HM&C
HOOKS MENG CLEMENT

April 9, 2024

Ms. Blanca Villarreal-Rodriguez
Workers' Compensation Section
Division of Industrial Relations
3360 W. Sahara Avenue, Suite 250
Las Vegas, NV 89102

RE:	Claimant:	[redacted]
	Employer:	Yellow Checker Star Transportation
	Claim No:	1154-WC-18-0000079
	Date of Injury:	06/23/18
	Insurer:	Yellow Checker Star Transportation
	TPA:	Corvel
	Our File No.:	0014.0210.0823

Dear Ms. Villarreal-Rodriguez:

Please accept this letter, D-37 form and supporting documentation as our request for reimbursement from the Subsequent Injury Account for Self-Insured Employers on the Yellow Checker Star Transportation claim for [redacted] This serves as our initial request.

We are requesting reimbursement in the amount of $81,396.97. This amount includes $17,165.39 in medical expenses, $61,998.88 in indemnity expenses, and $2,232.70 in vocational rehabilitation services. This submission covers the timeframe from June 18, 2018, through November 6, 2023.

We are, therefore, requesting that the Board for the Administration for the Subsequent Injury Account for Self-Insured Employers authorize reimbursement in the amount of $81,396.97.

Please review the enclosed and let me know if you require additional information and/or documentation.

Thank you for your time and attention to our request for reimbursement from the Subsequent Injury Account for Self-Insured Employers.

Very truly yours,

HOOKS MENG & CLEMENT

Marisa L. Mayfield

Marisa L. Mayfield
Subsequent Injury Specialist
/mlm

cc: Betty Azzurro, Yellow Checker Star Transportation
Yvette Bouldin, ROX Management Group, LLC
Corvel

INSURER'S SUBSEQUENT INJURY CHECKLIST

Notice to Insurer: This form must be completed and provided with all supporting documentation for claims submitted for reimbursement from the Subsequent Injury Account.

PART ONE

INJURED EMPLOYEE [redacted]
CLAIM NUMBER 1154-WC-18-0000079
THIRD-PARTY ADMINISTRATOR Corvel
SUBMITTED BY HMC - Marisa Mayfield
INITIAL REQUEST XXX

DATE OF INJURY 06/23/18
INSURER Yellow Checker Star Transportation
EMPLOYER Yellow Checker Star Transportation
ASSOCIATION ADMINISTRATOR _____
SUPPLEMENTAL REQUEST _____

Please check and complete applicable blanks. All supporting documentation must be submitted in chronological order, oldest information on top. This information must be bound in a file folder and sectioned according to this form.

Check one: Private Insurer ☐ Self-insured Employer ☑ Self-insured Association ☐

PART TWO

XXX Letter of application to the Subsequent Injury Account specifying the statute pertinent to this application.

PART THREE

XXX Medical documentation specifically showing that compensation for disability is substantially greater due to the combined effects of the preexisting impairment than that which would have resulted from the subsequent injury alone.

Doctor(s) providing medical documentation. _____

XXX Medical documentation of the preexisting permanent physical impairment of 6% or greater, including prior PPD evaluation, if available.

Percentage 12% Body Part Cervical
Percentage _____ Body Part _____
Percentage _____ Body Part _____

XXX Verification of the employer's knowledge of impairment at the time of hire or retention in employment after obtaining knowledge of impairment.

Date of hire 03/02/15
Date of employer's knowledge of impairment 10/07/14
Date of retention in employment 10/07/14

____ Notification of a possible claim against the Subsequent Injury Account, submitted within 100 weeks of the date of injury.

Time lag _____ weeks.

DIR USE ONLY VERIFICATION

NRS 616B.557, 616B.578 OR 616B.587

Lagtime _____ weeks.

received 04/10/24

PART THREE (continued)

b. ____ Verification of false representation at the time of hire

Date insurer became aware of the false representation. _____

____ Notification of a possible claim against the Subsequent Injury Account submitted within 60 days of the date of the subsequent injury, or date the insurer learned of the false representation

Time lag _____ days.

PART FOUR **Supporting Documentation**

XXX Employer's Report of Injury (Form C-3)
XXX Employee's Claim for Compensation/Initial Report of Treatment (Form C-4)
____ False representation (NRS 616B.560, 616B.581or 616B.590 only)

PART FIVE

XXX Medical reporting regarding subsequent injury claim
XXX Medical documentation regarding preexisting impairment
XXX Permanent partial disability evaluation and calculation, subsequent injury claim

PART SIX

XXX Wage verification and calculation

XXX Total expenditure documentation: Please provide calculator tapes for expenses requested. Printouts, log sheets, checks, etc., must be matched to the bill, explanation of benefits and/or rationale for payment in chronological order, oldest information on top.

Computer printout(s) XXX Payment log sheet(s) XXX
Copies of check(s) _____ Copies of medical bills XXX
Explanation of benefits (EOB) XXX

____ Travel reimbursement, which must include copies of receipts and/or orders or requests for payments which specify the method of transportation; destination; mileage allowed; date(s) of travel; and per diem and/or lodging allowed. If any payment is made other than that shown, justification must be given.

____ Other (specify) _____

PART SEVEN **Other Pertinent Documentation**

XXX Insurer determinations and all documents from HO, AO, or District Court

XXX All vocational rehabilitation information

____ Subrogation information

____ Permanent Total information

DIR USE ONLY
NRS 616B.557, 616B.578 OR 616B.587 _____

Lagtime _____ days.

CORVEL

Advanced Occupational Health Centers
Your health is our priority.

Andrei Razsadin, DC
Chiropractic
Permanent Partial Ratings
Independent Medical Exams
Hyperbaric Medicine
Spinal Decompression Treatment

3737 S Pecos-McLeod Int. Ste 101, Las Vegas, NV 89121 / Tel: 702-369-5436 / Fax: 702-650-2404

November 18, 2021

Ms. Belinda Hutchinson
CorVel Insurance
PO Box 6966
Portland, OR 97228

Claimant: [redacted]
Date of Birth: [redacted]

Employer:	Nevada Yellow Cab
Claim Number:	1154-WC-18-0000079
Date of Injury:	06/23/2018
Body Part(s) Evaluated:	Cervical Spine; Thoracic Spine; Lumbar Spine
Evaluation Date:	11/18/2021
Evaluating Physician:	Andrei Razsadin, DC

INDEPENDENT MEDICAL EXAMINATION (IME) REPORT
(This examination is rendering an opinion specifically relating to IME purposes and is not to be construed as a basic PPD Evaluation)

Dear Ms. Hutchinson,

I had an opportunity to evaluate [redacted] in my Las Vegas office on Thursday, November 18, 2021. This evaluation concerned an industrial injury which occurred on June 23, 2018. The Independent Medical Examination (IME) appointment began at 9 a.m. and ended at 10 a.m. [redacted] who was referred for an IME evaluation by the above requesting organization. The IME evaluation process was explained to the examinee, and she understands that no patient/treating physician relationship was established. The examinee was advised that the information provided will not be confidential and a report will be sent to the requesting organization.

[redacted] arrived at 9 a.m. and was identified with a Nevada driver's license. The examinee was accompanied by a family member as well as her attorney, Doug Clark, Esquire. She was a cooperative examinee. The history was provided by the examinee who was a good historian. The information the examinee provided was consistent with the medical records provided. The following report contains my opinions and conclusions in regard to this case.

AVAILABLE MEDICAL RECORDS FOR REVIEW (unedited and uncorrected):

CorVel Insurance as of this date has never sent me any records. I had to request records from Doug Clark, Esquire, who provided me with the records that have been reviewed and dictated.

1. 06/25/2018 – **C4 Form. Employee's Claim Form.** Motor vehicle collision. MVA. Muscle strain. Neck and back injury. Exiting I-15 north at Sahara. **Samuel Bergin, MD.**

2. 06/23/2018 – **Accident Information Company Report.** I was waiting at the exit ramp to turn right on Sahara eastbound when I was rear-ended. Neck and spine injury.

3. 06/23/2018 – **Emergency Room.** ER record. [redacted] who presents to the ER with chief complaint of right lateral neck pain in the context of previously having a multilevel fusion and one or two minutes of loss of consciousness. Apparently, the patient was involved in a motor vehicle collision. She is a taxi driver. She was wearing a seat belt. She was at a full complete stop on an off ramp. She was turned, looking over her left shoulder at the vehicle approaching behind her. The vehicle struck her vehicle at maybe 10-15 miles per hour, according to EMS. After the accident, she states she suddenly noticed there was a girl at the window who was apparently the other driver. The patient says that at that time she cannot remember what happened and where she was. The CT scan of the head and neck were performed. The patient was complaining of worsening headaches. I gave her a headache medication. I also went and reassessed her after CT scan came back. The patient was reassessed. She continues to have discomfort. She will need admission for neurologic reexamination as well as MRI of the cervical spine to assess for possible ligamentous instability. She is kept in a C-collar at this time. The CT scan of the cervical spine showed evidence of postoperative changes at C4-C5-C6 with suggestion of nonunion at the C5-C6 level. She was reporting diminished strength in the bilateral upper extremities and comparison to when she first came in. She did not have any significant tenderness along the midline. CT of the head was negative. **Samuel Bergin, MD.**

4. 06/23/2018 – Orthopedic spine consultation. The CT scan was evaluated and also a cervical MRI which was ordered was evaluated of the cervical spine. She is identified with a prior fusion at C4-C5 and C5-C6. There is suggestion of a nonunion at C5-C6. Recommendation: The patient is to maintain a cervical collar on at all times. The patient should follow up at my office in approximately two to four weeks for reevaluation and possible clearance of the cervical spine. **Thomas Vater, DO.**

5. 06/23/2018 – **UMC Hospital.** CT cervical spine. Impression: 1) Postoperative changes of the spinal fusion at C4 through C6 level with suggestion of nonunion at the C5-C6 level. 2) No acute fractures or subluxations. **Rajneesh Agrawal, MD.**

(continued)

AVAILABLE MEDICAL RECORDS FOR REVIEW (unedited and uncorrected (continued)):

6. 06/23/2018 – UMC. CT angiogram neck. Impression: 1) No evidence of arterial injury. 2) Arteriosclerosis is noted. Cervical spondylosis. Left-sided odontogenic maxillary disease. **Michael Carducci, MD.**

7. 06/23/2018 – **UMC Hospital.** CT head without. Impression: Unremarkable study. **Rajneesh Agrawal, MD.**

8. 06/23/2018 – **UMC Hospital.** Left shoulder x-ray. Impression: Negative two-view left shoulder. **Morris Schaner, MD.**

9. 06/24/2018 – **Trauma Team.** History and Exam. Discussed with the Desert Radiology radiologist about further imaging options. The radiologist stated that an MRI will unlikely be helpful to assess for new ligamentous injury in the setting of someone with a spinal fusion and hardware due to the resulting artifact. Recommend consulting a spine surgeon to evaluate the patient. **Eric Brunk, DO.**

10. 06/24/2018 – **UMC.** MRI cervical spine. Impression: Fixation hardware noted anteriorly from C4 through C6 with hardware. Multilevel degenerative changes identified with areas of stenosis. **Ashok Gupta, MD.**

11. 06/29/2018 – **Concentra.** Assessment: 1) Cervical strain. 2) Strain of thoracic spine. 3) Lumbar spine strain. 4) MVA. Plan: Start diclofenac, physical therapy, orthopedic spine referral. **Catalin Buda, MD.**

12. 07/03/2018 – **Concentra.** She states she cannot remove the C-spine collar. The neck and T-spine and L-spine are all worse. Pain is 9 at all areas. All the areas are constant. She states that she cannot work, and if doing light duty needs to be lying supine. **Allen Schwartz, DO.**

13. 07/06/2018 – **Concentra.** The patient is here for f/u injury to the neck. Doing the same. She states she cannot remove the C-spine collar. The neck and T-spine and L-spine are all worse. Pain is 9/10. All areas have constant pain. Referral to orthopedic spine specialist. **Catalin Buda, MD.**

14. 07/18/2018 – **Nevada Orthopedic & Spine Center.** Impression: 1) Pseudarthrosis C5-C6. 2) States post anterior cervical fusion at C4, C5, or C6. Recommendations: 1) The patient is indicated for reconstruction cervical spine, difficulty fusing the C5-C6 level, then at this point appears to be a pseudarthrosis or an intraoperative damaged disc space due to hardware placement within the disc. The patient's injury is a traumatic aggravation of a preexisting problem involving the cervical spine. The patient is indicated for hardware removal discectomy at C5-C6 and fusion revision at C4-C5-C6. **Thomas Vater, DO.**

15. 07/21/2018 – **Concentra.** Plan: Continue current symptomatic care and collar as previously directed. Advised prolonged use of collar will cause neck muscle atrophy and weakness, so need to determine what the exact problem with her neck

(continued)

AVAILABLE MEDICAL RECORDS FOR REVIEW (unedited and uncorrected (continued)):

currently is. The patient will bring in a copy of relevant scan reports and explanatory note from Dr. Vater so we can resubmit ortho spine referral which has been declined by workers' comp. Advised to ask Dr. Vater to call the workers' comp adjuster directly to resolve this issue. **Matthew Reardon, MD.**

16. **10/04/2018 – Operative Note.** Procedures: 1) Exploration of anterior cervical fusion C4-C5, C5-C6. 2) Removal of Aesculap anterior cervical plate C4-C5. 3) Anterior cervical discectomy C3-C4-C5-C6, C6-C7. 4) PEEK and allograft arthrodesis C3-C4, C5-C6, and C6-C7. 5) Lag segmental screw instrumentation C3-C4-C5-C6 and C6-C7. 6) Intraoperative neurologic monitoring for an hour. 7) Intraoperative fluoroscopy for an hour. **Jason Garber, MD.**

17. **10/05/2018 – Valley Hospital Medical Center.** Discharge information. Diagnosis for ACDF. The patient is awake and alert. Cervical collar in place. No nausea or vomiting. Tolerating diet. Overall condition is stable and ambulating. Pain is better controlled. Drain removed by neurosurgery. Cleared by neurosurgery. Discharge to home. **Muhammad Tufail, MD.**

18. **02/22/2019 – DOC.** IME. North American Society has defined appropriate coverage recommendations for cervical fusion. These clinical criteria include infection, tumor, high-grade deformity, and traumatic injuries, stenosis causing cervical radiculopathy or myelopathy, severe arthrosis as well as pseudarthrosis of the cervical spine. It is clear based on the CAT scan of the cervical spine on 06/23/2018 that [redacted] has a pseudarthrosis at C5-C6 which became symptomatic because of subject motor vehicle accident. I do agree with Dr. Vater that an ACDF at C5-C6 revision would be appropriate in this situation. I do agree that this subject motor vehicle accident caused an exacerbation of the underlying preexisting pathology that being the C5-C6 pseudarthrosis. She was asymptomatic before the subject motor vehicle accident, the subject motor vehicle accident caused it to become symptomatic. It would be appropriate to address the cervical pathology, cervical pseudarthrosis C5-C6 with a revision ACDF at C5-C6. [redacted] had no evidence of a cervical radiculopathy in relation to the subject motor vehicle accident of 06/23/2018. I do not agree that the levels of C3-C4 and C6-C7 that were fused by Dr. Garber are related to the subject vehicle accident of 06/23/2018. There was some underlying stenosis at C3-C4 and C6-C7. It was asymptomatic in relation to the subject motor vehicle accident. Surgery, cervical fusion and decompression, was not warranted at these levels in relation to the subject motor vehicle accident on 06/23/2018. At this time, [redacted] should finish her physical therapy. There is no further treatment that is warranted nor recommended or appropriate in relation to the cervical spine after this. In her perception, she feels 100% better for her neck. **Daniel Lee, MD.**

(continued)

HISTORY OF INJURY/TREATMENT

[redacted] informed me, and the records reflect, she suffered an industrial injury on 06/23/2018. At the time of her injury, [redacted] was working for Nevada Yellow Cab as a taxicab driver when she was stopped on the 15 freeway at Sahara going eastbound when she was rear-ended by another vehicle. She advised her supervisor and was sent to a local emergency room. Treatment was rendered. She was seen on 06/23/2018 by Thomas Vater, DO. On 06/23/2018 she had cervical spine CT scans. On 10/04/2018 she had a cervical spine four-level fusion with Jason Garber, MD. On 02/22/2019 she had an IME with Daniel Lee, MD.

HISTORY OF OTHER INJURIES

Post the industrial MVA of 06/23/2018, she suffered a right-sided stroke which drastically affected her lower extremities, as she is unable to adequately move her right lower extremity. She utilizes a full-time walker to assist her ambulation.

Keep in mind, I have not been provided any records from the insurance company as I do not have any medical records with regards to the stroke; however, it is quite obvious that the claimant has suffered a right-sided stroke.

CURRENT SYMPTOMS

Currently, the claimant is reporting in the cervical spine a sharp, stabbing, icepick-type pain. Sore trapezius muscles. The pain does worsen with movement, turning, lying, and sitting down. Pain is relieved with medications and physical therapy. She reports her pain level is typically 7-8/10 and the pain is usually constant from 90-100% of the time.

Currently, the claimant is reporting in the thoracic spine a stabbing pain that radiates from the neck into the thoracic spine. Pain does worsen with lack of movement. Standing in one position makes it worse. Pain is relieved with movement and medication. She reports her pain level is 7-9/10, and it is constant from 90-100% of the time.

Currently, the claimant is reporting in the lumbar spine a dull-to-achy-to-sharp pain in the lumbar spine. Pain does worsen with all activities. Nothing alleviates her pain. She states that the pain makes her nauseous. She reports her pain level is typically 5-8/10, and the pain is usually constant from 90-100% of the time.

JOB DESCRIPTION

Currently, [redacted] s unemployed. **She was taken off work due to this injury, given work restrictions, and never returned to full duty.**

Prior to being unemployed and having a stroke, she worked for Nevada Yellow Cab as a taxicab driver for a period of four years without history of injury.

Prior to working as a taxicab driver, she was a caretaker for family for a number of years.

PAST MEDICAL HISTORY

Childhood Illnesses: Measles; mumps; chickenpox

(continued)

Childhood Injuries:	Denied
Allergies:	Denied
DRUG ALLERGIES:	**CODEINE**
Present Medications:	Ibuprofen; losartan; atorvastatin; clonidine
Surgeries:	1990 cervical spine two-level fusion with unknown physician, no records provided 2018 cervical spine four-level fusion, Jason Garber, MD; personal injury/industrial injury
Hospitalizations:	As above
Adult Illnesses:	Hypercholesterolemia; hypertension; two strokes in 2020. As a result, she felt and lost her entire right body side usage
Adult Injuries:	1990 cervical spine; no records provided 2018 cervical spine; personal injury/industrial injury.

FAMILY HISTORY

Noncontributory.

REVIEW OF SYSTEMS

Ear/Nose/Throat:	Negative
Eyes:	Negative
Lung/Respiratory Tract:	Negative
Liver:	Negative
Gastrointestinal:	Negative
Kidney/Bladder:	Negative
Skin:	Negative
Neurological:	Stroke
Heart/Circulation:	Negative
Psychological:	Negative

(continued)

OFF WORK ACTIVITIES

She has no active at-home activities currently.

SOCIAL HISTORY

[redacted] She smokes a half-pack of cigarettes a day for past 40-year history. She has an occasional alcoholic beverage.

PHYSICAL EXAMINATION

Physical examination reveals a 5-foot 0-inch, 140-pound female. She is right-hand dominant. [redacted] who appears to be quite weakened and appears to be in some acute discomfort, not to mention weakened state and fragility as well as lack of balance due to her stroke.

The claimant is unable to demonstrate all ranges of motion with the cervical spine. She is unable to perform any ranges of motion of the thoracic spine and lumbar spine due to her condition and due to her cerebrovascular accident.

Reflexes of the upper extremity and lower extremity are not bilaterally symmetrical. They are not brisk and normal. Sensory evaluation on the date of the exam is remarkable for subjective complaints of both left and right hands grade 4 loss of sensory. She has a very noticeable antalgic and unstable gait due to her whole right side.

RANGE OF MOTION

Active range of motion of the cervical spine is measured using a Jamar Inclinometer and/or Baseline Goniometer. All joints are measured 3+ times and I have only addressed and listed the highest of all the ranges of motions. The measurements in degrees were as follows:

	CERVICAL SPINE (Injured Body Part)	THORACIC SPINE (Injured Body Part)	LUMBAR SPINE (Injured Body Part)
Flexion	19 degrees	(Unable)	(Unable)
Extension	40 degrees	--	(Unable)
Left Lateral Bending	22 degrees	--	(Unable)
Right Lateral Bending	20 degrees	--	(Unable)
Left Rotation	45 degrees	(Unable)	--
Right Rotation	35 degrees	(Unable)	--

DISCUSSION

This is a very complicated and interesting evaluation. The claimant did have a prior two-level fusion. Based off this, 12% whole person impairment would be related prior and to be utilized for apportionment issues. There are two foods of thought and opinion here. Dr. Garber opined that it was a worsening of the original injury, which necessitated a four-level fusion. This meant an additional two levels creating a four-level fusion from the prior two-level fusion. Dr. Lee opined that the fact that there was a pseudofusion at C5-6, of which it is his opinion that there is a compensable C5-6 and only the one-level fusion is compensable here.

(continued)

It is this evaluator' opinion that what is the cleanest and most reasonable, we would rate the cervical spine with the Range of Motion Method, give full percentage for the cervical spine for the additional two levels, aka four-level fusion, and subtract out a prior two-level fusion of 12%. This would be a 27% for this worsening of injury, subtracting 12%, leaving a net 15% whole person impairment for the cervical spine.

With regard to the thoracic spine and lumbar spine, it is difficult to ascertain any advanced injuries, due to the fact that this claimant has suffered a right-side stroke that has affected the lower extremities and we are unable to actually perform an adequate examination for the thoracic spine and lumbar spine. In this instance, I believe we can easily attribute the thoracic spine from the cervical spine pain, thereby offering a DRE Category I at 0% for the thoracic spine. It also would be reasonable to assume that the lumbar spine could actually have sustained a sprain/strain, which is the lowest level of the tier of the DRE Category 0 through V. I believe a 5% whole person impairment for the lumbar spine would be appropriate. I would be included to offer a 15% for the cervical spine and 5% for the lumbar spine, resulting in a 19% whole person impairment.

So, to answer your question, what part of this injury is industrial? I believe the cervical, thoracic, and lumbar spine are industrially related. However, we would apportion out a two-level fusion of which would be 12% whole person impairment.

IMPAIRMENT CALCULATION (AMA GUIDES 5th EDITION)

To all parties concerned:

"AREA(S) TO BE EVALUATED": CERVICAL SPINE; THORACIC SPINE; LUMBAR SPINE.

PHYSICAL FINDINGS/IMPAIRMENT CALCULATION

CERVICAL SPINE:

CERVICAL DISORDERS (CHAPTER 15, TABLE 15-7/P. 404)	
IV. Spinal stenosis, segmental instability, Spondylolisthesis, fracture, or dislocation operated on	D. Single-level spinal fusion with or without decompression with residual signs and symptoms: 10% WPI E. Multiple Levels: 3% WPI E-1. Second Surgery: 2% WPI Total: 15% WPI

(continued)

SPINAL NERVE ROOT IMPAIRMENT: Table 15-17, Pg. 424: C-5: 5 x .25% (Grade 4) = 1.25 UE; C-6: 8 X .25% = 2% UE; C-7: 5 X .25% = 1.25% Total: 4% UE = 2% WPI

Cervical Flexion

Description	Range 1	2	3	4	5	6
Calvarium Angle T1 ROM						
True Angle	19	19	19			
± 10% or 5°	Yes					
Max. Angle Impairment%	19					

Cervical Extension

Description	Range 1	2	3	4	5	6
Calvarium Angle T1 ROM						
True Angle	40	40	40			
± 10% or 5°	Yes					
Max. Angle Impairment%	40					

Right lateral bending

Description	Range 1	2	3	4	5	6
Calvarium Angle T1 ROM						
True Angle	20	20	20			
± 10% or 5°	Yes					
Max. Angle Impairment%	20					

Left lateral bending

Description	Range 1	2	3	4	5	6
Calvarium Angle T1 ROM						
True Angle	22	22	22			
± 10% or 5°	Yes					
Max. Angle Impairment%	22					

Right rotation

Description	Range 1	2	3	4	5	6
Right rotation angle	35	35	35			
± 10% or 5°	Yes					
Max. Angle	35					

Left rotation

Description	Range 1	2	3	4	5	6
Left rotation angle	45	45	45			
± 10% or 5°	Yes					
Max. Angle	45					

(continued)

TOTAL CERVICAL RANGE OF MOTION AND ANKYLOSIS IMPAIRMENT IS: 12 % WPI

THORACIC SPINE: (Chapter-15, Table 15-4/P. 389)
DRE method was selected.
Thoracic Spine DRE is classified as Category I that calculates 0% Impairment.

LUMBAR SPINE (Chapter-15, Table 15-3/P. 384):
DRE method was selected.
Lumbar Spine DRE is classified as Category II that calculates 5% Impairment.

SPINE IMPAIRMENT SUMMARY

	Lumbar	Thoracic	Cervical
DRE Imp%	5	0	0
ROM Imp%	0	0	12
Disorders Imp%	0	0	15
Nerve Imp%	0	0	2
Regional Total Imp%	5	0	27

Spine Total Imp%	26
Pelvis Imp%	0
Corticospinal Imp%	0

IMPAIRMENT SYSTEM AND RATIONALE Organ System and whole person impairment
All calculations are based on the Guides to the Evaluation of Permanent Impairment, Fifth Edition. Combined values chart (Page 604) has been used throughout the application to combine impairments wherever necessary.

Body Part or System	Chapter No	Impairment %
Spine	15	27 – (12) = 15 %

CALCULATED TOTAL WHOLE PERSON IMPAIRMENT: 15%.

MMI/PERMANENT AND STATIONARY STATUS

It is my opinion, that the claimant's condition has reached Maximum Medical Improvement. [redacted] continues to have residuals; however, she is at Maximum Medical Improvement. [redacted] has sustained a permanent partial disability; therefore, she is ratable. I will be evaluating her cervical spine, thoracic spine, and lumbar spine only in this Independent Medical Examination.

(continued)

CAUSATION/MECHANISM OF INJURY

The causation and mechanism of injury is consistent with the subjective complaints and objective findings. It is my opinion that there is a causal relationship between the occupational event on 06/23/2018 and [redacted] current condition.

SUBJECTIVE FACTORS OF DISABILITY

It is my opinion that the claimant has cervical spine pain, thoracic spine pain, and lumbar spine pain best described as frequent slight to occasional moderate pain.

OBJECTIVE FACTORS/FINDINGS OF DISABILITY

Objective findings include a four-level fusion of the cervical spine, radiating pain into the thoracic spine, and pain from the lumbar spine.

APPORTIONMENT

Apportionment does appear to be an issue in this case. It appears there was a prior two-level fusion which would offer a 12% whole person impairment and we would subtract that out from this examiner's findings of 27% whole person impairment for the cervical spine, leaving a net 15% whole person impairment for the cervical spine.

IMPAIRMENT RATING

This Independent Medical Examination was performed using the *Guides to the Evaluation of Permanent Impairment*, 5th edition, published by the AMA.

Whole Person Impairment for the Cervical Spine, Thoracic Spine, and Lumbar Spine: 15%

REASONS FOR OPINIONS

1. Review of available medical records.
2. Physical examination findings, which support the claimant's condition.
3. Correlation of the claimant's oral history compared to the records.
4. Credibility of the claimant.
5. Clinical experience.

The above analysis is based upon a history provided by [redacted] her examination, and the information contained in the medical records that were provided to me. It is assumed that the material provided is correct. If more information becomes available at a later date, an additional report may be requested. Such information may or may not change the opinions

(continued)

rendered in this evaluation. The opinions I have expressed are based upon a reasonable medical probability and are totally independent of the requesting party. I do not anticipate any significant change in [redacted] condition within the next year.

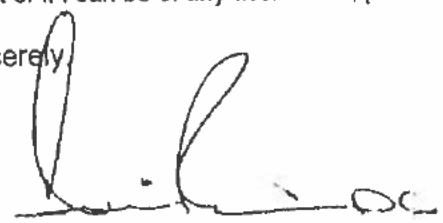
AFFIDAVIT OF COMPLIANCE

I declare under penalty of perjury, I am performing this evaluation and signing this report.

I declare that the information contained in this report and its statements, if any, are true and correct to the best of my knowledge and belief, except as to information that I have indicated I have reviewed from other sources. As to that information, I declare under penalty of perjury, that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Thank you for asking me to see [redacted] If there are any questions regarding this report or if I can be of any assistance, please do not hesitate to contact me at 702-369-5436.

Sincerely,



ANDREI RAZSADIN, DC
Division of Industrial Relations Review Panel Doctor
Chiropractic Physician
Designated Impairment Rating Physician

(continued)

The Preferred Chiropractic Clinics

A Division of HMI, Inc.

May 16, 2023

Examinee: [redacted]
DOI: June 23, 2018
Claim No.: 1154-WC-18-0000079
Employer: Yellow Checkers Star Transportation
Referral: Corvel

PERMANENT PARTIAL DISABILITY EVALUATION

The above referenced examinee, [redacted] presented timely to this office on May 5, 2023, for a formal Permanent Partial Disability evaluation. This evaluation was a result of an injury he sustained on June 23, 2018. The injury involves the examinee's cervical, thoracic, and lumbar spinal areas.

PAST MEDICAL HISTORY: Prior cervical fusion (1995) at C3-C4 ACDF, C4-C5 interbody fusion, C5-C6 and C7-C7 ACDF. The examinee stated since the above surgery, she was able to perform all required work duties and enjoyed recreational activities without pain, discomfort, or impairment until the car crash of June 23, 2018. She suffered a right sided stroke and was hospitalized for one month. She contracted Covid also. She was unsure of the dates other than it was during Covid and well after her car crash of June 23, 2018. She is under co medical care for the stroke. Her next therapy is next month. She had physical therapy which helped.

MEDICAL HISTORY: The examinee was employed as a Nevada Yellow Cab Taxi driver when on June 23, 2018, she was a driver of her vehicle stopped to merge onto Sahara Avenue east bound. She stated her head was turned as far as she could looking over her left shoulder at the time of the impact. She stated the striking vehicle struck her twice. Due to the extent of her injuries, she was taken by ambulance to the University Medical Center (UMC).

CLINICAL MANAGEMENT SUMMARY:

06/23/18 **Samuel Bergin, M.D. – UMC - Emergency Department Encounter – Chief Complaint:** Syncope and motor vehicle crash. **History of Present Illness:** [redacted] who presents to the ER with right lateral neck pain and previously having had multiple level fusion and 1 or 2 minutes of loss of consciousness. Apparently the patient was involved in a motor vehicle collision, she is a taxi driver, wearing a seat belt. There was no airbag deployment. She was at a full stop on the off ramp looking over her shoulder when she was rear-ended at 10-15 mph. **Final Impression:** Motor vehicle accident. Right lateral neck pain. Loss of consciousness. **Treatment Plan:** She will need admission for neurologic re-examination as well as MRI of the cervical spine and possible ligamentous instability. She is kept in C collar at this time.

06/23/18 **UMC – X-ray: Left Shoulder Three Views – Impression:** Negative two view left shoulder.

06/23/18 **UMC – CTA Neck Without and With Contrast – Impression:** No evidence of arterial injury. Atherosclerosis noted. Cervical spondylosis left-sided odontogenic maxillary disease as above.

06/23/18 **UMC – CT Head Without Contrast – Impression:** Unremarkable study.

06/23/18 **UMC – CT Cervical Spine Without Contrast – Impression:** 1) Postoperative change of the spinal fusion C4-6 level with suggestion of nonunion at the C5-6 level. 2) No acute fractures or subluxation.

06/23/18 **UMC – X-ray: Portable Chest One View AP – Impression:** Mild basilar atelectasis.

06/24/18 **Eric Brunk, D.O. – Trauma Team History and Physical – History:** [redacted] who was involved in a motor vehicle collision. She is a taxi driver and was rear-ended. **Assessment and Plan:** Admitted by medicine for a syncopal work up. Recommend consulting spine surgery. Left shoulder pain. Order formal x-ray and follow up results.

06/24/18 **Ashok Gupta, M.D. – MRI Cervical Spine Without Contrast – Impression:** Fixation hardware noted anteriorly from C4 through C6 with hardware. Multilevel degenerative changes identified with areas of stenosis.

06/25/18 **Thomas L. Vater, D.O. – Nevada Orthopedic & Spine Center – History:** [redacted] cab driver who was involved in a motor vehicle accident. She was rear-ended. She presents to UMC with cervical neck pain. She had a syncopal episode. The patient has been placed in a cervical collar by EMS. The cervical spine clearance was referred from the managing physicians to the trauma service. The trauma service requested spine for cervical clearance on this particular patient. **Impression:** 1) Status post motor vehicle accident. 2) [redacted] with cervical neck pain post MVA. 3) Status post C4 through C6 prior instrumented fusion. **Recommendations:** Patient is to maintain a cervical collar on at all times. Follow up in 2-4 weeks.

06/27/18 **CT Cervical Spine – Impression:** Postoperative changes of spinal fusion C4-C6 level with suggestion of nonunion at the C5-6 level. No acute fractures or subluxation.

06/27/18 **CTA Neck – Impression:** 1) No evidence of arterial injury. 2) Atherosclerosis noted. Cervical spondylosis. Left-sided odontogenic maxillary disease.

06/27/18 **MRI Cervical Spine – Impression:** 1) Fixation hardware noted anteriorly from C4 through C6 with hardware. 2) Multilevel degenerative changes identified with areas of stenosis.

06/27/18 **Birjees Ahmed, M.D. – Inpatient Discharge Summary – Primary Discharge Dx:** Musculoskeletal pain. Possible syncope. History of cervical spine surgery. **Secondary Discharge Dx:** Depression. **Discharge Disposition:** Home or self care.

06/29/18 **Catalin Buda, M.D. – Concentra Medical Centers** – Patient presents status post motor vehicle collision. **Assessment:** 1) Cervical strain. 2) Strain of thoracic spine. 3) Lumbar spine strain. 4) MVA. **Treatment Plan:** Start Diclofenac Sodium. PT referral. Soft cervical collar.

07/03/18 **Allen Schwartz, D.O. – Concentra** – Patient returns. **Assessment:** 1) Cervical strain. 2) Lumbar spine strain. 3) Strain of thoracic spine. 4) MVA. **Treatment Plan:** Follow up in 3 days.

07/06/18 **Catalin Buda, M.D. – Concentra** – Patient presents in follow up. **Assessment:** 1) Cervical strain. 2) Lumbar spine strain. 3) MVA. 4) Strain of thoracic spine. **Treatment Plan;** Ortho spine referral.

07/09/18 **Steven Edwards, PT – Achieve Physical Therapy – Physical Therapy Initial Examination – Diagnoses:** Cervical disc displacement, mid-cervical region, cervicalgia, pain in the thoracic spine, low back pain. **Treatment Plan:** Therapeutic exercises, ROM, strengthening, endurance, stability, neuromuscular rehabilitation, manual therapy, soft tissue mobilization, joint mobilization, dry needling, intramuscular manual therapy. Tissue healing, E-stim, ultrasound, phonophoresis, cryotherapy and hot packs. Patient treated: 07/09/18,

07/18/18 **Thomas L. Vater, D.O. – Nevada Orthopedic & Spine Center** – Patient presents with cervical pain. She was hospitalized and referred to us as a follow up from the hospital. She suffered from intractable cervical neck pain. She was involved in an accident driving a Taxicab. Since this motor vehicle accident, she is suffering from cervical neck pain. She had prior fusion surgery from she lived in Chicago at the University of Chicago. Specifically, she had a C4-5 fusion surgery that may have actually meant to be a C4-C6 fusion surgery however there is screws directly in the C5-6 intervertebral disc which has he appearance of pseudoarthrosis. **Assessment:** History of fusion of the cervical spine. Pseudoarthrosis of the cervical spine. **Recommendations:** Indicated for reconstruction of the cervical spine difficulty fusing the C5-6 level then at this point appears to be a pseudoarthrosis or intraoperative damage disc space due to hardware placement within the disc. Indicated for hardware removal, discectomy C5-6 and fusion revision from C4-C6.

02/22/19 **Daniel D. Lee, M.D. – Desert Orthopaedic Center – Chief Complaint:** Cervical. **History of Present Illness:** [redacted] here for new work related injury today. She presents with neck pain, work related injury. **Diagnoses:** Neck and back pain. **Impression:** Industrial injury from subject rear-end motor vehicle accident on 06/23/18 dating that there were 2 impacts on rear end. Cervical sprain. Aggravation of underlying pre-existing cervical pseudoarthrosis at C5-6 agree with Dr. Vater. **NonIndustrial Injury:** Previous cervical fusion C4-5 and C5-6 with pseudoarthrosis C5-6. Lumbar symptoms not related subject MVA. **Plan:** I do not agree that the levels of C3-4 and C6-7 that were fused are related to the subjective vehicle accident of 06/23/18. There was some underlying stenosis at c3-4, C6-7. It was asymptomatic relation to the subject MVA. Surgery cervical fusion and decompression was not warranted at these levels. Ms. Cisarik should finish PT.

11/18/21 **Andrei Razsadin, D.C. – Advanced Occupational Health Centers – Independent Medical Examination (IME) Report – History:** [redacted] referred for IME. **Current Symptoms:** Cervical spine, 7-8/10, thoracic spine, 7-9/10, lumbar spine, 5-8/10. Whole Person Impairment: 15%.

01/05/23 **Thomas L. Vater, D.O.** – Patient presents with cervical spine pain. She was diagnosed with a nonunion C5-6 and C6-7. She sustained a cervical spine injury when she worked a taxicab company. She was rear-ended twice. **Assessment:** 1) Status post C5-6 and C6-7 injury resulting in fusion surgery in the past. The patient appears to have nonunion C5-6 and C6-7. 2) Patient has a fusion at C2-3, which was performed by Dr. Garber and appears to be intact. **Plan:** Recommend CT scan of the cervical spine and MRI.

01/18/23 **Steven Braff, M.D. – SimonMed – MR Cervical Spine Without Contrast – Impression:** 1) Prior C3-4 ACDF, C4-5 interbody fusion, C5-6 and C6-7 ACDF. 2) C5-6 demonstrates no recurrent disc prolapsed. Leftward eccentric disc bulge with ventral cord effacement and moderate biforaminal stenosis. 3) C6-7 prior ACDF with concentric disc bulge and ventral cord effacement. Moderate left and mild right foraminal stenosis. Residual central canal diameter of 7 mm.

01/18/23 **Steven Braff, M.D. – SimonMed – CT Cervical Spine Without Contrast – Impression:** 1) Prior C3-4 ACDF and C4-5 interbody fusion. Prior C5-6 and C6-7 ACDF. Intact hardware. 2) Multilevel spondylosis with better definition of the spinal canal contents and neural foramina on the recent MRI.

02/23/23 **Thomas L. Vater, D.O.** – Patient presents with cervical neck pain, she has severe stiffness and rigidity in her neck. Reduced ROM with minimized rotation left side with flexion and extension. **Assessment:** Status post multilevel fusion with instrumentation of the cervical spine ranging from C3 through C7. **Plan:** Follow up for re-evaluation.

03/09/23 **Matt Hudkins, M.D. – Pueblo Medical Imaging – CT Cervical Spine Without Contrast – Impression:** Cervical spine straightening with multilevel DJD. Multilevel cervical hardware, with no hardware fracture or loosening seen.

03/09/23 **Eric Biesbroeck, M.D. – Pueblo Medical Imaging – Cervical Spine 4-5 Views – Impression:** 4 mm anterolisthesis C2 on C3 with flexion.

03/16/23 **Thomas L. Vater, D.O.** – Patient returns for evaluation, doing well. No new complaints. She is basically fused from C3 through C7. The patient appears to have a solid union throughout all the levels. She continues to have cervical neck pain. **Plan:** She is not interested in further treatment. I agree she does not need any further treatment. I feel that she has reached MMI status. Lidocaine patches. Follow up MMI, stable and ratable.

PRESENTING COMPLAINTS:

The examinee stated that her neck feels like there is an ice pick in it, more so on the left side near the cervicodorsal junction. The right side has more pain near the base of the skull. She experiences radiating pain on her left arm which often extends to the last three fingers on her left hand. She stated at times however less she experiences the same sensation down the right arm. Her neck and tops of her shoulders feel weaker than before the car crash. Her left arm feels weaker than the right, she has difficulty reaching overhead, lifting and cannot carry items. She gets headaches which she stated are migraine types especially when her neck feels tired. These are usually every other day. She states she has a buzzing sound in both ears constantly. She has difficulty sleeping due to cervical and lumbar positional pain. She stated her right sided stroke initially affected her right arm, thorax, and right leg. She currently states only her right lower extremity is affected now and her right arm is back to pre-stroke status. She has to rely on a cane and often assistance to get around. She was given a walker, however, it is difficult to use with forward bending. She will use the walking cane more. She has a wheelchair which she tries to avoid. She stated her thorax hurts most of the time. She indicated it is more so over the right lateral areas. She stated the discomfort/pain radiates around to her middle back. It hurts to bend or twist. She cannot wear a bra as it will cause greater pain in the ribs. Coughing and sneezing increases the pain. Full and force full expiration is uncomfortable (as was demonstrated). She does smoke up to one-half a pack per day and for the past 30 years.

She stated her lower back hurts all the time. The pain/discomfort can range from a sharp stabbing pain to a radiating pain down her legs, more so on the right. Her legs ache all the time when there is little to no pain. She has no strength in her right leg since her stroke. Prior to the stroke she had considerable lower back and right leg pain. She stated Dr. Vater recommended a three level fusion, however, she declined.

She rates her cervical pain on a 0 to 10 scale with 0 the least and 10 the worst as a constant 8/10. Over the past 30 days she rates her pain as 6/10 the least and 10/10 the worst. She rates her thoracic pain as 5-6/10. She is unable to rate her lower back pain as she stated it has not improved since the

car crash and "hurts more all the time". She does not perform any cervical exercises. She takes prescribed 800 mg Ibuprofen and Atorvastatin.

Regarding her activities of Daily Living (ADL's), she states she cannot perform most activities at home. Her son lives with her and does all the housework, cleaning, cooking, and grocery shopping. She stated she is essentially an "invalid now". Her son concurs. Her sleep is interrupted. She has constipation. Showering and cleaning herself are awkward, slow, and often painful. She does not do much other than sit around now. She feels she has been slowly deteriorating regarding her neck and general health.

PHYSICAL EXAMINATION: The examinee was advised of the nature of a Permanent Partial Impairment evaluation. The examinee was a very cooperative [redacted] with a weight of 150 pounds and standing 5'0. She is identified by her Nevada Driver's License of which a copy will be retained in this file. She is accompanied by Kevin Flynn, her son, and Ms. Wendy Concepcion, Legal Assistant of the law office of Jason Weinstock, PPLC.

Resting right blood pressure was 166/93 mm Hg, pulse 78 bpm, temperature 97.7°F. She presented with a walking cane. She ambulated with right side gait impairment as a result of her stroke.

Jamar Dynomometer grip strength test at the number two position revealed findings of 18/18/18 Kg right, 16/15/14 left.

The rapid alternating grip strength test average after six attempts was 18 Kg. The patient is right hand dominant.

The examinee appeared to be of her stated age and was alert and cooperative. She was oriented x3 person, place, and time. She had difficulty recalling time and details of her stroke. Inspection revealed an absence of atrophy, ecchymosis, effusion, or palpable erythemia. Palpation revealed guarded musculature of the paracervicals, left greater than right. The left sternocleidomastoid, deltoid, bilateral trapezius were tender and guarded. The para thoracics were guarded, on the right T4-T8. The paralumbars were guarded L2-L5 right greater than left. The bilateral quadratus lumborum was guarded.

Deep tendon reflexes of the biceps, triceps, brachioradialis, patella, and achilles were +2 slow and equal with the exception of absent reflex of the right patella and achilles.
Sensation was intact to soft touch. Pinwheel evaluation revealed diminished with a pinwheel sensation down both arms/hands (Grade 4). She was unable to distinguish testing protocol for two point discrimination. There was markedly reduced pinwheeel sensation of the right leg for the L4-5 and L5-S1 dermatome levels. There was hyposensitivity of the left leg. There was reduced motor testing of the left biceps (Grade 4). Right biceps testing was -5/5. There was an inability to test motor strength of the right leg as the examinee was unable to lift the knee of the leg. Muscle tone was flaccid. The left leg demonstrated reduced quadriceps, gastrocnemius, and

hamstring musculature (Grade 4). There was a one inch neurological short leg syndrome on the right with external foot flare. Following an attempt at warm up exercises as per the Guide's protocol, active range of motion in degrees was measured by inclinometry.

Cervical spine motion was viewed as only motion provided by the upper spine of the atlanto-axial junction and the lower cervicodorsal junction due to her previous surgeries. Rotation and lateral motion were demonstrated with rotation of the upper torso and lateral flexion of the cervicothoracic junction.

The following degrees of motion were recorded what appeared to be full effort on behalf of the examinee and were as follows:

Cervical:

Flexion	15°, 14°, 14° (Asymmetric)
Extension	20, 19, 19 (Asymmetric)
Left lateral flexion	19, 18, 19
Right lateral flexion	15, 14, 14
Left rotation	39, 38, 37
Right rotation	15, 14, 15

Thoracic:

Flexion	28, 27, 27 (Asymmetric)
Angle of minimum Kyphosis	3, 2, 3
Left rotation	18, 19, 18
Right rotation	15, 14, 15

Lumbar:

Due to the examinee's present condition of her right sided stroke, measurement of active ranges of motion were unable to be accomplished. Regarding the examinee's degree of her cervical fusion(s), orthopedic testing was deferred.
Regarding the thoracic spine, Adam's and Adson's Signs were negative. The Soto Hall Test was deferred. The Thoracic Compression test was positive for pain.
Regarding the lumbar orthopedic testing, they were deferred due to the inability of the examinee to fully participate. There was present Minor's Sign when she attempted to stand up.

Mensuration of the extremities in centimeters was as follows:

	Biceps	Forearm	Wrist	Thigh	Calf
Right	14	11	9	24	13
Left	15	10	9.5	24.5	14

There were no additional examination findings regarding this examinee's injuries.

RADIOGRAPHIC REVIEW: There were no radiographs presented, however, all reports included in the medical records were reviewed.

IMPRESSION: Status post cervical sprain/strain with preexisting (non-industrial) C4-C5 fusion, industrial related aggravation of previous cervical injury resulting in C2-C3 fusion and C6-C7 ACDF, cervical pain (unresolved); thoracic strain/pain (unresolved); lumbar sprain/strain complicated by right sided stroke (unresolved).

IMPAIRMENT: The examinee presents as stable and ratable. The impairment of the cervical, thoracic, and lumbar spine best fit under multiple Sections as follows:

1) Cervical: Section 15.8 Range-of-Motion Method, pages 398-410 the ROM method consist of the following three elements that need to be assessed which are:
   (a) Range-of-Motion of the impaired spine region which is from Section 15.11 ROM: Cervical spine pages 417-422.
   Flexion 15° equates to 4% Whole Person Impairment (WPI).
   Extension 20° equates to 4% Whole Person Impairment (WPI).
   Left lateral bending of 19° equates to 1.75% rounded to 2% WPI.
   Right lateral bending of 15° equates to 2% WPI.
   Left rotation of 39° equates to 2% WPI.
   Right rotation of 28° equates to 3% WPI.
   Values added: 17% WPI
   (b) Accompanying diagnosis (Table 15-7, page 404, Disorder IV Spinal Stenosis, segmental instability, spondylolisthesis, fracture, or dislocation, operated on; Category D. Single-level fusion with or without decompression with residual signs and symptoms: 10% WPI, E Multiple Levels, 3% and E-, Second Surgery, 2% WPI. These values total 15% WPI.
   (c) Spinal nerve deficit: From Tables 15-15 and 15-16 sensory loss and motor deficit respectively for Grade 4 the range is 1-25%. I chose to use the mid range of 12.5% as a result of her previous stroke.
   From Table 15-7 the maximum % loss was as follows:

	Left Biceps	Left Biceps
C5	Sensory (5%) 5 x .125 = .625% to (1%)	Motor (30%) 30 x .125 = 3.75 rounded to 4%
C6	8 x .125 = 1%	35 x .125 = 4.375 rounded to 4%
C7	5 x .125 = .625 to (1%)	
	Total: 3% UEI	Total: 8% UEI

Combining the sensory loss and motor deficit for each nerve is as follows using the Combined Values Chart:

C5	1% Sensory loss with 4% motor deficit equates to 5% UEI
C6	1% Sensory loss with 4% moto deficit equates to 5% UEI
C7	1% Sensory loss is 1% UEI

These values are combined which equates to 11% UEI (5% with 5% with 1%)
From Table 16-3 this value of 11% UEI equates to 7% WPI.

2) Thoracic Spine: Section 15.5 DRE: Thoracic Spine, pages 388-391. The examinee best qualifies for DRE thoracic Category II 5% to 8% Impairment of the Whole Person from Table 15-4. Qualifying factors include significant muscle guarding and asymmetric loss of motion for 5% WPI.

3) Lumbar Spine: Section 15.4 DRE: Lumbar Spine, pages 384-388.
From Table 15-3, the examinee falls within DRE Lumbar Category II 5%-8% Impairment of the Whole Person. It is my opinion the examinee qualifies for 5% WPI. While in this examinee's circumstance additional interruptions of her ADL's does not warrant an additional 1-3% WPL due to her stroke.

Total impairment is as follows:

ROM Method for the Cervical Spine is the combining of the three elements:

17% loss of motion with 15% diagnosis equates to 29%. Combined with 11% nerve deficits equates to 37% WPI.
There is a basis for apportionment regarding her previous non-industrial two level fusion from 1995. That surgery would be assigned a 12% WPI. There are no medical records which would assign loss of motion or nerve deficit(s) percentage. Therefore, the current WPI is 37% less 12% which equals 25% WPI for the cervical spine.
The thoracic spine impairment of 5% is combined with the 25% cervical spine which equates to 29% WPI.
The lumbar spine impairment of 5% is combined with 29% which equates to 33% WPI.

Regarding this complicated PPD evaluation, I would like to state some medical facts and my reasoning for the impairments. The cervical spine has five of the seven vertebral segments fused allowing for severely altered biomechanical motion. In addition to only the atlanto-axial (C1 and C2) articulations for upper cervical motion and the lower cervicodorsal junction (C7 and T1) contributing to motion, there is evidence of a 4 mm anterolisthesis of C2 over C3 on the flexion view (Pueblo Medical Imaging, March 9, 2023). The examinee also demonstrates moderate left

and mild right foraminal stenosis, left eccentric disc bulge with ventral cord effacement (C5-C6) and multilevel spondylosis. All of these factors, contribute to a less than optimum cervical spine with more than probable deteriorating biomechanical condition in the near future.

It is my opinion the sensory loss and motor deficits were the result of neurological mediation rather than strength weakness secondary to pain or from pain avoidance. In spite of bilateral sensory loss, and I only applied it to the left upper extremity as a result of the right sided stroke.

The examinee had an IME performed on November 18, 2023, by Andre Razsadin, D.C.. As a result of her stroke, she was unable to perform a complete examination of the thoracic spine. Since that date the examinee has recovered regarding the thoracic spine which allowed for my evaluation, which resulted in loss of motion function.

Regarding the lumbar spine, this area was unable to be given a complete evaluation as a result of residual neurological complications from her stroke.
It is my personal opinion that during the car crash of June 23, 2018, the examinee injured her cervical, thoracic and lumbar spinal areas as referenced in the medical records. She also received physical therapy for those areas.

Currently the examinee presents with subjective complaints regarding the lumbar spine as previously referenced. Objectively, there is muscle guarding. It is more than medically reasonable the examinee had not complete resolution of not only her thoracic but her lumbar injuries at the time of her stroke. It also medically reasonable to assign the examinee to DRE Lumbar Category II 5% WPI. Her previous IME conducted on November 18, 2021, by Andre Razsadin, D.C., came to the same conclusions regarding the lumbar spine.

CONCLUSION: This claim can be adjudicated and closed with an award of **33% whole person impairment**. It is my opinion at this time there is no reason to expect any major changes in the examinee's clinical condition at this time or in the immediate future. If additional information is presented for review, an addendum will be provided if appropriate.

This examination was performed in accordance with the AMA Guides to the Evaluation of Permanent impairment, 5th Edition, second printing.

Sincerely,

James T. Overland, Sr., D.C., M.S., DABFP, DABCO
Certified Independent Forensic Medical Chiropractic Examiner
Certified Independent Chiropractic Examiner
Certified Impairment Rating Specialist
Designated Rater/State of Nevada
Member, Chiropractic Physician Board of Nevada

Form MCSA-5875

OMB No. 2126-0006 Expiration Date: 8/31/2018

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form
(for Commercial Driver Medical Certification)

PRIVACY ACT STATEMENT: ***This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a.***

AUTHORITY: Title 49, United States Code (USC), 49 USC 31133(a)(8) and 31149(c)(1)(E).

PURPOSE: To record results of a driver's physical examination, to determine qualification to operate a commercial motor vehicle (CMV), and to promote driver health in interstate commerce according to the requirements in 49 CFR 391.41-49. Providing this information is mandatory. If this information is not provided, the medical examiner will not be able to determine qualification to operate a CMV in interstate commerce according to the requirements in 49 CFR 391.41-49. To record results of a driver's physical examination and to determine qualification to operate a CMV in intrastate commerce when the driver is required by a State to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners in accordance with the provisions of 49 CFR 391.41-49 and any variances from the physical qualification standards adopted by such State.

MEDICAL RECORD #
_____
(or sticker)

Medical examiners are required to complete the Medical Examination Report Form for every driver physical examination performed in accordance with 49 CFR 391.41. Each original (paper or electronic) completed Medical Examination Report Form must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The medical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours after the request is made [49 CFR 391.43(j)].

ROUTINE USES: The information is used for the purpose set forth above and may be forwarded to Federal, State, or local law enforcement agencies for their use. Medical Examination Report Forms collected by FMCSA will be stored in FMCSA's automated National Registry of Certified Medical Examiners System and will be used to monitor the performance of medical examiners listed on the National Registry.

In addition to those disclosures permitted under 5 USC 552a(b) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transportation (DOT) Prefatory Statement of General Routine Uses published in the Federal Register on December 29, 2010 (75 FR 82132), under "Prefatory Statement of General Routine Uses" (available at http://www.dot.gov/privacy/privacyactnotices).

ACKNOWLEDG[redacted]*of 1974 as related to me through the above-mentioned statement.*

Driver's Signatur[redacted] Date: 29 oct 2016

SECTION 1. Driver Information *(to be filled out by the driver)*

PERSONAL INFORMATION

Last Name: [redacted] First Name: [redacted] Middle Initial: [redacted] Date of Birth: [redacted] Age [redacted]

Street Address: [redacted] City: [redacted] State/Province: [redacted]

Driver's License Number: [redacted] Issuing State/Province: NV Phone: [redacted] Gend[redacted]

E-mail *(optional)*: _____ CLP/CDL Applicant/Holder*: ○ Yes ⊘ No

Driver ID Verified By**: Driver's License

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ○ Yes ⊘ No ○ Not Sure

*CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. ⊘ Yes ○ No ○ Not Sure

L BREST CIST RMOVE BENINE
L OVARY CIST RMOVE BENINE
TOTAL HISTERECTOMY
NECK FUTION 2 TIME C3-C2-C4-C5

Are you currently taking medications *(prescription, over-the-counter, herbal remedies, diet supplements)*? If "yes," please describe below. ⊘ Yes ○ No ○ Not Sure

PRAVASTATIN 40ML
ANAPRIL 10ML

(Attach additional sheets if necessary)

Last Name: [redacted] First Name: [redacted] DOB: [redacted] Exam Date: 10/29/2016

DRIVER HEALTH HISTORY *(continued)*

Do you have or have you ever had:	Yes	No	Not Sure
1. Head/brain injuries or illnesses *(e.g., concussion)*	○	⊘	○
2. Seizures, epilepsy	○	⊘	○
3. Eye problems *(except glasses or contacts)*	○	⊘	○
4. Ear and/or hearing problems	○	⊘	○
5. Heart disease, heart attack, bypass, or other heart problems	○	⊘	○
6. Pacemaker, stents, implantable devices, or other heart procedures	○	⊘	○
7. High blood pressure	⊘	○	○
8. High cholesterol	⊘	○	○
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	○	⊘	○
10. Lung disease *(e.g., asthma)*	○	⊘	○
11. Kidney problems, kidney stones, or pain/problems with urination	○	⊘	○
12. Stomach, liver, or digestive problems	○	⊘	○
13. Diabetes or blood sugar problems	○	⊘	○
Insulin used	○	⊘	○
14. Anxiety, depression, nervousness, other mental health problems	○	⊘	○
15. Fainting or passing out	○	⊘	○
16. Dizziness, headaches, numbness, tingling, or memory loss	○	⊘	○
17. Unexplained weight loss	○	⊘	○
18. Stroke, mini-stroke (TIA), paralysis, or weakness	○	⊘	○
19. Missing or limited use of arm, hand, finger, leg, foot, toe	○	⊘	○
20. Neck or back problems	○	⊘	○
21. Bone, muscle, joint, or nerve problems	○	⊘	○
22. Blood clots or bleeding problems	○	⊘	○
23. Cancer	○	⊘	○
24. Chronic (long-term) infection or other chronic diseases	○	⊘	○
25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	○	⊘	○
26. Have you ever had a sleep test *(e.g., sleep apnea)*?	○	⊘	○
27. Have you ever spent a night in the hospital?	⊘	○	○
28. Have you ever had a broken bone?	○	⊘	○
29. Have you ever used or do you now use tobacco?	⊘	○	○
30. Do you currently drink alcohol?	○	⊘	○
31. Have you used an illegal substance within the past two years?	○	⊘	○
32. Have you ever failed a drug test or been dependent on an illegal substance?	○	⊘	○

Other health condition(s) not described above: ○ Yes ⊘ No ○ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below. ○ Yes ○ No ⊘ Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or inte[redacted]o civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: [redacted] Date: 29 oct 2016

SECTION 2. Examination Report *(to be filled out by the medical examiner)*

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

Blood pressure controlled.

Renew

(Attach additional sheets if necessary)

Form MCSA-5875 OMB No. 2126-0006 Expiration Date: 8/31/2018

Last Name: [redacted] First Name: [redacted] DOB: [redacted] Exam Date: 10/29/2016

TESTING

Pulse rate: 77 Pulse rhythm regular: ☒ Yes ○ No Height: 5 feet __ inches Weight: 134 pounds

Blood Pressure	Systolic	Diastolic
Sitting	126	82
Second reading (optional)		

Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Urinalysis is required. Numerical readings must be recorded.	1.010	Neg	Neg	Neg

Other testing if indicated

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Vision

Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected
Right Eye:	20/__	20/20
Left Eye:	20/__	20/30
Both Eyes:	20/__	20/20

Horizontal Field of Vision
Right Eye: 85 degrees
Left Eye: 85 degrees

	Yes	No
Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors	☒	○
Monocular vision	○	☒
Referred to ophthalmologist or optometrist?	○	☒
Received documentation from ophthalmologist or optometrist?	○	☒

Hearing

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: ☐ Right Ear ☐ Left Ear ☒ Neither

Whisper Test Results

	Right Ear	Left Ear
Record distance *(in feet)* from driver at which a forced whispered voice can first be heard	5	5

OR

Audiometric Test Results

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz

Average (right): _____ Average (left): _____

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	☒	○	8. Abdomen	☒	○
2. Skin	☒	○	9. Genito-urinary system including hernias	☒	○
3. Eyes	☒	○	10. Back/Spine	☒	○
4. Ears	☒	○	11. Extremities/joints	☒	○
5. Mouth/throat	☒	○	12. Neurological system including reflexes	☒	○
6. Cardiovascular	☒	○	13. Gait	☒	○
7. Lungs/chest	☒	○	14. Vascular system	☒	○

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

Robert M. Davis, M.D. WMD

(Attach additional sheets if necessary)

Form MCSA-5875 OMB No. 2126-0006 Expiration Date: 8/31/2018

Last Name: [redacted] First Name: [redacted] DOB: [redacted] Exam Date: 10/29/2016

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- ○ Does not meet standards *(specify reason)*: _____
- ○ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- ✓ Meets standards, but periodic monitoring required *(specify reason)*: hypertension
  - Driver qualified for: ○ 3 months ○ 6 months ✓ 1 year ○ other *(specify)*: _____
- ☑ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption *(specify type)*: _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
- ☐ Driving within an exempt intracity zone *(see 49 CFR 391.62) (Federal)*
- ☐ Determination pending *(specify reason)*: _____
  - ☐ Return to medical exam office for follow-up on *(must be 45 days or less)*: _____
  - ☐ Medical Examination Report amended *(specify reason)*: _____
    - *(if amended)* Medical Examiner's Signature: _____ Date: _____
- ☐ Incomplete examination *(specify reason)*: _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: [signature]

Medical Examiner's Name *(please print or type)*: Robert M. Davis, M.D.

Medical Examiner's Address: 5850 S Polaris Ave Ste 100 City: Las Vegas State: NV Zip Code: 89118

Medical Examiner's Telephone Number: (702)739-9957 Date Certificate Signed: OCT 29 2016

Medical Examiner's State License, Certificate, or Registration Number: 11376 Issuing State: NV

☑ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner *(specify)*: _____

National Registry Number: 9337830171

Medical Examiner's Certificate Expiration Date: 10-29-17

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined [redacted] in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:

- ☒ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE
	7023961000	10-7-14

MEDICAL EXAMINER'S NAME (PRINT)	
Sang Tran	☑ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse ☐ Other Practitioner
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE 12502/NV	NATIONAL REGISTRY NO. 2879546055

[redacted]

MEDICAL CERTIFICATION EXPIRATION DATE
10-7-15

TESTING (Medical Examiner completes Section 3 through 7) Name: Last, [redacted] First, [redacted] Middle,

3. VISION

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. ***Monocular drivers are not qualified.***

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/	20/ 25	Right Eye 770 °
Left Eye	20/	20/ 20	Left Eye 770 °
Both Eyes	20/	20/ 20	

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? ☒ Yes ☐ No

Applicant meets visual acuity requirement only when wearing:
☒ Corrective Lenses

Monocular Vision: ☐ Yes ☒ No

Complete next line only if vision testing is done by an opthalmologist or optometrist

Date of Examination | Name of Ophthalmologist or Optometrist (print) | Tel. No. | License No./ State of Issue | Signature

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB
☐ Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right ear 5 \ Feet	Left Ear 5 \ Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average:			Average:		

5. BLOOD PRESSURE/ PULSE RATE

Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic
	122	80

Driver qualified if ≤140/90.

Pulse Rate: ☒ Regular ☐ Irregular

Record Pulse Rate: 67

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if ≤140/90
≥180/110	Stage 3	6 months from date of exam if ≤140/90	6 months if ≤ 140/90

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
	1.005	neg	neg	neg

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record) _____

Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVER'S INFORMATION Driver completes this section

[redacted] Date of Exam 07Oct2014

State of Issue [redacted]

2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes	No		Yes	No		Yes	No	
☐	☒	Any illness or injury in the last 5 years?	☐	☒	Lung disease, emphysema, asthma, chronic bronchitis	☐	☒	Fainting, dizziness
☐	☒	Head/Brain injuries, disorders or illnesses	☐	☒	Kidney disease, dialysis	☐	☒	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
☐	☒	Seizures, epilepsy ☐ medication none	☐	☒	Liver disease	☐	☒	Stroke or paralysis
☐	☒	Eye disorders or impaired vision (except corrective lenses)	☐	☒	Digestive problems	☐	☒	Missing or impaired hand, arm, foot, leg, finger, toe
☐	☒	Ear disorders, loss of hearing or balance	☐	☒	Diabetes or elevated blood sugar controlled by:	☒	☐	Spinal injury or disease
☐	☒	Heart disease or heart attack; other cardiovascular condition ☐ medication none			☐ diet ☐ pills ☐ insulin	☐	☒	Chronic low back pain
☐	☒	Heart surgery (valve replacement/bypass, angioplasty, pacemaker)	☐	☒	Nervous or psychiatric disorders, e.g., severe depression medication none	☐	☒	Regular, frequent alcohol use
☒	☐	High blood pressure ☐ medication LISINOPRIL 10MG	☐	☒	Loss of, or altered consciousness	☐	☒	Narcotic or habit forming drug use
☐	☒	Muscular disease						
☐	☒	Shortness of breath						

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

JUNE 2014 HIGH BLOOD
DEC 1996 NECK INJURY

I certify that the above information is complete and tr[redacted]e or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signatu[redacted] Date 7Oct2014

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

medication discussed

7. PHYSICAL EXAMINATION Height: 60 (in.) Weight: 122 (lbs.) Name: Last [redacted] First, [redacted] Middle,

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would effect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		X
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.		
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.		
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.		
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest.		
7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		
8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
9. Genito-urinary System	Hernias.		
10. Extremities- Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		
11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
12. Neurological	Impaired equilibrium, coordination or speech pattern; asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinki's reflexes, ataxia.		

*COMMENTS: none

Note certification status here. See Instructions to the Medical Examiner for guidance.

- ☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- ☐ Does not meet standards
- ☑ Meets standards, but periodic monitoring required due to HTN
  Driver qualified only for: ☐3 months ☐6 months ☑1 year ☐ Other

Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

- ☐ Wearing corrective lense
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____waiver/ exemption. Driver must present exemption at time of certification.
- ☐ Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (See 49 CFR 391.62)
- ☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's signature [signature]
Medical Examiner's name Sana Train
Address 6970 S. Rainbow Blvd #107 Las Vegas, NV 89118
Telephone Number 7023466000

If meets standards, complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

Form MCSA-5876 (Revised: 12/06/2015)

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: [redacted] First Name: [redacted] in accordance with *(please check only one)*:

- [x] the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* OR
- [ ] the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:
  - [x] Wearing corrective lenses
  - [ ] Wearing hearing aid
  - [ ] Accompanied by a _____ waiver/exemption
  - [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
  - [ ] Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
  - [ ] Qualified by operation of 49 CFR 391.64 *(Federal)*
  - [ ] Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 10-29-17

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: (702) 739-9957

Date Certificate Signed: 10-29-16

Medical Examiner's Name *(please print or type)*: Robert M. Davis, M.D.

- [x] MD
- [ ] DO
- [ ] Physician Assistant
- [ ] Chiropractor
- [ ] Advanced Practice Nurse
- [ ] Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number: 11376

Issuing State: NV

National Registry Number: 9337830171

Driver's Sig[redacted]

Driver's Ad[redacted]

Street Addre[redacted]

C.S.

TA#113677

POSTED CK

RECEIVED
OCT 29 2016
By _____

Request for Additional Medical Information And Medical Release

(Pursuant to NRS 616C.177 & 616C.490(4))

COVEL LAS VEGAS
JUN 27 2018
RECEIVED

Injured Employee's Name: [redacted]

Claim Number: [redacted]

Injured Employee's Address: [redacted]

Injury/Occupational Disease Date: Neck and Spine Injury Date this Notice Printed: 6/26/18

Insurer's Name: Self-Insured W/C - Covel Corporation

Employer: YCS Transportation

Insurer's Address: PO Box 61228 Las Vegas, NV 89160

Employer's Address: 5225 W Post Rd Las Vegas, NV 89118

Please provide the information requested below, sign and date the form, and return it to your insurer. Your signature on this form also acts as a release to acquire information affecting your claim from other entities. This renews the release you signed on your C-4 form at the time your claim was submitted to your insurer. Failure to fully complete and return this form to your claims agent in a timely manner could affect your benefits or delay the resolution of your claim.

Prior History Information

Please check the appropriate box below and provide the information requested.

☐ **I have no prior conditions, injuries or disabilities of which I am aware, that might affect the disposition of the claim referenced above. (If you checked this box, no further information is needed at this point)**

☑ **I have a prior condition, injury or disability that could affect the disposition of the claim referenced above. This can include birth defects, prior surgeries, injuries, etc., whether work related or not. (If you checked this box, indicating a pre-existing condition, please explain in detail in the space below. Please attach additional sheets of paper to this form if necessary to fully explain the condition)**

I certify that the above is true and correct to the best of my knowledge and that I have provided this information in order to obtain the benefits of Nevada's industrial insurance and occupational diseases acts (NRS 616A to 616D, inclusive or chapter 617 of NRS). I hereby authorize any physician, chiropracter, surgeon, practitioner, or other person, any hospital, including veterans administration or governmental hospital, any medical service organization, any insurance company, or other institution or organization to release to each other, any medical or other information, including benefits paid or payable, pertinent to this injury or disease, except information relative to diagnosis, treatment and/or counseling for aids, psychological conditions, alcohol or controlled substances, for which I must give specific authorization. A photostat of this authorization shall be as valid as the original.

[redacted] 6/26/18

Signature Date

RECEIVED
By Angela_Higareda at 2:07 pm, Jul 03, 2018

EMPLOYEE'S CLAIM FOR [illegible]

FORM C-4
PLEASE TYPE OR PRINT

[redacted]
HAR: 18002982318
CSN: 180030411285
DOB [redacted]
MRN
Adm Date: 6/23/2018

180030411
285

EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION

First Nam[redacted]

Hom[redacted]

City[redacted]

Mailing Address City State ENGLISH

INSURER | THIRD-PARTY ADMINISTRATOR | Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred: CNA

Employer's Name/Company Name: YELLOW CHECKER CAB | Telephone: 702-873-2000

Office Mail Address (Number and Street): 3225 W. POST RD LV NV 89118

Date of Injury (if applicable)	Hours Injury (if applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
6/23/18	930 am pm	6/23/18	6/23/18	

Address or Location of Accident (If applicable): WB - I-15 EXIT SAHARA

What were you doing at the time of the accident? (If applicable): DRIVING

How did the injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary): MVC

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? RIGHT AWAY

Witnesses to Accident (If applicable)

Nature of Injury or Occupational Disease: MVA

Part(s) of Body Injured or Affected: WHOLE

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE [redacted]

Employee's Signature

Date 6/25/18

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF FIRST TREATMENT

Name of Facility: UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

Place

Date 6/25/18
Hour 2:57 pm

Diagnosis and Description of Injury or Occupational Disease: muscle pain MVC
Muscle Strain

Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident?
☒ No ☐ Yes (If yes, please explain)

Treatment: Pain Control

Have you advised the patient to remain off work five days or more?
☐ Yes Indicate dates: from _____ to _____
☒ No If no, is the injured employee capable of [illegible] duty ☐ modified duty

X-Ray Findings: Negative

If modified duty, specify any limitations/restrictions: _____

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☒ Yes ☐ No

Is additional medical care by a physician indicated? ☒ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☒ No (Explain if yes)

Date 6/25/18
Print Doctor's Name Dean Moore

I certify that the employee's copy of this form was mailed to the employer on:

INSURER'S USE ONLY

Address 1800 W. Charleston Boulevard

City	State	Zip	Provider's Tax I.D. Number	Telephone	Degree
Las Vegas	Nevada	89102	88-6000436	(702) 383-2000	MD DO

Doctor's Signature Dean Moore

ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE (Form C-4 (rev.10/07))

JUN 27 2018

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM

Reset Form | Print Form

EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

EMPLOYER

Employer's Name	Nature of Business (mfg., etc.)	FEIN	OSHA Log#
NEVADA YELLOW CAB	Passenger Transportation	880220876	V-2018-2*

Office Mail Address	Location . . . If different from mailing address	Telephone
5225 W. Post Road	NB I-15 AT SAHARA EXIT Las Vegas NV 89118	(702) 933-1647

City	State	Zip	Insurer	Third-Party Administrator
Las Vegas	NV	89118	Yellow Checker Star Transportation	CorVel Enterprise Comp Inc

EMPLOYEE

[redacted]

ACCIDENT OR DISEASE

Date of injury (if applicable) 06/23/2018	Time of injury (Hours, Minute AM/PM) (if applicable) 9:20 AM	Date employer notified of injury or O/D 06/23/2018	Supervisor to whom injury or O/D reported Marves Rivas

Address or location of accident (Also provide city, county, state) (if applicable)
NB I-15 AT SAHARA EXIT, LAS VEGAS, CLARK, NV

Accident on employer's premises? (if applicable) ~~sample_value~~ No

What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)
IW states she was stopped for traffic while exiting the freeway.

How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary
Shift started at 12:45 a.m., while exiting the freeway, stopped for traffic, she was rear-ended.

INJURY OR DISEASE

Specify machine, tool, substance, or object most closely connected with the accident (if applicable) Car accident

Witness

Was there more than one person injured in this accident (if applicable) YES

Part of body injured or affected: Dise-Neck | If fatal, give date of death

Witness

Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.): Multiple Physical Injuries Only

Witness

Did employee return to next scheduled shift after accident? (if applicable)

Will you have light duty work Available if necessary? YES

If validity of claim is doubted, state reason

Location of Initial Treatment: UMC Hospital

Treating physician / chiropractor name

Emergency Room: YES

Hospitalized: YES

IMPORTANT LOST TIME INFO

IMPORTANT: How many days per week does employee work: 4 | From 12:45 AM | To 12:30 PM | Last day wages were earned: 06/23/2018

Scheduled days off	S	M	T	W	T	F	S	Rotating	Are you paying injured or disabled employee's wages during disability?
			X	X	X				NO

Date employee was hired	Last day of work after injury or disability	Date of return to work	Number of work days lost
03/02/2015	06/23/2018		0

Was the employee hired to Work 40 hours per week?	If not, for how many hours a week was the employee hired? 48.00	Did the employee receive unemployment compensation any time during the last 12 months? NO

For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability.
Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.

Pay ends on: ___ SUN ___ MON ___ TUE ___ WED ___ THU ___ FRI X SAT

Employee is paid: Weekly

On the date of injury or disability The employee's wage was: $0.00 Per Commtips

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail cha@govcha.state.nv.us

I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.

Employer's Signature and Title	Date
Workers Comp Advisor	06/27/2018

Insurer Use Only

Claim is: _ Accepted _ Denied _ Deferred _ 3rd Party | Deemed Wage | Account No | Class Code

Claims Examiners Signature	Date	Status Clerk	Date

Form C-3 (rev. 05/10)

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM

Reset Form | Print Form

EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE

EMPLOYER

Employer's Name	Nature of Business (mfg., etc.)	FEIN	OSHA Log#
NEVADA YELLOW CAB	Passenger Transportation	880220876	Y-2018-27

Office Mail Address	Location . . . If different from mailing address	Telephone
5225 W. Post Road	NB I-15 AT SAHARA EXIT Las Vegas NV 89118	(702) 933-1647

City	State	Zip	Insurer	Third-Party Administrator
Las Vegas	NV	89118	Yellow Checker Star Transportation	CorVel Enterprise Comp Inc

EMPLOYEE

[redacted]

ACCIDENT OR DISEASE

Date of Injury (if applicable)	Time of injury (Hours; Minute AM/PM) (if applicable)	Date employer notified of injury or O/D	Supervisor to whom injury or O/D reported
06/23/2018	9:20 AM	06/23/2018	Marves Rivas

Address or location of accident (Also provide city, county, state) (if applicable)	Accident on employer's premises? (if applicable)
NB I-15 AT SAHARA EXIT, LAS VEGAS, CLARK, NV	«empr_prm»

What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)
IW states she was stopped for traffic while exiting the freeway.

How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary.
Shift started at 12:45 a.m., while exiting the freeway, stopped for traffic, she was rear-ended.

INJURY OR DISEASE

Specify machine, tool, substance, or object most closely connected with the accident (if applicable)	Witness	Was there more than one person injured in this accident (if applicable)
Car accident		YES

Part of body injured or affected	If fatal, give date of death	Witness
Disc-Neck		

Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.)	Witness	Did employee return to next scheduled shift after accident? (if applicable)	Will you have light duty work Available if necessary?
Multiple Physical Injuries Only			YES

If validity of claim is doubted, state reason	Location of Initial Treatment
	UMC Hospital

Treating physician / chiropractor name	Emergency Room	Hospitalized
	YES	YES

IMPORTANT | How many days per week does employee work: 4 | From: 12:45 AM | To: 12:30 PM | Last day wages were earned: 06/23/2018

Scheduled days off	S	M	T	W	T	F	S	Rotating	Are you paying injured or disabled employee's wages during disability?
			X	X	X				NO

IMPORTANT LOST TIME INFO

Date employee was hired	Last day of work after injury or disability	Date of return to work	Number of work days lost
03/02/2015	06/23/2018		0

Was the employee hired to Work 40 hours per week?	If not, for how many hours a week was the employee hired?	Did the employee receive unemployment compensation any time during the last 12 months?
	48.00	NO

For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification for (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.

Pay ends on:	Employee is paid:	On the date of injury or disability The employee's wage was:
___ SUN ___ TUE ___ THU X SAT ___ MON ___ WED ___ FRI	Weekly	$0.00 Per

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail cha@govcha.state.nv.us

I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.	Employer's Signature and Title	Date
	Workers Comp Advisor	06/27/2018

Insurer Use Only

Claim is: _ Accepted _ Denied _ Deferred _ 3rd Party	Deemed Wage	Account No.	Class Code

Claims Examiners Signature	Date	Status Clerk	Date

Form C-3 (rev. 05/10)

Y-2018-27

113677

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

CORVEL LAS VEGAS
JUN 27 2018
RECEIVED

Name of Employer ICS Transportation

Name of Employee [redacted]	[redacted]	Telephone Number [redacted]

Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)
6/23/18	920Am	I15 sahara exit east bound

What is the nature of the injury or occupational disease?	List any body parts involved:
Neck and Back Injury	Hip/spine

Briefly describe accident or circumstances of occupational disease
(Note: If you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment)
I was exiting I15 north to Sahara east bound I stoped for traffic to pass by when I was rear ended

Names of witnesses
See Report

Did the employee leave work because of the injury or occupational disease?	If yes, when (date and time)?	Has the employee returned to work?	If yes, when (date and time)?
✓ YES ___ NO	6/23/18 9pm	___ YES ✓ NO	N/A

Was first aid provided?	If yes, by whom?	Name and address of treating physician, if applicable or known
✓ YES ___ NO	Private Ambulance UMC	UMC Bisees Ahmed MD

Did the accident happen in the normal course of work? (if applicable) ✓ YES ___ NO

Was anyone else involved?	Names of others involved
✓ YES ___ NO	See Report

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature	Date	X [redacted] Signature of Injured or Disabled Employee	Date
[signature]	6/26/18		6/26/18

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the Office of the Governor Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://govcha.state.nv.us E-mail cha@govcha.state.nv.us

nployee should sign, date and retain a copy.
Original to Employer, Copy to Employee

C1

COMPANY REPORT OF INJURY
INJURED EMPLOYEE COMPLETE THE FOLLOWING
PLEASE PRINT

Today's Date 6/26/18 Name [redacted] PR/TA # [redacted]

[redacted] Date of Birth [redacted] Age [redacted] Language spoken English/Spanish

Street Address [redacted] Apt# NA Marital Status [redacted]

City [redacted] State [redacted] Zip [redacted] Job title Driver Date of Hire March 2/2015

Home Phone# Same as Cell Cell Phone# [redacted]

Shift # 14 Days off Tuesday, Wednesday, thursday Vehicular Accident-(Yes) or No, if so Cab# 3131

Date of Injury 6/23/18 Time of Injury 920 (AM)/PM Witness name see Report

Exact address of accident I15 and Sahara exit eastbound

What were you doing at the time of accident Waiting for Traffic to pass

How did the accident happen I was Waiting at the exit came to turn on to Sahara eastbound When I was rearended

What part of your body affected Neck and spine

What is the type of Injury Neck and spine

Injured Employee Signature X

SUPERVISOR COMPLETE THE FOLLOWING

Date injury reported to you 6/26/18 Time 3:30 AM/(PM) Last day employee worked 6/23/18

Was injury reported directly to you by injured employee? YES When injury occurred, was employee at work and on company time? YES Was employee intoxicated or misbehaving? NO If Yes, Explain N/A

Are you satisfied that the injury occurred as described by employee? YES If Not, Explain N/A

What immediate Medical Attention did Employee receive? NONE ( ) FIRST AID ( )

CONCENTRA MEDICAL CENTER ( ) EMERGENCY ROOM (X) HOSPITAL (X)

SUPERVISOR SIGNATURE [signature] Today's date 6/26/18

PLEASE PRINT SUPERVISOR NAME William DAN

Yellow-Checker-Star Cab
Worker's Compensation Company Information

As of 6/1/2017

Randy Fisher – Workers' Compensation Advisor
5225 W. Post Rd.
Las Vegas, NV 89118
Phone 933-1647 or fax 835-5281.

You have 7 days to report a on the job injury to your supervisor and fill out the proper paper work. You are instructed where to receive medical treatment. It is your responsibility to bring in your medical doctor's notes to your supervisor after every visit to the doctor's. This company does offer restricted/modified duty if you are unable to perform your regular duties. We do not pay for time lost from work unless a doctor tells you that you have to stay off of work on Total Temporary Disability and only when a supervisor has seen and approved the note from the Doctor.

IT IS YOUR RESPONSIBILITY TO FOLLOW UP WITH YOUR SUPERVISOR.

To reach our Worker's Compensation third party administrators:
CorVel Incorporated
Attn: Claudia Moorer
Phone number 702-699-7020
Fax number 866-728-8275
PO Box 61228
Las Vegas, NV 89160

Please read the back of the C-1 form you have completed with the employer for "BRIEF DESCRIPTION OF RIGHTS AND BENEFITS" (Pusuant to NRS 616C.050) and Please review the Employee's Guide to Nevada Worker's Compensation Insurance Pamphlet printed from the State of Nevada and the for your convenience.

Please sign that you have received this letter of Worker's Compensation Company Information and that you understand your responsibilities with this company as an Injured Worker.

Print Name [redacted] Date 6/20/18 PR/TA# [redacted]

Injured Employee Signature [redacted]

Supervisor Signature

Claim Summary

Claim #: 062320183131
Location: 1-YELLOW CAB COMPANY
Loss Date: 06/23/2018 9:20 AM
Report Date: 06/23/2018 9:30 AM
Close Date: 06/25/2018
Claim Type: ADVERSE LIABILITY
Accident Type: REAR END
Incident Location: I-15
Div./Dept: 1-YELLOW CAB COMPANY / 1-YELLOW CAB
Driver [redacted]
Licens [redacted]
Case Management: Christina M
Description:
V2 REAR ENDED V1
V1 DRIVER REQUESTED MEDICAL

Primary Claimant: LUCERO
Insurance Claim #:
Reopen Date:

Close Method: NO VISIBLE DAMAGE
Status: CLOSED

Specific Location: I-15 NB SAHARA EXIT RAMP
Injury/Damage: 01-FOLLOWING TOO CLOSE

Claim Litigated? N
Vehicle: TOYOTA SCION XB 2013 3131
Road Supervisor: CHARLES LANGSTON

Financial Summary

	Remaining Reserves	Payments	Recovery Collected	Incurred	Recovery Due
Expense	$0.00	$0.00	$0.00	$0.00	$0.00
Indemnity	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00	$0.00	$0.00

Custom Fields

Dispatch: KABRA
Cab Damage: NO VISIBLE DAMAGE
LOU:
Adverse Cab Co.:
Adverse Ins. Claim #:
Defense Attorney:
Rental Agreement #:
TNC:
Police Event #:

Cab Damage Code: 0 - NO DAMAGE
Cab Damage Amount:
Total Repair Cost:
Adverse Cab #:
Driver's Attorney:
Rental Company:
Hotel Security:
TA Event #: 009 TBD.
NHP Event #: 180602113

Claims Tools Reports Utilities Help Apps

Claimants for Claim # 062320183131

First Name	[redacted]
MI	
Last Name/Entity	
Claimant Type	ADVERSE DRIVER
Soc. Sec. #	
Date of Birth	[redacted]
Minor?	
Gender	
Address 1	
Address 2	
City	
State	
Zip	
Phone	
Work Phone	
Cell Phone	
Fax	
Email	[redacted]
Drivers License No.	
Claimant Attorney	
Insurance Co.	[redacted]
Policy No.	[redacted]
Description	
HICN	
CMS 111 Claimant?	0
Include in CMS Query File?	0
Eligible for Medicare?	0

First Name	[redacted]
MI	
Last Name/Entity	
Claimant Type	
Soc. Sec. #	
Date of Birth	
Minor?	
Gender	
Address 1	
Address 2	
City	
State	
Zip	
Phone	
Work Phone	
Cell Phone	
Fax	

CORVEL LAS VEGAS
JUN 27 2018
RECEIVED

Email	
Drivers License No.	
Claimant Attorney	
Insurance Co.	
Policy No.	
Description	
HICN	
CMS 111 Claimant?	[redacted]
Include in CMS Query File?	
Eligible for Medicare?	
First Name	
MI	
Last Name/Entity	
Claimant Type	
Soc. Sec. #	
Date of Birth	
Minor?	[redacted]
Gender	
Address 1	
Address 2	
City	
State	
Zip	
Phone	
Work Phone	
Cell Phone	
Fax	
Email	
Drivers License No.	
Claimant Attorney	
Insurance Co.	
Policy No.	
Description	NO INJURY
HICN	
CMS 111 Claimant?	0
Include in CMS Query File?	0
Eligible for Medicare?	0

Print Claimants

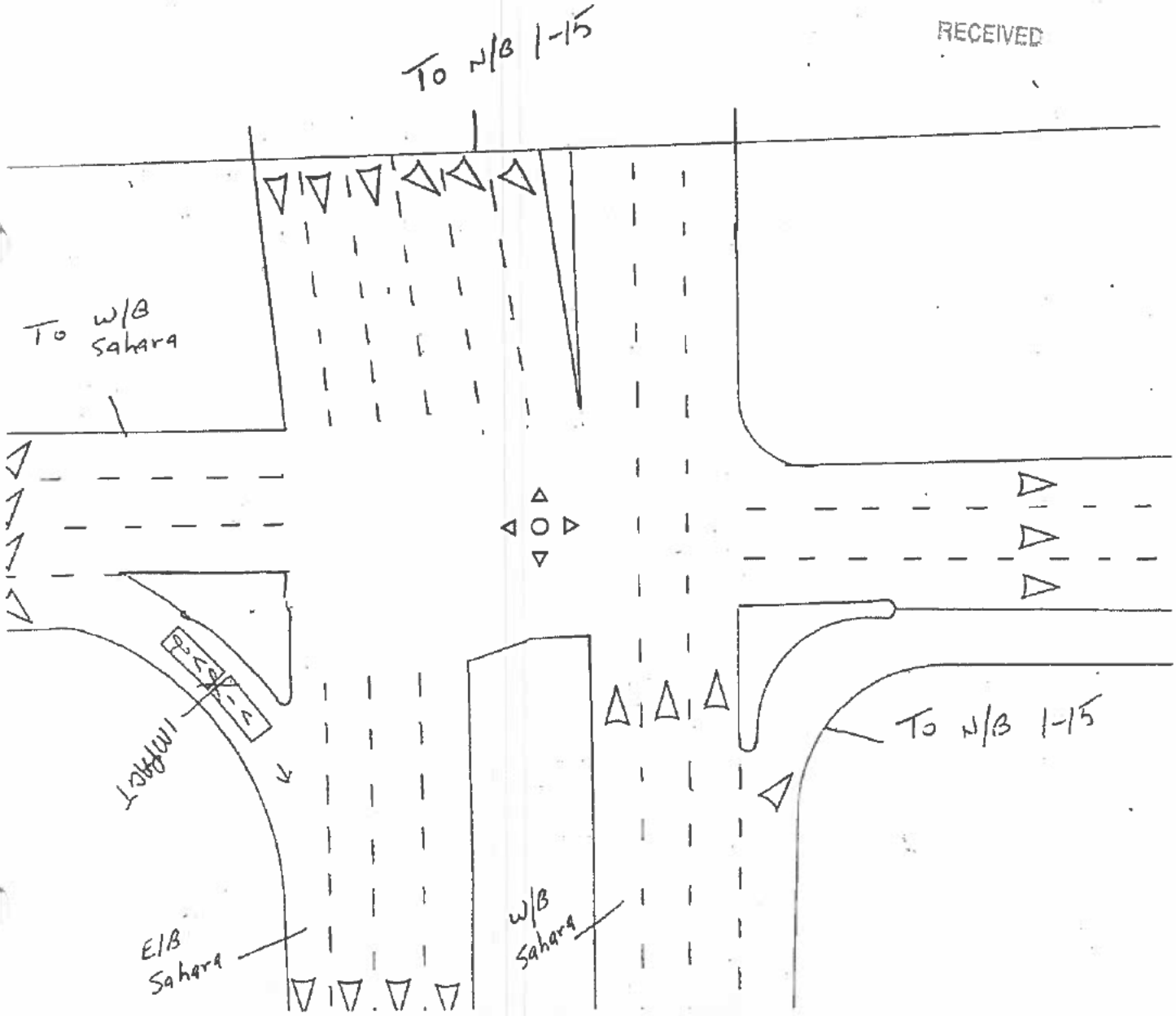
1 : 00 AM

	Hour		Minutes
AM	PM	00 05 10 15 20 25 30 35 40 45 50 55	
1 2 3 4 5 6 7 8 9 10 11 12			
SET			

YELLOW – CHECKER – STAR
Accident Supplement Diagram.

SUPERVISOR 953 *DATE* 6/23/18
CAB 3131 *LOCATION* Sahara / I-15 N/B Ramp
&
Sahara / I-15 N/B off ramp

N
Indicate North



Yellow Checker Star
TRANSPORTATION CORVEL LAS VEGAS

BUCKLE UP IT'S THE LAW

RECEIVED JUN 27 2018

TODAY'S DATE: 6/23/18 **CLAIM NUMBER:** _____

DATE OF LOSS: _____ **TIME OF LOSS:** _____ AM ☐ PM ☐

YOUR INFORMATION:

Full Name: [redacted]

Current Add[redacted]

City: [redacted]

Current Phone Number: Cel[redacted] Work: _____

Email Address: [redacted]

Driver's License #: [redacted] State: [redacted] D.O.B. [redacted]

Vehicle Year: 2013 Make: Volkswagen Model: Jetta License No[redacted] State: NV

Vehicle Owner's Name: [redacted]

Address: [redacted]

City [redacted] State: NV

Describe How The Accident Occurred: Turning onto Sahara from freeway, I thought the car in front of me had gone, so I started to pull forward without doubl checkin and rear-ended ther

Who Do You Believe Is At Fault For This Accident? (State Your Reason): I am at fault.

Were You Or Anyone Else Injured As A Result Of This Accident? Yes ☐ No ☑

(State Names, Addresses and Phone Numbers): _____

Names, Addresses And Phone Numbers Of All Occupants In Your Vehicle (If Any):

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

Date: 6/23/18 **Signatur**[redacted]

5225 West Post Road
Las Vegas, NV 89118

Nevada Highway Patrol
Accident Information Exchange

Accident Case # [redacted]
Date/Time 06/23/2018 0947

LOCATION INFORMATION

Location IR15 SAHARA AVE NB OFF RAMP
SAHARA AVE E

HOW TO OBTAIN A COPY OF THE COMPLETED ACCIDENT REPORT

The Traffic Collision you were involved in was investigated by the Nevada Highway Patrol
The collision report will be on file at the location listed below.

Northern Command
357 Hammill Lane
Reno, NV 89511
(775) 687-9600
http://nhp.nv.gov/

Central Command
3920 East Idaho Street
Elko, NV 89801
(775) 753-1111

Southern Command
4615 West Sunset Road
Las Vegas, NV 89118
(702) 486-4100

HOURS
Mon-Fri
8am-5pm

Collision Reports are typically ready after 10 business days.

You will be required to pay a fee for each copy of the accident report.

Visit our Web Site for additional information: http://nhp.nv.gov/

UNIT 1 1

Driver [redacted]

Veh Yr 2013
Color ALUMINUM/SILVER
Make VOLKSWAGEN
Veh Tag [redacted]
Model JETTA
State NV
Type SEDAN 4-DOOR

Insurance Info
Insurance Policy # [redacted]
Insurance Company [redacted]
Insurance Address/Phone 800-332-3226
Tow Info
Towed By
Towed To

UNIT 2 1

Driver [redacted]

Veh Yr 2013
Color YELLOW
Make SCION
Veh Tag [redacted]
Model XB
State NV
Type SUV/CARRY-ALL

Insurance Info
Insurance Policy # [redacted]
Insurance Company SELF INSURED
Insurance Address/Phone 7028738012
Tow Info
Towed By
Towed To

Investigated By L Hixson, Badge# H6034

CORVEL LAS VEGAS

JUN 27 2018

RECEIVED

Nevada Yellow Cab Corporation
Nevada Checker Cab Corporation
Nevada Star Cab Corporation
5225 W. Post Road, Las Vegas, NV 89118

To our valued customers: Existing law and our company policy requires that complete reports be made of any event(s). Please assist us by completing this form. Thank you for your cooperation.

CAB # 3131 DRIVER'S NAME [redacted]

TIME 920 AM DAY AND DATE 23 JUNE 2018

FULL NAME: [redacted] DOB: [redacted]

HOME ADDRESS (INCLUDE CITY, STATE & ZIP CODE): [redacted]

TELEPHONE:

HOME [redacted] BUSINESS [redacted]

DID YOU SUSTAIN ANY INJURY(S) AS A RESULT OF THIS EVENT? ☐ YES ☑ NO nothing broke

SEAT POSITION:

☐ FRONT ☐ REAR LEFT ☐ REAR CENTER ☒ REAR RIGHT Passenger side

IN YOUR OPINION, WHO WAS RESPONSIBLE? (PLEASE STATE YOUR REASON BELOW)

☐ YOUR DRIVER ☒ OTHER DRIVER ☐ PEDESTRIAN ☐ PASSENGER

PLEASE DESCRIBE HOW THE EVENT OCCURRED (If needed, use reverse side):

My driver was yielding & the other driver rear ended us

SIGNATURE [redacted] DATE 6/23/2018

kabiT

Reported Date Time: 06/23/2018 09:18AM

EVENT REPORT

Accident

LOCATION

NB I-15 SAHARA OFFRAMP

Vehicle 1 Passengers: 0 Injuries: None Reported Hit & Run: No Tow Required: No

Vehicle #: [redacted] Yellow Cab
TA #: [redacted]
Name: [redacted]
Phone: [redacted]

Year: 2016 Color:
Make:
Model:
VIN:
License Plate: License State:

Vehicle 2 Passengers: 0 Injuries: None Reported Hit & Run: No Tow Required: No

Vehicle #: 0
TA #:
Name:
Phone:

Year: Color:
Make:
Model:
VIN:
License Plate: License State:

NARRATIVE

OUR CAB WAS REAR ENDED BY A GREY PRIVATE VEHICLE

External Agent: No

AGENCY	EVENT #
Taxicab Authority	9

TRANSACTIONS

06/23/2018 09:20AM	Acknowledgement	Marves Rivas
06/23/2018 09:20AM	Assignment	Charles Langston

Reported By: DRIVER Entered By: YCSTRANS\MARVESR2 Last Updated By: YCSTRANS\MARVESR2
23-06-2018 09:21AM

ISO ClaimSearch®
The information system for claims professionals

ISO CLAIMSEARCH MATCH REPORT SUMMARY

A claim report identified by ClaimSearch identification number 1L004639758 which matched a claim report previously sent by your company was received by ISO ClaimSearch on 06/27/2018. As an added service, we are providing you with a copy of this AUTOMATIC UPDATE claim report. Reasonable procedures have been adopted to maximize the accuracy of this report. Independent investigations should be performed to evaluate the relevant data provided.

If you have any questions concerning your report, please contact Customer Support at (800) 888-4476.

INITIATING CLAIM INFORMATION

Claim Number: 1154WC180000079
Policy Number: SELFINSURED
Date of Loss: 06/23/2018
ISO File Number: 1L004639758

SUMMARY FOR EACH SEARCHABLE PARTY

YELLOW CHECKER STAR TRANSPORTATION, INSURED

No matches for this party

MARIA CISARIK, BOTH CLAIMANT & INSURED

Coverage: INDEMNITY **Loss Type:** INDEMNITY

	SAME LOSS TYPE	SIU INVOLVEMENT	NAME	ADDRESS	SSN	PHONE	DRIVER'S LICENSE	VIN	LICENSE PLATE	KEY INDICATORS FOR THIS PARTY
# of Matches			1	1	1					• Prior Claims History
ISO File Number										
3S004653474			X	X	X					

ISO CLAIMSEARCH AUTOMATIC UPDATE DETAILS

Initiating Claim

File Number: 1L004639758

Company: H29300010
Claim Number: 1154WC180000079
Date/Time of Loss: 06/23/2018 00:00

Policy Number:	SELFINSURED
Policy Type:	WORKERS COMPENSATION
ISO Received Date:	06/27/2018
Loss Description:	SHIFT STARTED AT 12:45 A.M., WHILE EXITING THE ...
Location of Loss:	NV

Involved Party: INSURED

Business Name:	YELLOW CHECKER STAR TRANSPORTATION
Address:	5225 W. POST ROAD LAS VEGAS, NV 89118

Involved Party: BOTH CLAIMANT & INSURED

Name:	[redacted]
Address:	
Home Phone:	
SSN:	

Casualty Coverage Information:

Coverage Type:	INDEMNITY
Loss Type:	INDEMNITY
Adjuster Company:	CORVEL CORPORATION
Alleged Injury / Property Damage:	MULTIPLE PHYSICAL INJURIES ONLY, DISC-NECK

back

Matching Claim

File Number: 3S004653474

Reason(s) for match:	**SSN** **NAME** **ADDRESS**
Insuring Company:	SAFECO INSURANCE COMPANY OF AMERICA
Claim Number:	183705396002
Date/Time of Loss:	06/23/2018
Policy Number:	[redacted]
Policy Type:	PERSONAL AUTOMOBILE
Inception Date:	08/01/2015 **Expiration Date:** 08/01/2018
Assigned Risk?:	NO

Insuring Co. Address:	120 VANTIS #130 ALISO VIEJO, CA 92656
Insuring Co. Phone:	(800) 332-3226
Company Received Date:	06/28/2018
Loss Description:	[redacted]
CAT Related?:	NO
Location of Loss:	I-15, FROM SAHARA ONRAMP LAS VEGAS, NV US

Involved Party: BOTH CLAIMANT & INSURED

Business Name:	[redacted]
Address:	[redacted]
Home Phone:	

Vehicle Coverage Information:

Coverage Type:	COLLISION
Loss Type:	COLLISION
Claim Status:	OPEN
VIN:	[redacted]
Vehicle:	2013 VOLKSWAGEN JETTA
Vehicle Type:	PASSENGER CAR
License Plate:	[redacted] **License Plate State:** NV
Last Year Registered:	2000

Involved Party: CLAIMANT

Name:	[redacted]
Address:	[redacted]
Gender:	
Business Phone:	
SSN:	[redacted]

Casualty Coverage Information:

Coverage Type:	BODILY INJURY
Loss Type:	BODILY INJURY

Claim Status:	OPEN
Adjuster Company:	SAFECO INSURANCE COMPANY OF AMERICA
Alleged Injury / Property Damage:	S/T NECK, BACK, AND HIPS. PRIOR CERIVCAL SURGERY -
Suit filed?:	NO

back

Claim Attachment Information

Patient Name: [redacted]
Attachment Control Number: 715600
Invoice Number: H1800298231800

Admission Information - Patient Record Only

Arrival Date/Time:	06/23/2018 10:35 AM	Admit Date/Time:	06/23/2018 10:38 AM	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Self Referral	Admit Category:	
Means of Arrival:	Ambulance	Primary Service:	Internal Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	UMC	Unit:	UMC DISCHARGE LOUNGE
Admit Provider:	Birjees Ahmed, MD	Attending Provider:	Jordana J Haber, MD	Referring Provider:	

Discharge Information - Patient Record Only

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
06/25/2018 7:45 PM	Home Or Self Care	Home	None	UMC DISCHARGE LOUNGE

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
M54.2 [Principal]	Cervicalgia				
M79.1	Myalgia				
R51	Headache				
M47.892	Other spondylosis, cervical region				
I10	Essential (primary) hypertension				
E78.5	Hyperlipidemia, unspecified				
J98.11	Atelectasis				
F32.9	Major depressive disorder, single episode, unspecified				
F17.200	Nicotine dependence, unspecified, uncomplicated				
Z79.899	Other long term (current) drug therapy				
Z98.1	Arthrodesis status				

Implants

No active implants to display in this view.

Problem List

	Priority	Class	Noted - Resolved	Last Modified
Anal fissure			Unknown - Present Entered by Sheila Moore	6/6/2018 by Sheila Moore
External hemorrhoids			Unknown - Present Entered by Sheila Moore	6/6/2018 by Sheila Moore

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
	6/23/2018 10:35 AM	Emergent	Ambulance (amr)	EMS	Internal Medicine	Emergency

Arrival Complaint
SYNCOPE, MVC

Diagnosis

Diagnosis	Comment
Motor vehicle accident, initial encounter	

ED Provider Notes - ED Notes

ED Provider Notes by Samuel Bergin, MD at 6/23/2018 11:18 AM — Version 3 of 3

Author: Samuel Bergin, MD | Service: (none) | Author Type: Resident
Filed: 6/23/2018 3:49 PM | Date of Service: 6/23/2018 11:18 AM | Status: Signed
Editor: Samuel Bergin, MD (Resident)
Related Notes: Original Note by Samuel Bergin, MD (Resident) filed at 6/23/2018 1:54 PM
Cosigner: Jordana J Haber, MD at 6/23/2018 10:23 PM

Emergency Department Encounter
ADULT EMERGENCY DEPARTMENT

Patient: [redacted]
MRN: 0002419927
DOB [redacted]
Date of Evaluation: 6/23/2018
ED Provider: Bergin, Samuel, MD

Chief Complaint

Chief Complaint
Patient presents with
- Syncope
- Motor Vehicle Crash

HOPI

[redacted] who presents to the emergency department chief complaint of right lateral neck pain in the context of previously having had multiple level fusion and 1 or 2 minutes of loss of consciousness. Apparently the patient was involved in motor vehicle collision. She is a taxi driver. She was wearing a seatbelt. There is no airbag deployment. She was at a full complete stop on an off ramp it she was turned looking over left shoulder at the vehicle approaching behind her. The vehicle struck her vehicle at maybe 10 to 15 miles/hour according the EMS. She reports that she did lose consciousness and does have some pain over her left parietal scalp. She says that she was not ambulatory. She says she has suddenly noticed that there is a girl at the window who was apparently the other driver the patient says that at that time she could not remember what happened her where she was. she denies any focal neurologic deficits. She does not take any anticoagulation or blood thinners.

ROS

At least 10 systems reviewed and otherwise acutely negative except as in the HOPI.

Past History

Past Medical History:

Diagnosis	Date
Anal fissure	
Cancer (CMS/HCC) *cervical*	
Depression	
External hemorrhoids	
High cholesterol	
Hypertension	

Past Surgical History:

Procedure	Laterality	Date
BREAST LUMPECTOMY		

bengin
- HYSTERECTOMY
- NECK SURGERY
- WRIST SURGERY Left
  lump removed

Social History

Social History
- Marital status: Divorced
  Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Social History Main Topics
- Smoking status: Current Every Day Smoker
- Smokeless tobacco: Never Used
- Alcohol use Yes
- Drug use: No
- Sexual activity: Not on file

Other Topics Concern
- Not on file

Social History Narrative
- No narrative on file

Medications/Allergies

Previous Medications

ACYCLOVIR (ZOVIRAX) 800 MG TABLET	Take 800 mg by mouth 5 (five) times a day.
AMITRIPTYLINE HCL (AMITRIPTYLINE ORAL)	Take 50 mg by mouth.
ESTROGENS CONJUGATED (PREMARIN) 0.3 MG TABLET	Take 0.3 mg by mouth daily. Take daily for 21 days then do not take for 7 days.
HYDROCODONE-ACETAMINOPHEN (NORCO) 5-325 MG PER TABLET	Take 1 tablet by mouth as needed for moderate pain.
HYDROCORTISONE (HYTONE) 2.5 % CREAM	Apply topically 2 (two) times a day.
HYDROCORTISONE-PRAMOXINE (ANALPRAM-HC) 2.5-1 % RECTAL CREAM	Insert into the rectum 3 (three) times a day.

LISINOPRIL (ZESTRIL) 2.5 MG TABLET	Take 2.5 mg by mouth daily.
LOVASTATIN ORAL	Take 40 mg by mouth.
NAPROXEN (NAPROSYN) 250 MG TABLET	Take 500 mg by mouth.
PAROXETINE (PAXIL) 10 MG TABLET	Take 20 mg by mouth every morning.
PREDNISONE (DELTASONE) 1 MG TABLET	Take 10 mg by mouth daily.
RANITIDINE (ZANTAC) 150 MG TABLET	Take 150 mg by mouth daily.

Allergies

Allergen	Reactions
• Codeine	Headache

Physical Exam

VITALS:

ED Triage Vitals

Temp	Heart Rate	Resp	BP	SpO2
06/23/18 1052	06/23/18 1052	06/23/18 1052	06/23/18 1052	06/23/18 1039
36.7 °C (98 °F)	**87**	**(!) 14**	**(!) 174/92**	**98 %**

Temp Source	Heart Rate Source	Patient Position	BP Location	FiO2 (%)
06/23/18 1052	--	--	--	--
Oral				

Vitals have been reviewed by me and interpreted to be abnormal with hypertension at 174.

GENERAL: awake, alert, oriented, GCS 15, no apparent distress, non-toxic appearing, answers questions, follows commands appropriately, well nourished, well developed, in no apparent distress.

HEENT: Atraumatic. Pupils are equal round reactive to light and extraocular movements intact. Clear oropharynx. No dental malocclusion. The patient is in a C-collar. She does have some tenderness to palpation along the right lateral neck in the muscle body but no specific tenderness to palpation along the midline. No bony deformities or step-offs. She is maintained in the C-collar until CT scan of the neck is performed.

CARDIOVASCULAR: regular rate/rhythm, no murmurs/gallops/rubs, Pulses are 2+ in all extremities and symmetric. Capillary refill less than 2 seconds.

PULMONARY: Nonlabored, good air movement ,no respiratory distress, speaking in full sentences, clear to auscultation bilaterally, no wheezing/ronchi/rales, no accessory muscle use

GASTROINTESTINAL: No seatbelt sign. Abdomen is soft and nontender nondistended.

NEUROLOGIC: Lucid with normal mental status. Normal facial symmetry. Moves all extremities symmetrically. No truncal ataxia. normal mental status, speech fluid, cognition normal, no focal deficits appreciated. Cranial nerves 2 through 12 symmetric. 5/5 upper extremity strength and lower extremity strength.
MUSCULOSKELETAL: There is full range of motion of all extremities. There is no joint pain or joint swelling or joint erythema. There is no muscle pain or tenderness or swelling.
EXTREMITIES : warm, well-perfused, no cyanosis/clubbing/edema
Skin: warm, dry, no rashes or lesions, no jaundice, No petechiae or purpura. No ecchymosis.
PSYCHIATRIC: normal affect, normal insight, normal concentration.

Diagnostics

Labs:

Results for orders placed or performed during the hospital encounter of 02/20/18

Occult blood x 1, stool

Result	Value	Ref Range
Fecal Occult Blood	NEGATIVE	NEGATIVE

CBC with auto differential

Result	Value	Ref Range
White Blood Cell	6.00	3.40 - 10.30 K/MM3
Red Blood Cell	4.50	3.57 - 4.97 M/MM3
Hemoglobin	14.0	11.0 - 14.9 G/DL
Hematocrit	40.4	32.6 - 43.4 %
Mean Cell Volume	89.7	80.1 - 98.5 FL
Mean Cell Hemoglobin	31.2	27.1 - 34.2 pg
Mean Cell Hemoglobin Concentration	34.8	33.0 - 35.6 %
Platelet	273	130 - 351 K/MM3
Mean Platelet Volume	8.1	7.5 - 11.2 FL
Red Cell Diameter Width	13.5	11.8 - 15.1 %
Gran%	46.6	40.6 - 75.3 %
Lymph%	44.7	16.1 - 45.7 %
Mono%	6.2	3.7 - 12.2 %
Eos%	1.9	0.0 - 6.3 %
Baso%	0.6	0.0 - 1.3 %
ABS Gran	2.8	K/MM3

Absolute Lymphocyte	2.7	K/MM3
Absolute Monocytes	0.4	K/MM3
Absolute Eosinophils	0.1	K/MM3
Absolute Basophils	0.0	K/MM3

Comprehensive metabolic panel

Result	Value	Ref Range
Sodium	141	136 - 145 MMOL/L
Potassium	4.0	3.5 - 5.1 MMOL/L
Chloride	106	98 - 110 MMOL/L
Total CO2	25	22 - 31 MMOL/L
Anion Gap	10	6 - 16 MMOL/L
Glucose	103	70 - 110 mg/dL
Blood Urea Nitrogen	8 (L)	9 - 26 mg/dL
Creatinine	0.7	0.6 - 1.5 mg/dL
Calcium	9.6	8.4 - 10.2 mg/dL
Protein Total	8.2	6.4 - 8.3 G/DL
Albumin Level	4.6	3.5 - 5.0 G/DL
Bilirubin, Total	0.6	0.0 - 1.2 mg/dL
Aspartate Aminotransferase	22	5 - 34 U/L
ALAnine Aminotransferase	30	0 - 55 U/L
Alk Phos	104	40 - 150 U/L

Lipase

Result	Value	Ref Range
Lipase	8	8 - 78 U/L

PT and APTT

Result	Value	Ref Range
Prothrombin Time	10.5	9.3 - 12.4 SEC.
International Normalization Ratio	0.9	0.8 - 1.2
Activated Partial Thromboplastin	26	22 - 33 SEC.

Urinalysis with microscopic

Result	Value	Ref Range
Urine Color	YELLOW	YELLOW

Urine Appearance	CLEAR	CLEAR
Urine Blood	NEGATIVE	NEGATIVE
Urine Glucose	NEGATIVE	NEGATIVE
Urine Bilirubin	NEGATIVE	NEGATIVE
Urine Ketones	NEGATIVE	NEGATIVE
Specific Gravity	1.005 (L)	1.010 - 1.020
Urine Ph	7.0	5.0 - 8.0
Urine Protein	NEGATIVE	NEGATIVE
Urobilinogen, Urine	Normal	Normal
Urine Nitrite	NEGATIVE	NEGATIVE
Urine Leukocyte Esterase	TRACE (A)	NEGATIVE
Urine WBC	0-3	0 - 8
Urine RBC	0-3	0 - 3
Urine Squamous Epithelial Cells	NONE SEEN	NONE SEEN
Urine Bacteria	NONE SEEN	NONE SEEN
Urine Hyaline Cast	NONE SEEN	NONE

Glomerular Filtration Rate

Result	Value	Ref Range
Glomerular Filtration Rate Calculation	>60	

Radiographs:

CT Head without contrast (Results Pending)
CT Cervical Spine without contrast (Results Pending)
XR Chest 1 view portable (Results Pending)

Procedures/EKG:

yes

ED Course and MDM

The patient was evaluated in conjunction with the attending physician

In brief, [redacted] who presented to the emergency department chief complaint of neck pain and syncope related to a motor vehicle accident. The motor vehicle accident was actually a relatively low speeds. The patient was at a complete stop and she was rear-ended by a vehicle traveling about 10 to 15 miles/hour. There is minimal vehicle damage. There is no passenger compartment intrusion. The patient reports loss of consciousness for 1 to 2 minutes. She does not remember the accident. She says she is looking over left shoulder just prior to the accident occurring. She has a taxi driver. She denies any focal neurologic deficits. She came via ambulance. EKG showed normal sinus rhythm at a rate of 80 beats per minute with some evidence of left axis deviation and no notable arrhythmia or ST segment elevation. chest x-ray shows some mild basilar atelectasis. CT scan of the head and neck were performed. She does not seem to have any overlying injuries on the calvarium.[SB.1]

1:52 PM

Patient was complaining of worsening headache. I gave her headache medication. I also went and reassessed her after CT scan came back. The chest x-ray showed mild basilar atelectasis. The CT scan of

ED Provider Notes - ED Notes (continued)

ED Provider Notes by Samuel Bergin, MD at 6/23/2018 11:18 AM (continued) Version 3 of 3

the C-spine showed evidence of postoperative changes at C4-C6 with suggestion of nonunion at the C5-C6 level. She was reporting diminished strength in the bilateral upper extremities in comparison to when she 1st came in. She did not have any significant tenderness along the midline. CT head was negative.[SB.2]

3:49 PM[SB.3]
Patient was reassessed shin she continues to have discomfort. She will need admission for neurologic re-examination as well as MRI of the C-spine to assess for possible ligamentous instability. She is kept in C-collar at this time.[SB.4]

Final Impression

1. Motor vehicle accident
2. Right lateral neck pain
3. Loss of consciousness

(Please note that portions of this note may have been completed with a voice recognition program. Efforts were made to edit the dictations but occasionally words are mis-transcribed.)

Bergin, Samuel, MD
UNLVSOM EM RESIDENT
6/23/2018
11:18 AM[SB.1]

Electronically Signed by Jordana J Haber, MD on 6/23/2018 10:23 PM

Attribution Key
SB.1 - Samuel Bergin, MD on 6/23/2018 11:18 AM
SB.2 - Samuel Bergin, MD on 6/23/2018 1:52 PM
SB.3 - Samuel Bergin, MD on 6/23/2018 3:49 PM
SB.4 - Samuel Bergin, MD on 6/23/2018 3:48 PM

ED Provider Notes by Samuel Bergin, MD at 6/23/2018 11:18 AM Version 2 of 3

Author: Samuel Bergin, MD | Service: (none) | Author Type: Resident
Filed: 6/23/2018 1:54 PM | Date of Service: 6/23/2018 11:18 AM | Status: Cosign Needed
Editor: Samuel Bergin, MD (Resident)
Related Notes: Addendum by Samuel Bergin, MD (Resident) filed at 6/23/2018 3:49 PM
Original Note by Samuel Bergin, MD (Resident) filed at 6/23/2018 11:24 AM
Cosign Required: Yes

Emergency Department Encounter
ADULT EMERGENCY DEPARTMENT

[redacted]

Date of Evaluation: 6/23/2018
ED Provider: Bergin, Samuel, MD

Chief Complaint

Chief Complaint
Patient presents with:

- Syncope
- Motor Vehicle Crash

HOPI

[redacted] who presents to the emergency department chief complaint of right lateral neck pain in the context of previously having had multiple level fusion and 1 or 2 minutes of loss of consciousness. Apparently the patient was involved in motor vehicle collision. She is a taxi driver. She was wearing a seatbelt. There is no airbag deployment. She was at a full complete stop on an off ramp it she was turned looking over left shoulder at the vehicle approaching behind her. The vehicle struck her vehicle at maybe 10 to 15 miles/hour according the EMS. She reports that she did lose consciousness and does have some pain over her left parietal scalp. She says that she was not ambulatory. She says she has suddenly noticed that there is a girl at the window who was apparently the other driver the patient says that at that time she could not remember what happened her where she was. she denies any focal neurologic deficits. She does not take any anticoagulation or blood thinners.

ROS:

At least 10 systems reviewed and otherwise acutely negative except as in the HOPI.

Past History

Past Medical History:

Diagnosis	Date
• Anal fissure	
• Cancer (CMS/HCC) *cervical*	
• Depression	
• External hemorrhoids	
• High cholesterol	
• Hypertension	

Past Surgical History:

Procedure	Laterality	Date
• BREAST LUMPECTOMY *bengin*		
• HYSTERECTOMY		
• NECK SURGERY		
• WRIST SURGERY *lump removed*	Left	

Social History

Social History	
• Marital status:	Divorced
Spouse name:	N/A
• Number of children:	N/A
• Years of education:	N/A

Social History Main Topics	
• Smoking status:	Current Every Day Smoker

• Smokeless tobacco:	Never Used
• Alcohol use	Yes
• Drug use:	No
• Sexual activity:	Not on file

Other Topics	Concern
• Not on file	

Social History Narrative
- No narrative on file

Medications/Allergies

Previous Medications

ACYCLOVIR (ZOVIRAX) 800 MG TABLET	Take 800 mg by mouth 5 (five) times a day.
AMITRIPTYLINE HCL (AMITRIPTYLINE ORAL)	Take 50 mg by mouth.
ESTROGENS CONJUGATED (PREMARIN) 0.3 MG TABLET	Take 0.3 mg by mouth daily. Take daily for 21 days then do not take for 7 days.
HYDROCODONE-ACETAMINOPHEN (NORCO) 5-325 MG PER TABLET	Take 1 tablet by mouth as needed for moderate pain.
HYDROCORTISONE (HYTONE) 2.5 % CREAM	Apply topically 2 (two) times a day.
HYDROCORTISONE-PRAMOXINE (ANALPRAM-HC) 2.5-1 % RECTAL CREAM	Insert into the rectum 3 (three) times a day.
LISINOPRIL (ZESTRIL) 2.5 MG TABLET	Take 2.5 mg by mouth daily.
LOVASTATIN ORAL	Take 40 mg by mouth.
NAPROXEN (NAPROSYN) 250 MG TABLET	Take 500 mg by mouth.
PAROXETINE (PAXIL) 10 MG TABLET	Take 20 mg by mouth every morning.
PREDNISONE (DELTASONE) 1 MG TABLET	Take 10 mg by mouth daily.
RANITIDINE (ZANTAC) 150 MG TABLET	Take 150 mg by mouth daily.

Allergies

Allergen	Reactions
• Codeine	Headache

Physical Exam

VITALS:

ED Triage Vitals

Temp	Heart Rate	Resp	BP	SpO2
06/23/18 1052	06/23/18 1052	06/23/18 1052	06/23/18 1052	06/23/18 1039
36.7 °C (98 °F)	**87**	**(I) 14**	**(!) 174/92**	**98 %**

Temp Source	Heart Rate Source	Patient Position	BP Location	FiO2 (%)
06/23/18 1052	--	--	--	--
Oral				

Vitals have been reviewed by me and interpreted to be abnormal with hypertension at 174.

GENERAL: awake, alert, oriented, GCS 15, no apparent distress, non-toxic appearing, answers questions, follows commands appropriately, well nourished, well developed, in no apparent distress.

HEENT: Atraumatic. Pupils are equal round reactive to light and extraocular movements intact. Clear oropharynx. No dental malocclusion. The patient is in a C-collar. She does have some tenderness to palpation along the right lateral neck in the muscle body but no specific tenderness to palpation along the midline. No bony deformities or step-offs. She is maintained in the C-collar until CT scan of the neck is performed.

.

CARDIOVASCULAR: regular rate/rhythm, no murmurs/gallops/rubs, Pulses are 2+ in all extremities and symmetric. Capillary refill less than 2 seconds.

PULMONARY: Nonlabored, good air movement ,no respiratory distress, speaking in full sentences, clear to auscultation bilaterally, no wheezing/ronchi/rales, no accessory muscle use

GASTROINTESTINAL: No seatbelt sign. Abdomen is soft and nontender nondistended.

NEUROLOGIC: Lucid with normal mental status. Normal facial symmetry. Moves all extremities symmetrically. No truncal ataxia. normal mental status, speech fluid, cognition normal, no focal deficits appreciated. Cranial nerves 2 through 12 symmetric. 5/5 upper extremity strength and lower extremity strength.

MUSCULOSKELETAL: There is full range of motion of all extremities. There is no joint pain or joint swelling or joint erythema. There is no muscle pain or tenderness or swelling.

EXTREMITIES : warm, well-perfused, no cyanosis/clubbing/edema

Skin: warm, dry, no rashes or lesions, no jaundice, No petechiae or purpura. No ecchymosis.

PSYCHIATRIC: normal affect, normal insight, normal concentration.

.

Diagnostics

Labs:

Results for orders placed or performed during the hospital encounter of 02/20/18

Occult blood x 1, stool

Result	Value	Ref Range

Fecal Occult Blood	NEGATIVE	NEGATIVE

CBC with auto differential

Result	Value	Ref Range
White Blood Cell	6.00	3.40 - 10.30 K/MM3
Red Blood Cell	4.50	3.57 - 4.97 M/MM3
Hemoglobin	14.0	11.0 - 14.9 G/DL
Hematocrit	40.4	32.6 - 43.4 %
Mean Cell Volume	89.7	80.1 - 98.5 FL
Mean Cell Hemoglobin	31.2	27.1 - 34.2 pg
Mean Cell Hemoglobin Concentration	34.8	33.0 - 35.6 %
Platelet	273	130 - 351 K/MM3
Mean Platelet Volume	8.1	7.5 - 11.2 FL
Red Cell Diameter Width	13.5	11.8 - 15.1 %
Gran%	46.6	40.6 - 75.3 %
Lymph%	44.7	16.1 - 45.7 %
Mono%	6.2	3.7 - 12.2 %
Eos%	1.9	0.0 - 6.3 %
Baso%	0.6	0.0 - 1.3 %
ABS Gran	2.8	K/MM3
Absolute Lymphocyte	2.7	K/MM3
Absolute Monocytes	0.4	K/MM3
Absolute Eosinophils	0.1	K/MM3
Absolute Basophils	0.0	K/MM3

Comprehensive metabolic panel

Result	Value	Ref Range
Sodium	141	136 - 145 MMOL/L
Potassium	4.0	3.5 - 5.1 MMOL/L
Chloride	106	98 - 110 MMOL/L
Total CO2	25	22 - 31 MMOL/L
Anion Gap	10	6 - 16 MMOL/L

Glucose	103	70 - 110 mg/dL
Blood Urea Nitrogen	8 (L)	9 - 26 mg/dL
Creatinine	0.7	0.6 - 1.5 mg/dL
Calcium	9.6	8.4 - 10.2 mg/dL
Protein Total	8.2	6.4 - 8.3 G/DL
Albumin Level	4.6	3.5 - 5.0 G/DL
Bilirubin, Total	0.6	0.0 - 1.2 mg/dL
Aspartate Aminotransferase	22	5 - 34 U/L
ALAnine Aminotransferase	30	0 - 55 U/L
Alk Phos	104	40 - 150 U/L

Lipase

Result	Value	Ref Range
Lipase	8	8 - 78 U/L

PT and APTT

Result	Value	Ref Range
Prothrombin Time	10.5	9.3 - 12.4 SEC.
International Normalization Ratio	0.9	0.8 - 1.2
Activated Partial Thromboplastin	26	22 - 33 SEC.

Urinalysis with microscopic

Result	Value	Ref Range
Urine Color	YELLOW	YELLOW
Urine Appearance	CLEAR	CLEAR
Urine Blood	NEGATIVE	NEGATIVE
Urine Glucose	NEGATIVE	NEGATIVE
Urine Bilirubin	NEGATIVE	NEGATIVE
Urine Ketones	NEGATIVE	NEGATIVE
Specific Gravity	1.005 (L)	1.010 - 1.020
Urine Ph	7.0	5.0 - 8.0
Urine Protein	NEGATIVE	NEGATIVE
Urobilinogen, Urine	Normal	Normal
Urine Nitrite	NEGATIVE	NEGATIVE
Urine Leukocyte Esterase	TRACE (A)	NEGATIVE
Urine WBC	0-3	0 - 8
Urine RBC	0-3	0 - 3
Urine Squamous Epithelial Cells	NONE SEEN	NONE SEEN
Urine Bacteria	NONE SEEN	NONE SEEN

Urine Hyaline Cast	NONE SEEN	NONE

Glomerular Filtration Rate

Result	Value	Ref Range
Glomerular Filtration Rate Calculation	>60	

Radiographs:
CT Head without contrast (Results Pending)
CT Cervical Spine without contrast (Results Pending)
XR Chest 1 view portable (Results Pending)

Procedures/EKG:
yes

ED Course and MDM
The patient was evaluated in conjunction with the attending physician.
In brief [redacted] who presented to the emergency department chief complaint of neck pain and syncope related to a motor vehicle accident. The motor vehicle accident was actually a relatively low speeds. The patient was at a complete stop and she was rear-ended by a vehicle traveling about 10 to 15 miles/hour. There is minimal vehicle damage. There is no passenger compartment intrusion. The patient reports loss of consciousness for 1 to 2 minutes. She does not remember the accident. She says she is looking over left shoulder just prior to the accident occurring. She has a taxi driver. She denies any focal neurologic deficits. She came via ambulance. EKG showed normal sinus rhythm at a rate of 80 beats per minute with some evidence of left axis deviation and no notable arrhythmia or ST segment elevation. chest x-ray shows some mild basilar atelectasis. CT scan of the head and neck were performed. She does not seem to have any overlying injuries on the calvarium.[SB.1]

1:52 PM
Patient was complaining of worsening headache. I gave her headache medication. I also went and reassessed her after CT scan came back. The chest x-ray showed mild basilar atelectasis. The CT scan of the C-spine showed evidence of postoperative changes at C4-C6 with suggestion of nonunion at the C5-C6 level. She was reporting diminished strength in the bilateral upper extremities in comparison to when she 1st came in. She did not have any significant tenderness along the midline. CT head was negative.[SB.2]

Final Impression
1. Motor vehicle accident
2. Right lateral neck pain
3. Loss of consciousness

(Please note that portions of this note may have been completed with a voice recognition program. Efforts were made to edit the dictations but occasionally words are mis-transcribed.)

Bergin, Samuel, MD
UNLVSOM EM RESIDENT
6/23/2018
11:18 AM[SB.1]

ED Provider Notes by Samuel Bergin, MD at 6/23/2018 11:18 AM (continued) Version 2 of 3

Electronically Signed by Samuel Bergin, MD on 6/23/2018 1:54 PM

Attribution Key

SB.1 - Samuel Bergin, MD on 6/23/2018 11:18 AM
SB.2 - Samuel Bergin, MD on 6/23/2018 1:52 PM

ED Provider Notes by Samuel Bergin, MD at 6/23/2018 11:18 AM Version 1 of 3

Author: Samuel Bergin, MD | Service: (none) | Author Type: Resident
Filed: 6/23/2018 11:24 AM | Date of Service: 6/23/2018 11:18 AM | Status: Cosign Needed
Editor: Samuel Bergin, MD (Resident)
Related Notes: Addendum by Samuel Bergin, MD (Resident) filed at 6/23/2018 1:54 PM
Cosign Required: Yes

Emergency Department Encounter
ADULT EMERGENCY DEPARTMENT

Pati[redacted]
MRN
DOE
Date of Evaluation: 6/23/2018
ED Provider: Bergin, Samuel, MD

Chief Complaint

Chief Complaint
Patient presents with
- Syncope
- Motor Vehicle Crash

HOPI

[redacted] who presents to the emergency department chief complaint of right lateral neck pain in the context of previously having had multiple level fusion and 1 or 2 minutes of loss of consciousness. Apparently the patient was involved in motor vehicle collision. She is a taxi driver. She was wearing a seatbelt. There is no airbag deployment. She was at a full complete stop on an off ramp it she was turned looking over left shoulder at the vehicle approaching behind her. The vehicle struck her vehicle at maybe 10 to 15 miles/hour according the EMS. She reports that she did lose consciousness and does have some pain over her left parietal scalp. She says that she was not ambulatory. She says she has suddenly noticed that there is a girl at the window who was apparently the other driver the patient says that at that time she could not remember what happened her where she was. she denies any focal neurologic deficits. She does not take any anticoagulation or blood thinners.

ROS

At least 10 systems reviewed and otherwise acutely negative except as in the HOPI.

Past History

Past Medical History:

Diagnosis	Date
• Anal fissure	
• Cancer (CMS/HCC)	

cervical
- Depression
- External hemorrhoids
- High cholesterol
- Hypertension

Past Surgical History:

Procedure	Laterality	Date
• BREAST LUMPECTOMY *bengin*		
• HYSTERECTOMY		
• NECK SURGERY		
• WRIST SURGERY *lump removed*	Left	

Social History

Social History

• Marital status:	Divorced
Spouse name:	N/A
• Number of children:	N/A
• Years of education:	N/A

Social History Main Topics

• Smoking status:	Current Every Day Smoker
• Smokeless tobacco:	Never Used
• Alcohol use	Yes
• Drug use:	No
• Sexual activity:	Not on file

Other Topics	Concern
• Not on file	

Social History Narrative
- No narrative on file

Medications/Allergies

Previous Medications

ACYCLOVIR (ZOVIRAX) 800 MG TABLET	Take 800 mg by mouth 5 (five) times a day.
AMITRIPTYLINE HCL (AMITRIPTYLINE ORAL)	Take 50 mg by mouth.
ESTROGENS CONJUGATED (PREMARIN) 0.3 MG TABLET	Take 0.3 mg by mouth daily. Take daily for 21 days then do not take for 7 days.

HYDROCODONE-ACETAMINOPHEN (NORCO) 5-325 MG PER TABLET	Take 1 tablet by mouth as needed for moderate pain.
HYDROCORTISONE (HYTONE) 2.5 % CREAM	Apply topically 2 (two) times a day.
HYDROCORTISONE-PRAMOXINE (ANALPRAM-HC) 2.5-1 % RECTAL CREAM	Insert into the rectum 3 (three) times a day.
LISINOPRIL (ZESTRIL) 2.5 MG TABLET	Take 2.5 mg by mouth daily.
LOVASTATIN ORAL	Take 40 mg by mouth.
NAPROXEN (NAPROSYN) 250 MG TABLET	Take 500 mg by mouth.
PAROXETINE (PAXIL) 10 MG TABLET	Take 20 mg by mouth every morning.
PREDNISONE (DELTASONE) 1 MG TABLET	Take 10 mg by mouth daily.
RANITIDINE (ZANTAC) 150 MG TABLET	Take 150 mg by mouth daily.

Allergies

Allergen	Reactions
• Codeine	Headache

Physical Exam

VITALS:

ED Triage Vitals

Temp	Heart Rate	Resp	BP	SpO2
06/23/18 1052	06/23/18 1052	06/23/18 1052	06/23/18 1052	06/23/18 1039
36.7 °C (98 °F)	**87**	**(!) 14**	**(!) 174/92**	**98 %**

Temp Source	Heart Rate Source	Patient Position	BP Location	FiO2 (%)
06/23/18 1052	--	--	--	--
Oral				

Vitals have been reviewed by me and interpreted to be abnormal with hypertension at 174.

GENERAL: awake, alert, oriented, GCS 15, no apparent distress, non-toxic appearing, answers questions, follows commands appropriately, well nourished, well developed, in no apparent distress.

HEENT: Atraumatic. Pupils are equal round reactive to light and extraocular movements intact. Clear oropharynx. No dental malocclusion. The patient is in a C-collar. She does have some tenderness to

palpation along the right lateral neck in the muscle body but no specific tenderness to palpation along the midline. No bony deformities or step-offs. She is maintained in the C-collar until CT scan of the neck is performed.

CARDIOVASCULAR: regular rate/rhythm, no murmurs/gallops/rubs, Pulses are 2+ in all extremities and symmetric. Capillary refill less than 2 seconds.
PULMONARY: Nonlabored, good air movement ,no respiratory distress, speaking in full sentences, clear to auscultation bilaterally, no wheezing/ronchi/rales, no accessory muscle use
GASTROINTESTINAL: No seatbelt sign. Abdomen is soft and nontender nondistended.
NEUROLOGIC: Lucid with normal mental status. Normal facial symmetry. Moves all extremities symmetrically. No truncal ataxia. normal mental status, speech fluid, cognition normal, no focal deficits appreciated. Cranial nerves 2 through 12 symmetric. 5/5 upper extremity strength and lower extremity strength.
MUSCULOSKELETAL: There is full range of motion of all extremities. There is no joint pain or joint swelling or joint erythema. There is no muscle pain or tenderness or swelling.
EXTREMITIES : warm, well-perfused, no cyanosis/clubbing/edema
Skin: warm, dry, no rashes or lesions, no jaundice, No petechiae or purpura. No ecchymosis.
PSYCHIATRIC: normal affect, normal insight, normal concentration.

Diagnostics

Labs:

Results for orders placed or performed during the hospital encounter of 02/20/18

Occult blood x 1, stool

Result	Value	Ref Range
Fecal Occult Blood	NEGATIVE	NEGATIVE

CBC with auto differential

Result	Value	Ref Range
White Blood Cell	6.00	3.40 - 10.30 K/MM3
Red Blood Cell	4.50	3.57 - 4.97 M/MM3
Hemoglobin	14.0	11.0 - 14.9 G/DL
Hematocrit	40.4	32.6 - 43.4 %
Mean Cell Volume	89.7	80.1 - 98.5 FL
Mean Cell Hemoglobin	31.2	27.1 - 34.2 pg
Mean Cell Hemoglobin Concentration	34.8	33.0 - 35.6 %
Platelet	273	130 - 351 K/MM3
Mean Platelet Volume	8.1	7.5 - 11.2 FL
Red Cell Diameter	13.5	11.8 - 15.1

Width		%
Gran%	46.6	40.6 - 75.3 %
Lymph%	44.7	16.1 - 45.7 %
Mono%	6.2	3.7 - 12.2 %
Eos%	1.9	0.0 - 6.3 %
Baso%	0.6	0.0 - 1.3 %
ABS Gran	2.8	K/MM3
Absolute Lymphocyte	2.7	K/MM3
Absolute Monocytes	0.4	K/MM3
Absolute Eosinophils	0.1	K/MM3
Absolute Basophils	0.0	K/MM3

Comprehensive metabolic panel

Result	Value	Ref Range
Sodium	141	136 - 145 MMOL/L
Potassium	4.0	3.5 - 5.1 MMOL/L
Chloride	106	98 - 110 MMOL/L
Total CO2	25	22 - 31 MMOL/L
Anion Gap	10	6 - 16 MMOL/L
Glucose	103	70 - 110 mg/dL
Blood Urea Nitrogen	8 (L)	9 - 26 mg/dL
Creatinine	0.7	0.6 - 1.5 mg/dL
Calcium	9.6	8.4 - 10.2 mg/dL
Protein Total	8.2	6.4 - 8.3 G/DL
Albumin Level	4.6	3.5 - 5.0 G/DL
Bilirubin, Total	0.6	0.0 - 1.2 mg/dL
Aspartate Aminotransferase	22	5 - 34 U/L
ALAnine Aminotransferase	30	0 - 55 U/L
Alk Phos	104	40 - 150 U/L

Lipase

Result	Value	Ref Range
Lipase	8	8 - 78 U/L

PT and APTT

Result	Value	Ref Range

Prothrombin Time	10.5	9.3 - 12.4 SEC.
International Normalization Ratio	0.9	0.8 - 1.2
Activated Partial Thromboplastin	26	22 - 33 SEC.

Urinalysis with microscopic

Result	Value	Ref Range
Urine Color	YELLOW	YELLOW
Urine Appearance	CLEAR	CLEAR
Urine Blood	NEGATIVE	NEGATIVE
Urine Glucose	NEGATIVE	NEGATIVE
Urine Bilirubin	NEGATIVE	NEGATIVE
Urine Ketones	NEGATIVE	NEGATIVE
Specific Gravity	1.005 (L)	1.010 - 1.020
Urine Ph	7.0	5.0 - 8.0
Urine Protein	NEGATIVE	NEGATIVE
Urobilinogen, Urine	Normal	Normal
Urine Nitrite	NEGATIVE	NEGATIVE
Urine Leukocyte Esterase	TRACE (A)	NEGATIVE
Urine WBC	0-3	0 - 8
Urine RBC	0-3	0 - 3
Urine Squamous Epithelial Cells	NONE SEEN	NONE SEEN
Urine Bacteria	NONE SEEN	NONE SEEN
Urine Hyaline Cast	NONE SEEN	NONE

Glomerular Filtration Rate

Result	Value	Ref Range
Glomerular Filtration Rate Calculation	>60	

Radiographs:

CT Head without contrast (Results Pending)
CT Cervical Spine without contrast (Results Pending)
XR Chest 1 view portable (Results Pending)

Procedures/EKG:

yes

ED Course and MDM

The patient was evaluated in conjunction with the attending physician.

In brief, [redacted] who presented to the emergency department chief complaint of neck pain and syncope related to a motor vehicle accident. The motor vehicle accident was actually a relatively low speeds. The patient was at a complete stop and she was rear-ended by a vehicle traveling about 10 to 15 miles/hour. There is minimal vehicle damage. There is no passenger compartment intrusion. The patient reports loss of consciousness for 1 to 2 minutes. She does not remember the accident. She says

ED Provider Notes - ED Notes (continued)

ED Provider Notes by Samuel Bergin, MD at 6/23/2018 11:18 AM (continued) Version 1 of 3

she is looking over left shoulder just prior to the accident occurring. She has a taxi driver. She denies any focal neurologic deficits. She came via ambulance. EKG showed normal sinus rhythm at a rate of 80 beats per minute with some evidence of left axis deviation and no notable arrhythmia or ST segment elevation. chest x-ray shows some mild basilar atelectasis. CT scan of the head and neck were performed. She does not seem to have any overlying injuries on the calvarium.

Final Impression

1. Motor vehicle accident
2. Right lateral neck pain
3. Loss of consciousness

(Please note that portions of this note may have been completed with a voice recognition program. Efforts were made to edit the dictations but occasionally words are mis-transcribed.)

Bergin, Samuel, MD
UNLVSOM EM RESIDENT
6/23/2018
11:18 AM[SB.1]

Electronically Signed by Samuel Bergin, MD on 6/23/2018 11:24 AM

Attribution Key
SB.1 - Samuel Bergin, MD on 6/23/2018 11:18 AM

ED Attestation Note - ED Notes

ED Attestation Note by Jordana J Haber, MD at 6/23/2018 5:15 PM Version 1 of 1

Author: Jordana J Haber, MD
Filed: 6/23/2018 5:18 PM
Editor: Jordana J Haber, MD (Physician)
Service: (none)
Date of Service: 6/23/2018 5:15 PM
Author Type: Physician
Status: Signed

Attending Emergency Physician Note: **Jordana J. Haber MD**
ADULT EMERGENCY DEPARTMENT

Pati [redacted]
DOE
MRN: 0002419927
Date of Evaluation: 6/23/2018

Chief Complaint per Nursing History: Chief Complaint
Patient presents with

- Syncope
- Motor Vehicle Crash

SUPERVISORY STATEMENT: This patient was seen and evaluated by resident physician Bergin under my direct supervision. I independently saw and evaluated the patient and we have discussed the findings, assessment and plan in detail. Please reference the resident documentation for additional information including history, physical examination, emergency department course and final disposition.

HPI: This is a [redacted] who is restrained driver in a motor vehicle accident where she was rear-ended today. She reports that her neck was turned to the left during the accident she complains now of right side neck pain, and headache. She believes she lost consciousness for several minutes after the accident. Airbags did not deploy. She denies chest pain denies shortness of breath and abdominal pain nausea or vomiting. She is accompanied by her son. She denies weakness to the lower extremities or upper extremities.

Review of Systems: 10 systems were reviewed and otherwise negative, except as noted above.

Past Medical History:
Past Medical History:

Diagnosis	Date
• Anal fissure	
• Cancer (CMS/HCC) *cervical*	
• Depression	
• External hemorrhoids	
• High cholesterol	
• Hypertension	

Past Surgical History:

Procedure	Laterality	Date
• BREAST LUMPECTOMY *bengin*		
• HYSTERECTOMY		
• NECK SURGERY		
• WRIST SURGERY *lump removed*	Left	

Medications:

Home Medications

ACYCLOVIR (ZOVIRAX) 800 MG TABLET	**Take 800 mg by mouth 5 (five) times a day.**
AMITRIPTYLINE HCL (AMITRIPTYLINE ORAL)	**Take 50 mg by mouth.**
ESTROGENS CONJUGATED (PREMARIN) 0.3 MG TABLET	**Take 0.3 mg by mouth daily. Take daily for 21 days then do not take for 7 days.**
HYDROCODONE-ACETAMINOPHEN (NORCO) 5-325 MG PER TABLET	**Take 1 tablet by mouth as needed for moderate pain.**

HYDROCORTISONE (HYTONE) 2.5 % CREAM	**Apply topically 2 (two) times a day.**
HYDROCORTISONE-PRAMOXINE (ANALPRAM-HC) 2.5-1 % RECTAL CREAM	**Insert into the rectum 3 (three) times a day.**
LISINOPRIL (ZESTRIL) 2.5 MG TABLET	**Take 2.5 mg by mouth daily.**
LOVASTATIN ORAL	**Take 40 mg by mouth.**
NAPROXEN (NAPROSYN) 250 MG TABLET	**Take 500 mg by mouth.**
PAROXETINE (PAXIL) 10 MG TABLET	**Take 20 mg by mouth every morning.**
PREDNISONE (DELTASONE) 1 MG TABLET	**Take 10 mg by mouth daily.**
RANITIDINE (ZANTAC) 150 MG TABLET	**Take 150 mg by mouth daily.**

Allergies:

Allergies

Allergen	Reactions
• Codeine	Headache

Social History:

reports that she has been smoking. She has never used smokeless tobacco. She reports that she drinks alcohol. She reports that she does not use drugs.

Physical Exam:

ED Triage Vitals

Temp	Heart Rate	Resp	BP	SpO2
06/23/18 1052	06/23/18 1052	06/23/18 1052	06/23/18 1052	06/23/18 1039
36.7 °C (98 °F)	**87**	**(!) 14**	**(!) 174/92**	**98 %**

Temp Source	Heart Rate Source	Patient Position	BP Location	FiO2 (%)
06/23/18 1052	--	--	--	--
Oral				

General: VITALS: vital signs documented prior to this note have been reviewed and noted, see EHR
GENERAL: This is a well-appearing pleasant [redacted] With no acute distress she is awake and alert, oriented, GCS 15
HEENT: normocephalic, atraumatic, sclera anicteric, moist mucus membranes . The patient does have cervical midline tenderness.
CARDIOVASCULAR: regular rate and rhythm . No chest wall tenderness.
PULMONARY: unlabored, no respiratory distress
GASTROINTESTINAL: non-tender, non-distended
NEUROLOGIC: mental status normal, speech fluid, cognition normal . Strength is 5/5 in upper extremities and lower extremities. The patient is intact upper extremities and lower extremities. Normal Babinski bilaterally. Normal lower and upper extremity DTRs.
MUSCULOSKELETAL: well-nourished, well-developed . No midline back tenderness. No CVA tenderness bilaterally. No lower extremity swelling or calf tenderness bilaterally.
DERMATOLOGIC: warm and dry, no visible rashes
PSYCHIATRIC: normal affect, normal concentration

Emergency Department Course / Medical Decision-Making:

Labs Reviewed
COMPREHENSIVE METABOLIC PANEL
MAGNESIUM

CT Head without contrast
Final Result
IMPRESSION:

Unremarkable study

CT Cervical Spine without contrast
Final Result
IMPRESSION:

1. Postoperative changes of spinal fusion C4-C6 level with suggestion of nonunion at the C5-C6 level.

2. No acute fractures or subluxation

XR Chest 1 view portable
Final Result
IMPRESSION:

1. Mild basilar atelectasis.

Patient Vitals for the past 24 hrs:

	BP	Temp	Temp src	Pulse	Resp	SpO2	Height	Weight
06/23/18 1600	(!) 173/76	-	-	77	(!) 13	96 %	-	-
06/23/18 1454	(!) 177/69	-	-	84	(!) 14	94 %	-	-
06/23/18 1445	(!) 177/69	-	-	75	(!) 12	91 %	-	-
06/23/18 1400	-	-	-	81	(!) 14	94 %	-	-
06/23/18 1302	-	-	-	87	(!) 22	97 %	-	-
06/23/18 1130	(!) 177/72	-	-	86	16	95 %	-	-
06/23/18 1052	(!) 174/92	36.7 °C (98 °F)	Oral	87	(!) 14	98 %	-	-
06/23/18 1039	-	-	-	-	-	98 %	172.7 cm (5' 8")	84.4 kg (186 lb)

Medications

hydrALAZINE (APRESOLINE) injection 10 mg (not administered)
lisinopril (ZESTRIL) tablet 5 mg (not administered)
orphenadrine (NORFLEX) injection 60 mg (60 mg intravenous Given 6/23/18 1316)
prochlorperazine (COMPAZINE) injection 10 mg (10 mg intravenous Given 6/23/18 1315)
acetaminophen (TYLENOL) tablet 500 mg (500 mg oral Given 6/23/18 1315)

ED course:
Medical Decision-Making:
CT imaging reviewed. No evidence of intracranial hemorrhage. And CT cervical reviewed. Postoperative changes of spinal fusion C4-C6 level with suggestion of nonunion at the C5-C6 level.

The patient has received supportive care in the emergency department. C-collar is left in place to the CT findings and that patient continues to have midline spine tenderness. The patient will be admitted for MRI.

I discussed with the patient above CT findings, and admission plan for further imaging and management. The patient voiced understanding in agreement with this admission plan.

ED Attestation Note - ED Notes (continued)

ED Attestation Note by Jordana J Haber, MD at 6/23/2018 5:15 PM (continued) Version 1 of 1

Impression:

1. Injury to cervical spine

Jordana J. Haber, MD
6/23/2018
5:15 PM

Please note this report has been produced utilizing speech recognition software. Efforts were made to edit the dictation, but it may potentially contain words and/or phrases that have been mis-transcribed. If there are any questions or concerns, please feel free to contact the dictating physician for clarification.[JH.1]

Electronically Signed by Jordana J Haber, MD on 6/23/2018 5:16 PM

Attribution Key

JH.1 - Jordana J Haber, MD on 6/23/2018 5:15 PM

General Information

Date: 6/23/2018 | Time: | Status: Unposted
Location: UMC RAD SPECIALS OR | Room: | Service:
Patient class: | Case classification:

Case Tracking Events

Event	Time In
In Facility	10:38 AM
In Preprocedure	
Physician Available	
Anesthesia Available	
Preprocedure Complete	
In Holding Area	
Out of Holding Area	
Anesthesia Start	
Wheels In	
Anesthesia Ready	
Epidural to C-section	
Case Start	
Case Closing	
Case Finish	
Wheels Out	
In Recovery	
Anesthesia Stop	
Recovery Care Complete	
Out of Recovery	
Return to Recovery	
Out of Recovery (2nd Time)	
Procedural Care Complete	

Questionnaire Data

None

Patient Preparation

None

Nursing Notes

No notes of this type exist for this encounter.

Instruments

None

Timeouts

None

Verification Information

None

General Information

Date: 6/23/2018 | Time: | Status: Unposted
Location: UMC RAD SPECIALS OR | Room: | Service:
Patient class: | Case classification:

Case Tracking Events

Event	Time In
In Facility	10:38 AM
In Preprocedure	
Physician Available	
Anesthesia Available	
Preprocedure Complete	
In Holding Area	
Out of Holding Area	
Anesthesia Start	
Wheels In	

[redacted]

Case Tracking Events (continued)

Event	Time In
Anesthesia Ready	
Epidural to C-section	
Case Start	
Case Closing	
Case Finish	
Wheels Out	
In Recovery	
Anesthesia Stop	
Recovery Care Complete	
Out of Recovery	
Return to Recovery	
Out of Recovery (2nd Time)	
Procedural Care Complete	

Questionnaire Data

None

Patient Preparation

None

Nursing Notes

No notes of this type exist for this encounter.

Instruments

None

Timeouts

None

Verification Information

None

All Orders - Admission

Initiate Observation Status [11225689]

Electronically signed by: Mohamad Mubder, MD on 06/23/18 1659
Ordering user: Mohamad Mubder, MD 06/23/18 1659
Frequency: Once 06/23/18 1655 - 1 Occurrences
Acknowledged: Erin Hill, RN 06/23/18 1711 for Placing Order

Ordering provider: Mohamad Mubder, MD

Status: Completed

Initiate Observation Status [11225689]

Electronically signed by: Mohamad Mubder, MD on 06/23/18 1659
Ordering user: Mohamad Mubder, MD 06/23/18 1659
Frequency: Once 06/23/18 1655 - 1 Occurrences
Acknowledged: Erin Hill, RN 06/23/18 1711 for Placing Order

Ordering provider: Mohamad Mubder, MD

Status: Completed

Encounter-Level Documents - 06/23/2018:

EKG - Scan on 6/28/2018 11:12 AM (below)

0002418927 [redacted]

23-Jun-2018 10:42:52
UMC of Southern Nevada (1)
UMC (01)
ED (01)

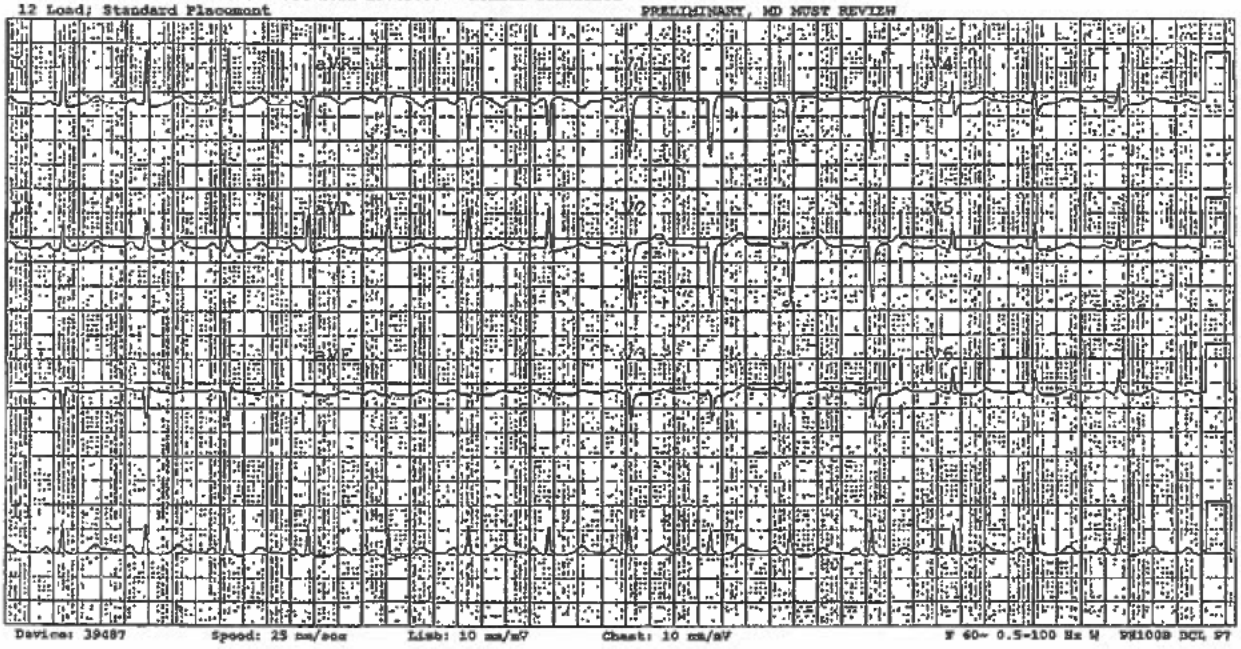
HR	88	. Sinus rhythm
RR	682	
PR	158	
QRSD	94	
QT	383	
QTc	464	
-- AXIS --		
P	51	
QRS	3	
T	22	

Room: CEC
Oper: LC

1000304 11285

- NORMAL ECG -

Previous ECG:14-Oct-2011 23:43:07 - Normal Confirmed
12 Load; Standard Placement
PRELIMINARY, MD MUST REVIEW



Device: 39487 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV F 40- 0.5-100 Hz W 9X100B DCL 97

EKG - Scan on 6/26/2018 9:15 PM (below)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

0002419927
DOB [redacted]

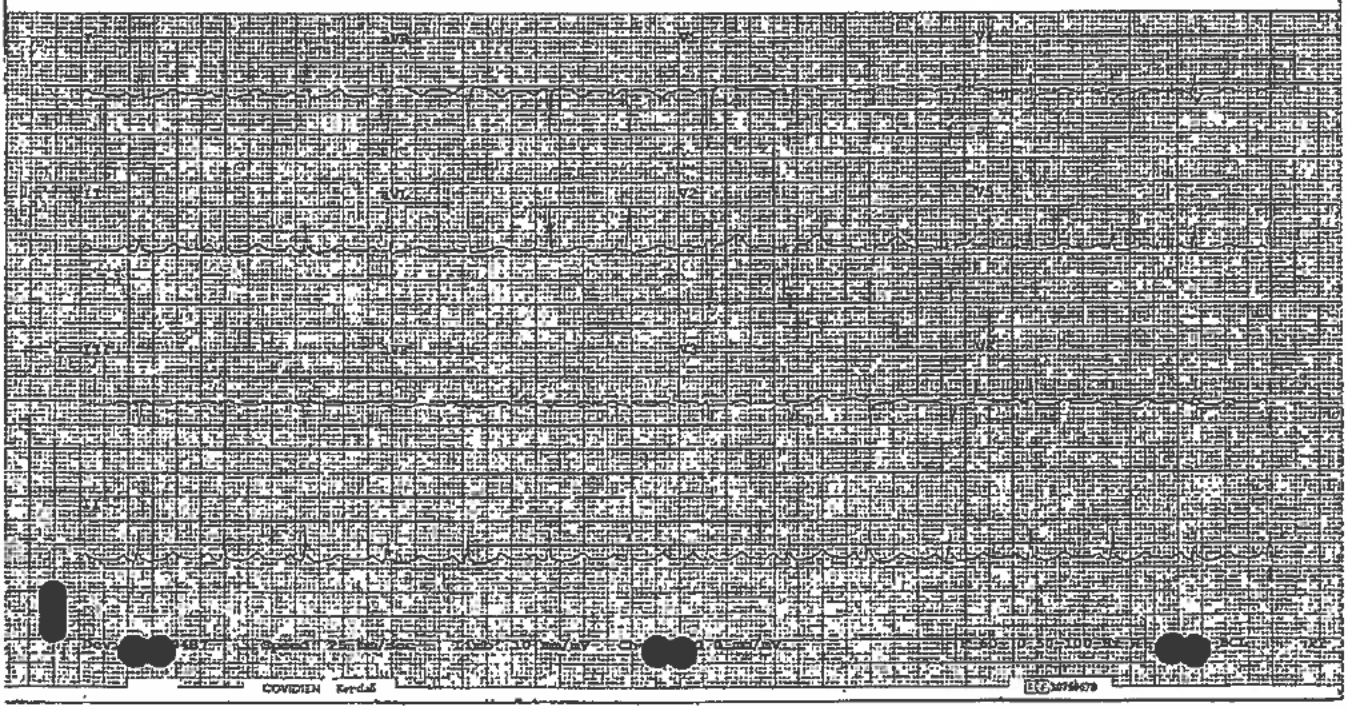
6/23/2018 10:42:52 (DST)
UNIVERSITY MEDICAL CENTER (1)
UMC (01)
ED

Rate	88	Room:	CEU
RR	682	Operator:	LC
PR	158		
QRSD	94		
QT	388		
QTc	464		

--AXIS--
P 51
QRS 3
T 23

- SINUS RHYTHM.....normal P axis, V-rate 50- 99
- NORMAL ECG -

12 Lead; Standard Placement — Unconfirmed Diagnosis



All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

0002419927
DOB [redacted]

6/23/2018 17:11:04 (DST)
UNIVERSITY MEDICAL CENTER (1)
UMC (01)
ED (01)

Rate	72	. SINUS RHYTHM.....	.normal P axis, V-rate 50- 99	Room:	CC 01
PR	833			Operator:	LC
ER	167				
QRSD	98				
QT	442				
QTc	484				
---AXIS--					
P	65				
QRS	21				
T	32				

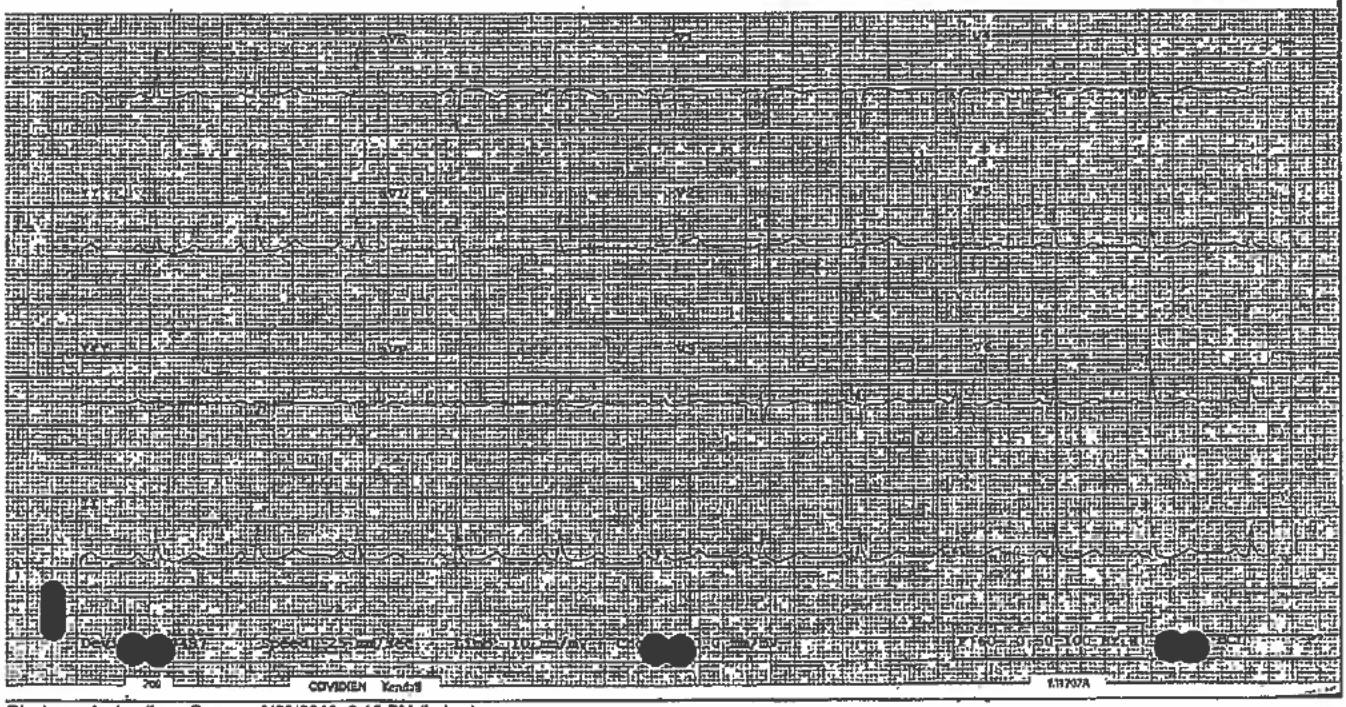
[redacted]
Adm Date: 6/23/2018
100030411
286

Order: 11225700

12 Lead; Standard Placement

- NORMAL ECG -

Unconfirmed Diagnosis



Discharge Instruction - Scan on 6/26/2018 9:15 PM (below)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

[redacted]
MRN: 0002419927
Adm Date: 6/23/2018
1000304111
285

UMC
UNIVERSITY MEDICAL CENTER

1800 W. Charleston Blvd.
Las Vegas, NV
89102

Patient: [redacted]
Date of Birth: [redacted]
Date of Visit: June 25, 2018
MRN: 0002419927

I, Maria Esthela Cisarik, on 06/25/18, hereby acknowledge receipt and understanding of the instructions indicated above. I will arrange for follow-up care as instructed.

Patient/Guardian : [redacted]

Date: 6/25/18

Witness Signature: [redacted]

Date: 6/25/18

E933684

Work Related Injury C4 - Scan on 6/26/2018 9:15 PM (below)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

FORM C-4
PLEASE TYPE OR PRINT

CISARIK,MARIA ESTHELA
HAR: 180029823 8
CSN: 100030411285
DOB: 10/21/1956 (61 yrs) F

EMPLOYEE/CLAIM - PROVIDE ALL INFORMATION

[redacted]

Mailing Address	City	State	Zip	Primary Language Spoken
				ENGLISH

INSURER	THIRD-PARTY ADMINISTRATOR	Employer's Occupation (Job Title) When Injury or Occupational Disease Occurred

Employer's Name/Company Name	Telephone
YELLOW CHECKER CAB	702-873-2000

Office Mail Address (Number and Street): 5225 W. POST RD LV NV 89118

Date of Injury (If applicable)	Hours Injury (If applicable)	Date Employer Notified	Last Day of Work After Injury or Occupational Disease	Supervisor to Whom Injury Reported
6/23/18	930 am pm	6/23/18	6/23/18	

Address or Location of Accident (If applicable)
WB - I-15 EXIT SAHARA

What were you doing at the time of the accident? (If applicable)
DRIVING

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary)
MVC

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?	Witnesses to Accident (If applicable)
RIGHT AWAY	

Nature of Injury or Occupational Disease	Part(s) of Body Injured or Affected
N/A	MULTIP.

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF LIVADAS INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BUT NOT LIMITED TO, INFORMATION PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATING TO DIAGNOSIS, TREATMENT OR AND/OR COUNSELING FOR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL [redacted]

Date: 6/23/18 Time: 1:46 PM Employee's Signature: [redacted]

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place	Name of Facility
	UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

Date / Hour	Diagnosis and Description of Injury or Occupational Disease	Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? ☐ No ☐ Yes (If yes, please explain)

Treatment	Have you entered the period to remain off work for seven days or more?
	☐ Yes Indicate dates from _____ to _____
X-Ray Findings:	☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty
	If modified duty, specify any limitations/restrictions: _____
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☐ Yes ☐ No	
Is additional medical care by a physician indicated? ☐ Yes ☐ No	

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☐ No (Explain if yes)

Date	Print Doctor's Name	I certify that the employer's copy of this form was mailed to the employer on:

Address				INSURER'S USE ONLY
1800 W. Charleston Boulevard				
City	State	Zip	Provider's Tax I.D. Number	Telephone
Las Vegas	Nevada	89102	88-6000436	(702) 383-2009
Doctor's Signature			Degree	

ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE Form C-4 (Rev 2007)

POOR ORIGINAL

[redacted]
MRN: 6002418827
Adm Date: 6/23/2018

100030411
285

After Visit Summary - Document on 6/25/2018 7:18 PM : Patient's Signature Page (below)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

Patient's Signature Page

UMC
UNIVERSITY MEDICAL CENTER

1800 W. Charleston Blvd.
Las Vegas, NV
89102

Patient [redacted]
Date of Birth [redacted]
Date of Visit: June 25, 2018
MRN: 0002419927

I, [redacted] on 06/25/18, hereby acknowledge receipt and understanding of the instructions indicated above. I will arrange for follow-up care as instructed.

Patient/Guardian : _____

Date: _____

Witness Signature: _____

Date: _____

E933684

After Visit Summary - Document on 6/25/2018 7:18 PM : IP After Visit Summary (below)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

Going Home from the Hospital with UMConnect

Thank you for using UMConnect. Please follow the instructions below to securely access your online medical record.

How Do I Access my Discharge Instructions in UMConnect?

1. Go to https://www.umconnect.umcsn.com/MyChart/
2. Login with your UMConnect username and password.
3. Select **Visits**
4. Select **Appointments and Visits.** Click on the visit you are interested in.
5. From here, you can review your hospital After Visit Summary, including your discharge instructions.

How Do I Make a Follow-Up Appointment in UMConnect?

1. Go to https://www.umconnect.umcsn.com/MyChart/
2. Login with your UMConnect username and password.
3. Select **Visits**
4. Select the link **Schedule an Appointment**
5. Follow the prompts to schedule your appointment

Additional Information

If you have questions, you can e-mail umconnect@umcsn.com to communicate to our UMConnect staff. Remember, UMConnect is NOT to be used for urgent needs. For medical emergencies, dial 911.

AFTER VISIT SUMMARY

UMC UNIVERSITY MEDICAL CENTER

[redacted] MRN: 0002419927
6/23/2018 - 6/25/2018 UMC DISCHARGE LOUNGE 702-383-1094 Umc Hospital 702-383-2000

Instructions

Your medications have changed

START taking:
cyclobenzaprine (FLEXERIL)

CHANGE how you take:
lisinopril (ZESTRIL)

STOP taking:
acyclovir 800 mg tablet (ZOVIRAX)
HYDROcodone-acetaminophen 5-325 mg per tablet (NORCO)
predniSONE 1 mg tablet (DELTASONE)

CONTINUE taking your other medications
Review your updated medication list below.

Activity Instructions
As tolerated with aspen collar

Diet Instructions
regular

You are allergic to the following

Date Reviewed: Jun 23, 2018 Reviewed By: Jennilyn Chiu, RN: Reviewed
Accurate as of Jun 25, 2018 7:18 PM

Allergen	Reactions	Deletion Reason
Codeine	Headache	

You are intolerant to the following

Date Reviewed: Jun 23, 2018 Reviewed By: Jennilyn Chiu, RN: Reviewed
Accurate as of Jun 25, 2018 7:18 PM
No active intolerances/contraindications

Your Next Steps

Do

- [ ] Pick up these medications from Walmart Pharmacy 4356 - LAS VEGAS, NV - 7200 ARROYO CROSS PARKWAY
  - lisinopril
- [ ] Pick up these medications from any pharmacy with your printed prescription
  - cyclobenzaprine

Read

- [ ] Read these attachments
  - Hemorrhoids, Diagnosing (English)
  - Anal Fistula (English)
  - Cyclobenzaprine tablets (English)
  - MVA, General Precautions (English)
  - Cervical Fusion, Discharge Instructions for (English)

Go

JUL 3 Follow up 3.00 PM
Thornton, Joseph P, MD
Colorectal Surgery Department
1707 W. Charleston Blvd. #150
LAS VEGAS NV 89102-2354
702-671-5150

Please arrive 15 minutes early, bring ID, insurance card and current medications.

Payment for any co-pay or co-insurance is expected at the time of service.

My Chart Sign Up

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

Go to https://umconnect.umcsn.com/mychart, click "Sign Up Now"; and enter your personal activation code: Z23V6-75VH8-VCF2C. Activation code expires 8/9/2018.

[redacted] (CSN: 100030411285) • Printed by Rose C, LPN [3206907] at 6/25/18 7:18 PM

Page 2 of 16
Epic

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

What's next

	Call Vater, Thomas L, DO in 1 week(s) -Please keep the Aspen collar on until being seen by the spine surgeon -Please avoid any heavy activity until being evaluated by spine surgeon -Please take you muscle relaxant as needed.	7455 W. Washington Ave. Suite 160 Las Vegas NV 89128 702-878-0393
JUL 3	Follow up with Thornton, Joseph P, MD Tuesday Jul 3, 2018 3:00 PM Please arrive 15 minutes early, bring ID, insurance card and current medications. Payment for any co-pay or co-insurance is expected at the time of service.	Colorectal Surgery Department 1707 W. Charleston Blvd. #160 Las Vegas NV 89102-2354 702-671-5150

Medication List

START taking these medications

	Morning	Around Noon	Afternoon	Evening	Bedtime	As Needed
START **cyclobenzaprine 5 mg tablet** Commonly known as: FLEXERIL Take 1 tablet (5 mg total) by mouth 3 (three) times a day as needed for muscle spasms for up to 20 days. Please avoid driving and operating heavy machinery 2 hours after medication For diagnoses: Motor vehicle accident, initial encounter Dose: 5 mg						

CHANGE how you take these medications

	Morning	Around Noon	Afternoon	Evening	Bedtime	As Needed
CHANGE **lisinopril 20 mg tablet** Commonly known as: ZESTRIL Start taking on 6/26/2018 Take 1 tablet (20 mg total) by mouth daily for 27 doses. For diagnoses: Essential hypertension Dose: 20 mg What changed: • medication strength • how much to take						

CONTINUE taking these medications

	Morning	Around Noon	Afternoon	Evening	Bedtime	As Needed
AMITRIPTYLINE ORAL Take 50 mg by mouth. Dose: 50 mg						
estrogens conjugated 0.3 mg tablet Commonly known as: PREMARIN Take 0.3 mg by mouth daily. Take daily for 21 days then do not take for 7 days. Dose: 0.3 mg						
hydrocortisone 2.5 % cream Commonly known as: HYTONE Apply topically 2 (two) times a day.						

Medication List (continued)

CONTINUE taking these medications (continued)

	Morning	Around Noon	Afternoon	Evening	Bedtime	As Needed
hydrocortisone-pramoxine 2.5-1 % rectal cream Commonly known as: ANALPRAM-HC Insert into the rectum 3 (three) times a day.						
LOVASTATIN ORAL Take 40 mg by mouth. Dose: 40 mg						
naproxen 250 mg tablet Commonly known as: NAPROSYN Take 500 mg by mouth. Dose: 500 mg						
PARoxetine 10 mg tablet Commonly known as: PAXIL Take 20 mg by mouth every morning. Dose: 20 mg						
ZANTAC 150 mg tablet Take 150 mg by mouth daily. Dose: 150 mg Generic drug: raNITidine						

STOP taking these medications

STOP acyclovir 800 mg tablet
Commonly known as: ZOVIRAX

STOP HYDROcodone-acetaminophen 5-325 mg per tablet
Commonly known as: NORCO

STOP predniSONE 1 mg tablet
Commonly known as: DELTASONE

Where to pick up your medications

Pick up these medications at Walmart Pharmacy 4356 - LAS VEGAS, NV - 7200 ARROYO CROSS PARKWAY

lisinopril

Address: 7200 ARROYO CROSS PARKWAY, LAS VEGAS NV 89113
Phone: 702-270-2523

All Orders - Admission (continued)

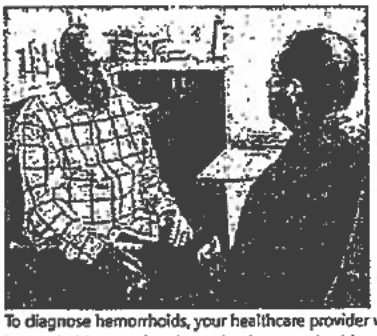
Encounter-Level Documents - 06/23/2018: (continued)

Where to pick up your medications (continued)

Pick up these medications from any pharmacy with your printed prescription
cyclobenzaprine

Attached Information — Hemorrhoids, Diagnosing (English)

Diagnosing Hemorrhoids



To diagnose hemorrhoids, your healthcare provider will rule out other problems and determine how bad your hemorrhoids are. After the evaluation, your healthcare provider will help you decide on a treatment plan that's best for you.

Medical history

A medical history helps your healthcare provider learn more about your symptoms and overall health. This often includes questions about your bowel habits and diet. You may also be asked how often you exercise and whether you take any medicines. Be sure to mention if any members of your family have had cancer or polyps of the colon.

Physical exam

During a physical exam, you'll be asked to lie on an exam table. You'll then be examined for signs of swollen hemorrhoids and other problems. The exam takes just a few minutes. It is usually not painful.

- A visual exam is used to view the outer anal skin.
- A digital rectal exam is used to check for hemorrhoids or other problems in the anal canal. It is done using a lubricated gloved finger.
- An anoscopic exam is done using a special viewing tube called an anoscope. The scope helps your healthcare provider view the anal canal.

Grading hemorrhoids

Based on the physical exam, your healthcare provider may assign a grade to internal hemorrhoids. The grades are based on the severity of your symptoms:

- Grade I hemorrhoids do not protrude from the anus. They may bleed, but otherwise cause few symptoms.
- Grade II hemorrhoids protrude from the anus during bowel movements. They reduce back into the anal canal when straining stops.
- Grade III hemorrhoids protrude on their own or with straining. They do not reduce by themselves, but can be pushed back into place.
- Grade IV hemorrhoids protrude and cannot be reduced at all. They can also be painful and may need prompt treatment.

Pregnancy and hemorrhoids

Many women develop hemorrhoids during pregnancy and childbirth. This is likely caused by pressure on the pelvis and by hormonal changes. In most cases, the hemorrhoids will eventually go away on their own. In the meantime, talk with your healthcare provider about ways to help relieve your symptoms.

Other anal problems

Below are common problems that can cause symptoms similar to hemorrhoids. Your healthcare provider can explain your treatment choices:

- A fissure is a small tear or crack in the lining of the anus. It can be caused by hard bowel movements, diarrhea, or inflammation in the rectal area. Fissures can bleed and cause painful bowel movements.
- An abscess is an infected gland in the anal canal. The infected area swells and often causes pain.
- A fistula is a pathway that may form when an anal abscess drains. The pathway may remain after the abscess is gone. Fistulas are not usually painful. But they can cause drainage where the pathway meets the skin.

Date Last Reviewed: 7/1/2016

Attached Information — Anal Fistula (English)

Anal Fistula

The anal canal is the end portion of the intestinal tract. It includes the rectum and anus. Sometimes, an abnormal passage forms from the anal canal to the skin near the anus. This is called an anal fistula. Anal fistulas can also form from the anal canal to other organs, such as the vagina or urinary tract.

An anal fistula most often occurs due to an anal abscess or infection. It can also occur with certain conditions, such as Crohn's disease. Trauma to the anal canal and surgery can also lead to anal fistulas.

Symptoms of an anal fistula can include:

- Pain in or near the rectum
- Drainage, which may contain blood, pus, or both (the drainage may be constant or stop and start again)
- Bleeding from the rectum
- Urinary problems

If you have an anal abscess or infection along with a fistula, you may also notice redness, swelling, or soreness in or near the anus or rectum. You may have a fever as well.

If caused by Crohn's disease, an anal fistula may respond to medicines such as antibiotics and immunosuppressants. This may lead to complete closure of the fistula. But once treatment stops, there is a high chance that the fistula may form again.

Anal fistulas often require surgery if other treatments don't correct the problem. The type of surgery depends on the type of fistula. More than one surgery may be required.

Please discuss all forms of treatment with your healthcare provider.

Home care

As you recover from treatment, make sure to take any prescribed medicines as directed. Do not take any over-the-counter medicines without first talking to your healthcare provider.

You may also be advised to:

- Soak in a warm bath 3 or 4 times a day.
- Wear a pad over your anal area as directed.
- Eat a diet high in fiber.
- Drink plenty of fluids.
- Use a stool softener or bulk laxative as needed.
- Return to your normal routine only after being cleared by your healthcare provider.

Follow-up care

Follow up with your healthcare provider, or as advised.

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Fever of 100.4°F (38°C) or higher
- Hard or painful stools or trouble controlling your bowel movements
- Symptoms of anal fistula return
- Increased pain, redness, swelling, or drainage in or near the anus or rectum
- Pain in the belly that does not respond to treatment or that does not go away after a few hours

- Swelling in the belly that does not go away after a few hours
- Mucus, pus or blood in the stool (dark or bright red)
- Vomiting that won't stop

Call 911

Call 911 right away if any of these occur:

- Trouble breathing or swallowing
- Fainting
- Rapid heart rate
- Large amounts of blood in stool

Resources

The resources below can help you learn more about anal fistulas. They may also help you find support if you have conditions such as Crohn's disease.

- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), www.niddk.nih.gov
- Crohn's and Colitis Foundation of America, www.ccfa.org

Date Last Reviewed: 6/22/2015

Attached Information — Cyclobenzaprine tablets (English)

Cyclobenzaprine tablets

What is this medicine?

CYCLOBENZAPRINE (sye kloe BEN za preen) is a muscle relaxer. It is used to treat muscle pain, spasms, and stiffness.

How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. If this medicine upsets your stomach, take it with food or milk. Take your medicine at regular intervals. Do not take it more often than directed.

Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- breathing problems
- chest pain
- fast, irregular heartbeat
- hallucinations
- seizures
- unusually weak or tired

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

- headache
- nausea, vomiting

What may interact with this medicine?

Do not take this medicine with any of the following medications:

- certain medicines for fungal infections like fluconazole, itraconazole, ketoconazole, posaconazole, voriconazole
- cisapride
- dofetilide
- dronedarone
- halofantrine
- levomethadyl
- MAOIs like Carbex, Eldepryl, Marplan, Nardil, and Parnate
- narcotic medicines for cough
- pimozide
- thioridazine
- ziprasidone

This medicine may also interact with the following medications:

- alcohol
- antihistamines for allergy, cough and cold
- certain medicines for anxiety or sleep
- certain medicines for cancer

Attached Information — MVA, General Precautions (English)

Motor Vehicle Accident: General Precautions

Strong forces may be involved in a car accident. It is important to watch for any new symptoms that may signal hidden injury.

It is normal to feel sore and tight in your muscles and back the next day, and not just the muscles you initially injured. Remember, all the parts of your body are connected, so while initially one area hurts, the next day another may hurt. Also, when you injure yourself, it causes inflammation, which then causes the muscles to tighten up and hurt more. After the initial worsening, it should gradually improve over the next few days. However, more severe pain should be reported.

Even without a definite head injury, you can still get a concussion from your head suddenly jerking forward, backward or sideways when falling. Concussions and even bleeding can still occur, especially if you have had a recent injury or take blood thinner. It is common to have a mild headache and feel tired and even nauseous or dizzy.

A motor vehicle accident, even a minor one, can be very stressful and cause emotional or mental symptoms after the event. These may include:

- General sense of anxiety and fear
- Recurring thoughts or nightmares about the accident
- Trouble sleeping or changes in appetite
- Feeling depressed, sad or low in energy
- Irritable or easily upset
- Feeling the need to avoid activities, places or people that remind you of the accident

In most cases, these are normal reactions and are not severe enough to get in the way of your usual activities. These feelings usually go away within a few days, or sometimes after a few weeks.

Home care

Muscle pain, sprains and strains

Even if you have no visible injury, it is not unusual to be sore all over, and have new aches and pains the first couple of days after an accident. Take it easy at first, and don't over do it.

- Initially, do not try to stretch out the sore spots. If there is a strain, stretching may make it worse. Massage may help relax the muscles without stretching them.
- You can use an ice pack or cold compress on and off to the sore spots 10 to 20 minutes at a time, as often as you feel comfortable. This may help reduce the inflammation, swelling and pain. You can make an ice pack by wrapping a plastic bag of ice cubes or crushed ice in a thin towel or using a bag of frozen peas or corn.

Wound care

- If you have any scrapes or abrasions, they usually heal within 10 days. It is important to keep the abrasions clean while they first start to heal. However, an infection may occur even with proper care, so watch for early signs of infection such as:
  - Increasing redness or swelling around the wound
  - Increased warmth of the wound
  - Red streaking lines away from the wound
  - Draining pus

Medications

- Talk to your doctor before taking new medicines, especially if you have other medical problems or are taking other medicines.
- If you need anything for pain, you can take acetaminophen or ibuprofen, unless you were given a different pain medicine to use. Talk with your doctor before using these medicines if you have chronic liver or kidney disease, or ever had a stomach ulcer or gastrointestinal bleeding, or are taking blood thinner medicines.
- Be careful if you are given prescription pain medicines, narcotics, or medicine for muscle spasm. They can make you sleepy, dizzy and can affect your coordination, reflexes and judgment. Do not drive or do work where you can injure yourself when taking them.

Follow-up care

Follow up with your healthcare provider, or as advised. If emotional or mental symptoms last more than 3 weeks, follow up with your doctor. You may have a more serious traumatic stress reaction. There are treatments that can help.

If X-rays or CT scans were done, you will be notified if there are any concerns that affect your treatment.

Call 911

Call 911 if any of these occur:

- Trouble breathing
- Confused or difficulty arousing
- Fainting or loss of consciousness
- Rapid heart rate
- Trouble with speech or vision, weakness of an arm or leg
- Trouble walking or talking, loss of balance, numbness or weakness in one side of your body, facial droop

When to seek medical advice

Call your healthcare provider right away if any of the following occur:

- New or worsening headache or vision problems
- New or worsening neck, back, abdomen, arm or leg pain
- Nausea or vomiting
- Dizziness or vertigo
- Redness, swelling, or pus coming from any wound

Date Last Reviewed: 11/5/2015

Attached Information — Cervical Fusion, Discharge Instructions for (English)

Discharge Instructions for Cervical Fusion

You had a cervical fusion. During this procedure, your healthcare provider locked together (fused) some of the bones in the curve of your neck. This limits the movement of these bones to help relieve your pain. Here's what you need to know about home care following a cervical fusion.

Activity

Do's and don'ts include:

- Arrange your household to keep the items you need within reach.
- Remove electrical cords, throw rugs, and anything else that may cause you to fall.
- Follow your healthcare provider's instructions for wearing a cervical collar or brace. The neck collar or brace is important because it supports and correctly positions your neck after surgery. Be sure to follow instructions for its care, use, and the length of time you must wear it.
- Don't bend or twist at the waist, or raise your hands over your head for 2 week(s) after your surgery.
- Don't drive until your healthcare provider says it's OK. This will most likely be when you can move your neck from side to side freely and without pain. Never drive while you are taking opioid pain medicine.
- Walk as much as possible. You may also go up and down stairs as much as you can tolerate. Walking outside or walking on a treadmill at a slow speed with no incline is OK.
- Don't lift anything heavier than 5 pounds.
- Ask your healthcare provider when you can return to work.

Other home care

Additional tips include:

- Take your medicine exactly as directed. Talk to your healthcare provider about pain medicine.
- Don't take nonsteroidal, anti-inflammatory medicines (NSAIDs), such as aspirin and ibuprofen unless your healthcare provider approves. They may delay or prevent proper fusion of bone.
- Wait 5 to 7 days after your surgery to begin showering. Then shower as needed. You may be instructed to use a neck collar while you shower. If so, carefully remove it when you finish showering. Then keep your neck correctly positioned as you gently pat dry your skin, the incision, and the neck collar. Then put the neck collar back on. Don't rub the incision, or apply creams or lotions on it.
- Don't soak in bathtubs, hot tubs, or swimming pools until instructed by your healthcare provider.
- Your incision may have been closed using sutures, staples, or strips of tape. If you have sutures or staples they may need to be removed 2 to 3 weeks after surgery. You can allow strips of tape to fall off on their own.
- If you smoke, quit. Smoking slows healing of bone and you may need more surgery. Enroll in a stop-smoking program to improve your chances of success.

Follow-up

- Make a follow-up appointment.
- Keep appointments for X-rays. They will be taken often to check the status of the cervical fusion.

When to seek medical attention

Call 911 right away if you have any of the following:

- Chest pain

- Shortness of breath
- Trouble controlling your bowels or bladder
- Painful calf that is warm to the touch and tender with pressure

Otherwise, call your healthcare provider immediately if you have any of the following:

- Drainage, redness, or warmth at the incision
- Fever above 100.4°F (38.0°C) or shaking chills
- Weakness, tingling, or any new numbness in your arms or legs
- Increased pain
- Trouble swallowing

Date Last Reviewed: 11/4/2015

EKG - Scan on 6/24/2018 8:03 PM (below)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

0002419927 [redacted]

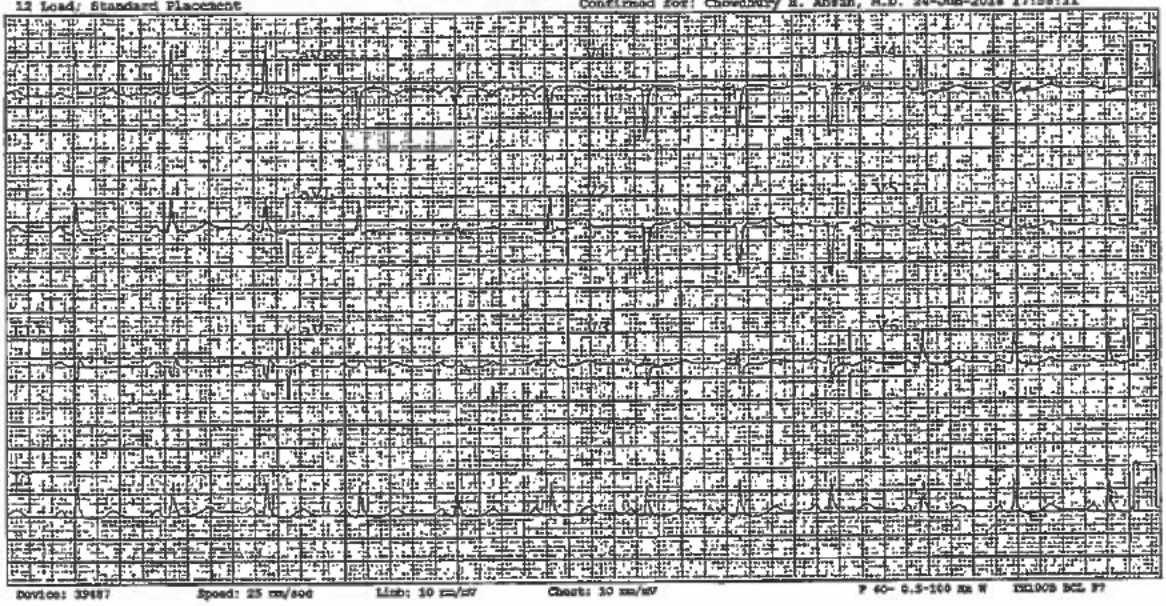
23-Jun-2018 17:11:04
UMC of Southern Nevada (1)
UMC (01)
ED (01)

HR	72	. Sinus rhythm	
RR	833		
PR	167		
QRSD	98		
QT	442		
QTc	484		
-- AXIS --			
P	65		
QRS	21		
T	32		

Room: CC 01
Oper: LC
PEDS: 11225700
Account #: 100030411285
Order #: 11225700
Enc ID: 100030411285
Reason: possible arrhythmia
Requested By: MOHAMAD MURDER MDR

- NORMAL ECG -

Previous ECG:23-Jun-2018 10:42:52 - Normal Confirmed
Confirmed for: Chowdhury R. Ahsan, M.D. 24-Jun-2018 17:58:11
12 Lead; Standard Placement



Device: 33487 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10 mm/mV P 60- 0.5-100 Hz W HM90B DCL F7

Cardiac Tracing - Scan on 6/24/2018 11:53 AM (below)

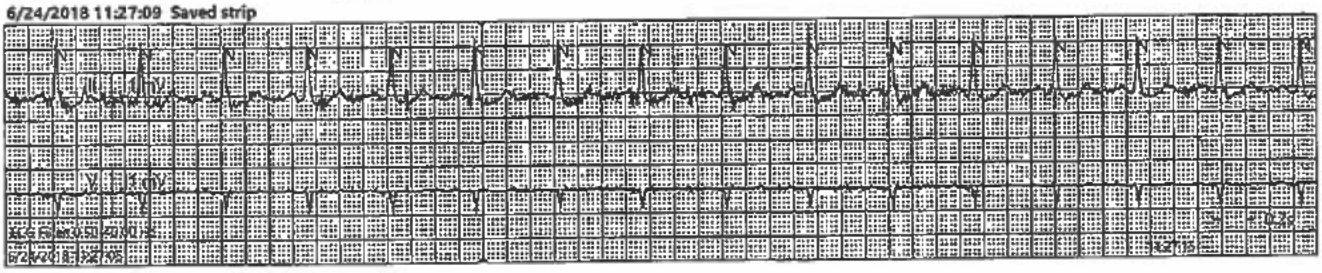
All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

Strip Report 35304-1

[redacted] 0002419927

Vitals:
HR 88 PVC 0
6/24/2018 11:27:09 Saved strip



Telemetry My Institution

Printed on 6/24/2018 11:53:50 Page 1 of 1
Cardiac Tracing - Scan on 6/24/2018 6:39 AM (below)

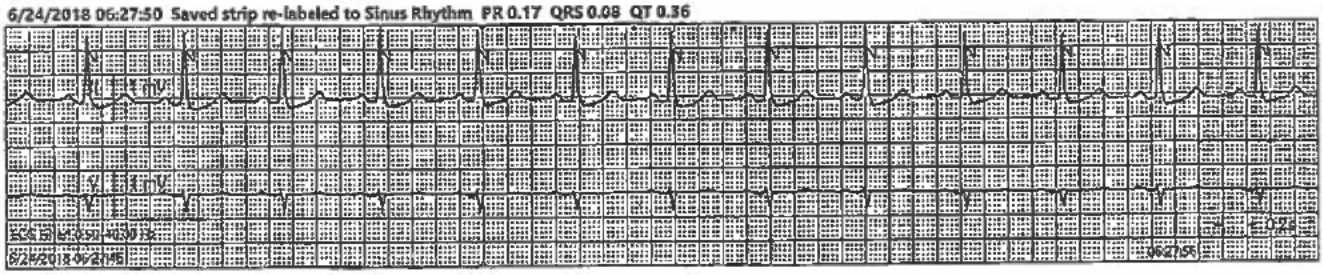
All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

Strip Report 3S304-1

[redacted]	0002419927	

Vitals:
HR 75 PVC 0
6/24/2018 06:27:50 Saved strip re-labeled to Sinus Rhythm PR 0.17 QRS 0.08 QT 0.36



	Telemetry	My Institution

Printed on 6/24/2018 06:39:29

Cardiac Tracing - Scan on 6/24/2018 6:38 AM (below)

All Orders - Admission (continued)

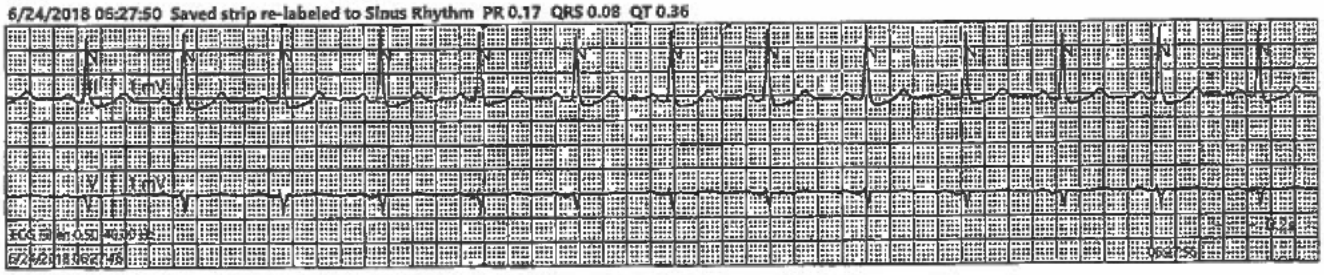
Encounter-Level Documents - 06/23/2018: (continued)

Strip Report 3S304-1

[redacted] 0002419927

Vitals:
HR 75 PVC 0

6/24/2018 06:27:50 Saved strip re-labeled to Sinus Rhythm PR 0.17 QRS 0.08 QT 0.36



Telemetry My Institution

Printed on 6/24/2018 06:39:04
Page 1 of 1
Cardiac Tracing - Scan on 6/24/2018 2:56 AM (below)

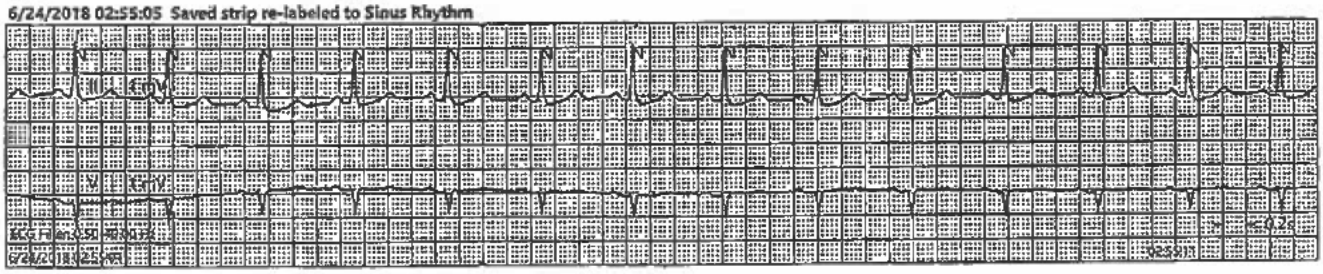
All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

Strip Report 3S304-1

CISARIK, MARIA	0002419927	

Vitals:
HR 75 PVC 0
6/24/2018 02:55:05 Saved strip re-labeled to Sinus Rhythm



	Telemetry	My Institution

Printed on 6/24/2018 02:56:31
Page 1 of 1
Cardiac Tracing - Scan on 6/23/2018 11:45 PM (below)

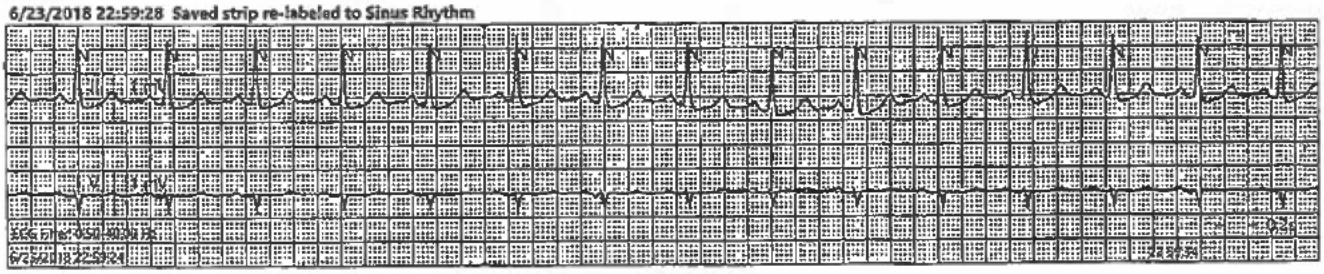
All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

Strip Report 3S301-2

[redacted] 0002419927

Vitals:
HR 81 PVC 0
6/23/2018 22:59:28 Saved strip re-labeled to Sinus Rhythm



Telemetry My Institution

Printed on 6/23/2018 23:45:50
Page 1 of 1
Cardiac Tracing - Scan on 6/23/2018 8:19 PM (below)

All Orders - Admission (continued)

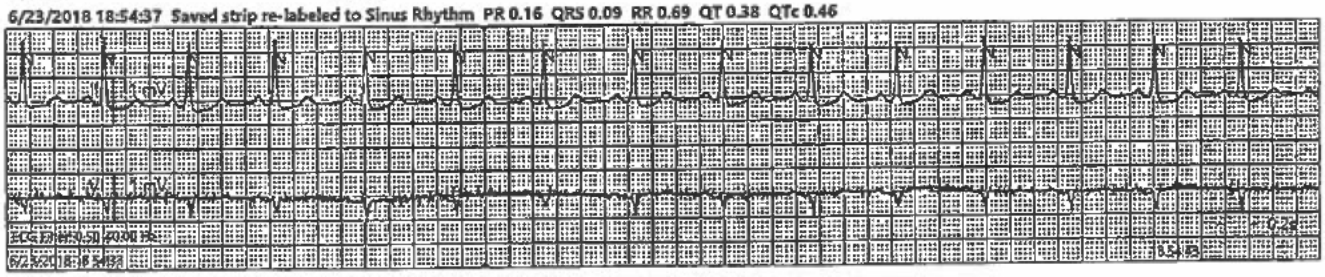
Encounter-Level Documents - 06/23/2018: (continued)

Strip Report 35301-2

[redacted] 0002419927

Vitals:
HR 88 PVC 0

6/23/2018 18:54:37 Saved strip re-labeled to Sinus Rhythm PR 0.16 QRS 0.09 RR 0.69 QT 0.38 QTc 0.46



Telemetry My Institution

Printed on 6/23/2018 20:19.05 Page 1 of 1
Cardiac Tracing - Scan on 6/23/2018 5:23 PM (below)

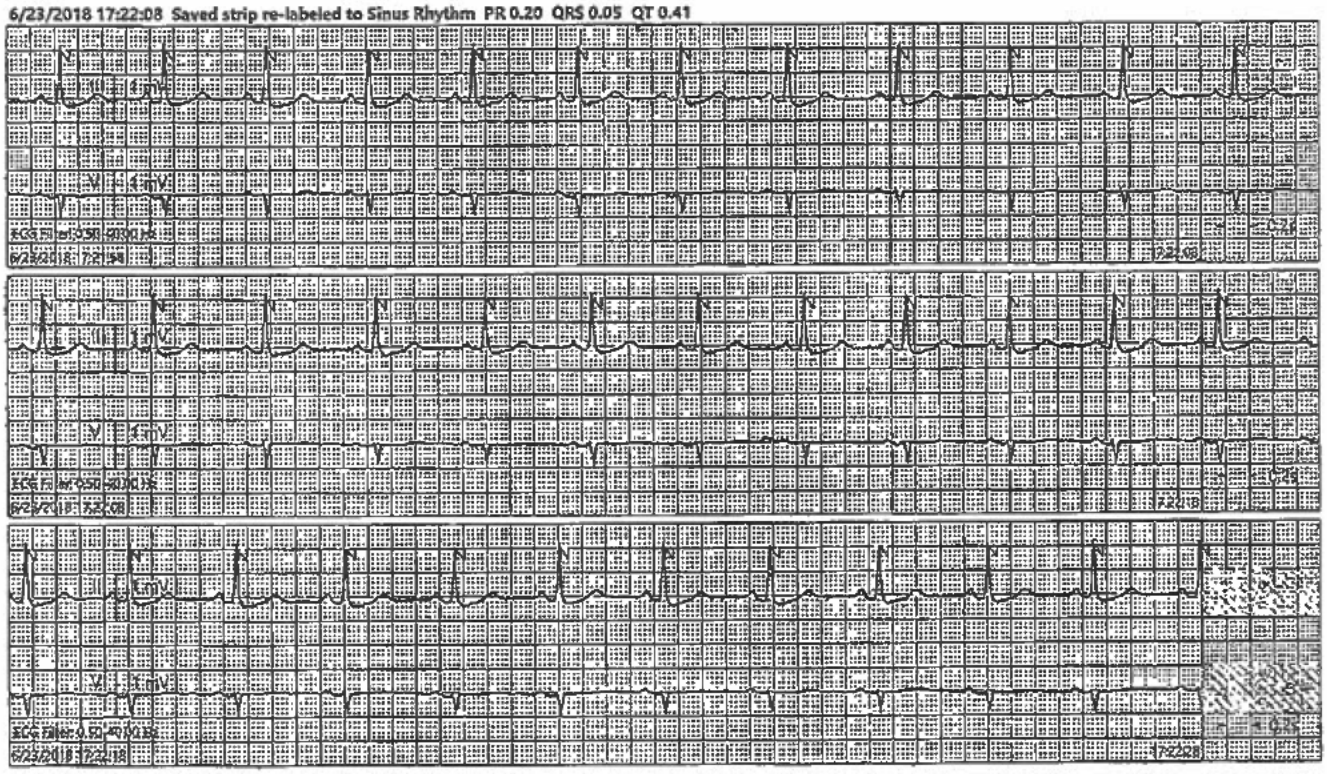
All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

Strip Report 3S301-2

[redacted]	0002419927	

Vitals:
HR 68 PVC 0
6/23/2018 17:22:08 Saved strip re-labeled to Sinus Rhythm PR 0.20 QRS 0.05 QT 0.41



	Telemetry	My Institution

Printed on 6/23/2018 17:23:46
Page 1 of 1
Care Everywhere Prospective Authorization - Scan on 6/23/2018 12:55 PM (below)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

UMC
UNIVERSITY MEDICAL CENTER

CONSENT

CARE EVERYWHERE AUTHORIZATION
CUIDADO EN TODAS PARTES AUTORIZACIÓN

MRU03482 (04/27/16) Page 1 of 2

Patient Name: [redacted]
CSN: 100030411285
MRN: 0002419927

AK0920011246

Instructions: Please read the information below and complete this form in its entirety. University Medical Center of Southern Nevada (UMC) will ask that you identify or update your preferences every time you are seen at UMC or one of UMC's ambulatory clinics. Please ask an admissions representative to explain any part of this form which you do not understand.
Instrucciones: Por favor lea la información a continuación y complete este formulario en su totalidad. University Medical Center of Southern Nevada (UMC) le pedirá que identifique y actualice sus preferencias cada vez que vaya a UMC o en una de sus clínicas ambulatorias. Por favor pídale a un representante del departamento de admisión que le explique cualquier parte de este formulario que no entienda.

PROVIDER ACCESS TO EPIC RECORDS / *ACCESO DEL PROVEEDOR A LOS EXPEDIENTES EN EPIC*:

UMC's electronic health record is stored in a networked system known as EPIC. This system allows any of your health care providers that have access to EPIC to instantly view your health records that are contained in EPIC when certain circumstances are met.
El expediente de salud electrónico de UMC se almacena en un sistema en red conocido como EPIC. Este sistema permite que cualquiera de sus proveedores de atención médica que tengan acceso a EPIC acceda instantáneamente a sus expedientes de salud que están contenidos en EPIC cuando se cumplen ciertas condiciones.

EPIC will only permit access when another health care provider is treating you and when another provider requests records specific to you through the EPIC system. This ability to share vital details of a patient's medical history between providers at the time a patient is seen can help alleviate unnecessary delays and improve the care patients receive.
EPIC sólo permitirá el acceso cuando otro proveedor de atención médica lo/la esté tratando y cuando otro proveedor solicite expedientes específicos suyos a través del mismo sistema EPIC. Esta capacidad de compartir detalles vitales del historial médico de un paciente entre los proveedores en el momento en que un paciente se le atiende puede ayudar a aliviar retrasos innecesarios y mejorar la atención que reciben los pacientes.

By completing this authorization form, your other providers with access to EPIC will be able to view your UMC EPIC records in order to treat you, even in emergency circumstances when you may not have the ability to speak or communicate with your provider.
Al completar este formulario de autorización, sus otros proveedores con acceso a EPIC podrán ver sus expedientes archivados en el sistema EPIC de UMC con el fin de proporcionarle tratamiento, incluso en circunstancias de emergencia, cuando no tenga la capacidad de hablar o comunicarse con su proveedor.

If you choose not to sign this form, your other providers can still identify that you have UMC records in EPIC, but will need your permission at that time to access your records, or will need to manually request your records from UMC via fax, mail, or other means. If you wish to restrict entirely other providers' ability to see or identify that you have UMC records in EPIC, UMC has an opt-out form available.
Si decide no firmar este formulario, sus otros proveedores pueden igual identificar que tiene expedientes de UMC en EPIC, pero necesitarán su permiso en ese momento para acceder a sus registros, o tendrán que solicitar manualmente sus expedientes de UMC vía fax, correo, u otros medios. Si desea restringir totalmente la capacidad de otros proveedores para ver o identificar que tiene expedientes de UMC en EPIC, UMC tiene un formulario de exclusión disponible.

AUTHORIZATION / *AUTORIZACIÓN*:

By signing this form, I AUTHORIZE UMC to make my UMC EPIC records electronically available to my other health care providers that request my records through the EPIC system. I authorize UMC to make all of my EPIC records available to my providers, <u>including sensitive information related to alcohol, drug, or substance abuse, HIV testing and results, mental health records, psychotherapy records, and genetic records</u>. (Recommended)
Al firmar este formulario, AUTORIZO a UMC a que mis expedientes EPIC DE UMC estén disponibles electrónicamente para mis otros proveedores de atención médica que soliciten mis registros a través del sistema EPIC. Autorizo a UMC a poner todos mis expedientes en EPIC a disposición de mis proveedores, <u>incluyendo información delicada relacionada con alcoholismo, uso de drogas o abuso de sustancias, pruebas y resultados de VIH, expedientes de salud mental, de psicoterapia y expedientes genéticos</u>. (Recomendado).

Furthermore, I understand that,
Además, entiendo que:

1. Authorizing the electronic access and exchange of information is voluntary and I may refuse to sign this document.
   Autorizar el acceso electrónico y el intercambio de información es voluntario y puedo negarme a firmar este documento.
2. Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on whether I sign this document.
   El tratamiento, el pago, la inscripción o la elegibilidad para los beneficios pueden no estar condicionados a que yo firme este documento.

(Continued on Page 2 / *Continúa en la página 2*)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

UMC
UNIVERSITY MEDICAL CENTER

CARE EVERYWHERE AUTHORIZATION
CUIDADO EN TODAS PARTES AUTORIZACIÓN

MPI.02482 (04/2018) Page 2 of 2

Patient Name: [redacted]
CSN: 100030411285
MRN: 0002419927

AH0020112 46

3. My authorization will remain in place unless I revoke it in writing. Revocations may be made in writing and presented or mailed to the UMC Health Information Management Department at the following address: 1800 W. Charleston Blvd., Las Vegas, Nevada, 89102. My revocation will not apply to any information that has already been exchanged in reliance on my authorization.
Mi autorización permanecerá en vigor a menos que la revoque por escrito. Las revocaciones pueden hacerse por escrito y presentarse o enviarse por correo al Dirección de Administración de Información de Salud del UMC a la siguiente dirección: 1800 W. Charleston Blvd., Las Vegas, Nevada, 89102. Mi revocación no se aplicará a ninguna información que ya haya sido intercambiada como consecuencia de mi autorización.

4. The information accessed or exchanged pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy regulations.
La información a la que se accede o se intercambia en conformidad con esta autorización puede estar sujeta a una nueva divulgación y ya no está protegida por las normas federales de privacidad.

Time: _____ *Hora* Date: _____ *Fecha* Signature of Patient or Authorized Representative: MC 06/23/2018 12:58:47 UTC-7
Firma del paciente o representante autorizado

Name, if signed by someone other than Patient: Self
Nombre, si fue firmado por alguien que no sea el paciente

Time: 12:54PM *Hora* Date: 06/23/2018 *Fecha* Witnessed by: amakenney
Presenciado por

Separate "Time" and "Date" lines next to signatures are for manual form processing only.

Conditions of Admission - Scan on 6/23/2018 12:54 PM (below)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

UMC UNIVERSITY MEDICAL CENTER

COA

CONDITIONS OF ADMISSION (COA) & GENERAL CONSENT FOR TREATMENT
CONDICIONES DE INGRESO Y CONSENTIMIENTO GENERAL DE TRATAMIENTO

MRUD1675 (04/18/18) Page 1 of 4

[redacted]
CSN: 100030411285
MRN: 0002419927
AH0920113246

Consent to Treatment / *Consentimiento para recibir tratamiento*

I consent to the testing and procedures recommended by my healthcare providers during this hospitalization or on an outpatient basis, including emergency treatment or services, and which may include but are not limited to:
Doy mi consentimiento para que se realicen los procedimientos y estudios recomendados por los profesionales de salud durante esta hospitalización, o como paciente ambulatorio, incluyendo tratamiento de emergencia o servicios que pueden incluir en forma enunciativa pero no limitativa:

- Screening and confirmatory tests, including screening for infectious diseases (e.g. anabiotic resistant infections, Human Immunodeficiency Virus (HIV), Hepatitis, Influenza, Respiratory Syncytial Virus (RSV), Group B Streptococcus, etc.);
  Exámenes y estudios confirmatorios, incluyendo estudios para determinar presencia de enfermedades infecciosas (por ej. infecciones resistentes a antibióticos, Virus de Inmunodeficiencia Humana (VIH), Hepatitis, Influenza, Virus Respiratorio Sincitial (RSV, por sus siglas en inglés), estreptococos del grupo B, etc.);
- Diagnostic tests and procedures, including blood tests or radiographic procedures (which can include exposure to ultrasonic waves, radiation, nuclear medicine, etc.);
  Estudios y procedimientos de diagnóstico, incluyendo exámenes de sangre o procedimientos radiológicos (que pueden incluir exposición a ondas ultrasónicas, radiación, medicina nuclear, etc.);
- Therapeutic medical or surgical procedures (whether invasive or non-invasive and either with or without anesthesia); and
  Procedimientos médicos terapéuticos o quirúrgicos (invasivos o no y con o sin anestesia); y
- Other necessary hospital services as recommended by my healthcare providers.
  Otros servicios hospitalarios necesarios según la recomendación de mis profesionales de salud.

UMC will provide a medical screening examination to all patients seeking medical services to determine if there is an emergency medical condition, without regard to the patient's ability to pay. If there is an emergency medical condition, the hospital will provide stabilizing treatment within its capacity.
El hospital UMC realizará un examen clínico a todos los pacientes que soliciten servicios médicos para determinar si hay una afección que requiera atención médica de emergencia, independientemente si el paciente puede hacer un pago. Ante una emergencia médica el hospital brindará el tratamiento acorde con su capacidad para estabilizar al paciente.

I understand UMC is a teaching institution. As a part of the medical education program, students and medical staff members may participate in or observe (under appropriate supervision) a significant portion of my operation, procedure, or care.
Entiendo que UMC es una institución educativa y como parte del programa de estudios de medicina, los estudiantes y el personal médico puede participar u observar (bajo supervisión adecuada) parte significativa de mi operación, procedimiento o cuidado/atención.

Photography / *Fotografías*

I understand healthcare providers at UMC may use photographs, films or other recordings for identification, diagnosis, treatment, education or for other healthcare purposes. Any other uses will require my authorization. Additionally, I must grant authorization before healthcare providers at UMC may use any images or other recordings for education purposes that include my personal identifiable health information, including full face photographic images.
Entiendo que el personal médico de UMC puede usar fotografías, filmaciones o cualquier otra grabación con los propósitos de identificación, diagnóstico, tratamiento, educación u otros fines médicos. Cualquier otro uso requerirá mi autorización. Además, yo debo autorizar antes que cualquier personal médico de UMC pueda usar cualquiera de las imágenes o grabaciones para propósitos educativos que incluyan información médica identificable con mi persona, incluyendo imágenes fotográficas de toda la cara.

Informed Consent / *Consentimiento informado*

The attending physician is responsible for obtaining my informed consent before any proposed medical services or surgical procedures are performed.
El médico a cargo es responsable de obtener mi consentimiento informado antes de que se realice la atención/servicio médico y/o procedimiento quirúrgico propuesto.

- If I am unable to consent to treatment, the attending physician is responsible for obtaining consent from my legal guardian or representative.
  Si no estoy en condiciones de dar mi consentimiento al tratamiento, el médico a cargo es responsable de obtener el consentimiento de mi tutor/apoderado o representante legal.
- UMC is responsible for carrying out the instructions of my attending physician while I am a patient.
  UMC se hace responsable por cumplir con las instrucciones del médico a cargo de mi tratamiento mientras yo sea paciente.

Financial Agreement / *Acuerdo financiero*

I understand I am fully liable for the total costs of the care and services that I receive, at the rates effective on the date received, regardless of whether any insurance proceeds or settlement funds are available to pay for them. Furthermore, I understand that:
Entiendo que soy íntegramente responsable del costo total de mi cuidado/atención médica y de los servicios que reciba, según los valores efectivos a la fecha de ser recibidos y sin importar si hay fondos de mi aseguradora o de algún acuerdo legal para pagarlos. Además, entiendo que:

- I am responsible for payment of any copayment, coinsurance, deductible or non-covered service required by my private or governmental health insurance plan at the time of service.
  Soy responsable de pagar cualquier copago, coseguro, deducible o servicio no cubierto solicitado por mi plan de salud privado o del gobierno al momento de recibir el servicio.

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

UMC
UNIVERSITY MEDICAL CENTER

CONDITIONS OF ADMISSION (COA) & GENERAL CONSENT FOR TREATMENT
CONDICIONES DE INGRESO Y CONSENTIMIENTO GENERAL DE TRATAMIENTO

Patient Name: [redacted]
CSN: 100030411285
MRN: 0002419927

MR001875 (04/19/13) Page 2 of 4 AH092011246

- If care and services were received as the result of an injury for which I receive a monetary award, settlement or verdict and that if the amount I receive will not pay the balance on the account, that UMC will accept the amount I received as a partial payment and that acceptance of a partial payment will not discharge my financial obligation for the remaining balance.
  Entiendo que si el cuidado y los servicios fueron proporcionados como resultado de haber sido lastimado o víctima de daños y perjuicios por los cuales he sido indemnizado monetariamente, por medio de un acuerdo legal o veredicto judicial, y que si la cantidad recibida no va a pagar el balance de mi cuenta, que UMC aceptará la cantidad que yo recibí como pago parcial y que el aceptar eso como pago parcial no saldará la cuenta y seré responsable del balance que quede.
- If I am uninsured and not covered by a governmental health insurance plan, I may be eligible for UMC's uninsured discount or charity care program in effect at the time of service. I may request information from UMC about these programs.
  Si no tengo un seguro médico y no estoy cubierto por un plan de salud del gobierno, puedo ser elegible para el descuento a no asegurados o el programa de beneficencia del UMC, vigente al momento del servicio. Puedo solicitar información a UMC sobre estos programas.
- UMC will bill for services and supplies furnished by UMC, employees and physicians directly employed by UMC.
  UMC facturará los servicios e insumos provistos por UMC, y por los empleados y médicos que son empleados directamente por UMC.
- Services furnished by independent healthcare professionals, private or consulting physicians will be billed separately by them.
  Entiendo que los servicios provistos por profesionales independientes, médicos particulares o consulta de especialistas se facturarán por separado por ellos mismos.
- As a courtesy to me, the hospital may bill my insurance company, but is not obligated to do so.
  Como una cortesía, el hospital puede enviar la cuenta a mi aseguradora, pero no es su obligación hacerlo.
- If my account is placed with a collection agency or an attorney for collection, I will pay all costs UMC incurs in these collection efforts, including (but not limited to) attorney fees, interest at the legal rate, and any court costs or other costs of litigation allowed by law.
  Si mi cuenta se envía a una agencia de cobranza o a un abogado para cobrar la deuda, pagaré todos los gastos incurridos por UMC para cobrarme, incluyendo, de forma enunciativa, pero no limitativa honorarios del abogado, intereses a tasas legales, y cualquier gasto de costo u otros gastos de litigio por ley.
- UMC reserves the right to sell and transfer ownership of accounts to a third party for billing or collection purposes.
  UMC se reserva el derecho de vender y transferir la titularidad de las cuentas a terceros con propósitos de facturación o cobranza.

Retention of Records / *Retención de expedientes médicos*

UMC will retain the financial details of my account for the period required by law. Medical records of patients age 18 years or older will be destroyed after 5 years. Medical records of patients under the age of 18 will be destroyed 5 years after the patient reaches the age of 18.
UMC mantendrá los detalles financieros de mi cuenta por el período exigido por la ley. El expediente médico de los pacientes mayores de 18 años se destruirá después de 5 años. El expediente médico de los pacientes menores de 18 años se destruirá 5 años después de que el paciente cumpla 18 años

Assignment of Benefits / *Asignación/Cesión de beneficios*

I assign to UMC and/or the hospital-based physicians all applicable insurance benefits otherwise payable to me, not to exceed UMC's established charges for services provided. I authorize UMC's Chief Executive Officer, or designee, as my true and lawful attorney-in-fact to endorse any checks made payable to me for benefits or claims collected under this assignment. UMC may apply any credit balance to any other account I may owe. I accept financial responsibility for any charges not paid by this assignment.
Yo cedo en favor de UMC y/o los doctores que atienden allí todos los beneficios de mi seguro aplicables y que de otra forma yo cobraría, y que no excederán los honorarios establecidos por UMC para los servicios provistos. Autorizo al Director General de UMC o a su representante, como mi verdadero y legítimo apoderado para endosar todos los cheques pagaderos a mi nombre por los beneficios o reclamaciones cobradas bajo esta cesión/asignación. UMC puede aplicar cualquier saldo acreedor a otra cuenta que yo adeude. Acepto la responsabilidad financiera de todos los cargos impagos por esta cesión.

Medicare Certification & Assignment of Benefits / *Certificación de Medicare y asignación/cesión de beneficios*

I certify that any information I provide in applying for payment under Title XVIII (Medicare) or Title XIX (Medicaid) of the Social Security Act is correct. I request payment of authorized benefits to be made on my behalf to the hospital or hospital-based physician by the Medicare or Medicaid program.
Certifico que toda la información que he proporcionado al solicitar pago bajo el Título XVIII (Medicare) o Título XIX (Medicaid) de la Ley de Seguridad Social es correcta. Solicito que los beneficios autorizados en mi favor sean pagados por el programa Medicare o Medicaid al hospital o al médico del hospital.

Medicaid Recipients / *Destinatarios de beneficios Medicaid*

I acknowledge that Federal and State statutes require UMC to bill all other payment sources before billing Medicaid. Other coverage sources may be private or employer-provided. By signing this agreement and applying for Medicaid, I certify, under penalty of fraud, that I do not have private or employer provided coverage.
Reconozco que los estatutos federales y estatales exigen a UMC facturar los servicios a otras fuentes de pago antes de facturar a Medicaid. Las otras fuentes de pago pueden ser privadas o proporcionadas por el empleador. Al firmar este acuerdo y la solicitud de beneficios a Medicaid, certifico bajo pena de fraude, que no tengo cobertura privada o provista por un empleador.

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

UMC
UNIVERSITY MEDICAL CENTER

CONDITIONS OF ADMISSION (COA) & GENERAL CONSENT FOR TREATMENT
CONDICIONES DE INGRESO Y CONSENTIMIENTO GENERAL DE TRATAMIENTO

UFRM 1875 (02/19/18) Page 3 of 4

Patient Name: [redacted]
CSN: 100030411285
MRN: 0002419927

AN092011246

Release of Information / *Divulgación de información*

I acknowledge that UMC, the physicians and other health professionals involved in my care will share healthcare information necessary for treatment, payment or healthcare operations as allowed by law.
Reconozco que UMC, los médicos y otros profesionales de la salud involucrados en mi atención/cuidado compartirán la información de salud necesaria para procedimientos de tratamiento, pago o cuidado de la salud acorde con lo permitido por ley.

- Information may be released to any person or entity liable for payment on my behalf to verify coverage, answer payment questions or for any other purpose related to benefit payment.
  La información puede compartirse con cualquier persona o entidad responsable de pago en mi beneficio para verificar la cobertura, contestar consultas de pago, o para cualquier otro fin relacionado con el pago del beneficio.
- Information may be released to my employer's designee when the services delivered are related to a claim under worker's compensation.
  La información puede compartirse con el representante de mi empleador cuando los servicios provistos están relacionados con una reclamación por indemnización laboral.

Communications about My Healthcare / *Comunicaciones sobre mi atención de salud*

Unless I request privacy restrictions, I understand my healthcare information may be disclosed in the following ways:
Salvo que yo solicite restricciones de privacidad, entiendo que mi información de salud puede divulgarse en las siguientes maneras:

- For purposes of communicating results, findings and care decisions to my family members and others responsible for my care or designated by me.
  Con fines de comunicación de resultados, hallazgos y decisiones de atención, a mis familiares y a otras personas responsables de mi cuidado nombradas por mí.
- My name, location and condition will be available for visitors, flowers, phone calls or other directory services.
  La información sobre mi nombre, ubicación y atención estará disponible para los visitantes, recepción de flores y llamadas telefónicas y otros servicios de directorio.

Relationship between Hospital and Physicians / *Relación entre el hospital y los médicos*

I understand that doctors furnishing services at UMC may be independent contractors and not employees or agents of UMC. Independent contractors are responsible for their own actions and UMC shall not be liable for the acts or omissions of any independent contractors. Also, independent contractors will bill separately for their services.
Entiendo que los médicos que proporcionan servicios generales son contratistas independientes y no son empleados o representantes de UMC. Los contratistas independientes son responsables de sus propias acciones y UMC no será responsable por actos o omisiones de aquellos profesionales quienes además facturarán sus servicios por separado.

I understand physicians or other health care professionals may be called upon to provide care or services to me or on my behalf, but I may not actually see or be examined by all physicians or health care professionals participating in my care. For example, I may not see physicians providing radiology, pathology, EKG interpretation and anesthesiology services.
Entiendo que existirán servicios de mi atención de salud provistos por médicos y otros profesionales de salud, a quienes yo no veo, o que no sea personalmente examinado por todos los médicos o profesionales que participan en mi atención. Por ejemplo, es posible que yo no vea a los médicos que proporcionan servicios de radiología, patología, interpretación de electrocardiogramas (EKG, por su sigla en inglés) o anestesia.

Personal Valuables / *Efectos personales*

I understand UMC maintains a safe for the safekeeping of money and valuables for patients who are admitted to the hospital. UMC is not responsible for the loss of or damage to any money, jewelry, glasses, dentures, or any other item that would be considered a loss if misplaced, unless deposited with UMC for safekeeping
Entiendo que UMC mantiene una caja de seguridad para resguardar dinero y efectos de valor de los pacientes que están ingresados en el hospital. UMC no es responsable por la pérdida o daño de dinero, joyas, anteojos, dentaduras postizas o cualquier otro elemento que se considere perdido por no haberlo guardado adecuadamente, salvo que se lo haya entregado a UMC para su resguardo.

UMC's responsibility for loss of any personal property deposited with UMC for safekeeping is limited to five hundred dollars ($500.00), unless a written receipt for a greater amount has been provided to the hospital by the patient.
La responsabilidad de UMC por la pérdida de efectos personales depositados para el resguardo de UMC está limitada a quinientos dólares ($500.00), salvo que el hospital haya entregado un recibo al paciente por un importe mayor.

I agree to reclaim any property in the custody of UMC within sixty (60) days of discharge. If I am unable to sign for the release of said property, my personal representative may reclaim the property.
Me comprometo a reclamar cualquier efecto personal dejado en custodia de UMC dentro de sesenta (60) días del alta. Si no puedo firmar la devolución de dicho efecto personal, mi representante personal puede reclamarlo.

Weapons, Explosives or Drugs / *Armas, explosivos o drogas*

I understand and agree that if UMC believes there may be a weapon, explosive device, illegal substance or drug, or any alcoholic beverage in my room or with my belongings while on UMC premises, UMC may:
Entiendo y concuerdo que si UMC sospecha la presencia de armas, explosivos, sustancias ilegales o drogas, o cualquier bebida alcohólica en mi habitación o con mis pertenencias, UMC puede:

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

UMC
UNIVERSITY MEDICAL CENTER

CONDITIONS OF ADMISSION (COA) & GENERAL CONSENT FOR TREATMENT
CONDICIONES DE INGRESO Y CONSENTIMIENTO GENERAL DE TRATAMIENTO

[redacted]
CSN: 1000304112B5
MRN: 0002419927

MRJ01825 (04/19/18) Page 4 of 4 JH092031246

- Search my room and my belongings;
  Registrar mi habitación y mis pertenencias;
- Confiscate any of the above items that are found; and
  Confiscar cualquiera de los objetos arriba mencionados si se encuentran; y
- Dispose of them as appropriate, including delivery of any item to law enforcement authorities.
  Deshacerse de ellos como sea apropiado, incluyendo la entrega de cualquiera de los objetos a las autoridades del orden público.

Joint Notice of Privacy Practices / *Notificación conjunta de las políticas de privacidad*

I understand that the Joint Notice of Privacy Practices describes the ways in which the hospital may use and disclose my healthcare information for treatment, payment, healthcare operations and other described and permitted uses and disclosures.
Entiendo que la Notificación conjunta de políticas de privacidad describe las maneras en que el hospital puede usar y compartir mi información de atención de salud para sus procedimientos de tratamiento, pago, atención de salud y otros usos y divulgaciones descritas y permitidas.

Please initial the ONE applicable acknowledgement below:
Marque con sus iniciales su confirmación de una de las dos opciones:

[ ] I have RECEIVED a copy of the Joint Notice of Privacy Practices.
He RECIBIDO una copia de la Notificación conjunta de políticas de privacidad.

MO 6/23/2018 12:57:21 UTC-7 I have DECLINED a copy of the Joint Notice of Privacy Practices.
He RECHAZADO la copia de la Notificación conjunta de políticas de privacidad.

I, the undersigned patient or patient's representative, hereby certify that the information provided is true and complete, that I have read and fully understand these "Conditions of Admissions & General Consent for Treatment," and that I agree to be bound by its terms. I also certify that I have not received any promises or guarantees from anyone about the results that may be obtained from any medical treatments or services being provided.
Yo, el signatario, por la presente firma certifico que la información aquí consignada es verdadera y completa, y que he leído y entiendo completamente estas "Condiciones de ingreso y Consentimiento general de tratamiento," y que acepto y me comprometo con sus términos. Por la presente certifico que no he recibido promesas o garantías con referencia a los resultados que puedan obtenerse de los tratamientos médicos o servicios.

Time. _____ Hora Date: _____ Fecha Signature of Patient or Patient's Representative: [redacted] /2018 12:57:10 UTC-7 *Firma del paciente o su apoderado*

Time. 12:52PM Hora Date: 06/23/2018 Fecha Witness' Signature: amakenney *Firma del testigo*

Above identified staff member (i.e. Witness) to complete ONE of the following two numbered items - required for submission to the legal medical record:
El miembro de nuestro personal identificado arriba (i.e. Testigo) debe completar UNO de los siguientes dos puntos enumerados - requerido para enviarlo al expediente médico legal:

1. Indicate who signed this consent on the "Patient or Patient's Representative" signature line above:
   Indique quién firmó este consentimiento en la línea de arriba que dice "Firma del paciente o su apoderado":

   ☑ Patient *Paciente* ☐ Parent *Padre/madre* ☐ Healthcare Durable Power of Attorney *Poder notarial durable para atención de la salud*

   ☐ Spouse *Cónyuge* ☐ Guardian *Tutor* ☐ Other (specify): *Otro (explique)* _____

   ▶ If signed by someone other than Patient, write person's full name: _____
   Si alguien que no es el paciente firmó este documento, escriba el nombre completo de esa persona

2. Mark ONLY if statement below is true:
   Marque SÓLO si lo que está a continuación es verdadero:

   ☐ Patient unable to sign due to condition at time of service AND no patient representative available.
   El paciente es incapaz de firmar debido a su estado de salud en el momento de ser atendido Y a que su representante apoderado no se encuentra disponible.

Separate "Time" and "Date" lines next to signatures are for manual form processing only.

C4 Workers Comp - Scan on 6/23/2018 12:12 PM (below)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

EMPLOYEE'S CLAIM FOR COMPENSATION
FORM C-4
PLEASE TYPE OR PRINT

[redacted]

How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary.)
MVC

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment?
RIGHT AWAY

Witnesses to Accident (if applicable)

Nature of Injury or Occupational Disease
MVA

Part(s) of Body Injured or Affected
MULTIP

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S WORKERS' COMPENSATION AND OCCUPATIONAL DISEASES ACTS (NRS CHS 616 AND 617). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO SICKNESS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL.

Date: 6/23/18 Place: Employee's Signature:

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Name of Facility
UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

Place

Date

Hour

Diagnosis and Description of Injury or Occupational Disease

Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident?
☐ No ☐ Yes (If yes, please explain)

Treatment

X-Ray Findings:

Have you advised the patient to remain off work five days or more?
☐ Yes Indicate dates: from _____ to _____
☐ No If no, is the injured employee capable of: ☐ full duty ☐ modified duty
If modified duty, specify any limitations/restrictions: _____

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☐ Yes ☐ No

Is additional medical care by a physician indicated? ☐ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☐ No. (Explain if yes)

Date

Print Doctor's Name

I certify that the employee's copy of this form was mailed to the employee on:

INSURER'S USE ONLY

Address
1600 W. Charleston Boulevard

City: Las Vegas | State: Nevada | Zip: 89102 | Provider's Tax I.D. Number: 88-6000435

Telephone: (702) 383-2000

Degree:

Doctor's Signature

ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE Form C-4 (rev. 10-02)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

[illegible] DESCRIPTION OF RIGHTS AND BENEFITS
(Pursuant to NRS 616C.050)

Notice of Injury or Occupational Disease (Incident Report Form C-1): If an injury or occupational disease (OD) occurs out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the required forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any medical costs related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the Department of Administration, Hearing Officer, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the Department of Administration, Appeals Officer. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a petition for judicial review with the District Court. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer Hearing. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 208, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 1301 North Green Valley Parkway, Suite 200, Henderson, Nevada 89074, telephone (702) 486-9080.

For assistance with Workers' Compensation Issues: you may contact the Office of the Governor Consumer Health Assistance, 555 E. Washington Avenue, Suite 4200, Las Vegas, Nevada 89101, Toll Free 1-888-333-1597, Website: http://mvcha.state.nv.us, E-mail cha@govcha.state.nv.us

D-2 (rev. 10/07)

C4 Workers Comp - Scan on 6/25/2018 3:11 PM : COMPLETED (below)

All Orders - Admission (continued)

Encounter-Level Documents - 06/23/2018: (continued)

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT
FORM C-4
PLEASE TYPE OR PRINT

HAR: 18002882318
CSN: 100030411285
DOB: 10/21/1956 (61 yrs)

EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION

[redacted]

How did this injury or occupational disease occur? (Be specific and answer in detail.) MVC

If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? RIGHT AWAY

Witnesses to Accident (if applicable):

Nature of Injury or Occupational Disease: MVA

Part(s) of Body Injured or Affected: MULT

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS [illegible]

Date: [illegible] Place: [illegible] Employee's Signature: [redacted]

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

Place:
Name of Facility: UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

Date: 6/25/18
Hour: 2:57 pm
Diagnosis and Description of Injury or Occupational Disease: muscle pain

Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? ☒ No ☐ Yes (If yes, please explain)

Treatment: pain control

Have you advised the patient to remain off work five days or more?
☐ Yes Indicate dates: from ______ to ______
☒ No If no, is the injured employee capable of: ☒ full duty ☐ modified duty
If modified duty, specify any limitations/restrictions: ______

X-Ray Findings: Negative

From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? ☒ Yes ☐ No

Is additional medical care by a physician indicated? ☒ Yes ☐ No

Do you know of any previous injury or disease contributing to this condition or occupational disease? ☐ Yes ☒ No (Explain if yes)

Date: 6/26/18
Print Doctor's Name: [signature]
I certify that the employer's copy of this form was mailed to the employer on:

Address: 1800 W. Charleston Boulevard
City: Las Vegas State: Nevada Zip: 89102
Provider's Tax I.D. Number: 88-6000436
Telephone: (702) 383-2000
Doctor's Signature: [signature]
Degree: M.D.
INSURER'S USE ONLY

ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 – INSURER/TPA PAGE 3 – EMPLOYER PAGE 4 – EMPLOYEE Form C-4 (rev.10/07)

Hospital account-Level Documents:

There are no hospital account-level documents.

UMC
UNIVERSITY MEDICAL CENTER

Billing Number:
Auth Prov:

Imaging Result

Name:	DOB:	Sex:	Patient Class:
Procedures Performed:	Exam Time:	Reason for Exam:	Diagnosis:
Performing Department:	Accession Number:	Performing Tech:	PCP:

END OF REPORT

Comprehensive metabolic panel

Order: 11225704

Collected: 6/23/2018 19:10

View Full Report

	Ref Range & Units	2 yr ago
Sodium	136 - 145 MMOL/L	139
Potassium	3.5 - 5.1 MMOL/L	3.7
Chloride	98 - 110 MMOL/L	105
Total CO2	22 - 31 MMOL/L	24
Anion Gap	6 - 16 MMOL/L	10
Glucose	70 - 110 mg/dL	190 ^
Blood Urea Nitrogen	9 - 26 mg/dL	11
Creatinine	0.6 - 1.5 mg/dL	0.8
Calcium	8.4 - 10.2 mg/dL	9.3
Protein Total	6.4 - 8.3 G/DL	7.5
Albumin Level	3.5 - 5.0 G/DL	4.3
Bilirubin, Total	0.0 - 1.2 mg/dL	0.3
Aspartate Aminotransferase	5 - 34 U/L	21
ALAnine Aminotransferase	0 - 55 U/L	29
Alk Phos	40 - 150 U/L	94

Glomerular Filtration Rate

Order: 11225728 - Reflex for Order 11225704

Collected: 6/23/2018 19:10

View Full Report

Component	2 yr ago
Glomerular Filtration Rate Calculation	>60

Comment: Estimated GLOMERULAR FILTRATION RATE (GFR)
Reference Ranges: >59 mL/min/1.73 m2
GFR calculation requires an accurate age and gender of the patient.
Ordered on patients 18 years and older.
For African Americans, multiply GFR value by 1.21
The estimated GFR is to be used for screening purposes. For drug dosing, use the Cockcroft-Gault calculation.

Magnesium

Order: 11225705

Collected: 6/23/2018 19:10

View Full Report

	Ref Range & Units	2 yr ago

Magnesium	1.6 - 2.6 mg/dL	2.1

Glomerular Filtration Rate

Order: 11225728 - Reflex for Order 11225704

Collected: 6/23/2018 19:10

View Full Report

Component	2 yr ago
Glomerular Filtration Rate Calculation	>60

Comment: Estimated GLOMERULAR FILTRATION RATE (GFR)
Reference Ranges: >59 mL/min/1.73 m2
GFR calculation requires an accurate age and gender of the patient.
Ordered on patients 18 years and older.
For African Americans, multiply GFR value by 1.21
The estimated GFR is to be used for screening purposes. For drug dosing, use the Cockcroft-Gault calculation.

Comprehensive metabolic panel

Order: 11225704

Collected: 6/23/2018 19:10

View Full Report

	Ref Range & Units	2 yr ago
Sodium	136 - 145 MMOL/L	139
Potassium	3.5 - 5.1 MMOL/L	3.7
Chloride	98 - 110 MMOL/L	105
Total CO2	22 - 31 MMOL/L	24
Anion Gap	6 - 16 MMOL/L	10
Glucose	70 - 110 mg/dL	190 ^
Blood Urea Nitrogen	9 - 26 mg/dL	11
Creatinine	0.6 - 1.5 mg/dL	0.8
Calcium	8.4 - 10.2 mg/dL	9.3
Protein Total	6.4 - 8.3 G/DL	7.5
Albumin Level	3.5 - 5.0 G/DL	4.3
Bilirubin, Total	0.0 - 1.2 mg/dL	0.3
Aspartate Aminotransferase	5 - 34 U/L	21
ALAnine Aminotransferase	0 - 55 U/L	29
Alk Phos	40 - 150 U/L	94

CBC with auto differential

Order: 11232842

Collected: 6/24/2018 02:35

View Full Report

	Ref Range & Units	2 yr ago
White Blood Cell	3.70 - 10.60 K/MM3	4.90
Red Blood Cell	3.57 - 4.97 M/MM3	4.42
Hemoglobin	11.0 - 14.9 G/DL	13.9
Hematocrit	32.6 - 43.4 %	40.1
Mean Cell Volume	80.1 - 98.4 FL	90.8
Mean Cell Hemoglobin	26.9 - 34.1 pg	31.5
Mean Cell Hemoglobin Concentration	32.9 - 35.4 %	34.6
Platelet	141 - 359 K/MM3	239
Mean Platelet Volume	7.2 - 10.6 FL	8.7
Red Cell Distribution Width	11.8 - 15.2 %	13.4
Neutrophil %	%	51.4
Lymphocytes %	%	39.4
Monocyte %	%	5.7
Eosinophils %	%	2.8
Basophils %	%	0.7
Absolute Neutrophils	1.00 - 8.00 K/MM3	2.50
Absolute Lymphocyte	1.00 - 3.40 K/MM3	1.90
Absolute Monocytes	0.20 - 0.90 K/MM3	0.30
Absolute Eosinophils	0.00 - 0.40 K/MM3	0.10
Absolute Basophils	0.01 - 0.10 K/MM3	0.00 ⌄

Renal function panel

Order: 11232843

Collected: 6/24/2018 02:40

View Full Report

	Ref Range & Units	2 yr ago
Sodium	136 - 145 MMOL/L	135 ⌄
Potassium	3.5 - 5.1 MMOL/L	4.4
Chloride	98 - 110 MMOL/L	104
Total CO2	22 - 31 MMOL/L	19 ⌄
Blood Urea Nitrogen	9 - 26 mg/dL	16
Glucose	70 - 110 mg/dL	105
Creatinine	0.6 - 1.5 mg/dL	0.8
Anion Gap	6 - 16 MMOL/L	12
Albumin Level	3.5 - 5.0 G/DL	3.9
Calcium	8.4 - 10.2 mg/dL	9.0
Phosphorus	2.3 - 4.7 mg/dL	3.6

Glomerular Filtration Rate

Order: 11232850 - Reflex for Order 11232843

Collected: 6/24/2018 02:40

View Full Report

Component	2 yr ago
Glomerular Filtration Rate Calculation	>60

Comment: Estimated GLOMERULAR FILTRATION RATE (GFR)
Reference Ranges: >59 mL/min/1.73 m2
GFR calculation requires an accurate age and gender of the patient.
Ordered on patients 18 years and older.
For African Americans, multiply GFR value by 1.21
The estimated GFR is to be used for screening purposes. For drug dosing, use the Cockcroft-Gault calculation.

Glomerular Filtration Rate

Order: 11232850 - Reflex for Order 11232843

Collected: 6/24/2018 02:40

View Full Report

Component	2 yr ago
Glomerular Filtration Rate Calculation	>60

Comment: Estimated GLOMERULAR FILTRATION RATE (GFR)
Reference Ranges: >59 mL/min/1.73 m2
GFR calculation requires an accurate age and gender of the patient.
Ordered on patients 18 years and older.
For African Americans, multiply GFR value by 1.21
The estimated GFR is to be used for screening purposes. For drug dosing, use the Cockcroft-Gault calculation.

Renal function panel

Order: 11232843

Collected: 6/24/2018 02:40

View Full Report

	Ref Range & Units	2 yr ago
Sodium	136 - 145 MMOL/L	135 ↓
Potassium	3.5 - 5.1 MMOL/L	4.4
Chloride	98 - 110 MMOL/L	104
Total CO2	22 - 31 MMOL/L	19 ↓
Blood Urea Nitrogen	9 - 26 mg/dL	16
Glucose	70 - 110 mg/dL	105
Creatinine	0.6 - 1.5 mg/dL	0.8
Anion Gap	6 - 16 MMOL/L	12
Albumin Level	3.5 - 5.0 G/DL	3.9
Calcium	8.4 - 10.2 mg/dL	9.0

Phosphorus	2.3 - 4.7 mg/dL	3.6

CBC with auto differential

Order: 11232863

Collected: 6/25/2018 01:35

View Full Report

	Ref Range & Units	2 yr ago
White Blood Cell	3.70 - 10.60 K/MM3	4.40
Red Blood Cell	3.57 - 4.97 M/MM3	4.43
Hemoglobin	11.0 - 14.9 G/DL	13.9
Hematocrit	32.6 - 43.4 %	39.8
Mean Cell Volume	80.1 - 98.4 FL	89.7
Mean Cell Hemoglobin	26.9 - 34.1 pg	31.4
Mean Cell Hemoglobin Concentration	32.9 - 35.4 %	35.0
Platelet	141 - 359 K/MM3	234
Mean Platelet Volume	7.2 - 10.6 FL	9.0
Red Cell Distribution Width	11.8 - 15.2 %	13.2
Neutrophil %	%	41.3
Lymphocytes %	%	47.5
Monocyte %	%	7.5
Eosinophils %	%	3.1
Basophils %	%	0.6
Absolute Neutrophils	1.00 - 8.00 K/MM3	1.80
Absolute Lymphocyte	1.00 - 3.40 K/MM3	2.10
Absolute Monocytes	0.20 - 0.90 K/MM3	0.30
Absolute Eosinophils	0.00 - 0.40 K/MM3	0.10
Absolute Basophils	0.01 - 0.10 K/MM3	**0.00** ⌄

Renal function panel

Order: 11232864

Collected: 6/25/2018 01:35

View Full Report

	Ref Range & Units	2 yr ago
Sodium	136 - 145 MMOL/L	138
Potassium	3.5 - 5.1 MMOL/L	4.5
Chloride	98 - 110 MMOL/L	103
Total CO2	22 - 31 MMOL/L	23
Blood Urea Nitrogen	9 - 26 mg/dL	13
Glucose	70 - 110 mg/dL	**154** ^
Creatinine	0.6 - 1.5 mg/dL	0.7
Anion Gap	6 - 16 MMOL/L	12
Albumin Level	3.5 - 5.0 G/DL	4.2

Calcium	8.4 - 10.2 mg/dL	9.7
Phosphorus	2.3 - 4.7 mg/dL	4.4

Glomerular Filtration Rate

Order: 11232869 - Reflex for Order 11232864

Collected: 6/25/2018 01:35

View Full Report

Component	2 yr ago
Glomerular Filtration Rate Calculation	>60

Comment: Estimated GLOMERULAR FILTRATION RATE (GFR)
Reference Ranges: >59 mL/min/1.73 m2
GFR calculation requires an accurate age and gender of the patient.
Ordered on patients 18 years and older.
For African Americans, multiply GFR value by 1.21
The estimated GFR is to be used for screening purposes. For drug dosing, use the Cockcroft-Gault calculation.

Glomerular Filtration Rate

Order: 11232869 - Reflex for Order 11232864

Collected: 6/25/2018 01:35

View Full Report

Component	2 yr ago
Glomerular Filtration Rate Calculation	>60

Comment: Estimated GLOMERULAR FILTRATION RATE (GFR)
Reference Ranges: >59 mL/min/1.73 m2
GFR calculation requires an accurate age and gender of the patient.
Ordered on patients 18 years and older.
For African Americans, multiply GFR value by 1.21
The estimated GFR is to be used for screening purposes. For drug dosing, use the Cockcroft-Gault calculation.

Renal function panel

Order: 11232864

Collected: 6/25/2018 01:35

View Full Report

	Ref Range & Units	2 yr ago
Sodium	136 - 145 MMOL/L	138
Potassium	3.5 - 5.1 MMOL/L	4.5
Chloride	98 - 110 MMOL/L	103
Total CO2	22 - 31 MMOL/L	23
Blood Urea Nitrogen	9 - 26 mg/dL	13

Glucose	70 - 110 mg/dL	154 ^
Creatinine	0.6 - 1.5 mg/dL	0.7
Anion Gap	6 - 16 MMOL/L	12
Albumin Level	3.5 - 5.0 G/DL	4.2
Calcium	8.4 - 10.2 mg/dL	9.7
Phosphorus	2.3 - 4.7 mg/dL	4.4

XR Chest 1 view portable

RESULT

Status: Final result

Study Result

XR PORTABLE AP CHEST

HISTORY: Chest Pain Fever Shortness of breath

COMPARISON: 2/21/2018.

TECHNIQUE: Portable chest, 1 view AP.

FINDINGS:

The size of the cardiac silhouette is within normal limits. The mediastinum is not widened. The lung volumes are slightly low. Mild basilar atelectasis is demonstrated. No pleural effusions or pneumothoraces noted. Orthopedic hardware is seen within the cervical spine. No other significant findings are seen.

IMPRESSION:

1. Mild basilar atelectasis.

Result History

XR Chest 1 view portable (Order #6223171) on 6/23/2018 - Order Result History Report

Signed by

Signed	Date/Time	Phone	Pager
MCCORMACK, MAUREEN K	6/23/2018 11:20	702-759-8600	

Exam Information

Status	Exam Begun	Exam Ended
Final [99]	6/23/2018 11:05	6/23/2018 11:05

External Results Report

Open External Results Report

Encounter

View Encounter

No screening form exists for this order.

Exam Details

Performed Procedure	Technologist	Supporting Staff	Performing Physician
XR Chest 1 view portable	Amy Baum		

Appointment Date/Status	Modality	Department
6/23/2018 Completed	UMC XR DIGITAL PORTABLE	UMC RAD DIAGNOSTIC

Begin Exam	End Exam
6/23/2018 11:05 AM	6/23/2018 11:05 AM

CT Head without contrast

RESULT

Status: Final result

Study Result

HISTORY: Headaches. Mental status change. Trauma.

COMPARISON: None.

TECHNIQUE: Multiple axial images obtained from the skull base to high cerebral convexities without contrast.
Dose reduction technique was utilized

Contrast: none

FINDINGS: Ventricles and sulci are midline.

No acute infarcts, hemorrhage, mass, mass effect or midline shift.

IMPRESSION:

Unremarkable study

Result History

CT Head without contrast (Order #6223169) on 6/23/2018 - Order Result History Report

Signed by

Signed	Date/Time	Phone	Pager
AGRAWAL, RAJNEESH	6/23/2018 12:19	702-759-8600	

Exam Information

Status	Exam Begun	Exam Ended
Final [99]	6/23/2018 12:03	6/23/2018 12:04

External Results Report

Open External Results Report

Encounter

View Encounter

No screening form exists for this order.

Questions: CT Cervical Spine without contrast

What is the patient's sedation requirement?	No Sedation

Exam Details

Performed Procedure	Technologist	Supporting Staff	Performing Physician
CT Head without contrast	Daniel Hucko		

Appointment Date/Status	Modality	Department
6/23/2018 Completed	UMC CT 2	UMC RAD CT

Begin Exam	End Exam
6/23/2018 12:03 PM	6/23/2018 12:04 PM

RESULT

CT Cervical Spine without contrast

Status: **Final result**

Study Result

CT CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Trauma with neck pain

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the foramen magnum to the T1 vertebral body. In accordance with CT protocols and the ALARA principle, radiation dose reduction techniques were utilized for this examination. Thin section sagittal and coronal reconstructed images were performed from the axial data set. All images were reviewed and interpreted.

CONTRAST: None.

FINDINGS:

Postoperative changes spine fusion are present C4-C6 level. There is lucency seen at the C5-C6 level indicating nonunion.

No acute fractures or subluxations.

Degenerative disk endplate disease. Evaluation of intraspinal contents is limited. There is spinal canal stenosis at C5-C6 and C6-C7 levels.

Metallic hardware is intact.

IMPRESSION:

1. Postoperative changes of spinal fusion C4-C6 level with suggestion of nonunion at the C5-C6 level.

2. No acute fractures or subluxation

Result History

CT Cervical Spine without contrast (Order #6223170) on 6/23/2018 - Order Result History Report

Signed by

Signed	Date/Time	Phone	Pager
AGRAWAL, RAJNEESH	6/23/2018 12:17	702-759-8600	

Exam Information

Status	Exam Begun	Exam Ended
Final [99]	6/23/2018 12:03	6/23/2018 12:04

External Results Report

Open External Results Report

Encounter

View Encounter

No screening form exists for this order.

Questions: CT Cervical Spine without contrast

What is the patient's sedation requirement?	No Sedation

Exam Details

Performed Procedure	Technologist	Supporting Staff	Performing Physician

Performed Procedure	Technologist	Supporting Staff	Performing Physician
CT Cervical Spine without contrast	Daniel Hucko		

Appointment Date/Status	Modality	Department
6/23/2018 Completed	UMC CT 2	UMC RAD CT

Begin Exam	End Exam
6/23/2018 12:03 PM	6/23/2018 12:04 PM

CT Angiogram Neck

RESULT

Status: **Final result**

Study Result

CTA NECK WO W CONTRAST

HISTORY: MVA. Neck pain, syncope

COMPARISON: None.

TECHNIQUE: Initially, thin section noncontrast images through portions of the neck were obtained for the purpose of establishing proper bolus timing of contrast. In accordance with CT protocols and the ALARA principle, radiation dose reduction techniques were utilized for this examination. Subsequently, thin section axial CT images were obtained from below the top of the aortic arch to the skull base after intravenous administration of nonionic iodinated contrast. To optimally assess the vasculature in the neck, the original axial data was used to create 3D volume rendered, multi-planar reformatted and/or maximum intensity projection images in various planes. This was performed on a separate workstation. The axial and reformatted data was reviewed for this report. Stenoses are reported as diameter stenoses. Internal carotid stenoses are determined by comparing to the normal, more distal internal carotid as per NASCET criteria.

FINDINGS:

There is atherosclerotic calcification of the thoracic aortic arch. The origins of the great vessels are also involved. There is conventional arch anatomy. The proximal subclavian arteries in the innominate artery appear widely patent. The common carotid arteries and carotid bifurcations are widely patent. The internal and external carotid arteries are widely patent. The vertebral arteries are widely patent. The left vertebral artery is slightly dominant. The basilar artery and the cerebral arteries appear unremarkable as visualized. Visualized deep and cortical cerebral veins and dural venous sinuses appear unremarkable.

There is dependent consolidation within the lungs, likely atelectatic change with probable associated paraseptal emphysema. The visualized soft tissue structures of the neck and superior mediastinum appear unremarkable. The visualized intracranial structures appear unremarkable. There are postsurgical changes in the cervical spine. There is no evidence of fracture. There is grade 1 anterolisthesis of C3 on C4. There is periapical lucency involving the left superior 1st molar in the maxilla. There is a polyp or retention cyst in the left maxillary sinus. The remainder of the visualized portions of the orbits, mastoids, and paranasal sinuses appear well.

IMPRESSION:

1. No evidence of arterial injury.

2. Atherosclerosis noted. Cervical spondylosis. Left-sided odontogenic maxillary disease, as above.

Result History

CT Angiogram Neck (Order #11225726) on 6/23/2018 - Order Result History Report

Signed by

Signed	Date/Time	Phone	Pager
CARDUCCI, MICHAEL A	6/23/2018 21:39	702-759-8600	

Exam Information

Status	Exam Begun	Exam Ended
Final [99]	6/23/2018 21:20	6/23/2018 21:20

External Results Report

Open External Results Report

Encounter

View Encounter

Screening Form Questions

	Answer	Comment
Do you have a history of reaction to a contrast medium or dye used for a CT, or X-Ray examination?	No	
Has the patient been pre-medicated?		
Lab values WNL ?	Yes	
Do you have renal insufficiency or only one kidney?	No	
Do you have multiple myeloma (N/A for Peds)?	No	
Are you Diabetic?	No	
History received from:	Patient	
Your signature indicates your understanding of the information on this form and your consent to administer contrast media.		

Form Audit Information

Patient: [redacted] [MRN: 0002419927]
Order ID: 11225726

Procedure: CT Angiogram Neck
Accession Number: E134487

Exam Details

Performed Procedure	Technologist	Supporting Staff	Performing Physician
CT Angiogram Neck	Jeannette Boozer		

Appointment Date/Status	Modality	Department
6/23/2018 Completed	UMC CT 2	UMC RAD CT

Begin Exam	End Exam
6/23/2018 9:20 PM	6/23/2018 9:20 PM

XR Shoulder Left Complete (minimum 2 views)

RESULT

Status: Final result

Study Result

XR SHOULDER

HISTORY: pain after trauma

COMPARISON: None.

TECHNIQUE: Left shoulder, 3 views.

FINDINGS:

There is no evidence of fracture. There is no evidence of dislocation. There are no significant degenerative changes. There is normal mineralization. There are no osseous lesions. No soft tissue abnormalities are seen. ACDF changes mid cervical spine.

IMPRESSION:

Negative two-view left shoulder.

Result History

XR Shoulder Left Complete (minimum 2 views) (Order #11232846) on 6/23/2018 - Order Result History Report

Signed by

Signed	Date/Time	Phone	Pager
SCHANER, MORRIS W	6/23/2018 22:39	702-759-8600	

Exam Information

Status	Exam Begun	Exam Ended
Final [99]	6/23/2018 22:38	6/23/2018 22:38

External Results Report

Open External Results Report

Encounter

View Encounter

No screening form exists for this order.

Exam Details

Performed Procedure	Technologist	Supporting Staff	Performing Physician
XR Shoulder Left Complete (minimum 2 views)	Shaun Maddox		

Appointment Date/Status	Modality	Department
6/23/2018 Completed	UMC XR DIGITAL PORTABLE	UMC RAD DIAGNOSTIC

Begin Exam	End Exam
6/23/2018 10:38 PM	6/23/2018 10:38 PM

MR Cervical Spine without contrast

RESULT

Status: **Final result**

Study Result

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST: 6/24/2018 11:32 PM PDT

CLINICAL HISTORY: Neck pain.

TECHNIQUE: High field, multiplanar, multi-sequence MR evaluation was performed on the cervical spine. No contrast was administered. Imaging sequences included sagittal and axial acquisitions.

COMPARISON: Cervical spine x-ray 6/23/2018.

FINDINGS: The cervical spinal cord has a normal course and caliber without abnormal increased T2 signal. Normally located cervicomedullary junction. Metallic artifact noted at C4, C5 and C6 with anterior fixation plate and screws. This obscures evaluation of the underlying bone marrow. Otherwise the signal along the visualized marrow space is within normal limits without specific abnormal bright T2 or low T1 signal. No specific soft tissue edema. Grossly the anterior and longitudinal ligaments are intact where visible. Again there are portions along the area of the heart which are poorly seen.

C2-C3: Slight facet degenerative change. No significant stenosis.

C3-C4: Slight broad-based posterior disk bulge and endplate osteophyte complex. Moderate facet degenerative changes seen, right greater than left. There is preserved CSF surrounding the spinal cord although there is some mild central canal encroachment. AP diameter of the thecal sac in the midline measured 8 mm.

C4-C5: No significant degenerative change and no significant central or neural foraminal alteration. Mild facet degenerative change.

C5-C6: Slight broad-based posterior disk bulge and endplate osteophyte complex with flattening of the ventral aspect of the thecal sac. AP diameter of the thecal sac in the midline measures 7 mm. Facet degenerative changes are seen. There is left-sided neural foraminal stenosis.

C6-C7: Broad-based posterior disk bulge and endplate osteophyte complex. Mild facet degenerative changes. AP diameter of the thecal sac in the midline measures 7 mm. Moderate right-sided neural foraminal encroachment.

C7-T1: No significant degenerative change and no significant central or neural foraminal alteration.

IMPRESSION:

Fixation hardware noted anteriorly from C4 through C6 with hardware.

Multilevel degenerative changes identified with areas of stenosis. Please see above dictation for details of each level.

Result History

MR Cervical Spine without contrast (Order #11232854) on 6/25/2018 - Order Result History Report

Signed by

Signed	Date/Time	Phone	Pager
GUPTA, ASHOK	6/25/2018 09:38	702-759-8600	

Exam Information

Status	Exam Begun	Exam Ended
Final [99]	6/24/2018 23:32	6/24/2018 23:38

External Results Report

Open External Results Report

Encounter

View Encounter

Screening Form Questions

	Answer	Comment
Is the patient able to answer the screening form questions themself? / ¿Puede el/la paciente responder a las preguntas por sí mismo/a?	Yes	
Are you currently breastfeeding? / ¿Está amamantando actualmente?	No	
Do you have an IUD, diaphrgam or pessary?/ ¿Tiene un dispositivo intrauterino, diafragma o pesario?	No	
If yes, what kind?/ Si respondió que sí, ¿qué tipo?		
Are you claustrophobic or uncomfortable in enclosed spaces?/ ¿Tiene claustrofobia o se siente incómodo/a en espacios cerrados?	No	
Do you have a breathing problem or motion disorder?/ ¿Tiene algún problema respiratorio o problemas motrices?	No	
What is the patient's height (feet & inches)?/ ¿Cuánto mide el/la paciente (en pies y pulgadas)?	5f	
Do you weigh over 350 pounds?/ ¿Pesa más de 350 libras?	No	
Are you allergic to any medication?/ ¿Es alérgico/a a algún medicamento?	No	
If yes, list: / Si lo es, listelo:		
Have you experienced any problem related to a previous MRI examination?/ ¿Ha tenido algún problema anteriormente relacionado con un examen de Resonancia Magnética?	No	
If yes, describe: / Si lo ha tenido, describalo:		

	Answer	Comment
Have you ever had asthma, an allergic reaction, respiratory disease, or a reaction to a contrast medium used for an MRI exam? / ¿Ha tenido asma, alguna reacción alérgica, enfermedades respiratorias, o alguna reacción a la solución de contraste que se utiliza durante un examen de Resonancia Magnética?	No	
Have you had an aortic or mitral valve replacement or any other metallic stent or coil? / ¿Ha tenido reemplazo de la válvula aortica o mitral o tiene un stent (endoprótesis) o espiral de metal?	No	
Do you have a cardiac pacemaker, cardiac defibrillator, or ICD? / ¿Tiene un marcapaso o un desfibrilador cardioversor, o ICD, por sus siglas en inglés?	No	
If yes, which one? / De ser así, ¿cuál?		
Do you have dentures or partial plates? / ¿Tiene dentadura postiza o placas parciales?	No	
Do you have a Triggerfish contact lens? / ¿Tiene lentes de contacto o pupilentes Triggerfish?	No	
Do you have a cochlear, otologic, or other ear implant? / ¿Tiene implante coclear, otológico o algún implante en el oído?	No	
Have you had an injury to the eye or body involving a metallic object or fragment (metallic slivers, shavings, foreign body, BB, bullet, shrapnel, etc)? / ¿Ha sufrido alguna lesión en un ojo o en el cuerpo con algún objeto de metal o fragmento metálico (virutas/residuos de metal, cuerpo extraño, balín, bala, perdigones, esquirlas, etc.?)	No	
If yes, please describe: / De ser así, describa:		
Do you have an electronic implant, implanted infusion device, insulin pump, neurostimulator, or spinal cord stimulator? / ¿Tiene algún implante electrónico, dispositivo de infusión implantado, bomba de insulina, neuroestimulador, o implante neuroestimulador medular?	No	

	Answer	Comment
Do you have a joint replacement (hip, knee, etc.), or any bone/joint pin, screw, nail, plate, or artificial limb? / ¿Ha tenido reemplazo de alguna articulación (cadera, rodilla, etc.) o dolor de los huesos o de las articulaciones? ¿Tiene algún tornillo, placa o pernos de metal, o prótesis/extremidad artificial?	Yes	neck fusion
Do you have a history of kidney disease? / ¿Tiene un historial de enfermedad renal?	No	
Do you have a magnetically-activated implant or device? / ¿Tiene un implante o dispositivo activado magnéticamente?	No	
Is it a magnetic device? / ¿Es magnético?		
Is it a programmable device? / ¿Es programable?		
Do you have a medication patch (nicotine, nitroglycerine)? / ¿Tiene un parche médico (nicotina, nitroglicerina)?	No	
Do you have a wire mesh implant, tissue expander (eg: breast), surgical staples, clips, metallic sutures, or aneurysm clips? / ¿Tiene implante de malla metálica, expansor cutáneo (ej. mamario), grapas quirúrgicas, grapas o suturas de metal, grapas para aneurismas?	No	
Do you have any type of prothesis (eye, penile, heart valve, etc.)? / ¿Tiene algún tipo de prótesis (ocular, del pene, válvula cardiaca, etc.)?	No	
Do you have any radiation seeds or implants? / ¿Tiene implantes o semillas radioactivas?	No	
Do you have sickle cell disease? / ¿Tiene anemia depranocítica?	No	
Do you have an eyelid spring, wire, or buckle? / ¿Tiene algún implante de malla o alambre en el párpado o cerclaje ocular?	No	
Do you have any tattoos, permanent makeup, or body piercing jewelry? / ¿Tiene algún tatuaje, maquillaje tatuado permanente o perforaciones en el cuerpo para aretes o anillos?	No	

	Answer	Comment
Do you have a vascular access port, Swan Ganz or thermodilution port and/or cathether? / ¿Tiene un catéter o vía de acceso vascular Swan Ganz o un catéter o acceso de termodilución?	No	
Do you have any other implants? / ¿Tiene algún otro implante?	No	
If yes, describe: / Si lo tiene, describalo:		
History received from: / Historial médico proporcionado por:	Patient	
Interpreter Signature:		
Your signature indicates your understanding of the information on this form and your consent to the insertion of gadolinium. / Al firmar a continuacion usted indica que ha entendido la informacion contendia en el presente formulario y que da su consentimiento para la aplicacion de la inyeccion de gadolinio.		

Form Audit Information

Patient: [redacted] [MRN: 0002419927]
Procedure: MR Cervical Spine without contrast
Order ID: 11232854
Accession Number: E135106

Exam Details

Performed Procedure	Technologist	Supporting Staff	Performing Physician
MR Cervical Spine without contrast	Alejandro Echezabal Jr.		

Appointment Date/Status	Modality	Department
6/24/2018 Completed	UMC MR 1	UMC RAD MRI

Begin Exam	End Exam
6/24/2018 11:32 PM	6/24/2018 11:38 PM

[redacted] MR # 0002419927) DOB: [redacted] Encounter Date: 06/23/2018

[redacted] MRN: 0002419927
Description: [redacted]

ED to Hosp-Admission Attending: Birjees Ahmed, MD
6/23/2018 - 6/25/2018 (2 days)
Status: Discharged
UMC Hospital

Discharge Summaries

Mohamad Mubder, MD (Resident) • Internal Medicine
Cosigned by: Birjees Ahmed, MD at 6/27/2018 11:52 AM

Attestation signed by Birjees Ahmed, MD at 6/27/2018 11:52 AM

I reviewed the summary above. I also personally examined the patient and evaluated the patient's medical history, physical examination, available laboratory results/EKGs, assessment and formulated the care plan documented with resident physician on the day of discharge.

Birjees Ahmed, MD

Inpatient Discharge Summary

BRIEF OVERVIEW

Admitting Provider: Birjees Ahmed, MD
Discharge Provider: Birjees Ahmed, MD
Consults: Trauma surgery, Spine surgery
Primary Care Physician at Discharge: None

Admission Date: 6/23/2018 Discharge Date: 6/26/2018

Primary Discharge Diagnosis
-Musculoskeletal pain
-Possible Syncope
-Hx of cervical spine surgery

Secondary Discharge Diagnosis
-Depressionn

Discharge Disposition
Home or Self Care
Code Status at Discharge: Category 1
Advanced Directive at Discharge: has NO advanced directive - not interested in additional information
Power of Attorney: none named.

Active Issues Requiring Follow-up
-History of cervical spine surgery to follow up with Dr. Vater

Outpatient Follow-Up
-Spine surgery/ Dr.Vater

Test Results Pending at Discharge

-None

DETAILS OF HOSPITAL STAY

Presenting Problem/History of Present Illness
-Syncope
HPI/
[redacted] who presented with questionable syncopal episode after sustaining low speed MVA. She has a history of Hypertension, Hyperlipidemia and cervical spine fusion surgery many years ago. She states that she was driving her taxi with a passenger, with seat belt on when she was rear ended at an intersection at a low speed (10-15 mph). She states that she felt blackness and next thing she remember is the driver of the other vehicle standing on her window.
The passenger did not notice that she lost consciousness. She denies feeling dizziness or palpitation or disorientation before or after the accident. She denies feeling chest pain, shortness of breath or focal neurological deficit after the accident. No other significant symptoms on initial encounter.

Hospital Course
#Possible Syncope:

-CT head negative, CT neck shows non union at surgery site.
-no focal neurological deficit
-no indication of possible cardiac causes
-CTA neck negative for vascular injury.
-no recurrence of symptoms.
-discharged in stable condition

#History of Cervical spine fusion:
-has been stable, since the surgery in 1990'a
-CT cervical spine on admission showed non union at C5-C6 level.
-No focal neurological symptoms
-diffuse pain involving the neck and both upper extremities.
-Trauma surgery evaluated the patient and recommend Aspen collar and to be evaluated by Spine surgery.
-Dr.Vater of spine surgery evaluated the patient an recommend MRI cervical spine without contrast that was done , After evaluating the MRI images personally, Dr. Vater cleared the patient for discharge with instruction to keep the Aspen collar on for all time and to follow up with him within 2 weeks for further evaluation as he was finding the MRI not totally normal. No need for urgent intervention
-discussed the plan with the patient and she was understanding.
-muscles relaxant (Flexeril 5mg) was prescribed for a 20 days supply, she was instructed to avoid driving while taking the medications.

#Hypertension:
-Records showed that patient was on Lisinopril 2.5 mg at home
-Blood pressure was not well controlled through out the hospital course.
-Patient was started on her home dose and was titrated up to 20 mg daily.

-Patient was instructed to follow up with primary physician for further evaluation and management.

#HLD
-Patient on Lovastatin 40 mg at home.
-She was treated with Lipitor 40 mg during the hospital stay.
-Patient was instructed to resume her home medications on discharge.

#Smoking addiction
-counseled to quit
-offered nicotin patches and she was acceptable

#heavy alcohol use
-no signs of addiction
-advised to cut down

Operative Procedures Performed
-none

New medications on discharge:
-Flexeril 5 mg bid for 20 days PRN
-Lisinopril 20 mg daily

Patient Instruction on discharge:
-Patient was instructed to follow up with Spine surgery within 2 weeks
-Patient was instructed to wear Aspen collar all the time without exception until cleared by Spine surgeon.
-Patient was advised to quit smoking and to cut down on alcohol consumption

Pertinent Test Results:
CT cervical spine:
1. Postoperative changes of spinal fusion C4-C6 level with suggestion of nonunion at the C5-C6 level.
2. No acute fractures or subluxation

CTA neck:
1. No evidence of arterial injury.
2. Atherosclerosis noted. Cervical spondylosis. Left-sided odontogenic maxillary disease,

MRI cervicaal spine
1-Fixation hardware noted anteriorly from C4 through C6 with hardware.

2-Multilevel degenerative changes identified with areas of stenosis.

Physical Exam at Discharge
Discharge Condition: good
Heart Rate: 95
Resp: 18
BP: (I) 155/73
Temp: 36.4 °C (97.6 °F)
Weight: 72.1 kg (158 lb 15.2 oz)
General: Well-developed, well-nourished, no acute distress. In neck collar
HEENT: Normocephalic and atraumatic. EOM intact. **Submandibular tenderness**
Neck: Neck supple.
Cardiovascular: Regular rate and rhythm, no murmurs

[redacted] (MR # 0002419927) [redacted] Encounter Date: 06/23/2018

Pulmonary/Chest: Respirations clear to auscultation bilaterally with no normal effort. No wheezes, rhonchi, or rales.
Abdominal: Non-tender and non-distended. Positive bowel sounds. No hepatosplenomegaly.
Musculoskeletal: No gross deformities, no peripheral edema.
Neurological: Alert and oriented to person, place, and time. Cranial nerves 2-12 grossly intact, no focal deficits.
Skin: Skin is warm and intact. Capillary refill < 2 seconds.

Other Notes

All notes

H&P from Eric Brunk, DO (Trauma) H&P from Mohamad Mubder, MD (Internal Medicine)

Consults from Thomas L Vater, DO (Orthopedic Surgery)

Additional Orders and Documentation

Results Imaging Meds Orders Flowsheets

Encounter Info: History, Allergies, Patient Education, Care Plan, Care Plan, Patient Education

Media

- EKG - Scan on 6/28/2018 11:12 AM
- EKG - Scan on 6/26/2018 9:15 PM
- Discharge Instruction - Scan on 6/26/2018 9:15 PM
- Work Related Injury C4 - Scan on 6/26/2018 9:15 PM
- EKG - Scan on 6/24/2018 6:03 PM
- Cardiac Tracing - Scan on 6/24/2018 11:53 AM
- Cardiac Tracing - Scan on 6/24/2018 6:39 AM
- Cardiac Tracing - Scan on 6/24/2018 6:38 AM
- Cardiac Tracing - Scan on 6/24/2018 2:56 AM
- Cardiac Tracing - Scan on 6/23/2018 11:45 PM
- Cardiac Tracing - Scan on 6/23/2018 8:19 PM
- Cardiac Tracing - Scan on 6/23/2018 5:23 PM
- Care Everywhere Prospective Authorization - Scan on 6/23/2018 12:55 PM
- Conditions of Admission - Scan on 6/23/2018 12:54 PM
- C4 Workers Comp - Scan on 6/23/2018 12:12 PM
- C4 Workers Comp - Scan on 6/25/2018 3:11 PM : COMPLETED
- C4 Workers Comp - Scan on 7/2/2018 5:20 PM

Hospital Problem List

None

Care Timeline

06/23 Admitted from ED (Observation) 1659
06/25 Discharged 1945

Discharge

[redacted] (MR # 0002419927) [redacted] Encounter Date: 06/23/2018

Home or Self Care

AVS

- Patient's Signature Page (Printed 6/25/2018)
- IP After Visit Summary (Printed 6/25/2018)

Follow-Ups: Call Vater, Thomas L, DO (Orthopedic Surgery) in 1 week (7/2/2018); -Please keep the Aspen collar on until being seen by the spine surgeon
-Please avoid any heavy activity until being evaluated by spine surgeon
-Please take you muscle relaxant as needed.

Medication List at Discharge

As of 6/25/2018 7:18 PM

	Refills	Start Date	End Date
AMITRIPTYLINE HCL (AMITRIPTYLINE ORAL) Take 50 mg by mouth. - oral Patient Reported			
cyclobenzaprine (FLEXERIL) 5 mg tablet Take 1 tablet (5 mg total) by mouth 3 (three) times a day as needed for muscle spasms for up to 20 days. Please avoid driving and operating heavy machinery 2 hours after medication - oral	0	6/25/2018	7/15/2018
estrogens conjugated (PREMARIN) 0.3 mg tablet Take 0.3 mg by mouth daily. Take daily for 21 days then do not take for 7 days. - oral Patient Reported			
hydrocortisone (HYTONE) 2.5 % cream Apply topically 2 (two) times a day. - topical Patient Reported			
hydrocortisone-pramoxine (ANALPRAM-HC) 2.5-1 % rectal cream Insert into the rectum 3 (three) times a day. - rectal Patient Reported			
lisinopril (ZESTRIL) 20 mg tablet Take 1 tablet (20 mg total) by mouth daily for 27 doses. - oral	0	6/26/2018	7/23/2018
LOVASTATIN ORAL Take 40 mg by mouth. - oral Patient Reported			
naproxen (NAPROSYN) 250 mg tablet Take 500 mg by mouth. - oral Patient Reported			
PARoxetine (PAXIL) 10 mg tablet Take 20 mg by mouth every morning. - oral Patient Reported			
raNITIdine (ZANTAC) 150 mg tablet Take 150 mg by mouth daily. - oral Patient Reported			

[redacted] MRN: 0002419927
Description: [redacted]

H&P Date of Service: 6/23/2018 10:08 PM

Eric Brunk, DO

Trauma

Cosigned by: Geoffrey P Douglas, MD at 6/24/2018 7:02 AM

Attestation signed by Geoffrey P Douglas, MD at 6/24/2018 7:02 AM

I, Dr Geoffrey Douglas, saw and evaluated the patient, participating in the key portions of the service. I reviewed the resident's note. I agree with the resident's findings and plan. This is a consult from Dr Burgese Ahmed to determine if the patient has a cervical spine injury. On physical exam the patient is GCS E4M6V4. She has intact upper and lower extremity strength and sensation. She has cervical spine tenderness. Replace current rigid collar with an Aspen collar. I spoke with Dr Vater who recommends an MRI of the cervical spine to further evaluate for cervical spine injury. Dr Vater will see the patient. The trauma service will sign off at this time. Call with questions.

TRAUMA TEAM HISTORY AND PHYSICAL

Patient ID: [redacted]

Date of Service: 6/23/2018 10:38 AM

Attending: Dr. Douglas
Fellow: None
Senior Resident: Dr. Zeal
Junior Resident: Dr. Brunk, Dr. Schulak

Level of Care: Transfer of Care / Consult - "to clear c-collar"

History:
The patient is a [redacted] who was involved in an MVC. She is a taxi driver and was rear ended. She believes that she lost consciousness. Relevant past surgical history includes C4-C5 spinal fusion which was done in 1990 after an MVC. Since then she has lost touch with her spinal surgeon and has not seen them in several years but reports that she hasn't had any issues with her neck in the past few years. The patient was placed in a c-collar by the ED staff and was admitted to medicine for syncopal workup. Medicine consulted trauma surgery, "to clear c-collar." Currently patient does report having neck pain, but was having a hard time differentiating if it is muscular or skeletal in nature but says, "it aches."

Past Medical History
Active Ambulatory Problems

Diagnosis	Date Noted
• Anal fissure	
• External hemorrhoids	

Resolved Ambulatory Problems

Diagnosis	Date Noted

- No Resolved Ambulatory Problems

Past Medical History:

Diagnosis	Date
• Anal fissure	
• Cancer (CMS/HCC)	
• Depression	
• External hemorrhoids	
• High cholesterol	
• Hypertension	

Medications

No current facility-administered medications on file prior to encounter.

Current Outpatient Prescriptions on File Prior to Encounter

Medication	Sig	Dispense	Refill
• acyclovir (ZOVIRAX) 800 mg tablet	Take 800 mg by mouth 5 (five) times a day.		
• AMITRIPTYLINE HCL (AMITRIPTYLINE ORAL)	Take 50 mg by mouth.		
• estrogens conjugated (PREMARIN) 0.3 mg tablet	Take 0.3 mg by mouth daily. Take daily for 21 days then do not take for 7 days.		
• HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	Take 1 tablet by mouth as needed for moderate pain.		
• hydrocortisone (HYTONE) 2.5 % cream	Apply topically 2 (two) times a day.		
• hydrocortisone-pramoxine (ANALPRAM-HC) 2.5-1 % rectal cream	Insert into the rectum 3 (three) times a day.		
• lisinopril (ZESTRIL) 2.5 mg tablet	Take 2.5 mg by mouth daily.		
• LOVASTATIN ORAL	Take 40 mg by mouth.		
• naproxen (NAPROSYN) 250 mg tablet	Take 500 mg by mouth.		
• PARoxetine (PAXIL) 10 mg tablet	Take 20 mg by mouth every morning.		
• predniSONE (DELTASONE) 1 mg tablet	Take 10 mg by mouth daily.		
• raNITIdine (ZANTAC) 150 mg tablet	Take 150 mg by mouth daily.		

Allergies

Allergies

Allergen	Reactions

- Codeine — Headache

Past Surgical History

Past Surgical History:

Procedure	Laterality	Date
• BREAST LUMPECTOMY *bengin*		
• HYSTERECTOMY		
• NECK SURGERY		
• WRIST SURGERY *lump removed*	Left	

Social History

History
Smoking Status
- Current Every Day Smoker

Smokeless Tobacco
- Never Used

History
Alcohol Use
- Yes

History
Drug Use — No

Review of Systems
Constitution: Negative.
HENT: Negative.
Eyes: Negative.
Cardiovascular: Negative.
Respiratory: Negative.
Skin: Negative.
Musculoskeletal:
Left shoulder pain, back pain, and neck pain. All a general ache, not sharp or dull
Gastrointestinal: Negative.

Primary Survey
Airway: Phonating
Breathing: Symmetric chest rise
Circulation:
Pulses: // 2+ and symmetric
Disability: GCS: 15
Eye: 4 // Verbal: 5 // Motor: 6
Exposure: All clothing removed and surfaces examined

Secondary Survey / Physical Exam

Vitals:
Vitals:

	06/23/18 2000
BP:	
Pulse:	
Resp:	
Temp:	
SpO2:	95%

HEENT: NCAT, PERRL 3mm and reactive bilaterally

Maxillofacial: Non tender, no instability

Neck / C-spine: C-collar in place, not an aspen. Patient endorses tenderness to palpation of the upper cervical spine.

Chest / Lungs: symmetrical chest rise, no chest wall crepitus

Cardiovascular: RRR, brisk capillary refill

Abdomen: Soft, non tender, non distended.

Back (T/L Spine): Mild tenderness to lumbar spine but patient states this is chronic in nature, no step off

Extremities (pulses/fractures): Moving all four extremities, distal pulses intact. No gross deformities. Left shoulder tenderness.

Neurologic Exam:
Mental Exam: Answering questions appropriately
Cranial Nerves: II-XII grossly intact
Motor (upper extremities): Normal bilaterally, 5/5 strength b/l with intact sensation
Motor (lower extremities): Normal bilaterally, 5/5 strength b/l with intact sensation
Sensory: Normal

Labs:
Labs Reviewed
COMPREHENSIVE METABOLIC PANEL -
Abnormal

Result	Value
Sodium	139
Potassium	3.7
Chloride	105
Total CO2	24
Anion Gap	10
Glucose	190 (*)
Blood Urea Nitrogen	11
Creatinine	0.8
Calcium	9.3
Protein Total	7.5
Albumin Level	4.3
Bilirubin, Total	0.3

Aspartate Aminotransferase	21
ALAnine Aminotransferase	29
Alk Phos	94

MAGNESIUM

Magnesium	2.1

GLOMERULAR FILTRATION RATE

Glomerular Filtration Rate Calculation	>60

CBC WITH AUTO DIFF
RENAL FUNCTION PANEL
CBC WITH AUTO DIFF

Radiology Results:
CT Angiogram Neck
Final Result
IMPRESSION:

1. No evidence of arterial injury.

2. Atherosclerosis noted. Cervical spondylosis. Left-sided odontogenic maxillary disease, as above.

CT Head without contrast
Final Result
IMPRESSION:

Unremarkable study

CT Cervical Spine without contrast
Final Result
IMPRESSION:

1. Postoperative changes of spinal fusion C4-C6 level with suggestion of nonunion at the C5-C6 level.

2. No acute fractures or subluxation

XR Chest 1 view portable
Final Result
IMPRESSION:

1. Mild basilar atelectasis.

Interventions required:
none

Consultants: Trauma surgery is a consulting service

Service:	Attending:	Recs/Notes
Cardiology		
Cardiovasc/Thoracic Sx		
Hand		
Neurology		
Neurosurgery		
OMFS		
Ophtho		
Orthopedics		
Otolaryngology		
Pediatric Surgery		
Plastics/Reconstructive Sx		
Replant		
Spine		
Urology		

Assessment/Plan (Problem list and management)

The patient is a [redacted] s/p MVC who is being admitted by medicine for a syncopal workup. Trauma surgery was consulted, "to clear c-collar."

- Imaging reviewed. No acute fracture. Unable to clear c-collar clinically due to pain with palpation of c-spine. Patient not in an aspen type c-collar. This needs to be changed to an aspen collar. Personally discussed with nursing staff regarding importance of changing this collar to a true aspen collar. Placed order for aspen collar.
- Discussed with Desert Radiology Radiologist about further imaging options. Radiologist stated that an MRI will unlikely be helpful to assess for new ligamentous injury in the setting of someone with a spinal fusion with hardware due to the resulting artifact.
- Recommend consulting spine surgery to evaluate the patient.
- Left shoulder pain: Will order formal x-ray and will follow up results.
- No further trauma issues identified at this time
- Medical management and syncopal workup per primary team.
- Please call with any further questions

Eric Brunk, DO
General Surgery Resident, PGY-2
University of Nevada Las Vegas School of Medicine

Resident: Eric Brunk, DO
General Surgery

ED to Hosp-Admission
(Discharged) on
6/23/2018

[redacted]

MRN: 0002419927
UMConnect: Pending
Next Appt: 07/03/2018

Consultation Report

E-Signature Needed

06/23/18 ED to Hosp-Admission (Discharged) (Admit)	UMC DISCHARGE LOUNGE	Due: 6/30/2018 11:59 PM

Visit Reason: Motor vehicle accident, initial encounter

CSN: 100030411285	Account: 18002982318	D/C: 6/25/2018	Disposition: Home or Self Care

Consults by Thomas L Vater, DO (Physician)

Draft: Not Electronically Signed

6/25/2018 7:45 PM

Service: (none)	Editor: Thomas L Vater, DO (Physician)	Status: Unsigned Transcription

CONSULTANT: Thomas L Vater, DO

REQUESTED BY:

DATE OF CONSULT:

REASON:

A [redacted] cab driver, was involved in a motor vehicle accident. She was rear-ended. She presents to UMC with cervical neck pain. She had a syncopal episode. The patient has been placed in a cervical collar by EMS. No neurologic deficits in upper or lower extremities reported.

The cervical spine clearance was referred from the managing physicians to the trauma service. The trauma service requested spine for cervical clearance on this particular patient.

The CT scan was evaluated and also a cervical MRI which was ordered was evaluated of the cervical spine. She is identified with a prior 1 level fusion at C4-5 and C5-6. There is suggestion of a nonunion C5-6.

There was degenerative changes throughout the cervical spine.

On the MRI, there are some high signal changes in the interspinous process region. The patient has a very straight cervical spine. Integrity of ligamentum flavum is difficult to appreciate.

PHYSICAL EXAMINATION:
Patient alert, oriented, in moderate discomfort and neck pain. Patient moves upper and lower extremities without deficits. Neurovascular status grossly intact in all 4 extremities.

IMPRESSION:
1. Status post motor vehicle accident.
2. A [redacted]ith cervical neck pain post MVA.
3. Status post C4 through C6 prior instrumented fusion.

RECOMMENDATIONS: Patient is to maintain a cervical collar on at all times. Patient should follow up at my office in approximately 2-4 weeks for re-evaluation and possible clearance of the cervical spine.

TLV/Modl
DD: 06/25/2018 14:39:52
DT: 06/25/2018 20:25:52
JOB#: 272179/795103389

[redacted] (MR#0002419927) Printed by SMUCKLER, DIANE [2165] Page 1 of 2

7/18/18
1030/1100 am.
[redacted]
Dr. Vatero

Patient Information

[redacted]

Patient Demographics

[redacted]

Active Insurance as of 6/26/2018

CORVEL CORPORATION - CORVEL CORPORATION

Payor	Plan	Insurance Group	Employer/Plan Group
CORVEL CORPORATION	CORVEL CORPORATION		
Payor Plan Address	Payor Plan Phone Number	Effective From	Effective To
PO BOX 6966 PORTLAND OR 97228		6/23/2018	
Subscriber Name	[redacted]	Member ID	
[redacted]		[redacted]	

SIERRA MEDICAID MANAGED CARE - HPN SMART CHOICE

Payor	Plan	Insurance Group	Employer/Plan Group
SIERRA MEDICAID MANAGED CARE	HPN SMART CHOICE	A002	
Payor Plan Address	Payor Plan Phone Number	Effective From	Effective To
PO BOX 15645 LAS VEGAS NV 89114-5645		5/1/2018	
Subscriber Name	Subscriber Birth Date	Member ID	
CISARIK,MARIA ESTHELA	10/21/1956	13008930500	

PCP and Center

Primary Care Provider	Center
None Specified	UMC Hospital

Emergency Contact(s)

Name	Relation	Home	Work	Mobile
Flynn,Kevin	Son	702-488-5344		
Last,Alex	Son	702-981-4481		

Documents on File

	Status	Date Received	Description
Documents for the Patient			

	Status	Date Received	Description
HIPAA Notice of Privacy	Patient Refused	02/21/18	
HIE Consent	HIE Consent	02/21/18	
Photo ID	Received	02/21/18	
Insurance Card			
Care Everywhere Prospective Authorization			
Patient Rights	Received	02/21/18	
HIM ROI Authorization		02/23/18	GUADALUPE MEDICAL CENTER
UNLV HIPAA			
UNLV Insurance Card			
UNLV Photo ID			
UNLV Reg Pt Consent			
UNLV Registration Forms			
UNLV Financial Policy			
UNLV Contact Info Disclosure Form			
UNLV Request for Restriction of Health Info			
Patient Rights	Received	06/23/18	

Admission Information

Not on file

Admission

Complaint
None

Hospital Account

Not on file

Medical Record Numbers

Enterprise Id Number	E933684
Umc Mrn	0002419927
Passport Mrn	HNE1429457593

UMC Hospital

Patient Name: [redacted]
Patient Date o[redacted]
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Observation
Rendering Physician: SCHANER,MORRIS
Referring Physician: BRUNK,ERIC
Accession Number: UMCE134530
Date of Service: 6/23/2018
Exam: XR SHOULDER 2+ VW LEFT
*_==_-**-_==_-**-_==_-*

EXAM: XR SHOULDER

HISTORY: pain after trauma

COMPARISON: None.

TECHNIQUE: Left shoulder, 3 views.

FINDINGS: There is no evidence of fracture. There is no evidence of dislocation. There are no significant degenerative changes. There is normal mineralization. There are no osseous lesions. No soft tissue abnormalities are seen. ACDF changes mid cervical spine.

Performed after hours

IMPRESSION: Negative two-view left shoulder.-/*_-/_-/*_-/*_-/*_-/*_-

Electronically Signed By: SCHANER, MORRIS

==== Additional Report Text ====

UMC Hospital

Patient Nam[redacted]
Patient Date [redacted]
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Observation
Rendering Physician: SCHANER,MORRIS
Referring Physician: BRUNK,ERIC
Accession Number: UMCE134530
Date of Service: 6/23/2018
Exam: XR SHOULDER 2+ VW LEFT
*_==_-**-_==_-**-_==_-*

EXAM: XR SHOULDER

HISTORY: pain after trauma

COMPARISON: None.

TECHNIQUE: Left shoulder, 3 views.

FINDINGS: There is no evidence of fracture. There is no evidence of dislocation. There are no significant degenerative changes. There is normal mineralization. There are no osseous lesions. No soft tissue abnormalities are seen. ACDF changes mid cervical spine.|

Performed after hours

IMPRESSION: Negative two-view left shoulder.

-/*_-/_-/*_-/*_-/*_-/*_-

Electronically Signed By: SCHANER, MORRIS

UMC Hospital

Patient Name [redacted]
Patient Date [redacted]
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Emergency
Rendering Physician: AGRAWAL,RAJNEESH
Referring Physician: BERGIN,SAMUEL
Accession Number: UMCE134182
Date of Service: 6/23/2018
Exam: CT CERVICAL SPINE WO CONTRAST
*_=_.**_=_.**_=_.*

EXAM: CT CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Trauma with neck pain

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the foramen magnum to the T1 vertebral body. In accordance with CT protocols and the ALARA principle, radiation dose reduction techniques were utilized for this examination. Thin section sagittal and coronal reconstructed images were performed from the axial data set. All images were reviewed and interpreted. CONTRAST: None.

FINDINGS: Postoperative changes spine fusion are present C4-C6 level. There is lucency seen at the C5-C6 level indicating nonunion. No acute fractures or subluxations. Degenerative disk endplate disease. Evaluation of intraspinal contents is limited. There is spinal canal stenosis at C5-C6 and C6-C7 levels. Metallic hardware is intact.|

IMPRESSION: 1. Postoperative changes of spinal fusion C4-C6 level with suggestion of nonunion at the C5-C6 level. 2. No acute fractures or subluxation-/*_-/_-/*_-/*_-/*_-/*_-

Electronically Signed By: AGRAWAL, RAJNEESH

═══ Additional Report Text ═══

UMC Hospital

Patient Name: [redacted]
Patient Date [redacted]
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Emergency
Rendering Physician: AGRAWAL,RAJNEESH
Referring Physician: BERGIN,SAMUEL
Accession Number: UMCE134182
Date of Service: 6/23/2018
Exam: CT CERVICAL SPINE WO CONTRAST
*_=_.**_=_.**_=_.*

EXAM: CT CERVICAL SPINE WITHOUT CONTRAST

HISTORY: Trauma with neck pain

COMPARISON: None.

TECHNIQUE: Thin section axial CT images were obtained from the foramen magnum to the T1 vertebral body. In

accordance with CT protocols and the ALARA principle, radiation dose reduction techniques were utilized for this examination. Thin section sagittal and coronal reconstructed images were performed from the axial data set. All images were reviewed and interpreted. CONTRAST: None.

FINDINGS: Postoperative changes spine fusion are present C4-C6 level. There is lucency seen at the C5-C6 level indicating nonunion. No acute fractures or subluxations. Degenerative disk endplate disease. Evaluation of intraspinal contents is limited. There is spinal canal stenosis at C5-C6 and C6-C7 levels. Metallic hardware is intact.

IMPRESSION: 1. Postoperative changes of spinal fusion C4-C6 level with suggestion of nonunion at the C5-C6 level. 2. No acute fractures or subluxation

-/*_-/_-/*_-/*_-/*_-/*_-

Electronically Signed By: AGRAWAL, RAJNEESH

UMC Hospital

Patient Name [redacted]
Patient Date [redacted]
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Emergency
Rendering Physician: AGRAWAL,RAJNEESH
Referring Physician: BERGIN,SAMUEL
Accession Number: UMCE134181
Date of Service: 6/23/2018
Exam: CT HEAD WO CONTRAST
*_==_-**_==_-**_==_-*

EXAM:

HISTORY: Headaches. Mental status change. Trauma.

COMPARISON: None.

TECHNIQUE: Multiple axial images obtained from the skull base to high cerebral convexities without contrast. Dose reduction technique was utilized Contrast: none

FINDINGS: Ventricles and sulci are midline. No acute infarcts, hemorrhage, mass, mass effect or midline shift.

IMPRESSION: Unremarkable study-/*_-/_-/*_-/*_-/*_-/*_-

Electronically Signed By: AGRAWAL, RAJNEESH

==== Additional Report Text ====

UMC Hospital

Patient Name: [redacted]
Patient Date o[redacted]
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Emergency
Rendering Physician: AGRAWAL,RAJNEESH
Referring Physician: BERGIN,SAMUEL
Accession Number: UMCE134181
Date of Service: 6/23/2018
Exam: CT HEAD WO CONTRAST
*_==_-**_==_-**_==_-*

EXAM:

HISTORY: Headaches. Mental status change. Trauma.

COMPARISON: None.

TECHNIQUE: Multiple axial images obtained from the skull base to high cerebral convexities without contrast. Dose reduction technique was utilized Contrast: none

FINDINGS: Ventricles and sulci are midline. No acute infarcts, hemorrhage, mass, mass effect or midline shift.

IMPRESSION: Unremarkable study

UMC Hospital

Patient Name [redacted]
Patient Date
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Emergency
Rendering Physician: MCCORMACK,MAUREEN
Referring Physician: BERGIN,SAMUEL
Accession Number: UMCE134169
Date of Service: 6/23/2018
Exam: XR CHEST 1 VIEW PORTABLE
*_==_-**-_==_-**-_==_-*

EXAM: XR PORTABLE AP CHEST

HISTORY: Chest Pain Fever Shortness of breath

COMPARISON: 2/21/2018.

TECHNIQUE: Portable chest, 1 view AP.

FINDINGS: The size of the cardiac silhouette is within normal limits. The mediastinum is not widened. The lung volumes are slightly low. Mild basilar atelectasis is demonstrated. No pleural effusions or pneumothoraces noted. Orthopedic hardware is seen within the cervical spine. No other significant findings are seen.

IMPRESSION: 1. Mild basilar atelectasis.-/*_-/_-/*_-/*_-/*_-/*_-

Electronically Signed By: MCCORMACK, MAUREEN

==== Additional Report Text ====

UMC Hospital

Patient Name [redacted]
Patient Date
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Emergency
Rendering Physician: MCCORMACK,MAUREEN
Referring Physician: BERGIN,SAMUEL
Accession Number: UMCE134169
Date of Service: 6/23/2018
Exam: XR CHEST 1 VIEW PORTABLE
*_==_-**-_==_-**-_==_-*

EXAM: XR PORTABLE AP CHEST

HISTORY: Chest Pain Fever Shortness of breath

COMPARISON: 2/21/2018.

TECHNIQUE: Portable chest, 1 view AP.

FINDINGS: The size of the cardiac silhouette is within normal limits. The mediastinum is not widened. The lung volumes are slightly low. Mild basilar atelectasis is demonstrated. No pleural effusions or pneumothoraces noted. Orthopedic hardware is seen within the cervical spine. No other significant findings are seen.

UMC Hospital

Patient Name [redacted]
Patient Date [redacted]
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Observation
Rendering Physician: CARDUCCI,MICHAEL
Referring Physician: DE ASIS,CHRISCILE
Accession Number: UMCE134487
Date of Service: 6/23/2018
Exam: CT ANGIOGRAM NECK
*-_==_-**-_==_-**-_==_-*

EXAM: CTA NECK WO W CONTRAST

HISTORY: MVA. Neck pain, syncope

COMPARISON: None.

TECHNIQUE: Initially, thin section noncontrast images through portions of the neck were obtained for the purpose of establishing proper bolus timing of contrast. In accordance with CT protocols and the ALARA principle, radiation dose reduction techniques were utilized for this examination. Subsequently, thin section axial CT images were obtained from below the top of the aortic arch to the skull base after intravenous administration of nonionic iodinated contrast. To optimally assess the vasculature in the neck, the original axial data was used to create 3D volume rendered, multi-planar reformatted and/or maximum intensity projection images in various planes. This was performed on a separate workstation. The axial and reformatted data was reviewed for this report. Stenoses are reported as diameter stenoses. Internal carotid stenoses are determined by comparing to the normal, more distal internal carotid as per NASCET criteria.

FINDINGS: There is atherosclerotic calcification of the thoracic aortic arch. The origins of the great vessels are also involved. There is conventional arch anatomy. The proximal subclavian arteries in the innominate artery appear widely patent. The common carotid arteries and carotid bifurcations are widely patent. The internal and external carotid arteries are widely patent. The vertebral arteries are widely patent. The left vertebral artery is slightly dominant. The basilar artery and the cerebral arteries appear unremarkable as visualized. Visualized deep and cortical cerebral veins and dural venous sinuses appear unremarkable. There is dependent consolidation within the lungs, likely atelectatic change with probable associated paraseptal emphysema. The visualized soft tissue structures of the neck and superior mediastinum appear unremarkable. The visualized intracranial structures appear unremarkable. There are postsurgical changes in the cervical spine. There is no evidence of fracture. There is grade 1 anterolisthesis of C3 on C4. There is periapical lucency involving the left superior 1st molar in the maxilla. There is a polyp or retention cyst in the left maxillary sinus. The remainder of the visualized portions of the orbits, mastoids, and paranasal sinuses appear well.|

IMPRESSION: 1. No evidence of arterial injury. 2. Atherosclerosis noted. Cervical spondylosis. Left-sided odontogenic maxillary disease, as above.-/*_-/_-/*_-/*_-/*_-/*_-

Electronically Signed By: CARDUCCI, MICHAEL

==== Additional Report Text =====

UMC Hospital

Patient Nam [redacted]
Patient Date
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Observation
Rendering Physician: CARDUCCI,MICHAEL

Referring Physician: DE ASIS,CHRISCILE
Accession Number: UMCE134487
Date of Service: 6/23/2018
Exam: CT ANGIOGRAM NECK
*-_-_-**-_-_-**-_-_-*

EXAM: CTA NECK WO W CONTRAST

HISTORY: MVA. Neck pain, syncope

COMPARISON: None.

TECHNIQUE: Initially, thin section noncontrast images through portions of the neck were obtained for the purpose of establishing proper bolus timing of contrast. In accordance with CT protocols and the ALARA principle, radiation dose reduction techniques were utilized for this examination. Subsequently, thin section axial CT images were obtained from below the top of the aortic arch to the skull base after intravenous administration of nonionic iodinated contrast. To optimally assess the vasculature in the neck, the original axial data was used to create 3D volume rendered, multi-planar reformatted and/or maximum intensity projection images in various planes. This was performed on a separate workstation. The axial and reformatted data was reviewed for this report. Stenoses are reported as diameter stenoses. Internal carotid stenoses are determined by comparing to the normal, more distal internal carotid as per NASCET criteria.

FINDINGS: There is atherosclerotic calcification of the thoracic aortic arch. The origins of the great vessels are also involved. There is conventional arch anatomy. The proximal subclavian arteries in the innominate artery appear widely patent. The common carotid arteries and carotid bifurcations are widely patent. The internal and external carotid arteries are widely patent. The vertebral arteries are widely patent. The left vertebral artery is slightly dominant. The basilar artery and the cerebral arteries appear unremarkable as visualized. Visualized deep and cortical cerebral veins and dural venous sinuses appear unremarkable. There is dependent consolidation within the lungs, likely atelectatic change with probable associated paraseptal emphysema. The visualized soft tissue structures of the neck and superior mediastinum appear unremarkable. The visualized intracranial structures appear unremarkable. There are postsurgical changes in the cervical spine. There is no evidence of fracture. There is grade 1 anterolisthesis of C3 on C4. There is periapical lucency involving the left superior 1st molar in the maxilla. There is a polyp or retention cyst in the left maxillary sinus. The remainder of the visualized portions of the orbits, mastoids, and paranasal sinuses appear well.

IMPRESSION: 1. No evidence of arterial injury. 2. Atherosclerosis noted. Cervical spondylosis. Left-sided odontogenic maxillary disease, as above.

-/*_-/_-/*_-/*_-/*_-/*_-

Electronically Signed By: CARDUCCI, MICHAEL

UMC Hospital

Patient Name [redacted]
Patient Date [redacted]
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Observation
Rendering Physician: GUPTA,ASHOK
Referring Physician: VATER,THOMAS L
Accession Number: UMCE135106
Date of Service: 6/24/2018
Exam: MRI CERVICAL SPINE WO CONTRAST
*_=_-**-_=_-**-_=_-*

EXAM: MRI OF THE CERVICAL SPINE WITHOUT CONTRAST: 6/24/2018 11:32 PM PDT

CLINICAL HISTORY: Neck pain.

TECHNIQUE: High field, multiplanar, multi-sequence MR evaluation was performed on the cervical spine. No contrast was administered. Imaging sequences included sagittal and axial acquisitions.

COMPARISON: Cervical spine x-ray 6/23/2018.

FINDINGS: The cervical spinal cord has a normal course and caliber without abnormal increased T2 signal. Normally located cervicomedullary junction. Metallic artifact noted at C4, C5 and C6 with anterior fixation plate and screws. This obscures evaluation of the underlying bone marrow. Otherwise the signal along the visualized marrow space is within normal limits without specific abnormal bright T2 or low T1 signal. No specific soft tissue edema. Grossly the anterior and longitudinal ligaments are intact where visible. Again there are portions along the area of the heart which are poorly seen. C2-C3: Slight facet degenerative change. No significant stenosis. C3-C4: Slight broad-based posterior disk bulge and endplate osteophyte complex. Moderate facet degenerative changes seen, right greater than left. There is preserved CSF surrounding the spinal cord although there is some mild central canal encroachment. AP diameter of the thecal sac in the midline measured 8 mm. C4-C5: No significant degenerative change and no significant central or neural foraminal alteration. Mild facet degenerative change. C5-C6: Slight broad-based posterior disk bulge and endplate osteophyte complex with flattening of the ventral aspect of the thecal sac. AP diameter of the thecal sac in the midline measures 7 mm. Facet degenerative changes are seen. There is left-sided neural foraminal stenosis. C6-C7: Broad-based posterior disk bulge and endplate osteophyte complex. Mild facet degenerative
changes. AP diameter of the thecal sac in the midline measures 7 mm. Moderate right-sided neural foraminal encroachment. C7-T1: No significant degenerative change and no significant central or neural foraminal alteration.

IMPRESSION: Fixation hardware noted anteriorly from C4 through C6 with hardware. Multilevel degenerative changes identified with areas of stenosis. Please see above dictation for details of each level.-/*_-/_-/*_-/*_-/*_-/*_-

Electronically Signed By: GUPTA, ASHOK

═══ Additional Report Text ═══

UMC Hospital

Patient Name [redacted]
Patient Date [redacted]
Medical Record Number: 002419927
Patient Encounter: 100030411285
Patient Class: Observation
Rendering Physician: GUPTA,ASHOK
Referring Physician: VATER,THOMAS L
Accession Number: UMCE135106
Date of Service: 6/24/2018

Exam: MRI CERVICAL SPINE WO CONTRAST
*-_=_-**-_=_-**-_=_-*

EXAM: MRI OF THE CERVICAL SPINE WITHOUT CONTRAST: 6/24/2018 11:32 PM PDT

CLINICAL HISTORY: Neck pain.

TECHNIQUE: High field, multiplanar, multi-sequence MR evaluation was performed on the cervical spine. No contrast was administered. Imaging sequences included sagittal and axial acquisitions.

COMPARISON: Cervical spine x-ray 6/23/2018.

FINDINGS: The cervical spinal cord has a normal course and caliber without abnormal increased T2 signal. Normally located cervicomedullary junction. Metallic artifact noted at C4, C5 and C6 with anterior fixation plate and screws. This obscures evaluation of the underlying bone marrow. Otherwise the signal along the visualized marrow space is within normal limits without specific abnormal bright T2 or low T1 signal. No specific soft tissue edema. Grossly the anterior and longitudinal ligaments are intact where visible. Again there are portions along the area of the heart which are poorly seen. C2-C3: Slight facet degenerative change. No significant stenosis. C3-C4: Slight broad-based posterior disk bulge and endplate osteophyte complex. Moderate facet degenerative changes seen, right greater than left. There is preserved CSF surrounding the spinal cord although there is some mild central canal encroachment. AP diameter of the thecal sac in the midline measured 8 mm. C4-C5: No significant degenerative change and no significant central or neural foraminal alteration. Mild facet degenerative change. C5-C6: Slight broad-based posterior disk bulge and endplate osteophyte complex with flattening of the ventral aspect of the thecal sac. AP diameter of the thecal sac in the midline measures 7 mm. Facet degenerative changes are seen. There is left-sided neural foraminal stenosis. C6-C7: Broad-based posterior disk bulge and endplate osteophyte complex. Mild facet degenerative changes. AP diameter of the thecal sac in the midline measures 7 mm. Moderate right-sided neural foraminal encroachment. C7-T1: No significant degenerative change and no significant central or neural foraminal alteration.

IMPRESSION: Fixation hardware noted anteriorly from C4 through C6 with hardware. Multilevel degenerative changes identified with areas of stenosis. Please see above dictation for details of each level.

-/*_-/_-/*_-/*_-/*_-/*_-

Electronically Signed By: GUPTA, ASHOK

[redacted]

MRN: 0002419927

Description [redacted]

ED to Hosp-Admission 6/23/2018

Status: Discharged
UMC DISCHARGE LOUNGE

Results

Procedure	Component	Value	Ref Range	Date/Time
MR Cervical Spine without contrast [11232854]				Collected: 06/24/18 2332
Order Status: Completed				Updated: 06/25/18 0940

Narrative:

MRI OF THE CERVICAL SPINE WITHOUT CONTRAST: 6/24/2018 11:32 PM PDT

CLINICAL HISTORY: Neck pain.

TECHNIQUE: High field, multiplanar, multi-sequence MR evaluation was performed on the cervical spine. No contrast was administered. Imaging sequences included sagittal and axial acquisitions.

COMPARISON: Cervical spine x-ray 6/23/2018.

FINDINGS: The cervical spinal cord has a normal course and caliber without abnormal increased T2 signal. Normally located cervicomedullary junction. Metallic artifact noted at C4, C5 and C6 with anterior fixation plate and screws. This obscures evaluation of the underlying bone marrow. Otherwise the signal along the visualized marrow space is within normal limits without specific abnormal bright T2 or low T1 signal. No specific soft tissue edema. Grossly the anterior and longitudinal ligaments are intact where visible. Again there are portions along the area of the heart which are poorly seen.

C2-C3: Slight facet degenerative change. No significant stenosis.

C3-C4: Slight broad-based posterior disk bulge and endplate osteophyte complex. Moderate facet degenerative changes seen, right greater than left. There is preserved CSF surrounding the spinal cord although there is some mild central canal encroachment. AP diameter of the thecal sac in the midline measured 8 mm.

C4-C5: No significant degenerative change and no significant central or neural foraminal alteration. Mild facet degenerative change.

C5-C6: Slight broad-based posterior disk bulge and endplate osteophyte complex with flattening of the ventral aspect of the thecal sac. AP diameter of the thecal sac in the midline measures 7 mm. Facet degenerative changes are seen. There is left-sided neural foraminal stenosis.

C6-C7: Broad-based posterior disk bulge and endplate osteophyte complex. Mild facet degenerative changes. AP diameter of the thecal sac in the midline measures 7 mm. Moderate right-sided neural foraminal encroachment.

C7-T1: No significant degenerative change and no significant central or neural foraminal alteration.

Procedure	Component	Value	Ref Range	Date/Time

Impression:

IMPRESSION:

Fixation hardware noted anteriorly from C4 through C6 with hardware.

Multilevel degenerative changes identified with areas of stenosis. Please see above dictation for details of each level.

Renal function panel [11232864] (Abnormal) Collected: 06/25/18 0135
Order Status: Completed Specimen: Blood from Peripheral Updated: 06/25/18 0243

Sodium	138	136 - 145 MMOL/L
Potassium	4.5	3.5 - 5.1 MMOL/L
Chloride	103	98 - 110 MMOL/L
Total CO2	23	22 - 31 MMOL/L
Blood Urea Nitrogen	13	9 - 26 mg/dL
Glucose	154 (H)	70 - 110 mg/dL
Creatinine	0.7	0.6 - 1.5 mg/dL
Anion Gap	12	6 - 16 MMOL/L
Albumin Level	4.2	3.5 - 5.0 G/DL
Calcium	9.7	8.4 - 10.2 mg/dL
Phosphorus	4.4	2.3 - 4.7 mg/dL

Glomerular Filtration Rate [11232869] Collected: 06/25/18 0135
Order Status: Completed Specimen: Blood Updated: 06/25/18 0243

Glomerular Filtration Rate Calculation	>60

Comment: Estimated GLOMERULAR FILTRATION RATE (GFR)
Reference Ranges: >59 mL/min/1.73 m2
GFR calculation requires an accurate age and gender of the patient.
Ordered on patients 18 years and older.
For African Americans, multiply GFR value by 1.21
The estimated GFR is to be used for screening purposes. For drug dosing, use the Cockcroft-Gault calculation.

CBC with auto differential [11232863] (Abnormal) Collected: 06/25/18 0135
Order Status: Completed Specimen: Blood from Peripheral Updated: 06/25/18 0229

White Blood Cell	4.40	3.70 - 10.60 K/MM3
Red Blood Cell	4.43	3.57 - 4.97 M/MM3
Hemoglobin	13.9	11.0 - 14.9 G/DL
Hematocrit	39.8	32.6 - 43.4 %
Mean Cell Volume	89.7	80.1 - 98.4 FL

Procedure	Component	Value	Ref Range	Date/Time
	Mean Cell Hemoglobin	31.4	26.9 - 34.1 pg	
	Mean Cell Hemoglobin Concentration	35.0	32.9 - 35.4 %	
	Platelet	234	141 - 359 K/MM3	
	Mean Platelet Volume	9.0	7.2 - 10.6 FL	
	Red Cell Diameter Width	13.2	11.8 - 15.2 %	
	Gran%	41.3	%	
	Lymph%	47.5	%	
	Mono%	7.5	%	
	Eos%	3.1	%	
	Baso%	0.6	%	
	ABS Gran	1.80	1.00 - 8.00 K/MM3	
	Absolute Lymphocyte	2.10	1.00 - 3.40 K/MM3	
	Absolute Monocytes	0.30	0.20 - 0.90 K/MM3	
	Absolute Eosinophils	0.10	0.00 - 0.40 K/MM3	
	Absolute Basophils	0.00 (L)	0.01 - 0.10 K/MM3	

ECG 12-Lead [11225700]
Order Status: Completed

Collected: 06/23/18 1711
Updated: 06/24/18 1802

ECG Severity	- NORMAL ECG -	
ECG Severity	SR-Sinus rhythm-normal P axis, V-rate 50-99	
Heart Rate	72	bpm
RR Interval	833	ms
Atrial Rate	72	ms
PR Interval	167	ms
P Duration	118	ms
P Horizontal Axis	5	deg
P Front Axis	65	deg
Q Onset	507	ms
QRSD Interval	98	ms
QT Interval	442	ms
QTcB	484	ms
QTcF	470	ms
QRS Horizontal Axis	-34	deg
QRS Axis	21	deg
I-40 Horizontal Axis	-31	deg
I-40 Front Axis	3	deg