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Southern California Orthopedic InstituteTM
M E D I C A L G R O U P

Fax Cover Page

Date: 11/7/2023

Time: 13:35:35

Pages: 14

From: Venus Enriquez

Fax Number: 818-901-4529

Voice Phone: 661-328-2388

Email: vgaines@mednet.ucla.edu

Address:

To: Tristar

Company:

Fax Number: 15594321267

Address:

Subject: _____

Message:

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CERVICAL SPINE MRI Referral: 50021782791
5823802


MRN:

Page 1 of 3

**State of California Division of Workers' Compensation
REQUEST FOR AUTHORIZATION
DWC Form RFA**

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment.

<input checked="" type="checkbox"/> New Request		<input type="checkbox"/> Resubmission – Change in Material Facts		
<input type="checkbox"/> Expedited Review: Check box if the employee faces an imminent and serious threat to his or her health. <input type="checkbox"/> Check box if request is written confirmation of a prior oral request.				
Employee Information				
Name: (Last, First, Middle): Perez, Guadalupe				
Date of Injury: MM/DD/YYYY: 10/21/2020			Date of Birth: 7/16/1969	
Claim Number: 20832587			Employer: Grimmway Enterprises	
Requesting Physician Information				
Name: David K. Wahba MD				
Practice Name: Southern California Orthopedic Institute in alliance with UCLA			Contact Name: Venus Enriquez	
Address: 5201 Truxtun Ave Bakersfield, CA 93309				
Phone: 661-328-5565 ext 6357			Fax Number: 818-901-4529	
Specialty: Anesthesiology Pain Medicine			NPI: Number: 1730335548	
E-mail Address:				
Claims Administrator Information				
Company Name: Tristar			Contact Name: Vanessa Uloa	
Address:			City:	State:
Zip Code:	Phone: 559-432-1260 x 3321		Fax Number: 559-432-1267	
E-mail Address:				
Requested Treatment (see instructions for guidance; attached additional pages if necessary)				
List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.				
Diagnosis (Required)	ICD-Code (Required)	Service/Good Requested (Required)	CPT/HCPCS Code (If known)	Other Information: (Frequency, Duration, Quantity, Etc.)
Cervical spine pain	M54.2	MR CERVICAL SPINE WO CONTRAST	72141	1 scheduled per MPN; when possible per provider's preference unless required by MPN please do not schedule at Expert MRI per ordering provider.
Chronic pain syndrome	G89.4			
Myofascial pain syndrome	M79.18			
Chronic pain of both shoulders	M25.511, G89.29, M25.512			
DDD (degenerative disc disease), cervical	M25.511, G89.29, M25.512			

For Align network claims, please check here <input type="checkbox"/>	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>Requesting Physician Signature: </p> </div> <div> <p>Date: 11/07/2023</p> </div> </div>	
Claim Administrator/Utilization Review Organization (URO) Response	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied or Modified (see separate decision letter) <input type="checkbox"/> Delay (see separate notification of delay)	
<input type="checkbox"/> Requested treatment has been previously denied <input type="checkbox"/> Liability for treatment is disputed	
Authorization Number(if assigned):	Date:
Authorized Agent Name:	Signature:
Phone:	Fax Number:
E-mail Address:	
Comments:	

Instructions for Request for Authorization Form

Warning: Private healthcare information is contained in the Request for Authorization for Medical Treatment, DWC Form RFA. The form can only go to other treating providers and to the claims administrator

Overview: The Request for Authorization for Medical Treatment (DWC Form RFA) is required for the employee's treating physician to initiate the utilization review process required by Labor Code section 4610. A Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or equivalent narrative report substantiating the requested treatment must be attached. The DWC Form RFA is not a separately reimbursable report under the Official Medical Fee Schedule, found at California Code of Regulations, title 8, section 9789.10 et seq.

Checkboxes: Check the appropriate box at the top of the form. Indicate whether:

- This is a new treatment request for the employee or the resubmission of a previously denied request based on a change in material facts regarding the employee's condition. A resubmission is appropriate if the facts that provided the basis for the initial utilization review decision have subsequently changed such that the decision is no longer applicable to the employee's current condition. Include documentation supporting your claim.
- Review should be expedited based on an imminent and serious threat to the employee's health. A request for expedited review must be supported by documentation substantiating the employee's condition.
- The request is a written confirmation of an earlier oral request.

Routing Information: This form can be mailed, faxed, or e-mailed to the address, fax number, or e-mail address designated by the claims administrator for this purpose. The requesting physician must complete all identifying information regarding the employee, the claims administrator, and the physician.

Requested Treatment: The DWC Form RFA must contain all the information needed to substantiate the request for authorization. If the request is to continue a treatment plan or therapy, please attach documentation indicating progress, if applicable.

- List the diagnosis (required), the ICD Code (required), the specific service/good requested (required), and applicable CPT/HCPCS code (if known).
- Include, as necessary, the frequency, duration, quantity, etc. Reference to specific guidelines used to support treatment should also be included.
- For requested treatment that is: (a) inconsistent with the Medical Treatment Utilization Schedule (MTUS) found at California Code of Regulations, title 8, section 9792.20, et seq.; or (b) for a condition or injury not addressed by the MTUS, you may include scientifically based evidence published in peer-reviewed, nationally recognized journals that recommend the specific medical treatment or diagnostic services to justify your request.

Requesting Physician Signature: Signature/Date line is located under the requested treatment box. A signature by the treating physician is mandatory.

Claims Administrator/URO Response: Upon receipt of the DWC Form RFA, a claims administrator must respond within the timeframes and in the manner set forth in Labor Code section 4610 and California Code of Regulations, title 8, section 9792.9.1. To communicate its approval on requested treatment, the claims administrator may complete the lower portion of the DWC Form RFA and fax it back to the requesting provider. (Use of the DWC Form RFA is optional when communicating approvals of treatment; a claims administrator may utilize other means of written notification.) If multiple treatments are requested, indicate in comments section if any individual request is being denied or referred to utilization review.

Perez, Guadalupe (MRN 5823802)

Encounter Date: 11/07/2023

MR cervical spine wo contrast (Order 657727994)

Imaging

Date: 11/7/2023 Department: Southern California Orthopedic Institute - Bakersfield
Ordering/Authorizing: Leazerby, Joshua M., PA-C

Patient Demographics

Patient Name	Legal	DOB	SSN	Address	Phone
Perez, Guadalupe	Sex	7/16/1969	xxx-xx-6929	9120 S Union Ave Space 6 BAKERSFIELD CA 93307	661-384-9667 (Home) 661-384-9667 (Mobile) *Preferred*

Department

Name	Address	Phone	Fax
Southern California Orthopedic Institute - Bakersfield	5201 Truxtun Ave Bakersfield CA 93309	661-328-5565	661-328-5573

Primary Visit Coverage

Payer	Plan	Sponsor Code	Group Number	Group Name
TRISTAR	TRISTAR - OTHER			

Primary Visit Coverage Subscriber

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
20832587	PG10212020 GRIMMWAY ENTERPRISES	xxx-xx-0001	14141 Digiorgio Rd ARVIN, CA 93203

Priority and Order Details

Priority	Class
Routine	Ancillary Performed

Future Order Information

Expires
11/7/2024

Associated Diagnoses

Cervical spine pain [M54.2] - Primary
Chronic pain syndrome [G89.4]
Myofascial pain syndrome [M79.18]
Chronic pain of both shoulders [M25.511, G89.29, M25.512]
DDD (degenerative disc disease), cervical [M50.30]

Scheduling Instructions

Scheduling Instructions:
PREPARATION FOR MRI EXAM:

Perez, Guadalupe (MRN 5823802)

Encounter Date: 11/07/2023

Please notify us prior to your exam if you have any of the following:
Pacemaker * Heart Valve * Aneurism Clip * Metal in the body or eyes * May be pregnant

If you have any previous x-rays or scans of the area we are to scan, please bring them with you to your exam. Plan to arrive at the center 15 minutes prior to your scheduled appointment. With all exams, take your usual medication with the minimum necessary water, unless specifically instructed otherwise.

While a locker will be provided to you, please leave all unnecessary valuables at home.

If you have any questions, please call us at (818) 901-6600 or (661) 328-5565

Order Questions

Question	Answer
Exam reason	Bilateral arm numbness and neck pain
Note: Enter reason for exam	
Preferred location?	SCOI - Bakersfield
Is the patient pregnant? If 'yes' or 'unknown' please consult with a radiologist.	No

Order ID: 657727994 Signed on: 11/7/2023 9:39 AM

Electronically Signed By: Leazenby, Joshua M.
NPI#: 1942728050 License #: 55022

Perez, Guadalupe (MRN: 5823802) DOB: 7/16/1969



Health

Southern California Orthopedic Institute - Bakersfield Perez, Guadalupe

5201 TRUXTUN AVE

MRN: 5823802, DOB: 7/16/1969, Sex: F

BAKERSFIELD CA 93309-0421

Visit date: 11/7/2023

Perez, Guadalupe

MRN: 5823802



Leazenby, Joshua M., PA-C

Physician Assistant

Specialty: Orthopaedic Surgery

Progress Notes



Signed

Creation Time: 11/07/23 0929

Date: 11/07/2023

TRISTAR
PO BOX 2805
CLINTON, IA 52733

RE: Guadalupe Perez
DOB: 7/16/1969
EMP: Grimmway Enterprises
D/I: 10/21/2020
CL#: 20832587
ACCT#: 5823802

DAVID WAHBA, MD
JOSHUA LEAZENBY, PA-C

The patient was seen in our Bakersfield office on 11/7/2023, for Initial Orthopedic Consultation, at the request of the insurance carrier referenced above, for evaluation of this patient's industrial injury.

CHIEF COMPLAINT: Pain of the Neck

HISTORY OF PRESENT ILLNESS: Guadalupe Perez is a 54 y.o.-old right-handed female who is employed by Grimmway Enterprises as a sorter.

The patient indicates that on 11/15/18, while repetitive packing and pulling bags of carrots she developed the onset of pain in her neck, shoulders, elbows, wrists and arms. She reported her symptoms to her employer and the following day was seen at the Central Valley Occupational Medical Group. Ensuing treatment focused on her shoulders and was treated by Dr. Todd Shapiro.

On 10/21/20, a new injury claim regarding her neck was resubmitted and accepted. Ms. Perez reports that since that time, she was referred and completed one course of physical therapy for the neck. An MRI of the cervical spine was completed in 2020. The patient indicates she has not received further treatment in the meantime and is now here for initial orthopedic consultation.

Perez, Guadalupe (MRN: 5823802) DOB: 7/16/1969

Patient is complaining of posterior neck pain with radicular symptoms throughout the right arm and numbness into the fingers. Rates her pain today as 8/10. Has previously completed physical therapy but reports no improvement. He is currently taking meloxicam and Tylenol for pain control. Has tried gabapentin in the past 300 mg q.d. which provided some relief.

PRESENT COMPLAINTS/REVIEW OF SYSTEMS

MUSCULOSKELETAL: The patient complains of constant moderate neck pain rated 7 on a scale of 1-10. Pain is described as sharp and throbbing. Range of motion of the neck is limited. She reports experiencing pain that radiates to the shoulders and mid-back. The patient has been experiencing occasional headaches. There is cervical spine crepitus.

DAILY LIVING: The pain is interfering with activities of daily living. The patient has difficulty in getting dressed, putting on socks and shoes, doing housework, driving and sleeping through the night.

NEUROLOGICAL: Negative for neurological symptoms.

CARDIOVASCULAR: Negative for cardiovascular symptoms.

GASTROINTESTINAL: Negative for gastrointestinal symptoms.

GENITOURINARY: There are no bladder changes.

INTEGUMENTARY: There is no skin rash, itching or discoloration.

RESPIRATORY: Negative for respiratory symptoms.

HEMATOLOGIC/LYMPHATIC: There are no bruising tendencies. The patient heals normally after a cut or bleeding. The patient does not have any difficulty with clotting.

CONSTITUTIONAL SYMPTOMS:

Vitals:

11/07/23 0837
Weight: 175 lb (79.4 kg)
Height: 5' (1.524 m)

He denies any recent weight change. The patient denies any recent fever or headaches.

PAST HISTORY OF PRESENT ILLNESS: The patient denies any previous injury or complaints regarding the neck.

WORK HISTORY: The patient has been employed by this employer since January 2000. As a sorter the patient is required to stand at a workstation grading and sorting carrots on a conveyor. Other duties involve her packing carrots. The patient's physical duties may consist of standing, walking, bending, stooping, reaching, gripping, grasping, twisting, lifting and carrying. She normally works 40 hours per week. The patient is currently off work on temporary disability.

SPORTS/HOBBIES: None.

ALLERGIES: No Known Allergies

Perez, Guadalupe (MRN: 5823802) DOB: 7/16/1969

PAST MEDICAL HISTORY:

Medications:

Outpatient Medications Prior to Visit

Medication	Sig
• acetaminophen 500 mg tablet	Take 1 tablet (500 mg total) by mouth every six (6) hours as needed for Pain.
• glipiZIDE 5 mg tablet	Take 1 tablet (5 mg total) by mouth.
• losartan 50 mg tablet	TAKE ONE TABLET BY MOUTH EVERY DAY
• meloxicam 7.5 mg tablet	Take 1 tablet (7.5 mg total) by mouth two (2) times daily.
• metFORMIN 1000 mg tablet	TAKE ONE TABLET BY MOUTH TWICE DAILY WITH MEAL(S)
• DULoxetine 60 mg DR capsule	Take 1 capsule (60 mg total) by mouth. (Patient not taking: Reported on 11/7/2023.)
• naproxen 550 mg tablet	Take 1 tablet (550 mg total) by mouth two (2) times daily. (Patient not taking: Reported on 9/13/2023.)
• omeprazole 20 mg DR capsule	TAKE ONE TABLET BY MOUTH EVERY DAY (Patient not taking: Reported on 11/7/2023.)

No facility-administered medications prior to visit.

Herbal Supplements: None

Surgeries:

Past Surgical History:

Procedure	Laterality	Date
• left shoulder surgery		
• left wrist sx		
• right shoulder sx		
• STAB PHLEBECTOMY OF VARICOSE VEINS		

Medical Conditions:

Past Medical History:

Diagnosis	Date
• Anxiety	
• Depression	
• Heart disease	
• Hypertension	

FAMILY HISTORY:

Family History (Click to Expand)

Family History

Problem	Relation	Age of Onset
• Diabetes	Father	

SOCIAL HISTORY:

Perez, Guadalupe (MRN: 5823802) DOB: 7/16/1969

Social History

Tobacco Use

- Smoking status: Former
 - Types: Cigarettes
 - Quit date: 2015
 - Years since quitting: 8.8
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: Yes

LEGAL STATUS: The patient is being represented by attorney: Michael (unsure of last name)

SOURCE OF INFORMATION: Initial history was recorded by Miguel Marin, a Professional Historian employed by Southern California Orthopedic Institute for this purpose. History was reviewed in detail with the patient by the undersigned.

She denies numbness, tingling, weakness, bowel or bladder incontinence, saddle anesthesia, fevers, chills, unintentional weight loss, night pain, hand clumsiness, difficulty with buttons, balance issues, or night sweats except as noted above

REVIEW OF SYSTEMS: The 14-point review of systems as documented today in the medical record is remarkable for the positive orthopedic problems discussed above and their relevance was considered with respect to Constitutional, ENT, Cardiovascular, GU, Skin, Neurologic, Endocrine, Hematologic, Psychiatric, Gastrointestinal, Respiratory, Eyes and Allergic/Immunologic systems.

PAST MEDICAL HISTORY:

Past Medical History:

Diagnosis

Date

- Anxiety
- Depression
- Heart disease
- Hypertension

PROCEDURE HISTORY:

None

PREVIOUS SURGERIES:

Past Surgical History:

Procedure

Laterality

Date

- left shoulder surgery
- left wrist sx
- right shoulder sx
- STAB PHLEBECTOMY OF VARICOSE VEINS

Perez, Guadalupe (MRN: 5823802) DOB: 7/16/1969

SOCIAL HISTORY:**Social History****Tobacco Use**

- **Smoking status:** Former
- **Types:** Cigarettes
- **Quit date:** 2015
- **Years since quitting:** 8.8
- **Smokeless tobacco:** Never

Substance Use Topics

- **Alcohol use:** Yes

FAMILY HISTORY: family history includes Diabetes in her father.

ALLERGIES: No Known Allergies

MEDICATIONS:**Current Outpatient Medications:**

- acetaminophen 500 mg tablet, Take 1 tablet (500 mg total) by mouth every six (6) hours as needed for Pain., Disp: , Rfl:
- glipiZIDE 5 mg tablet, Take 1 tablet (5 mg total) by mouth., Disp: , Rfl:
- losartan 50 mg tablet, TAKE ONE TABLET BY MOUTH EVERY DAY, Disp: , Rfl:
- meloxicam 7.5 mg tablet, Take 1 tablet (7.5 mg total) by mouth two (2) times daily., Disp: , Rfl:
- metFORMIN 1000 mg tablet, TAKE ONE TABLET BY MOUTH TWICE DAILY WITH MEAL (S), Disp: , Rfl:
- DULoxetine 60 mg DR capsule, Take 1 capsule (60 mg total) by mouth. (Patient not taking: Reported on 11/7/2023.), Disp: , Rfl:
- gabapentin 300 mg capsule, Take 1 capsule (300 mg total) by mouth three (3) times daily., Disp: 90 capsule, Rfl: 3
- methocarbamol 750 mg tablet, Take 1 tablet (750 mg total) by mouth two (2) times daily as needed., Disp: 60 tablet, Rfl: 3
- naproxen 550 mg tablet, Take 1 tablet (550 mg total) by mouth two (2) times daily. (Patient not taking: Reported on 9/13/2023.), Disp: , Rfl:
- omeprazole 20 mg DR capsule, TAKE ONE TABLET BY MOUTH EVERY DAY (Patient not taking: Reported on 11/7/2023.), Disp: , Rfl:

OBJECTIVE FINDINGS & PHYSICAL EXAMINATION:

Ht 5' (1.524 m) | Wt 175 lb (79.4 kg) | BMI 34.18 kg/m²

GENERAL: Well-developed, well-nourished, appears stated age, no apparent distress

PSYCHIATRIC: Normal mood and affect. Pleasantly conversant. Waddell signs of tenderness, simulation, distraction, regional disturbances, and overreaction are negative.

HEENT: Normocephalic, atraumatic. No external lesions or masses, asymmetric smile, or facial asymmetry.

NECK: Tender to palpation in the midline. Tender to palpation in the paraspinal region. No deformities or stepoffs.

PULMONARY: Nonlabored respirations. Symmetric chest expansion. No obvious accessory

Perez, Guadalupe (MRN: 5823802) DOB: 7/16/1969

muscle use.

CARDIAC: Palpable radial pulses with regular rate.

BACK: Good coronal and sagittal balance, nontender to palpation in the midline. Nontender to palpation in the paraspinal region. No deformities or step-offs.

SKIN: No previous spine incisions are present.

MUSCULOSKELETAL :

Cervical Spine exam

Inspection: no tenderness, no swelling

Palpation: tender

C-spine Flexion: 80°

C-spine Extension: 80°

C-spine Right Rotation: 70°

C-spine Left Rotation: 70°

C-Spine Tenderness: tender

Spurling's Test (R/L): Negative B/L

C5 (Deltoid): 5/5 B/L

C6 (Wrist Extension): 5/5 B/L

C7 (Triceps): 5/5 B/L

C8 (Interossei): 5/5 B/L

T1 (Interossei) 5/5 B/L

Sensory function: intact throughout UEs B/L

Biceps reflex: 2+ B/L

Triceps reflex: 2+ B/L

Clonus (R/L): Negative B/L

Babinski (R/L): Negative B/L

Gait upon entrance and exit of the exam room is normal without a limp and unassisted by any ambulatory aid.

DIAGNOSTIC IMAGING:

Today in office I ordered 2 views of the cervical spine standing, which were taken in the office today, reviewed with the patient and interpreted by myself from an orthopedic standpoint.

Radiographs reveal normal alignment on AP and lateral view with normal cervical lordotic contour. Disc heights are well maintained without collapse or narrowing. There is no spondylosis or spondylolisthesis appreciated.

MRI of the cervical spine performed at Kern Radiology 04/21/2020 reveals:

Perez, Guadalupe (MRN: 5823802) DOB: 7/16/1969

FINDINGS:

CRANIOCERVICAL AREA: Normal foramen magnum with no Chiari malformation.

PARASPINAL AREA: Normal with no visible mass.

VERTEBRAL ARTERIES: Unremarkable flow voids.

BONES: Vertebral body heights and alignment are maintained. A hemangioma is incidentally noted of C7. No signal abnormality to suggest an acute osseous process.

CORD: Normal caliber, contour, location, and signal intensity.

OTHER: None.

CERVICAL DISC LEVELS:

C1-C2: Unremarkable.

C2-C3: Mild right uncovertebral degenerative changes. No significant central canal or neural foraminal stenosis.

C3-C4: No significant central canal or neural foraminal stenosis.

C4-C5: Mild disc osteophyte complex. No significant central canal or neural foraminal stenosis.

C5-C6: No significant central canal or neural foraminal stenosis.

C6-C7: No significant central canal or neural foraminal stenosis.

C7-T1: No significant central canal or neural foraminal stenosis.

CONCLUSION:

1. Minimal degenerative changes, without significant central canal or neural foraminal stenosis.

DIAGNOSIS:

1. Cervical spine pain
2. Chronic pain syndrome
3. Myofascial pain syndrome
4. Chronic pain of both shoulders
5. DDD (degenerative disc disease), cervical

RECOMMENDATIONS AND PLAN: An extended amount of time was spent with the patient today explaining the physical findings, diagnostic findings, current impressions from the physical examination as well as treatment alternatives that are available.

Cervicalgia

Patient is complaining of ongoing neck pain radicular symptoms in the bilateral arms despite conservative treatment medical management and physical therapy.

Initiate gabapentin 300 mg t.i.d. for nerve pain.

Will request repeat MRI of the cervical spine as her last MRI was 3 years old.

We discussed further conservative treatment and epidural injections in the future if necessary.

Myofascial pain syndrome

Initiate Robaxin 750 mg b.i.d. for muscle spasms.

All of patient's questions and concerns were addressed and answered.

Spinal discomfort and radiculopathy is multifactorial. To complete the evaluation, an examination was performed and imaging studies were reviewed. The medical history, review of systems and medications were reviewed. I assessed spinal and non-spinal causes of symptoms including musculoskeletal, vascular causes, visceral causes, infections, endocrine abnormalities, medications, and tumors as the differential diagnosis of spinal pain is extensive and includes, but is not limited to, soft tissue injuries (sprains and strains), degenerative and post traumatic conditions (disk herniations and spinal stenosis), vascular conditions (aortic aneurysms), endocrinologic conditions (osteoporosis and hyperparathyroidism), neoplastic conditions (primary and secondary malignancies of the spine), congenital and developmental

Perez, Guadalupe (MRN: 5823802) DOB: 7/16/1969

conditions (scoliosis and spondylolisthesis), rheumatologic conditions (ankylosing spondylitis, psoriatic arthritis, and rheumatoid arthritis), metabolic conditions (diabetic neuropathy), hematologic conditions (sickle cell anemia and polycythemia vera), infectious diseases (diskitis, osteomyelitis, and meningitis), neurologic diseases (multiple sclerosis and amyotrophic lateral sclerosis), and renal disease (kidney stones).

This added to the overall medical complexity of this visit.

An extensive amount of time was spent to review medical notes and reports in preparation for this visit.

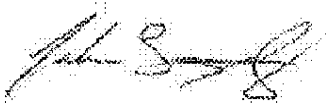
All of patient's questions and concerns were addressed and answered.

FOLLOW UP: The patient will follow up in Return in about 6 weeks (around 12/19/2023).

Work Status: PER PRIMARY TREATING PHYSICIAN

DISCLOSURE: I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and the contents of this report and bill are true and correct to the best of my knowledge.

The patient was examined and evaluated by Joshua Leazenby, PA-C for David Wahba, M.D.
The evaluation and plan was reviewed and approved by David Wahba, M.D.



Joshua Leazenby, PA-C
For David K. Wahba, MD
Interventional Pain Management

Cc: Medicine, Universal Urgent Care And Occupational, MD

Signed by Leazenby, Joshua M., PA-C on 11/07/23 10:23

Initial consult on 11/7/2023 *Note shared with patient.*