### WASHINGTON LAW OFFICES, INC.

Hazel J. Washington, Esq. Thomas M. Pantea, Esq. Tarena Washington-Franklin, Esq. Eric C. Cormany, Esq. Michelle L. Mays, Esq.

8500 West Capitol Drive Suite 201 Milwaukee, Wisconsin, 53222 (414) 462-9525 FAX (414) 462-9561

<u>Paralegals</u> Sharita Gillespie Miriam Vega

December 12, 2003

Legal Assistants
Shannon M. McCov

Attorney Robert Overholt Milwaukee City Attorney's Office 200 East Wells Street, Room 800 Milwaukee, Wisconsin 53202

RE:

**Our Client:** 

Date of Loss:

Your File No.:

Cassandra White November 28, 2001

02-S18

Dear Mr. Overholt:

Ms. Cassandra White appears to have completed her medical treatment for the injury she sustained with regards to the above matter. The following is our settlement demand.

### Liability:

On or about November 28, 2001 Ms. White was exercising due care while walking along West Capital Drive in Milwaukee, Wisconsin when near North 19th Street she fell and was greatly injured by reason of the dangerous condition and lack of repair of a defective and unstable curb and unrepaired pothole. The curb and roadway at the place of the accident was dangerous and unsafe and in need of repair and it was solely by reason of the defects that Ms. White fell and was injured. The dangerous condition of the sidewalk was well known to the City of Milwaukee or would have been so known had it only conducted proper inspections of its public ways as it was their duty to conduct. Due to the City of Milwaukee's negligence in this matter Ms. White suffered severe bodily injuries to her person.

### <u>Damages</u>:

Ms. White initial believed the pain in left should would subside on its own but due to the ongoing pain and discomfort she eventually went to see her personal physicians at Aurora Health Care - Downtown, North RiverCenter. Dr. Flejsierowicz found that Ms. White was suffering form a left shoulder injury and recommended ibuprofen for pain and physical therapy at least three times a week. Ms. White embarked on Dr. Flejsierowicz's recommendation but her symptoms only became worse until she was referred to see a specialist at Milwaukee Orthopedic Specialists, S.C.

Attorney Robert Overholt

RE: Your File No. 02-S18, Cassandra White

November 19, 2003

Page 2 of 3

Based on Ms. White's radiographic evaluation and MRI, Dr. Austin Boyle, at Milwaukee Orthopedic Specialists found compatibility with anterior instability and stripping of the anterior capsule with a Hill-Sachs lesion. Upon his examination of Ms. White's left shoulder, Dr. Boyle found that she had limitation of external rotation with positive apprehension side tenderness anteriorly and posteriorly and diagnosed her with anterior instability in her left shoulder. Because physical therapy had initially failed, Dr. Boyle recommended surgery, specifically Bankart reconstruction. The surgery occurred on January 24, 2002 at Sinai Medical Center after which Ms. White again commenced physical therapy.

By August 23, 2003 Dr. Boyle had found that Ms. White's condition had improved to the point where she had a full range of motion of the left shoulder with slight loss of external rotation. Dr. Boyle, however, did not expect her strength to return to normal for 6-12 months and advised Ms. White to return if she has any problems.

By December 27, 2003 Ms. White was experiencing worse pain from her shoulder injury and saw Dr. Boyle. After examining a MRI and doing a physical examination of Ms. White, Dr. Boyle found that she was in significant discomfort and believed that she may be in need of post left anterior shoulder reconstruction and also that she possibly suffered form a loose suture anchor. Dr. Boyle had his associate Dr. Mark Wichman perform an additional evaluation of Ms. White for a second opinion.

After his examination of Ms. White, Dr. Wichman found that Ms. White was suffering from a possible loose suture anchor and that the integrity of the initial surgical repair of her left shoulder was in question. Finally, Dr. Wichman found that Ms. White was suffering from an inflamed rotator cuff with questionable integrity. Dr. Wichman recommended arthroscopy of the shoulder to remove the anchor, with additional repair of the anterior ligament complex and evaluation of the rotator cuff to be performed at the same time.

On February 28, 2003, at Sinai Medical Center, Dr. Wichman performed on Ms. White left shoulder arthroscopy with revision Bankart with removal of loose mini-Revo anchor. After her surgery Ms. White was again started on physical therapy. Ms. White's progressed satisfactory until May 2003 when she suffered reinjury of the left shoulder while dressing and when a door closed on her. Dr. Wichman had Ms. White continue with her physical therapy and authorized her to stay off of work for an additional six weeks.

During her recovery from the second surgery Ms. White eventually was off work from February 28, 2003 through July 1, 2003. By July 15, 2003 Dr. Wichman had found that Ms. White's condition had greatly improved with excellent stability and that she was only

Attorney Robert Overholt RE: Your File No. 02-S18, Cassandra White November 19, 2003 Page 3 of 3

complaining of some clicking of the left shoulder.

### Medical Specials:

Below is a current outline of the medical specials incurred by Ms. White as the direct result of the accident that occurred in November 2001. Copies of the bills and reports are enclosed.

TOTAL	\$45,095,37
Milwaukee Orthopedic Specialists, S.C.	\$20,542.00
Sinai Medical Center	\$23,360.37
Aurora Medical Group	\$ 1,193.00

### Wage Loss:

Listed below is Ms. White's total wage loss from United Government Service after her second surgery on February 28, 2003. A copy of Ms. White's employer's wage loss statement is enclosed.

United Government Service

\$7,365.84

#### Settlement Demand:

Based upon the pain and suffering Ms. White has endured I have been authorized to accept \$150,000.00 over the medical specials of \$45,095.37 and wage loss of \$7,365.84 for a total of \$202,461.21. Please contact me within the next seven (7) days via telephone in order that we may discuss this demand in more detail.

Very truly yours,

WASHINGTON LAW OFFICES

Hazel J. Washington

Attorney at Law

Enclosures



### **Certification of Itemized Statements**

Patient name: Cassandra White,

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

Attached hereto are 6 pages of an itemized bill relating to patient Cassandra White for the dates of service 11.28.01 to present. These are accurate, legible, and complete duplicates of the patient's bill. These bills contain acts, and conditions, made at or near the time by, or from information transmitted by a person with knowledge of the information contained therein.

Dated this 14th day of April 2003

By:	
_	

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

MAKE CHECKS PAYABLE TO:

CASSANDRA WHITE

APT 4

2972 N 74TH ST

MILWAUKEE, WI 53210-1016

AURORA MED GRP MILWAUKEE

PO BOX 341457

MILWAUKEE, WI 53234-1457

PHYSICIAN FACILITY GROSSMAN MD, RONALD	SERVICE DATE	SERVIO CODE	CE DESCRIPTION INVOICE: 9253153	TRANSACTION DATE	INSURANCE ACTIVITY	PATIENT ACTIVITY
AHC DOWNTOWN	11/28/01	73030	WHITE, CASSANDRA XRAY: SHOULDER MEDICAID HMO BILLED MCAID HMO CLAIM NOT PA	12/03/01 ID RESENT01/2	n/n2	146.00
	11/28/01		MEDICAID PAYMENT AMOUN INSURANCE CONTRACT DIS	T: 03/08/02		- 30.74 - 115.26
FLEJSIEROWICZ MD,M	A		INVOICE: 9280037			
AHC DOWNTOWN	11/28/01	99213	MEDICAID HMO BILLED	12/03/01		92.00
	11/28/01		MCAID HMO CLAIM NOT PA: MEDICAID PAYMENT AMOUNT INSURANCE CONTRACT DISC	Γ: 01/22/02	-	45.35 46.65
FLEJSIEROWICZ MD, MI AHC DOWNTOWN	A		INVOICE: 9507936			÷
AIC DOWNTOWN	12/12/01	99213	WHITE, CASSANDRA OFFICE/OUTPATIENT VISIT MEDICAID HMO BILLED	r 12/20/01		92.00
	12/12/01		MEDICAID PAYMENT AMOUNT INSURANCE CONTRACT DISC	T: 01/22/02	-	45.35 46.65

FLEJSIEROWICZ MD, MA

INVOICE: 9750067

INSURANCE BALANCE

ACCOUNT NUMBER: 14569156

GUARANTOR NAME: WHITE, CASSANDRA

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

MAKE CHECKS PAYABLE TO:

CASSANDRA WHITE APT 4 2972 N 74TH ST MILWAUKEE, WI 53210-1016

AURORA MED GRP MILWAUKEE PO BOX 341457 MILWAUKEE, WI 53234-1457

PHYSICIAN FACILITY AHC DOWNTOWN	SERVICE DATE	SERVI CODE	CE DESCRIPTION  WHITE, CASSANDRA	TRANSACTION DATE	INSURANCE PATIENT ACTIVITY
	01/03/02	99213		T 01/09/02	92.00
	01/03/02		MEDICAID PAYMENT AMOUN		- 45.35
			INSURANCE CONTRACT DIS	COUNT AMOUNT:	- 46.65
FLEJSIEROWICZ AHC DOWNTOWN	MD, MA		INVOICE: 9936775 WHITE, CASSANDRA		
	01/17/02	99212		r 01/23/02	72.00
	01/17/02		MEDICAID PAYMENT AMOUNT	F: 02/01/02	- 28.76
			INSURANCE CONTRACT DISC	COUNT AMOUNT:	- 43.24
FLEJSIEROWICZ AHC DOWNTOWN			INVOICE: 10008498 WHITE, CASSANDRA		
	01/22/02	36415	BLOOD DRAW MEDICAID HMO BILLED	01/28/02	17.00
	01/22/02		MEDICAID PAYMENT AMOUNT MCAID HMO CLAIM NOT PAI	: 02/11/02	- 0.00
	01/22/02		MEDICAID PAYMENT AMOUNT	: 04/08/02	- 0.00
	01/22/02		MEDICAID PAYMENT AMOUNT	· ·	- 0.00
	01/22/02		UNBUNDLED ADJ PCS-P05DDOB MATRIX W/O	05/08/02	- 17.00

INSURANCE BALANCE

ACCOUNT NUMBER: 14569156

GUARANTOR NAME: WHITE, CASSANDRA

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

MAKE CHECKS PAYABLE TO:

CASSANDRA WHITE APT 4

2972 N 74TH ST

MILWAUKEE, WI 53210-1016

AURORA MED GRP MILWAUKEE

PO BOX 341457

MILWAUKEE, WI 53234-1457

PHYSICIAN FACILITY FLEJSIEROWICZ MD, M AURORA CONSOLIDATE		SERVI CODE	CE DESCRIPTION  INVOICE: 10008499  WHITE, CASSANDRA	TRANSACTION DATE	INSURANCE ACTIVITY	PATIENT ACTIVITY
	01/22/02 01/22/02 01/22/02	84520 85025		01/28/02 F: 02/11/02	- -	45.00 28.00 55.00 33.00 - 32.95 128.05
FLEJSIEROWICZ MD,M AHC DOWNTOWN			INVOICE: 10008500 WHITE, CASSANDRA OFFICE/OUTPATIENT CONST MEDICAID HMO BILLED MEDICAID PAYMENT AMOUNT INSURANCE CONTRACT DISC	01/28/02 T: 02/11/02		185.00 53.59 131.41
FLEJSIEROWICZ MD, MI AHC DOWNTOWN			INVOICE: 10300503 WHITE, CASSANDRA OFFICE/OUTPATIENT VISIT MEDICAID HMO BILLED MEDICAID PAYMENT AMOUNT INSURANCE CONTRACT DISC	02/20/02 : 02/28/02	<i>-</i> -	

INSURANCE BALANCE

ACCOUNT NUMBER: 14569156

GUARANTOR NAME: WHITE, CASSANDRA

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

MAKE CHECKS PAYABLE TO:

CASSANDRA WHITE APT 4 2972 N 74TH ST MILWAUKEE, WI 53210-1016

AURORA MED GRP MILWAUKEE PO BOX 341457 MILWAUKEE,WI 53234-1457

AMOUNT DUE:

PHYSICIAN FACILITY DARROW NP, JULIA AHC DOWNTOWN	SERVICE DATE		INVOICE: 11138054 WHITE, CASSANDRA	TRANSACTION DATE	INSURANCE PATIENT ACTIVITY
	04/15/02	99395	PREVENTIVE EXAM MEDICAID HMO BILLED MANAGED HEALTH PAYMENT INSURANCE CONTRACT DIS	04/23/02 AMOUNT:05/08 COUNT AMOUNT:	139.00 /02 - 21.54 - 117.46
DARROW NP, JULIA			INVOICE: 11198148		
AURORA CONSOLIDATE	D		WHITE, CASSANDRA		
	04/15/02	87088	LAB: ORGANISM IDENTIFI	CA	54.00
	04/15/02	87491	LAB: CHLAMYDIA TRACHOMA	TI	80.00
	04/15/02	87591	LAB: GONORRHOEAE		80.00
	04/15/02		LAB: PAP; THIN LAYER		52.00
	04/15/02		MEDICAID HMO BILLED MCAID HMO CLAIM NOT PA MANAGED HEALTH PAYMENT	04/29/02 ID RESENT06/16 AMOUNT:06/17/	5/02
			INSURANCE CONTRACT DISC	COUNT AMOUNT:	- 129.82
DARROW NP, JULIA AURORA CONSOLIDATE		•	INVOICE: 11198149 WHITE,CASSANDRA		123.02
	04/15/02		INTERP. PAP MEDICAID HMO BILLED MCAID HMO CLAIM NOT PAI	04/29/02 D RESENTO6/16	66.00
<u></u> ጀሮሮር፣ ፣	04/15/02 NT NUMBER:		MANAGED HEALTH PAYMENT INSURANCE	AMOUNT:06/17/	02 - 26.52
	: Madrider:	エチコロコエラ	30		

GUARANTOR NAME: WHITE, CASSANDRA

ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE: 0.00

MAKE CHECKS PAYABLE TO:

CASSANDRA WHITE APT 4 2972 N 74TH ST MILWAUKEE, WI 53210-1016

ACCOUNT NUMBER: 14569156

GUARANTOR NAME: WHITE, CASSANDRA

AURORA MED GRP MILWAUKEE PO BOX 341457 MILWAUKEE, WI 53234-1457

PHYSICIAN FACILITY	SERVICE DATE	SERVI CODE		PATIENT ACTIVITY - 39.48
WASHINGTON MD, JANI AHC DOWNTOWN			INVOICE: 12523955 WHITE, CASSANDRA	
	08/05/02		OFFICE/OUTPATIENT VISIT MEDICAID HMO BILLED 08/08/02	72.00
	08/05/02		MANAGED HEALTH PAYMENT AMOUNT:08/20/02	- 28.76
	08/05/02		INSURANCE CONTRACT DISCOUNT AMOUNT:	- 43.24
	., ,		REVERSAL OF MANAGED HEALTH PAYMENT11/21/02 REVERSAL OF INS CONTRACT DISCOUNT:	28.76
			BLUE CROSS BILLED 03/20/03	43.24
	08/05/02		BLUE CROSS PAYMENT AMOUNT:04/07/03	- 57.60
			INSURANCE CONTRACT DISCOUNT AMOUNT: MEDICAID HMO BILLED 04/08/03	- 14.40
UBEROI MD,RUPIKA AURORA SINAI MED CI	ŗ		INVOICE: 15252165 WHITE, CASSANDRA	
	02/21/03	99243	OFFICE/OUTPATIENT CONSULT BLUE CROSS BILLED 02/27/03	244.00
	02/21/03		RIJE CROSS DAVMENT ANOTHER AS A TO	179.87
			TMCITD ANCE COMPANIES	59.13
			MEDICAID HMO BILLED 03/18/03	~~
	02/21/03		MANAGED HEALTH PAYMENT AMOUNT:04/10/03	0.00
			INSURANCE CONTRACT DISCOUNT AMOUNT:	5.00
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ACCOUNT NUMBER: 14569156

FOR BILLING QUESTIONS: 1-877-576-3544

AMOUNT DUE:

0.00

MAKE CHECKS PAYABLE TO:

CASSANDRA WHITE APT 4 2972 N 74TH ST

MILWAUKEE, WI 53210-1016

AURORA MED GRP MILWAUKEE

PO BOX 341457

MILWAUKEE,WI 53234-1457

PHYSICIAN FACILITY

SERVICE DATE

SERVICE DESCRIPTION CODE

DATE

TRANSACTION INSURANCE PATIENT ACTIVITY ACTIVITY

LEPGOLD MD, EDITH L

AHC DOWNTOWN

INVOICE: 15734237 WHITE, CASSANDRA

03/31/03 99214 OFFICE/OUTPATIENT VISIT

138.00

BLUE CROSS BILLED

04/02/03

INSURANCE BALANCE 138.00

ACCOUNT NUMBER: 14569156

GUARANTOR NAME: WHITE, CASSANDRA

AMOUNT DUE: 0.00

We have not received a response from your insurance carrier for the balance due.

# A U R O R A H E A L T H C A R E AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1 07/08/03 17:15

PATIENT NAME: WHITE, CASSANDRA L

BILL TO

MS CASSANDRA L WHITE

2972 N 74TH ST

APT 4

MILWAUKEE WI 532101016

USA

ACCOUNT NBR: 105133414-3100 BILLING PERIOD: 04/17/03 07/08/03

CERTIEIED BILLING

BY  $\frac{5}{9/9/03}$ 

NO. OF PAGES \_\_\_\_

OSPITAL: HSMC

SRV DATE REF NBR	DESCRIPTION		
	THERAPY VISIT	(OTY OF 0001)	0.00
	EVALUATION PT 0-15 MIN	(QTY OF 0001)	91.50
04/15/03 92739635		(QTY OF 0001)	81.50
04/17/03 92739634		(QTY OF 0001)	76.25
04/17/03 92739635		(QTY OF 0002)	163.00
04/17/03 92739636		(QTY OF 0001)	0.00
04/22/03 92739636		(QTY OF 0001)	0.00
04/22/03 92739635		(QTY OF 0001)	81.50
04/22/03 92739634		(QTY OF 0002)	152.50
04/24/03 92739636		(QTY OF 0001)	0.00
04/24/03 92739635		(QTY OF 0002)	163.00
04/29/03 92739636		(QTY OF 0001)	0.00
04/29/03 92739635		(QTY OF 0002)	163.00
	MANUAL THERAPY PT PER 15 MIN	(OTY OF 0001)	81.50
	MANUAL THERAPY PT PER 15 MIN	(OTY OF 0001)	81.50
05/01/03 92739635		(OTY OF 0002)	163.00
05/01/03 92739636		(OTY OF 0001)	0.00
05/06/03 92739636		(QTY OF 0001)	0.00
05/06/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
•	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
05/08/03 92739636		(QTY OF 0001)	0.00
05/08/03 92739635		(QTY OF 0002)	163.00
05/13/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
05/13/03 92739634		(QTY OF 0001)	76.25
05/13/03 92739636	THERAPY VISIT	(QTY OF 0001)	0.00
05/15/03 92739636	THERAPY VISIT	(OTY OF 0001)	0.00
05/15/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/20/03 92739636	THERAPY VISIT	(OTY OF 0001)	0.00
05/20/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
06/03/03 92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/03/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
06/05/03 92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
06/05/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
06/05/03 92739636	THERAPY VISIT	(OTY OF 0001)	0.00
06/10/03 92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/10/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0003)	244.50
06/17/03 92739636	THERAPY VISIT	(QTY OF 0001)	0.00
06/17/03 92739634	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0003)	228.75
06/24/03 92739636		(QTY OF 0001)	0.00
06/24/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0003)	244.50
07/01/03 92739636		(QTY OF 0001)	0.00
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AURORA HEALTH CARE AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 2 07/08/03 17:15

PATIENT NAME: W	HITE, CASSANDRA L	ACCOUNT NBR:	105133414-31	.00
SRV DATE REF NBR	DESCR	RIPTION		
	THERAP EXERCISE PT PER 1 WE HAVE BILLED THE FO	QTY) ONIN 5.	ים / כי	163.00
	COMPCARE AURORA FAM NTWR	K 04/24/03 -	05/22/02	
05/26/03 00006913	COMPCARE AURORA FAM NTWR COMPCARE PAYMENT	K 05/24/03 -	06/19/03	
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03/20/03 00004/13	COMPCARE ADJUSTMENT COMPCARE AURORA FAM	SERVICE ON	04/15/03	206.13-

REMIT TO AURORA SINAI MEDICAL CTR BEGINNING BALANCE PO BOX 341100 MILWAUKEE WI 532341100

NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS CURRENT ACCOUNT BALANCE

0.00 3396.25 412.25-

2984.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT: AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202 AURORA HEALTH CARE AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 07/08/03 17:17

PATIENT NAME: WHITE, CASSANDRA L

BILL TO

MS CASSANDRA L WHITE 2972 N 74TH ST

APT 4

MILWAUKEE WI 532101016

USA

ACCOUNT NBR: 105133414-1332 BILLING PERIOD: 12/01/01 07/08/03

CERTIFIED BILLING

NO. OF PAGES\_

HOSPITAL: ASMC

SRV DATE REF NBR	DESCRIPT	ION		
11/29/01 92/39//4	EVALUATION PT 31-45 MIN	(QTY O	F 0001)	235.25
11/29/01 92/39819	THERAP EXERCISE PT PER 15 M	TNT / Omar o	F 0001)	70.25
12/10/01 92739789	MANUAL THERAPY PT PER 15 MI		F 0001)	70.25
12/10/01 92739822	ULTRASOUND PT PER 15 MIN	(0,000)	F 0001)	
12/13/01 92739819	THERAP EXERCISE PT PER 15 MI		F 0001)	59.75
12/13/01 92739822	ULTRASOUND PT PER 15 MIN	O VERO	F 0001)	70.25
12/17/01 92739789	MANUAL THERAPY PT PER 15 MIN	T /Omaz o	F 0001)	59.75
12/17/01 92739819	THERAP EXERCISE PT PER 15 MI	M (Amy of		70.25
12/20/01 92739789	MANUAL THERAPY PT PER 15 MIN	T (OTTY O		70.25
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	WE HAVE BILLED THE FOLLOW	O YTQ)	(0002)	140.50
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	MEDICAID MANAGED HEALIN	12/01/01 - 12	2/17/01	
04/29/02 00006915	MEDICAID MANAGED HEALTH MEDICAID PAYMENT	12/18/01 - 12	2/29/01	
	MEDICATO MANAGED FEDARES	SERVICE ON 11	29/01	330.00-
04/29/02 00004733	MEDICAID MANAGED HEALTH			
01/20/02 00004/33	MANAGED HEALTH CARE T19 ADJS	SERVICE ON 11	./29/01	235.50-
09/16/02 00006016	MEDICALD MANAGED HEALTH			
00/10/02 00000913	MEDICAID PAYMENT	SERVICE ON 12	/17/01	330.00-
09/16/02 00004722	MEDICAID MANAGED HEALTH			
09/10/02 00004/33	MANAGED HEALTH CARE T19 ADJS	SERVICE ON 12	/17/01	224.25-
	MEDICAID MANAGED HEALTH		•	

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AURO	RA SIN	IAI	MEDI	CAL	CTR
PO B	OX 341	.100			
MILW	AUKEE	WI	5323	4110	0

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BEGINNING BALANCE NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS CURRENT ACCOUNT BALANCE

0.00 1119.75 1119.75-0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT: AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202 A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER
PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1 07/08/03 17:18

0.00

0.00

1836.36

1836.36-

PATIENT NAME: WHITE, CASSANDRA L

BILL TO

MS CASSANDRA L WHITE

2972 N 74TH ST

APT 4

MILWAUKEE WI 532101016

USA

ACCOUNT NBR:

105133414-2026

BILLING PERIOD: 01/27/02 07/08/03

CERTIFIED BILLING

BY S

NO. OF PAGES

HOSPITAL: #SMC

SRV DATE REF NBR DESCRIPTION 01/26/02 04110100 BASIC METABOLIC PANEL (QTY OF 0001) 101.:	prog. pro-
	prog. pro-
01/26/02 $04111035$ TEGRETOL (OTV OF A001)	
01/26/02 33000015 TEGRETOL 400MG 1 (OTY OF 0001)	49
01/26/02 8/891/00 DX SHOULDER COMPLETE LT (OTY OF 0001) 242 (	25
01/26/02 33000011 LORAZEPAM 2MG 999 (QTY OF 0001) 34.6	62 62
01/26/02 92744821 ED LEVEL 4 (OTY OF 0001) 737	
01/26/02 92/45159 PULSE OXIMETRY, SINGLE (OTY OF 0001) 35 (	5 O
01/26/02 92745057 PROC CARDIAC MONITORING (OTY OF 0001) 298 6	50 50
01/26/02 92744860 INJECTION IV (OTY OF 0001) 32 (	0.0
01/26/02 92744892 IV PHLEBOTOMY (BLOOD DRAW) (OTV OF 0001)	0.0
01/26/02 25890015 EMERGENCY PHYS/DETAILED CR-4* (OTY OF 0001) 256 -	75
WE HAVE BILLED THE FOLLOWING INSURANCE(S)	. ~
BLUE CROSS WISCONSIN 01/27/02 - 04/27/02	
MEDICAID MANAGED HEALTH 01/27/02 - 04/27/02	
04/22/02 00006901 BLUE CROSS PAYMENT SERVICE ON 01/26/02 0.0	) ()
BLUE CROSS WISCONSIN	
06/10/02 00006915 MEDICAID PAYMENT SERVICE ON 01/26/02 230.0	) () -
MEDICAID MANAGED HEALTH	
06/10/02 00004733 MANAGED HEALTH CARE T19 ADJS SERVICE ON 01/26/02 1606.3	36-
MEDICAID MANAGED HEALTH	- ~

	1/1011111	± O	
AURORA.	SINAI	MEDICAL	CTR
PO BOX	341100		
MILWAUK	EE WI	5323411	00

BEGINNING BALANCE
NEW CHARGES/ADJUSTMENTS
NEW PAYMENTS/CREDITS
CURRENT ACCOUNT BALANCE

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT:
AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

### AURORA HEALTH CARE AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1 07/08/03 17:18

PATIENT NAME: WHITE, CASSANDRA L

BILL TO MS CASSANDRA L WHITE 2972 N 74TH ST APT 4 MILWAUKEE WI 532101016

USA

ACCOUNT NBR: 105133414-2032 BILLING PERIOD: 02/08/02 07/08/03

CERTIFIED BILLING

NO. OF PAGES\_\_

HOSPITAL ARMC

		HOSPITAL: MAY	
a			
SRV DATE	E REF NBR	DESCRIPTION	
02/06/02	2 9273977	3 EVALUATION PT 16-30 MIN (QTY OF 0001)	161.50
02/06/02	9273981	FIRERAP EXERCISE PT PER 15 MIN (OTY OF 0001)	72.50
02/12/02	9273978	MANUAL THERAPY PT PER 15 MIN (OTT) OF ACCES	72.50
02/12/02	92739819	Z INEKAP EXERCISE OT DED 15 MIN / CONT. CO	72.50
02/16/02	92739819	I THERAP EXERCISE OF DED IS MIN (OUT OF SEE)	72.50
02/16/02	92/39789	MANUAL THERAPY DT DED 15 MIN (OTT)	72.50
02/19/02	92739789	IMANUAL THERAPY OF DED 15 MIN /OFF OF ALLE	72.50
02/19/02	92739819	INDRAP EXERCISE OF DED 15 MIN (OFFICE OF ALLE)	145.00
02/22/02	92739789	MANUAL THERAPY PT DED 15 MIN /OFFI OF SEC.	72.50
02/22/02	92739819	THERAP EXERCISE OF DED 15 MIN (OFFICE OF SEC.)	72.50
02/26/02	92739789	MANUAL THERAPY PT PER 15 MIN /OTT OF GRAD	145.00
03/08/02	92739789	MANUAL THERAPY PT DEP 15 MIN (OTT)	72.50
03/08/02	92739815	' INSKAP EXERCISE OF DED 15 Min /oras of section	72.50
03/11/02	92/39819	' INDICAP EXERCISE PT PEP 15 MIN (OFF OF COC)	145.00
03/14/02	92/39/89	MANUAL THERAPY PT PER 15 MIN (OTT) OF GOOT	72.50
03/14/02	92/39819	THERAP EXERCISE PT PER 15 MIN (QTY OF 0001)	72.50
03/13/02	92739819	THERAP EXERCISE PT PER 15 MIN (QTY OF 0002)	145.00
03/20/02	92739819	THERAP EXERCISE PT PER 15 MIN (QTY OF 0002)	145.00
03/23/02	94739819	THERAP EXERCISE PT PER 15 MIN (QTY OF 0002)	145.00
03/23/02	92/39003	RE-EVALUATION PT 0-15 MIN (QTY OF 0002)	75.75
04/12/02	92739819	THERAP EXERCISE PT PER 15 MIN (QTY OF 0001)	145.00
04/10/02	92/39819	THERAP EXERCISE PT PER 15 MIN (QTY OF 0002)	145.00
04/10/02	94/39819	THERAP EXERCISE PT PER 15 MIN (QTY OF 0002)	145.00
04/23/02	92/39819	THERAP EXERCISE PT PER 15 MIN (QTY OF 0002)	145.00
		WE HAVE BILLED THE FOLLOWING INSURANCE(S)	
		MEDICAID MANAGED HEALTH 02/08/02 - 02/21/02	
		MEDICAID MANAGED HEALTH 02/22/02 - 03/21/02	
		MEDICAID MANAGED HEALTH 03/22/02 - 04/20/02	
03/04/02	00006016	MEDICAID MANAGED HEALTH 04/22/02 - 04/25/02 MEDICAID PAYMENT SERVICE ON 02/06/02	
03/01/02	000000313		440.00-
03/04/02	00004733	MEDICAID MANAGED HEALTH	
03/04/02	00004/33	MANAGED HEALTH CARE T19 ADJS SERVICE ON 02/06/02	301.50-
04/08/02	00006015	MEDICAID MANAGED HEALTH MEDICAID PAYMENT SERVICE ON 02/22/02	
04/00/02	00000312	MEDICAID PAYMENT SERVICE ON 02/22/02	220.00-
04/08/02	00004722	MEDICAID MANAGED HEALTH	
04/00/02	00004733	MANAGED HEALTH CARE T19 ADJS SERVICE ON 02/22/02	70.00-
		TEDICATO MANAGED REALIN	
0 = 7 0 0 7 0 2	00000312		440.00-
04/08/02	00004737	17 [P. 1.] + [. M. 1.] 1. 19 [M. 1.] (A. [ M. 1.] M.	
01/00/02	00004/33	MANAGED HEALTH CARE T19 ADJS SERVICE ON 02/22/02	140.00-
		MEDICAID MANAGED HEALTH	

AURORA HEALTH CARE AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 07/08/03 17:18

PATIENT	' NAME: WI	HITE, CASS	BANDRA L	ACC	OUNT NBR	:	10513341	4-2032
SRV DATE				DESCRIPTION	ON			
05/06/02	00006915		PAYMENT		SERVICE	ON	03/26/02	562.00-
05/06/02	00004733	MANAGED H	HEALTH CARE	E T19 ADJS	SERVICE	ON	03/26/02	238.75-
05/28/02	00006915	MEDICAID	PAYMENT		SERVICE	ON	04/23/02	114.00-
05/28/02	00004733	MANAGED H	CAID MANAG EALTH CARE CAID MANAG	T19 ADJS	SERVICE	ON	04/23/02	31.00-

REMIT TO AURORA SINAI MEDICAL CTR PO BOX 341100 MILWAUKEE WI 532341100

BEGINNING BALANCE NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS CURRENT ACCOUNT BALANCE

0.00 2557.25

2557.25-0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT: AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

HEALTH CARE AURORA AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1 07/08/03 17:18

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3002

BILL TO MS CASSANDRA L WHITE

MILWAUKEE WI 532101016

2972 N 74TH ST

BILLING PERIOD: 01/04/03 07/08/03

**CERTIFIED BILLING** 

APT 4

USA

NO. OF PAGES.

SRV DATE REF NBR DESCRIPTION

01/03/03 87939100 MR CONTRAST/GADOLINIUM 20CC (QTY OF 0001) 658.25 01/03/03 87932800 MR UPPR EXT JT WO CNTRST LT (QTY OF 0001) 540.25

-- WE HAVE BILLED THE FOLLOWING INSURANCE(S) --COMPCARE 01/04/03 - 01/10/03

MEDICAID MANAGED HEALTH 01/04/03 - 01/10/03 05/12/03 00006913 COMPCARE PAYMENT

SERVICE ON 01/03/03 599.25-COMPCARE 05/12/03 00004713 COMPCARE ADJUSTMENT

SERVICE ON 01/03/03 599.25-COMPCARE

05/15/03 00006902 COMMERCIAL INSURANCE PAYMENT SERVICE ON 01/03/03

0.00 MEDICAID MANAGED HEALTH

REMIT TO AURORA SINAI MEDICAL CTR PO BOX 341100 MILWAUKEE WI 532341100

BEGINNING BALANCE NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS CURRENT ACCOUNT BALANCE

0.00 1198.50 1198.50-

0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT: AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

### AURORA HEALTH CARE AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1 07/08/03 17:18

13252.26-

0.00

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3051

BILL TO MS CASSANDRA L WHITE

BILLING PERIOD: 02/22/03 07/08/03

2972 N 74TH ST

CERTIFIED BILLING

APT 4 MILWAUKEE WI 532101016

USA

NO. OF PAGES\_

SRV DATE REF NBR	Decorre	77.031	
	DESCRIPT PRE-OP ASSESSMENT		
02/21/03 1/330000	PREGNANCY QUAL URINE	(QTY OF 0001)	
02/20/03 04143100	PREGNANCY QUAL URINE	(QTY OF 0001)	55.50
02/20/03 33009230	MODDITUE CH9998	(QTY OF 0002)	34.30
02/28/03 33000011	. MORPHINE SULFATE 997	(QTY OF 0001)	35.52
02/28/03 33000024	FREGNANCI QUAL URINE FENTANYL C #9998 MORPHINE SULFATE 997 SEVOFLURANE 999 SHOULDER SURGERY IMPLANTS SAME DAY PREP	(QTY OF 0001)	372.62
02/28/03 02/08/41	SHOULDER SURGERY	(QTY OF 0001)	6073.25
02/28/03 02/01621	IMPLANTS	(QTY OF 0001)	261.00
02/28/03 17310202	SAME DAY PREP	(QTY OF 0001)	176.00
02/28/03 17310251	SAME DAY NURSE TIME 1/2 HR	(OTTO OT ACCO)	607.50
02/28/03 13700175	ANESTHESIA - GENERAL 1 - 4	HRS (QTY OF 0001)	2311.75
02/28/03 02706992	OR SUPPLY. MISCELLANEOUS	(OTY OF 0001)	66.00
02/28/03 02708881	ADDITIONAL SURGERY TIME	/OFFIT OFF 6000)	1481.50
02/28/03 33009280	ZOFRAN #9993	(OTY OF 0004)	106.80
02/28/03 33000011	PROPOFOL 200MG 990	(OTY OF 0002)	134.08
02/28/03 33000031	CEFAZOLIN/DEXTRO 991	(QTT OF 0002)	64.80
02/28/03 33000011	ZOFRAN #9993 PROPOFOL 200MG 990 CEFAZOLIN/DEXTRO 991 DEMEROL 25MG 992 KETOROLAC TROMET 994	(QTT OF 0001)	34.77
02/28/03 33000011	KETOROLAC TROMET 994	(QII OF 0001)	34.//
02/28/03 33010875	ZANTAC 150MG 995	(QTY OF 0001)	41.59
02/28/03 33000041	LACTATED RINGERS 99	(QTY OF 0001)	3.98
02/28/03 92752914	PACU LEVEL 2, 1ST 30 MIN		111.30
02/28/03 92752952	SURGICAL HOLDING		949.00
02/28/03 92752917	PACU LEVEL 2 EA ADD'L 30 MI	(QTY OF 0001)	74.75
,,,,	WE HAVE DILLED THE BOLLO	N (QTY OF 0001)	34.75
	WE HAVE BILLED THE FOLLOW COMPCARE	WING INSURANCE(S)	
	MEDICATE MANAGED HEAT HE	02/22/03 - 03/06/03	
04/14/03 00006915	MEDICAID MANAGED HEALTH MEDICAID PAYMENT	02/22/03 - 03/06/03	
	35TTT T AT TO 15 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DELIVECT ON 02/21/03	
05/10/00 00000000	MEDICAID MANAGED HEALTI COMPCARE PAYMENT COMPCARE COMPCARE ADJUSTMENT COMPCARE		
05/12/03 00006913	COMPCARE PAYMENT	SERVICE ON 02/21/03	6626.13-
05/30/00 0000455	COMPCARE		
05/12/03 00004713	COMPCARE ADJUSTMENT	SERVICE ON 02/21/03	6626.13-
W	COMPCARE		
REMIT TO			
AURORA SINAI MEDIO	CAL CTR BEGINNING BA	ALANCE	0.00
PO BOX 341100	NEW CHARGES	ADJUSTMENTS	13252.26
MILWAUKEE WI 53032	ממדאל באור האיניו האיניות אורים אורי	1/0000 700	

MILWAUKEE WI 532341100

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

NEW PAYMENTS/CREDITS

CURRENT ACCOUNT BALANCE

IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT PLEASE CONTACT: AURORA SINAI MEDICAL CTR PHONE: (414) 647-3147 OR 1-800-958-6202

Milwaukee Orthopedic Specialists, S.C. 1575 N. RiverCenter Drive, #160 Milwaukee, WI 53212 (414) 274-7220 fax: (414) 274-7227

# WORK STATUS RECORD

Exam Date:  Diagnosis:  S/hous 5  First date of absence:  S/he can return to work with no limitations on  S/he can return to work with the limitations indications indications.	Patient Name: Casarda With  Chart Number:  Date of Birth:  Patient states medical condition is work related:  Yes No  (date).  ted below on
S/he is totally incapacitated until	(date).
Sedentary Work. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of waiking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.  Light Work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in the category when it requires walking and/or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.  Light Medium Work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.  Medium Work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.  Light Heavy Work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.	IMITATIONS  1. In an 8 hour work day patient may:  Stand/Walk  None
other instructions/Limitations including pertinent  These Limitations are in effect until:  Provider's Signature	PRESCRIBED MEDICATIONS:  With Aug 2 wish, Then  Plan & rish.

Aurora Rehabilitation Control	
St. Luke's Medical Center	White, Cassandra
Sinai Samaritan Medical Center Hartford Memorial Hospita	41-96-50 Compcare 03373291
1 108 Medical Count 1 on	
REHABILITATION EVALUATION SUMMARY-Single Dis	Dr. Mark Wichman
Acute Coutpatient	
Diagnosis 1 MNISICU @ Bentary MARIN	CHIELT PERMU
Onset Date: 1// Surgery Date: N/A 2/00/03	A
Social History: (2-2) the and a Cultural	The state of the s
point point point out and bantond i	poly Discould a pois on the Co Shauldon
795-067	
See Medical History Question	onnaire + Kenching (M
THE WAY OF WIND COUNTY	
Level of Function needed to return to previous activity/ADLs/Work:	predora above limitations will
Assessment: Functional Limitations Due to:	
☐ Impaired Gait	
Impaired Activity Tolerance Impaired Joint Motion Impaire	d Cognition
Impaired Activity Tolerance Impaired Skin Integrity Impaired Work / Leisure Tolerance Excessive Scar Tissue	
ZA Fair	Muscle Guarding
Number	
Number Discharge Goals Target Date:	Bushs I zwams
Pitodomon Strate (Un reason for all in	Manual Sala I reatment Plan
ENVE to about BUE 1,12 10 165 Overhead	Strength Thempiric everniso la extruster
Epitodomon Strate (UC reason) topoline  (2) VE to abour BUE 1, Ct 10 165 Over head  2. Domon Strate increased (4) Shoulder (1)	to life and y manual thorages
Discharge Goals Target Date:  (P) to domar Strate (UC reased) topoline  (D) VE to about BUE 1, (1 10 165 Over head)  2. Domar Strate increased (1) Shouldon (1)  Lo 160° to about Manhine also were	A life County manual charages Plantes and Pool Occasions Charages
Discharge Goals Target Date:  (P) to domar Strate (UC 12050) topoline  (D) VE to about BUE 1, L 10 165 Overhead  2. Domar Strate increased (D) Shoulder (C)  Lo 160° to about Machine, Buorkead  3. Domar Strate Juntial IR of (D) UE	A life Country manual horagy  evine Arout Pool exercise flexibility  No me Property Dog None
Discharge Goals Target Date:  [PI Lo domar Strate (UC 12050) Lupeline  CIVE to allow BUE 1. It 10 165 Overhead  2. Domar Strate increased (I) Shoulder (1)  Lo 160° to allow Marking, overhead  3. Domar Strate Jupitian I P. of CIVE  Lo allow Mark Law had	La lili County manual thoragy,  evin Arout Paol Occisions fleribility  for the Down Property Oran Manual Comments of the County
Discharge Goals Target Date:  (P) to domar Strate (UC 12050) topoline  (D) VE to about BUE 1, L 10 165 Overhead  2. Domar Strate increased (D) Shoulder (C)  Lo 160° to about Machine, Buorkead  3. Domar Strate Juntial IR of (D) UE	Thought Thempiric exercise notivity to life Country manual thorapy Perin Around Pool Occasions theria, life Shawber Hashing Joseph Jose
Discharge Goals  [PI to domar Strate (UC reased) toppel in  QUE to about BUE 1.1 10 165 Overhead  2. Domar Strate increased (US houlder (C  to 160° to about reaching, our read  3. Domar Strate Juntinal IR of OUE  to about Mach for any book for Tip  Stind.  Potential for Goal Achievement: 1000001 For Tip	Thought Thempiric exercise nedicity to life Country manual Thorapy exim Arope 200 Coccicisos Heria, lify Name Propinisos program Institute Topiniag.  Frequency: 3x lub. Duration: bureto
Discharge Goals  [PILODEMAN SHATE (UCKEDS LO) LUPE IN COME AND BUE IN 10 165 OVAT LEAD  2. NO MAN SHATE INCRECEN (USMUNDER OF COME AND INCREMENTAL OF COME AND MAN AND	Thought Thempiric exercise netroisey  to life auror manual horapy  evin Arout Pool exercises their life  No me Proposes proposes  Ishauter passing  Frequency: 3x/mc Duration: 6 weeks
Potential for Goal Achievement: (+) = Benefit (-) = Barriers    Potential for Goal Achievement: (+) = Benefit (-) = Barriers   Potential Support Weight Bearing Status   Activity	Shoulder particle exercise notivity  Le ili ander manual thorage,  evin Arout Part exercises there, hily  Shoulder posture specialized.  Frequency: 3x lub Duration: 6 weeks
Potential for Goal Achievement: (+) = Benefit (-) = Barriers  Family Support Weight Bearing Status Activity  Patient agrees with treatment filan and goals  Potential grees with treatment filan and goals	Tolerance Cognition (Communications)
Potential for Goal Achievement:   DGood   Fair   Limited Factors related to Goal Achievement:   He Benefit (-) = Barriers   Motivational Level   Safety Awareness   Medical   Mark of the Color   Medical   Mark of the Color   Medical   Me	Frequency: 3x wc Duration: 6 weeks  Tolerance Cognition / Communication  Status Other:
Potential for Goal Achievement: (+) = Benefit (-) = Barriers  Family Support Weight Bearing Status Activity  Patient agrees with treatment filan and goals    Potential for Goal Achievement filan and goals   Patient agrees with treatment filan and goals   Patient agrees with treatment filan and goals   Patient agrees with treatment filan and goals	Frequency: 3x we Duration: 6 weeks  Tolerance of Cognition / Communication  Status Other:  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Potential for Goal Achievement: (+) = Benefit (-) = Barriers  Activity  Motivational Level Safety Awareness  Patient agrees with treatment plan and goals  For Physician: \( \) NA	Frequency: 3x we Duration: 6 weeks  Tolerance of Cognition / Communication  Status Other:  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Potential for Goal Achievement:   Good   Fair   Limiter Factors related to Goal Achievement:   Hearing Status   Activity   Motivational Level   Safety Awareness   Medical Patient agrees with treatment plan and goals   Signature   N/A   Potential   N/A   Por Physician Review. This form does not need to be returned.	Frequency: 3x wc Duration: 6 weeks  Tolerance Cognition / Communication  Status Other:  1 Certify the need for these and in the second of the
Potential for Goal Achievement:   Mentage   Medical   Me	Frequency: 3x wc Duration: 6 weeks  Tolerance Cognition / Communication  Status Other:  1 Certify the need for these and in the second of the
Potential for Goal Achievement: (+) = Benefit (-) = Barriers  Family Support Weight Bearing Status Activity  Motivational Level Safety Awareness Medical  Signature  Potential: N/A  For Physician: N/A  New Add (100 Pages 100 Pa	Frequency: 3x wc Duration: 6 weeks  Tolerance Cognition / Communication  Status Other:  2///5/63.  3//-64/34/  Telephone Number

$\mathcal{J}$	Aurora He Aurora Rehabi St. Luke's Medical Cente Sinai Samaritan Medical	ilitation Cente er	r 'est Allis Memoria artford Memoria	ial Hospital	White, Cassandra 41-96-50 Compcare 03373291 08/17/1970	
	INITIAL EVALUATIO		to Martinal C.	cal Clinic	Dr. Mark Wichman	
	P.T. Sports Medicine	Institute 🗍 i	nnations Bakasan	ation		
	Diagnosis: 19415/Au Subjective/Pain: Now:	DANCON LA		(B) PAUP	recautions: TAMA ADA	A = Not Applicable by, No Shingthering
is we	Photopolic Was Si	Of the	Layer Orac	end ald au	d pain waiso	XY Right /
*		Danding: (B)	Khee laby	I devise my	BKASO KYPSIELUSA	1
	Palpation: Willia Lu Scapular Position: (Lo	D- NOLLANCO	1. 1.	ODIODS	Lendan area	
443/	UE Sensation: NT	ngingU Intact	nward Botation	Elevate	Depresse	
	Functional Range of Mo	tion: NT	LR	1	- 1 N GOLT (C) (C) (C)	,
	Place hand on opposite shou		es No Yes I			L R Yes No Yes No
	Touch top of head Place hand behind neck	N N		Over hea	nd behind back d reach	NILLA
	Comments:			<u>· .                                   </u>		
E	Servical ROM: ☑ NT ☐ Ibow / Wrist / Hand: ☑ N'	T 🗆 WEI		*		
Þ	All motions WFL except Only those motions that	those noted	d are noted	☐ Gross m	uscle strength WFL except a	Cathod
د. م	L Only those motions that	were assessed			uscle strength WFL except a scle strength that was assess	s noted. sed are noted.
د. م	MOVEMENT (1) Flexion Afroido:	were assessed ROM	n Silipa	T =	uscle strength WFL except a scle strength that was assess MUSCLE(S)	sed are noted.
	MOVEMENT  Flexion Abduction  Ext. Rot. (0/45/90)  MOVEMENT  Alra (0/45/90)  Mark 6.2  Movement  Mark 6.2  Movement  Mark 6.2  Movement  Mark 6.2  Movement	Were assessed ROM		END 5	That was assess	MMT L R  2 /5 /5
د. م	MOVEMENT Flexion Abduction  Movement Abduction Abduction  Man 62	Were assessed	n Silipa	END 5	That was assess	Sed are noted.  MMT L R
	MOVEMENT Flexion Abduction Abduction Abduction Abduction Ext. Rot. (0/45/90)  William Abduction	Were assessed	n Silipa	END 5	That was assess	MMT L R  2 /5 /5 /5 /5 /5 /5 /5 /5 /5
	MOVEMENT Flexion Abduction Abduction Abduction Abduction Ext. Rot. (0/45/90)  William Abduction	Were assessed	n Silipa	END 5	That was assess	MMT   R
	MOVEMENT (1) Flexion Afro, 10 Abduction Mark 6.2 Ext. Rot. (0/45/90) (75 Int. Rot. (0/45/90) So	Were assessed ROM	n Sang.	END FEEL SOL	MUSCLE(S)	MMT L R 2 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5
レーレー レーレー *=	MOVEMENT  Flexion Adviction Abduction Abduction Abduction Ext. Rot. (0/45/90) Int. Rot. (0/45/90)  Painful A = Active, A/A = Act	Were assessed  ROM  ROM  ROM  ROM  ROM  ROM  ROM  RO	n Sang.	END FEEL SOL	That was assess	MMT   R   /5   /5   /5   /5   /5   /5   /5
レーレー レーレー *=	MOVEMENT  Flexion Alra 10 Abduction Abduction Ext. Rot. (0/45/90) Int. Rot. (0/45/90)  Painful A = Active, A/A = Active A/	Were assessed  ROM  ROM  ROM  ROM  ROM  ROM  ROM  RO	n Sang.	END FEEL SOL	MUSCLE(S)	MMT L R 2 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5
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Aurora Medical Cente		Memorial Hospital	Dr. Mark Wichman	
DAILY PROGRESS  ☐ Óccupational ☐ Physics		27		
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☐ Aurora Medical Cent	er, Hartford 🔲 West Alli:	s Memorial Hospital	Dr. Mark Wichman	
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Signature

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St. Luke's Medical Center	03373291 08/17/1970
	Dr. Mark Wichman
DAILY PROGRESS NOTE - 4 Session  Occupational Physical Speech Recreation	
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- 1	Aurora Rehabi  Aurora Health Center Site: Aurora Medical Cent  DAILY PROGRES: Occupational Phy Sports Medicine Institu Treatment Diagnosis: Missed Appointments:  Time (min) / Units / Equipment Goals: # Date  Target Date/Visits: Date Met # Date	Aurora Rehabilitation Center    Aurora Health Center   Site:   Ste:   Ste:   Ste:   Ste:   Ste:   Ste:   Ste:   Ste:   Ste:   Aurora Medical Center, Hartford   W   DAILY PROGRESS NOTE - 4 Session Occupational   Physical   Speech   Inpatient Research Program   Ph.   Paregiver:   Target Date/Visits:   Date Met   Pate   Ph.   Paregiver:   Target Date/Visits:   Date Met   Ph.   Paregiver:   Topic:   Ph.   Paregiver:   Ph.   Ph.   Ph.   Paregiver:   Ph.   Ph.   Paregiver:   Ph.   Ph.	Aurora Rehabilitation Center    Aurora Health Center   Site:   St. Luke's Medica Site:   St. Luke's Medica Site:   West Allis Memoi   West Allis Memoi   West Allis Memoi   DAILY PROGRESS NOTE - 4 Session   Occupational   Physical   Speech   Recreation   Recreation   Recreation   Sports Medicine Institute   Inpatient Rehabilitation Programment Diagnosis:   Daily   Daily	Aurora Rehabilitation Center  Aurora Health Center Site: St. Luke's Medical Center Site: St. Luke's Medical Center  Foot: St. Luke's Medical Center  St. Luke's Medical Center  St. Luke's Medical Center  Sealing Heaping  Sealing Heaping  St. Luke's Medical Center  St. Luke's Medical Center	Aurora Rehabilitation Center  Aurora Health Center  Site: Si	Aurora Rehabilitation Center    Aurora Health Center



# CERTIFICATION OF MEDICAL RECORDS

PATIENT: <u>Cassandra</u> White
DATE OF TREATMENT: 01-03-02 TO 02-14-02
I, Jackie Sagrowski Correspondence Technician at  Ourora Health Center - River Center
hereby certify that the documents annexed hereto, and consisting of
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.
November 11, 2002 <u>achie Bagrowski</u> Correspondence Technician

### REDISCLOSURE NOTICE

Please be advised that Wisconsin Statutes 146.81 - 146.84, Wisconsin Statute 51.30, and PL 93-282 regulate the confidentiality of and access to patient health records. Redisclosure of the confidential information which is being provided to you is prohibited as specified below.

### All patient health records

This information has been disclosed to you from patient health care records whose confidentiality is protected by Wisconsin Statutes 146.81 - 146.84. Unless authorized, the recipient shall keep this information confidential and may not disclose identifying information about the patient whose records are being released.

Records Involving Treatment for Mental Illness, Developmental Disabilities, Alcohol Abuse, or Drug Abuse.

This information which has been disclosed to you is confidential. Disclosure without patient consent or statutory authorization is prohibited by law.

### Records Involving Treatment for Alcohol or Drug Abuse

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (PL 93-282) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

# AURORA HEALTH CENTER - DOWNTOWN 1575 North RiverCenter Drive - Milwaukee, WI 53212

PATIENT:

WHITE, CASSANDRA

DOB:

08/17/70

CHART: ATTENDING:

M. Flejsierowicz, M.D.

February 14, 2002

This is a 30--year-old African-American female who just underwent a left shoulder surgery by Dr. Boyle and she is now getting extensive physical therapy. She is here for follow-up.

She does complain of about a few day history of cough and congestion.

### PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 110/80.

HEENT: Throat looks clear.

LUNGS: There was rhonchi present in the right mid lung field and scattered wheezing present. No

rales.

CARDIOVASCULAR: S1, S2. Normal heart rate and rhythm. No murmurs or gallops appreciated. MUSCULOSKELETAL: Her left shoulder, she has good range of motion. She is able to comb her hair. There is a scar present medially but it is well healed. There is no open areas present and not a lot of tenderness to palpation.

#### ASSESSMENT AND PLAN:

1. Left shoulder surgery. Patient is recovering uneventfully. She does see Dr. Boyle every two weeks for regular follow-up.

2. Bronchitis, acute with a bronchospasm. I am giving her Z-Pak for five days plus Robitussin-AC for the cough. She was warned about possible side effects.

M. Flejsierowicz, M.D.

DD: 02/14/02 DT: 02/20/02

# AURORA HEALTH CENTER – DOWNTOWN 1575 North RiverCenter Drive – Milwaukee, WI 53212

PATIENT:

WHITE, CASSANDRA

DOB: CHART:

ATTENDING:

M. Flejsierowicz, M.D.

January 22, 2002

PREOPERATIVE EVALUATION: Left shoulder arthroscopic surgery done by Dr. Austin Boyle on 01/25/02.

HISTORY OF PRESENT ILLNESS: This a 31-year-old African-American female who is her for preoperative evaluation for left shoulder injury due to a fall back in November.

PAST MEDICAL HISTORY: Includes a history of seizure disorder.

ALLERGIES: Denies drug allergies.

MEDICATIONS: Tegretol.

FAMILY HISTORY: Significant for high blood pressure and epilepsy.

SOCIAL HISTORY: Patient is a smoker, smokes a few cigarettes a day. Denies alcohol.

REVIEW OF SYSTEMS: Unremarkable except for her left shoulder pain. She denies chest pain, shortness of breath, abdominal pain, nausea or vomiting. No blood in her stool.

PHYSICAL EXAMINATION: She is alert and oriented.

HEENT: External ear canals are clear. Tympanic membranes are intact. There is a little bit of left-sided ptosis, but this is not new.

NECK: Supple. No thyromegaly. No nodules. No lymphadenopathy.

LUNGS: There is good air movement. No crackles. No wheezes.

CARDIOVASCULAR: S1, S2. Normal heart rate and rhythm. No murmurs, gallops or rubs appreciated.

ABDOMEN: Soft, nontender. Normal bowel sounds. No CVA tenderness.

EXTREMITIES: Normal peripheral circulation with good pedal pulses.

SKIN: Normal.

NEUROLOGIC: Normal without focal deficit.

ASSESSMENT AND PLAN: Preoperative evaluation for left shoulder surgery. We will obtain CBC, BUN, creatinine and electrolytes.

Please call me if you have any questions.

M. Flejsierowicz M. DD: 01/22/02

DT: 01/23/02

# AURORA HEALTH CENTER - DOWNTOWN 1575 North RiverCenter Drive - Milwaukee, WI 53212

PATIENT:

WHITE, CASSANDRA

DOB:

08/17/70

CHART:

ATTENDING:

M. Flejsierowicz, M.D.

January 17, 2002

This patient is here to follow-up on her left shoulder injury from her fall in the beginning of November. She did see Dr. Boyle and she is thinking about the surgery that he suggested. She still complains about episodes of instability of her left shoulder and pain.

#### PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 120/80.

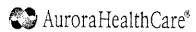
EXTREMITIES: Left shoulder, there is limited range of motion on rotation anteriorly and posteriorly. No swelling, warmth or deformity. No impingement sign. Normal muscle strength and pulses.

ASSESSMENT AND PLAN: Left shoulder injury due to fall. The patient was reassured that surgery is probably a very good idea. I did review the MRI results with her. She does have some concerns, but I would like her to address all her concerns with Dr. Boyle, and I think she should proceed with the surgery since she does continue to have the left shoulder problem. She was going to get back to me if she needs a preoperative clearance.

H. Fly ruse M. Flejsierowicz, M.D.

DD: 01/17/02 DT: 01/22/02

### Aurora Sinai Medical Center



945 North 12<sup>th</sup> Street Milwaukee, WI 53233 414-219-2000 Patient:

WHITE, CASSANDRA L

MRN:

SSMC-419650 08/17/1970

DOB: Case #:

SSMC-05052092

Pt. Loc/Type:

ER-SSMC Emergency Department

### RADIOLOGY BEPORT

Exam

DX Shoulder 2 View Min LEFT

Exam Date/Time 01/26/2002 09:40:47

Accession Number DX-02-0017445

Ordering MD Silkey, John

DX Report

CLINICAL HISTORY: Surgery on Thursday for tendon muscle repair, seizure, injury.

There is no evidence of acute fracture or dislocation.

Dictating MD: Glazer, Mark

Electronically Signing MD: Mark Glazer

Transcribed Date/Time: 01/26/2002 17:15

Transcribed By: KT

Signed Date/Time: 01/26/2002 19:14

Page 1 of 1

Print Date: 01/27/02 6:39 AM

MILWAUKEE WI 532123965

AURORA HEALTH CENTER - MILWAUKEE 1575 NORTH RIVERCENTER DRIVE STE 112

Lepgold, Edith L

#### Aurora Sinai Medical Center Aurora Health Care Milwaukee, Wisconsin

WHITE, CASSANDRA L 000000-41-96-50

SCE

Austin J. Boyle, III, M.D.

000003054649 DOB: 08/17/1970

Page 1

PROCEDURE DATE: 01/24/2002

SURGEON: Austin Boyle, M.D.

ASSISTANT: Stephen Meissner, PAC.

ANESTHESIA: General.

PREOPERATIVE DIAGNOSIS: Anterior instability, left shoulder.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATIVE PROCEDURE: Anterior shoulder reconstruction, left (Bankart).

ESTIMATED BLOOD LOSS: Negligible.

DRAINS: None.

FLUIDS: Crystalloid.

CLINICAL NOTE: The patient is a 31- year-old black female who dislocated her left shoulder and has had recurrent episodes of instability. MRI scan has demonstrated a Hill-Sachs lesion, as well as a Bankart lesion anteriorly. She was brought to the operating room today for the above procedure after discussing the risks, benefits, and alternatives.

OPERATIVE PROCEDURE: The patient was given general anesthesia while supine and received Cefazolin 2 gm IV. The left upper extremity was then prepped with Betadine scrub and solution from the midline to the wrist and then draped free in the usual fashion. proposed incision site was infiltrated with Bupivacaine/Epinephrine solution. An incision was then made from the coracoid process extending distally towards the axillary fold. Hemostasis was accomplished with electrocautery. The cephalic vein was identified and retracted laterally, a few communicating vessels coagulated. The clavipectoral fascia was divided and a self-retaining retractor was placed. There was noted to be an accessory ossicle at the tip of the coracoid, somewhat lateral, with a lateral position of the conjoined tendon. This ossicle was excised. The subscapularis muscle was then detached just medial to its insertion and a humeral head retractor placed, as well as a retractor on the neck of the glenoid. There was a large Bankart lesion extending from 10 o'clock to approximately 6 o'clock. This was cleaned with a curet and three drill holes were made and three mini-Revo anchors placed. The labrum was then sutured down to the rim with #2 polyester through these anchors. Excellent repair was accomplished. No other abnormalities were noted in the joint. The area was copiously irrigated and the subscapularis reattached with interrupted figure of eight #2 polyester suture as well. Excellent repair was accomplished. After further irrigation, the deltoid split was closed with 0 Vicryl, subq. with 0 Vicryl and 3-0 Vicryl, skin with running subcuticular 3-0 nylon. Benzoin and Steri-Strips were placed, followed by a sterile dressing and a shoulder immobilizer. The patient was then transferred to recovery area in good condition. The patient tolerated the procedure well.

Needle and sponge counts were reported as correct.

OPERATIVE/PROCEDURE REPORT 886203

Send To: Edith L. Lepgold, M.D.

Aurora Sinai Medical Center Aurora Health Care Milwaukee, Wisconsin

WHITE, CASSANDRA L 000000-41-96-50 SCE Austin J. Boyle, III, M.D.

000003054649

Page 2

DOB: 08/17/1970

Local tissues were infiltrated with additional Bupivacaine/Epinephrine solution at the end of the procedure for postoperative analgesia.

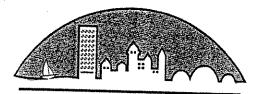
Austin J. Boyle, III, M.D.

AJB/dmm 000019632 d. 01/24/2002 t. 01/29/2002 8:35 P Document #: 886203

cc: Austin J. Boyle, III, M.D. Edith L. Lepgold, M.D.

> OPERATIVE/PROCEDURE REPORT 886203

> > Send To: Edith L. Lepgold, M.D.



Telephone (414) 274-7220 Fax (414) 274-7227

www.milwortho.com

### Milwaukee Orthopedic Specialists, S.C.

Orthopedic Surgery and Sports Medicine
1575 N. RiverCenter Drive • Suite 160 • Milwaukee, Wisconsin 53212

January 15, 2002

Dr. E. Lepgold 1575 N. RiverCenter Drive Milwaukee WI 53212

Re: Cassandra White

Dear Dr. Lepgold:

Ms. Cassandra White was evaluated on 01/14/02 in our office at your request. She is a 31 year old black female who fell forcefully over a curb about two months ago, in November. Since then she has had recurrent episodes of instability. She has undergone radiographic and MRI evaluation, her MRI scan done at SSMC on 01/10/02, demonstrating findings compatible with anterior instability, stripping of the anterior capsule with a Hill-Sachs lesion. She is otherwise in good health. Review of systems is negative for chronic diseases/symptoms other than a history of seizures, her most recent in January of this year when she was otherwise ill, temperature of 105 degrees F. Prior to that, she hadn't had one for quite some time. She does take Tegretol on a regular basis.

Examination demonstrated a full range of motion of the right shoulder. On the left, there was limitation of external rotation with a positive apprehension sign, no crepitus, tenderness anteriorly and posteriorly, no swelling, warmth, or deformity, impingement sign negative. Neurovascular examination was intact distally.

Diagnosis: Anterior instability, left shoulder.

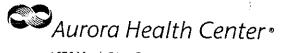
Plan: Ms. White was advised at her age, she is likely to continue to have episodes of subluxation/dislocation. She is reluctant to proceed with surgery, however. Therapy made her symptoms worse so we will go with a period of observation. She will contact us if she decides to proceed with the above referenced reconstructive procedure (Bankart). The position of dislocation was discussed, to be avoided.

Very truly yours,

Austin J. Boyle III, M.D.

AJB/jaa

1/5



1575 North RiverCenter Drive • Milwaukee, WI 53212 Tel (414) 283-8483 • Fax (414) 238-8465

# DIAGNOSTIC IMAGING REQUISITION

Patient: <u>Cassaudia White</u> Date: 1/3/01 Date of Birth: 8/12/20
X-Ray  Chest X-ray
Mammogram  Date of Appointment://  X-ray, Other:/  Mammogram  Date of Appointment://
Ultrasound
Date of Appointment://  Carotid Doppler  Abdomen
Abdomen
Other Studies
escribe:
iagnosis: Pain, deneased range of motion   Screening
Mondag January 7 2002 Sincer Samaritan
Ordering Physician Signature:



# Milwaukee Orthopedic Specialists, S.C.

1575 N. RiverCenter Drive, #160 Milwaukee, WI 53212 (414) 274-7220 fax (414) 274-7227 Tax ID# 39-1149693

# CERTIFICATION OF AUTHENTICITY OF DUPLICATED MEDICAL AND/OR BILLING RECORDS

Pt Name:	Cassandra L White				
DOB:	08/17/1970				
Physician:	Austin J Boyle MD				
Chart #:	07-63-45				
Dates of Service:	V10102 - present				
I, custodian of the medical records/bills for Milwaukee Orthopedic Specialists, S.C., do hereby certify that the attached photographic copy of the medical records and/or bills of the patient listed above constitute a complete, accurate, and legible duplicate of the original on file.  Please note that it is our office policy to not release third-party medical records. These records must be obtained from where they originated.					
Signature, Records C	Eustodian: <u>Ann Marie Sindelor</u>				
Printed Name:	Ann Marie Sindelar				
Date:	11/4/02				

# AUSTIN J. BOYLE III, M.D.

WHITE, Cassandra DOB: 08/17/70

Page 1 #07-63-45

#### 01/14/02

Ms. White is seen at the request of Dr. Lepgold. She is a 31 year old black female who fell forcefully over a curb about two months ago, in November. Since then she has had recurrent episodes of instability. She has undergone radiographic and MRI evaluation, her MRI scan done at SSMC on 01/10/02, demonstrating findings compatible with anterior instability, stripping of the anterior capsule with a Hill-Sachs lesion. She is otherwise in good health. Review of systems is negative for chronic diseases/symptoms other than a history of seizures, her most recent in January of this year when she was otherwise ill, temperature of 105 degrees F. Prior to that, she hadn't had one for quite some time. She does take Tegretol on a regular basis.

Examination demonstrated a full range of motion of the right shoulder. On the left, there was limitation of external rotation with a positive apprehension sign, no crepitus, tenderness anteriorly and posteriorly, no swelling, warmth, or deformity, impingement sign negative. Neurovascular examination was intact distally.

Diagnosis: Anterior instability, left shoulder.

Plan: Ms. White was advised at her age, she is likely to continue to have episodes of subluxation/dislocation. She is reluctant to proceed with surgery, however. Therapy made her symptoms worse so we will go with a period of observation. She will contact us if she decides to proceed with the above referenced reconstructive procedure (Bankart). The position of dislocation was discussed, to be avoided.

AJB/jaa

cc: Dr. E. Lepgold 575 N. RiverCenter Drive Milwaukee WI 53212

01/24/02 - SSMC Bankart reconstruction, left shoulder.

<u>:01/31/02</u> \*\*\* \* ± \*

Ms. White returns, about a week out. Her sutures were removed. There were no signs of infection. She did sustain a seizure post-surgery.

Radiographs obtained today demonstrated good position of her suture anchors with no evidence of recurrent dislocation.

Diagnosis: Status post-Bankart reconstruction, left shoulder.

## AUSTIN J. BOYLE III, M.D.

WHITE, Cassandra

Page 2 #07-63-45

### <u>01/31/02</u> (continued)

Plan: Ms. White was given a prescription for a new sling, which she may discontinue in two weeks. Physical therapy has been scheduled. We will see her in three weeks. She did not require any additional analgesic medication.

AJB/ram

cc: Dr. E. Lepgold 1575 N. River Center Drive Milwaukee WI 53212

## 02/19/02

Ms. White returns, in very good spirits. Her incision is healing well. She has excellent motion. She has no sense of instability. She is attending physical therapy. She is three and a half weeks out.

Diagnosis: Status post anterior reconstruction, left shoulder.

**Plan**: Ms. White will continue with physical therapy and return to see us in four weeks. She requested no additional analgesics.

-

AJB/ram

C: Dr. E. Lepgold 1575 N. RiverCenter Drive Milwaukee WI 53212

## 03/19/02

Ms. White returns, 7 ½ weeks out. She is doing very well. She wants to start looking for work. She will finish physical therapy this month.

Exam demonstrated near full range of motion with slight loss of external rotation. Rhythm was good.

Diagnosis: Status post anterior reconstruction, left shoulder.

Plan: Ms. White will finish up physical therapy and continue with a home program. She may look for light-medium work. We will see her back in 6 weeks for probable final evaluation.

AJB/nrs C: Dr. E. Lepgold 1575 N. RiverCenter Drive Milwaukee WI 53212

4/30/02 NS

6/7/02 Appt Cancel No Current Ins. /mw

## AUSTIN J. BOYLE III, M.D.

WHITE, Cassandra

Page 3 #07-63-45

#### 08/23/02

Ms. White returns, 7 months out. She is working. She feels that she has improved 70%. She did note that the anchors in her left shoulder set off a metal detector 3 times.

Exam demonstrated a full range of motion of the left shoulder with slight loss of external rotation. Apprehension test was negative.

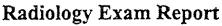
Radiographs were not repeated.

Diagnosis: Status post left anterior shoulder reconstruction.

Plan: Ms. White will continue home exercises. I expect that her strength, which she states she lacks, will improve over the next 6-12 months. We will see her back on an as needed basis. She will contact us if she needs anything in writing regarding the metal in her shoulder.

AJB/nrs

cc: Dr. E. Lepgold 575 N. RiverCenter Drive Milwaukee WI 53212



Patient Name: WHITE: CASSANDRA

MRN: 419650

Patient Type: Outpatient Services Accession No: MR-02-0006425 Exam Date/Time: 1/10/02 2:35 PM

Ordering Physician: Flejsierowicz, Magdalena Transcribed Date/Time: 1/10/02 6:58 PM

Radiologist: Lawson, Thomas L

Reason for Exam: Pain

DOB/Age/Sex: 8/17/70 31 Years Female

Location: IMAGING-SSMC Exam: MR Shoulder LEFT Exam Status: Completed

Transcriptionist: Pawlak, Karen L

Report Status: Final

Resident:

MR Report

CLINICAL HISTORY: The patient is a 31-year-old female who fell one month ago and injured her left shoulder. She now has pain and decreased range of motion.

Multiplanar, multisequence MRI of the left shoulder is obtained.

There is a prominent left shoulder joint effusion. There is anterior capsular stripping. There also is an abnormality along the posterior left femoral head with associated bone marrow edema. This most likely represents a Hill-Sachs deformity and a fracture.

The anterior labrum is somewhat rounded and there is high signal intensity at the base of the anterior labrum. This is highly suggestive of an anterior labral injury.

The rotator cuff is normal and is intact. There is normal signal intensity and normal appearance of the subscapularis, supraspinatus and infraspinatus tendons. There is no subacromial or subdeltoid bursal effusion.

The long head of the biceps tendon is intact.

#### IMPRESSION:

- 1. No rotator cuff tear.
- 2. Joint effusion and what appears to be sequelae of anterior capsular stripping, and injury to the anterior glenoid labrum, and a probable Hill-Sachs deformity of the posterior humeral head with a suggestion of associated bone marrow edema.

cc: Dr. Boyle

\*\*\* END OF REPORT \*\*\*

#### Aurora Sinai Medical Center Aurora Health Care Milwaukee, Wisconsin

WHITE, CASSANDRA L 000000-41-96-50

SCE

Austin J. Boyle, III, M.D.

000003054649 DOB: 08/17/1970

Page 1

PROCEDURE DATE: 01/24/2002

SURGEON: Austin Boyle, M.D.

ASSISTANT: Stephen Meissner, PAC.

ANESTHESIA: General.

PREOPERATIVE DIAGNOSIS: Anterior instability, left should

POSTOPERATIVE DIAGNOSIS: Same.

OPERATIVE PROCEDURE: Anterior shoulder reconstruction, left (Bankart).

ESTIMATED BLOOD LOSS: Negligible.

DRAINS: None.

FLUIDS: Crystalloid.

CLINICAL NOTE: The patient is a 31-year-old black female who dislocated her left shoulder and has had recurrent episodes of instability. MRI scan has demonstrated a Hill-Sachs lesion, as well as a Bankart lesion anteriorly. She was brought to the operating room today for the above procedure after discussing the risks, benefits, and alternatives.

OPERATIVE PROCEDURE: The patient was given general anesthesia while supine and received Cefazolin 2 gm IV. The left upper extremity was then prepped with Betadine scrub and solution from the midline to the wrist and then draped free in the usual fashion. The proposed incision site was infiltrated with Bupivacaine/Epinephrine solution. An incision was then made from the coracoid process extending distally towards the axillary fold. Hemostasis was accomplished with electrocautery. The cephalic vein was identified and retracted laterally, a few communicating vessels coagulated. The clavipectoral fascia was divided and a self-retaining retractor was placed. There was noted to be an accessory ossicle at the tip of the coracoid, somewhat lateral, with a lateral position of the conjoined tendon. This ossicle was excised. The subscapularis muscle was then detached just medial to its insertion and a humeral head retractor placed, as well as a retractor on the neck of the glenoid. There was a large Bankart lesion extending from 10 o'clock to approximately 6 o'clock. This was cleaned with a curet and three drill holes were made and three mini-Revo anchors placed. The labrum was then sutured down to the rim with #2 polyester through these anchors. Excellent repair was accomplished. No other abnormalities were noted in the joint. The area was copiously irrigated and the subscapularis reattached with interrupted figure of eight #2 polyester suture as well. Excellent repair was accomplished. After further irrigation, the deltoid split was closed with 0 Vicryl, subq. with 0 Vicryl and 3-0 Vicryl, skin with running subcuticular 3-0 nylon. Benzoin and Steri-Strips were placed, followed by a sterile dressing and a shoulder immobilizer. The patient was then transferred to the recovery area in good condition. The patient tolerated the procedure well.

#### Aurora Sinai Medical Center Aurora Health Care Milwaukee, Wisconsin

WHITE, CASSANDRA L 000000-41-96-50

SCE

Austin J. Boyle, III, M.D. 000003054649

DOB: 08/17/1970

Page 2

Needle and sponge counts were reported as correct.

Local tissues were infiltrated with additional Bupivacaine/Epinephrine solution at the end of the procedure for postoperative analgesia.

Austin J. Boyle, III, M.D.

AJB/dmm 000019632 d. 01/24/2002 t. 01/29/2002 8:35 P Document #: 886203

cc: Austin J. Boyle, III, M.D. Edith L. Lepgold, M.D.

. MILWAUKEE ORTHOPEDIC SPECIALISTS, S.C. 1575 N RIVERCENTER DRIVE, SUITE 160 MILWAUKEE, WI 53212 PH 414 274 7220

MOS DOWNTOWN OFFICE PT-0006

1

CASSANDRA L WHITE 2972 N 74TH STREET APT 4 MILWAUKEE WI 53210

11/04/02

0.00

WHITE

CASSANDRA

07-63-45

			C WHITE AUSTIN J BOYLE MD		
08/23/02 08/26/02	12		OFFICE/OUTPATIENT VISIT, EST, I 111.00 COMPCARE # 346551 Filed		111.00
10/14/02 10/11/02			MANAGED HEALTH SERVICES T19 # 346552 Filed		
			PAYMENT CCCOVERAGE TERMED 5c# 346551 C WHITE	0.00	111.00
			AUSTIN J BOYLE MD		
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02/01/02			PAYMENT MANAGED HEALTH SERVC# 208791		222 42
02/01/02			WRITE-OFF MANAGED HE C# 208791	74.58-	
		Patient:	C WHITE	117.42-	111.00
		Doctor:	STEPHEN D MEISSNER PAC		
01/24/02		23455	CAPSULORRHAPHY, ANTERIOR (BANKA 796.00		000 00
01/25/02			MANAGED HEALTH SERVICES T19 # 224681 Filed		907.00
02/11/02			PAYMENT MANAGED HEALTH SERVC# 224681	796.00-	332 00
		Patient:	C WHITE	730.00-	111.00
		Doctor:	AUSTIN J BOYLE MD		
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01/25/02			MANAGED HEALTH SERVICES T19 # 224671 Filed		3233.00
02/11/02			PAYMENT MANAGED HEALTH SERVC# 224671	1,133.90-	2159.10
02/11/02			WRITE-OFF MANAGED HE c# 224671	2,048.10-	
			C WHITE	-,	********
			AUSTIN J BOYLE MD		
01/31/02		73030	X-RAY EXAM, SHOULDER, COMPLETE, 108.00		219.00
02/05/02	12		MANAGED HEALTH SERVICES T19 # 223051 Filed		

MOS DOWNTOWN OFFICE PT-0006

2

CASSANDRA L WHITE 2972 N 74TH STREET APT 4 MILWAUKEE WI 53210

11/04/02

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WHITE

CASSANDRA

07-63-45

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02/25/02 02/25/02

PAYMENT MANAGED HEALTH SERVC# 223051 30.74- 188.26 WRITE-OFF MANAGED HE c# 223051 77.26- 111.00

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MILWAUKEE ORTHO 1575 N RIVERCENTER DR

07-63-45 MILWAUKEE WI 53212

MOS DOWNTOWN OFF

414 274 7220

LEPGOLD MD

3000 West Montana Street P.O. Box 343910 Milwaukee, WI 53234-3910 T (414) 647-3000 www.AuroraHealthCare.org

Date: 10-9	-03		٠.
Attorney:	Shannon	McCay	
•			

Please find the enclosed copy (ies) of the bill(s) you requested for:

Patient's Name: Coissandra White

Facility: 5:NG

Account Number: 105133414

The fee for this service is: \$8.40

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

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

Please apply to account number: 05/413/3770

Thank you,

Patient Service Representative Aurora Health Care AURORA HEALTH CARE AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1 10/09/03 11:14

PATIENT NAME: WHITE, CASSANDRA L ACCOUNT NBR: 105133414-1332

BILLING PERIOD: 12/01/01 10/09/03

BILL TO

MS CASSANDRA L WHITE

2972 N 74TH ST

APT 4

MILWAUKEE WI 532101016

USA

SRV DATE		DESCRIPTI	ON		
11/29/01	92739774	EVALUATION PT 31-45 MIN	(OTY	OF 0001)	235.25
11/29/01	92739819	THERAP EXERCISE PT PER 15 MI	N (OTY	OF 0001)	70.25
12/10/01	92739789	MANUAL THERAPY PT PER 15 MIN	, <b></b>	OF 0001)	70.25
12/10/01	92739822	ULTRASOUND PT PER 15 MIN	(OTY	OF 0001)	59.75
12/13/01	92739819	THERAP EXERCISE PT PER 15 MI		OF 0001)	70.25
12/13/01	92739822	ULTRASOUND PT PER 15 MIN	\ <del>_</del>	OF 0001)	59.75
12/17/01	92739789	MANUAL THERAPY PT PER 15 MIN		OF 0001)	70.25
12/17/01	92739819	THERAP EXERCISE PT PER 15 MI	, <u>"</u>	OF 0001)	70.25
12/20/01	92739789	MANUAL THERAPY PT PER 15 MIN	YTO)	OF 0002)	140.50
12/20/01	92739819	THERAP EXERCISE PT PER 15 MI	\ <b>x</b>	OF 0001)	70.25
12/27/01	92739824	E STIM UNATT-OTHER THAN WND-	PT (OTY		62.50
12/27/01	92739789	MANUAL THERAPY PT PER 15 MIN	·	OF 0002)	140.50
		WE HAVE BILLED THE FOLLOW	ING INSURANC	TE(S) ==	140.50
		MEDICAID MANAGED HEALTH	12/01/01 -	12/17/01	
		MEDICAID MANAGED HEALTH	12/18/01 -	12/29/01	
04/29/02	00006915	MEDICAID PAYMENT	SERVICE ON	11/20/01	220 00
		MEDICAID MANAGED HEALTH		11/20/01	330.00-
04/29/02	00004733	MANAGED HEALTH CARE T19 ADJS	SERVICE ON	11/20/01	005 50
, ,		MEDICAID MANAGED HEALTH	DDKATCT ON	TT/29/UT	235.50-
09/16/02	00006915	MEDICAID PAYMENT	SERVICE ON	12/17/01	220 00
,		MEDICAID MANAGED HEALTH	DIMATCH OM	TZ/T//01	330.00-
09/16/02	00004733	MANAGED HEALTH CARE T19 ADJS	SEPUTCE ON	10/17/01	004 0-
, •		MEDICAID MANAGED HEALTH		TZ/ T // UI	224.25-
		The second secon	• •		

T.M. 10-9-03

REMIT TO AURORA SINAI MEDICAL CTR BEGINNING BALANCE PO BOX 341100 MILWAUKEE WI 532341100

NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS CURRENT ACCOUNT BALANCE

0.00 1119.75 1119.75-

0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

A U R O R A H E A L T H C A R E
AURORA SINAI MEDICAL CENTER 10/09/03 11:14 PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: WHITE, CASSANDRA L ACCOUNT NBR: 105133414-2026

BILLING PERIOD: 01/27/02 10/09/03

BILL TO

MS CASSANDRA L WHITE

2972 N 74TH ST

APT 4

MILWAUKEE WI 532101016

USA

SRV DATE	REF NBR	DESCRIPTI	ON	
01/26/02	04110100	BASIC METABOLIC PANEL TEGRETOL 400MC 1	(OTY OF 0001)	101 25
01/26/02	04111035	TEGRETOL	(OTY OF 0001)	85 75
0 4 / 6 0 / 0 2	22000012	T DMOOF TOTAME	(QTY OF 0001)	65.75 £ 40
01/26/02	87891700	DX SHOULDER COMPLETE LT	(OTY OF ANAL)	242 25
01/26/02	33000011	LORAZEPAM 2MG 999	(QTY OF 0001)	34.62
01/26/02	92744821	ED LEVEL 4	(QTY OF 0001)	34.0Z
01/26/02	92745159	PULSE OXIMETRY, SINGLE	(QTY OF 0001)	/3/.25
01/26/02	92745057	PROC CARDIAC MONITORING	(QTY OF 0001)	35.50
01/26/02	92744860		(QTI OF 0001)	298.50
01/26/02	92744892	IV PHLEBOTOMY (BLOOD DRAW)	(QTY OF 0001)	22.00
01/26/02	25890015	EMERGENCY PHYS/DETAILED CR-4	(OLI OF 000T)	16.00
01/20/02	20000010	ME HAVE DILLED DIE DOLLOW	(QTY OF 0001)	256.75
		WE HAVE BILLED THE FOLLOW	ING INSURANCE(S)	•
		BLUE CROSS WISCONSIN	01/27/02 - 04/27/02	
04/00/00	0000000	MEDICAID MANAGED HEALTH	01/27/02 - 04/27/02	
04/22/02	00006901	BLUE CROSS PAYMENT	SERVICE ON 01/26/02	0.00
		BLUE CROSS WISCONSIN		
06/10/02	00006915	MEDICAID PAYMENT	SERVICE ON 01/26/02	230.00-
		MEDICAID MANAGED HEALTH		
06/10/02	00004733	MANAGED HEALTH CARE T19 ADJS	SERVICE ON 01/26/02	1606.36-
		MEDICAID MANAGED HEALTH	, = 2, .=	

BEGINNING BALANCE NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS CURRENT ACCOUNT BALANCE	0.00 1836.36 1836.36- 0.00
	NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

# AURORA HEALTH CARE AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1 10/09/03 11:15

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-2032 BILLING PERIOD: 02/08/02 10/09/03

BILL TO MS CASSANDRA L WHITE 2972 N 74TH ST APT 4 MILWAUKEE WI 532101016

USA

SRV DATE REF NBR	DESCRIPT	TON	
	3 EVALUATION PT 16-30 MIN		
02/06/02 9273981	9 THERAP EXERCISE PT PER 15 M	(QTY OF 0001)	161.50
02/12/02 9273978	9 MANUAL THERAPY PT PER 15 MI		72.50
02/12/02 9273981	THERAP EXERCISE PT PER 15 M		72.50
02/16/02 92739819	THERAP EXERCISE PT PER 15 M	. ~ = = = = ,	72.50
02/16/02 92739789	MANUAL THERAPY PT PER 15 MI		72.50
02/19/02 92739789	MANUAL THERAPY PT PER 15 MI	· ** · · · · · · · · · · · · · · · · ·	72.50
02/19/02 92739819	THERAP EXERCISE PT PER 15 M		72.50
02/22/02 92739789	MANUAL THERAPY PT PER 15 MI		145.00
02/22/02 92739819	THERAP EXERCISE PT PER 15 M		72.50
02/26/02 92739789	MANUAL THERAPY PT PER 15 MI	(1	72.50
03/08/02 92739789	MANUAL THERAPY PT PER 15 MIN	,	145.00
03/08/02 92739819	THERAP EXERCISE PT PER 15 M		72.50
03/11/02 92739819	THERAP EXERCISE PT PER 15 MI	· · · · · · · · · · · · · · · · · · ·	72.50
03/14/02 92739789	MANUAL THERAPY PT PER 15 MIN		145.00
03/14/02 92739819	THERAP EXERCISE PT PER 15 MI	· <del></del>	72.50
03/19/02 92739819	THERAP EXERCISE PT PER 15 MI		72.50
03/26/02 92739819	THERAP EXERCISE PT PER 15 MI		145.00
03/29/02 92739819	THERAP EXERCISE PT PER 15 MI		145.00
03/29/02 92739803	RE-EVALUATION PT 0-15 MIN		145.00
04/12/02 92739819	THERAP EXERCISE PT PER 15 MI	(QTY OF 0001)	75.75
04/16/02 92739819	THERAP EXERCISE PT PER 15 MI	· · · · · · · · · · · · · · · · · · ·	145.00
04/18/02 92739819	THERAP EXERCISE PT PER 15 MI		145.00
04/23/02 92739819	THERAP EXERCISE PT PER 15 MI		145.00
	THE WE HAVE DITTED THE BOLLOW	N (QTY OF 0002)	145.00
	WE HAVE BILLED THE FOLLOW MEDICAID MANAGED HEALTH	ING INSURANCE(S)	
	MEDICAID MANAGED HEALTH	02/08/02 - 02/21/02	
	MEDICAID MANAGED HEALTH MEDICAID MANAGED HEALTH	02/22/02 - 03/21/02	
		03/22/02 - 04/20/02	
03/04/02 00006915	MEDICAID DAVADAM	04/22/02 - 04/25/02	
03/04/02 00000313		SERVICE ON 02/06/02	440.00-
03/04/02 00004722	MEDICAID MANAGED HEALTH		
03/04/02 00004/33	MANAGED HEALTH CARE T19 ADJS	SERVICE ON 02/06/02	301.50-
04/08/02 00006915	MEDICAID MANAGED HEALTH		
04/08/02 00000912		SERVICE ON 02/22/02	220.00-
04/09/02 00004722	MEDICAID MANAGED HEALTH		
04/00/02 00004/33	MANAGED HEALTH CARE T19 ADJS	SERVICE ON 02/22/02	70.00-
	MEDICAID MANAGED HEALTH		
04/08/02 00006915		SERVICE ON 02/22/02	440.00-
04/08/02 00004722	MEDICAID MANAGED HEALTH	ŕ	
- COMPANIA AND A STATE OF A A A	AND AND A CONTROL OF THE PARTY		

04/08/02 00004733 MANAGED HEALTH CARE T19 ADJS SERVICE ON 02/22/02 140.00-

MEDICAID MANAGED HEALTH

A U R O R A H E A L T H C A R E PAGE 2
AURORA SINAI MEDICAL CENTER 10/09/03 11:15
PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: WHITE, CASSANDRA L ACCOUNT NBR: 105133414-2032

		REF NBR	DESCRIPTION	ON			
05/0	06/02	00006915	MEDICAID PAYMENT	SERVICE	ON	03/26/02	562.00-
05/0	06/02	00004733	MEDICAID MANAGED HEALTH MANAGED HEALTH CARE T19 ADJS	SERVICE	ON	03/26/02	238.75-
05/2	28/02	00006915	MEDICAID MANAGED HEALTH MEDICAID PAYMENT	SERVICE	ON	04/23/02	-
			MEDICAID MANAGED HEALTH MANAGED HEALTH CARE T19 ADJS				
·	•		MEDICAID MANAGED HEALTH	OTHATCH	OM	04/23/02	31.00-

REMIT TO AURORA SINAI MEDICAL CTR BEGINNING BALANCE PO BOX 341100 MILWAUKEE WI 532341100

NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS CURRENT ACCOUNT BALANCE

0.00 2557.25 2557.25-

0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

A U R O R A H E A L T H C A R E PAGE 1
AURORA SINAI MEDICAL CENTER 10/09/03 11:15 PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3002

BILLING PERIOD: 01/04/03 10/09/03

BILL TO

MS CASSANDRA L WHITE

2972 N 74TH ST

APT 4

MILWAUKEE WI 532101016

USA

SRV DATE REF NBR	DESCRIPTI	ON	
01/03/03 87939100	MR CONTRAST/GADOLINIUM 20CC	(QTY OF 0001)	658.25
01/03/03 87932800	MR UPPR EXT JT WO CNTRST LT	(QTY OF 0001)	540.25
	WE HAVE BILLED THE FOLLOW	ING INSURANCE(S)	_
	COMPCARE	01/04/03 - 01/10/03	
	MEDICAID MANAGED HEALTH	01/04/03 - 01/10/03	
05/12/03 00006913		SERVICE ON 01/03/03	599.25-
	COMPCARE		
05/12/03 00004713	COMPCARE ADJUSTMENT	SERVICE ON 01/03/03	599.25-
0= /== /00 000=	COMPCARE		-
05/15/03 00006902	COMMERCIAL INSURANCE PAYMENT	SERVICE ON 01/03/03	0.00
	MEDICAID MANAGED HEALTH		

REMIT TO		
AURORA SINAI MEDICAL CTR PO BOX 341100 MILWAUKEE WI 532341100	BEGINNING BALANCE NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS CURRENT ACCOUNT BALANCE	0.00 1198.50 1198.50-

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

AURORA HEALTH CARE PAGE 1
AURORA SINAI MEDICAL CENTER 10/09/03 11:15 PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: WHITE, CASSANDRA L ACCOUNT NBR: 105133414-3051 BILLING PERIOD: 02/22/03 10/09/03

BILL TO

MS CASSANDRA L WHITE

2972 N 74TH ST

APT 4

MILWAUKEE WI 532101016

USA

SRV DATE REF NBR		DESCRIPTION	ſ		
02/21/03 17390006	PRE-OP ASSESSMEN	TT		OF 000	1) 221.50
02/28/03 04143186	PREGNANCY QUAL U	RINE		OF 000	
02/28/03 33009250	FENTANYL C #9998			OF 000	
02/28/03 33000011	MORPHINE SULFATE	997		OF 000	
02/28/03 33000024	SEVOFLURANE 999			OF 000	
02/28/03 02708741		•		OF 000	
02/28/03 02701621				OF 000	
02/28/03 17310202	SAME DAY PREP			OF 000	
02/28/03 17310251	SAME DAY NURSE T	IME 1/2 HR	(QTY	OF 000	9) 607.50
02/28/03 13700175	ANESTHESIA - GEN	ERAL 1 - 4 HRS	* <b>~</b>	OF 000	
02/28/03 02706992	OR SUPPLY, MISCE	LLANEOUS		OF 000	
02/28/03 02708881	ADDITIONAL SURGE			OF 000	
02/28/03 33009280				OF 000	
02/28/03 33000011	PROPOFOL 200MG 9			OF 000:	
02/28/03 33000031	CEFAZOLIN/DEXTRO	991	(QTY		
02/28/03 33000011	DEMEROL 25MG 992			OF 000	
02/28/03 33000011	KETOROLAC TROMET	994	(QTY		,
02/28/03 33010875 02/28/03 33000041	ZANTAC 150MG 995	2.2		OF 0001	
02/28/03 33000041	DACH FRIED RINGERS	99		OF 0002	
02/28/03 92752914 02/28/03 92752952	PACU LEVEL 2, IS	I 30 MIN		OF 0001	
02/28/03 92752917	DACH I DVDI 2 DA :	7 T) T) I T		OF 0001	
02/28/03 92/3291/	FACU LEVEL 2 BA	WIND, P 30 WIN	) YTQ)	OF 0001	.) 34.75
	WE HAVE BILLER COMPCARE	O. TUE LOTTOMING	J INSURANCI	B(S)	
	MEDICAID MANAGED	טעד.דעד מיד	2/22/03 - (	03/06/0	) <u>3</u>
04/14/03 00006915	MEDICAID PAYMENT	TIEMETIT 02	ERVICE ON (	03/06/0	
01/ 11/ 00 00000013		NAGED HEALTH	RAICE ON (	02/21/C	0.00
05/12/03 00006913	COMPCARE PAYMENT		PRITCE ON (	00/01/0	3 6626.13-
	COMPCARE		ERVICE ON (	JZ/ZI/(	5 6626.13-
05/12/03 00004713	COMPCARE ADJUSTM	ENT SE	ERVICE ON (	02/21/0	3 6626.13-
REMIT TO	COMPCARE				
AURORA SINAI MEDI	CAI CTR F	BEGINNING BALAN	ICE		^ ^^
PO BOX 341100		NEW CHARGES/ADJ			0.00
MILWAUKEE WI 5323		NEW PAYMENTS/CR			13252.26
		CURRENT ACCOUNT			13252.26-
		A かけむ クランス 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	فننه ميك كالملاهات المحمد		0.00

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

# A U R O R A H E A L T H C A R E PAGE 1 AURORA SINAI MEDICAL CENTER 10/09/03 11:15 PATIENT STATEMENT OF ACCOUNT - DETAIL

PATIENT NAME: WHITE, CASSANDRA L ACCOUNT NBR: 105133414-3100 BILLING PERIOD: 04/17/03 10/09/03

BILL TO MS CASSANDRA L WHITE 2972 N 74TH ST APT 4 MILWAUKEE WI 532101016 USA

SRV DATE REF NBR	DESCRIPTION		
04/15/03 92739636	THERADY VICTOR	(QTY OF 0001)	
	EVALUATION PT 0-15 MIN		0.00
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001) (QTY OF 0001)	91.50
	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0001)	81.50
04/17/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001) (QTY OF 0002)	76.25
04/17/03 92739636		(QTY OF 0002)	163.00
04/22/03 92739636		(QTY OF 0001)	0.00
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	0.00
	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0001)	81.50
04/24/03 92739636		(QTY OF 0002)	152.50
	THERAP EXERCISE PT PER 15 MIN	,	0.00
04/29/03 92739636		(QTY OF 0002) (QTY OF 0001)	163.00
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	0.00
04/29/03 92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0002)	163.00
05/01/03 92739618	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
05/01/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50 163.00
05/01/03 92739636		(QTY OF 0002)	
05/06/03 92739636		(QTY OF 0001)	0.00
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	0.00
	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0002)	163.00
05/08/03 92739636		(QTY OF 0001)	81.50
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	0.00
05/13/03 92739635	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/13/03 92739634	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0001)	81.50 76.25
05/13/03 92739636		(QTY OF 0001)	0.00
05/15/03 92739636		(QTY OF 0001)	0.00
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
05/20/03 92739636		(QTY OF 0001)	0.00
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
06/03/03 92739636	THERAPY VISIT	(QTY OF 0001)	0.00
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0002)	163.00
	MANUAL THERAPY PT PER 15 MIN	(QTY OF 0001)	81.50
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0001)	81.50
06/05/03 92739636		(QTY OF 0001)	0.00
06/10/03 92739636		(QTY OF 0001)	0.00
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0003)	244.50
06/17/03 92739636		(QTY OF 0001)	
	THERAP ACTIVITIES PT PER 15 MI	(QTY OF 0003)	0.00 228.75
06/24/03 92739636	THERAPY VISIT	(QTY OF 0003)	0.00
	THERAP EXERCISE PT PER 15 MIN	(QTY OF 0003)	244.50
07/01/03 92739636	THERAPY VISIT	(QTY OF 0003)	0.00
		(X11 01 0001)	0.00

# A U R O R A H E A L T H C A R E AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 2 10/09/03 11:15

PATIENT NAME: WI	HITE, CASSANDRA L	ACCOUNT NBR:	105133414-31	00
SRV DATE REF NBR	DE	SCRIPTION		
07/01/03 92739635	THERAP EXERCISE PT PE WE HAVE BILLED THE COMPCARE AURORA FAM N	R 15 MIN (QTY FOLLOWING INSURAN TWRK 04/17/03 -	CE(S)	163.00
	COMPCARE AURORA FAM N' COMPCARE AURORA FAM N' COMPCARE AURORA FAM N'	TEMP 07/04/00	am / = + 1 :	
05/26/03 00006913	COMPCARE PAYMENT	SERVICE ON	07/02/03 04/15/03	206.12-
	COMPCARE AURORA I	עומדיהיים אוא אי		
	COMPLATE ALRORA	BLATME BULLINED D.		206.13-
	COMPCARE PAYMENT COMPCARE AURORA I	A'AM NITWIDIZ		399.62-
08/11/03 00004713	COMPCARE ADJUSTMENT	SERVICE ON	06/03/03	399.63-
08/11/03 00006913	COMPCARE AURORA I	SERVICE ON	06/24/03	203.75-
	COMPCARE AURORA F COMPCARE AURORA F			
	COMPCARE AURORA F	SERVICE ON SERVICE ON	06/24/03	203.75-

REMIT TO AURORA SINAI MEDICAL CTR PO BOX 341100 MILWAUKEE WI 532341100	BEGINNING BALANCE NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS CURRENT ACCOUNT BALANCE	0.00 3396.25 1619.00- 1777.25
		1///.25

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

AURORA HEALTH CARE AURORA SINAI MEDICAL CENTER PATIENT STATEMENT OF ACCOUNT - DETAIL

PAGE 1 10/09/03 11:15

PATIENT NAME: WHITE, CASSANDRA L

ACCOUNT NBR: 105133414-3183 BILLING PERIOD: 07/08/03 10/09/03

BILL TO MS CASSANDRA L WHITE 2972 N 74TH ST APT 4 MILWAUKEE WI 532101016

USA

SRV DATE REF NBR	DESCRIPTION	
07/03/03 92747582 07/03/03 92747572	OB US <14 WKS, SINGLE FETUS (QTY OF 0001) OB US TRANSVAGINAL (OTY OF 0001)	311.50
09/10/03 54761650	OB US DETAILED SINGLE FETUS (OTY OF 0001)	304.25 452.75
	WE HAVE BILLED THE FOLLOWING INSURANCE(S) COMPCARE AURORA FAM NTWRK 07/08/03 - 07/11/03	
07/31/02 00006012	MEDICAID MANAGED HEALTH 07/08/03 07/11/03	
	COMPCARE PAYMENT SERVICE ON 07/03/03 COMPCARE AURORA FAM NTWRK	307.87-
07/31/03 00004713	COMPCARE ADJUSTMENT SERVICE ON 07/03/03 COMPCARE AURORA FAM NTWRK	307.88-
08/06/03 00006902	COMMERCIAL INSURANCE PAYMENT SERVICE ON 07/03/03 MEDICAID MANAGED HEALTH	0.00

REMIT TO AURORA SINAI MEDICAL CTR BEGINNING BALANCE PO BOX 341100 MILWAUKEE WI 532341100

NEW CHARGES/ADJUSTMENTS NEW PAYMENTS/CREDITS CURRENT ACCOUNT BALANCE

0.00 1068.50 615.75-

452.75

MAKE CHECK PAYABLE TO: AURORA SINAI MEDICAL CTR

# CERTIFICATION OF MEDICAL RECORDS

PATIENT: Cassandra White
DATE OF TREATMENT: 01-03-02 TO 02-14-02
I, Jackie Sagrowski Correspondence Technician at  Ourora Health Center - River Center
hereby certify that the documents annexed hereto, and consisting of
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.
November 11, 2002 achie Sagravakie  Date Correspondence Technisian

## REDISCLOSURE NOTICE

Please be advised that Wisconsin Statutes 146.81 - 146.84, Wisconsin Statute 51.30, and PL 93-282 regulate the confidentiality of and access to patient health records. Redisclosure of the confidential information which is being provided to you is prohibited as specified below.

## All patient health records

This information has been disclosed to you from patient health care records whose confidentiality is protected by Wisconsin Statutes 146.81 - 146.84. Unless authorized, the recipient shall keep this information confidential and may not disclose identifying information about the patient whose records are being released.

Records Involving Treatment for Mental Illness, Developmental Disabilities, Alcohol Abuse, or Drug Abuse.

This information which has been disclosed to you is confidential. Disclosure without patient consent or statutory authorization is prohibited by law.

# Records Involving Treatment for Alcohol or Drug Abuse

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (PL 93-282) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is <u>NOT</u> sufficient for this purpose.

#### **AURORA HEALTH CENTER - DOWNTOWN** 1575 North RiverCenter Drive - Milwaukee, WI 53212

PATIENT:

WHITE, CASSANDRA

DOB:

08/17/70

CHART:

ATTENDING:

M. Flejsierowicz, M.D.

February 14, 2002

This is a 30--year-old African-American female who just underwent a left shoulder surgery by Dr. Boyle and she is now getting extensive physical therapy. She is here for follow-up.

She does complain of about a few day history of cough and congestion.

#### PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 110/80.

HEENT: Throat looks clear.

LUNGS: There was rhonchi present in the right mid lung field and scattered wheezing present. No

rales.

CARDIOVASCULAR: S1, S2. Normal heart rate and rhythm. No murmurs or gallops appreciated. MUSCULOSKELETAL: Her left shoulder, she has good range of motion. She is able to comb her hair. There is a scar present medially but it is well healed. There is no open areas present and not a lot of tenderness to palpation.

#### ASSESSMENT AND PLAN:

H slynerous

Left shoulder surgery. Patient is recovering uneventfully. She does see Dr. Boyle every two 1. weeks for regular follow-up.

Bronchitis, acute with a bronchospasm. I am giving her Z-Pak for five days plus Robitussin-AC 2. for the cough. She was warned about possible side effects.

M. Fleisierowicz, M.D.

DD: 02/14/02 DT: 02/20/02

#### **AURORA HEALTH CENTER - DOWNTOWN** 1575 North RiverCenter Drive - Milwaukee, WI 53212

PATIENT:

WHITE, CASSANDRA

DOB:

CHART:

ATTENDING:

M. Flejsierowicz, M.D.

January 22, 2002

PREOPERATIVE EVALUATION: Left shoulder arthroscopic surgery done by Dr. Austin Boyle on 01/25/02.

HISTORY OF PRESENT ILLNESS: This a 31-year-old African-American female who is her for preoperative evaluation for left shoulder injury due to a fall back in November.

PAST MEDICAL HISTORY: Includes a history of seizure disorder.

**ALLERGIES:** Denies drug allergies.

**MEDICATIONS:** Tegretol.

FAMILY HISTORY: Significant for high blood pressure and epilepsy.

SOCIAL HISTORY: Patient is a smoker, smokes a few cigarettes a day. Denies alcohol.

REVIEW OF SYSTEMS: Unremarkable except for her left shoulder pain. She denies chest pain, shortness of breath, abdominal pain, nausea or vomiting. No blood in her stool.

PHYSICAL EXAMINATION: She is alert and oriented.

HEENT: External ear canals are clear. Tympanic membranes are intact. There is a little bit of left-sided ptosis, but this is not new.

NECK: Supple. No thyromegaly. No nodules. No lymphadenopathy.

LUNGS: There is good air movement. No crackles. No wheezes.

CARDIOVASCULAR: S1, S2. Normal heart rate and rhythm. No murmurs, gallops or rubs appreciated.

ABDOMEN: Soft, nontender. Normal bowel sounds. No CVA tenderness.

EXTREMITIES: Normal peripheral circulation with good pedal pulses.

SKIN: Normal.

NEUROLOGIC: Normal without focal deficit.

ASSESSMENT AND PLAN: Preoperative evaluation for left shoulder surgery. We will obtain CBC, BUN, creatinine and electrolytes.

Please call me if you have any questions.

DD: 01/22/02

DT: 01/23/02

#### AURORA HEALTH CENTER – DOWNTOWN 1575 North RiverCenter Drive – Milwaukee, WI 53212

PATIENT:

WHITE, CASSANDRA

DOB:

08/17/70

CHART:

ATTENDING:

M. Flejsierowicz, M.D.

January 17, 2002

This patient is here to follow-up on her left shoulder injury from her fall in the beginning of November. She did see Dr. Boyle and she is thinking about the surgery that he suggested. She still complains about episodes of instability of her left shoulder and pain.

#### PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 120/80.

EXTREMITIES: Left shoulder, there is limited range of motion on rotation anteriorly and posteriorly. No swelling, warmth or deformity. No impingement sign. Normal muscle strength and pulses.

ASSESSMENT AND PLAN: Left shoulder injury due to fall. The patient was reassured that surgery is probably a very good idea. I did review the MRI results with her. She does have some concerns, but I would like her to address all her concerns with Dr. Boyle, and I think she should proceed with the surgery since she does continue to have the left shoulder problem. She was going to get back to me if she needs a preoperative clearance.

H. Fly russy M. Flejsierowicz, M.D.

DD: 01/17/02 DT: 01/22/02

#### Aurora Sinai Medical Center



945 North 12<sup>th</sup> Street Milwaukee, WI 53233 414-219-2000 Patient:

WHITE, CASSANDRA L

MRN:

SSMC-419650 08/17/1970

DOB:

- U0/1//19/U - SSN/C 0505700

Case #:

SSMC-05052092

Pt. Loc/Type:

ER-SSMC Emergency Department

## RADIOLOGY REPORT

Exam

DX Shoulder 2 View Min LEFT

Exam Date/Time

01/26/2002 09:40:47

Accession Number

DX-02-0017445

Ordering MD

Silkey, John

### DX Report

CLINICAL HISTORY: Surgery on Thursday for tendon muscle repair, seizure, injury.

There is no evidence of acute fracture or dislocation.

Dictating MD: Glazer, Mark Electronically Signing MD: Mark Glazer Ry

Transcribed Date/Time: 01/26/2002 17:15

Transcribed By: KT

Signed Date/Time: 01/26/2002 19:14

Lepgold, Edith L AURORA HEALTH CENTER - MILWAUKEE 1575 NORTH RIVERCENTER DRIVE STE 112 Page 1 of 1

Print Date: 01/27/02 6:39 AM

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#### Aurora Sinai Medical Center Aurora Health Care Milwaukee, Wisconsin

WHITE, CASSANDRA L 000000-41-96-50

SCE

Austin J. Boyle, III, M.D.

000003054649 DOB: 08/17/1970

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PROCEDURE DATE: 01/24/2002

SURGEON: Austin Boyle, M.D.

ASSISTANT: Stephen Meissner, PAC.

ANESTHESIA: General.

PREOPERATIVE DIAGNOSIS: Anterior instability, left shoulder.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATIVE PROCEDURE: Anterior shoulder reconstruction, left (Bankart).

ESTIMATED BLOOD LOSS: Negligible.

DRAINS: None.

FLUIDS: Crystalloid.

CLINICAL NOTE: The patient is a 31- year-old black female who dislocated her left shoulder and has had recurrent episodes of instability. MRI scan has demonstrated a Hill-Sachs lesion, as well as a Bankart lesion anteriorly. She was brought to the operating room today for the above procedure after discussing the risks, benefits, and alternatives.

OPERATIVE PROCEDURE: The patient was given general anesthesia while supine and received Cefazolin 2 gm IV. The left upper extremity was then prepped with Betadine scrub and solution from the midline to the wrist and then draped free in the usual fashion. The proposed incision site was infiltrated with Bupivacaine/Epinephrine solution. An incision was then made from the coracoid process extending distally towards the axillary fold. Hemostasis was accomplished with electrocautery. The cephalic vein was identified and retracted laterally, a few communicating vessels coagulated. The clavipectoral fascia was divided and a self-retaining retractor was placed. There was noted to be an accessory ossicle at the tip of the coracoid, somewhat lateral, with a lateral position of the conjoined tendon. This ossicle was excised. The subscapularis muscle was then detached just medial to its insertion and a humeral head retractor placed, as well as a retractor on the neck of the glenoid. There was a large Bankart lesion extending from 10 o'clock to approximately 6 o'clock. This was cleaned with a curet and three drill holes were made and three mini-Revo anchors placed. The labrum was then sutured down to the rim with #2 polyester through these anchors. Excellent repair was accomplished. No other abnormalities were noted in the joint. The area was copiously irrigated and the subscapularis reattached with interrupted figure of eight #2 polyester suture as well. Excellent repair was accomplished. After further irrigation, the deltoid split was closed with 0 Vicryl, subq. with 0 Vicryl and 3-0 Vicryl, skin with running subcuticular 3-0 nylon. Benzoin and Steri-Strips were placed, followed by a sterile dressing and a shoulder immobilizer. The patient was then transferred to the recovery area in good condition. The patient tolerated the procedure well.

Needle and sponge counts were reported as correct.

OPERATIVE/PROCEDURE REPORT 886203

Send To: Edith L. Lepgold, M.D.

Aurora Sinai Medical Center Aurora Health Care Milwaukee, Wisconsin

WHITE, CASSANDRA L 000000-41-96-50

SCE

Austin J. Boyle, III, M.D.

000003054649

DOB: 08/17/1970

Page 2

Local tissues were infiltrated with additional Bupivacaine/Epinephrine solution at the end of the procedure for postoperative analgesia.

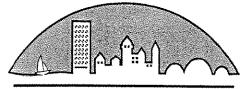
Austin J. Boyle, III, M.D.

AJB/dmm 000019632 d. 01/24/2002 t. 01/29/2002 8:35 p Document #: 886203

Austin J. Boyle, III, M.D. CC: Edith L. Lepgold, M.D.

> OPERATIVE/PROCEDURE REPORT 886203

> > Send To: Edith L. Lepgold, M.D.



Telephone (414) 274-7220 Fax (414) 274-7227

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# Milwaukee Orthopedic Specialists, S.C.

Orthopedic Surgery and Sports Medicine 1575 N. RiverCenter Drive • Suite 160 • Milwaukee, Wisconsin 53212

January 15, 2002

Dr. E. Lepgold 1575 N. RiverCenter Drive Milwaukee WI 53212

Re: Cassandra White

Dear Dr. Lepgold:

Ms. Cassandra White was evaluated on 01/14/02 in our office at your request. She is a 31 year old black female who fell forcefully over a curb about two months ago, in November. Since then she has had recurrent episodes of instability. She has undergone radiographic and MRI evaluation, her MRI scan done at SSMC on 01/10/02, demonstrating findings compatible with anterior instability, stripping of the anterior capsule with a Hill-Sachs lesion. She is otherwise in good health. Review of systems is negative for chronic diseases/symptoms other than a history of seizures, her most recent in January of this year when she was otherwise ill, temperature of 105 degrees F. Prior to that, she hadn't had one for quite some time. She does take Tegretol on a regular basis.

Examination demonstrated a full range of motion of the right shoulder. On the left, there was limitation of external rotation with a positive apprehension sign, no crepitus, tenderness anteriorly and posteriorly, no swelling, warmth, or deformity, impingement sign negative. Neurovascular examination was intact distally.

Diagnosis: Anterior instability, left shoulder.

Plan: Ms. White was advised at her age, she is likely to continue to have episodes of subluxation/dislocation. She is reluctant to proceed with surgery, however. Therapy made her symptoms worse so we will go with a period of observation. She will contact us if she decides to proceed with the above referenced reconstructive procedure (Bankart). The position of dislocation was discussed, to be avoided.

Very truly yours,

Austin J. Boyle III, M.D.

AJB/jaa

1/5



1575 North RiverCenter Drive • Milwaukee, WI 53212 Tel (414) 283-8483 • Fax (414) 238-8465

# **DIAGNOSTIC IMAGING REQUISITION**

Patient: Cassaudia White Date: 1/3/01  Date of Birth: 8/12/20
X-Ray
☐ Chest X-ray
☐ Mammogram ☐ X-ray, Other: ☐ Mammogram ☐ Date of Appointment: ☐ // /
Ultrasound
Date of Appointment://
Obstetric Carotid Doppler
Abdomen Breast: Left Right
Renal / Urinary Tract Ultrasound, Other:
☐ Pelvic with Transvaginal
Other Studies
Describe:
Diagnosis: Pain decreased range of motion   Screening Up. fall.
Comments: Mondag January 7 2002
Sinai Samaritan
Ordering Physician Signature: