

SAMSTER, KONKEL & SAFRAN, s.c.
ATTORNEYS AT LAW

Jerome A. Konkell*
Jonathan S. Safran
Jeffrey D. Patza

1110 North Old World Third St., Suite 405
Milwaukee, Wisconsin 53203
www.skslawyers.com

Telephone: (414) 224-0400
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James P. Samster
of counsel

*Certified Civil Trial Specialist by
the National Board of Trial
Advocacy

October 11, 2010

City Clerk
City of Milwaukee
200 E. Wells Street
Milwaukee, WI 53202

CITY OF MILWAUKEE
2010 OCT 14 AM 11:41
RONALD D. LEONHARDT
CITY CLERK

Re: Our Client: Jeremy C. Smith
Your Claim No.: 08-S-627
Date of Accident: April 11, 2008

Dear Mr. Carini:

Enclosed please find the following additional items of medical information and special damages regarding the above matter:

1. Gurske Chiropractic Center's records of 11/18/09 to 11/23/09, along with their billing statement in the amount of \$248.00.

Specials Previously Submitted: \$17,676.08

TOTAL SPECIALS TO DATE: \$17,924.08

Based upon the enclosed information and specials previously submitted, we are hereby making a demand in the amount of \$50,000.00, as and for a full and final settlement. After you have a chance to review the enclosed, please contact me to discuss settlement.

CITY OF MILWAUKEE
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2010 OCT 15 PM 2:01
OFFICE OF
CITY ATTORNEY

October 11, 2010

Page 2

Yours very truly,

SAMSTER, KONKEL & SAFRAN, S.C.

Jonathan S. Safran

jsafran@skslawyers.com

JSS:se

Enclosures

Gurske Chiropractic Center
Donn T. Gurske, D.C.
9217 W. Center St.
Milwaukee, WI 53222
(414) 771-1968 Fax (414) 771-3465

CERTIFICATION OF RECORDS

I do hereby certify that the attached copy of the medical and / or billing record (s) of :
Gurske Chiropractic Center – Donn T. Gurske, D.C., health care provider, relative to
the treatment rendered to: Jeremy Smith, patient,
from 11/18/09 to 2/8/10 consisting 5 ^{Billing +} _{Records} pages, has been compared with the original medical and / or billing record(s), on file
herein and is an accurate, legible and complete duplicate of said medical and / or billing
record (s), pursuant to 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 to section 908.03 (6).

In witness whereof, I have set my hand on this 8 day of Feb, 2010.
Sj

I have reviewed and compared to the original records of Donn T. Gurske, D.C.
(Name of Health Care Provider)

2/8/10
Date

D. Gurske
(Signature of Records Custodian)

Donn T. Gurske, D.C.
9217 W. Center St.
Milwaukee WI 53222-4516

S.O.A.P. Notes

Jonathan S. Safran, Attorney at Law
1110 N. Old World Third St
Suite 405
Milwaukee WI 53203

Patient: Jeremy C. SMITH

Date of Service: 11/18/2009 *DA*

SUBJECTIVE:

- (1) Pain and stiffness in the neck bilaterally. This complaint is resolved.
- (2) Pain in the lower back bilaterally. This complaint is much worse.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is very slightly worse.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is much worse.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is very slightly worse.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is much worse.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

Flare-ups were seen in the patient's condition today.

PLAN:

Return in two days.

TREATMENT:

Side posture spinal adjustive maneuvers were applied to the left innominate and L5 (right).

Spinal adjustive maneuvers were applied to C5 (left) and C2 (right).

Posterior to anterior spinal adjustive maneuvers were applied to L2 (right).

Interferential current was applied to the lumbosacral spine

Donn T. Gurske, D.C.
9217 W. Center St.
Milwaukee WI 53222-4516

S.O.A.P. Notes

and the thoracolumbar spine bilaterally.

DIAGNOSIS: 847.2 LUMBAR SPRAIN
839.20 LUMBAR SUBLUXATION
839.42 CLOSED DISLOCATION, SACRUM
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE

INCIDENCE OF OCCURENCE:

The patient reported the following incident in today's treatment: The patient stated that when he woke up this morning he could barely get out of the bed because of the severe muscle spasms. The only activity that he said he did was "light duty" at work because their production is slow. The job was sitting at a chair and leaning over the work on a lower desk.

Date of Service: 11/20/2009

SUBJECTIVE:

- (1) Pain in the lower back bilaterally. This complaint is very slightly improved.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is very slightly improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is very slightly improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

Favorable overall.

PLAN:

Return on an as needed basis.

TREATMENT:

Side posture adjustive procedures were performed to the right innominate and L5 (left).

Posterior to anterior adjustive procedures were performed to L2 (right) and T6 (right).

Adjustive procedures were performed to C5 (right) and C2

S.O.A.P. Notes

(left).

DIAGNOSIS: 847.2 LUMBAR SPRAIN
839.20 LUMBAR SUBLUXATION
839.42 CLOSED DISLOCATION, SACRUM
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 11/23/2009 *DS*

SUBJECTIVE:

- (1) Pain in the lower back bilaterally. This complaint is almost resolved.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is much improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is much improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is much improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is much improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

Favorable overall. Because the patient's symptoms subsided in a short time frame, it is my opinion, based on reasonable chiropractic certainty that this flare up was a "temporary aggravation to his pre-existing automobile injury."

PLAN:

Return on an as needed basis.

TREATMENT:

Specific side posture adjustive procedures were administered to the right innominate and L5 (left).

Specific posterior to anterior adjustive procedures were administered to L2 (right) and T5 (right).

Specific adjustive procedures were administered to C5 (right) and C2 (left).

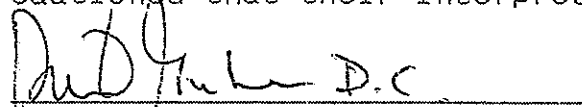
Donn T. Gurske, D.C.
9217 W. Center St.
Milwaukee WI 53222-4516

S.O.A.P. Notes

DIAGNOSIS: 847.2 LUMBAR SPRAIN
839.20 LUMBAR SUBLUXATION
839.42 CLOSED DISLOCATION, SACRUM
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.
These notes are for internal use and interpretation only.
Others who may have legal access to these progress notes are
cautioned that their interpretation may be erroneous.



Donn T. Gurske, D.C.
9217 W. Center St.
Milwaukee WI 53222-4516

Donn T. Gurske, D.C.
9217 W. Center St.
Milwaukee WI, 53222

SUPER BILL

Page : 1
Date : 02/08/2010
Patient Id : 3109-1AC
Account Balance : 1,817.65
Next Appointment: / /

From : 11/18/2009
To : 02/08/2010

Jeremy C. SMITH
2403 N. Weil St
Milwaukee WI 53212

Dx / Cpt	Date	Description	Dx Xref	Dr/Ref	Charge	Adj +	Adj -	W/O	Payment	Total
1 847.2	11/18/2009	LUMBAR SPRAIN								
2 839.20	11/18/2009	LUMBAR SUBLUXATION								
3 839.42	11/18/2009	CLOSED DISLOCATION, SACRUM								
4 839.08	11/18/2009	CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE								
98941	11/18/2009	Adjustment Three to Four Areas 1,2,3,4	1		65.00					65.00
97032	11/18/2009	Electrical Stimulation - Manua 1,2,3,4	1		45.00					110.00
98941	11/20/2009	Adjustment Three to Four Areas 1,2,3,4	1		65.00					175.00
98942	11/23/2009	Adjustment: Five or more areas 1,2,3,4	1		73.00					248.00
I -BLU	12/11/2009	Mail Insurance Check		11/18-28					14.45	233.55
I -BLU	12/21/2009	Mail Insurance Check		11/23					8.57	224.98

Doctor	: Donn T. Gurske, D.C.	Charge	Adj +	Adj -	W/O	Payment	Total
Federal Id	: 20-3016746	248.00	0.00	0.00	0.00	23.02	224.98

NOTICE OF CLAIM AND CLAIM FOR DAMAGES

**TO: City Clerk
City of Milwaukee
205 City Hall
200 East Wells Street
Milwaukee, Wisconsin 53202-3551**

CITY OF MILWAUKEE
10 OCT 11 PM 3:58
DONALD D. LEONHARDT
CITY CLERK

10-11-10
4:20pm Allen

Pursuant to the provisions of § 893.80(1)(b), Wisconsin Statutes, the Claimant, Jeremy Smith, herewith gives notice of claim and makes a claim for relief in the form of monetary damages, as set forth below:

1. That the Claimant, Jeremy Smith, at all times material herein, is an adult resident of the City of Milwaukee, residing at 2403 North Weil Street, City and County of Milwaukee, State of Wisconsin, 53212.

2. That the attorneys for the Claimant, Jeremy Smith, are Samster, Konkel & Safran, S.C., 1110 North Old World Third Street, Suite 405, Milwaukee, Wisconsin 53203.

3. That the Claimant, Jeremy Smith, sustained serious personal injuries and vehicle property damage on April 11, 2008, at approximately 1:39 a.m., while lawfully driving his motor vehicle, a 1999 Dodge Durango, while proceeding eastbound on West Hampton Avenue, at the intersection of North 24th Street, in the City and County of Milwaukee, State of Wisconsin, when unknown individuals, employees, servants and/or agents, of the City of Milwaukee and/or construction company contractors, upon information and belief, failed to properly barricade a large construction hole in the roadway, approximately 1-1 ½ feet deep, during a construction project, causing Jeremy Smith, while driving his motor vehicle, to enter and exit the construction hole, and causing him to sustain serious personal injuries and vehicle property damage.

CITY OF MILWAUKEE
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2010 OCT 13 PM 3:20
OFFICE OF
CITY ATTORNEY

4. That as a result of failing to properly barricade a large construction hole in the roadway, the Claimant Jeremy Smith, suffered damages as more fully described below.

5. That a proximate cause of said injuries and damages was the negligence of the City of Milwaukee and/or construction company contractors, by their currently unknown agents, servants and/or employees, as indicated above, by their failure to properly train and/or supervise their agents, servants, and/or employees in proper barricading procedures, and to insure that the worksite area was sufficiently barricaded so as to protect the general public.

6. That the City of Milwaukee has had both actual and constructive notice of the lack of proper barricades at the worksite, and the Claimant's injuries, damages and causes thereof; and that a Notice of Injury was served on the City of Milwaukee on August 8, 2008.

7. That as a result of the aforementioned incident and negligence, the Claimant, Jeremy Smith, has suffered injuries to various parts of his body, including, but without limitation, his head, his face, a laceration under his right eye requiring sutures, his neck, his back, his arms, his ribs, loss of consciousness, and he has suffered from lack of concentration, forgetfulness, headaches, dizziness, and sleep disturbances.

8. That as a result of the aforementioned incident and negligence, the Claimant, Jeremy Smith, has incurred and will continue in the future to incur medical and hospital expenses for the treatment of his injuries; has experienced and will continue in the future to experience pain, suffering, disfigurement and disability due to his injuries and damages; has incurred and will continue in the future to incur loss of wages, and other damages, as provided for by law.

9. That as a result of the aforementioned incident and negligence, the Claimant, Jeremy Smith, sustained damage to his vehicle, for which he was obliged and/or will be obliged in the future to expend monies for repairs and its value.

10. That the Claimant, Jeremy Smith, has incurred medical expenses, vehicle damage, and lost wages to-date, as follows:

Paratech Ambulance Services	\$ 623.88	
Froedtert Memorial Hospital	\$ 4,740.49	
Medical College of Wisconsin	\$ 1,799.00	
Lubys Medical Center	\$ 324.00	
Columbia St. Mary's Hospital	\$ 3,358.71	
Wisconsin Radiology Specialists	\$ 358.00	
Gurske Chiropractic	\$ 2,720.00	
Property Damage Claim	\$ 4,000.00	
Graphics Packaging		<i>pending</i>
Clean Power		<i>pending</i>
Total Specials To-Date	\$ 17,924.08	

11. That pursuant to § 893.80(1)(b), Wisconsin Statutes, the above-indicated itemization of special damages is provided; the supporting documentation has been previously provided, and that at the present time, a demand is made by the Claimant and against the City of Milwaukee, as follows:

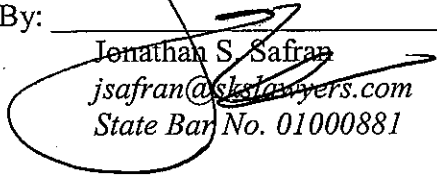
- a. For the Claimant, Jeremy Smith, the sum of \$50,000.00, for the above-indicated special damages, vehicle damage and lost wages; and his pain, suffering and disability.

12. That the undersigned is one of the attorneys for the Claimant, Jeremy Smith, and is, therefore, authorized to give this Notice of Claim and Claim for Damages.

Dated at Milwaukee, Wisconsin this 11th day of October, 2010.

SAMSTER, KONKEL & SAFRAN, S.C.
Attorneys for Claimant, Jeremy Smith

By: _____


Jonathan S. Safran
jsafran@skslawyers.com
State Bar No. 01000881

P.O. ADDRESS:

1110 North Old World Third Street
Suite 405
Milwaukee, Wisconsin 53203
(414) 224-0400

**JEREMY SMITH
ITEMIZATION OF MEDICAL INFORMATION
AND SPECIAL DAMAGES
ACCIDENT OF APRIL 11, 2008**

Provider	D.O.S.	AMOUNT
Paratech Ambulance Services	Records of 4/11/08 Statement of 4/11/08	623.88
Froedtert Memorial Hospital	Records of 4/11/08 Statement of 4/11/08	4740.49
Medical College Physicians	Statement of 4/11/08	1799.00
Lubsey Medical Center	Records of 4/14/08 Statement of 4/14/08 Records of 4/21/08 Statement of 4/21/08 Records of 4/28/08 Statement of 4/28/08	80.00 122.00 122.00
Columiba St. Mary's Hospital MRI	Records of 4/25/08 Statement of 4/25/08	3358.71
Wisconsin Radiology Specialists	Statement of 4/25/08	358.00
Gurske Chiropractic Center Donn T. Gurske, DC	Records of 5/30/08 Statement of 5/30/08 Records of 6/2/08 Statement of 6/2/08 Records of 6/9/08 Statement of 6/9/08 Records of 6/19/08 Statement of 6/19/08 Records of 6/20/08 Statement of 6/20/08 Records of 6/27/08 Statement of 6/27/08 Records of 7/3/08 Statement of 7/3/08 Records of 7/11/08 Statement of 7/11/08 Records of 7/15/08 Statement of 7/15/08 Records of 7/30/08 Statement of 7/30/08 Progress Report of 8/7/08 Records of 8/7/08 Statement of 8/7/08 Records of 8/15/08	572.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 110.00 260.00

Statement of 8/15/08	110.00
Records of 9/5/08	
Statement of 9/5/08	65.00
Records of 9/26/08	
Statement of 9/26/08	65.00
Records of 10/17/08	
Statement of 10/17/08	215.00
Discharge Report of 10/17/08	
Records of 7/21/09	
Statement of 7/21/09	65.00
Records of 7/24/09	
Statement of 7/24/09	65.00
Records of 7/27/09	
Statement of 7/27/09	65.00
Records of 11/18/09	
Statement of 11/18/09	110.00
Records of 11/20/09	
Statement of 11/20/09	65.00
Records of 11/23/09	
Statement of 11/23/09	73.00

TOTAL MEDICAL SPECIALS	13924.08
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Property Damage Claim	4000.00
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WAGE LOSS

Graphics Packaging	<i>Pending</i>
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Clean Power	<i>Pending</i>
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TOTAL SPECIALS	17924.08
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SAMSTER, KONKEL & SAFRAN, S.C.
ATTORNEYS AT LAW

James P. Samster
Jerome A. Konkell*
Jonathan S. Safran

1110 North Old World Third St., Suite 405
Milwaukee, Wisconsin 53203

Telephone: (414) 224-0400
Facsimile: (414) 224-0280
www.skslawyers.com

*Certified Civil Trial Specialist by
the National Board of Trial
Advocacy

January 18, 2010

City Clerk
City of Milwaukee
200 E. Wells Street
Milwaukee, WI 53202

Re: Our Client: Jeremy C. Smith
Your Claim No.: 08-S-627
Date of Accident: April 11, 2008

Dear Clerk:

Enclosed please find the following additional items of medical information and special damages regarding the above matter:

1. Property Damage photographs, along with estimate in the amount of \$4,000.00 for his totaled vehicle from The Auto Doc, LLC regarding the 1999 Dodge Durango that Mr. Smith was driving at the time of the accident.

Specials Previously Submitted: \$13,676.08

TOTAL SPECIALS TO DATE: \$17,676.08

Upon additional specials, I will forward the same to you.

Yours very truly,

SAMSTER, KONKEL & SAFRAN, S.C.

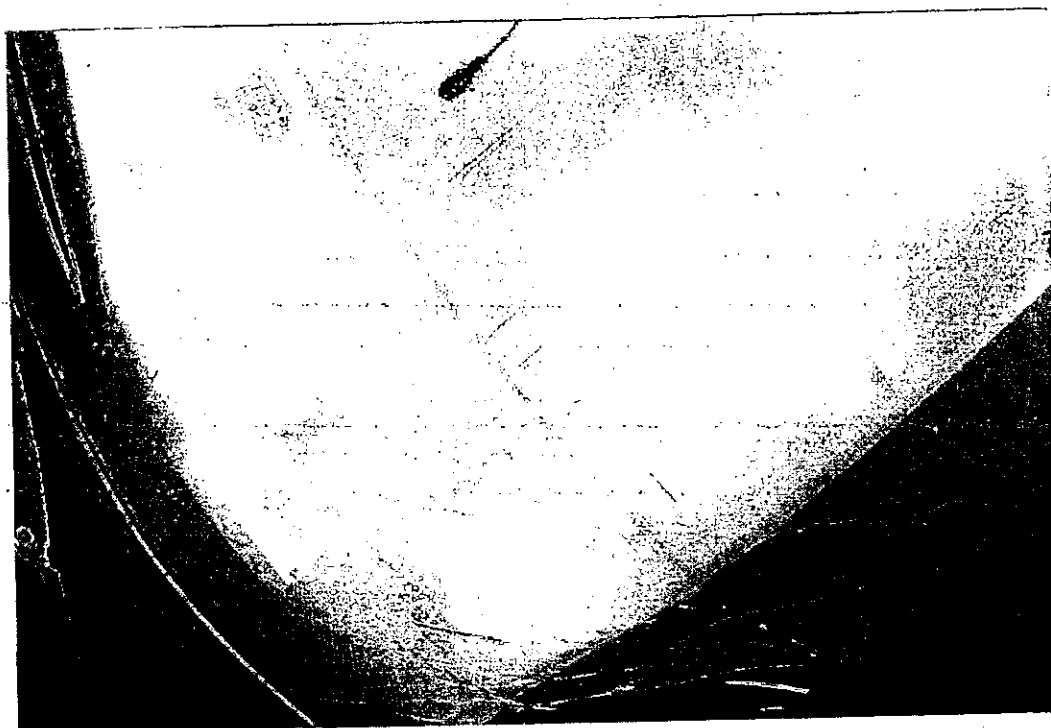
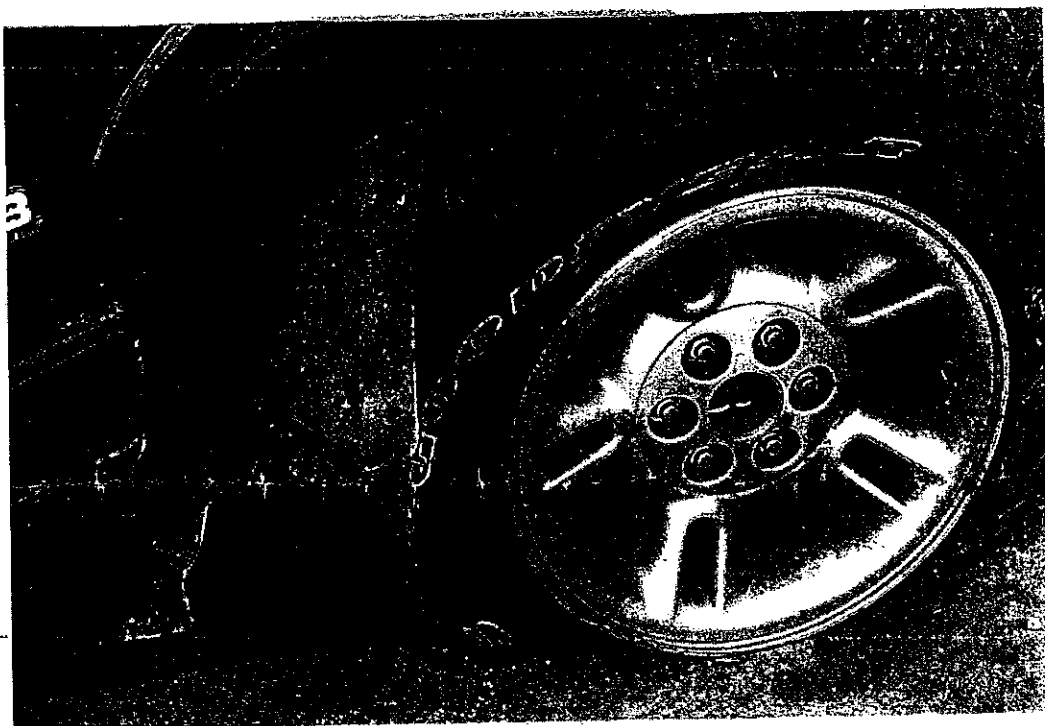
Jonathan S. Safran
jsafran@skslawyers.com

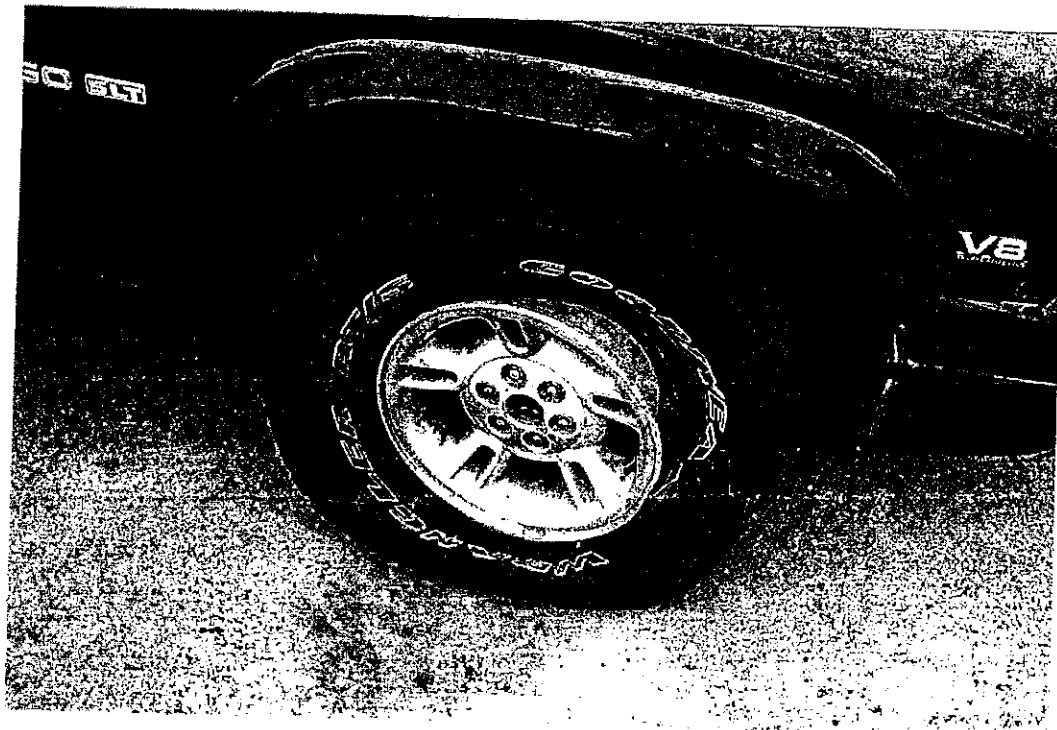
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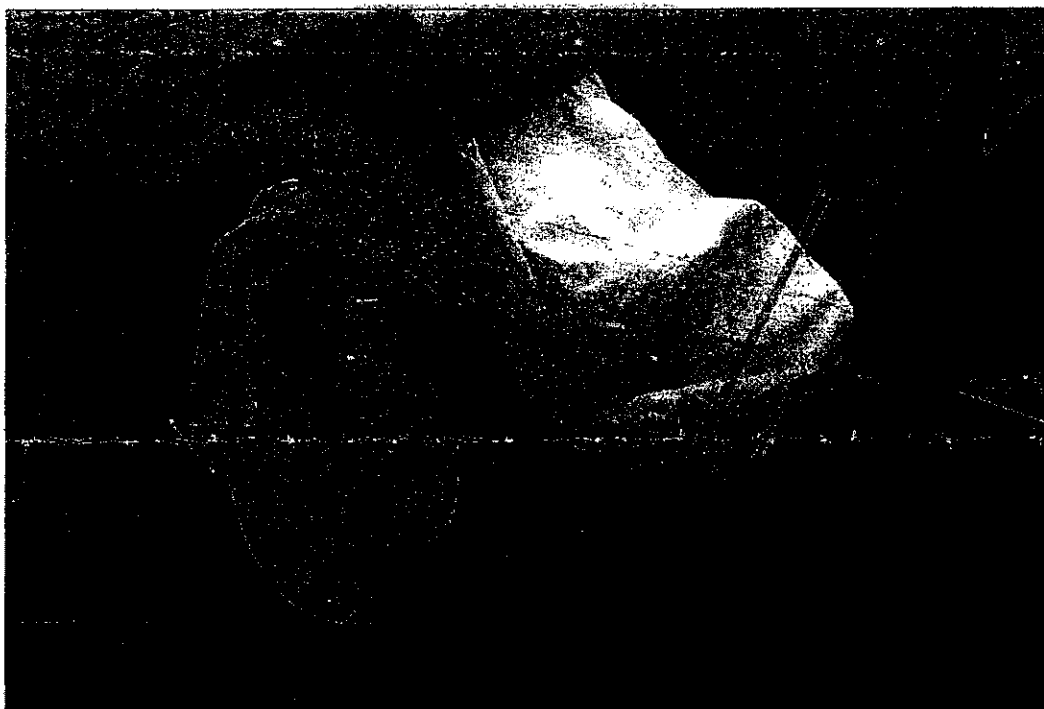
Enclosures

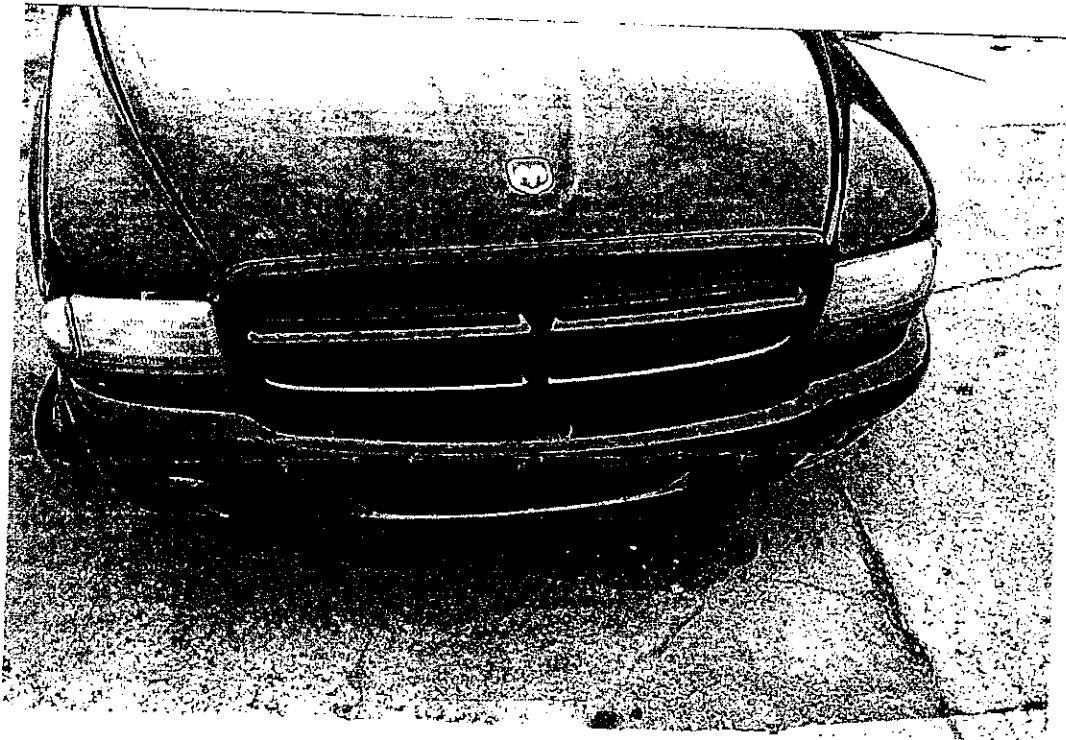
CITY OF MILWAUKEE
2010 JAN 20 PM 1:33
RONALD D. LEONHARDT
CITY CLERK

CITY OF MILWAUKEE
RECEIVED
2010 JAN 21 PM 2:51
OFFICE OF
CITY ATTORNEY











THE AUTO DOC, LLC

3802 W. Greenfield Ave.
Milwaukee WI 53215 414/647-0204

SPECIALIZING IN:

COMPUTER DIAGNOSTICS
TUNE UPS • BRAKES • EXHAUST
EMISSIONS • ENGINE & TRANSMISSION REPAIRS
TIRES • ELECTRICAL SHORTS & SERVICE

28410

NAME <u>Jeremy Smith</u>		YEAR & MAKE <u>99 Dodge</u>		MODEL <u>Durango</u>	
ADDRESS		LICENSE NO.		ODOMETER IN ODOMETER OUT	
CITY & STATE		COLOR		WRITER	
HOME PHONE:		WORK		OTHER	
		DATE <u>11-23-09</u>			

PARTS - MATERIALS				DESCRIPTION	TECH	LABOR CHARGE
QUANT.	PART NO. OR DESCRIPTION	U = USED R = REMANUF.	PRICE			
				A few years ago we had a Blue 1999 Dodge Durango that was towed in & previously driven by Jeremy Smith. The truck was in an accident & had extensive damage to the front end. The air bags had been deployed. The truck was not driveable. We did not estimate the damage but it would probably have been more than \$4000 in damage.		
				<i>Scott Beck</i>		

ADDITIONAL WORK AUTHORIZED BY:

DATE		TIME	A.M. P.M.	NO. CALLED	NAME	NEW ESTIMATE
------	--	------	--------------	------------	------	--------------

I HEREBY AUTHORIZE the above repair work to be done along with necessary materials. You and your employees may operate above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I UNDERSTAND THAT ALL CHARGES ARE DUE ON RECEIPT. IF PAYMENT IN FULL IS NOT MADE, I HEREBY AGREE TO PAY SIMPLE INTEREST AT THE RATE OF 12% PER MONTH (18% PER ANNUM) ON THE DECLINING UNPAID BALANCE UNTIL PAID IN FULL. I ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

- I request an estimate in writing before you begin repairs.
- Please proceed with repairs, but call me before continuing if the price will exceed \$
- I do not want an estimate.

Do you want the replaced parts you are entitled to? ☐ Yes ☐ No Call when vehicle is ready ☐ Yes ☐ No

Payment will be made by: ☐ Cash ☐ Credit Card ☐ Check #

Motor vehicle repair practices are regulated by Chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

☐ This vehicle received without face to face customer contact.

SHOP REPRESENTATIVE SIGNATURE

CUSTOMER SIGNATURE

DESCRIPTION	AMOUNT
TOTAL LABOR	
TOTAL PARTS	
SHOP SUPPLIES	
HAZARDOUS WASTE	
SUBLET	
TOWING	
SUB TOTAL	
SALES TAX	
TOTAL	

"Any warranties on the products sold hereby are those made by the manufacturer. The seller (above named dealership) hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products."

Thank You!

SAMSTER, KONKEL & SAFRAN, s.c.

ATTORNEYS AT LAW
CITY OF MILWAUKEE

RECEIVED

James P. Samster
Jerome A. Konkell*
Jonathan S. Safran

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Milwaukee, Wisconsin 53202

Telephone: (414) 224-0400
Facsimile: (414) 224-0280
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OFFICE OF
CITY ATTORNEY

*Certified Civil Trial Specialist by
the National Board of Trial
Advocacy

October 23, 2009

City Clerk
City of Milwaukee
200 E. Wells Street
Milwaukee, WI 53202

Re: Our Client: Jeremy C. Smith
Your File No.: 08-S-627-24
Date of Accident: April 11, 2008

CITY OF MILWAUKEE
2009 OCT 27 PM 1:35
RONALD D. LEONHARDT
CITY CLERK

Dear Clerk:

As a follow-up to the Notice of Injury which was filed on August 8, 2008, enclosed please find the following items of medical information and special damages regarding the above matter:

1. Paratech Ambulance Services records of 4/11/08, along with their billing statement in the amount of \$623.88.
2. Froedtert Memorial Hospital's records of 4/11/08, along with their billing statement in the amount of \$4,740.49.
3. Medical College Physicians billing statement of 4/11/08 in the amount of \$1,799.00.
4. Lubsey Medical Center records of 4/14/08 to 4/28/08, along with their billing statement in the amount of \$324.00.
5. Columbia St. Mary's Hospital's records of 4/25/08, along with their billing statement in the amount of \$3,358.71.
6. Wisconsin Radiology Specialists billing statement of \$358.00.
7. Gurske Chiropractic Center's records of 5/30/08 to 10/17/08 and 7/21/09 to 7/27/09, along with their billing statement in the amount of \$2,472.00.

TOTAL SPECIALS TO DATE: \$13,676.08

October 22, 2009

Page 2 of 2

Upon receipt of additional specials, I will forward same to you.

Also, enclosed please find a copy of a letter which we received from WE Energies, dated February 4, 2009, indicating that they did not perform any excavation work at the accident location. They indicated that the work performed at the location was by the City of Milwaukee.

Yours very truly,

SAMSTER, KONKEL & SAFRAN, S.C.

Jonathan S. Safran
jsafran@skslawyers.com

JSS:se

Enclosures

MILWAUKEE
WI 532231-800-378-7768
3585111WISC. ID.
960-10990

Reason For Call:

MVA

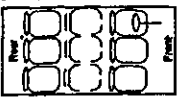
From:

SRA 6

Trip:

13A

Date Incident Reported 4/1-08	Type of Dispatch <input checked="" type="checkbox"/> Emer. 10-17 <input type="checkbox"/> Non-Emer. 10-16	<input type="checkbox"/> Non-Emer. 10-16 IMMEDIATE <input type="checkbox"/> Downgraded <input type="checkbox"/> Upgraded	<input type="checkbox"/> Still <input type="checkbox"/> Standby	Responding Unit # 111	Head Condition <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input checked="" type="checkbox"/> Overcast <input type="checkbox"/> Clear	Run # 12621	
Pl. Det. 0057	Call Rec. 157	En Route 157	At Scene 203	At Pl. 204	Lv. Scene 226	At Dest. 240	In Service 302
Crew Member License # 1. S. Bohmen 7004607 2. J. Starnul 7124052							
Location Type <input type="checkbox"/> Airport <input type="checkbox"/> Clinic/Medical <input type="checkbox"/> Educational Inst. <input type="checkbox"/> Farm <input type="checkbox"/> Highway/Street <input type="checkbox"/> Home/Residence <input type="checkbox"/> Hospital <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Mine/Quarry <input type="checkbox"/> Nursing Home <input type="checkbox"/> Public Building <input checked="" type="checkbox"/> Public Outdoors <input type="checkbox"/> Recreational/Sport <input type="checkbox"/> Residential Inst. <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Waterway <input type="checkbox"/> Unspecified <input type="checkbox"/> Other							
Response Type <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Intercept <input checked="" type="checkbox"/> Response To Scene <input type="checkbox"/> Scheduled Transfer <input type="checkbox"/> Standby <input type="checkbox"/> Unscheduled Interfacility Transfer <input type="checkbox"/> Unknown <input type="checkbox"/> NA							
Incident Address / Facility Name 25th & Hampton		County MKE		Mileage End 7.0	Begin 0.0	Total 7.0	
Destination Address / Facility Name TMLH		County MKE		Diverted, Why?	Reason For Transport <input type="checkbox"/> PT/Fam <input type="checkbox"/> Insurance <input type="checkbox"/> Special Need <input type="checkbox"/> MD <input type="checkbox"/> Other		
Patient Name Smith, Jeremy		Address 2403 N. Wells		City MKE	State WI	ZIP Code	PHONE ()
Date of Birth 7/2	Age 22	Weight	Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	Personal Physician <input type="checkbox"/> NA		
Emergency Contact Name Last First MI		Relationship ()		Address		City	State ZIP Code Phone ()
Social Security # Patient [REDACTED]		Social Security # Emer. Cont.		Employer		Address City State ZIP Code Phone ()	
MEDI-CARE # T-18		Insurance Name Blue cross Blue shield		Policy Number		Group Number <input type="checkbox"/> NA	
MEDI-CAID # T-19		HMO		Insurance Name		Policy Number Group Number <input type="checkbox"/> NA Work Related Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signs/Symptoms <input type="checkbox"/> Abdom Pain <input checked="" type="checkbox"/> Back Pain <input type="checkbox"/> Bloody Stool <input type="checkbox"/> Bleeding <input type="checkbox"/> Breathing Difficulty <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Chest Pain <input type="checkbox"/> Choking <input type="checkbox"/> Diarrhea <input type="checkbox"/> Dizziness <input type="checkbox"/> Ear Pain <input type="checkbox"/> Eye Pain <input type="checkbox"/> Fever/Hyperthermia <input type="checkbox"/> Headache <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypothermia <input type="checkbox"/> Nausea <input type="checkbox"/> Numbness <input type="checkbox"/> Paralysis <input type="checkbox"/> Palpitations <input type="checkbox"/> Pregnancy/Childbirth <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> Seizures/Convulsions <input type="checkbox"/> Syncope <input type="checkbox"/> Trauma <input type="checkbox"/> Unresp./Unconscious <input type="checkbox"/> Vaginal Bleeding <input type="checkbox"/> Vomiting <input type="checkbox"/> Weakness <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Other							
Chief Complaint/ONSET Back Pain		Medical History None		Allergies None		Patient's Current Medications/Dose None	
Cause of Injury MVA							
Pre-existing Medical Condition <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac <input type="checkbox"/> Chronic Renal Failure <input type="checkbox"/> Chronic Respiratory Failure <input type="checkbox"/> CVA/TIA <input type="checkbox"/> Diabetes <input type="checkbox"/> Dementia <input type="checkbox"/> Emphysema <input type="checkbox"/> Headaches <input type="checkbox"/> Hepatitis <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypotension <input type="checkbox"/> Psychiatric Problem <input type="checkbox"/> Seizure/Convulsions <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Unknown <input type="checkbox"/> Other							
Orientation Level <input checked="" type="checkbox"/> Awake Only <input type="checkbox"/> Oriented <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Confusion <input type="checkbox"/> Acute <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		Level of Consciousness <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Lethargic <input type="checkbox"/> Drowsy <input type="checkbox"/> Only Responsive <input type="checkbox"/> Verbal <input type="checkbox"/> Pain <input type="checkbox"/> Comatose <input type="checkbox"/> Incoherent <input type="checkbox"/> Unconscious <input type="checkbox"/> Dazed/Trance <input type="checkbox"/> Catatonic		Behavioral/Mental Status <input type="checkbox"/> Hallucinating <input type="checkbox"/> Combative <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive <input type="checkbox"/> Slurred Speech <input type="checkbox"/> Verbal Inapprop. <input type="checkbox"/> Paranoid <input type="checkbox"/> Suicidal Behavior <input type="checkbox"/> Resistant		Initial Vitals <input type="checkbox"/> Lying <input checked="" type="checkbox"/> Sitting <input type="checkbox"/> Standing Time/Int B/P Pules Resp 228/15 160/90 120 16 170/90 120 20	
Functional Limitations <input type="checkbox"/> Contracted <input type="checkbox"/> Ext. R/L <input type="checkbox"/> Head/Neck <input type="checkbox"/> Paralysis <input type="checkbox"/> Wounds <input type="checkbox"/> Fractures <input type="checkbox"/> Burns <input type="checkbox"/> Cast <input type="checkbox"/> Spica Cast <input type="checkbox"/> Immobilized <input type="checkbox"/> Decehile <input type="checkbox"/> Stage Location		Skin Temp. Moisture Color <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Dry <input type="checkbox"/> Normal <input type="checkbox"/> Cyanotic <input type="checkbox"/> Cold <input type="checkbox"/> Moist <input type="checkbox"/> Pale <input type="checkbox"/> Cherry <input type="checkbox"/> Warm <input type="checkbox"/> Diaph <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundice <input type="checkbox"/> Hot <input type="checkbox"/> Ashen		Eyes PERL <input type="checkbox"/> R Prostheses <input type="checkbox"/> R Reactive <input type="checkbox"/> R Nonreactive <input type="checkbox"/> R Constricted <input type="checkbox"/> R Dilated <input type="checkbox"/> R Blind <input type="checkbox"/> R Cataracts <input type="checkbox"/> R Glaucoma		Breath Sounds <input type="checkbox"/> Clear <input type="checkbox"/> R Wet <input type="checkbox"/> R Decreased <input type="checkbox"/> R Absent <input type="checkbox"/> R Stridor <input type="checkbox"/> R Wheeze <input type="checkbox"/> Breath Quality <input checked="" type="checkbox"/> Normal <input type="checkbox"/> R Shallow <input type="checkbox"/> R Ch/Stroke <input type="checkbox"/> R Labored	
Pain: 2/10 Provokes Quality: <input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Cramp <input type="checkbox"/> Crushing <input type="checkbox"/> Constant Radiates: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Where: 8 Severity (1 to 10): 8 Time Since Onset: 0-15 Min 15-60 Min 1-12 Hour 12-24 Hour Other		PAIN AMPUTATION BLUNT/TRAUMA BURN CRUSH DISLOCATION/FX GUNSHOT LACERATIONS/ABRAS PUNCTURES/STAB SOFT TISSUE EDEMA		1 2 3 4 5 6 7 8 9 10			
OB # of Pregnancies # of Births LMP Contractions Length Apert B.O.W. Intact? Yes or No		Adult Back 18 Child Back 18		DESCRPTION		EXTERNAL HEAD/FACE NECK BACK THORAX ABDOMEN SPINE UPPER EXTREMITY LOWER EXTREMITY UNSPECIFIED	

Name: <u>Smith, Jeremy</u>	Date: <u>4-11-08</u>	Trip # <u>13A</u>	Run #
Motor Vehicle Crash <input type="checkbox"/> N/A	Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Aircraft <input type="checkbox"/> Semi <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Snowmobile <input type="checkbox"/> Watercraft	Exterior Damage <input type="checkbox"/> N/A	Interior Damage <input type="checkbox"/> N/A
	<input type="checkbox"/> None <input type="checkbox"/> Minor <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Rollover	<input checked="" type="checkbox"/> None <input type="checkbox"/> Spindled Window <input type="checkbox"/> St. Wh. Bent <input type="checkbox"/> Compartment Intrusion <input type="checkbox"/> Patient Ejected	Restraints <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Airbag N <input checked="" type="checkbox"/> Lap Belt N <input checked="" type="checkbox"/> Shoulder Belt N <input type="checkbox"/> Child Seat N
P = Patient Location in Vehicle X = Location of Damage to Vehicle		Safety Equipment <input checked="" type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Helmet <input type="checkbox"/> Eye Prot. <input type="checkbox"/> Prot. Clothing <input type="checkbox"/> Float. Dev.	

COPY

Procedure or Treatment <input type="checkbox"/> N/A	Crew Member # From Front Page—1, 2, 3, etc.	<input type="checkbox"/> Nasopharyngeal Airway <input type="checkbox"/> LV. Catheter/Fluids <input type="checkbox"/> MAST <input type="checkbox"/> BVM <input checked="" type="checkbox"/> Vital Signs
<input type="checkbox"/> Albuterol Admin. <input type="checkbox"/> ASA Admin. <input type="checkbox"/> Adv. Airway (Combi.) <input type="checkbox"/> Assisted Ventilation	<input checked="" type="checkbox"/> Backboard <input type="checkbox"/> Bleeding Control <input type="checkbox"/> Burn Care <input type="checkbox"/> Endotracheal Intubate	<input type="checkbox"/> Cervical Immobilize <input type="checkbox"/> DNR Protocol <input type="checkbox"/> CPR <input type="checkbox"/> Epi Admin. <input type="checkbox"/> External Defib <input type="checkbox"/> Glucose Admin <input type="checkbox"/> Glucose Test <input type="checkbox"/> Glucagon Admin

Cause of Injury <input type="checkbox"/> N/A	<input type="checkbox"/> Chemical Exposure <input type="checkbox"/> Child Battering <input type="checkbox"/> Drowning <input type="checkbox"/> Drug Poison <input type="checkbox"/> Electrocution (Non-Light) <input type="checkbox"/> Excessive Cold	<input type="checkbox"/> Excessive Heat <input type="checkbox"/> Fall <input type="checkbox"/> Fire/Flames <input type="checkbox"/> Firearm Self-Inflicted <input type="checkbox"/> Firearm Accidental <input type="checkbox"/> Firearm Assault	<input type="checkbox"/> Lightning <input type="checkbox"/> Machinery Injury <input type="checkbox"/> Mechanical Suffocation <input type="checkbox"/> Motor Vehicle (Non-Traff.) <input checked="" type="checkbox"/> Motor Vehicle (Traffic) <input type="checkbox"/> Pedestrian Traffic	<input type="checkbox"/> Physical Assault <input type="checkbox"/> Poison, Not Drugs <input type="checkbox"/> Radiation Exposure <input type="checkbox"/> Rape <input type="checkbox"/> Smoke Inhalation <input type="checkbox"/> Stabbing/Assault	<input type="checkbox"/> Stings (Plant/Animal) <input type="checkbox"/> Water Transport Incident <input type="checkbox"/> Unknown <input type="checkbox"/> Other
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Provider Impression <input type="checkbox"/> N/A	<input type="checkbox"/> Behavioral/Psych <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Cardiac Rhythm, Disturb. <input type="checkbox"/> Chest Pn. Discomfort <input type="checkbox"/> Diabetic Symptoms <input type="checkbox"/> Electrocution	<input type="checkbox"/> Hyperthermia <input type="checkbox"/> Hypovolemia/Shock <input type="checkbox"/> Inhalation Injury <input type="checkbox"/> Intoxication <input type="checkbox"/> Obvious Death	<input type="checkbox"/> Poison/Drug Ingestion <input type="checkbox"/> Pregnancy/OB Delivery <input type="checkbox"/> Respiratory Arrest <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Seizure <input type="checkbox"/> Sexual Assault/Rape	<input type="checkbox"/> Toxic Smoke Inhalation <input type="checkbox"/> Stings/Bites <input type="checkbox"/> Stroke/CVA <input type="checkbox"/> Syncope/Fainting <input type="checkbox"/> Traumatic Injury <input type="checkbox"/> Vaginal Hemorrhage	<input type="checkbox"/> Unknown <input type="checkbox"/> Other <input type="checkbox"/> GI Bleed <input type="checkbox"/> Headache <input type="checkbox"/> Hypertension
--	--	--	--	--	---

CPR Provider <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Bystander <input type="checkbox"/> First Responder Unit <input type="checkbox"/> EMS Unit <input type="checkbox"/> Unknown <input type="checkbox"/> NA
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CPR <input checked="" type="checkbox"/> N/A	Witnessed Arrest <input checked="" type="checkbox"/> N/A Start Time _____ Discontinue _____ Time _____ <input type="checkbox"/> Machine Error	Advanced Skills <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Advanced Airway <input type="checkbox"/> Combi. Intub. <input type="checkbox"/> Assist Inhaler <input type="checkbox"/> Assist Nitro <input type="checkbox"/> Defib Protocol <input type="checkbox"/> Epi Administration <input type="checkbox"/> Monitor Only	ALS Assess <input checked="" type="checkbox"/> N/A For _____ Eng/Med/Sq # _____ Time _____ Report Attached Y/N	EKG Interpretation <input checked="" type="checkbox"/> N/A Initial Rhythm _____ <input type="checkbox"/> Shock <input type="checkbox"/> No Shock Time _____	<input type="checkbox"/> Pt. Outcome <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Expire At Scene <input type="checkbox"/> Admit To ICU / CCU <input type="checkbox"/> Unknown
---	---	--	--	--	---

Defibrillation	Advanced Airway - Airway Condition
Time _____	Time _____
Joules _____	By Whom _____
By Whom _____	Placement _____
Outcome _____	Outcome _____
<input type="checkbox"/> Epi <input type="checkbox"/> Nitro <input type="checkbox"/> Inhaler	<input type="checkbox"/> Epi <input type="checkbox"/> Nitro <input type="checkbox"/> Inhaler

Medical Control Contact <input checked="" type="checkbox"/> N/A	Physician Name _____ Time _____	Medical Control Contact <input checked="" type="checkbox"/> N/A	Physician Name _____ Time _____	Medical Control Contact <input checked="" type="checkbox"/> N/A	Physician Name _____ Time _____
---	---------------------------------	---	---------------------------------	---	---------------------------------

Incident Disposition <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Treated/Transported by EMS	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Treated/Transferred Care	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> No Treat. Needed	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Lights And Siren During Transport: <input type="checkbox"/> N/A
---	--	--	--	---

Destination Type - AND - Destination Determination <input type="checkbox"/> Home/Residence <input type="checkbox"/> Police/Jail <input type="checkbox"/> Medical Office/Clinic <input type="checkbox"/> Skilled Nursing Facility <input checked="" type="checkbox"/> Hospital - E.D. <input type="checkbox"/> Hospital - D.A. <input type="checkbox"/> Morgue <input type="checkbox"/> Other	<input type="checkbox"/> Closest Facility <input type="checkbox"/> Diversion <input type="checkbox"/> Law Enforce. Choice <input type="checkbox"/> Managed Care <input type="checkbox"/> On Line Med. Direction <input type="checkbox"/> Patient/Family Choice <input type="checkbox"/> Patient/Phys. Choice <input type="checkbox"/> Protocol <input type="checkbox"/> Specialty Center	<input type="checkbox"/> To Aero-Medical Unit <input type="checkbox"/> To ALS Unit <input type="checkbox"/> To BLS Unit <input type="checkbox"/> To Law Enforcement	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Treat/Trans. w/ Rel. of Limb. <input type="checkbox"/> Treat/Trans. by Priv. Veh. <input type="checkbox"/> Treat/Trans. by Other Means <input type="checkbox"/> Treated and Released <input type="checkbox"/> Patient Refused Care	<input type="checkbox"/> Dead at Scene <input type="checkbox"/> Canceled Enroute <input type="checkbox"/> Unknown <input type="checkbox"/> No Patient Found	<input type="checkbox"/> Exposure Incident (Type?) <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Non-Emergent., No Lights or Siren <input type="checkbox"/> Emergent., Lights and Siren <input type="checkbox"/> Initial Emergent., Downgrade To No Lights and Siren <input type="checkbox"/> Initial Non-emergent., Upgrade To Lights and Siren
--	--	--	---	--	--	---

Arrival Status <input type="checkbox"/> Worse <input type="checkbox"/> Unchanged <input type="checkbox"/> Better	<input type="checkbox"/> DOA <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> PPE Used <input type="checkbox"/> Goggles <input type="checkbox"/> Mask <input type="checkbox"/> Gown <input type="checkbox"/> Other	<input type="checkbox"/> Facility Notified By: <input type="checkbox"/> NA <input type="checkbox"/> Radio <input type="checkbox"/> Phone	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> Unable* <input type="checkbox"/> No Need*	<input type="checkbox"/> EKG Telemetry <input type="checkbox"/> Explain	<input type="checkbox"/> NA E.D. Physician: _____ Time Report Received: _____ By: _____
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Narrative

22 y/o ♂ complains of Neck px and ↓ LOC. PT was involved in an MVA at speeds roughly 30-35 mph. PT was going E bound on Hampton Ave when he hit a 4 ft by 4 ft construction pot hole. The hole was rough, 1 1/2 ft deep. PT stated he saw no barriers up, but there were barriers upon our arrival. Upon arrival PT was in driver seat of car and had C-collar on. MFD ENG 37 was on scene. Upon assess PT was A/Ox1 at first becoming A/Ox3. Vitals as charted. PT was in and out of consciousness before being loaded into squad. PT was immobilized with KED device and then onto long board. PT was transferred to Gt and secured X5. PT was placed on O2 via NRB at 10 Lpm because of ↓ LOC. PT was transported to FAH w/o any change en route. CORP MFD stated barriers were down prior to MVA.

Signature: [Signature] 2018052
Received By: _____



... help is on the way

(414) 365-8900

COPY

Tax ID 39-1287112

JEREMY C. SMITH
5532 W PHILIP PL
MILWAUKEE, WI 53216

INVOICE NUMBER: 08 - 12021

DATE OF CALL: 4/11/2008

TIME OF CALL: 01:57

CALLER:

FROM: N 23RD ST & W HAMPTON AVE

TO: FROEDTERT EAST

PRIMARY PAYOR: PRIVATE PAY

SECONDARY PAYOR: MANAGED HEALTH SERV/HMO

DESCRIPTION OF CHARGES	QUANTITY	UNIT PRICE	AMOUNT
BASE RATE	1	\$410.00	\$410.00
MILEAGE	7	\$12.00	\$84.00
OXYGEN AND SUPPLIES	1	\$75.00	\$75.00
CERVICAL COLLAR	1	\$26.31	\$26.31
GLOVES (PAIR)	4	\$1.86	\$7.44
CID-HEAD IMMOBILIZER	1	\$15.44	\$15.44
LINENS	1	\$5.69	\$5.69
TOTAL CHARGES THIS CALL			\$623.88

DESCRIPTION OF CREDITS	CHECK #	PAID DATE	PAID BY	AMOUNT
TOTAL CREDITS THIS CALL				

PAYMENT DUE BY: June 10, 2009

PLEASE PAY THIS AMOUNT

\$623.88

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

To Pay By Credit Card OnLine - <https://pay.instamed.com/paratech>

PATIENT NAME: SMITH, JEREMY C.

INVOICE NUMBER: 08 - 12021

AMOUNT

\$

DATE OF SERVICE: 4/11/2008

ENCLOSED:

INVOICE DATE: 05/11/2009

PAYMENT DUE BY: June 10, 2009

Patient Notice: You are receiving this bill for one of the following reasons: Ambulance service is not a covered benefit; Balance after insurance payment (deductible or coinsurance); No response from insurance; We have no insurance information on file; or, Your insurance company is requesting additional information from you in order to process claim. Please remit payment. If you have any questions please call our Customer Service Dept at 1-877-918-5733 Ext. 4 or contact your insurance company.

Paratech Ambulance Service, Inc. • P.O. Box 240076 • Milwaukee, WI 53224-9004 • (414) 365-8900

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

SMITH, JEREMY
5532 W PHILIP PL
MILWAUKEE, WI 53216

COPY

PICA										PICA																																																																															
1. MEDICARE (Medicare #) <input type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE CHAMPUS (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input checked="" type="checkbox"/>										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																																																															
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) SMITH, JEREMY C										3. PATIENT'S BIRTH DATE MM DD YY 03 11 1978 M <input checked="" type="checkbox"/> F <input type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial) SAME																																																																					
5. PATIENT'S ADDRESS (No., Street) 5532 W PHILIP PL										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)																																																																					
CITY MILWAUKEE					STATE WI					8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/>					CITY					STATE																																																																					
ZIP CODE 53216					TELEPHONE (Include Area Code) (414) 732-4456					Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					ZIP CODE					TELEPHONE (Include Area Code) ()																																																																					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) SMITH, JEREMY C										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____ c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE										11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																					
a. OTHER INSURED'S POLICY OR GROUP NUMBER [REDACTED]										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>																																																																					
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input checked="" type="checkbox"/> F <input type="checkbox"/>										b. AUTO ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) _____										b. EMPLOYER'S NAME OR SCHOOL NAME																																																																					
c. EMPLOYER'S NAME OR SCHOOL NAME										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										c. INSURANCE PLAN NAME OR PROGRAM NAME																																																																					
d. INSURANCE PLAN NAME OR PROGRAM NAME MANAGED HEALTH SERV/HMO MHS										10d. RESERVED FOR LOCAL USE										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.																																																																					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____										12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____																																																																					
14. DATE OF CURRENT: 04 11 2008 ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																																																					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE SELF, REFERRAL										17a. 1G SLF000 17b. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																																																					
19. RESERVED FOR LOCAL USE IMMED RESPONSE FOR MVA, O2-ALTERED LOC, PT IN & OUT OF CONSCIOUSNESS, BP160/P 120 R16, IMMOBILIZED										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																																																																					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 724.5 BACK PAIN 2. 723.1 NECK PAIN 3. 780.02 ALTERED LOC 4. E819.0 ACCIDENT AUTO										23. PRIOR AUTHORIZATION NUMBER										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																																																																					
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY 04 11 2008 04 11 2008										B. PLACE OF SERVICE EMG 41										C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER BASE RATE A0429 SH MILEAGE A0425 SH OXYGEN AND SUPPLIES A0422 SH CERVICAL COLLAR A0382 SH										E. DIAGNOSIS POINTER 1,2,3,4 1,2,3,4 1,2,3,4 1,2,3,4										F. \$ CHARGES 410.00 84.00 75.00 54.88										G. DAYS OR UNITS 1 7 1 1										H. EPSDT Family Plan										I. ID. QUAL. G2 G2 G2 G2 NPI NPI NPI NPI										J. RENDERING PROVIDER ID. # [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]									
25. FEDERAL TAX I.D. NUMBER 30-0000000										26. PATIENT'S ACCOUNT NO. 08-12021										27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 623.88										29. AMOUNT PAID \$ 0.00										30. BALANCE DUE \$ 623.88																																							
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) PAULA BLJEMEISTER SIGNED _____										32. SERVICE FACILITY LOCATION INFORMATION From: N 23RD ST & W HAMPTON AVE MILWAUKEE, WI 53209 To: FROEDTERT EAST WAUWATOSA, WI 53226										33. BILLING PROVIDER INFO & PH # (414) 365-8900 PARATECH AMBULANCE SERVICE P.O. BOX 240076 MILWAUKEE, WI 53224-9004										a. 1205927878										b. G2 39-1287112																																																	

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

Hospital Record Certification

Patient Name: Jeremy C. Smith

Date of Birth: 3/29/86

Medical Record #: 00681984

Court Case #: _____

Time period: 4/11/08-4/11/08

As custodian, or designee, of the medical records maintained by the Health Information Management department of Froedtert Memorial Lutheran Hospital - I do hereby certify that the photographic copy of the medical record of above named patient has been compared with the original medical records on file with the Froedtert Memorial Lutheran Hospital Health Information Management department and, to the best of my knowledge, the photographic copy is a complete, legible, and accurate duplicate of said medical records, except as outlined below:

☒ None

Signature: _____

Wendy Goldberg

DATE: May 5, 2009

Print Name: _____



FROEDTERT MEMORIAL LUTHERAN HOSPITAL

MRUN: 00-68-19-84
Pt Type: OUTPATIENT NU/Rm/Bd:
Service: EAR-E
Priority: EMERGENCY
Source: EMERGENCY ROOM
Admit D/T: 04/11/2008 @ 0243

Account #: 341465011
Registrar: BSE
MSP: Legal Guardian: JNPP: Y
COA Expiration Date: 04/11/2009
Visit Dept:
Disch D/T:

Name: SMITH, JEREMY
Address: 2403 N WEIL
C/S/Z: MILWAUKEE, WI 53212
County: MILWAUKEE
Home Phone: 414-732-4454
Work Phone:
Employer: CLEAN POWER
Emp Status: EFT
Occup:

PATIENT INFORMATION
Title: SS#: ~~389-96-9899~~ DATE: 04/11/2008
DOB: ~~08/23/1986~~ TYPE: ACCIDENT/N
Age: 22Y
Sex: M Ins Card Dt:
Race: BLACK
Marital Status: SINGLE
Religion: CHRISTIAN
Preferred Language: ENGLISH
Emp Info: AP
Emp Code: 563

Guar Name: SMITH, JEREMY
Guar Address: 2403 N WEIL
C/S/Z: MILWAUKEE, WI 53212
Guar Phone: 414-732-4454
Guar SS#: 389-96-9899

GUARANTOR INFORMATION
Rel to Pt: PATIENT
Guar Emp: CLEAN POWER
Empl Add: 124 N 121ST ST
C/S/Z: MILWAUKEE, WI 53226
Empl Phone: 414-302-3000

FINANCIAL INFORMATION
Insurance #1: (N) SP003-SELF PAY - NO INS Insurance #2: (N) SP004-SELF PAY
Policy Holder: SMITH, JEREMY Policy Holder: SMITH, JEREMY
Rel to Ins: SELF Rel to Ins: SELF
Policy #: Policy #:
Ins #1 Add: UNKNOWN Ins #2 Add: UNKNOWN
C/S/Z: UNKNOWN, WI 99999 C/S/Z: UNKNOWN, WI 99999
Phone #: Emp Sts: EFT EMP Phone #: Emp Sts: EFT EMP
PreCert Phone #: PreCert Phone #:
Eff Date: Eff Date:
Auth #: Auth #:
Group Name: Group Name:
Group #: Emp Cd: 563 Group #: Emp Cd: 563
Insurance #3: Insurance #4:

NEXT OF KIN
Name: NONE, GIVEN Relationship: OTHER
Home Phone #: Work Phone #:

NOTES ON FILE
04/11 all info per pt/states has bcbs ins/gave reply card3

PHYSICIAN/DIAGNOSIS INFORMATION
Adm Dx: MVC
Admit MD: XASAP, XA Attnd MD: XASAP, XA PC MD: NONE, GIVEN
Patient's Reason for Visit:
Comments:

Logout Completed

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

3

TIME SEEN: on arrival ROOM: 3 EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

HPI

chief complaint: MVA Injury to: neck

occurred: just prior to arrival position in vehicle: driver passenger front back

context: car collision overturned vehicle

single car accident (lost control / fell asleep / unknown cause)

struck large pot hole
in road while traveling
55 MPH

location of pain / injuries:

head	face	mouth
neck	chest	abdomen
back	upper mid	lower
radiating to (R/L) thigh / leg		

severity of pain:


mild

moderate

severe

site of impact:

"P" = primary "S" = secondary



force low mod. high
direct glancing

ROS

loss feeling / power arms / legs

memory loss

headache / neck pain

double vision / hearing loss

nausea / vomiting

abdominal pain

trouble breathing / chest pain

loss of bladder function

skin laceration on chest

recent fever / illness

pregnant confirmed w/ home test

☐ all systems neg except as marked

SOCIAL HX smoker no drug use / abuse

recent ETOH

PAST HX negative diabetes Type 1 Type 2 diet / oral / insulin

Meds none / see nurses note

Allergies NKDA / see nurses note

☐ Nursing Assessment Reviewed ☒ Vitals Reviewed ☐ Tetanus Immun. UTD

PHYSICAL EXAM

General Appearance c-collar PTA in ED / backboard

no acute distress mild / moderate / severe distress

alert anxious / lethargic

HEAD see diagram

no evidence of trauma raccoon eyes / Battle's sign

NECK see diagram

non-tender vertebral point-tenderness

painless ROM muscle spasm / decreased ROM

trachea midline pain on movement of neck

Nexus criteria neg midline tenderness / distracting injury

altered mental status

recent ETOH

fac swelling



EYES unequal pupils R mm L mm

PERL EOM entrapment / palsy

EOMI subconjunctival hemorrhage

ENT hemotympanum

no external inspection TM obscured by wax

no dental injury clotted nasal blood

RESP / CVS dental injury / malocclusion

chest non-tender see diagram (on reverse)

no ecchymosis tenderness / seat belt bruising

breath sounds nml crepitus / subcutaneous emphysema

heart sounds nml splinting / paradoxical movements

decreased breath sounds

wheezes / rales / rhonchi

tachycardia / bradycardia

see diagram (on reverse)

tenderness / guarding / rebound

mass / organomegaly

FHT's

GENITAL / RECTAL perineal hematoma

nml ext. inspection blood at urethral meatus

nml rectal exam decreased rectal tone

heme negative stool

no vaginal bleeding

NEURO / PSYCH confused / disoriented

oriented x3 facial asymmetry

mood & affect nml unsteady / ataxic gait

CN's nml sensory / motor deficit

as tested repeats questions

sensation & motor nml

Glasgow Coma Score SCORE = 8

Eyes Open spontaneously (4) to voice (3) to pain (2) none (1)

Speech nml (5) disoriented (4) inapprop. (3) incoherent (2) none (1)

Motor nml (6) localizes (5) withdraws (4) flexor (3) extensor (2) none (1)

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FROEDTERT

Memorial Lutheran Hospital

1300 West Wisconsin Avenue

P.O. Box 26099

Madison, WI 53726-1594

Primary Affiliates of the

Medical College of Wisconsin

Member American Medical Association

EMERGENCY
PHYSICIAN RECORD

00 66 18 84
SMITH, JEREMY
03/29/1985 M REG 04/11/2008
341485011EAR-E

(06 / 06) 623554

342

SKIN

warm, dry
no insect

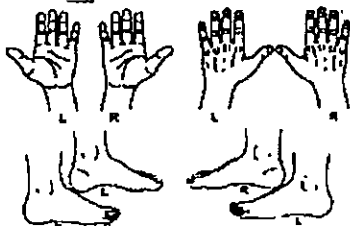
BACK

no CVA
tenderness
no vertebral
tenderness

EXTREMITIES

atraumatic
pelvis stable
hips non-tender
no pedal edema
nml ROM
bilat pulses nml

see diagram
crepitus / diaphoresis
ecchymosis
see diagram
vertebral point-tenderness
CVA tenderness (R/L)
muscle spasm / limited ROM
see diagram
bony point-tenderness
painful / unable to bear weight
pulse deficit
Joint Exam:
limited ROM / ligaments laxity
joint effusion



PROCEDURES

Wound Description / Repair

length _____ cm location _____
superficial *subcut *muscle linear stellate irregular
clean contaminated moderately / *heavily
distal NVT: neuro & vascular status intact no tendon injury
anesthesia: local digital block mL
Ildoc 1% 2% epi / bicarb marcaline 0.25% 0.5% LET
prep:
Betadine / Hibiclens / Dept. Standard
Irrigated / washed w/ saline
minimal / mod. / *extensive
wound explored
foreign material removed
partially completely
minimal / mod. / *extensive
no foreign body identified
repair: Wound closed with: wound adhesive / steri-strips
SKIN- # _____ -0 nylon / prolene / staples
interrupted running simple mattress (h/v)
*SUBCUT- # _____ -0 vicryl / chromic
interrupted running simple mattress (h/v)
*may indicate intermediate repair *may indicate complex repair

XRAYS

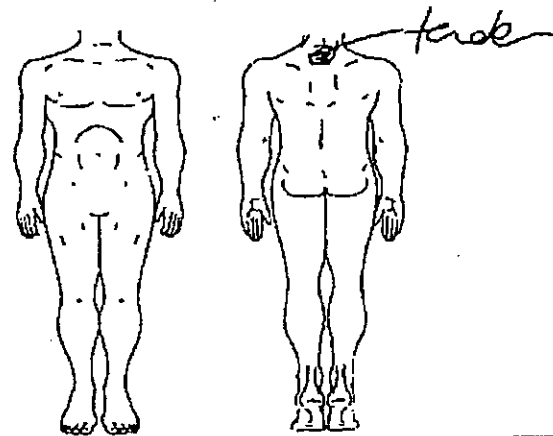
☐ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist

C-Spine T-Spine LS-Spine Pelvis
nml / NAD reversal / straightening of cerv. lordosis
no fracture DJD / spondylosis / spurring
nml alignment fracture non-displaced displaced
soft tissues nml
CXR rib fracture
nml / NAD infiltrate / atelectasis
no infiltrates
nml heart size
nml mediastinum
OTHER ☐ See separate report

MVA - 17

00 88 19 84
SMITH, JEREMY
03/28/1986 M REG 04/11/2008

341465011EAR-E



T=Tenderness PIT=Point Tenderness S=Swelling E=Ecchymosis Lac=Laceration
A=Abrasions B=Burn (0=without wound mod=moderate severe)
Ttv = Tenderness on palpation (severe)

LABS

CBC WBC= _____ HCT= _____ platelets= _____
UA normal WBC RBC bacteria
BHCG / urine preg- POS / NEG

PROGRESS

Time unchanged Improved re-examined
CT spine, OH face, PTA
wound aligned, closed
see for repair note
wound clean
C-spine home w/ coll

Discussed with Dr. _____ Additional history from:
will see patient in: ED / hospital / office family caretaker paramedics
Counseled patient / family regarding: prior records ordered
lab / rad. results diagnosis need for follow-up Rx given
CRIT CARE TIME (excluding separately billable procedures)
30-74 min 75-104 min min

CLINICAL IMPRESSION


contusion	arm	R/L	sprain/strain
fracture	elbow	R/L	neck thoracic lumbar
stabilized	forearm	R/L	sacral
restorative	wrist	R/L	
	hand	R/L	contusion
head	hip	R/L	with LOC w/o LOC
face	thigh	R/L	
chest	knee	R/L	laceration
abdomen	leg	R/L	face
back	ankle	R/L	
shoulder	R/L foot	R/L	

DISPOSITION- ☒ home ☐ admitted ☐ transferred
CONDITION- ☐ unchanged ☐ Improved ☒ stable

Resident / Student _____
Faculty Signature _____
Electronically signed by:
PHILIP SHARPLESS MD
042004
☒ Discussed, supervised, examined, and signed: 43 13 PM

SHARPLESS,
PHILIP MD
4/11/08

TRIAGE TIME _____ 1 2 3 4 5

NAME: _____
 D.O.B. _____ SS# _____
 HISTORIAN: patient paramedics family _____
 ARRIVAL MODE: walking helicopter cart wheel chair ambulance _____
 ACCOMPANIED BY: self family / friend police other _____
 PMD: none _____
 TREATMENT PTA see EMS report none _____
 VITALS
 BP _____ / _____ Right / Left _____
 P _____ RR _____ temp _____ TM O R Ax _____
 SaO₂ _____ RA / O₂ _____ Glucose _____ GCS _____
 PAIN LEVEL current: _____ / 10 max _____ / 10 acceptable _____ / 10
 scale used _____ quality _____
 CHIEF COMPLAINT MVC _____
 occurred just PTA _____ hrs / days ago _____
 INJURIES / PAIN bleeding controlled: y / n _____
 actions taken: N/A _____
 head neck shldr hip shldr hip
 face back arm thigh arm thigh
 nose chest elbow knee elbow knee
 mouth abdomen f-arm leg f-arm leg
 coccyx wrist ankle wrist ankle
 hand foot hand foot
 fingers toes fingers toes
 CRASH
 driver / passenger front back _____
 lap belt / shoulder _____
 air bag deployed _____
 walking at scene _____
 lost consciousness _____
 thrown from vehicle _____
 long extrication _____
 SITE OF IMPACT
 "P" = primary "S" = secondary

 speed low mod. high
 direct glancing
 ALLERGIES NKDA
 drug - PCN / ASA / sulfa / latex / codeine / iodine _____
 food _____
 MEDS none see med list _____
 PAST MEDICAL HX denies
 asthma / heart disease / HTN / diabetes: insulin _____
 past surgeries none _____
 SOCIAL HX
 smoker _____ ppd _____ drugs / alcohol _____
 TB exposure / symptoms _____
 LAST TETANUS: less than 5 yrs 5-10 yrs greater than 10 yrs
 uncertain N/A _____
 LNMP _____ G _____ P _____ Ab _____ pregnant / postmenop / hyst
 N/A _____

RN Signature _____

Date _____ Time _____

Page 1 of 2

0068 19 84
 SMITH, JEREMY
 03/20/1986 M REG 04/11/2008
 341465011EAR-E

01

MVC

TIME TO ROOM: _____ ROOM: _____

INITIAL ASSESSMENT TIME: _____

GENERAL APPEARANCE

/ no acute distress mild / moderate / severe distress

alert unkempt

neat, clean tearful

PSYCHOSOCIAL uncooperative / combative

cooperative crying

responds appropriately anxious

Have you been shoved, hit, kicked, controlled, or been made to feel

afraid within the last year? ☒ No ☐ Yes ☐ Referred to social services

FUNCTIONAL / NUTRITIONAL ASSESSMENT

independent ADL assisted / total care

appears well obese / malnourished

nourished / hydrated recent weight loss / gain

CHEST laceration / abrasion / swelling

/ no evidence of trauma tenderness / deformity

non-tender wheezing / crackles / stridor

breath sounds nml scar belt marks

GVS tachycardia / bradycardia

regular rate pulse deficit

pulses strong & equal pale / cyanotic / cool / diaphoretic

skin warm, dry

NEURO

oriented x 3

PERRL

HEAD / FACE

/ no evidence of trauma

to head / eye / ear / face

NECK / BACK

/ no evidence of trauma

ABDOMEN

/ no evidence of trauma

soft, non-tender

PELVIS / GU

/ no evidence of trauma

pelvis stable

EXTREMITIES

/ no evidence of trauma

non-tender

sensation / motor intact

ADDITIONAL FINDINGS

35 mph struck large pole "striking forehead"

on "striking wheel" "to car" "no seatbelt"

INITIAL ACTIONS GCS 15 "sluggish response to question"

TIME	ID band applied	ID band verified	INIT
	color applied	removed	PD
	backboard applied	removed	
	disrobed / gowned	blanket provided	
	bed low position	side rails up x1 x2	
	call light in reach	head of bed elevated	

RN Signature *adaniel*

Date 4-11-08 Time 03:01

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 Froedtert & McManus Health
 9200 West Wisconsin Avenue
 P.O. Box 26099
 Milwaukee, WI 53226-3596
EMERGENCY NURSING RECORD



ACTIONS

TIME		INIT
0326	cardiac monitor <i>sinus tach</i>	100
	O ₂ <i>L</i> via NC/NRB	
	Glucose	

IV STARTS

TIME	#	site	gauge	attempts	complications	INIT

IV / MEDICATION INFUSION RECORD

Start Time	Solution / Med	IVPB	Rate ml/hr	Stop Time	Amount infused	INIT
	Response: no change	improved				
	Response: no change	improved				
	Response: no change	improved				

MEDICATIONS

TIME	Medication	Dose	Route	Site	INIT
	Td / TT	0.5mL	IM	<i>2nd floor</i>	10
0326	lot #: <i>11</i> : <i>8/07</i> exp. date <i>7-07</i> manufac				
	Response: no change	improved			
	Response: no change	improved			
	Response: no change	improved			

PROCEDURES

TIME		INIT
	laceration repair:	
	foreign body removed:	
	assisted Dr. with dislocation / fx reduction	
	shoulder elbow MTP patella	
	splint/sling applied right/left arm leg short long	
	type:	
	assessed post-procedure color / sensation / movement	
	<input type="checkbox"/> within normal limits see narrative	
	lab drawn by ED tech / nurse / lab	
	lab sent by ED tech / nurse / lab	
	wound prep	
	elastic wrap / gel splint / knee immobilizer / sling /	
	shoulder immobilizer / wrist splint	
	soft collar	
	crotch training w/ proper return demonstration	
0326	<input checked="" type="checkbox"/> X-ray w/ monitor / nurse / O ₂ / tech	
	return to room	
	CGT w/ monitor / nurse / O ₂ / tech	
	return to room	

MVC - 01 Page 2 of 2

00 66 19 84
SMITH, JEREMY
03/28/1986 M REG 04/11/2008
341466011EAR-E

VITAL SIGNS BP Right / Left

TIME	BP	P	RR	T	SaO ₂	GCS	Pain	Pupils	INIT
0326	142/78	96	16		100%		1/10		10
0426	138/78	100	16		98%		1/10		10
							1/10		
							1/10		

ADDITIONAL NOTES

0327 - K-ray *LT* complete *st* *abst*
awaiting *dispo*
0415 - *luc* *region* *1st* *floor*
0453 - *D.D* *per* *RVC* *1st* *floor*

INTAKE

OUTPUT

Time Initials

DISPOSITION

☒ discharged *home* *police* *nursing home* *other*
accompanied by: *self* *family* *friend* *police*
☐ admitted / transferred to: _____
report to: _____ time: _____
with transport RN MD monitor O₂ emergency box
left AMA / prior to discharge / without being seen
AMA sheet: signed / refused
physician notified: Name: _____ Time: _____
expired time pronounced: _____
to morgue / medical examiner: _____

Depart Time: _____ Mode: walk *cruiser* *wheelchair* *cart* *ambulance*Discharge Nurse Signature: *[Signature]*Date: *4-11-04* Time: *0500*☐ Continuation Sheet

SIGNATURE	INITIAL	TITLE
<i>[Signature]</i>	<i>PO</i>	<i>R</i>

Emergency / Trauma Center Orders

(Please use ball point pens ONLY and press firmly)

RADIOLOGY

TIME	MD	RN	ORDER	TIME	MD	RN	ORDER	TIME	MD	RN	ORDER
0256	M		<input type="checkbox"/> ABD Series				<input type="checkbox"/> Hand/Wrist <input type="checkbox"/> R <input type="checkbox"/> L				<input type="checkbox"/> ABD CT
			<input checked="" type="checkbox"/> AP Chest				<input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L				<input type="checkbox"/> Chest CT
			<input type="checkbox"/> CXR PA/LAT				<input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L	0256	M		<input checked="" type="checkbox"/> C Spine CT
			<input type="checkbox"/> CXR Port				<input type="checkbox"/> Shoulder <input type="checkbox"/> R <input type="checkbox"/> L				<input checked="" type="checkbox"/> Head CT
			<input type="checkbox"/> C Spine				<input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L				<input type="checkbox"/> Renal Stone CT
			<input type="checkbox"/> T Spine				<input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L				<input type="checkbox"/> Trauma Abd/Pelvis CT
			<input type="checkbox"/> LS Spine				<input type="checkbox"/> Foot <input type="checkbox"/> R <input type="checkbox"/> L				<input type="checkbox"/> Pelvis US
			<input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L				<input type="checkbox"/> Upper Ext Doppler <input type="checkbox"/> R <input type="checkbox"/> L	0256	M		<input checked="" type="checkbox"/> Renal CT
			<input type="checkbox"/> Pelvis				<input type="checkbox"/> Lower Ext Doppler <input type="checkbox"/> R <input type="checkbox"/> L				

☐ May go to Radiology without RN

☐ Ambulatory ☐ Wheelchair ☐ Cart ☐ Portable ☐ Monitor ☐ O.

Reason for Exam:

MVC, neck pain
maxilla pain

Staff Physician # 42061

LABORATORY

TIME	MD	RN	ORDER	TIME	MD	RN	ORDER	TIME	MD	RN	ORDER	TIME	MD	RN	ORDER
			<input type="checkbox"/> ABO RH				<input type="checkbox"/> D - Dimer ELISA				<input type="checkbox"/> PO4				<input type="checkbox"/> Venous pH
			<input type="checkbox"/> ABG				<input type="checkbox"/> Digoxin Level				<input type="checkbox"/> PT/PTT				<input type="checkbox"/> Wet Mount
			<input type="checkbox"/> Acetaminophen (Tylenol)				<input type="checkbox"/> Dilantin				<input type="checkbox"/> Rapid Strep				
			<input type="checkbox"/> Ammonia				<input type="checkbox"/> ETOH				<input type="checkbox"/> Serum Tox				
			<input type="checkbox"/> Basic Metabolic Panel				<input type="checkbox"/> GC				<input type="checkbox"/> Stroke Panel				
			<input type="checkbox"/> BHCG				<input type="checkbox"/> Hepatic Function				<input type="checkbox"/> T & C units				
			<input type="checkbox"/> BL Cult x 2				<input type="checkbox"/> Hem Onc panel				<input type="checkbox"/> T & S				
			<input type="checkbox"/> BNP				<input type="checkbox"/> I-STAT Troponin				<input type="checkbox"/> TSH				
			<input type="checkbox"/> Carbamazepine (Tegretol)				<input type="checkbox"/> Lactate				<input type="checkbox"/> UA Void / <input type="checkbox"/> Cath				
			<input type="checkbox"/> CBC w/ diff				<input type="checkbox"/> Lipase				<input type="checkbox"/> Urine Tox				
			<input type="checkbox"/> Chlamydia				<input type="checkbox"/> Mg				<input type="checkbox"/> Valproic Acid (Depakote)				

MISCELLANEOUS ORDERS *See Pneumonia Antibiotic Guidelines on back

TIME	MD	RN	ORDER	TIME	MD	RN	ORDER
			<input type="checkbox"/> Monitor				<input type="checkbox"/> Urine Dipstick
			<input type="checkbox"/> 12 lead ECG Ind:				<input type="checkbox"/> Urine Pregnancy
			<input type="checkbox"/> O2 L per				<input type="checkbox"/> Visual Acuity
			<input type="checkbox"/> Pulse OX				
			<input type="checkbox"/> IV Capped				
			<input type="checkbox"/> IVF Rate				
			<input type="checkbox"/> Asthma protocol				
			<input type="checkbox"/> Bladder Scan				
415	M		<input checked="" type="checkbox"/> DT 0.5mL IM				
			<input checked="" type="checkbox"/> FHT				
			<input type="checkbox"/> Foley				
			<input type="checkbox"/> Glucostix				
			<input type="checkbox"/> HHN Albuterol 2.5 mg Ind:				<input type="checkbox"/> Admit <input type="checkbox"/> Discharge
			<input type="checkbox"/> HHN Duoneb				Service Staff
			<input type="checkbox"/> NPO				<input type="checkbox"/> gen <input type="checkbox"/> tele <input type="checkbox"/> intensive care
			<input type="checkbox"/> Orthostatics				<input type="checkbox"/> May go to floor without RN

ROOM

3

INITIALS

M. M. 4/26/08 0256

SIGNATURE

PHYSICIAN NUMBER

4/11/08

SIGNATURE, CREDENTIALS, DATE AND TIME REQUIRED WITHIN 48 HOURS FOR VERBAL AND TELEPHONE ORDERS.

Physician Orders



2490

ORIGINAL - Medical Records
WHITE - Pharmacy
CANARY - Nursing

Froedtert HOSPITAL

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

Physician Order Sheet - Item # 29385

PHYSICIAN ORDERS - Page 1 of 1

FROEDTERT MEMORIAL LUTHERAN HOSPITAL

Printed: 05/05/2009 07:46

Patient: SMITH, JEREMY

MR#: 00681984

Discharged: 04/11/2008

Service Dates: 04/11/2008-05/11/2008

Copy for: TRACK POINT WOOLDBER

REQ: 13446945, DPT: 3067667C, IK: 40229231, ITR: 10891, EK: 69520647, VER: 1

00 68 19 84

SMITH, JEREMY

007-1111-1111

24146945-1111

RESCAN

4/22/08

Date 4/11/08 Time: 0405

Clinical Indications/Diagnosis: laceration

Procedure: laceration repair

Location of Procedure: Room #3

Time of Procedure: 1615

Duration of Procedure: 15 minutes

Clinician Performing Procedure / Service: DeVr

☐ Procedure involves laterality, level or structure, site marked.

☐ Verbally confirmed with the team the patient's identity, procedure, procedure site, availability of correct implants, any necessary special equipment - requirements, patient position and laterality, level, or structure, if applicable.

Procedure / Findings Note: ☐ per Diagnosis

1 1/2 cm laceration @ cheek - superficial

irregular w/ large ant NS

exploded - dfr closed with

G-O suture 0.5 simple

interrupted

Specimens Submitted: (if any) _____

Pre Procedure VS: _____

Post Procedure VS: _____

CXR ☐ Yes ☐ No

Ultrasound ☐ Guided ☐ Not Guided

Findings: _____

Anesthesia Type: occ 102 100 w/ opi

☐ Yes, Plan and Risks Explained. ☐ N/A R2cc

Signature of Clinician Performing Procedure 77645

Date 4/11/08 Time 420

Signature of Supervising Resident / Fellow _____ ID No. _____

Date _____ Time _____

00 68 19 84

SMITH, JEREMY

03/20/1988 M REG 04/11/2008

341466011EAR-E

00 68 19 84

Procedure Note - Item # 50215

Central Line Insertion (must complete below)

All persons cleansed hands ☐ Yes ☐ No

Chloraprep used to prep site ☐ Yes ☐ No

Large drape used ☐ Yes ☐ No

Provider(s) wore sterile gloves, gown, mask & hat ☐ Yes ☐ No

*Subclavian used ☐ Yes ☐ No

*If no, document reason for Fem or IJ Insertion here:

Sterile field maintained during procedure ☐ Yes ☐ No

Dressing applied using sterile technique ☐ Yes ☐ No

Dressing dated ☐ Yes ☐ No

To be completed by Attending Faculty (check one)

☐ Attending performed procedure.

"or" ☐ Attending present for Entire procedure.

"or" ☒ Attending present for Key portion of procedure.

(Describe below)

Key Portion:

Discussed cosmetically best
approach and evaluated
final result.

NOTE: ATTENDING SIGNATURE ALONE INDICATES
PROCEDURE PERFORMED UNDER GENERAL SUPERVISION

Electronic signature by:
PHILIPB.SHARPLESSMD

Attending Signature: _____

04/20/08 4:48:48 PM

ID No: _____

Date: _____

Time: _____

Procedure Note



ORIGINAL - Medical Records
WHITE - Chief of Service
WHITE - Attending Physician

Froedtert HOSPITAL

200 West Wisconsin Avenue
P.O. Box 26000
Milwaukee, WI 53226-3500

PROCEDURE NOTE - Page 1 of 1	FROEDTERT MEMORIAL LUTHERAN HOSPITAL	Printed: 04/22/2008 08:36
Patient: SMITH, JEREMY	MR#: 00681984	Discharged: 04/11/2008 Service Dates: 04/11/2008-04/11/2008
Copy for: ANALYSIS NEW AESTHETIC	REQ: 13057361, DET: 27837795 IK: 40229230 ITR: 10453 EK: 60565202 VER: 2	

PROCEDURE NOTE - Page 2 of 1	FROEDTERT MEMORIAL LUTHERAN HOSPITAL	Printed: 05/05/2009 07:46
Patient: SMITH, JEREMY	MR#: 00681984	Discharged: 04/11/2008 Service Dates:
Copy for: TRACK FUNCT WGOALBER	REQ: 13446945, DET: 30676672 IK: 40416691 ITR: 10853 EK: 60790605 VER: 1	

Froedtert HOSPITAL

Froedtert & Community Health

9200 West Wisconsin Avenue

P.O. Box 26099

Milwaukee, WI 53226-3596

00681984

Smith, Jeremy

3/29/1986 22 yrs

PHILIP B SHARPLESS, MD

4/11/08

03:22

CT HEAD W/O CONT

628A-041108

CLINICAL INDICATIONS:

MVC, PAIN

Narrative:

CT scan of the head without contrast.

Technique:

5 mm thick axial sections of the head were obtained from skull base to vertex and viewed on soft tissue and bone windows.

Findings:

There is no intracranial hemorrhage, extra-axial collection, hydrocephalus or mass effect.

Visualized paranasal sinuses and mastoid air cells appear well-aerated. The skull appears unremarkable.

Impression:

Unremarkable CT scan of the head.

Electronically Signed By:

GILL, SONIA B on 4/11/08 at 10:30 AM

Froedtert HOSPITAL

Froedtert & Community Health

9200 West Wisconsin Avenue

P.O. Box 26099

Milwaukee, WI 53226-3596

00681984

Smith, Jeremy

3/29/1986 22 yrs

PHILIP B SHARPLESS, MD

4/11/08

03:22

CT FACIAL SINUS W/O CONTR

627A-041108

CLINICAL INDICATIONS:

MVC, PAIN

Narrative:

CT of the face and sinuses without contrast.

Technique: 2.5 and 0.625 mm thick axial sections were obtained through the face and sinuses followed by coronal reformats.

Findings:

No facial fractures are identified. The intraorbital contents bilaterally appear normal. Visualized paranasal sinuses are well-aerated. The mandible is intact.

Impression:

No facial fractures identified.

Electronically Signed By:

CHIL, SONIA B on 4/11/08 at 10:31 AM

Froedtert HOSPITAL

Froedtert & Community Health

9200 West Wisconsin Avenue

P.O. Box 26099

Milwaukee, WI 53226-3596

00681984

Smith, Jeremy

3/29/1986 22 yrs

PHILIP B SHARPLESS, MD

4/11/08

03:22

CT C SPINE W/O CONTR

629A-041108

CLINICAL INDICATIONS:

KVC, PAIN

Narrative:

CT cervical spine without contrast.

Technique:

2.5 and 1.25 mm thick axial sections of the cervical spine were obtained from skullbase down to T1, followed by multiplanar reformats.

Findings:

The cervical spine shows anatomic alignment. Intervertebral disk spaces and vertebral body heights are well maintained. No fractures or subluxations are identified. The spinal canal is patent with no epidural hematoma seen. Pre and paravertebral soft tissues are unremarkable.

Impression:

No fractures or subluxations of the cervical spine.

Electronically Signed By:

GILL, SONJA B on 4/11/08 at 10:31 AM

Froedtert HOSPITAL

Froedtert & Community Health

9200 West Wisconsin Avenue

P.O. Box 26099

Milwaukee, WI 53226-3596

00681984
Smith, Jeremy
3/29/1986 22 yrs

PHILIP B SHARPLESS, MD

4/11/08
03:10

DX CHEST PA OR AP
626A-041108

CLINICAL INDICATIONS:
MVC, PAIN

Narrative:

Clinical Indication: MVC, pain.

Examination: AP supine chest.

Comparison: None.

Findings: The heart and pulmonary vessels are normal in size. Slight mediastinal widening likely due to portable supine technique. The lungs are clear. The costophrenic angles are clear. There is no pneumothorax. There are no acute osseous abnormalities.

Impression:

No active disease. Slight mediastinal widening likely due to portable technique.

Examination dictated by Dr. Goth. Examination reviewed and reported findings confirmed by Dr. Finger.

Electronically Signed By:
GOTH, ERIC J on 4/11/08 at 3:41 AM
Electronically Signed By:
GOTH, ERIC J on 4/11/08 at 3:41 AM
Electronically Cosigned By:
FINGER, WILLIAM A on 4/11/08 at 12:02 PM

Radiology Prelim Results

Froedtert Hospital
9200 West Wisconsin Ave
Milwaukee, WI
53226



0811

Patient Name: **Smith, Jeremy**
Patient ID: **00681984**

Date of Birth: **Mar-29-86**
Age: **22 years**
Gender: **Male**
Accession Number: **829A-041108**
Location: **CT**
Referring Physician: **Philip B Sharpless**

Study Date: **Apr-11-08 03:16:51**
Procedure Types: **CT C SPINE W/O CONT**

Preliminary**Cervical Spine CT**

Clinical Indication: MVC, PAIN.

Technique: Axial imaging of the cervical and upper thoracic spine was performed with coronal and sagittal reformats.

Findings: Normal curvature and alignment is maintained throughout the cervical spine. There is no evidence of disc or vertebral body height loss. The visualized paraspinal soft tissues are unremarkable.

Axial images demonstrate no evidence of significant disc bulge or disc herniation. The spinal canal as well as exiting foramina are widely patent. There is no evidence of acute fracture or subluxation injury.

Summary: No evidence of acute radiographic abnormality.

This is a preliminary radiology report of imaging abnormalities requiring immediate and near term medical decision making and/or intervention to prevent avoidable morbidity and/or mortality. Findings considered as incidental or not of immediate clinical significance may be reported only on the final report.

Eric Goth
Apr-11-08 03:39:29

Radiology Prelim Results

Froedtert Hospital
9200 West Wisconsin Ave
Milwaukee, WI
53226



6611

Patient Name: Smith, Jeremy**Patient ID: 00681984****Date of Birth: Mar-29-86****Age: 22 years****Gender: Male****Accession Number: 628A-041108****Location: CT****Referring Physician: Phillip B Sharpless****Study Date: Apr-11-08 03:10:19****Procedure Types: CT HEAD W/O CONT****Preliminary****CT Head****Clinical Indication: MVC,PAIN.****Comparison: None available.****Technique:** Contiguous axial images were obtained from the foramen magnum to vertex without intravenous contrast.**Findings:**

Ventricles, subarachnoid spaces and basal cisterns are normal. The brain is of normal configuration and density for age.

No abnormal intra or extraaxial fluid, midline shift, mass effect, or hydrocephalus.

No depressed skull fractures evident.

Paranasal sinuses, orbits, and facial bones will be discussed in separate CT facial sinus report.

4/15/2008

Patient: Jeremy Smith ID: 00681984 Study Date: Apr-11-08 03:10:10

Impression:

1. No acute abnormalities.

This is a preliminary radiology report of imaging abnormalities requiring immediate and near term medical decision making and/or intervention to prevent avoidable morbidity and/or mortality. Findings considered as incidental or not of immediate clinical significance may be reported only on the final report.

Eric Goth
Apr-11-08 03:46:34

Page 2 of 2

RADIOLOGY PRELIM RESULTS Page 3 of 5		FROEDTERT MEMORIAL LUTHERAN HOSPITAL		Printed: 05/05/2009 07:46
Patient: SMITH, JEREMY		MR#: 00681984	Discharged: 04/11/2008	Service Dates: -
Copy for: TRACE FUNCT WCOLDENR		REQ: 11446945 DET: 30616676	IK: 49258847	TTK: 11017 EK: 60563203 VNR: 1

4/15/2008

Radiology Prelim Results

Froedtert Hospital
9200 West Wisconsin Ave
Milwaukee, WI
53226



6611

Patient Name: Smith, Jeremy
Patient ID: 00681984

Date of Birth: Mar-29-86
Age: 22 years
Gender: Male
Accession Number: 627A-041108
Location: CT
Referring Physician: Phillip B Sharpless

Study Date: Apr-11-08 03:13:41
Procedure Types: CT FACIAL SINUS W/O CONT

Preliminary

CT Facial Sinus

Clinical Indication: MVC, PAIN.
Comparison: None available.

Technique: Contiguous axial images were obtained through the facial bones with coronal and thin-slice reformats.

Findings:

- no acute fracture or malalignment
- globes, optic nerves, extra-ocular muscles, retrobulbar spaces normal bilaterally
- paranasal sinuses clear
- no soft tissue abnormalities

Impression:

1. No acute abnormalities.

This is a preliminary radiology report of imaging abnormalities requiring immediate and near term medical decision making and/or intervention to prevent avoidable morbidity and/or mortality.

3/15/2500

Patient: Jeremy Smith ID: 00681984 Study Date: Apr-11-08 03:13:41

Findings considered as incidental or not of immediate clinical significance may be reported only on the final report.

Eric Goth
Apr-11-08 03:55:32

Page 2 of 2

Emergency Encounter**Visit and Patient Information****Service Location**

FROEDTERT HOSPITAL

9200 W. WISCONSIN AVENUE
Milwaukee WI 53226

414-805-3000

Contact Information

4/11/2008 2:44 AM

XA XASAP MD, MD

Emergency
Department

13234230

Froed Hosp

Patient Information

Smith, Jeremy

00681984

Male

3/29/1986

Patient Demographics5532 WEST PHILIP PLACE
MILWAUKEE WI 53216-3145

414-732-4454 (Home)

Accid Id.

34146501130

Admission

4/11/2008 (Initial)

4/11/2008

Visit Summary**ED Arrival Information**

4/11/08 2:43 AM

ESI 3 Ambulance

EAR-E -

MVC

MAIER, MICHELLE

4/11/2008 2:46 AM

Trauma [112]

Comment : pt was an unbelted driver in an MVC- hit a 4ft x 4ft pothole where the construction barricades were down at about 35 MPH, c/o neck pain

Diagnoses

Neck Sprain and Strain [847.0]

Laceration of Face [873.40H]

Administrative Status Data Encoded

Rapid Triage

Row Name

04/11/08
0248

PTA

Arrival Mode

Ambulance-MM

Treatment

04/11/08 0251

See EMS Note;

Immobilized;O2

-MM

04/11/08 0251

QUICK LOOK

Assessment

Awake & A-Resp

NL-Air P&P-MM

04/11/08 0251

VITALS			
BP	188/112 mmHg		
	MM		
	04/11/08 0251		
BP taken on	Right -MM		
	04/11/08 0251		
Pulse	108 -MM		
	04/11/08 0251		
Resp	18 -MM		
	04/11/08 0251		
Temp	97.1 °F (36.2 °C) -MM		
	04/11/08 0251		
Temp src	Oral -MM		
	04/11/08 0251		
SpO2	100 % -MM		
	04/11/08 0251		
PAIN RATING (PRIOR TO 05/01/08)			
Pain Score	8 - Very Severe -MM		
	04/11/08 0251		
(r) = User Recd, (t) = User Taken			
Initials	Name	User Key	Provider Type
MM	Maier, Michelle, RN		Registered Nurse

Comprehensive Triage			
Row Name	04/11/08 0247		
ASSESSMENT			
Respiratory	WNL -MM		
	04/11/08 0248		
CVS	Tachcardic -MM		
	04/11/08 0248		
Neuro	WNL -MM		
	04/11/08 0248		
EENT	WNL -MM		
	04/11/08 0248		
GI/GU	WNL -MM		
	04/11/08 0248		
Musculoskeletal	WNL -MM		
	04/11/08 0248		
Skin	WNL -MM		
	04/11/08 0248		
(r) = User Recd, (t) = User Taken			
Initials	Name	User Key	Provider Type
MM	Maier, Michelle, RN		Registered Nurse

Triage Plan			
Row Name	04/11/08 0247		
OTHER			
Level	ESI 1 -MM		
	04/11/08 0247		
Waiting for	ARENA -MM		
	04/11/08 0247		
Allergy Band Applied?	N/A -MM		
	04/11/08 0247		
Arm Band Applied?	Yes -MM		
	04/11/08 0247		
Patient instructed to return to Triage RN if symptoms change or worsen	N/A -MM		
	04/11/08 0247		
(r) = User Recd, (t) = User Taken			
Initials	Name	User Key	Provider Type
MM	Maier, Michelle, RN		Registered Nurse

All Notes
All notes

Physician	Referring Physician	Referring Physician Title	Referring Physician ID	Referring Physician Date
Maier, Michelle, RN	(none)	Registered Nurse	04/11/08 0244	04/11/08 0244

Bed: 003
 Expected date:
 Expected time:
 Means of arrival:
 Comments:
 Ptech

Revision History

All notes

04/11/08 0244 ED Notes By: Maier, Michelle, RN

Orders

Lab and Imaging Orders

Order	Date
DX CHEST PA OR AP (20169000)	4/11/2008
CT FACIAL SINUS W/O CONT (20169002)	4/11/2008
CT HEAD W/O CONT (20169004)	4/11/2008
CT C SPINE W/O CONT (20169007)	4/11/2008

"None"

"None"

Category	History
Tobacco Use	Not Asked
Alcohol Use	Not Asked
Drug Use	Not Asked
Sexual Activity	Not Asked

Allergies

Allergies as of 4/11/2008

Date Reviewed: 4/11/2008 Reviewed By: Michelle Maier RN, RN

No Known Allergies

Medications

Immunizations as of 4/11/2008

No immunizations on file.

Previous ED Visits and Admissions

None

ED Events

Date	Event	Physician	Comments
04/11/08 0243	Patient arrived in ED	INTERFACE, FH INBOUND REG	
04/11/08 0244	Assign Provider	SHARPLESS MD, PHILIP	SHARPLESS, P assigned as Attending
04/11/08 0244	Triage Started	MAIER, MICHELLE	
04/11/08 0244	Select Red Team	MAIER, MICHELLE	
04/11/08 0244	Patient roomed in ED	MAIER, MICHELLE	To room A003
04/11/08 0245	Team Member Assigned	DEPIES, AMANDA	DEPIES, A assigned as Registrar
04/11/08 0247	Wait-ED	MAIER, MICHELLE	
04/11/08 0247	Triage Complete	MAIER, MICHELLE	
04/11/08 0301	Assign Provider	DEISZ MD, ROBERT	DEISZ, R assigned as Resident

04/11/08 0302	Rad Ordered	INTERFACE, FH_INBOUND_	DX CHEST PA OR AP RAD
04/11/08 0302	Rad Ordered	INTERFACE, FH_INBOUND_	DX CHEST PA OR AP RAD
04/11/08 0302	Rad Ordered	INTERFACE, FH_INBOUND_	CT FACIAL SINUS W/O CONT RAD
04/11/08 0302	Rad Ordered	INTERFACE, FH_INBOUND_	CT FACIAL SINUS W/O CONT RAD
04/11/08 0302	Rad Ordered	INTERFACE, FH_INBOUND_	CT HEAD W/O CONT RAD
04/11/08 0302	Rad Ordered	INTERFACE, FH_INBOUND_	CT HEAD W/O CONT RAD
04/11/08 0303	Rad Ordered	INTERFACE, FH_INBOUND_	CT C SPINE W/O CONT RAD
04/11/08 0303	Rad Ordered	INTERFACE, FH_INBOUND_	CT C SPINE W/O CONT RAD
04/11/08 0307	Assign Nurse	DREWEK, ROBERT	DREWEK JR, R assigned as Registered Nurse
04/11/08 0310	Begin Exam	SCHERF RTR, DANIELLE	
04/11/08 0311	Rad Resulted	SCHERF RTR, DANIELLE	(Final result) DX CHEST PA OR AP
04/11/08 0317	Begin Exam	KUEHL RTR, KATHLEEN	
04/11/08 0317	Begin Exam	KUEHL RTR, KATHLEEN	
04/11/08 0318	Begin Exam	KUEHL RTR, KATHLEEN	
04/11/08 0318	Rad Resulted	KUEHL RTR, KATHLEEN	(Final result) CT FACIAL SINUS W/O CONT
04/11/08 0319	Rad Resulted	KUEHL RTR, KATHLEEN	(Final result) CT HEAD W/O CONT
04/11/08 0319	Rad Resulted	KUEHL RTR, KATHLEEN	(Final result) CT C SPINE W/O CONT
04/11/08 0342	Rad Resulted	INTERFACE, FH_INBOUND_RAD	(Preliminary result) DX CHEST PA OR AP
04/11/08 0342	Rad Resulted	INTERFACE, FH_INBOUND_RAD	(Preliminary result) DX CHEST PA OR AP
04/11/08 0347	Reg Complete	DEPIES, AMANDA	
04/11/08 0439	Ready for Discharge	DEISZ MD, ROBERT	ED Disposition set to Discharge
04/11/08 0441	AVS Printed	DREWEK, ROBERT	
04/11/08 0507	Patient discharged	MUELLER, KEN	

Provider Notified of Patient Arrival

Time	Event	By	Comments
04/11/08 0244	Patient roomed in ED	MAIER, MICHELLE	To room A003

Follow-up Information

Primary MD	Follow-up	Comments	Contact Info
primary MD	In 5 days	for suture removal	
Delsz Md, Robert			Fri Apr 11, 2008 4:39 AM

Follow-up Information Edit Trail

MD	Date	Time	Primary MD	Follow-up	Comments	Contact Info
Delsz Md, Robert	4/11/2008	4:37 AM	primary MD	In 5 days	for suture removal	
Delsz Md, Robert	4/11/2008	4:39 AM	primary MD	In 5 days	for suture removal	

ED Disposition

Disposition	Comments	By	Contact Info
Discharge	Condition at discharge Improved.	Delsz Md, Robert	Fri Apr 11, 2008 4:39 AM

ED Disposition Edit Trail

MD	Date	Time	Disposition
Delsz, Robert J, MD	4/11/2008	4:39 AM	Discharge

Condition at discharge improved.

Discharge Instructions

Your Diagnosis is: Laceration of face, neck strain, mild concussion

Return to the Emergency Department for Severe pain, numbness or weakness, redness/tenderness/swelling, fever, if symptoms worsen or for any other concerns.

Your medications are:

Vicodin 5/500 1-2 tabs by mouth every 6 hours as needed for severe pain

Ibuprofen 600 mg by mouth every 6 hours as needed mild or moderate pain

Do not drive or operate heavy equipment on the following meds: vicodin.

Additional instructions:

Sutures out in 5 days either here at minor care or your primary doctor's office.

Your doctor can reassess your neck pain at that time but it may need to be reassessed again in 2 weeks if still painful with flexion/extension xrays. Follow-up with PMD for reassessment.

Discharge Complete			
Row Name	04/11/08 0507		
OTHER			
Follow up instructions reviewed	Yes - KCM 04/11/08 0507		
Returns demonstrations accurately	Yes - KCM 04/11/08 0507		
Medication instructions reviewed	Yes - KCM 04/11/08 0507		
Verbalizes knowledge of signs/symptoms for return to ED	Yes - KCM 04/11/08 0507		
Verbalizes accurate understanding	Yes - KCM 04/11/08 0507		
(r) = User Recd. (t) = User Taken			
Initials	Name	User Key	Provider Type
KCM	Mueller, Ken, RN		Registered Nurse

Smith, Jeremy 00681984								
Medication	Sched Time	Admin Time	Action	Dose	Route	Site	Infusion Rate	Reason Nurse

Order#: 20235030

tetanus/diphtheria toxoids (Td) 5-2 LFU INJ [52303]

Dispense Amount: 0.5 mL

Service Date 4/11/08

Entered By

Scan List

Admission Date: 04/11/2008

Encounter Scans - 04/11/2008

There are no scans attached to this encounter.

Froedtert HOSPITAL
Froedtert & Community Health

Hospital Record Certification

I, **Jon Neikirk**, a custodian of the billing records of Froedtert Memorial Lutheran Hospital, do certify that the annexed copy of the billing records of:

Jeremy Smith born 3/29/86
Covering the Periods from 4/1/08 to 4/1/08

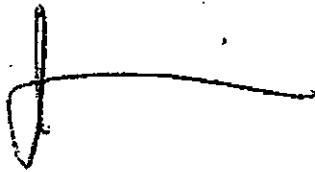
Has been compared with the original **final** billing records on file with Froedtert Memorial Lutheran Hospital, Patient Financial Services Department. The annexed copy is, to the best of my knowledge, a complete, legible, and accurate duplicate of the record of said **final** billing Records, except as outlined below. (If no exceptions, Type, 'NONE')

**** NONE ****

5 Hardcopy Pages Microfilm/Fiche Pages

Further, I do hereby certify said billing records are made by or from information transmitted by a person professing to have knowledge at, or near, the time of the acts, events, conditions, options, or diagnoses recorded, all in the course of regularly conducted hospital activity.

SIGNED:



17 Day Of Apr 09

Court Case Number:

Hospital Number:

00-68-19-84

FMLH Patient Financial Services Department: (414)777-0404

04/17/2009

PATIENT NAME
SMITH, JEREMY

PATIENT # ADM DATE DIS DATE BALANCE DUE
341465011 04/11/08 04/11/08 \$819.48

AMOUNT ENCLOSED: _____

SEND PAYMENT TO:

SMITH, JEREMY 341465011
2403 N WEIL
MILWAUKEE, WI 53212

FROEDTERT HOSPITAL
DRAWER # 385
MILWAUKEE, WI 53278

PLEASE DETACH TOP PORTION AND RETURN IT WITH YOUR PAYMENT.
RETAIN BOTTOM PORTION FOR YOUR RECORDS
=====

ACCOUNT BALANCE

\$819.48

TOTAL CHARGES:	\$4740.49
ADJUSTMENTS:	\$-1042.91
PAYMENTS:	\$-2878.10
BALANCE DUE:	\$819.48

THANK YOU FOR SELECTING FROEDTERT MEMORIAL LUTHERAN HOSPITAL
FOR YOUR HEALTH CARE NEEDS.

FOR QUESTIONS CONCERNING THIS STATEMENT, PLEASE CALL US AT
(414) 805-5951 OR (800) 466-9670.

PATIENT NUMBER	PATIENT NAME
341465011	SMITH, JEREMY

```

+-----+
| Name= SMITH, JEREMY          MRUN= 00-68-19-84   PtServ= EAR-E |
| Acct#= 341465011           Admit= 04/11/08   Disch= 04/11/08 01   DOB= 03/29/1986 |
| Status= C                   Biller= AGENCY COLLECTOR, DEFAULT   CFlow= -** |
| Primary FC= MANAGED CARE     Ins= ANTHEM/BBLUE ACCESS PPO |
| Current FC= SELF PAY        Ins= AMERICOLLECT INC |
| F/Bill Dt= 04/16/08   F/Bill$= 4740.49   LIB Dt= 04/16/08 W/O Dt= 09/15/08 |
| Balance= 0.00              C= 4740.49      P= -2878.10   A= -1042.91   W= -819.48 |
+-----+

```

```

Payments and Adjustments Information: 341465011 SMITH, JEREMY
Date      PAT   Description      User   Insurance      Amount
      Co-Pay      Deduct      Co-Ins      BRID      PAYREDID
+-----+

```

N0391 ANTHEM/BBLUE ACCESS PPO

```

04/16/08      2357      MANAGED CARE ADJ      SYS      ANTHEM/BBLUE      1,042.91-
                                                    1

```

Batch ID:

```

05/08/08      00100      INSURANCE PMT      VGS      ANTHEM/BBLUE      2,878.10-
                                                    2

```

Comment: COPAY=819.49

Batch ID: 050608L003 LBF

```

Total Adjustments:      $      1,042.91-
Total Payments:         $      2,878.10-
-----
Total:                   $      3,921.01-

```

AME AMERICOLLECT INC

```

09/15/08      05851      BAD DEBT WRITE-OFF      JNZ      AMERICOLLECT      819.48-
                                                    3

```

Batch ID:

```

Total Adjustments:      $      0.00
Total Payments:         $      0.00
-----
Total:                   $      0.00

```

Grand Total

```

Total Adjustments:      $      1,042.91-
Total Payments:         $      2,878.10-
-----
Total:                   $      3,921.01-

```

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* System: LIVE ***** For: VON SELZAM, ERIKA *
*                               End: PA PAYMENT HISTORY                               *
*****

```

REQUESTED BY: KUH

FROEDTERT HOSPITAL 9200 W WISCONSIN AVE MILWAUKEE WI 532263522 4148055951 4147770033		FROEDTERT HOSPITAL DRAWER 385 MILWAUKEE WI 532780001		341465011 00-68-19-84 041108 041108		0131 N0391																																					
PATIENT NAME SMITH, JEREMY				PATIENT ADDRESS 2403 N WEIL																																							
MILWAUKEE				WI 53212																																							
10 BIRTHDATE 041108		11 SEX M		12 DATE 041108		13 TYPE 02		14 TYPE 5		15 PROC 7		16 DHR 05		17 STAT 01		18		19		20		21		22		23		24		25		26		27		28		29		30			
31 OCCURRENCE CODE		32 DATE		33 OCCURRENCE CODE		34 DATE		35 OCCURRENCE CODE		36 DATE		37 OCCURRENCE CODE		38 DATE		39 OCCURRENCE CODE		40 DATE		41 OCCURRENCE CODE		42 DATE		43 OCCURRENCE CODE		44 DATE		45 OCCURRENCE CODE		46 DATE		47 OCCURRENCE CODE		48 DATE		49 OCCURRENCE CODE		50 DATE					
05		041108		11		041108																																					
SMITH, JEREMY 2403 N WEIL MILWAUKEE, WI. 53212				51 VALUE CODES AMOUNT				52 VALUE CODES AMOUNT				53 VALUE CODES AMOUNT				54 VALUE CODES AMOUNT				55 VALUE CODES AMOUNT				56 VALUE CODES AMOUNT				57 VALUE CODES AMOUNT				58 VALUE CODES AMOUNT				59 VALUE CODES AMOUNT				60 VALUE CODES AMOUNT			
42 REV CD		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																													
0250		PHARMACY						2		96.99																																	
0272		STERILE SUPPLY						1		156.50																																	
0324		DX X-RAY/CHEST		71010				1		280.00																																	
0351		CT SCAN/HEAD		70450				1		1016.00																																	
0351		CT SCAN/HEAD		70486				1		1066.50																																	
0352		CT SCAN/BODY		72125				1		1067.00																																	
0450		EMERG ROOM		12011				1		307.00																																	
0450		EMERG ROOM		9928325				1		724.00																																	
0771		VACCINE ADMINISTRATION		90471				1		26.50																																	
0001		PAGE 1 OF 1		CREATION DATE		041709		TOTALS		4740.49																																	
60 PAYER NAME ANTHEM/BLUE ACCESS PPO		61 HEALTH PLAN ID		62 PAYER INFO Y Y Y Y Y Y		63 PRIOR PAYMENTS		64 EST. AMOUNT DUE		65 NPI 1255334173		66 OTHER PRV ID 396105970																															
67 INSURED'S NAME SMITH, JEREMY		68 PAYER 18		69 INSURED'S UNIQUE ID AYK815189311		70 GROUP NAME CLEAN POWER		71 INSURANCE GROUP NO. 52384-239																																			
72 TREATMENT AUTHORIZATION CODES		73 DOCUMENT CONTROL NUMBER		74 EMPLOYER NAME CLEAN POWER																																							
80 DR 9		81 87341		82 8470		83 8500		84 E8160		85 V065		86		87		88		89		90		91		92		93		94		95		96		97		98							
99 ADMIT DK 95909		100 PATIENT REASON DK 95909		101 95909		102 95909		103 95909		104 95909		105 95909		106 95909		107 95909		108 95909		109 95909		110 95909		111 95909		112 95909		113 95909		114 95909		115 95909		116 95909		117 95909							
76 PRINCIPAL PROCEDURE CODE 8659		77 DATE 041108		78 OTHER PROCEDURE CODE		79 DATE		80 OTHER PROCEDURE CODE		81 DATE		82 ATTENDING NPI 1154372639		83 QUAL 08		84 33204		85 LAST SHARPLESS		86 FIRST PHILIP		87 OPERATING NPI 1154372639		88 QUAL 08		89 33204		90 LAST SHARPLESS		91 FIRST PHILIP		92 OTHER NPI		93 QUAL		94 08							
80 REMARKS		81 B3282N000000X		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98							

Froedtert Hospital

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

Primary Affiliate of the
Medical College of Wisconsin

04/17/2009

Serv Date(s): 04/11/2008 thru 04/11/2008
Primary Ins: ANTHEM/BLEU ACCESS PPO
Secondary Ins: SELF PAY
Tertiary Ins: AMERICOLLECT INC

SMITH, JEREMY 341465011
2403 N WEIL
MILWAUKEE, WI 53212

Patient: SMITH, JEREMY

Charge Detail

Service Date	Charge Code	Qty.	Description	Amount
04/11/08	44696805	1	LIDOCAINE-EPINEPHRINE 1-1:100000 % I	36.36
04/11/08	44680148	1	TETANUS-DIPHTHERIA TOXOIDS TD S-2 LF	60.63
04/11/08	09930124	1	LACERATION KIT	156.50
04/11/08	28100469	1	DX CHEST PA OR AP	280.00
04/11/08	31101215	1	CT FACIAL/SINUS W/O CONT	1066.50
04/11/08	31101058	1	CT HEAD W/O CONTRAST	1016.00
04/11/08	31101249	1	CT C SPINE W/O CONT	1067.00
04/11/08	09900028	1	ED INTERMEDIATE	724.00
04/11/08	09931071	1	WND RPR SMPL FACE 2.5CM OR (307.00
04/11/08	09900003	1	IMMUNIZATION ADMIN TETNUS	26.50
04/11/2008			Service Date Total:	4740.49

Froedtert Hospital

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

Primary Affiliate of the
Medical College of Wisconsin

04/17/2009

Serv Date(s): 04/11/2008 thru 04/11/2008
Primary Ins: ANTHEM/BLUE ACCESS PPO
Secondary Ins: SELF PAY
Tertiary Ins: AMERICOLLECT INC

SMITH, JEREMY 341465011
2403 N WEIL
MILWAUKEE, WI 53212

Patient: SMITH, JEREMY

Charge Summary		
Code	Revenue Description	
250	PHARMACY	96.99
272	STERILE SUPPLY	156.50
324	DX X-RAY/CHEST	280.00
351	CT SCAN/HEAD	2082.50
352	CT SCAN/BODY	1067.00
450	EMERG ROOM	1031.00
771	VACCINE ADMINISTRATION	26.50
TOTAL CHARGES		4740.49
TOTAL AMOUNT DUE:		4740.49

STATEMENT OF PHYSICIAN SERVICES

The back of the statement contains information on terms, conditions and hours of operation. To make a payment or speak with customer service see the phone numbers listed below under **IMPORTANT MESSAGE**.

SE HABLA ESPAÑOL

☐ Please check box if address is incorrect or insurance information has changed and indicate change(s) on reverse side.

RESPONSIBLE PARTY:

JEREMY SMITH
2403 N WEIL
MILWAUKEE, WI 53212

PATIENT NAME SMITH, J	STATEMENT DATE 04/22/2009	ACCOUNT NUMBER 01ME000000
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMR EXP		
CARD NUMBER		EXPIRATION DATE
3 or 4 digit verification number on card V, MC, D (3) AmEx (4)		SHOW AMOUNT PAID HERE
CARD HOLDER SIGNATURE X		\$

MAKE CHECK PAYABLE TO: MEDICAL COLLEGE OF WISCONSIN

RETURN TOP PORTION WITH YOUR PAYMENT TO: P.O. BOX 13308 • MILWAUKEE, WI 53213-0308

RETAIN THIS PORTION FOR YOUR RECORDS

IRS TAX I.D. #39-0806261

ACCOUNT NUMBER	INSURANCE INFORMATION	STATEMENT DATE
3M2004375	PRIMARY: BC BS AL Insured: JEREMY SMITH Effective Date: 01/03/2007	04/22/2009
PATIENT NAME		Payments received after statement date will not appear on this statement.
JEREMY SMITH		

DATE	DESCRIPTION	CHARGES	INSURANCE PAYMENTS AND ADJUSTMENTS	PATIENT PAYMENTS AND ADJUSTMENTS	BALANCE DUE
04/11/08	Invoice Number: 33908827 Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 70450 CT HEAD/BRAIN W/O DYE	302.00			
04/11/08	70486 CT MAXILLOFACIAL W/O DYE	360.00			
04/11/08	72125 CT NECK SPINE W/O DYE	378.00			
05/20/08	OUT OF STATE BLUE SHIELD PMT/DIS		743.16		
08/02/08	COLLECTION AGENCY REFERRAL				\$296.84
04/11/08	Invoice Number: 33908828 Department: RADIOLOGY Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 71010 CHEST X-RAY	52.00			
05/20/08	OUT OF STATE BLUE SHIELD PMT/DIS		12.84		
08/02/08	COLLECTION AGENCY REFERRAL				\$39.16
04/11/08	Invoice Number: 34043868 Department: EMERGENCY MEDICINE Location: FROEDTERT MEM LUTH HOSP(EMERGENCY) 99284 EMERGENCY DEPT VISIT	375.00			
04/11/08	12011 REPAIR SUPERFICIAL WOUND(S)	332.00			
06/10/08	OUT OF STATE BLUE SHIELD PMT/DIS		582.81		
08/02/08	COLLECTION AGENCY REFERRAL				\$124.19

IMPORTANT MESSAGE:

Credit card & check payments accepted by phone (414) 456-4511 or 1-800-242-1649.

Please Pay This Amount
by 05/09/2009

\$460.19

Lubsey Medical Center

5300 W Villard Ave

Milwaukee, WI 53218

Phone: 414-438-6666


Fax: 414-438-6667

Certification

To whom it may concern,

On this 8 day of june 2009 I, Dayna Cooper hereby certify the attached 15 page(s) a
and complete copy of the health care record of smith, jeremy
time period of 4/11/2008 - to - present from the Lubsey Medical Center.

The original chart is maintained in the custody of the Lubsey Medical Center and is used
and created during the regular course of business.



Dayna Cooper
Health Information

LUBSEY MEDICAL CENTER

Walk-in/Appt

Informant: Pt/Other

DOB: 3-29-86

AGE: 22

DOS: 4-14-08

1 of 4

Male/Female NAME (Last)

Smith

(First)

Jeremy

VITALS	CURRENT HEALTH PROBLEMS	CURRENT MEDICATIONS	ALLERGIES
Wt _____ Ht _____	Anemia _____ Cancer _____ Diabetes _____	See Med Sheet for chronic meds	
BMI _____	Asthma _____ CHF _____ Emphysema _____		
BP Sitting _____	Arthritis _____ High Cholesterol _____ HTN _____		
BP Standing _____	Heart disease _____ Kidney disease _____		
BP Lying _____	Hypo/hyperthyroidism _____ Liver disease _____		
2nd BP _____	Mental Illness _____ Seizures _____		
Pulse _____	Sickle cell disease/trait _____ Stroke _____		
Temp _____	OTHER: _____		
Resp _____			
LNMP _____			
HC: _____			
Ht/Wt graphed Y N			

PREVIOUS TESTS

 Labs: _____
 Physical/Pap: _____
 X-rays: _____
 Mammogram: _____
 Other: _____

CHIEF COMPLAINT:

4/14/08 - accident - car fell into ditch.

Seen at Friderick
Neck pain / so. H. n. n.

Work related Y N Accident Y N

Location (where):

Neck - 4/14

Quality (what kind): sharp

ache

pressure

Severity:

mild

moderate

severe

Duration (how long):

on/off

daily

constant

Timing (how often does it occur):

Context (when does symptom occur): Standing/Sitting/lying down rest/with activity (what influences this condition)

Modifying Factors:

Aggravating factors (what makes it worse):

Alleviating factors (what makes it better):

Medications you have used to feel better:

Associated signs and symptoms (anything else that occurs at the same time as the CC):

Review of Systems circled items indicate a yes response

1. CONSTITUTION: (denies) Fever, Fatigue, Chills, Weakness
2. EYES: (denies) Visual changes, Blurred Vision, Double vision, Pain, Light sensitivity, Drainage, Redness
3. EARS: (denies) Hearing problems, Pain, Drainage, Ringing, Digging, Popping
4. NOSE: (denies) Change in sense of smell, Congestion, Nose bleeds, Facial pain, Nasal drainage
5. MOUTH & THROAT: (denies) Voice changes, Teeth pain, Bleeding swollen gums, Change in sense of taste, Sore throat, Difficulty Swallowing
6. SKIN: (denies) Rashes, Itching/change in texture, Change in size, color, discharge of mole, Birthmarks, Change in skin, hair, or nails
7. CV: (denies) Chest pain, Raw chest/Palpitations, Difficulty breathing while lying down, Swelling in legs or feet, High Blood Pressure, Faintness
8. RESP: (denies) Hx of exposure to asthma, exposure to TB, Difficulty breathing, Wheezing, Night sweats, Cough, Dry or Productive
9. GI: (denies) Hx of hepatitis, pancreatitis, ulcer, gallstones, Nausea/Vomiting/Diarrhea/Constipation, Difficulty swallowing, Abd. pain, Change in appetite/stools, Loss of urine with coughing/ laughing/sneezing.
10. GU: (denies) Difficulty urinating: burning, frequency, urgency, blood, Side/Abdominal pain, Loss of urine with coughing/ laughing/sneezing.
11. MALES: Loss in force of stream, Difficulty starting urine stream, Sores, Testicular Pain/Masses, Hx of a hernia
12. FEMALES: Discharge, Menstrual problems.
13. HEME/LYMPH: (denies) Swollen glands, Excessive bleeding/bruising, Exposure to toxic chemicals, Hx of anemia, blood clots, transfusions
14. ENDO: (denies) Hx of diabetes, thyroid problems, Unplanned weight loss/gain, Feeling excessively cold/hot, Increase in thirst/urination, Abnormal hair growth.
15. MUSC/SKEL: (denies) Joint swelling/pain, Muscle aches, Cramps, Headaches
16. NEURO: (denies) Problems with coordination/walking/ memory/weakness, Dizziness/blackout/seizures, Tremors, Numbness or tingling
17. PSYCH: (denies) Feeling of sadness, Difficulty sleeping, Mood Changes, Unusual headache
18. ALLERGY: (denies) Sneezing, Itchy/watery eyes, Runny nose, Seasonal
19. HABITS: (denies) Smoking? Y N, Alcohol? Y N, Drugs? Y N, Family hx of smoking, alcohol abuse, drugs? Y N

15. SINCE YOUR LAST VISIT: have you seen someone outside this clinic? Y N

Past medical hx contributes

Y

Family Hx Contributes

Y

Social Hx Contributes

Y

Data Base Reviewed/Updated

MA

Reviewed ancillary staff notes

MD/MP

Westlaw Delivery Summary Report for KONRAD,RUDOLPH M

Your Search:	"law enforcement officers safety act of 2004"
Date/Time of Request:	Thursday, October 21, 2010 13:39 Central
Client Identifier:	COMMON COUNCIL
Database:	ALLCASES
Citation Text:	958 A.2d 78
Lines:	383
Documents:	1
Images:	0

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H

Superior Court of New Jersey,
 Appellate Division.
 In re CARRY PERMIT OF James L. ANDROS.
 State of New Jersey, Plaintiff-Respondent,
 v.
 James L. Andros, Defendant-Appellant.
 Submitted Sept. 10, 2008.
 Decided Oct. 14, 2008.

Background: State filed application to revoke former police officer's permit to carry a firearm. The Superior Court, Law Division, Atlantic County, granted the application, and former officer appealed.

Holding: The Superior Court, Appellate Division, Stern, P.J.A.D., held that **Law Enforcement Officers' Safety Act of 2004** did not preempt state statute allowing revocation for good cause of a retired officer's privilege to carry a handgun.

Affirmed.

West Headnotes

[1] States 360 ⚡18.15

360 States

360I Political Status and Relations
 360I(B) Federal Supremacy; Preemption
 360k18.15 k. Particular cases, preemption or supersession. Most Cited Cases

Weapons 406 ⚡104

406 Weapons

406I In General
 406k102 Constitutional, Statutory, and Regulatory Provisions
 406k104 k. Power to regulate. Most Cited Cases
 (Formerly 406k3)
Law Enforcement Officers' Safety Act of 2004

did not preempt state statute allowing revocation for good cause of a retired officer's privilege to carry a handgun. 18 U.S.C.A. § 926C; N.J.S.A. 2C:39-6(l)(6).

[2] Weapons 406 ⚡130

406 Weapons

406III Registration, Licenses, or Permits of Owners and Purchasers

406k130 k. In general. Most Cited Cases
 (Formerly 406k12)

Law Enforcement Officers' Safety Act of 2004 expressly permits states to set standards for firearms training and qualification consistent with those of active law enforcement officers. 18 U.S.C.A. § 926C(c)(5).

[3] States 360 ⚡18.15

360 States

360I Political Status and Relations
 360I(B) Federal Supremacy; Preemption
 360k18.15 k. Particular cases, preemption or supersession. Most Cited Cases
 (Formerly 406k12)

Weapons 406 ⚡106(1)

406 Weapons

406I In General
 406k102 Constitutional, Statutory, and Regulatory Provisions
 406k106 Validity
 406k106(1) k. In general. Most Cited Cases
 (Formerly 406k12)

Law Enforcement Officers' Safety Act of 2004 merely preempts a state's ability to preclude, or change the requirements for, carrying the firearm interstate, if the state of former employment permits licensing of the retired officer. 18 U.S.C.A. § 926C.

[4] States 360 ⚡18.11

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360 States

360I Political Status and Relations

360I(B) Federal Supremacy; Preemption

360k18.11 k. Congressional intent. Most

Cited Cases

The analysis of the scope of preemption is guided by the purpose of Congress in passing the statute, and this Congressional intent is derived not only from the language of the statute, but also from the statutory framework surrounding it.

****79** A. Harold Kokes, for appellant.

Anne Milgram, Attorney General, for respondent (Kathleen M. Gusler, Deputy Attorney General, of counsel and on the brief).

Before Judges STERN, PAYNE and LYONS.

The opinion of the court was delivered by STERN, P.J.A.D.

272** James Andros appeals from a judgment of March 23, 2007 that granted the State's application, under *N.J.S.A. 2C:39-6L(6)*,^{FN1} to revoke his permit to carry a firearm. Andros challenges both the denial of his motion to dismiss the application because of federal preemption under 18 *U.S.C.A.* § 926C enacted as part of the **Law Enforcement Officers' Safety Act of 2004**, which amended 18 *U.S.C.A.* § 921, *et seq.* relating to firearms,^{FN2} and the determination on the merits. He contends that the revocation application is preempted; the Law Division "erred in finding that the State had ***273** presented 'good cause' for the revocation"; the trial court unduly limited his "request to cross-examine complaining witnesses"; there was a conflict of interest with respect to the complaining witnesses in one of the incidents; the trial court was "not an unbiased fact finder"; appellant's motion to dismiss based on the proofs should have been granted; the findings that his conduct "was not justified under the relevant sections of the criminal code was clear error"; and the aggregate of *80** errors warrants reversal of the revocation or a remand for a new

hearing.

FN1. We capitalize the L for ease of understanding in a typed opinion.

FN2. The Act adopted sections 926B and 926C relating to carrying of concealed weapons "by qualified law enforcement officers" and "by qualified retired law enforcement officers," respectively.

Andros was an Atlantic City police officer from 1968 to 2003. He retired on February 1, 2003, in good standing. Prior to his retirement he applied for and obtained a permit to carry a handgun. He renewed his permit annually thereafter.

On July 4, 2004, a large crowd gathered at "the cove" section of Brigantine to watch the fireworks. Thereafter, a group of friends from Brigantine Elks Club, consisting of twenty to fifty people, remained at the scene. While they were relaxing and the children were playing along the water line in the dark, Andros drove his sport utility vehicle along the water line at a high rate of speed to avoid a line of traffic trying to exit. Andros' wife was in the vehicle. As Andros drove by the Elks group, Alan Dickinson shouted to him to slow down because he felt Andros' speed was dangerous to those in the area.

Andros immediately stopped and exited his vehicle. He walked over to Dickinson, and they exchanged words during which Dickinson told Andros to return to his vehicle. Bill Glose, who was part of Dickinson's group, also told Andros to get back in his vehicle, words were exchanged, and Andros was shoved, whereupon Andros punched Glose and "nipped" his face. Glose and Andros then started wrestling in the sand until they were pulled apart. When Andros got up, he went to his vehicle and removed a handgun. He then loudly announced, "I'm packin, stay back." After hearing Andros' warning, the group backed away from him, and the police were called.

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*274 Approximately fifteen to twenty minutes later, police officers Thomas Rehill and Matthew Fannon arrived on the scene. When the officers arrived the incident was already over. The officers were told by some of those present that the group had been upset with Andros for driving his vehicle in the crowded area, and were particularly concerned for the safety of the children that were present.

Both officers stated they knew Andros prior to the incident. They spoke with him and the others present. Andros acknowledged that he was carrying his handgun. The officers eventually asked Andros to leave the scene, feeling it could "calm down the situation."

A second incident occurred on the evening of February 8, 2005. Rasheem Rose and his cousin Daril Jackson were driving on the Black Horse Pike in Egg Harbor Township. Rose was traveling in the right lane when Andros, whose wife was also in the car, cut in front of Rose's vehicle, forcing Rose to brake and swerve to the right to avoid an impact. Rose beeped his horn at Andros and endeavored to pass him. As Rose was passing, Andros flashed his middle finger. Andros then moved behind Rose in the left lane, turned on his high beam lights, and began tailgating Rose. Rose attempted to signal for Andros to back off, but Andros bumped against the back of the Rose vehicle. Rose began to slow down, and this was followed by a second, harder tap to Rose's car.

Rose managed to get back into the right lane, as Jackson attempted to get the license plate number of Andros' car. Rose then pulled onto the shoulder hoping that Andros would drive by and they could get the number. However, Andros also went into the right lane, drove past them and then pulled over onto the shoulder of the road, stopping a short distance ahead. Having expected Andros to continue on, Rose was moving back into traffic when Andros pulled off onto the shoulder. Rose pulled off once more, stopping two car lengths ahead of Andros.

**81 Rose exited his vehicle while dialing 9-1-1 on

his cell phone, and walked toward the back of his vehicle to check for damage. As he *275 neared the back of his vehicle, Rose observed that Andros had a handgun in his right hand, causing him to drop his cell phone. Jackson also exited the car and observed Andros with the gun. Rose told Jackson to go back into the car, in order to retrieve his other cell phone and call 9-1-1.

As Jackson reached for the door, Andros pointed the handgun at Jackson and told both men he would kill them if they moved. Shortly thereafter, Andros allowed Rose to retrieve his dropped cell phone and call 9-1-1. He told Rose to advise the police he was a police captain and he was carrying his .38 caliber handgun.

When the Egg Harbor police officers arrived, they were carrying rifles, and ordered Andros, Rose and Jackson to put their hands up and get on the ground. As the officers moved forward, they observed a handgun on the pavement within five or six feet of Andros' right hand. Andros gave them his permit to carry the handgun. After the officers conducted their investigation, they returned Andros' gun to him and let him leave the scene.

Another less serious incident occurred on July 8, 2004, when the Egg Harbor Police Department received an early morning domestic violence call from the home of Andros' son, who was also a police officer. The call was made by Connie Wenchell, who lived with Andros' son. She had been locked out of the house and wished to retrieve some of her possessions. Wenchell informed the responding officers that Andros' son was intoxicated and his service weapon was in the house. Andros arrived at the scene after being called by Wenchell.

One of the officers testified that Andros became "part of the problem" and was "not cooperative," and prevented the officers from entering the home and talking with his son. As the event was not developed in detail, we discount its significance.

While Andros was still in active service on October

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21, 2000, Mark Mulrooney was driving his truck on Brigantine Boulevard in Brigantine. Jess Muschler was in the vehicle and Andros was riding his bicycle on the street. Mulrooney moved into the left *276 lane to get around Andros, and Andros cut in front of him without the use of a hand signal. When Mulrooney beeped his horn at Andros, Andros turned around, gave him the middle finger, and then turned onto another street.

Mulrooney followed Andros, whereupon Andros got off his bike, slammed it to the ground in front of Mulrooney's vehicle, and started screaming at Mulrooney. Andros then approached Mulrooney's car door, opened the door, and proceeded to repeatedly strike Mulrooney in the face. In an effort to get away from Andros, Mulrooney hit the gas pedal and drove his vehicle onto someone's lawn. Mulrooney then exited his vehicle and sought assistance at a nearby house. The police were called and the officers who investigated the incident let everyone leave.^{FN3}

FN3. No disciplinary action with respect to this matter was developed in the record. Andros complains that discipline relating to his shooting of a dog in 1981 was referred to during his cross-examination.

Judge Robert Neustadter rendered a comprehensive written opinion on March 6, 2007. As a result of his credibility determinations and fact finding, the judge concluded:

The entirety of the hearing leads this Court to conclude that, despite Registrant's**82 thirty five years of exemplary service as a police officer, he has a temper and a hot-blooded nature. Therefore, his possession of a permit to carry a handgun creates a potentially dangerous situation that is "contrary to the public interest." The Court finds Registrant does not possess the appropriate restraint, judgment, and plain good common sense to avoid confrontations in situations in which [it] was possible and advisable to do so. This Court notes that as a retired law enforcement officer,

Registrant was permitted to carry a weapon and authorized to use it in appropriate circumstances. The Court finds no fault with the statute authorizing retired law enforcement officers to carry concealed weapons and believes that statute is beneficial to the general public. However, Registrant's unnecessary and dangerous use of his weapon to intimidate others merely because he has the power to do so is unacceptable to this Court. To believe, as Registrant contends, that each of these incidents was an unavoidable result of his presence at the wrong place, at the wrong time, with the wrong people, requires this Court to accept an unlikely string of coincidences. While Registrant might well have been provoked during one or more of these incidents, or perhaps others not part of the record, no justification exists for his response as this Court heard it described by a multitude of witnesses. The law provides that a Superior Court Judge is authorized to revoke a retired law enforcement officer's permit to carry any weapon upon good cause shown by any *277 interested party. Good cause is not defined by case law, but Registrant's attorney provided a workable definition when he stated that good cause refers to "a very good and strong reason." This Court finds, after considering all the testimony and evidence produced by both the State and Registrant during the hearing, that good cause has been shown to revoke registrant's permit to carry a handgun. This decision hereby terminates Registrant's right to possess and carry a weapon such as the handgun he had previously carried, and he is barred from resuming certification at any time in the future.

This Court notes, in conclusion, that defense argued, in its opening and summation, that had the Registrant been charged with a criminal offenses arising from these incidents, his conduct would have been completely justified under the affirmative defense of self defense and/or defense of others. It was Registrant's position that his conduct was necessary and justified in light of the danger he claims to have been confronted with

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during each of the three incidents outlined above. While the argument made is interesting, the Court fails to find it relevant, as the case at bar was not a criminal proceeding. This proceeding is of a civil nature allowing for the termination of Registrant's right to possess a permit to carry a handgun, and to carry that weapon. The Court finds, by a preponderance of the evidence, and even to the extent of clear and convincing evidence, the State has carried its burden of proving that good cause has been shown for the result mentioned above. The Court concludes that it is in the best interest of the public that Registrant not be permitted to carry a handgun in the future and that he perform whatever good deeds he can for society as a retired police officer as can be accomplished without the use of a handgun.

Prior to hearing the proofs and making his fact finding, the judge rendered a written opinion denying Andros' motion to dismiss on the grounds that the State was **83 preempted from revoking the license under *N.J.S.A. 2C:39-6L(6)* which provides:

A judge of the Superior Court may revoke a retired officer's privilege to carry a handgun pursuant to this subsection for good cause shown on the application of any interested person. A person who becomes subject to any of the disabilities set forth in subsection c. of *N.J.S.A. 2C:58-3* shall surrender, as prescribed by the superintendent, his identification card issued under paragraph (4) of this subsection to the chief law enforcement officer of the municipality wherein he resides or the superintendent, and shall be permanently disqualified to carry a handgun under this subsection.

The judge concluded:

Thus, in light of the "narrow reading" standard set forth in [*Cipollone v. Liggett Group, Inc.*, 505 U.S. 504, 112 S.Ct. 2608, 120 L.Ed.2d 407 (1992),] *N.J.S.A. 2C:39-6L* remains valid after the passage of HR 218. *N.J.S.A. 2C:39-6L(6)* does not conflict with HR 218. *N.J.S.A. 2C:39-6L(6)* does not completely bar a retired

New Jersey law enforcement officer from carrying a concealed weapon. As long as a retired law enforcement officer meets New Jersey's qualification standards, he or she is free to carry a concealed firearm in New Jersey. *N.J.S.A. 2C:39-6L* does *278 not prevent retired officers from other States, qualified in their respective States and possessing proper identification, from carrying concealed weapons in New Jersey. Thus, the intent of Congress in enacting HR 218 is not violated by *N.J.S.A. 2C:39-6L(6)*.

[1] We summarily reject Andros' attack on the fact finding. Whether based on one or two events alone or in the aggregate, there was "good cause" for revocation of the license under *N.J.S.A. 2C:39-6L(6)*, ^{FN4} provided it could do so without violating 18 U.S.C.A. 926C which provides:

FN4. The first paragraph of *N.J.S.A. 2C:39-6L* expressly recognizes the federal " Law Enforcement Officers Safety Act of 2004 " as a basis for maintaining licensure.

(a) Notwithstanding any other provision of the law of any State or any political subdivision thereof, an individual who is a qualified retired law enforcement officer and who is carrying the identification required by subsection (d) may carry a concealed firearm that has been shipped or transported in interstate or foreign commerce, subject to subsection (b).

(b) This section shall not be construed to supersede or limit the laws of any State that-

(1) permit private persons or entities to prohibit or restrict the possession of concealed firearms on their property; or

(2) prohibit or restrict the possession of firearms on any State or local government property, installation, building, base, or park.

(c) As used in this section, the term "qualified retired law enforcement officer" means an indi-

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vidual who-

(1) retired in good standing from service with a public agency as a law enforcement officer, other than for reasons of mental instability;

(2) before such retirement, was authorized by law to engage in or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for, any violation of law, and had statutory powers of arrest;

(3)(A) before such retirement, was regularly employed as a law enforcement**84 officer for an aggregate of 15 years or more; or

(B) retired from service with such agency, after completing any applicable probationary period of such service, due to a service-connected disability, as determined by such agency;

(4) has a nonforfeitable right to benefits under the retirement plan of the agency;

(5) during the most recent 12-month period, *has met*, at the expense of the individual, *the State's standards for training and qualification for active law enforcement officers to carry firearms*;

*279 (6) is not under the influence of alcohol or another intoxicating or hallucinatory drug or substance; and

(7) is not prohibited by Federal law from receiving a firearm.

(d) The identification required by this subsection is-

....

(emphasis added)

[2] It is conceded that appellant satisfied the requirements of the federal act. But a retired officer's conduct permits the licensing state to revoke the permit, as evidenced by the requirements for quali-

fication and testing every year. *See U.S.C.A. 926C(c)(5)*. In other words, the federal act expressly permits states to set "standards for training and qualification" consistent with those of "active law enforcement officers." Otherwise, a retired officer who suffers from a disability or inability to satisfy those standards would be able to continue to carry firearms.

[3] We thus agree with the opinion of Judge Neustadter that the federal act merely preempts a state's ability to preclude, or change the requirements for, carrying the firearm interstate, if the state of former employment permits licensing of the retired officer. Thus, as the judge said, New Jersey "retains jurisdiction to hear the State's contention that it can establish 'good cause' justifying the revocation." In fact, prior to adoption of the 2004 Act, a federal court in a removal action noted that the Gun Control Act of 1968, 18 U.S.C.A. § 922, *et seq.*, was designed to have preemptive effect only where there is "a direct and positive conflict" when state law and the federal statute "cannot be reconciled." *City of Gary v. Smith & Wesson Corp.*, 94 F.Supp.2d 947, 951 (D.Ind.2000) (quoting 18 U.S.C.A. § 927).^{FN5} This is not such a case.

FN5. Sections 926 and 927 are both part of Chapter 44 of Title 18 relating to firearms.

[4] Federal preemption recognizes the "assumption that the historic police powers of the States were not to be superseded by the Federal Act unless that was the clear and manifest purpose of *280 Congress." *City of Columbus v. Ours Garage & Wrecker Service, Inc.*, 536 U.S. 424, 432, 122 S.Ct. 2226, 2232, 153 L.Ed.2d 430, 440 (2002) (internal quotations omitted). *See also, Nixon v. Mo. Mun. League*, 541 U.S. 125, 140, 124 S.Ct. 1555, 1565, 158 L.Ed.2d 291, 305 (2004). Even where there is express preemption, the United States Supreme Court has narrowly interpreted "such an express command" based on this "presumption against the pre-emption of state police power regulations." *Medtronic, Inc. v. Lohr*, 518 U.S. 470, 485, 116 S.Ct. 2240, 2250, 135 L.Ed.2d 700, 715 (1996) (citing *Cipollone v.*

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Liggett, 505 U.S. 504, 518, 523, 112 S.Ct. 2608, 2618, 120 L.Ed.2d 407, 424 (1992)). Moreover, the analysis of the scope of preemption is guided by "the purpose of Congress" in passing the statute, *id.* at 485-86, 116 S.Ct. at 2250, 135 L.Ed.2d at 716, and this Congressional intent is derived not only from the language **85 of the statute, but from the " 'statutory framework' surrounding it." *Id.* at 486, 116 S.Ct. at 2250-51, 135 L.Ed.2d at 716 (citing *Gade v. Nat'l Solid Wastes Mgmt. Assn.*, 505 U.S. 88, 111, 112 S.Ct. 2374, 2390, 120 L.Ed.2d 73, 93 (1992)). See also, *Bates v. Dow Agrosciences L.L.C.*, 544 U.S. 431, 449, 125 S.Ct. 1788, 1801, 161 L.Ed.2d 687, 706 (2005).

With these principles in mind, we find no Congressional intent to preclude the action taken by the State in this case, and no basis for concluding that a state cannot revoke a handgun permit because Congress authorizes a carrier when licensed in one state to possess it in another state. Andros has submitted references to the Congressional Record in which speakers opposed the legislation and addressed adverse effects on the states. However, when seeking to determine legislative intent, the United States Supreme Court has stated that "[t]he fears and doubts of the opposition are no authoritative guide to the construction of legislation." *Shell Oil Co. v. Iowa Dept. of Revenue*, 488 U.S. 19, 29, 109 S.Ct. 278, 284, 102 L.Ed.2d 186, 198 (1988) (quoting cases). Andros has submitted no legislative history which warrants a conclusion that section 926C was designed to preempt the action taken by the State in this case.

The order revoking the permit to carry a handgun is affirmed.

N.J.Super.A.D.,2008.
 In re Carry Permit of Andros
 403 N.J.Super. 271, 958 A.2d 78

END OF DOCUMENT

NAME (Last) Smith(First) Jeremy

2 of 4

DOS: 4-14-08

Health Promotion:

See Prevention Flow Sheet

Exercise: _____

Nutrition: _____

Hobbies: _____

Self-breast exam: Y N Occ.

Self Testicular exam: Y N Occ.

Last Dental Exam:

Dental: flosses Y N Occ.

brushes Y N Occ.

Last Eye exam:

Safety: seat belts Y N

smoke alarms Y N

Guns in safe place? Y N

Power of attorney? Y N

Review of clinical lab tests Y N

Review of Medical tests Y N

Review of old records Y N

Summarization: _____

Review of Radiology/Nuclear Medicine Y N

Independent Visualization of Image (tracing or specimen itself) Y N

Obtain hx from someone other than pt. Y N

Discussion of test results w/ Performing MD Y N

PHYSICAL EXAM

CONSTITUTIONAL: AlertOriented Y

WNWD: _____

NAD: _____

Resp. distress: _____

Pleasant: Y

Anxious: _____

System	Bullets	Normal	Abnormal
HEAD	<ul style="list-style-type: none">Inspect head & facePalpate face, sinusesExamine salivary glands	<u>N</u>	ABN
EAR NOSE MOUTH THROAT	<ul style="list-style-type: none">Inspect lips, teeth, gumsOropharynx (mucosa, salivary glands hard/soft palate, tongue, post. pharynx)External ears & noseInspect auditory canal and TM'sAssess hearingNasal mucosa, septum & turbinates	<u>N</u>	ABN
EYES	<ul style="list-style-type: none">Inspect conjunctiva, lidsExamine pupils and irisesFundoscopic	N	ABN
NECK	<ul style="list-style-type: none">Exam of ThyroidNeck (masses, tracheal position, symmetry crepitus, overall appearance)	N	ABN
LYMPHATICS (Palpate 2 or More)	<ul style="list-style-type: none">NeckAxillaGroinOther	N	<u>ABN</u>

System	Bullets	Normal	Abnormal
RESP.	<ul style="list-style-type: none">Auscultation of lungsPercussion of chestPalpation of chestRespiratory effort	<u>N</u>	ABN
CARDIO- VASCULAR	<ul style="list-style-type: none">Palpate heart (size, location, thrills)Auscultation of heart (abn. sounds, murmurs) EXAMINE: <ul style="list-style-type: none">Carotid arteriesAbdominal aortaFemoral arteriesPedal PulsesObserve & palpate peripheral vasc. Sys. for edema, varicosities, temp, pain	<u>N</u>	ABN
GI	EXAMINE <ul style="list-style-type: none">AbdomenLiver and spleenCheck for hernia When indicated: <ul style="list-style-type: none">Anus, perineum, rectum, sphincter tone.Stool for occult blood	N	ABN

NARRATIVE: _____

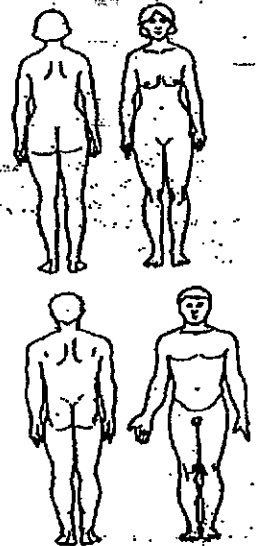
NAME (Last) Smith (First) Jeremy DOS 4.14.08 ^{3 of 4}

PHYSICAL EXAM

System	Bullets	Normal	Abnormal	System	Bullets	Normal	Abnormal
GU	MALE			PSYCH	Alert, Oriented to person, place, time	N	ABN
	Examine: (lesions, masses, discharge, symmetry)				Mood and affect	N	ABN
	• Scrotal contents	N	ABN		Recent & Remote memory	N	ABN
	• Penis	N	ABN		Description of patients judgment/insight	N	ABN
	• Digital rectal exam of prostate	N	ABN	NEURO	Cranial nerves (2 or 12)	N	ABN
	FEMALE				Deep tendon reflexes	N	ABN
	• External genitalia	N	ABN		Sensation	N	ABN
	• Urethral meatus	N	ABN				
	• Vagina	N	ABN	MS	Exam of gait & station	N	ABN
	• Cervix	N	ABN		Inspect / palpate digits/ nails	N	ABN
CHEST BREASTS	• Inspection of breasts	N	ABN		Inspect/palpate for deformity, asymmetry, crepitation, defects, pain, masses, effusion		
	• Palpation of breasts and axillae	N	ABN		Assess ROM, stability, pain, defects, effusions, muscle strength & tone:		
SKIN	• Inspect skin subcutaneous tissue	N	ABN		• Head and neck	N	ABN
	• Palpate skin subcutaneous tissue	N	ABN		LEFT		
					• Upper extremity	N	ABN
					• Lower extremity	N	ABN
					RIGHT		
					• Upper extremity	N	ABN
					• Lower extremity	N	ABN
					• Spine, ribs, chest wall & pelvis	N	ABN

NARRATIVE:

Neck → Side to side movement NL
but resistant
flexion / full extension
internal
Heft U/E slightly ↓



EDUCATION/DISCUSSION TIME _____ EXAM TIME: _____

<input type="checkbox"/> Diet <input type="checkbox"/> Exercise <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Stress Management <input type="checkbox"/> Medication use <input type="checkbox"/> Menopause	<input type="checkbox"/> STD Prevention <input type="checkbox"/> Birth Control Options <input type="checkbox"/> Disease Pathology <input type="checkbox"/> Antibiotics <input type="checkbox"/> HRT/ERT	<input type="checkbox"/> Increase Fluids <input type="checkbox"/> Tylenol/Advil <input type="checkbox"/> Rest <input type="checkbox"/> Salt water gargles <input type="checkbox"/> Clear liquids <input type="checkbox"/> Avoid dairy	<input type="checkbox"/> Ice/Heat 3X/day 20 minutes at a time <input type="checkbox"/> Elevate <input type="checkbox"/> Massage area <input type="checkbox"/> Reassurance	<input type="checkbox"/> Cleanse area 3X/day <input type="checkbox"/> warm soapy water <input type="checkbox"/> Sitz baths
---	---	--	--	--

Written material given: _____

NEXT VISIT: _____

LUBSEY MEDICAL CENTER

Walk-in/Appt

Informant: P Other

DOB:

3/29/86

AGE:

22

DOS:

4/21/08

Male/Female NAME (Last)

Smith

(First)

Jeremy

VITALS	CURRENT HEALTH PROBLEMS	CURRENT MEDICATIONS	ALLERGIES
Wt _____ Ht _____	Anemia _____ Cancer _____ Diabetes _____	See Med Sheet for chronic meds	
BMI _____	Asthma _____ CHF _____ Emphysema _____		
BP Sitting _____	Arthritis _____ High Cholesterol _____ HTN _____		
BP Standing _____	Heart disease _____ Kidney disease _____		
BP Lying _____	Hypo/hyperthyroidism _____ Liver disease _____		
2nd BP _____	Mental illness _____ Seizures _____		
Pulse _____	Sickle cell disease/thait _____ Stroke _____		
Temp _____	OTHER: <u>EMR</u>		
Resp _____			
LNMP _____			
HC: _____			
Ht/Wt graphed Y N			

PREVIOUS TESTS

Labs:

Physical/Pap:

X-rays:

Mammogram:

Other:

CHIEF COMPLAINT:

→ Neck pain 2 MVA

Location (where):

Neck

Work related Y N Accident Y N

Quality (what kind): sharp

dull

ache

pressure

Severity:

mild

moderate

severe

Duration (how long):

→ 7-8x

Timing (how often does it occur):

on/off

daily

constant

Context (when does symptom occur): Standing/Sitting/lying down rest/with activity (what influences this condition)

Modifying Factors:

Aggravating factors (what makes it worse):

Alleviating factors (what makes it better):

Medications you have used to feel better:

Associated signs and symptoms (anything else that occurs at the same time as the CC):

Review of Systems circled items indicate a yes response.

1. CONSTITUTION: (denies) Fever, Fatigue, Chills, Weakness
2. EYES: (denies) Visual changes, Blurred Vision, Double vision, Pain, Light sensitivity, Drainage, Redness
3. EARS: (denies) Hearing problems, Pain, Drainage, Ringing, Digging, Popping
4. NOSE: (denies) Change in sense of smell, Congestion, Nose bleeds, Facial pain, Nasal drainage
5. MOUTH & THROAT: (denies) Voice changes, Teeth pain, Bleeding swollen gums, Change in sense of taste, Sore throat, Difficulty Swallowing
6. SKIN: (denies) Rashes, Itching/change in texture, Change in size, color, discharge of mole, Birthmarks, Change in skin, hair, or nails
7. CV: (denies) Chest pain, Raw chest Palpitations, Difficulty breathing while lying down, Swelling in legs or feet, High Blood Pressure, Faintness
8. RESP: (denies) Hx of exposure to asthma, exposure to TB, Difficulty breathing, Wheezing, Night sweats, Cough, Dry or Productive
9. GI: (denies) Hx of hepatitis, pancreatitis, ulcer, gallstones, Nausea/Vomiting/Diarrhea/Constipation, Difficulty swallowing, Abd. pain, Heartburn, Flatus (gas), Food intolerance, Rectal pain/bleeding, Change in appetite/stools, MALES: Loss in force of stream, Difficulty starting urine stream, Sores, Testicular Pain/Masses, Hx of a hernia, FEMALES: Discharge, Menstrual problems
10. GU: (denies) Difficulty urinating: burning, frequency, urgency, blood, Side/Abdominal pain, Loss of urine with coughing/ laughing/sneezing
11. HEME/LYMPH: (denies) Swollen glands, Excessive bleeding/bruising, Exposure to toxic chemicals, Hx of anemia, blood clots, transfusions
12. ENDO: (denies) Hx of diabetes, thyroid problems, Unplanned weight loss/gain, Feeling excessively cold/hot, Increase in thirst/urination, Abnormal hair growth
13. MUSC/SKEL: (denies) Joint swelling/pain, Muscle aches, Cramps, Headaches
14. NEURO: (denies) Problems with coordination/walking/ memory/weakness, Dizziness/blackout/seizures, Tremors, Numbness or tingling
15. PSYCH: (denies) Feeling of sadness, Difficulty sleeping, Mood Changes, Unusual headache
16. ALLERGY: (denies) Sneezing, Itchy/watery eyes, Runny nose, Seasonal
17. HABITS: (denies) Smoking? Y N, Alcohol? Y N, Drugs? Y N, Family hx of smoking, alcohol abuse, drugs? Y N
18. SINCE YOUR LAST VISIT: have you seen someone outside this clinic? Y N

Past medical hx contributes

N

Family Hx Contributes

Y

Social Hx Contributes

N

Data Base Reviewed/Updated

MA

Reviewed ancillary staff notes

MDA

NAME (Last)

Smith

(First)

Jeremy

DOS:

4/21/08

Health Promotion:

See Prevention Flow Sh

Exercise:

Nutrition:

Hobbies:

Self-breast exam: Y N Oc

Self Testicular exam: Y N Oc

Last Dental Exam:

Dental: flosses Y N Oc

brushes Y N Oc

Last Eye exam:

Safety: seat belts Y N

smoke alarms Y N

Guns in safe place? Y N

Power of attorney? Y N

Review of clinical lab tests Y N

Review of Medical tests Y N

Review of old records (Y) N

Summarization:

Review of Radiology/Nuclear Medicine Y N

Independent Visualization of Image (tracing or specimen itself) Y N

(must summarize)

Obtain hx from someone other than pt. Y N

Discussion of test results w/ Performing MD Y N

PHYSICAL EXAM

CONSTITUTIONAL:

Alert:

Oriented x/3:

W/N/W/D:

NAD:

Resp. distress:

Pleasant:

Anxious:

System	Bullets	Normal	Abnormal
HEAD	<ul style="list-style-type: none"> Inspect head & face Palpate face, sinuses Examine salivary glands 	(N)	ABN
EAR NOSE MOUTH THROAT	<ul style="list-style-type: none"> Inspect lips, teeth, gums Oropharynx (mucosa, salivary glands hard/soft palate, tongue, post. pharynx) External ears & nose Inspect auditory canal and TM's Assess hearing Nasal mucosa, septum & turbinates 	(N)	ABN
EYES	<ul style="list-style-type: none"> Inspect conjunctiva, lids Examine pupils and irises Fundoscopic 	(N)	ABN
NECK	<ul style="list-style-type: none"> Exam of Thyroid Neck (masses, tracheal position, symmetry crepitus, overall appearance) 	N	ABN
LYMPHATICS (palpate 2 or More)	<ul style="list-style-type: none"> Neck Axilla Groin Other 	N	ABN

System	Bullets	Normal	Abnormal
RESP.	<ul style="list-style-type: none"> Auscultation of lungs Percussion of chest Palpation of chest Respiratory effort 	(N)	ABN
CARDIO-VASCULAR	<ul style="list-style-type: none"> Palpate heart (size, location, thrills) Auscultation of heart (abn, sounds, murmurs) 	(N)	ABN
EXAMINE:	<ul style="list-style-type: none"> Carotid arteries Abdominal aorta Femoral arteries Pedal Pulses Observe & palpate peripheral vasc. Sys. for edema, varicosities, temp, pain 	N	ABN
GI	<ul style="list-style-type: none"> EXAMINE Abdomen Liver and spleen Check for hernia Anus, perineum, rectum, sphincter tone. Stool for occult blood 	(N)	ABN
When indicated:		N	ABN

NARRATIVE:

NARRATIVE:

Written material given: _____

NEXT VISIT: _____

NAME (Last) Smith (First) Jeremy DOS 4/2/08 of 4 DOB 3/29/8

Assessment:

1	Neck pain	2	MVA	Minor Self-limit	Est. Problem Stable/Improved	Est. Problem Worsening	New Problem	Addition Work-Up
2	left cheek	5	sutures removed					
3								
4								
5								
6								

IN HOUSE

INITIALS

U/A dipstick
Pregnancy test: pos neg
Strep screen: pos neg
Finger stick glucose: _____
Pulse ox: _____ %
Spirometry: initial/pre and post
EKG Tracing
Hemoglobin: _____
Guicac: pos neg kit given
PAP test
Collection: Male Female
Wet mount:
KOH:

SENT OUT (DynaCare or Med Science)

INITIALS

CBC
Metabolic panel complete/basic
Fasting blood sugar
Fasting lipid panel
Thyroid panel
Liver panel
HgaIC
H. Pylori
Urine microalbumin/creatinine ratio
U/A
PSA
Male (urethra) Female (cervix)
GC Chlamydia Routine

ADDITIONAL TESTS:

LABS

X-RAYS w/contrast w/o contrast
MRI Cervical Spine
OTHER CT w/contrast w/o contrast
SOP Spinal Cord

ORDERS OR PROCEDURES (TODAY) Inhalation Training - Initial/Additional Anoscope I&D Dressing Change
Cryotherapy Ear Irrigation Hearing test Vision test Nebulizer:

Shot/Dose/Type (IM, SQ, ID)	Site	Lot #	Expiration date	Initials	Our shot
1	Procedure				
2					
3	left maxilla 5 sutures removed				

* Return to clinic or emergency room if symptoms persist/worsen. Pt/caregiver verbalized and understood the instruction Y N

Allergies: Medications: Continue current meds (Y) N

PRESCRIPTIONS: GIVEN TODAY

Samples:

Referrals: NONE Info Given Initials: _____
Adult Immunizations Milwaukee Health Department

Return to clinic in: PH
Excuse: work school W/C
Return to work/school:
Request records Y N
Time In _____ Time Out _____

Schedule: health check/ physical/ pap DATE: _____
Limitations: _____
Check out by: _____
MD/NP: _____

LUBSEY MEDICAL CENTER

Walk-in Appt

Informant: ☒ Other

DOB: 07/29/86

AGE: 22

DOS: 04/28/08

Male/Female NAME (Last)

Smith

(First)

Jeremy

VITALS	CURRENT HEALTH PROBLEMS	CURRENT MEDICATIONS	ALLERGIES
Wt _____ Ht _____	Anemia _____ Cancer _____ Diabetes _____	See Med Sheet for chronic meds	
BMI _____	Asthma _____ CHF _____ Emphysema _____		
BP Sitting _____	Arthritis _____ High Cholesterol _____ HTN _____		
BP Standing _____	Heart disease _____ Kidney disease _____		
BP Lying _____	Hypo/hyperthyroidism _____ Liver disease _____		
2nd BP _____	Mental Illness _____ Seizures _____		
Pulse _____	Sickle cell disease/trait _____ Stroke _____		
Temp _____	OTHER: _____		
Resp _____			
LNMP _____			
HC: _____			
Ht/Wt graphed Y N			

CHIEF COMPLAINT: Neck pain 2' Injury 04/12/08
 he went back to work 4/11/08 → MVA could not go back to work

Location (where): Neck Work related Y N Accident Y N
 Quality (what kind): sharp dull ache pressure
 Severity: mild moderate severe
 Duration (how long): 2 wks
 Timing (how often does it occur): on/off daily constant
 Context (when does symptom occur): Standing/Sitting/lying down rest/with activity (what influences this condition)
 Modifying Factors: Aggravating factors (what makes it worse):
 Alleviating factors (what makes it better):
 Medications you have used to feel better:

Associated signs and symptoms (anything else that occurs at the same time as the CC):

Review of Systems circled items indicate a yes response.

1. CONSTITUTION: (denies) Fever, Fatigue, Chills, Weakness
2. EYES: (denies) Visual changes, Blurred Vision, Double vision, Pain, Light sensitivity, Drainage, Redness
3. EARS: (denies) Hearing problems, Pain, Drainage, Ringing, Digging, Popping
4. NOSE: (denies) Change in sense of smell, Congestion, Nose bleeds, Facial pain, Nasal drainage
5. MOUTH & THROAT: (denies) Voice changes, Teeth pain, Bleeding swollen gums, Change in sense of taste, Sore throat, Difficulty Swallowing
6. SKIN: (denies) Rashes, Itching/change in texture, Change in size, color, discharge of mole, Birthmarks, Change in skin, hair, or nails
7. CV: (denies) Chest pain, Raw chest Palpitations, Difficulty breathing while lying down, Swelling in legs or feet, High Blood Pressure, Faintness
8. RESP: (denies) Hx of exposure to asthma, exposure to TB Difficulty breathing, Wheezing, Night sweats, Cough, Dry or Productive
9. GI: (denies) Hx of hepatitis, pancreatitis, ulcer, gallstones Nausea/Vomiting/Diarrhea/Constipation, Difficulty swallowing, Abdominal pain, Heartburn, Flatus (gas), Food intolerance, Rectal pain/bleeding, Change in appetite/stools
10. GU: (denies) Difficulty urinating: burning, frequency, urgency, blood, Sidel/Abdominal pain, Loss of urine with coughing/ laughing/sneezing, Males: Loss in force of stream, Difficulty starting urine stream, Sores, Testicular Pain/Masses, Hx of a hernia
11. FEMALES: Discharge, Menstrual problems,
12. HEME/LYMPH: (denies) Swollen glands, Excessive bleeding/bruising, Exposure to toxic chemicals, Hx of anemia, blood clots, transfusions
13. ENDO: (denies) Hx of diabetes, thyroid problems Unplanned weight loss/gain, Feeling excessively cold/hot, Increase in thirst/urination, Abnormal hair growth,
14. MUSC/SKEL: (denies) Joint swelling/pain Muscle aches, Cramps, Headaches
15. NEURO: (denies) Problems with coordination/walking/ memory/weakness, Dizziness/blackout/seizures, Tremors, Numbness or tingling
16. PSYCH: (denies) Feeling of sadness, Difficulty sleeping, Mood Changes, Unusual headache.
17. ALLERGY: (denies) Sneezing, Itchy/watery eyes, Runny nose, Seasonal
18. HABITS: (denies) Smoking? Y N Alcohol? Y N Drugs? Y N Family hx of smoking, alcohol abuse, drugs? Y N

15. SINCE YOUR LAST VISIT: have you seen someone outside this clinic? Y N

Past medical hx contributes

N

Family Hx Contributes

Y N

Social Hx Contributes

N

Data Base Reviewed/Updated

MA

Reviewed ancillary staff notes

MD/MA

NAME (Last)

(First)

2 of 4

DOS:

Health Promotion:

MD/NP NARRATIVE:

See Prevention Flow Sheet

Exercise:

Nutrition:

Hobbies:

Self-breast exam: Y N Occ.

Self Testicular exam: Y N Occ.

Last Dental Exam:

Dental: flosses Y N Occ.

brushes Y N Occ.

Last Eye exam:

Safety: seat belts Y N

smoke alarms Y N

Guns in safe place? Y N

Power of attorney? Y N

Review of clinical lab tests Y N Review of Radiology/Nuclear Medicine Y N Obtain hx from someone other than pt. Y N
 Review of Medical tests Y N Independent Visualization of Image (tracing or specimen itself) Y N
 Review of old records Y N (must summarize) Discussion of test results w/ Performing MD Y N
 Summarization:

PHYSICAL EXAM

CONSTITUTIONAL:

Alert:

Oriented X:

WNWD:

NAD:

Resp. distress:

Pleasant:

Anxious

System	Bullets	Normal	Abnormal
HEAD	<ul style="list-style-type: none"> Inspect head & face Palpate face, sinuses Examine salivary glands 	N	ABN
EAR NOSE MOUTH THROAT	<ul style="list-style-type: none"> Inspect lips, teeth, gums Oropharynx (mucosa, salivary glands hard/soft palate, tongue, post. pharynx) External ears & nose Inspect auditory canal and TM's Assess hearing Nasal mucosa, septum & turbinates 	N	ABN
EYES	<ul style="list-style-type: none"> Inspect conjunctiva, lids Examine pupils and irises Fundoscopy 	N	ABN
NECK	<ul style="list-style-type: none"> Exam of Thyroid Neck (masses, tracheal position, symmetry crepitus, overall appearance) 	N	ABN
LYMPHATICS (Palpate 2 or More)	<ul style="list-style-type: none"> Neck Axilla Groin Other 	N	ABN

System	Bullets	Normal	Abnormal
RESP.	<ul style="list-style-type: none"> Auscultation of lungs Percussion of chest Palpation of chest Respiratory effort 	N	ABN
CARDIO- VASCULAR	<ul style="list-style-type: none"> Palpate heart (size, location, thrills) Auscultation of heart (abn. sounds, murmurs) 	N	ABN
	EXAMINE:		
	<ul style="list-style-type: none"> Carotid arteries Abdominal aorta Femoral arteries Pedal Pulses Observe & palpate peripheral vasc. Sys. for edema, varicosities, temp, pain 	N	ABN
GI	EXAMINE		
	<ul style="list-style-type: none"> Abdomen Liver and spleen Check for hernia Anus, perineum, rectum, sphincter tone Stool for occult blood 	N	ABN
	When indicated:		

NARRATIVE:

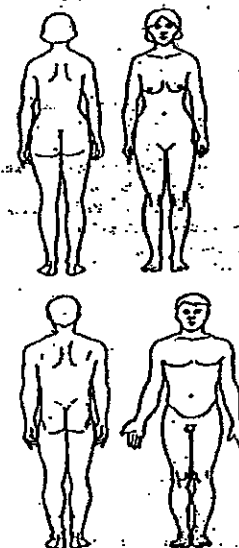
NAME (Last) Smith (First) Jeremy DOS 04/28/08 3 of 4

PHYSICAL EXAM

System	Bullets	Normal	Abnormal	System	Bullets	Normal	Abnormal
GU	MALE Examine: (lesions, masses, discharge, symmetry) • Scrotal contents N ABN • Penis N ABN • Digital rectal exam of prostate N ABN FEMALE • External genitalia N ABN • Urethral meatus N ABN • Vagina N ABN • Cervix N ABN • Uterus N ABN • Adnexa N ABN • Bladder N ABN			PSYCH	• Alert, Oriented to person, place, time 0 ABN • Mood and affect N ABN • Recent & Remote memory N ABN • Description of patients judgment/insight N ABN		
CHEST BREASTS	• Inspection of breasts N ABN • Palpation of breasts and axillae N ABN			NEURO	• Cranial nerves (2 or 12) 6 ABN • Deep tendon reflexes N ABN • Sensation N ABN		
SKIN	• Inspect skin/subcutaneous tissue N ABN • Palpate skin/subcutaneous tissue N ABN			MS	• Exam of gait & station 7 ABN • Inspect / palpate digits/ nails N ABN Inspect/palpate for deformity, asymmetry, crepitation, defects, pain, masses, effusion Assess ROM, stability, pain, defects, effusions, muscle strength & tone: • Head and neck N ABN LEFT • Upper extremity N ABN • Lower extremity N ABN RIGHT • Upper extremity N ABN • Lower extremity N ABN • Spine, ribs, chest wall & pelvis N ABN		

NARRATIVE:

Neck movement restricted
 Range 5/5
 Reflexes NR



EDUCATION/DISCUSSION TIME _____ EXAM TIME: _____

<input type="checkbox"/> Diet <input type="checkbox"/> Exercise <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Stress Management <input type="checkbox"/> Medication use <input type="checkbox"/> Menopause	<input type="checkbox"/> STD Prevention <input type="checkbox"/> Birth Control Options <input type="checkbox"/> Disease Pathology <input type="checkbox"/> Antibiotics <input type="checkbox"/> HRT/ERT	<input type="checkbox"/> Increase Fluids <input type="checkbox"/> Tylenol/Advil <input type="checkbox"/> Rest <input type="checkbox"/> Salt water gargles <input type="checkbox"/> Clear liquids <input type="checkbox"/> Avoid dairy	<input type="checkbox"/> Ice/Heat 3X/day 20 minutes at a time <input type="checkbox"/> Elevate <input type="checkbox"/> Massage area <input type="checkbox"/> Reassurance	<input type="checkbox"/> Cleanse area 3X/day warm soapy water <input type="checkbox"/> Sitz baths
---	---	--	--	--

Written material given: _____

NEXT VISIT: _____

NAME (Last)

Smith

(First)

Jesany

DOS

09/27/88

4 of 4

DOB

09/27/88

Assessment:

1

Neck pain

2" MVA

2

Acute back pain

3

papa work

4

5

6

Minor Self-limit	Est. Problem Stable/Improved	Est. Problem Worsening	New Problem	Additional Work-Up
---------------------	---------------------------------	---------------------------	----------------	-----------------------

IN HOUSE

SENT OUT (DynaCare or Med Science)

ADDITIONAL TESTS:

	INITIALS
<input type="checkbox"/> U/A dipstick	
<input type="checkbox"/> Pregnancy test: pos neg	
<input type="checkbox"/> Strep screen: pos neg	
<input type="checkbox"/> Finger stick glucose: _____	
<input type="checkbox"/> Pulse ox: _____ %	
<input type="checkbox"/> Spirometry: initial/pre and post	
<input type="checkbox"/> EKG Tracing	
<input type="checkbox"/> Hemoglobin: _____	
<input type="checkbox"/> Guaiac: pos neg kit given	
<input type="checkbox"/> PAP test	
<input type="checkbox"/> Collection: Male Female	
<input type="checkbox"/> Wet mount:	
<input type="checkbox"/> KOH:	

	INITIALS
<input type="checkbox"/> CBC	
<input type="checkbox"/> Metabolic panel complete/basic	
<input type="checkbox"/> Fasting blood sugar	
<input type="checkbox"/> Fasting lipid panel	
<input type="checkbox"/> Thyroid panel	
<input type="checkbox"/> Liver panel	
<input type="checkbox"/> HgA1C	
<input type="checkbox"/> H. Pylori	
<input type="checkbox"/> Urine microalbumin/creatinine ratio	
<input type="checkbox"/> U/A	
<input type="checkbox"/> PSA	
<input type="checkbox"/> Male (urethra) Female (cervix)	
<input type="checkbox"/> GC Chlamydia Routine	

LABS		
X-RAYS	w/contrast	w/o contrast
OTHER		
CT	w/contrast	w/o contrast

 ORDERS OR PROCEDURES (TODAY) ☐ Inhalation Training - Initial/Additional ☐ Anoscope ☐ I&D ☐ Dressing Change

☐ Cryotherapy ☐ Ear Irrigation ☐ Hearing test ☐ Vision test ☐ Nebulizer: _____

Shot / Dose/Type (IM, SQ, ID)	Site	Lot #	Expiration date	Initials	Our shot
1					
2					
3					

* Return to clinic or emergency room if symptoms persist/worsen. Pt/caregiver verbalized and understood the instruction Y N

Allergies: _____

Medications: Continue current meds Y N

PRESCRIPTIONS: GIVEN TODAY

Samples: _____

Referrals: NONE Info Given Initials: _____

Adult Immunizations Milwaukee Health Department

Return to clinic in: _____

Excuse: work school W/C

Return to work/school: _____

Request records Y N

Time In _____ Time Out _____

Schedule: health check/ physical/ pap DATE: _____

Limitations: _____

Check out by: _____

MD/NP: _____

Statement of Account

VINCENT G. LUBSEY MD,SC
PO Box 228
BROOKFIELD , WI 53008

Account No.

SMITH0001

Page #

1

Attorney

1110 N OLD WORLD 3 ST #405
MILWAUKEE, WI 53203

Date

06/08/2009

Date	For	Description	Ref	Charges	Credits
04/14/2008	JEREMY	OFFICE VISIT EST. EXPANDED PRC	132521	80.00	
05/16/2008	JEREMY	Insurance Payment	132521		0.00
05/16/2008	JEREMY	Insurance Adjustment	132521		-9.58
04/14/2008	JEREMY	Information about claim	132521		0.00

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	Balance Due
\$0.00	\$0.00	\$0.00	\$0.00	\$70.42	\$70.42

Notes

Please call Billing at 414-438-1975 if there are any questions

Statement of Account

VINCENT G. LUBSEY MD,SC
PO Box 228
BROOKFIELD , WI 53008

Account No

SMITH0001

Page #

1

Attorney

1110 N OLD WORLD 3 ST #405
MILWAUKEE, WI 53203

Date _____

06/08/2009

Date	For	Description	Ref	Charges	Credits
04/21/2008	JEREMY	OFFICE VISIT EST. DETAILED	133076	122.00	
05/21/2008	JEREMY	Insurance Payment	133076		-88.50
05/21/2008	JEREMY	Insurance Adjustment	133076		-11.37

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	Balance Due
\$0.00	\$0.00	\$0.00	\$0.00	\$22.13	\$22.13

Notes

Please call Billing at 414-438-1975 if there are any questions

Statement of Account

VINCENT G. LUBSEY MD,SC
PO Box 228
BROOKFIELD , WI 53008

Account No:

SMITH0001

Page #

1

Attorney

1110 N OLD WORLD 3 ST #405
MILWAUKEE, WI 53203

Date:

06/08/2009

Date	For	Description	Ref	Charges	Credits
04/28/2008	JEREMY	OFFICE VISIT EST. DETAILED	133734	122.00	
05/29/2008	JEREMY	Insurance Payment	133734		-88.50
05/29/2008	JEREMY	Insurance Adjustment	133734		-11.37
	JEREMY	Sub-Total	133734	122.00	-99.87

0 - 30 Days Current	31 - 60 Days Past Due	61 - 90 Days Past Due	91 - 120 Days Past Due	> 120 Days Past Due	Balance Due
\$0.00	\$0.00	\$0.00	\$0.00	\$22.13	\$22.13

Notes

Please call Billing at 414-438-1975 if there are any questions

CERTIFICATION FORM

PATIENT NAME: Jeremy Smith

DATES OF TREATMENT: 4/25/08 TO 4/25/08

I, Tanisha Toney, CLIENT SERVICES
REPRESENTATIVE AT COLUMBIA ST. MARY'S HOSPITAL
MILWAUKEE CAMPUS, HEREBY CERTIFY THAT THE

DOCUMENTS ANNEXED HERETO, AND CONSISTING OF

8 PAGES, CONSTITUTE AN ACCURATE AND LEGIBLE
DUPLICATE OF THE MEDICAL RECORDS IN OUR POSSESSION

REGARDING THE ABOVE NAMED PATIENT, AS REQUESTED, AND

FOR WHICH AUTHORIZATION WAS GRANTED.

T. Toney
CLIENT SERVICES REPRESENTATIVE

4/17/09
DATE



Columbia St. Mary's
A Passion for Patient Care

OUTPATIENT

St. Mary's Milwaukee

MRI

CLIN CD ALL	HOSP SERV MRI	AGE 22	SEX M	RACE B	MS S	FT TYP R	PATIENT NAME SMITH, JEREMY C	TITLE MRI	DATE OF BIRTH 03/29/1986	MEDICAL RECORD NO. 722119
ADDRESS 2403 N WEIL ST MILWAUKEE WI 53212-		PREVIOUS NAME		SOCIAL SECURITY NO		BED	REGISTRATION/ADMISSION DATE & TIME 04/25/08 07:33			
HOME PHONE 414/732-4454		OTHER PHONE 414/355-2700		RELIGION OTH		PRN FIN CL B	REG BY ADMERP	ACCOUNT NO. 118607279		
GUARANTOR ADDRESS SMITH JEREMY C 2403 N WEIL ST MILWAUKEE WI 53212-		HOME PHONE 414/732-4454		WORK PHONE/EXT. 414/355-2700 x		EMERGENCY CONTACT/COMMENTS DANIES ELFRIEDA HOME PHONE 414/461-9817		VISIT DATE		
GUARANTOR EMPLOYER ALTVITY PACKING		ADDRESS 7074 W PARKLAND CRT		CITY MILWAUKEE		STATE/ZIP WI 53224-		WORK PHONE/EXT. X		
DIAGNOSIS / SYMPTOM(S) NECK PAIN				CODE WK DATE		ACCIDENT / ONSET OF ILLNESS				
ATTENDING PHYSICIAN / ADMITTING PHYSICIAN SANDESARA KALYAN SANDESARA KALYAN				PRIMARY PHYSICIAN / REFERRING PHYSICIAN LUBSEY, VINCENT G.,			THERAPIST / CREOENTIALS			
INSURANCE 1/2 BLUE CROSS		VERF. COB Y 1		INSURANCE 3/4		VERF. COB		DESTINATIONS: 1 MRI 3 2 4		
MRSA		MRO		SPECIAL NEEDS SIGHT HEARING SPEECH		PRIMARY LANGUAGE ENGLISH				
ALLERGIES						DISCHARGE DATE				
ADVANCED DIRECTIVES										



Columbia St. Mary's
A Passion for Patient Care

CONDITIONS OF TREATMENT

MR# 722119
SMITH, JEREMY C
PT# 118607279

MEDICAL CONSENT

I request and authorize Columbia St. Mary's - Milwaukee Campus*, its agents and employees and my physicians, their associates and assistants (hereinafter "Physicians") who may attend to me during this hospitalization, emergency service or outpatient visit to provide and perform such medical, surgical, tests, procedures, medications, and other services and supplies which are considered advisable by my Physician for my health and well being. I understand that I will be under the direct care of my physicians or his/her designees while at the Hospital. I understand this may include, but is not necessarily limited to anesthesia, pathology, radiology services and other special services and tests, including tests for communicable diseases, ordered by my Physician. I understand that most physicians furnishing services to me including physicians working in the Emergency Department, Radiologists, Pathologists, Anesthesiologists and others are independent health care providers, and not employees or agents of the Hospital. I further understand that the Hospital has educational affiliations with academic institutions and I agree to student and resident participation in my care under appropriate supervision. I also understand that the Hospital cannot guarantee the outcome of treatment provided. I further understand that the Hospital participates in research for the purpose of advancing medical education and/or knowledge utilizing anonymous pathological or diagnostic specimens and consent to the use of such specimens so long as confidentiality is maintained. I have been informed of the hospital's policy on confidentiality.

PERSONAL VALUABLES

I understand that the Hospital maintains a safe for the storage of money and valuables during hospitalization. The Hospital assumes no liability for any loss or damage to any money, jewelry, glasses, dentures, furs, or other articles of unusual value unless deposited in the safe. I further understand that I will be responsible for all articles kept in my room, that the Hospital assumes no control over personal valuables not deposited in the safe, and that no employee or agent of the Hospital is authorized to act contrary to this paragraph.

RELEASE OF INFORMATION

I acknowledge that I have received a copy of Columbia St. Mary's Notice of Privacy Practices. I understand that the Notice of Privacy Practices provides an explanation of the ways in which my health information may be used or disclosed by Columbia St. Mary's and of my rights with respect to my health information.

I hereby authorize Columbia St. Mary's to release health information, which may include the diagnosis and treatment for physical and/or mental illness including alcohol and drug abuse, developmental disabilities, and/or AIDS/HIV related disorders, to my insurance company or other third party for payment purposes, including to a collection service. I also authorize Columbia St. Mary's to release information to other health care providers and schools' health offices through the Wisconsin Immunization Registry to facilitate completion of the vaccine schedule. This authorization may be revoked in writing at any time except to the extent that releases have already been made, and will expire without express revocation whenever legal or contractual obligations or the evaluation or treatment referred to above have been performed, and in no case shall it remain in effect for more than one year.

ASSIGNMENT OF BENEFITS

I hereby authorize, request and assign payment directly to Columbia St. Mary's - Milwaukee Campus and physicians by all insurance carriers and social security administrators with whom I have coverage or from whom benefits are, or may become, payable to me, including settlements or judgments flowing from an occurrence for which I am receiving treatment. I understand that independent health care providers may not participate in all insurance programs recognized by the Hospital which may result in a separate bill. I agree to pay to the Hospital and Physician(s) all charges not paid by my insurance plan.

MEDICARE CERTIFICATION

I certify that the information given by me in applying under Title XVIII(18) of the Social Security Act is correct and authorize release of any information needed to act on this request. I request that payment of authorized benefits be made in my behalf. I assign payment for the unpaid charges of the Physician(s) for whom the Hospital is authorized to bill in connection with its services. I understand I am responsible for any health insurance deductibles and percentages of the remaining reasonable charges.

PATIENT RIGHTS AND RESPONSIBILITIES

I acknowledge that I have received a copy of Columbia St. Mary's Patient's Right and Responsibilities Brochure.

THE UNDERSIGNED HAS READ AND UNDERSTANDS THE ABOVE

Signature of Patient or
Patient's Legal Representative - if patient unable to sign

Relationship to Patient

Date

Time

Signature of Witness

* Columbia St. Mary's Hospital Milwaukee, Inc. doing business as Columbia St. Mary's - Milwaukee Campus

FOR CSM EMPLOYEE USE ONLY

o Patient was unable or unwilling to complete this form or portions of this form. Explain.

o Information has been entered into the Hospital Information System

Signature

Original is retained in Medical Record - Forward as appropriate.



Release Acknowledgement

MR# 722119
SMITH, JEREMY C
PT# 118607279

Printed 04/25/2008 At 07:34

Release of Information to Public and Family Members

Would you like to be included in our facility directory so that your visitors, phone calls and deliveries may be directed to you?

YES

Would you like for us to share relevant health information with your family or others who are involved in your care?

YES

(Care provider: Please document any restrictions submitted by the patient in the space provided below this line.)

Please record here any releases of information made to someone other than the patient's Family, Physician, Health Care Worker or Insurance Company made without a patient authorization**
(Please record the name of the person releasing the information, date of release, recipient of the information, a description of the information and purpose for disclosure)

****The following disclosures DO need to be noted here. If you have any questions about the appropriateness of a release, please contact the CSM Legal Department.**

1. Health Oversight activities conducted by the state or county
2. Judicial - court order
3. Public Health - disclosures to Public Health authorized by law to collect or receive information for the purpose of preventing, controlling disease, injury, or disability; to receive reports of child abuse or neglect; or to notify a person who may have been exposed to a communicable disease;
4. Reportable Wounds
5. Research - when authorization has not been obtained
6. Victims of Abuse when authorization has not been obtained
7. Workman's Compensation when authorization has not been obtained

Original is retained in Medical Record - Forward as appropriate

LUBSEY MEDICAL CENTER

8300 W VILLARD AVE
MILWAUKEE, WI 53218
Phone: 414-438-8855 fax 414-438-8857

Scheduled At: St Mary's

Today's Date: 4.21.08

☒ Routine Request
☐ STAT - Call _____ with results today

Patient Name: Jeremy Smith Phone # 732-4454
DOB: [REDACTED] SS # [REDACTED] Ins: BCBS

Ordered By: Barb Szopinski, FNP Deb McFarland, NP Mohammad Samara, MD
Vincent G. Lubsey, MD Champa Gupta, MD Adnan Nazir, MD

Diagnosis 1) Neck pain 2) _____ 3) _____

Labs
☐ CBC with differential ☐ TSH ☐ PSA ☐ Urine Microalbumin
☐ Complete Metabolic Panel ☐ HbA1C ☐ INR ☐ Other _____
☐ Basic Metabolic Panel ☐ Fasting Lipid Panel ☐ 3 Hour OGTT ☐ Other _____
☐ Fasting Blood Sugar ☐ 2 hour post Prandial ☐ 2 hour OGTT ☐ Other _____

Xrays
☐ Chest X Ray ☐ Humerus R/L ☐ Shoulder R/L ☐ Hips R/L
☐ Thoracic Spine X-Ray ☐ Femur R/L ☐ Forearm R/L ☐ Abdominal X Ray 2 views
☐ Cervical Spine X-Ray ☐ Heel R/L ☐ Wrist R/L ☐ Coccyx
☐ LS Spine X-Ray ☐ Ribs X Ray R/L ☐ Knee R/L ☐ Fingers (Specify which finger) _____
☐ Pelvis ☐ Elbow R/L ☐ Lower Leg R/L ☐ _____ R/L
☐ Skull ☐ Ankle R/L ☐ Foot R/L

Other: _____

Radiology
☐ Mammogram ☐ Breast Ultrasound ☐ Breast Biopsy
☐ Ultrasound (specify site) _____
CT Scan with or without contrast (specify site) _____
MRI (Specify Site) Cervical Spine

Special Studies
*to be read by Dr. Shetlaker Only
☐ Echocardiogram ☐ 24 Hour Holter Monitor
☐ Stress Echocardiogram - exercise or medication ☐ Event Monitor - Specify # of days to be worn
☐ Cardiolite Stress Test

*OTHER _____

[Signature] Barb Szopinski, FNP
[Signature] Vincent G. Lubsey, MD
[Signature] Deb McFarland, NP
[Signature] Mohammad Samara, MD
[Signature] Adnan Nazir, MD

Columbia St. Mary's - Milwaukee Campus
2323 North Lake Drive Milwaukee WI 53211

Pt Name: SMITH, JEREMY C
MRN: SMM-722119
CMRN: CSM-0000384858
Encounter: 000118607279
Attend Phy:

DOB: 03/29/1986
Rm #:
Hosp Locn: SMM MRI
Pt Type: Outpatient

Magnetic Resonance

Date	Time	Exam	Accession	Ordering Physician
04/25/2008	8:55 AM CDT	MRI Spine Cervical w/o Contrast	MR-08-0005937	Sandesara, Kalyan

Reason for Exam

NECK PAIN

Report

MR CERVICAL SPINE WITHOUT CONTRAST:

HISTORY: Neck pain.

TECHNIQUE: MR imaging of cervical spine was obtained without contrast using standard protocol. There is no prior exam for comparison.

FINDINGS: There are mild to moderate osteophytes at C4-C5. Mild osteophytes are present at C3-C4, and C5-C6. Disc height loss is present at C4-C5 with signal loss of this intervertebral disc. Mild signal loss also involves the C2-C3, and C3-C4 intervertebral discs.

At C2-C3, there is no spinal canal narrowing, or neural foraminal narrowing.

At the C3-C4 level, there is disc bulging with mild spinal canal narrowing. There is mild narrowing of the right neural foramen.

At the C4-C5 level, there is broad-based disc bulging. There is mild to moderate spinal canal narrowing. There is no significant neural foraminal narrowing.

At the C5-C6 level, there is mild disc bulging. There is no significant spinal canal narrowing. No neural foraminal narrowing.

Columbia St. Mary's - Milwaukee Campus
SMITH, JEREMY C MRN: SMM-722119

CMRN: CSM-0000384858

Magnetic Resonance

Date	Time	Exam	Accession	Ordering Physician
04/25/2008	8:55 AM CDT	MRI Spine Cervical w/o Contrast	MR-08-0005937	Sandesara, Kalyan

And C6-C7, and C7-T1, there is no spinal canal narrowing, or neural foraminal narrowing.

IMPRESSION:

1. Mild to moderate spinal canal narrowing at C4-C5. Mild spinal canal narrowing at C3-C4.

2. Multilevel mild degenerative disc disease, greatest at C4-C5.

Dictated by: Golchini, Ramin J MD
04/25/08 09:37
Golchini, Ramin J MD

Electronic Signature on 04/25/08 09:42

Transcribed: 04/25/08 09:37



A Passion for Patient Care
Columbia (CH) / Milwaukee (SMM)
Ozaukee (SMO) / River Woods

MRI HISTORY

SMITH, JEREMY C SEX M 03/29/1986 22Y
MR 722119 PT 118607279 SMM
118607279
ATN SANDESARA KALYAN
ADM 04/25/08 Tube R MRI

SPECIFIC EXAM ORDERED: Spine

Pain or Symptoms related to today's MRI Pain in my Neck and Back

Is this condition from an injury? ☒ Yes ☐ No

Please describe injury Car accident

Have you had previous surgery on area being imaged? ☐ Yes ☒ No

If so, please describe _____

Please list all types of surgery you have had: Had My Tonsils Removed

Have you ever been diagnosed with cancer or other disease? No

Have you had any previous studies (i.e. X-ray, CT, MRI) on this area being imaged? ☒ Yes ☐ No

Where Emergency

When 4-12-08

Have the films been sent / brought? ☐ Yes ☒ No

Technologist Comment _____

Contrast Given ☐ Yes ☐ No

Amount _____ Type _____

Orbit X-rays ordered ☐ Yes ☐ No

Results _____



Columbia St. Mary's

A Passion for Patient Care

MRI Scan Work-Up

MR # _____

☐ Columbia
 ☐ Milwaukee
 ☐ Ozaukee
 ☐ River Woods

Patient Name

SMITH JEREMY C

SEX M 03/29/1986

22Y

D.O.B. 03-29-86 Age 22 Wt 206

MR 722119-PT- 118687279 SMH

Referring Physician _____

Home Telephone

118687279

Tech _____

ATN SANDESA KALYAN

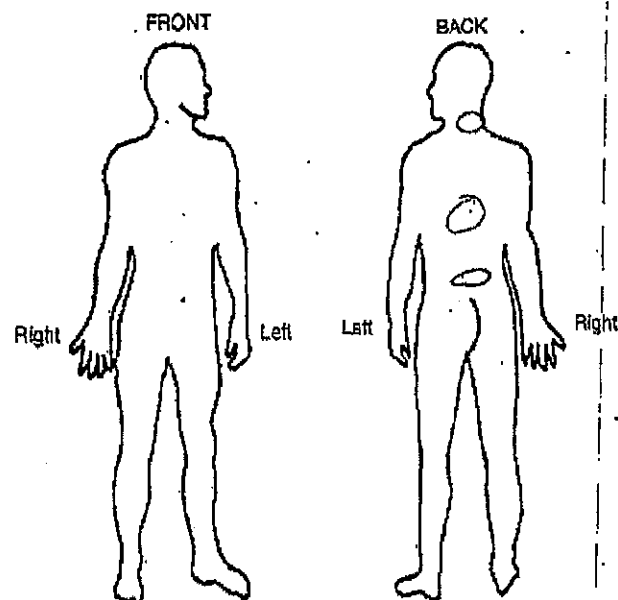
ADM 04/25/08

Type R MRI

QUESTIONS ↓

YES NO

- ☐ ☒ Cardiac pacemaker/cardiac defibrillator
☐ ☒ Brain Surgery
☐ ☒ Aneurysm clip
☐ ☒ Intraventricular shunt
☐ ☒ Internal hearing aid
☐ ☒ Cochlear implant
☐ ☒ Middle ear implant
☐ ☒ External Hearing Aid
☐ ☒ Prior ear surgery
☐ ☒ Implanted insulin pump or drug infusion device
☐ ☒ Neurostimulator (Tens-unit)
☐ ☒ Bone growth stimulator
☐ ☒ Biostimulator
☐ ☐ Prior orthopedic surgery
 (with pins, rods, screws, clips)
☐ ☒ Joint replacement
☐ ☒ Fractures repaired with screws, pins, etc.
☐ ☒ Prior heart surgery
☐ ☒ Aortic clips
☐ ☒ Heart valve
☐ ☒ Eye surgery or procedures
☐ ☒ Injury to eye involving metal
 (if yes, pre-MRI orbit X-rays needed)
☐ ☒ Have you ever been or are you a metal worker
 welder/grinder?
☐ ☒ Metal foreign object, bullet, or shrapnel in body
☐ ☒ Prior vascular surgery (clips)
☐ ☒ Renal shunt
☐ ☒ Other surgeries using clips, wire sutures, wire mesh, etc.
☐ ☒ Greenfield vena cava filter
☐ ☒ Intrauterine device (IUD)
☐ ☒ Diaphragm
☐ ☒ Penile prosthesis
☐ ☒ Are you pregnant or nursing?
 Last menstrual period _____
☒ ☐ Tatoo/Tattooed eyeliner
☒ ☐ Are you claustrophobic?
☐ ☒ Are you wearing a dermal patch?

Please mark where your **pain is with an "O"**.If you have had prior spine **surgery**, mark the area **with an "X"** on the picture.**REMINDER:** Take meds as ordered; eat/drink as usual, no jewelry/metal; no electronics/other devices

ACCOUNT DETAIL DATA

SVC FAC: M070

04/22/09 1314

PT NO: 118607279 SMITH ,JEREMY C MR NO: 000000722119 ACCT TYPE: B
 REG: 04/25/08 DSCH: 04/25/08 FC: 1 PT: R EXP IND: ACCT BAL: 497.09

PAGE: 2 OF: 7

TOT CHGS B51 V
 3358.71 .00

PT BAL
 497.09

SVC	POST	SVC CD	DESCRIPTION/COMMENT-REF DATE	AMOUNT	BALANCE
042508	042508		**PT PHONE NO. 000-0000		
042508	042508		ADMSEB ANTHEM BL CR INTERNET: INACTIV		
042508	042508		ADMSEB COV/SEB 042508		
042508	042508		BUSDAC 4/25 PT HAS ACTV CVRG PER EX T		
042508	042508		BUSDAC RML. DC		
042508	042508	85100076	MR C-SPINE WO CON	3358.71	3358.71
042808	042808		**GUAR PHONE NO. 414-732-4454		
042808	042808		**GUAR PHONE NO. 414-732-4454		
042808	042808		**FIN. CLASS B		
042808	042808		**FIN. CLASS B		

! (PF14) SEL PT ! (PF3) SELECT DTL ! (PF11) ACCT CASH
 ! (PF15) PT OVERVIEW ! (PF10) CMNTS ! (PF4) USER PF16 D/E
 ! (PF6) PREVIOUS ! (PF7) NEXT ! (PF8) BEGINNING ! (PF9) LAST
 PA4XRS D1

Medical Billing Certification

The undersigned billing custodian of WRS hereby certifies that
the enclosed/attached (total) 1 pages are

photocopies of the original medical bills for treatment rendered

between 4-11-08 (date) through 4-15-09 (date)

of our patient Jeremy Smith.

This certification is made pursuant to sec 908.03, Wi. Stats.

Dated this 15 day of April 2009.

Sue Wade

Sue Wade

Billing Clerk

WISCONSIN RADIOLOGY SPEC. S.C.
PO BOX 2350
BROOKFIELD WI 53008-2350

* STATEMENT OF CHARGES *

TELEPHONE: (888) 989-2289

FEDERAL TAX ID# 391959914

JEREMY C SMITH
2403 N WEIL ST
MILWAUKEE WI 53212

STATEMENT DATE: 04/15/09

ACCOUNT # WRS 263060

PATIENT: JEREMY C SMITH

DATE	PHYSICIAN	TRANSACTION	CPT-4	ICD-9	AMOUNT
04/25/08	GOLCHINI	MAGNETIC IMAGE NECK SP	72141 26	722.4	358.00
05/22/08		BLUE CROSS PAYMENT			229.12-
05/22/08		BLUE CROSS/OWIC ADJUST			71.60-
08/15/08		OLIVER ADJ CO-COLLECTION			57.28-

PREVIOUS ACCOUNT BALANCE	TODAY'S CHARGES	TODAY'S PAYMENTS	TODAY'S ADJUST	NEW ACCOUNT BALANCE	OUTSTANDING INSURANCE BALANCE	OUTSTANDING PATIENT BALANCE
.00	.00	.00	.00	.00	.00	.00

Donn T. Gurske, D.C.
9217 W. Center St.
Milwaukee WI 53222-4516

05/30/2008

Jonathan S. Safran, Attorney at Law
1110 N. Old World Third St
Suite 405
Milwaukee WI 53203

RE: Initial Examination

Patient : Jeremy C. SMITH
Date of Birth : [REDACTED]
Patient Gender : Male
Social Security : [REDACTED]
Marital Status : Single
Injury/Onset : 04/12/2008
First Consult : 05/30/2008
Occupation : Factory and Cleaning
Employer : Grapic packaging

When Symptoms First Appeared:

Immediately following the accident on 04/12/2008.

"I was driving down Hampton Avenue when my SUV fell in a 3 foot hole where they were working so I did not see it until I was in it"

The patient indicated that he was knocked unconscious and taken to Frodtert Hospital. He was x-rayed and released several hours later with instructions to see his family doctor. He then saw an associate of his family doctor, Dr. Nazir. Dr. Nazir referred him for MRI of the cervical spine, prescribed muscle relaxants and pain killer. He additionally recommended physical therapy but according to the patient never received a script for the treatment.

Patient's History and Current Complaints:

- (1) Pain in the neck bilaterally.
- (2) Pain in the lower back bilaterally.
- (3) Stabbing pain in the middle back bilaterally.

Family History (of contribution/significance): Non-Contributory.

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Milwaukee WI 53222-4516

Previous Medical History: The patient indicated they underwent a tonsillectomy in 2008.

Medications Currently Used: Motrin - PRN basis. Especially at work when the pain become unbearable.

Similar or Same Condition: The patient indicated that at age 14 he was hospitalized for 8 days after an accident that caused loss of his legs temporarily. He indicated that he regained his strength and has lived without back or neck pain since.

Living, Working, Habits, and Patterns: The patient is 22 years old. The patient is single. The patient indicated that they smoke 0 pack(s) per day. The patient indicated that they drink 0 cup(s) of coffee per day. The patient indicated that they consume 0 alcoholic drink(s) per day. The patient works two jobs. His first job is in a factory (Graphic Packaging) and his second job is working for a cleaning service (janitorial duties). The patient indicated that they exercise 2-3 hour(s) per week. The patient indicated that before the accident ran about 13 hour(s) per week. He presently does not exercise because of the back and neck pain.

Rationale for examination: Rule out contraindications for adjustment to the cervical spine, the thoracic spine, the lumbar spine, and the sacroiliac spine. Rule out contraindications for physical modalities and procedures to the cervical spine, the thoracic spine, the lumbar spine, and the sacroiliac spine.

Objective Findings:

Vital signs and body type. The patient's vital signs and body type were recorded as follows: The patient's height was measured at 74 inches. The patient's weight was recorded at 198 pounds. The patient is sthenic in appearance. The patient's weight differential (measuring the weight on the left leg compared to the opposite side) was measured at 100 pounds. The patient's weight differential (measurement of the weight bearing of the right leg compared to the left leg) was measured at 98 pounds.

Deep tendon reflex testing. The reflexes were tested today and the responses were noted as follows: The patellar response was a 2+ symmetrical response. The achilles response was a 2+ symmetrical response. The biceps deep tendon reflex evaluation was a 2+ symmetrical response. The triceps reflex evaluation was a 2+ symmetrical response.

Cranial nerve evaluation. Routine evaluation of cranial nerve

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function indicated cranial nerves II through XII to be intact.

Cerebellar function evaluation. No blatant sign of cerebellar dysfunction (agnosia, ataxia, dysmetria, aphasia, dysarthria, dysynergia, apraxia, dysdiadochokinesia, and nystagmus) was noted.

Peripheral sensory evaluation. Peripheral nervous system sensory evaluation demonstrated the following: Pinprick evaluations were normal in the C5 dermatome, the C6 dermatome, the C7 dermatome, the L4 dermatome, the L5 dermatome, and the S1 dermatome.

Central nervous system evaluation. Central nervous system (motor-excluding DTR's) evidenced the following: Babinski's sign was negative when tested. The tandem gait was performed well. The toe walk sign was performed well. The heel walk neurological evaluations were performed well. Romberg's sign was negative when tested.

Dynamometer strength testing of the hands. Grip strength was measured by a dynamometer and gradient force variants were recorded: The right grip strength test measured (dominant side).

Postural Analysis. Standing postural analysis indicated the following: A flattened appearance was noted of the cervical spine. Supinations were noted of the right foot.

Range of motion evaluations. The range of motion evaluations are listed as follows: Left lateral lumbar flexion testing (normal 0 degrees to 35 degrees) were 18 degrees (active ROM) with pain measured with a goniometer. Right lateral lumbar flexion (normal 0 degrees to 35 degrees) was 28 degrees (active ROM) with pain measured with a goniometer. Left lumbar rotation (normal 0 to 30 degrees) was 3024 degrees (active ROM) measured with a goniometer with pain. Right rotary movements of the lumbar spine (normal 0 degrees to 30 degrees) were 29 degrees (active ROM) with pain measured with a goniometer. Flexion of the lumbar spine (normal 0 degrees to 75 degrees) was 35 degrees (active ROM) with pain measured with a goniometer. Lumbar extension maneuvers (normal 0 degrees to 30 degrees) were 22 degrees (active ROM) with pain measured with a goniometer. Left lateral flexion of the cervical spine (normally measured to 40 degrees) was 22 degrees (active ROM) with pain measured with a goniometer. Right lateral cervical flexion (normal is 0 to 40 degrees) was 28 degrees (active ROM) with pain measured with a goniometer. Left cervical rotation (normal 0 to 70 degrees) was 35 degrees (active ROM) with pain measured with a goniometer. Right cervical rotation (normal is 0 to 70 degrees) was 32 degrees (active ROM) with pain measured with a goniometer. Flexion of the cervical spine (normal is 0 to 45 degrees) was 38 degrees (active ROM) with pain measured with a goniometer. Cervical extension (normal 0 to 55 degrees) was 18 degrees (active ROM) with pain measured with a goniometer.

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Orthopedics of the spine and extremities. The following orthopedic notations were made: Minor's sign was negative. The Trendelenburg test was positive on the right. The shoulder depression test (testing the cervical spine) was positive bilaterally. The Soto-Hall test was positive in the cervical spine in the thoracic spine in the lumbar spine. The cervical compression test was negative. The cervical distraction test was positive. Wright's test of the cervical spine was negative. Vertebrobasilar artery insufficiency testing of the cervical spine was negative. Lasegue's straight leg raise test was negative. Nachlas test of the sacroiliac spine was positive on the right.

Muscle grading evaluations. Muscle grading evaluations were performed on the affected extremities and the patient exhibited the following: The muscles assisting hip flexion were tested and were +2/2 on the right and +5/5 on the left.

Muscle palpation. The following notations were made about the musculature (palpation): The trapezius was moderately spastic at the insertion bilaterally. The rhombioides major was moderately spastic at the belly bilaterally. The sternocleidomastoid was tender at the insertion bilaterally. The gluteus medius was moderately spastic on the right side. The sartorius was sore at the insertion on the right side.

Spinal palpation examination. The spine was examined by manual palpation and the vertebral (and paravertebral) areas were recorded as follows: Severe tenderness was noted in spinal and paraspinal areas adjacent to L5 (left). Moderate tenderness was noted at the sacroiliac articulation on the right, L2 (right), T5 (right), T4 (right), T3 (right), T2 (right), T1 (right), C5 (right), and C1 (left).

Decreased range of motion in the cervical spine. Decreased range of motion in the lumbo-sacral spine. Palpated misalignment in the cervical spine and the upper thoracic spine. Palpated misalignment in the lumbo-sacral spine. Short leg (prone) on the right. Muscle spasms in the thoraco-lumbar spine and the lumbo-sacral spine bilaterally. Muscle spasms in the top of the shoulder bilaterally.

X-Ray Analysis Summary:

Cervical spine AP and lateral: These films are postural plain film variety. The bone density in this series is adequate. A step defect was seen in C5. Scoliosis and alteration of curves with subluxation occurs in C5. Reversed curve formation (partial) was seen in the cervical spine. Extension malposition subluxations were seen at C5. Rotational malposition subluxation of the vertebra occurs at C1 and C2.

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Cervical spine flexion and extension: Extension malposition
subluxations were seen at C4.

Lumbar spine AP and lateral: These films are weightbearing plain
film variety. The bone density in this series is adequate. A step
defect was seen at the L3-L4, and L4-L5 levels. A Lovett negative
scoliosis of the spine was seen in lumbosacral spine with lateral
listing of the lumbar spine to the left with sacral unleveling on the
right.

Diagnosis :	847.0	NECK SPRAIN
	839.08	CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
	847.1	THORACIC SPRAIN
	839.21	THORACIC SUBLUXATION
	847.2	LUMBAR SPRAIN
	839.20	LUMBAR SUBLUXATION
	839.42	CLOSED DISLOCATION, SACRUM

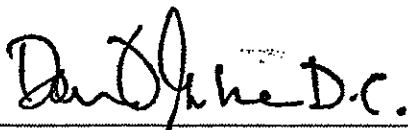
Prognosis: Good except the patient has no vehicle to get to
appointments and must rely on a friend to get him to different places.
He works two jobs and must work because he has to get money to buy a
vehicle.

Rationale for care / treatment objectives. The short term goals are
to decrease the level of acute pain. The long term goals are to
improve the joint mobilization of the affected areas and educate the
patient in techniques to prevent further re-injury.

Schedule of care: The patient will be treated with chiropractic
specific manipulative procedures to and with physical modalities and
procedures to the cervical spine, the thoracic spine, and the lumbar
spine three times weekly for 4 weeks.

Additional comments: The patient spine appears to have no
pre-existing conditions to contribute to his complaints.

Closing Comments / Enclosures: Additional evaluations are not
attached to this report. Additional reports are not attached to this
report. Examination forms are not attached to this report. Patient
chart notes are attached to this report. Accident reports are not
attached to this report. The patient is still under care.



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S.O.A.P. Notes

Jonathan S. Safran, Attorney at Law
1110 N. Old World Third St
Suite 405
Milwaukee WI 53203

Patient: Jeremy C. SMITH

Date of Service: 05/30/2008

DG.

SUBJECTIVE:

- (1) Pain in the neck bilaterally.
- (2) Pain in the lower back bilaterally.
- (3) Stabbing pain in the middle back bilaterally.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine.
- (2) Decreased range of motion in the lumbo-sacral spine.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine.
- (4) Palpated misalignment in the lumbo-sacral spine.
- (5) Short leg (prone) on the right.

ASSESSMENT:

No assessment will be made until the patient undergoes further treatment.

PLAN:

Return three times weekly.

TREATMENT:

Specific adjustive procedures were administered to C5 (right) and C1 (left).

Specific posterior to anterior adjustive procedures were administered to T4 (right) and L2 (right).

Specific side posture adjustive procedures were administered to the right innominate and L5 (left).

Interferential current was applied to the cervical spine, the top of the shoulder, the lumbosacral spine, and the buttock bilaterally.

Interferential current was applied to the cervical spine, the top of the shoulder, and the lumbosacral spine

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S.O.A.P. Notes

bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION
847.2 LUMBAR SPRAIN
839.20 LUMBAR SUBLUXATION
839.42 CLOSED DISLOCATION, SACRUM

Date of Service: 06/02/2008

DG.

SUBJECTIVE:

- (1) Stabbing pain in the middle back bilaterally. This complaint is very slightly improved.
- (2) The patient indicated that their current condition interferes with their normal work duties. The patient stated that Dr. Nazir recommended that he take time off work for the injuries. He however said he could not afford to miss time from work and has been working with the back and neck pain since the accident.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is very slightly improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is very slightly improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is very slightly improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is very slightly improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

The patient's overall assessment is slightly improved.

PLAN:

Return three times weekly. Although the recommendations are for 3 times per week, between work and distance to get to our office the patient can only come in 1 time per week.

TREATMENT:

Side posture spinal adjustive maneuvers were applied to the right innominate and L5 (left).

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S.O.A.P. Notes

Posterior to anterior spinal adjustive maneuvers were applied to L2 (right).

Anterior spinal adjustive maneuvers were applied to the thoracic spine.

Supine spinal adjustive maneuvers were applied to C5 (right) and C1 (left).

Interferential current was applied to the cervical spine, the top of the shoulder, the lumbosacral spine, and the buttock bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 06/09/2008

DG.

SUBJECTIVE:

- (1) Stabbing pain in the middle back bilaterally. This complaint is very slightly improved.
- (1) Pain in the neck and the top of the shoulder bilaterally.
- (2) Pain in the lower back bilaterally.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is very slightly improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is very slightly improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is very slightly improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is very slightly improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

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S.O.A.P. Notes

The patient's overall assessment is slightly improved.

PLAN:

Return three times weekly.

TREATMENT:

Side posture spinal adjustments were given to correct misalignments and to improve mobility to the right innominate and L5 (left).

Posterior to anterior spinal adjustments were given to correct misalignments and to improve mobility to L2 (right), T6 (right), and T3 (left).

Spinal adjustments were given to correct misalignments and to improve mobility to C5 (right) and C2 (left).

Interferential current was applied to the cervical spine, the top of the shoulder, the lumbosacral spine, and the thoracolumbar spine bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 06/19/2008

SUBJECTIVE:

- DS.*
- (1) Stabbing pain in the middle back bilaterally. This complaint is very slightly improved.
 - (1) Pain in the neck and the top of the shoulder bilaterally. This complaint is very slightly improved.
 - (2) Pain in the lower back bilaterally. This complaint is very slightly improved.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is very slightly improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is very slightly improved.

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S.O.A.P. Notes

- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is very slightly improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is very slightly improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

The patient continues to slowly improve.

PLAN:

Return next week.

TREATMENT:

Specific side posture adjustive procedures were administered to the right innominate and L5 (left).

Specific posterior to anterior adjustive procedures were administered to L2 (right) and T6 (right).

Specific supine adjustive procedures were administered to C5 (right) and C1 (left).

Interferential current was applied to the cervical spine, the top of the shoulder, the lumbosacral spine, and the buttock bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 06/20/2008

SUBJECTIVE:

- DS.*
- (1) Stabbing pain in the middle back bilaterally. This complaint is improved.
 - (1) Pain in the neck bilaterally.
 - (2) Pain in the lower back bilaterally.

OBJECTIVE:

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S.O.A.P. Notes

- (1) Decreased range of motion in the cervical spine. This finding is slightly improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is slightly improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is slightly improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is slightly improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

The patient continues to slowly improve.

PLAN:

Return next week. Gave the patient a script of P.T. for the next four weeks. The patient was given the telephone number of the P.T. and he will call to set up the appointment.

TREATMENT:

Specific side posture adjustive procedures were administered to the right innominate and L5 (left).

Specific posterior to anterior adjustive procedures were administered to L2 (right) and T6 (right).

Specific supine adjustive procedures were administered to C5 (right) and C1 (left).

Interferential current was applied to the cervical spine, the top of the shoulder, and the lumbosacral spine bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 06/27/2008

DG.

SUBJECTIVE:

- (1) Stabbing pain in the middle back bilaterally.

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S.O.A.P. Notes

This complaint is worse.

- (1) Pain in the neck bilaterally. This complaint is worse.
- (2) Pain in the lower back bilaterally. This complaint is worse.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is worse.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is worse.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is worse.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is worse.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

The patient's overall condition is worse. The patient was unable to make arrangements with the physical therapy referral. He said his "hours and their's did'nt work out."

TREATMENT:

Specific side posture adjustive procedures were administered to the right innominate and L5 (left).

Specific posterior to anterior adjustive procedures were administered to L2 (right) and T5 (right).

Specific supine adjustive procedures were administered to C5 (right) and C1 (left).

Interferential current was applied to the cervical spine, the top of the shoulder, the lumbosacral spine, and the buttock bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

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S.O.A.P. Notes

The patient was treated today without incident.
Date of Service: 07/03/2008

SUBJECTIVE:

- DS.
- (1) Stabbing pain in the middle back bilaterally. This complaint is slightly improved.
 - (1) Pain in the neck bilaterally. This complaint is improved.
 - (2) Pain in the lower back bilaterally. This complaint is slightly improved.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is slightly improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is slightly improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is slightly improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is slightly improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

The patient continues to slowly improve.

PLAN:

Return next week.

TREATMENT:

Specific adjustive procedures were administered to C5 (right) and C2 (left).

Specific side posture adjustive procedures were administered to the right innominate and L5 (left).

Specific posterior to anterior adjustive procedures were administered to L2 (right).

Interferential current was applied to the lumbosacral spine and the thoracolumbar spine bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN

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S.O.A.P. Notes

839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 07/11/2008

SUBJECTIVE:

- DS.*
- (1) Stabbing pain in the middle back bilaterally. This complaint is slightly improved.
 - (1) Pain in the neck bilaterally. This complaint is slightly improved.
 - (2) Pain in the lower back bilaterally. This complaint is slightly improved.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is slightly improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is slightly improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is slightly improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is slightly improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

The patient continues to slowly improve.

PLAN:

Return twice weekly.

TREATMENT:

Specific adjustive procedures were administered to C5 (right) and C2 (left).

Specific posterior to anterior adjustive procedures were administered to T4 (right) and L2 (right).

Specific side posture adjustive procedures were administered to the right innominate and L5 (left).

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S.O.A.P. Notes

Interferential current was applied to the cervical spine, the top of the shoulder, the lumbosacral spine, and the buttock bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 07/15/2008

SUBJECTIVE:

- DA.
- (1) Stabbing pain in the middle back bilaterally. This complaint is slightly improved.
 - (1) Pain in the neck bilaterally. This complaint is slightly improved.
 - (2) Pain in the lower back bilaterally. This complaint is slightly improved.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

Moderately improved.

PLAN:

Return next week. Re-exam next visit.

TREATMENT:

Specific supine adjustive procedures were administered to C5 (right) and C1 (left).

Specific side posture adjustive procedures were administered to the right innominate and L5 (left).

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S.O.A.P. Notes

Specific posterior to anterior adjustive procedures were administered to L2 (right) and T4 (left).

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 07/30/2008

SUBJECTIVE:

- DS.*
- (1) Stabbing pain in the middle back bilaterally. This complaint is improved.
 - (1) Pain in the neck bilaterally. This complaint is improved.
 - (2) Pain in the lower back bilaterally. This complaint is improved.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

Moderately improved.

PLAN:

Return next week. Schedule patient for re-examination.

TREATMENT:

Side posture spinal adjustive maneuvers were applied to the right innominate and L5 (left).

Posterior to anterior spinal adjustive maneuvers were applied to L2 (right).

Supine spinal adjustive maneuvers were applied to C5 (right)

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08/07/2008

Jonathan S. Safran, Attorney at Law
1110 N. Old World Third St
Suite 405
Milwaukee WI 53203

RE: Progress Report

Patient : Jeremy C. SMITH
Date of Birth : 0 [REDACTED]
Patient Gender : Male
Social Security : [REDACTED]
Marital Status : Single
Injury/Onset : 04/12/2008
First Consult : 05/30/2008
Occupation : Factory and Cleaning
Employer : Grapic packaging

Current Subjective Complaints:

- (1) Stabbing pain in the middle back bilaterally. This complaint shows a pain scale of 1.
- (1) Pain in the neck bilaterally. This complaint shows a pain scale of 3.
- (2) Pain in the lower back bilaterally. This complaint shows a pain scale of 3.

Current Objective Findings:

Vital signs and body type. The patient's vital signs and body type were recorded as follows: The patient's height was measured at 74 inches. There has been no change in this finding. The patient's weight was recorded at 198 pounds. There has been no change in this finding. The patient is sthenic in appearance. There has been no change in this finding. The patient's weight differential (measuring the weight on the left leg compared to the opposite side) was measured at 100 pounds. There has been no change in this finding. The patient's weight differential (measurement of the weight bearing of the right leg compared to the left leg) was measured at 98 pounds. There has been no change in this finding.

Deep tendon reflex testing. The reflexes were tested today and the responses were noted as follows: The patellar response was a 2+ symmetrical response. There has been no change in this finding. The achilles response was a 2+ symmetrical response. There has been no

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change in this finding. The biceps deep tendon reflex evaluation was a 2+ symmetrical response. There has been no change in this finding. The triceps reflex evaluation was a 2+ symmetrical response. There has been no change in this finding.

Peripheral sensory evaluation. Peripheral nervous system sensory evaluation demonstrated the following: Pinprick evaluations were normal in the C5 dermatome, the C6 dermatome, the C7 dermatome, the L4 dermatome, the L5 dermatome, and the S1 dermatome. There has been no change in this finding.

Central nervous system evaluation. Central nervous system (motor-excluding DTR's) evidenced the following: Babinski's sign was negative when tested. There has been no change in this finding. The tandem gait was performed well. There has been no change in this finding. The toe walk sign was performed well. There has been no change in this finding. The heel walk neurological evaluations were performed well. There has been no change in this finding. Romberg's sign was negative when tested. There has been no change in this finding.

Dynamometer strength testing of the hands. Grip strength was measured by a dynamometer and gradient force variants were recorded: The right grip strength test measured (dominant side). There has been no change in this finding.

Postural Analysis. Standing postural analysis indicated the following: A flattened appearance was noted of the cervical spine. There has been no change in this finding. Supinations were noted of the right foot. There has been no change in this finding.

Range of motion evaluations. The range of motion evaluations are listed as follows: Left lateral lumbar flexion testing (normal 0 degrees to 35 degrees) were 18 degrees (active ROM) with pain measured with a goniometer. 04/07/2008: 30 degrees with slight stiffness. Right lateral lumbar flexion (normal 0 degrees to 35 degrees) was 28 degrees (active ROM) with pain measured with a goniometer. 04/07/2008: 30 degrees with slight stiffness. Left lumbar rotation (normal 0 to 30 degrees) was 24 degrees (active ROM) measured with a goniometer with pain. This finding is resolved. Right rotary movements of the lumbar spine (normal 0 degrees to 30 degrees) were 29 degrees (active ROM) with pain measured with a goniometer. This finding is resolved. Flexion of the lumbar spine (normal 0 degrees to 75 degrees) was 35 degrees (active ROM) with pain measured with a goniometer. 04/07/2008: 55 degrees with stiffness (muscle spasm) Lumbar extension maneuvers (normal 0 degrees to 30 degrees) were 22 degrees (active ROM) with pain measured with a goniometer. This finding is resolved. Left lateral flexion of the cervical spine (normally measured to 40 degrees) was 22 degrees (active ROM) with pain measured with a

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goniometer. 08/07/2008: 35 degrees with stiffness. Right lateral cervical flexion (normal is 0 to 40 degrees) was 28 degrees (active ROM) with pain measured with a goniometer. 08/07/2008: 35 degrees with stiffness. Left cervical rotation (normal 0 to 70 degrees) was 35 degrees (active ROM) with pain measured with a goniometer. 08/07/2008: 60 degrees. Right cervical rotation (normal is 0 to 70 degrees) was 32 degrees (active ROM) with pain measured with a goniometer. 08/07/2008: 60 degrees. Flexion of the cervical spine (normal is 0 to 45 degrees) was 38 degrees (active ROM) with pain measured with a goniometer. This finding is resolved. Cervical extension (normal 0 to 55 degrees) was 18 degrees (active ROM) with pain measured with a goniometer. This finding is resolved.

Orthopedics of the spine and extremities. The following orthopedic notations were made: Minor's sign was negative. There has been no change in this finding. The Trendelenburg test was positive on the right. There has been no change in this finding. The shoulder depression test (testing the cervical spine) was positive bilaterally. This finding is resolved. The Soto-Hall test was positive in the cervical spine in the thoracic spine in the lumbar spine. This finding has shown improvement. The cervical compression test was negative. There has been no change in this finding. The cervical distraction test was positive. This finding is resolved. Wright's test of the cervical spine was negative. There has been no change in this finding. Vertebrobasilar artery insufficiency testing of the cervical spine was negative. There has been no change in this finding. Lasegue's straight leg raise test was negative. There has been no change in this finding. Nachlas test of the sacroiliac spine was positive on the right. There has been no change in this finding.

Muscle grading evaluations. Muscle grading evaluations were performed on the affected extremities and the patient exhibited the following: The muscles assisting hip flexion were tested and were +2/2 on the right and +5/5 on the left. This finding is resolved.

Muscle palpation. The following notations were made about the musculature (palpation): The trapezius was moderately spastic at the insertion bilaterally. This finding is much improved. The rhombioides major was moderately spastic at the belly bilaterally. This finding is much improved. The sternocleidomastoid was tender at the insertion bilaterally. This finding is much improved. The gluteus medius was moderately spastic on the right side. This finding is much improved. The sartorius was sore at the insertion on the right side. This finding is much improved.

Spinal palpation examination. The spine was examined by manual palpation and the vertebral (and paravertebral) areas were recorded as follows: Severe tenderness was noted in spinal and paraspinal areas adjacent to L5 (left). This finding is much improved. Moderate

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tenderness was noted at the sacroiliac articulation on the right, L2 (right), T5 (right), T4 (right), T3 (right), T2 (right), T1 (right), C5 (right), and C1 (left). This finding has shown improvement.

Decreased range of motion in the cervical spine. Decreased range of motion in the lumbo-sacral spine. Palpated misalignment in the cervical spine and the upper thoracic spine. There has been no change in this finding. Palpated misalignment in the lumbo-sacral spine. Short leg (prone) on the right. There has been no change in this finding. Muscle spasms in the thoraco-lumbar spine and the lumbo-sacral spine bilaterally. This finding is much improved. Muscle spasms in the top of the shoulder bilaterally. This finding is much improved.

Diagnosis:	847.0	NECK SPRAIN
	839.08	CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
	847.1	THORACIC SPRAIN
	839.21	THORACIC SUBLUXATION

Interim Aggravations: None.

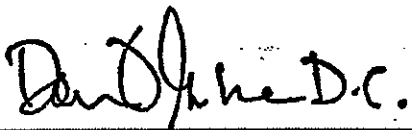
Current Status: The patient is slowly improving.

Prognosis: Good.

Follow-up treatment: This patient has responded to conservative management and will continue to be treated once weekly for 4 weeks.

Additional comments: The patient continues without transportation and can only be seen once a week and has not been able to make appointment for rehabilitation with physical therapist.

Closing Comments / Enclosures: Additional evaluations are not attached to this report. Additional reports are not attached to this report. Examination forms are not attached to this report. Patient chart notes are attached to this report. Accident reports are not attached to this report. The patient is still under care.



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S.O.A.P. Notes

and C1 (left).

Anterior spinal adjustive maneuvers were applied to the thoracic spine.

Interferential current was applied to the cervical spine and the top of the shoulder bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 08/07/2008

DS.

SUBJECTIVE:

- (1) Stabbing pain in the middle back bilaterally. This complaint shows a pain scale of 1.
- (1) Pain in the neck bilaterally. This complaint shows a pain scale of 3.
- (2) Pain in the lower back bilaterally. This complaint shows a pain scale of 3.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is much improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is much improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is much improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is much improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

The patient continues to slowly improve. The patient was re-evaluated today and assessment information can be found in progress report dated 08/07/2008.

PLAN:

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S.O.A.P. Notes

Return next week.

Return once weekly for the next four weeks.

TREATMENT:

Spinal adjustive maneuvers were applied to C5 (right) and C2 (left).

Posterior to anterior spinal adjustive maneuvers were applied to T4 (right).

Side posture spinal adjustive maneuvers were applied to the right innominate and L5 (left).

Interferential current was applied to the lumbosacral spine bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

The patient was examined today without incident.

Date of Service: 08/15/2008

DS.

SUBJECTIVE:

- (1) Stabbing pain in the middle back bilaterally. This complaint is resolved.
- (1) Pain in the neck bilaterally. This complaint shows a pain scale of 5.
- (2) Pain in the lower back bilaterally. This complaint shows a pain scale of 2.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. The finding is slightly worse.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is much improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. The finding is slightly worse.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is much improved.

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S.O.A.P. Notes

- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

Slight flare-ups were seen in the patient's condition today.

PLAN:

Return next week.

TREATMENT:

Supine adjustive procedures were performed to C5 (right) and C2 (left).

Side posture adjustive procedures were performed to the right innominate and L5 (left).

Posterior to anterior adjustive procedures were performed to L2 (right).

Anterior adjustive procedures were performed to the thoracic spine.

Interferential current was applied to the cervical spine and the top of the shoulder bilaterally.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient reported the following: "My neck recently has been feeling worse (5) and the low back remains better (3)."

Date of Service: 09/05/2008

DS.

SUBJECTIVE:

- (1) Pain in the neck bilaterally. This complaint shows a pain scale of 2.
- (2) Pain in the lower back bilaterally. This complaint shows a pain scale of 2.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is improved.
- (2) Decreased range of motion in the lumbo-sacral spine.

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S.O.A.P. Notes

- This finding is improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is improved.
 - (4) Palpated misalignment in the lumbo-sacral spine. This finding is improved.
 - (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

Moderately improved.

PLAN:

Return in two weeks.

TREATMENT:

Supine spinal adjustive maneuvers were applied to C5 (right) and C2 (left).

Posterior to anterior spinal adjustive maneuvers were applied to T4 (right) and L2 (right).

Side posture spinal adjustive maneuvers were applied to the right innominate and L5 (left).

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 09/26/2008

SUBJECTIVE:

- DS.*
- (1) Pain in the neck bilaterally. This complaint is slightly worse.
 - (2) Pain in the lower back bilaterally. This complaint is slightly worse.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is worse.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is worse.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is worse.
- (4) Palpated misalignment in the lumbo-sacral spine.

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S.O.A.P. Notes

- This finding is worse.
(5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

Moderately improved.
The patient's overall condition is worse.

PLAN:

Return in two weeks.

TREATMENT:

Adjustive procedures were performed to C5 (right) and C2 (left).

Posterior to anterior adjustive procedures were performed to T4 (right).

Specific adjustive procedures were administered to C5 (right) and C2 (left).

Specific posterior to anterior adjustive procedures were administered to T4 (right) and L2 (right).

Specific side posture adjustive procedures were administered to the right innominate and L5 (left).

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient reported the following incident in today's treatment:.

The patient reported no new incident other than his daily activity at home and work.

Date of Service: 10/17/2008

DG.

SUBJECTIVE:

- (1) Pain in the neck bilaterally. Pain scale of 10: "Most of the time it is at 2, but when it gets bad it's about a 4." This complaint shows a pain scale of 2.
- (2) Pain in the lower back bilaterally. Pain scale of 10: "At a 4 most of the time, but when it gets bad can become a 6." This complaint is

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S.O.A.P. Notes

slightly worse.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine.
This finding is improved.
- (2) Decreased range of motion in the lumbo-sacral spine.
This finding is improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is improved.
- (4) Palpated misalignment in the lumbo-sacral spine.
This finding is improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

The patient appears to be at maximum improvement. He does continue with some residual discomfort and some objective deficits, it is my opinion that he has maximized conservative care.

PLAN:

Return on an as needed basis.

TREATMENT:

Specific side posture adjustive procedures were administered to the right innominate and L5 (left).

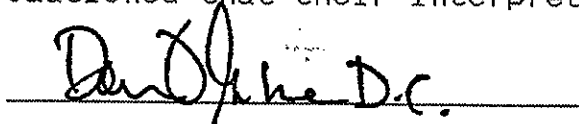
Specific supine adjustive procedures were administered to C1 (left) and C5 (right).

Specific posterior to anterior adjustive procedures were administered to T5 (right).

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.
The patient was examined today without incident.
These notes are for internal use and interpretation only.
Others who may have legal access to these progress notes are cautioned that their interpretation may be erroneous.


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10/17/2008

Jonathan S. Safran, Attorney at Law
1110 N. Old World Third St
Suite 405
Milwaukee WI 53203

RE: Final Report

Patient : Jeremy C. SMITH
Date of Birth : [REDACTED]
Patient Gender : Male
Social Security : [REDACTED]
Marital Status : Single
Injury/Onset : 04/12/2008
First Consult : 05/30/2008
Occupation : Factory and Cleaning
Employer : Grapic packaging

Current Subjective Complaints:

- (1) Pain in the neck bilaterally. Pain scale of 10: "Most of the time it is at 2, but when it gets bad it's about a 4." This complaint shows a pain scale of 2.
- (2) Pain in the lower back bilaterally. Pain scale of 10: "At a 4 most of the time, but when it gets bad can become a 6." This complaint is slightly worse.

Current Objective Findings:

Vital signs and body type. The patient's vital signs and body type were recorded as follows: The patient's height was measured at 74 inches. There has been no change in this finding. The patient's weight was recorded at 198 pounds. There has been no change in this finding. The patient is sthenic in appearance. There has been no change in this finding. The patient's weight differential (measuring the weight on the left leg compared to the opposite side) was measured at 100 pounds. There has been no change in this finding. The patient's weight differential (measurement of the weight bearing of the right leg compared to the left leg) was measured at 98 pounds. There has been no change in this finding.

Deep tendon reflex testing. The reflexes were tested today and the responses were noted as follows: The patellar response was a 2+ symmetrical response. There has been no change in this finding. The achilles response was a 2+ symmetrical response. There has been no change in this finding. The biceps deep tendon reflex evaluation was

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a 2+ symmetrical response. There has been no change in this finding. The triceps reflex evaluation was a 2+ symmetrical response. There has been no change in this finding.

Peripheral sensory evaluation. Peripheral nervous system sensory evaluation demonstrated the following: Pinprick evaluations were normal in the C5 dermatome, the C6 dermatome, the C7 dermatome, the L4 dermatome, the L5 dermatome, and the S1 dermatome. There has been no change in this finding.

Central nervous system evaluation. Central nervous system (motor-excluding DTR's) evidenced the following: Babinski's sign was negative when tested. There has been no change in this finding. The tandem gait was performed well. There has been no change in this finding. The toe walk sign was performed well. There has been no change in this finding. The heel walk neurological evaluations were performed well. There has been no change in this finding. Romberg's sign was negative when tested. There has been no change in this finding.

Dynamometer strength testing of the hands. Grip strength was measured by a dynamometer and gradient force variants were recorded: The right grip strength test measured (dominant side). There has been no change in this finding.

Postural Analysis. Standing postural analysis indicated the following: A flattened appearance was noted of the cervical spine. There has been no change in this finding. Supinations were noted of the right foot: This finding is much improved.

Range of motion evaluations. The range of motion evaluations are listed as follows: Left lateral lumbar flexion testing (normal 0 degrees to 35 degrees) were 18 degrees (active ROM) with pain measured with a goniometer. 04/07/2008: 30 degrees with slight stiffness. There has been no change in this finding. Right lateral lumbar flexion (normal 0 degrees to 35 degrees) was 28 degrees (active ROM) with pain measured with a goniometer. 04/07/2008: 30 degrees with slight stiffness. There has been no change in this finding. Flexion of the lumbar spine (normal 0 degrees to 75 degrees) was 35 degrees (active ROM) with pain measured with a goniometer. 04/07/2008: 55 degrees with stiffness (muscle spasm). 10/17/2008: 75 degrees. There has been no change in this finding. Left lateral flexion of the cervical spine (normally measured to 40 degrees) was 22 degrees (active ROM) with pain measured with a goniometer. 08/07/2008: 35 degrees with stiffness. There has been no change in this finding. Right lateral cervical flexion (normal is 0 to 40 degrees) was 28 degrees (active ROM) with pain measured with a goniometer. 08/07/2008: 35 degrees with stiffness. There has been no change in this finding. Left cervical rotation (normal 0 to 70 degrees) was 35 degrees (active

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ROM) with pain measured with a goniometer. 08/07/2008: 60 degrees. There has been no change in this finding. Right cervical rotation (normal is 0 to 70 degrees) was 32 degrees (active ROM) with pain measured with a goniometer. 08/07/2008: 60 degrees. There has been no change in this finding.

Orthopedics of the spine and extremities. The following orthopedic notations were made: Minor's sign was negative. There has been no change in this finding. The Trendelenburg test was positive on the right. This finding is resolved. The Soto-Hall test was positive in the cervical spine in the thoracic spine in the lumbar spine. 10/17/2008: "Just some tightness in my neck." This finding has shown improvement. The cervical compression test was negative. There has been no change in this finding. Wright's test of the cervical spine was negative. There has been no change in this finding. Vertebrobasilar artery insufficiency testing of the cervical spine was negative. There has been no change in this finding. Lasegue's straight leg raise test was negative. There has been no change in this finding. Nachlas test of the sacroiliac spine was positive on the right. 10/17/2008: Patient complains of pain in the lower lumbar spine with test. There has been no change in this finding.

Muscle palpation. The following notations were made about the musculature (palpation): The trapezius was moderately spastic at the insertion bilaterally. 10/17/2008: Mild spasms of trapezius bilaterally. This finding is much improved. The rhombioides major was moderately spastic at the belly bilaterally. 10/17/2008: Mild spasms of rhombioid's bilaterally. This finding is much improved. The sternocleidomastoid was tender at the insertion bilaterally. This finding is much improved. The gluteus medius was moderately spastic on the right side. This finding is resolved. The sartorius was sore at the insertion on the right side. This finding is resolved.

Spinal palpation examination. The spine was examined by manual palpation and the vertebral (and paravertebral) areas were recorded as follows: Severe tenderness was noted in spinal and paraspinal areas adjacent to L5 (left). 10/17/2008: Moderate tenderness over the L5 vertebral segment. There has been no change in this finding. Moderate tenderness was noted at the sacroiliac articulation on the right, L2 (right), T5 (right), T4 (right), T3 (right); T2 (right), T1 (right), C5 (right), and C1 (left). 10/17/2008: All segments have some mild tenderness to palpation. This finding has shown improvement.

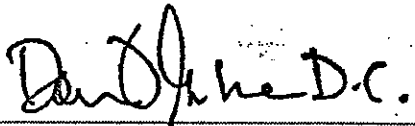
Palpated misalignment in the cervical spine and the upper thoracic spine. This finding has shown improvement. Short leg (prone) on the right. There has been no change in this finding. Muscle spasms in the thoraco-lumbar spine and the lumbo-sacral spine bilaterally. This finding is much improved. Muscle spasms in the top of the shoulder bilaterally. This finding is much improved.

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Diagnosis: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

Interim Aggravations: None.

Current Status: Based on a reasonable Chiropractic certainty the patient in my opinion is at Maximum Improvement but because of residuals may need future palliative treatment. His residual complaints and the functional deficits in my opinion are the result of the accident.



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S.O.A.P. Notes

Jonathan S. Safran, Attorney at Law
1110 N. Old World Third St
Suite 405
Milwaukee WI 53203

Patient: Jeremy C. SMITH

Date of Service: 07/21/2009

DJ.

SUBJECTIVE:

- (1) Pain and stiffness in the neck bilaterally. This complaint shows a pain scale of 8.
- (2) Pain in the lower back bilaterally. This complaint shows a pain scale of 8.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is worse.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is worse.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is worse.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is worse.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

The patient has a flare up of his pre-existing injuries. Symptoms and clinical findings are consistent with previous complaints.

PLAN:

Return in three days.

TREATMENT:

Side posture adjustive procedures were performed to the right innominate and L5 (left).

Posterior to anterior adjustive procedures were performed to L3 (right).

Adjustive procedures were performed to C5 (right) and C1 (left).

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S.O.A.P. Notes

Trigger point treatments were applied to the thigh (anterior), the medial knee surface, and the hypogastric region on the right.

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident. The patient indicated that he has been slowly getting worse over the past two weeks. Complaints first began as stiffness and are now painful. He does not report any new incident or medical status.

Date of Service: 07/24/2009

DG

SUBJECTIVE:

- (1) Pain and stiffness in the neck bilaterally. This complaint is improved.
- (2) Pain in the lower back bilaterally. This complaint is improved.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

Moderately improved.

PLAN:

Return next week.

TREATMENT:

Spinal adjustive maneuvers were applied to C5 (right) and C2 (left).

Side posture spinal adjustive maneuvers were applied to the right innominate and L5 (left).

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S.O.A.P. Notes

Posterior to anterior spinal adjustive maneuvers were applied to L1 (right).

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.

Date of Service: 07/27/2009

SUBJECTIVE:

- 28*
- (1) Pain and stiffness in the neck bilaterally. This complaint is almost resolved.
 - (2) Pain in the lower back bilaterally. This complaint is almost resolved.

OBJECTIVE:

- (1) Decreased range of motion in the cervical spine. This finding is much improved.
- (2) Decreased range of motion in the lumbo-sacral spine. This finding is much improved.
- (3) Palpated misalignment in the cervical spine and the upper thoracic spine. This finding is much improved.
- (4) Palpated misalignment in the lumbo-sacral spine. This finding is much improved.
- (5) Short leg (prone) on the right. There has been no change in this finding.

ASSESSMENT:

The patient's overall condition is stable.

PLAN:

Return on an as needed basis.

TREATMENT:

Spinal adjustments were given to correct misalignments and to improve mobility to C5 (right) and C2 (left).

Posterior to anterior spinal adjustments were given to correct misalignments and to improve mobility to T4 (right).

Side posture spinal adjustments were given to correct misalignments and to improve mobility to the right

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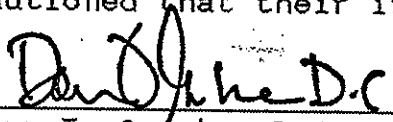
S.O.A.P. Notes

innominate and L5 (left).

DIAGNOSIS: 847.0 NECK SPRAIN
839.08 CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE
847.1 THORACIC SPRAIN
839.21 THORACIC SUBLUXATION

INCIDENCE OF OCCURENCE:

The patient was treated today without incident.
These notes are for internal use and interpretation only.
Others who may have legal access to these progress notes are
cautioned that their interpretation may be erroneous.



Donn T. Gurske, D.C.
9217 W. Center St.
Milwaukee WI 53222-4516

Donn T. Gurske, D.C.
9217 W. Center St.
Milwaukee WI, 53222

Jeremy C. SMITH
2403 N. Weil St
Milwaukee WI 53212

SUPER BILL

Page : 1
Date : 09/16/2009
Patient Id : 3109-1AC
Account Balance : 1,592.67
Next Appointment: / /

From : 05/30/2008
To : 09/16/2009

Dx / Cpt	Date	Description	Dx Xref	Dr/Ref	Charge	Adj + Adj -	W/O	Payment	Total
1 847.0	05/30/2008	NECK SPRAIN							
2 839.08	05/30/2008	CERVICAL SUBLUXATION - MULTIPLE VERTEBRAE							
3 847.1	05/30/2008	THORACIC SPRAIN							
4 839.21	05/30/2008	THORACIC SUBLUXATION							
99204	05/30/2008	E/M Comprehensive (New Patient 1,2,3,4	1		225.00				
72020	05/30/2008	X-Ray Exam, Lumbosacral, Spot, 1,2,3,4	1		50.00				225.00
72100	05/30/2008	X-Ray Exam, Spine, Lumbosacral 1,2,3,4	1		126.00				275.00
97032	05/30/2008	Electrical Stimulation - Manua 1,2,3,4	1		45.00				401.00
72040	05/30/2008	X-Ray Exam Cervical Spine, Cep 1,2,3,4	1		126.00				446.00
98941	06/02/2008	Adjustment Three to Four Areas 1,2,3,4	1		65.00				572.00
97032	06/02/2008	Electrical Stimulation - Manua 1,2,3,4	1		45.00				637.00
59									682.00
98941	06/09/2008	Adjustment Three to Four Areas 1,2,3,4	1		65.00				
97032	06/09/2008	Electrical Stimulation - Manua 1,2,3,4	1		45.00				747.00
98941	06/19/2008	Adjustment Three to Four Areas 1,2,3,4	1		65.00				792.00
97032	06/19/2008	Electrical Stimulation - Manua 1,2,3,4	1		45.00				857.00
59									902.00
98941	06/20/2008	Adjustment Three to Four Areas 1,2,3,4	1		65.00				
97032	06/20/2008	Electrical Stimulation - Manua 1,2,3,4	1		45.00				967.00
59									1,012.00
98941	06/27/2008	Adjustment Three to Four Areas 1,2,3,4	1		65.00				
97032	06/27/2008	Electrical Stimulation - Manua 1,2,3,4	1		45.00				1,077.00
59									1,122.00
98941	07/03/2008	Adjustment Three to Four Areas 1,2,3,4	1		65.00				
97032	07/03/2008	Electrical Stimulation - Manua 1,2,3,4	1		45.00				1,187.00
98941	07/11/2008	Adjustment Three to Four Areas 1,2,3,4	1		65.00				1,232.00
97032	07/11/2008	Electrical Stimulation - Manua 1,2,3,4	1		45.00				1,297.00
59									1,342.00

Continued

we energies



Legal Services
Claims Department - P418
P.O. Box 1132
Milwaukee, WI 53201-1132
Phone: 414-221-3437
Fax: 414-221-3449
E-mail: damageclaims@we-energies.com

February 4, 2009

Jonathan S Safran
Attorney at Law
Samster, Konkel & Safran, SC
1110 N Old World Third St, Suite 405
Milwaukee, WI 53203

Re: Your Client: Jeremy C. Smith
Date of Accident: 04/11/08
Location: Intersection of N. 24th St. & W. Hampton Ave.
City of Milwaukee, WI
Our File No.: 2009205169

Dear Mr. Safran:

This will supplement my letter dated February 4, 2009 in regards to the above-captioned matter.

Our investigation and records do not reveal that We Energies performed any excavation work at the captioned location on or about the date of this incident. Photographs taken by our investigator on February 4, 2009 show that there are patches for sewer and/or communications work from the City of Milwaukee.

Based on the above, we must respectfully deny your claim.

Sincerely,

A handwritten signature in cursive script that reads "Connie Muñoz".

Connie Muñoz
Claims Administrator
(414) 221-2943

CITY OF MILWAUKEE
RECEIVED
NOTICE OF INJURY

2008 AUG -8 PM 3:48

TO: City Clerk
City of Milwaukee
205 City Hall
200 East Wells Street
Milwaukee, Wisconsin 53202-3551

OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE

2008 AUG -8 PM 12:23

RONALD D. LEONHART
CITY CLERK

Pursuant to the provisions of § 893.80(1)(a), Wisconsin Statutes, the Claimant, Jeremy Smith, residing at 2403 North Weil Street, in the City and County of Milwaukee, State of Wisconsin, herewith gives notice of injury, giving rise to a future claim for relief in the form of monetary damages, as set forth below:

1. That the attorneys for Jeremy Smith are Samster, Konkel & Safran, S.C., 1110 North Old World Third Street, Suite 405, Milwaukee, Wisconsin 53203.

2. That on April 11, 2008, at approximately 1:39 a.m., Jeremy Smith, sustained serious personal injuries, and vehicle property damage, while lawfully driving his motor vehicle, a 1999 Dodge Durango, while proceeding eastbound on West Hampton Avenue, at the intersection of North 24th Street, in the City and County of Milwaukee, State of Wisconsin.

3. That Jeremy Smith sustained serious personal injuries and vehicle property damage, when unknown individuals, employees, servants and/or agents, of the City of Milwaukee and/or construction company contractors, upon information and belief, failed to properly barricade a large construction hole in the roadway, approximately 1-1 ½ feet deep, during a construction project, causing Jeremy Smith, while driving his motor vehicle, to enter and exit the construction hole, and causing him to sustain serious personal injuries and vehicle property damage.

4. That a proximate cause of said injuries and damages was the negligence of the City of Milwaukee and/or construction company contractors, by their currently unknown agents,

8-8-08

12:40 pm

Adm. Clerk

servants and/or employees, as indicated above, by their failure to properly train and/or supervise their agents, servants, and/or employees in proper barricading procedures, and to insure that the worksite area was sufficiently barricaded so as to protect the general public.

5. That the City of Milwaukee has had both actual and constructive notice of the lack of proper barricades at the worksite, and the Claimant's injuries, damages and causes thereof.

6. That as a result of the aforementioned incident and negligence, the Claimant, Jeremy Smith, has suffered injuries to various parts of his body, including, but without limitation, his head, his face, a laceration under his right eye requiring sutures, his neck, his back, his arms, his ribs, loss of consciousness, and he has suffered from lack of concentration, forgetfulness, headaches, dizziness, and sleep disturbances.

7. That as a result of the aforementioned incident and negligence, the Claimant, Jeremy Smith, has incurred and will continue in the future to incur medical and hospital expenses for the treatment of his injuries; has experienced and will continue in the future to experience pain, suffering, disfigurement and disability due to his injuries and damages; has incurred and will continue in the future to incur loss of wages, and other damages, as provided for by law.

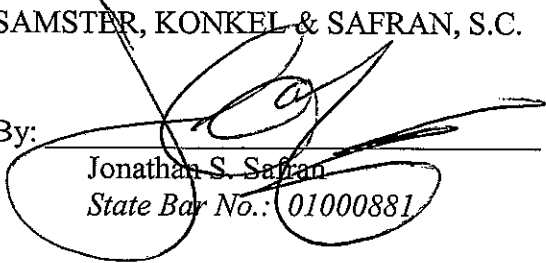
8. That as a result of the aforementioned incident and negligence, the Claimant, Jeremy Smith, sustained damage to his vehicle, for which he was obliged and/or will be obliged in the future to expend monies for repairs and its value.

9. That the undersigned is one of the attorneys for the Claimant, Jeremy Smith, and is, therefore, authorized to give this notice of injury.

Dated at Milwaukee, Wisconsin this 7th day of August, 2008.

SAMSTER, KONKEL & SAFRAN, S.C.

By:


Jonathan S. Safran

State Bar No.: 01000881

P.O. ADDRESS:

1110 North Old World Third Street
Suite 405, Riverfront Plaza
Milwaukee, Wisconsin 53203
(414) 224-0400