 1
 DATE: 05/19/05
 ACCT TYPE: O

PATIENT NAME: HUNTER ,WARNETTE PATIENT NUMBER: 112393242 FC: T
 ADMIT DATE: 04/12/04 DISCHARGE DATE: BIRTH DT: 03/26/1957 PT: R

GUARANTOR: WARNETTE HUNTER TOTAL CHARGES: 409.70
 NAME AND : 3232 N 24 PL
 ADDRESS : MILWAUKEE WI 53206
 ACCOUNT BAL: .00
 PATIENT BAL: .00

DATE	DESC	BAL:	INS1: T01	INS2:	INS3:	PATIENT
			.00			.00
041204	1 KNEES AP STANDI	80400268		171.80	0.00	0.00
041204	1 KNEE 3V RT	80421168		237.90	0.00	0.00
042904	-1 T19 PAYMENT	10117399		-123.84	0.00	0.00
042904	-1 TITLE 19 DISCOU	15005092		-282.86	0.00	0.00
042904	-1 MINIMUM BALANCE	19083098		-3.00	0.00	0.00

10:49 05/19/05 FROM IDHA,EDPABLFX

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MILWAUKEE, WI 53278-0408 414 326-1900

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

TOTAL CHARGES: 409.70 INS1: T01 .00 INS2:
INS3: INS4:

1	PAYMENTS	-123.84	-123.84	0.00
2	ADJUSTMENTS	-285.86	-285.86	0.00
3	X-RAY DIAGNOSTI	409.70	409.70	0.00

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

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

PATIENT NAME: HUNTER, WARNETTE PATIENT NUMBER: 112457933 FC: T
 ADMIT DATE: 04/30/04 DISCHARGE DATE: 05/24/04 BIRTH DT: 03/26/1957 PT: D

GUARANTOR: WARNETTE HUNTER TOTAL CHARGES: 1298.00
 NAME AND : 3232 N 24 PL
 ADDRESS : MILWAUKEE WI 53206 ACCOUNT BAL: .00
 PATIENT BAL: 3.00

DATE	DESC	BAL:	INS1: T01	INS2:	INS3:	PATIENT
			-3.00			3.00
043004	1 PT TX:THER PRO 43521535			95.50	0.00	0.00
043004	3 PT EVALUATION 43521578			286.50	0.00	0.00
043004	1 PT VISIT-REHAB 43531026			0.00	0.00	0.00
043004	4 PT PROCEDURE-RE 43570005			0.00	0.00	0.00
052004	-1 04 04/30/04 T19 10117399			-123.84	0.00	0.00
052004	-1 04 04/30/04 TIT 15005092			-255.16	0.00	0.00
050604	2 PT TX:THER PRO 43521535			191.00	0.00	0.00
050604	1 PT TX:ULTRASOU 43521551			76.00	0.00	0.00
050604	1 PT VISIT-REHAB 43531026			0.00	0.00	0.00
050604	3 PT PROCEDURE-RE 43570005			0.00	0.00	0.00
051004	2 PT TX:THER PRO 43521535			191.00	0.00	0.00
051004	1 PT TX:ULTRASOU 43521551			76.00	0.00	0.00
051004	1 PT VISIT-REHAB 43531026			0.00	0.00	0.00
051004	3 PT PROCEDURE-RE 43570005			0.00	0.00	0.00
052404	3 PT TX:THER PRO 43521535			286.50	0.00	0.00
052404	1 PT EVALUATION 43521578			95.50	0.00	0.00
052404	1 PT VISIT-REHAB 43531026			0.00	0.00	0.00
052404	4 PT PROCEDURE-RE 43570005			0.00	0.00	0.00
062404	-1 05 05/31/04 T19 10117399			-371.52	0.00	0.00
062404	-1 05 05/31/04 TIT 15005092			-535.48	0.00	0.00
062404	-1 05 05/31/04 MIN 19083098			-12.00	0.00	0.00

10:35 05/17/05 FROM IDHA,EDPABLFX

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

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

PATIENT NAME: HUNTER, WARNETTE PATIENT NUMBER: 112457933 FC: T
ADMIT DATE: 04/30/04 DISCHARGE DATE: 05/24/04 BIRTH DT: 03/26/1957 PT: D

GUARANTOR: WARNETTE HUNTER ACCOUNT BAL: .00
NAME AND : 3232 N 24 PL
ADDRESS : PATIENT BAL: 3.00
MILWAUKEE WI 53206

TOTAL CHARGES: 1298.00 INS1: T01 -3.00 INS2:
INS3: INS4:

1	PAYMENTS	-495.36	-495.36	0.00
2	ADJUSTMENTS	-802.64	-805.64	3.00
3	PHYSICAL THERAP	1298.00	1298.00	0.00

10:35 05/17/05 FROM IDHA,EDPABLFY

IPJ83694