



no subject)
message

ameron Canady <thecanady2021@gmail.com>
o: cartierbaby23@gmail.com

Mon, Dec 9, 2024 at 2:05 PM

Here is the updated letter with the correct address included:

Caleb Adams

3834 N 19th St

Milwaukee, WI 53206

414-759-9839

Jocquise3036@gmail.com

December 6, 2024

City Clerk

ATTN: CLAIMS

200 E. Wells St., Room 205

Milwaukee, WI 53202-3567

Subject: Formal Claim for Damages – Incident on December 6, 2024

To Whom It May Concern,

I am submitting this letter to formally file a claim under Wisconsin Statute § 893.80(1), which governs claims against governmental bodies for damages caused by negligence. This claim concerns injuries sustained in an incident on December 6, 2024, at approximately 10:00 PM at 18th and Vienna Avenue in Milwaukee, Wisconsin.

As a passenger in a 2017 Ram 1500 truck driven by Cameron Canady, I was injured when the vehicle struck a large, unmarked hole in the road concealed by water. The drop on the passenger side caused injuries to my head and neck, for which I sought medical attention at Ascension Hospital immediately after the incident.

Under Wisconsin law, municipalities have a duty to maintain public roadways in a reasonably safe condition (Wis. Stat. § 81.15). The City of Milwaukee breached this duty by failing to identify, repair, or warn of the hazardous condition. At the time of the incident, there were no cones, signs, or warnings to alert drivers or passengers to the danger, and the city's negligence directly caused harm to my health.

were present at the scene and can confirm the absence of any visible safety measures.

DAMAGES AND CLAIMED AMOUNT

Under Wis. Stat. § 893.80(1d)(b), I am requesting compensation for the following:

1. Medical Expenses: Costs incurred for emergency treatment at Ascension Hospital (attached).
2. Lost Income: Compensation for financial losses if my injuries continue to impair my ability to work.
3. Pain and Suffering: Compensation for the physical and emotional hardship caused by this incident, including ongoing effects from head and neck injuries.

Based on the damages described, I am requesting a total compensation of \$7,500.

DOCUMENTS INCLUDED

To support this claim, I am providing the following:

- Medical records and bills from Ascension Hospital.
- Witness information, including the attending officers.

STATUTORY NOTICE

This claim is submitted in compliance with the notice requirements under Wisconsin Statute § 893.80(1)(a). I reserve all rights under Wisconsin law to pursue further legal action if this claim is denied or unresolved within the statutory timeline.

Please contact me at 414-759-9839 or Jocquise3036@gmail.com during regular business hours to discuss this matter further.

Thank you for your prompt attention to this claim.

Sincerely,

Caleb Adams























AFTER VISIT SUMMARY



Caleb J. Adams CSN: 205895761

12/6/2024

Ascension St. Joseph, Emergency Department 414-447-2171

Instructions



Read the attached information

Concussion, Discharge Instructions for (English)



Schedule an appointment with Razzaq, M Shakaib, MD as soon as possible for a visit

Specialty: Neurology
Contact: 3727 W Wisconsin Ave
Milwaukee WI 53208-3182
414-291-2626



Follow up with Ascension St. Joseph, Emergency Department

Why: As needed, If symptoms worsen
Specialty: Emergency Medicine
Contact: 5000 W Chambers St
Milwaukee Wisconsin 53210-1650
414-447-2171

What's Next

DEC
13
2024

Ortho Visit with Kornreich, David B.

Friday December 13 10:45 AM

Ascension St. Joseph,
Orthopedics
5000 W CHAMBERS ST
MILWAUKEE WI
53210-1650
414-447-2870

Following your visit today, we strongly encourage you to follow up with a primary care provider (PCP) for your continued health journey. Establishing a relationship with a PCP is an excellent way to help you get the individualized care you need, at a time when you need it, by someone who knows you. If you are looking to schedule an appointment with your existing Ascension PCP, please contact your clinic directly. If you are looking to establish care within Ascension, please call **262-687-2778** to schedule a visit with an Ascension PCP.

Changes to Your Medication List

You have not been prescribed any medications.



Today's Visit

You were cared for today by a team of clinicians, nurses and technicians who specialize in emergency care including emergency medicine specialists:
Lancaster, Jessica

Reason for Visit

Motor Vehicle Crash

Diagnoses

- MVC (motor vehicle collision), initial encounter
- Injury of head, initial encounter
- Concussion without loss of consciousness, initial encounter



Blood Pressure
137/76



Temperature (Oral)
97.6 °F



Pulse
119



Respiration
18



Oxygen Saturation
97%

Ascension Wisconsin MyChart Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://wimychart.ascension.org/>, click "Sign Up Now", and enter your personal activation code: **2MH3C-P6JC2-HB3ZQ**. Activation code expires 1/1/2025.

Helpful ideas for following your medication schedule:

- Develop a daily routine for taking your medication
- Never change or stop taking your medication without first checking with your doctor.
- Call your doctor if you have any problems or questions about your medications.
- Call your doctor for a refill before your medications get too low.
- Keep a current medication list with you at all times.
- Bring your current list of medications with you every time you see your doctor or go to the hospital.
- Make sure your doctor knows about any herbal products, vitamins, or OTC medications that you take.

How to safely store your medication:

- Keep in original bottle with cap tightly closed
- Keep away from heat, light and moisture
- Keep away from children and pets
- Good places to store medication include:
 - A safe or other locked box or locked drawer
 - Top shelf of a hallway or bedroom closet
 - Top shelf of a kitchen cabinet furthest away from your stove
- Do NOT store medication in your bathroom medicine cabinet
- Do NOT store medication above your stove
- Do NOT store medication in a hot car

How to safely dispose of medication:

- Always get rid of expired, unwanted or unused medication as soon as possible
- Do NOT share your medication with anyone
- Talk to your pharmacist or call the local police station about how to get rid of extra medications
- Look for national drug take-back days where you can bring your unused medications

We have examined and treated you today on an emergency basis only. If your symptoms or medical problem(s) fail to improve, call your doctor or return here. Please note:

- **If you are feeling like you want to hurt yourself (suicidal), call or text 988.** Need help for you or someone else feeling suicidal? Please call the Suicide crisis line at 1-800-273-8255. Need help finding housing, food, or help with your bills? Call 211 or text your zip code to 898-211.
- **If you were prescribed sedatives or pain medications:** these may make you drowsy. Do not drink alcohol or operate machinery while you are taking these medications.
- **If you were prescribed an over the counter medication:** it is important to thoroughly read the information contained in the package before taking the medication.
- **If you had an x-ray:** fractures (breaks in bone) may not be revealed on the initial X-rays but may be revealed on subsequent X-rays. If your pain persists, please seek follow-up care. Your X-ray has been read on a preliminary basis. Final reading will be made by the radiologist in 24 hours. You will be notified of any additional findings.
- **If you had lab tests or cultures obtained:** if additional treatment is required we will contact you. If you do not hear from us, but are interested in the results, you may view them on MyChart. Results can also be obtained in person with picture ID at our Medical Records department.

Neighborhood Resource

Visit NeighborhoodResource.FindHelp.com to find free and reduced cost social services in your community. Simply enter your ZIP code to browse verified local programs offering support for food, housing, transportation, financial assistance, health care, job training and more.

Haga la prueba hoy mismo en NeighborhoodResource.FindHelp.com o escanee el código QR para buscar programas locales gratuitos y cree una cuenta para acceder a herramientas y funciones gratuitas.



Keep Your Medicaid Coverage

Do you or a family member currently have health insurance through **Medicaid**? If so, take action today to update your address and be on the lookout for any mail from **Medicaid**. If you receive a letter, complete the form and return it to **Medicaid** right away. Visit [medicaid.gov](https://www.medicaid.gov) to find out more or contact your state plan today.

¿Tiene usted o algún miembro de su familia un seguro médico a través de **Medicaid**? De ser así, proceda hoy mismo a actualizar su dirección y esté atento a la llegada de cualquier correo de parte de **Medicaid**. Si recibe una carta, complete el formulario y devuélvalo de inmediato a **Medicaid**. Visite [medicaid.gov](https://www.medicaid.gov) para obtener más información o póngase en contacto con su plan estatal hoy mismo.



Improving our Performance

Thank you for choosing our Emergency Department for your health care needs. Our goal is for each patient and family to have a positive experience. We strive for excellence and value your opinion of our services. You may receive a text message or an e-mail from our survey partner, PRC (Professional Research Consultants, Inc.), about your recent visit. They will ask questions about the care you received and the people who took care of you. We want to hear about what we did well so we can thank our staff. We also want to hear about what we could do better in the future. If you have any feedback you would like to share about your visit, please call our Patient Relations Line 414-647-5743.

Billing by Independent Providers

You may receive separate billing statements from independent physicians involved in your care at Ascension Wisconsin facilities, including radiologists, emergency physicians, urgent care physicians, and others. These physicians may or may not participate in all insurance networks. Please talk with your insurance provider for network provider and coverage information. If you have any questions regarding your independent physician bills, please call the telephone numbers listed on the billing statement.

The information in this after visit summary is up to date as of: 12/6/2024 11:04 PM.

Hypertension Information

Your blood pressure was higher today than what is considered normal. High blood pressure (also called hypertension) is a chronic disease. The cause is unknown in most cases. Sometimes anxiety or pain can cause a temporary rise in blood pressure, that later returns to normal. If your blood pressure is high in one measurement, this does not mean that you necessarily have hypertension (a chronic illness). However, you should follow up with a primary care doctor and have your blood pressure measured again within the next 1-2 weeks to find out if it is persistently high. Hypertension can usually be controlled with lifestyle changes and/or medications. Lifestyle changes may include losing weight (if you are overweight), reducing salt intake, limiting alcohol, eating a healthy diet, beginning an exercise program, limiting caffeine, and stopping smoking. If you are already taking blood pressure medications, they may need to be adjusted.

Additional Information

Get the care you need, when and where you need it



Primary care

Keeping you healthy, close to home

Ascension care teams deliver compassionate, personalized care to you and your family. We work together to help you feel better quickly when you're sick. We are also here to help you stay healthy. Choose the care that is right for you — family medicine, internal medicine, pediatrics or OB/GYN.

Make an appointment today for:

- A yearly checkup
- Important screenings
- Help with your medicine
- Minor illness and injury care
- Help managing chronic illness
- Help finding a specialty doctor



Urgent/immediate care

For when you're on the go

If you need care for a minor illness or injury, we are here for you. When it is not an emergency, but you need to be seen right away, an urgent/immediate care walk-in clinic is a good option for:

- When you are unable to see your primary care doctor
- Allergic reactions
- Cuts that may need stitches
- An ear infection
- High fever



Emergency care

In an emergency

Ascension ER care teams work quickly to listen and understand your needs during a major illness or injury. After your visit, we'll connect you to the follow-up care that's right for you.

Visit an ER if you or someone you love has:

- Extreme stomach pain
- Fainted or is very dizzy
- A broken bone
- Blurry vision
- Stroke symptoms
- Chest pain

If you are experiencing a life-threatening emergency, go directly to the ER or dial 911.



Online care

24/7 care from wherever you are

With online care, you can have a one-on-one video chat with a doctor, anytime, anywhere, using your smartphone, tablet or laptop. Our doctors are here 24/7 to get you feeling better, faster. See us for a variety of symptoms and conditions, including:

- Sinus, upper respiratory or eye infections
- Seasonal allergies
- Sore throat/strep/cold/flu/fever
- Urinary tract infections

Available in all 50 states.
No insurance required.

Schedule an appointment
online, anytime at
[GetAscensionWisconsin.com](https://www.getascensionwisconsin.com)
or talk to an online doctor
in minutes. Get started at
[ascension.org/onlinecare](https://www.ascension.org/onlinecare)



Ascension

Ascension Wisconsin

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Discharge Instructions for Concussion

You have been diagnosed with a concussion, a type of brain injury caused by a sudden impact to your head. It can also be caused by sudden movement of your brain inside your head, such as from forceful shaking. Some concussions are mild. Most people recover completely from mild concussions. But recovery may take days, weeks, or months. For some, symptoms may last even longer. Early care and monitoring are important to prevent long-term complications.

Home care

Do's and don'ts:

- Ask a friend or family member to stay with you for a few days. You shouldn't be alone until you know how the injury has affected you.
- Sleeping is ok and it is usually not necessary to have someone wake you up from sleep after a minor head injury. However, if your healthcare provider does recommend that you have someone wake you up every 2 to 3 hours, you should be able to know where you are when awakened.
- Don't take any medicine—not even aspirin—unless your healthcare provider says it's OK. If you have a headache, try placing a cold, damp cloth on your forehead.
- Eat light. Clear liquids, such as broth or gelatin, are a good choice.
- Don't drink alcohol or use any recreational drugs.
- Don't return to sports or any activity that could cause you to hit your head until all symptoms are gone and your provider says it's OK. A second head injury before full recovery from the first one can lead to serious brain injury.
- Don't do activities that require a lot of concentration or attention. This will allow your brain to rest and heal more quickly.

The best way to recover is to discuss symptoms with your provider and your family. Work closely with your provider and give your brain time to heal.

Follow-up care

Follow up with your provider or as advised.

Call 911

Your caregiver should call 911 if you fall asleep and can't be awakened, or you're confused.

When to call your healthcare provider

Call your healthcare provider right away if you have any of these symptoms:

- Vomiting
- Clear or bloody drainage from your nose or ear
- Constant drowsiness or trouble waking up
- Confusion or memory loss
- Blurred vision
- Trouble walking, talking, or concentrating
- Increased weakness or problems with coordination
- Constant headache that can't be relieved or gets worse
- Changes in behavior or personality

StayWell last reviewed this educational content on 9/1/2021

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To: 8552099615@qgfaxing.qg.com

Date: 12/12/2024

Fax Number:

From: LEAVES

Number of Pages (including Cover Page): 8

Comments: 258114_12-12-24_Adams, Caleb_fax

Dear Dr. Shakib Razzaq,

Would you please complete the attached Part B form for your patient, Caleb Adams (DOB 11/23/1987), and return it to Leaves via fax 414-566-9473 or email leaves@quad.com. I also have provided a copy of their job description for you to review.

Thank you,
Katy

Katy
Leave and Disability Services

Quad
Marketing Solutions Partner

o: 888-660-7422
f: 414-566-9473

esleaves@quad.com
QUAD.com

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Medical Leave: Employee Certification



PART B (Side 1) HEALTH PROVIDER'S STATEMENT

To Health Care Provider: Please complete the following information. Attached is the FMLA definition of a "Serious Health Condition" for your review.

Patient's Name: Caleb Adams
(please print)

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Employee ID (Required)

Job Title: _____

Job Description Attached: ☐ Yes ☒ No

Essential Functions of Job: _____

1. Please review the attached "Definition of a Serious Health Condition" form and specify if your patient's condition* qualifies under any of the categories described. If so, check the applicable category.

- ☒ Inpatient Hospital Care
 ☐ Chronic Condition
 ☐ Does not qualify as a FMLA Serious Health Condition
☐ Permanent/Long-Term
 ☐ Multiple Treatments (Non-Chronic)
 ☐ Pregnancy
 ☐ Due Date: _____
☒ Absence Plus Treatment

- (a) Dates Treated: 12/16/24
 (b) Was a prescription medication prescribed? ☒ Yes ☐ No
 (c) Was physical therapy required? ☒ Yes ☐ No
 (d) Was surgery required? ☒ Yes ☐ No
 (e) If chronic condition, will patient need to have treatment at least twice per year due to the condition? ☐ Yes ☒ No
 (f) If recertification, dates treated for condition in the last year: _____

2. (a) Diagnosis: Post Traumatic HA, Concussion, Neck Pain

(b) Describe relevant medical facts related to the condition for which the employee seeks leave, such medical facts may include symptoms or any regimen of treatment such as the use of specialized equipment: _____

Headache & Concussion 2° MVA

3. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity*** If different):

Initial Date of Treatment: 12/16/24

Date incapacity commenced: 12/06/24

Return to work date: 1/1/25

Probable duration of incapacity: 1-2 Months

Date of next appointment: 3 weeks

The following should be answered with your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. For employees who have a continuous period of disability, this information only applies after the employee is released to return to work.

(a) Will it be medically necessary for the employee to be absent from work intermittently or to work on a less than a full schedule as a result of the condition, including follow-up appointments or treatments? ☒ Yes ☐ No

Estimate the treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including recovery period: Referred to PT

(b) Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 12 months (e.g. 1 episode every 3 months lasting 1 to 2 days): 77 till 1/1/25

Frequency: _____ time(s) per _____ week(s) _____ month(s)
Duration: _____ hour(s) or _____ day(s) per episode

*Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking leave.

**If a resident of CA you are not required to list diagnosis

***"Incapacity", for purposes of FMLA, is defined to mean inability to work, due to the serious health condition, treatment therefore, or recovery therefrom.



PART B (Side 2)
HEALTH PROVIDER'S STATEMENT (continued)

4. (a) Was the patient referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)?

☒ Yes☐ No

If so, state the nature of such treatments and expected duration of treatment: _____

- (b) If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment): _____

5. Please answer the following questions based on the essential job functions or job description provided:

- (a) If a medical leave is required for the employee's absence from work because of the employee's own condition (including absences due to pregnancy or a chronic condition), is the employee unable to perform work of any kind? _____

- (b) If unable to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job. If yes, please list any restrictions that the employee may have: _____

- (c) If neither (a) nor (b) applies, is it necessary for the employee to be absent from work for treatment? _____

6. Additional Information (please identify the question number for any additional information you provide): _____

Signature of Health Care Provider: _____

Print Name: _____

Type of Practice: _____

Address: _____

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Date MM-DD-YY (Required)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Phone Number

Please return this form to your patient, or mail or fax directly to:

Quad/Graphics, Inc.
Leave & Disability Services
N61W23044 Harry's Way, Sussex WI, 53089

(414) 566-9473 FAX
(888) 660-7422 PHONE
leaves@quad.com EMAIL

Job Description Worksheet
Quad/Graphics Ergonomics Program

The following are the physical demands for the job of **Press Assistant II or Material Handler/Jogger** at Quad/Graphics. The listed parameters are job specific to the essential components of this job classification.

Job Title: Press Assistant II or Material Handler/Jogger

Description of Duties: Assists the press crew with changing plates, webbing up the press, removal and replacement of skids and assists with scheduled maintenance. Maintains the highest quality product through employment of standard operating procedures in all job responsibilities. Performs daily maintenance and general housekeeping.

Essential Functions of the Job: (Job requires these abilities)

- The ability to take stacks (average 10-20 lbs) using repetitive hand/wrist movement, off of the end of a press (2-4 feet high) and stack product on skids from floor level to 5 feet high using repetitive bending and twisting.
- The ability to stand 12 hours, 3-4 days per week with a 7-on rotation during the year, with mandatory overtime as per production schedule.
- The ability to communicate with other members of the staff.
- The ability to remove skids (weighing up to 2400 lbs) by using a Walkie stacker and Hand Truck
- The ability to web up a press
- The ability to accurately identify color defects on product.
- Pass a color test during interview process
- The ability to read and write
- Ability to lift stacks of end boards (30 lb.) as needed
- Lift rolls of banding strap (60 lb.) as needed
- Moving logs as needed without lifting them (stand them up or lower logs down to the floor)
- Ability to adjust stacker using a touch screen
- Ability to use a vibrating jogging table

Marginal Job Functions

- The ability to utilize down time effectively for general cleaning tasks in work area (i.e., sweeping and cleaning) as assigned by supervisor

Work Schedule**Shift(s)** (check all that apply):☐ 8 hours (5 days/wk) ☐ 10 hours (4 days/wk) ☒ 12 hours (3/4 days/wk)**Overtime** (check all that apply):☐ None ☒ As Needed ☐ Minimum of **Breaks/Lunch:** When Available (1-2 twenty minute break allowed)**Work Pace:**☐ Self-paced
☒ Machine paced

Other: depends on the jobs.

Equipment/Tools Used: Rubber gloves, plate and blanket wrenches, pallet jack or Walkie stacker, and miscellaneous hand tools**Personal Protective Equipment** (check all that apply):☒ Hearing Protection ☒ Safety Glasses ☒ Gloves
☒ Steel Toe Shoes ☒ Other : Safety Shield**Environment** (List the **percentage** of day that you are in each environment):

100% Production

☐ Office☐ Outdoor☐ Other:

List percentage of the day the following activities are performed:

| Does Job Require: | Never 0% | Rare 1-10% | Occasionally 11-33% | Frequently 34-66% | Constantly 67-100% |
|---|-------------|---------------|------------------------|----------------------|-----------------------|
| Kneeling/Squatting | | | √ | | |
| Climbing | | √ | | | |
| Crawling | | √ | | | |
| Bending | | | √ | | |
| Twisting at waist | | | √ | | |
| Neck flexion (> 15 deg)/extension (> 5 deg) | | | | √ | |
| Head/neck rotation (>20 deg) | | | √ | | |
| Standing/Walking | | | | | √ |
| Sitting | | √ | | | |
| Awkward wrist (F/E, RD/UD) | | | | √ | |
| Repetitive P/S | | | | √ | |
| Reaching up >90 deg FF of the shoulder | | √ | | | |
| Finger manipulation | | | | | √ |
| Pinching | | | | √ | |
| Gripping | | | | | √ |

Comments: Information is based mainly on manual jogging of forms. All physical activity decreasing in the amount of time spent when working on automated end of line. Awkward wrist and repetitive P/S, finger manipulation, pinching, and gripping all will drop to Occasional when working on an automated press line.

Indicate percentage of the day the listed activity is performed:

| | Never 0% | Rare 1-10% | Occasionally 11-33% | Frequently 34-66% | Constantly 67-100% |
|-----------------|-------------|---------------|------------------------|----------------------|-----------------------|
| Lifting | | | | | |
| 1-5 lbs | | | | | √ |
| 6-10 lbs | | | | | √ |
| 11-25 lbs | | | | √ | |
| 26-50 lbs | | √ | | | |
| 51-100 lbs | | √ | | | |
| Carrying | | | | | |
| 1-5 lbs | | | | | √ |
| 6-10 lbs | | | | | √ |
| 11-25 lbs | | | | √ | |
| 26-50 lbs | | √ | | | |
| 51-100 lbs | | √ | | | |
| Pushing | | | | | |
| <50 lbs force | | | √ | | |
| >50 lbs force | | | √ | | |
| Pulling | | | | | |

| | | | | | |
|---------------|--|--|---|--|--|
| <50 lbs force | | | √ | | |
| >50 lbs force | | | √ | | |

Comments:

| Work With or Exposure To | YES | NO | Explain |
|--------------------------|-----|----|---------|
| Confined space | | √ | |
| Driving | | √ | |
| Noise | √ | | |
| Respirator | | √ | |
| Welding operation | | √ | |

Comments:

Evaluation by: Rob Bearwald, Press Support LM
Melissa Fish, Corporate Ergonomics Lead

Date: 6.20.16

These documents are intended to be utilized by medical staff, worker's compensation and employee services for the purpose of safely placing employees at work.

ADAMS, Caleb J (id #183917, dob: 11/23/1987)

Referral Order

12/16/2024

| To Provider | From Provider |
|---|---|
| THERA DYNAMICS 613 N 36TH ST STE 300 MILWAUKEE, WI 53208 Phone: Phone: (414) 541-1118 Fax: Fax: (414) 344-4200 | SHAKAIB RAZZAQ, MD Wisconsin Clinic 3727 W WISCONSIN AVE MILWAUKEE, WI 53208-3182 Phone: 414-291-2626 Fax: 855-209-9615 |

Referral Order Information

| | |
|------------|---|
| Diagnosis | • Neck pain ICD-10: M54.2: Cervicalgia |
| Order Name | Orders included: 1 Neck pain ICD-10: M54.2: Cervicalgia • PHYSICAL THERAPIST REFERRAL Schedule Within: provider's discretion |
| Notes | |

Patient Information

| | |
|---------------------|--|
| Patient Name | ADAMS, CALEB J |
| Sex - DOB - Age | M 11/23/1987 37yo |
| Address | 4071 N 24TH ST MILWAUKEE, WI 53209 |
| Phone | H: (414) 759-9839 M: (414) 759-9839 |
| Primary Insurance | BCBS-WI - BadgerCare Plus (Medicaid Replacement - HMO) ID: ZRA723539401 Group: WIMCDWP0 Policy Holder: ADAMS, CALEB J |
| Secondary Insurance | None recorded. |

Electronically Signed by: SHAKAIB RAZZAQ, MD



SHAKAIB RAZZAQ, MD