


**Division of Workers' Compensation**

PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete if known:

DWC claim #

Insurance carrier claim # 25F30M590202

## **Request to schedule, reschedule, or cancel a benefit review conference (BRC)**

Este formulario está disponible en español en el sitio web de la División en  
[www.tdi.texas.gov/forms/dwc/dwc045brcs.pdf](http://www.tdi.texas.gov/forms/dwc/dwc045brcs.pdf)

Para obtener asistencia en español, llame a la División al 800-252-7031.

### **Part 1: Request specifications**

1. I want to:	<input checked="" type="checkbox"/> Schedule a BRC <input type="checkbox"/> Reschedule a BRC <input type="checkbox"/> Cancel a BRC (check only one box)
2. I need: (check boxes)	<input checked="" type="checkbox"/> <b>Special accommodations</b> (please specify) <input type="checkbox"/> <b>Expedited BRC</b> (provide reason)
APPEAR VIA ZOOM OR TELEPHONE	

### **Part 2: Information about the claim**

3. Employee's name (first, middle, last) Steve Kaminczak	4. Employee's physical address (street, city, state, ZIP code) 5740 San Felipe, Apt 627, Houston, TX, 77057	
5. Insurance carrier's name Houston ISD Self-insured/CCMSI	6. Date of injury (mm-dd-yyyy) 01/30/2025	7. Social Security number xxx-xx- 8171
8. Employer's business name (at the time of the injury) Houston ISD	9. Employer's business address (street or PO box, city, state, ZIP code) Address Unknown	

### **Part 3: Information about the party making the request**

10. Who is making the request?	<input type="checkbox"/> Injured employee	<input type="checkbox"/> Insurance carrier	<input type="checkbox"/> Employer
<input checked="" type="checkbox"/> Subclaimant <input type="checkbox"/> Beneficiary <input type="checkbox"/> Attorney for _____			
11. Is the Office of Injured Employee Counsel (OIEC) assisting the injured employee?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Requester's name and mailing address (street or PO box, city, state, ZIP code) Gerard O'Neill Jr, 725 Canton Street, Norwood, MA, 02062			
13. Business/firm name (if applicable) ClaimAssist C/O Memorial Hermann Hospital	14. Phone number 866-759-7833 X 2607	15. Requester's email Goneill@ccsusa.com	

Employee's name: Steve Kaminczak	For DWC Use Only
DWC claim number:	



## Part 4: Request to schedule a BRC

**16. If you want to request a BRC, explain what the dispute is about:** (check all boxes that apply)

- Compensability of the claim** – The insurance carrier denied the claim and is not going to pay income or medical benefits.
- Extent of the compensable injury** – The parties do not agree on what medical conditions were caused by the work-related injury.
- Temporary income benefits** – The insurance carrier does not agree that the work-related injury stops the injured employee from getting or keeping a job that pays what they earned before the injury.
- Supplemental income benefits** – The insurance carrier does not agree that the injured employee should get supplemental income benefits.
- Average weekly wage** – The parties do not agree about the average amount of money the employer paid the injured employee before the work-related injury.
- Maximum medical improvement and impairment rating** – The parties do not agree about whether the injured employee will have any further healing or recovery from the injury and to what percent the work-related injury affects the injured employee's body as a whole.
- Death benefits or burial benefits** – The insurance carrier does not agree that the beneficiary or beneficiaries should be paid death or burial benefits.
- Other** – Please describe. Patient is also stating the correct DOI should be 03/02/2025.

## Part 5: Request to reschedule or cancel a BRC

**17. If you want to reschedule a BRC, explain why:** (0 Attach any supporting documents.)

**Note:** If a BRC was held but you missed it, explain why you missed the BRC and why you did not contact the Texas Department of Insurance, Division of Workers' Compensation (DWC) before missing the BRC.

**18. If you want to cancel a scheduled BRC, explain why:** (0 Attach any supporting documents.)

**Note: There are strict deadlines for requesting a BRC in some disputes. Requesting to cancel a BRC may be considered a withdrawal of the dispute, which can cause serious legal problems with your case.**

Employee's name: Steve Kaminczak  
DWC claim number:



For DWC Use Only

## Part 6: Communication with other parties

### 19. Describe what you have done to resolve the disputed issues. This may include:

- how and when you contacted the other parties about this request
- what you agreed on and what you still disagree about
- describing your efforts to contact the other parties if you were not able to reach them

Self-insured is standing by denial. Inpatient stay. Billed amount = \$73,605.04; MAR = \$25,267.33

**If you are requesting to reschedule a BRC, you must contact the other parties and DWC docketing to get an agreed date when everyone is available. The proposed date is:**

( Attach more pages and supporting documents if needed.)

**Note:** Your request may be denied if you do not provide the required information.

### 20. Certify with your signature:

- I gave a copy of all important information that I have about the disputed issues to the other parties, and I made reasonable efforts to resolve the dispute. (You can learn more about important information, also called pertinent information, in the FAQ below on this form.)
- I sent a copy of this request to the other parties, including the injured employee's attorney or ombudsman (if they have one).

Signature *Gerard O'Neill Jr*

Date 12/16/2025

Employee's name: Steve Kaminczak

DWC claim number:



For DWC Use Only

## FAQ

### **Request to schedule, reschedule, or cancel a benefit review conference (BRC)**

**Where do I send this form?** Send a copy of this form and attached documents to DWC and the other parties. You can fax or mail the completed form to DWC or drop the form off at a DWC field office.

- **Fax:** 512-804-4011
- **Mail:** Texas Department of Insurance, Division of Workers' Compensation  
Hearings, Mail Code HRG  
PO Box 12050  
Austin, TX 78711-2050

**What happens after DWC gets the DWC Form-045?** If DWC approves your request, you will get a letter with the date and time of the BRC. If DWC denies your request, you will get a letter explaining why. You may send the request again with corrections or updated information. You may also request a contested case hearing to appeal the denial.

**How soon will a BRC be scheduled?** DWC will schedule a BRC within 40 days of getting a complete request. DWC will schedule a BRC within 20 days (expedited) if DWC determines that the BRC needs to happen sooner.

**How are BRCs held?** BRCs are held virtually, unless good cause is shown for an in-person BRC. **After** you get notice that a BRC is set, you may file a request with DWC if you think an in-person BRC is needed.

**Will DWC provide special accommodations?** DWC will provide accommodations to parties who qualify under the Americans with Disabilities Act. Other reasonable accommodations may be provided as needed.

**When will a request to reschedule be approved?** If you file your request to reschedule within 10 days of receiving notice of the BRC, it will be approved if there have been no other requests to reschedule by either party. For any other request to reschedule, you must explain your reason for the request.

**Am I required to be in the BRC?** Yes, unless you have good cause. There may be a penalty or fine if you miss a BRC.

**What information do I need to share?** You must share information about a dispute with the other parties before a BRC. This is called exchanging information. You should exchange only important information ([pertinent information](#)). Pertinent information includes any documents, records, or statements that will help you explain your side of the disputed issues. Go to [www.tdi.texas.gov/wc/idr/exchange.html](http://www.tdi.texas.gov/wc/idr/exchange.html) to learn more about exchanging information for a BRC.

### **What are the deadlines for sharing information?**

- Before asking for a BRC, send the other parties a copy of all your important information about the dispute.
- If you get a BRC request from another party, you have 10 days to send a copy of all your important information to them.
- At least 14 days before the BRC, send DWC a copy of all your important information. At this same time, send copies of any new important information that you have not previously exchanged with the other parties.
- If the BRC is less than 14 days away, you should exchange new important information with DWC and the other parties as you get it.

**Need help?**

- Go to [www.tdi.texas.gov/wc/employee/dispute.html](http://www.tdi.texas.gov/wc/employee/dispute.html) to learn more about dispute resolution.
- If you want an attorney and need help finding one, call the **State Bar of Texas** at 1-800-252-9690.
- If you do not have an attorney and want help from an ombudsman, go to [www.oiec.texas.gov](http://www.oiec.texas.gov) or call **OIEC** at 1-866-393-6432, ext. 44186.

**Questions?**

Call 1-800-252-7031, Monday through Friday, 8 a.m. to 5 p.m., Central time.

Go to [www.tdi.texas.gov/wc](http://www.tdi.texas.gov/wc) to learn more about workers' compensation.

**Note:** With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact [DWCLegalServices@tdi.texas.gov](mailto:DWCLegalServices@tdi.texas.gov) or go to the Corrections Procedure section at [www.tdi.texas.gov](http://www.tdi.texas.gov).

# MEMORIAL HERMANN

STEVE KAMINCZAK  
5740 SAN FELIPE #627  
HOUSTON, TX, 77057

December 16, 2025

**For questions or information, please  
call (866) 759-7833, Ext. 2627**

Dear MR. KAMINCZAK,

ClaimAssist has been retained by Memorial Hermann to assist with insurance follow-up. We are business partners with Memorial Hermann, and act as an extension of the hospital's Business Office. We are contacting you to notify you of the status of your workers' compensation claim. This is not an attempt to collect any amount from you.

Your employer's workers' compensation insurance carrier is disputing their obligation to pay your claim. In an effort to resolve that dispute, ClaimAssist has requested a Benefit Review Conference with the Texas Department of Insurance, Division of Workers' Compensation. This is an informal meeting between parties to discuss and mediate disputed issues in an attempt at resolution. The Department of Insurance assigns a Benefit Review Officer (BRO) who works for the Department to act as a mediator.

If the parties are able to resolve their disputes, a binding written agreement may be completed. If the parties are not able to resolve their disputes, the BRO will make a determination whether the parties would benefit by attempting to obtain more evidence, such as a witness statement(s) or medical reports, which might result in an agreement.

Your rights may be affected by the outcome of the benefit review conference and any agreement that may be reached. The insurance companies will be present, and your employer may send a representative if it so chooses. You have the right to attend and be heard at the conference. You may also be accompanied by a personal representative or an ombudsman from the Office of Injured Employee Counsel (if any).

If it appears that a resolution cannot be reached at the Benefit Review Conference, the BRO may schedule the dispute for a Contested Case Hearing before an Administrative Law Judge. The decision rendered by the Judge would be binding on all parties, subject to rights of appeal. Please note that you may not appeal the judge's decision unless you attend the Contested Case Hearing.

ClaimAssist does not represent you in this matter and we cannot advise you on whether to attend or have representation. If you have any questions or concerns about this, you may consult with the Office of the Injured Employee Counsel which represents the interests of injured workers in the workers' compensation system. You may contact the Office of the Injured Employee Counsel at 866-393-6432 to discuss your rights and obligations.

Sincerely,  
**GERARD O'NEILL JR.**  
Insurance Recovery Analyst  
(866) 759-7833, Ext. 2627

File Number: 7918991  
Patient Account Number: 10000616989



Houston ISD 9005

RE-EVALUATION

Process Date: 10/08/2025

5827 CHIMNEY ROCK ROAD  
HOUSTON, TX 77081

Re-Evaluation Control Number: 12824

Original Control Number: 9107710

EOR Page 1 of 3

Rev/Aud: BL/BL

Claim Number: 25F30M590202\*  
 Claimant: Kaminczak, Steve  
 Claimant Address: 5740 San Felipe St Apt 627  
 Houston, TX 770570013  
 Provider Tax ID: 741152597 Vendor: 302586544\*  
 Provider Ref: H100006166 Geo Zip: 77030

PPO/OSR ID:  
 NPI Number: 1982666111  
 Social Security: XXX-XX-8171  
 DOI: 01/30/2025  
 Carrier Rcvd Date: 09/29/2025  
 DWC Claim:

MHHS HERMANN HOSPITAL  
 PO BOX 301208  
 DALLAS, TX 75303

ICD-DX1: M46.26 Osteomyelitis of vertebra, lumbar region  
 ICD-DX2: K94.23 Gastrostomy malfunction  
 ICD-DX3: I10 Essential (primary) hypertension  
 ICD-DX4: D64.9 Anemia, unspecified

Admitted: 03/02/2025 Discharged: 03/07/2025

Region: 18 Medicare: 450068 Weight: 1.2941 Billed DRG: Paid DRG: 540 Desc: OSTEOMYELITIS WITH CC

## Attn. Medical Provider:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	Net/Red	Other/Red	Allowance	Reasons
03/02/25	21	120		ROOM-BOARD/SEI	4.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$9,170.00/\$0.00											
03/02/25	21	250		PHARMACY	139.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$474.25/\$0.00											
03/02/25	21	252		DRUGS/NONGENE	600.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$227.75/\$0.00											
03/02/25	21	255		DRUGS/INCIDENT	152.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$928.75/\$0.00											
03/02/25	21	258		IV SOLUTIONS	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$21.00/\$0.00											
03/02/25	21	278		SUPPLY/IMPLANT	2.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$1,202.04/\$0.00											
03/02/25	21	300		LABORATORY OR	3.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$904.00/\$0.00											
03/02/25	21	301		LAB/CHEMISTRY	7.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$3,903.00/\$0.00											
03/02/25	21	302		LAB/IMMUNOLOG	2.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$361.00/\$0.00											
03/02/25	21	305		LAB/HEMATOLOG	8.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$1,886.75/\$0.00											
03/02/25	21	306		LAB/BACT-MICRO	2.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$314.50/\$0.00											



Houston ISD 9005

**RE-EVALUATION**

Process Date: 10/08/2025

Re-Evaluation Control Number: 12824

Original Control Number: 9107710

EOR Page 2 of 3

Rev/Aud: BL/BL

Claim Number: 25F30M590202\*  
 Claimant: Kaminczak, Steve  
 Claimant Address: 5740 San Felipe St Apt 627  
 Houston, TX 770570013

Provider Tax ID: 741152597 Vendor: 302586544\*  
 Provider Ref: H100006166 Geo Zip: 77030

PPO/OSR ID:  
 NPI Number: 1982666111  
 Social Security: XXX-XX-8171  
 DOI: 01/30/2025  
 Carrier Rcvd Date: 09/29/2025  
 DWC Claim:

MHHS HERMANN HOSPITAL  
 PO BOX 301208  
 DALLAS, TX 75303

ICD-DX1: M46.26 Osteomyelitis of vertebra, lumbar region  
 ICD-DX2: K94.23 Gastrostomy malfunction  
 ICD-DX3: I10 Essential (primary) hypertension  
 ICD-DX4: D64.9 Anemia, unspecified

Admitted: 03/02/2025 Discharged: 03/07/2025

Region: 18 Medicare: 450068 Weight: 1.2941 Billed DRG: Paid DRG: 540 Desc: OSTEOMYELITIS WITH CC

## Attn. Medical Provider:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

DOS	POS	Code	Mod	Service Description	Units	Charge	BR/Red	Net/Red	Other/Red	Allowance	Reasons
03/02/25	21	324		DX X-RAY/CHEST	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$843.50/\$0.00											
03/02/25	21	420		PHYSICAL THERP	4.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$1,024.50/\$0.00											
03/02/25	21	424		PHYS THERP/EVAI	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$982.25/\$0.00											
03/02/25	21	430		OCCUPATION THE	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$108.50/\$0.00											
03/02/25	21	434		OCCUP THERP/EV	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$1,028.25/\$0.00											
03/02/25	21	450		EMERG ROOM	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$5,509.50/\$0.00											
03/02/25	21	480		CARDIOLOGY	1.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$4,827.00/\$0.00											
03/02/25	21	612		MRI-SPINE	3.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$24,813.00/\$0.00											
03/02/25	21	761		TREATMENT RM	2.000	0.00	0.00	0.00	0.00	0.00	219,W3,2005, 5154
Original Charge/Allowance: \$15,075.50/\$0.00											
<b>TOTALS:</b> 0.00 0.00 0.00 0.00											
<b>TOTAL RECOMMENDED ALLOWANCE:</b> 0.00											

**Note:**

charge unrelated to compensable injury, admitted for chronic problem Osteomyelitis due to MRSA from an unrelated surgery

**Reason Code Reimbursement Description:**

W3 -BILL IS A RECONSIDERATION OR APPEAL.  
 219 -BASED ON EXTENT OF INJURY  
 2005 -NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.



Houston ISD 9005

RE-EVALUATION

Process Date: 10/08/2025

Re-Evaluation Control Number: 12824

Original Control Number: 9107710

EOR Page 3 of 3

Rev/Aud: BL/BL

Claim Number: 25F30M590202\*  
Claimant: Kaminczak, Steve  
Claimant Address: 5740 San Felipe St Apt 627  
Houston, TX 770570013  
  
Provider Tax ID: 741152597 Vendor: 302586544\*  
Provider Ref: H100006168 Geo Zip: 77030

PPO/OSR ID:  
NPI Number: 1982666111  
Social Security: XXX-XX-8171  
DOI: 01/30/2025  
Carrier Rcvd Date: 09/29/2025  
DWC Claim:

MHHS HERMANN HOSPITAL  
PO BOX 301208  
DALLAS, TX 75303

ICD-DX1: M46.26 Osteomyelitis of vertebra, lumbar region  
ICD-DX2: K94.23 Gastrostomy malfunction  
ICD-DX3: I10 Essential (primary) hypertension  
ICD-DX4: D64.9 Anemia, unspecified

Admitted: 03/02/2025 Discharged: 03/07/2025

Region: 18 Medicare: 450068 Weight: 1.2941 Billed DRG: Paid DRG: 540 Desc: OSTEOMYELITIS WITH CC

## Attn. Medical Provider:

This is in response to your recent inquiry regarding the bill review analysis for services rendered to the above referenced patient. Based on the receipt of clarifying and/or additional information we hereby recommend the following:

5154 -CHARGE UNRELATED TO THE COMPENSABLE INJURY

Thank you, Provider Relations

Additional ICD Codes: ICD-DX5: M48.56XA Collapsed vertebra, NEC, lumbar ICD-DX9: Z98.84 Bariatric surgery status  
ICD-DX6: M46.27 Osteomyelitis of vertebra, ICD-DX10: Z86.14 Personal history of methicillin resis  
ICD-DX7: G89.29 Other chronic pain ICD-DX11: Z79.899 Other long term (current) drug  
ICD-DX8: Z53.29 Proc/trtmt not crd out bec pt decision

Carrier/Insurer: HOUSTON INDEPENDENT SCHOOL DISTRICT, 4400 West 18th Street, Houston, TX 77092

Employer: BELLAIRE HIGH SCHOOL, 5100 MAPLE, BELLAIRE, TX 77401

Insurance carrier payment to the health care provider shall be according to Commission medical policies and fee guidelines in effect on the date(s) of service(s). Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of the liability under Labor Code §408.024. However, pursuant to §133.250 of this title, the health care provider may file an appeal with the insurance carrier if the health care provider disagrees with the insurance carrier's determination.

NOTE: With few exceptions, you are entitled on request, to be informed about the information that TDI-DWC collects about you. Under §552.021 and §552.023 of the Government Code, you are entitled to receive and review the information. Under §559.004 of the Government Code you are entitled to have TDI-DWC correct information about you that is incorrect. For more information, call the TDI-DWC Open Records section at (512) 804-4434.

All medical bills, including requests for reconsideration, should be sent directly to the carrier at the following address:

CCMSI  
P. O. Box 3309  
Bellaire, TX 77402

Inquiries regarding this bill review, please contact Ethos, PO Box 99 Broussard, LA 70518, at 866-532-1929 or by email, novarebr@ethosrisk.com. Ethos neither the employer nor the insurance carrier, nor is it responsible for payment of the medical services contained in this Explanation of Benefits.

CPT © 2024 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. CPT is a registered trademark of the American Medical Association

\* Workers' Compensation \*

MHHS HERMANN HOSPITAL 6411 FANNIN HOUSTON TX 770301501		MHHS HERMANN HOSPITAL P O BOX 301208 DALLAS TX 753031208		3a PAT. CNTL # <b>H1000061698900</b>	4 TYPE OF BILL <b>0111</b>								
				b MED. REC. # <b>38345229</b>									
				5 FED. TAX NO. <b>7411152597</b>	6 STATEMENT COVERS PERIOD FROM <b>030225</b> TO <b>030725</b>								
7133385502				7									
8 PATIENT NAME <b>a 25F 30M 590202</b>		9 PATIENT ADDRESS <b>a 5740 SAN FELIPE #627</b>											
b KAMINCZAK STEVE		b HOUSTON		c TX <b>d 77057</b>	e								
10 BIRTHDATE <b>05281974</b>	11 SEX <b>M</b>	ADMISSION 12 DATE <b>030325</b>	13 HR <b>22</b>	14 TYPE <b>1</b>	15 SRC <b>1</b>	16 DHR <b>20</b>	17 STAT <b>07</b>	18 19 20 21 22 23 24 25 26 27 28	CONDITION CODES 29 ACCT STATE <b>30</b>				
31 OCCURENCE DATE <b>a 04 030225</b>	32 OCCURENCE DATE <b>11 030225</b>	33 OCCURENCE DATE <b>b</b>	34 OCCURENCE DATE <b>c</b>	35 OCCURENCE SPAN FROM <b>d</b>	36 OCCURENCE SPAN THROUGH <b>e</b>	37							
<b>38 WC CCMSI PO BOX 802082 DALLAS, TX 75380-2082</b>								39 CODE <b>a 01</b>	VALUE CODES AMOUNT <b>206800 80 4</b>	40 CODE <b>b</b>	VALUE CODES AMOUNT <b>c</b>	41 CODE <b>d</b>	VALUE CODES AMOUNT
42 REV. CD.	43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49			
1	0120 R & B - SEMI						4	917000	000	1			
2	0250 PHARMACY (ALSO SEE 063X,						139	47425	000	2			
3	0252 PHARMACY (ALSO SEE 063X,						600	22775	000	3			
4	0255 PHARMACY (ALSO SEE 063X,						152	92875	000	4			
5	0258 PHARMACY (ALSO SEE 063X,						1	2100	000	5			
6	0278 OTHER IMPLANT MED/SURG S						2	120204	000	6			
7	0300 LAB - GENERAL CLASSIFICA						3	90400	000	7			
8	0301 LAB - CHEMISTRY						7	390300	000	8			
9	0302 LAB - IMMUNOLOGY						2	36100	000	9			
10	0305 LAB - HEMATOLOGY						8	188675	000	10			
11	0306 LAB - BACT & MICRO						2	31450	000	11			
12	0324 RAD/DX - CHEST X-RAY						1	84350	000	12			
13	0420 PHYS THERAPY - GENERAL C						4	102450	000	13			
14	0424 PHYS THERAPY - EVAL OR R						1	98225	000	14			
15	0430 OCCUPATIONAL THERAPY - G						1	10850	000	15			
16	0434 OCCUPATIONAL THERAPY - E						1	102825	000	16			
17	0450 ER - GENERAL CLASSIFICATI						1	550950	000	17			
18	0480 CARDIOLOGY						1	482700	000	18			
19	0612 MRI - SPINAL CORD/SPINE						3	2481300	000	19			
20	0761 SPECIALTY SVCS - TREATME						2	1507550	000	20			
21										21			
22										22			
23	<b>0001 PAGE 1 OF 1</b>	CREATION DATE <b>031825</b>			TOTALS ➔	<b>7360504</b>	<b>000</b>			23			
50 PAYER NAME <b>A WC CCMSI</b>			51 HEALTH PLAN ID <b>70001701</b>		SZ REL INFO <b>Y</b>	SR ASG. BEN. <b>Y</b>	54 PRIOR PAYMENTS <b>000</b>	55 EST. AMOUNT DUE <b>7360504</b>	56 NPI <b>1982666111</b>				
C									57 OTHER PRV ID <b>000347TX</b>				
58 INSURED'S NAME <b>A HOUSTON INDEPENDENT SCHOO</b>			59 P. REL <b>20</b>	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.					
B													
C													
63 TREATMENT AUTHORIZATION CODES <b>A NONE</b>				64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME <b>HOUSTON ISD</b>						
B													
C													
66 DX M4626 YK9423 YI10 YD649 YM4856XAYM4627 YM4647 YG8929 YZ5329 N <sup>68</sup> 0Z9884 Z8614 Z79899		69 ADMIT DX <b>M5441</b>		70 PATIENT REASON DX <b>70</b>		71 PPS CODE <b>540</b>	72 ECI <b>73</b>						
74 PRINCIPAL PROCEDURE CODE <b>a</b>		OTHER PROCEDURE DATE <b>CODE</b>		OTHER PROCEDURE DATE <b>b</b>		75	76 ATTENDING NPI <b>1861012668</b>	QUAL <b>OBMDU8656TX</b>					
							LAST <b>SAAB</b>	FIRST <b>OMAR NAJI</b>					
C OTHER PROCEDURE CODE <b>c</b>		OTHER PROCEDURE DATE <b>CODE</b>		OTHER PROCEDURE DATE <b>d</b>			77 OPERATING NPI	QUAL					
							LAST	FIRST					
80 REMARKS			81CC <b>a</b>	B3282N00000X				78 OTHER NPI	QUAL				
			<b>b</b>					LAST	FIRST				
			<b>c</b>					79 OTHER NPI	QUAL				
			<b>d</b>					LAST	FIRST				



920 Frostwood Drive  
Suite 3:100  
Houston, TX 77024-2314  
713-338-5502

#### Itemized Statement of Charges

Patient Name	Subscriber ID
Kaminczak,Steve	25F30M590202

Ccmsi

The following document contains the itemized charge detail for:

Patient Name <b>Kaminczak,Steve</b>	Invoice Number <b>H1000061698901</b>	Claim Dates of Service <b>3/2/2025 - 3/7/2025</b>	Total Charges <b>73,605.04</b>
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#### Charges

Svc Date	Rev	CPT® / Mod Code	HCPCS	Description	Qty	Amount
03/02/25	0250	-		Acetaminophen 325 Mg Tablet (0904-6773-61)	2	1.25
03/02/25	0250	-		Oxycodone-Acetaminophen 5-325 Mg Tablet (50268-644-11)	1	3.00
03/02/25	0300	86850		HC RBC Antibody Screen - Antibody Screen	1	417.50
03/02/25	0300	86900		HC Blood Typing Serologic Abo Type	1	252.50
03/02/25	0300	86901		HC Blood Typing Serologic Rh (D)	1	234.00
03/02/25	0301	80053		HC Metabolic Panel,Comprehensive - Bundled Charge	1	901.25
03/02/25	0305	85025		HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	307.75
03/02/25	0305	85610		HC Prothrombin Time - Protome-Inr	1	105.50
03/02/25	0305	85730		HC Thromboplastin Time Partial - Aptt	1	81.00
03/02/25	0450	99285		HC Emergency Department Level 5 Visit High Severity&Threat Func	1	5,509.50
03/03/25	0120	-		HC Room Chrg - Acute Adult Tmc	1	2,292.50
03/03/25	0250	-		Hydrocodone-Acetaminophen 5-325 Mg Tablet (60687-396-11)	1	4.50
03/03/25	0250	-		Gabapentin 100 Mg Capsule (60687-580-11)	2	2.75
03/03/25	0250	-		Gabapentin 300 Mg Capsule (60687-591-11)	2	3.25
03/03/25	0250	-		Acetaminophen-Codeine 300-30 Mg Tablet (0406-0484-23)	1	3.50



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Svc Date	Rev	CPT®/ Mod Code	Description	Qty	Amount
		HCPSCS			
03/03/25	0250	-	Gabapentin 100 Mg Capsule (60687-580-11)	2	2.75
03/03/25	0250	-	Gabapentin 300 Mg Capsule (60687-591-11)	2	3.25
03/03/25	0250	J1885	Ketorolac per 15 Mg (63323-162-00)	1	4.50
03/03/25	0250	J1885	Ketorolac per 15 Mg (63323-162-00)	1	4.50
03/03/25	0250	J2272	Morphine Pf 4 Mg/MI Solution (72572-440-01)	1	70.25
03/03/25	0250	J2272	Morphine Pf 4 Mg/MI Solution (72572-440-01)	1	70.25
03/03/25	0250	J2405	Ondansetron per 1 Mg (72572-520-01)	4	9.50
03/03/25	0255	A9577	Gadobenate Dimeglumine 529 Mg/MI Solution (0270-5164-14)	15	281.25
03/03/25	0301	83605	HC Assay of Lactic Acid - Lactate	1	312.25
03/03/25	0302	86140	HC C-Reactive Protein - C-Reactive Protein	1	218.50
03/03/25	0302	86141	HC C-Reactive Protein,High Sensitivity - High Sensitivity Crp	1	142.50
03/03/25	0305	85652	HC RBC Sed Rate, Auto - Sedimentation Rate, Automated	1	161.50
03/03/25	0306	87040	HC Culture Blood	1	157.25
03/03/25	0306	87040	HC Culture Blood	1	157.25
03/03/25	0612	72158	HC MRI, Lumbar Spine Combo - MRI Lumbar Spine W WO Contrast	1	8,069.25
03/04/25	0120	-	HC Room Chrg - Acute Adult Tmc	1	2,292.50
03/04/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/04/25	0250	-	Sodium Chloride 0.9 % Solution (68883-600-10)	1	7.00
03/04/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00



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Svc Date	Rev	CPT®/ Mod Code	HCPGS	Description	Qty	Amount
03/04/25	0250	-		Tramadol 50 Mg Tablet (60687-795-11)	1	1.50
03/04/25	0250	-		Acetaminophen 500 Mg Tablet (0904-6730-80)	2	1.00
03/04/25	0250	-		Duloxetine 30 Mg Capsule Delayed-Release Particles (60687-734-11)	1	9.50
03/04/25	0250	-		Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/04/25	0250	-		Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/04/25	0250	-		Losartan 50 Mg Tablet (0904-7048-61)	1	2.75
03/04/25	0250	-		Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/04/25	0250	-		Tramadol 50 Mg Tablet (60687-795-11)	1	1.50
03/04/25	0250	-		Acetaminophen 500 Mg Tablet (0904-6730-80)	2	1.00
03/04/25	0250	-		Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/04/25	0250	-		Tramadol 50 Mg Tablet (60687-795-11)	1	1.50
03/04/25	0250	-		Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/04/25	0250	-		Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/04/25	0250	-		Sennosides 8.6 Mg Tablet (0904-7252-61)	2	1.25
03/04/25	0250	-		Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/04/25	0250	-		Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/04/25	0250	-		Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/04/25	0250	-		Lorazepam 0.5 Mg Tablet (69315-904-01)	2	1.25
03/04/25	0255	A9575		Gadoterate Meglumine 10 Mmol/20ml Solution (67684-2000-3)	135	245.75



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Svc Date	Rev	CPT®/ Mod Code	Description	Qty	Amount
		HCPSCS			
03/04/25	0255	Q9950	Sulfur Hexafluoride Lipid-Type a Microspheres 60.7-25 Mg Reconstituted Suspension (0270-7099-16)	2	401.75
03/04/25	0301	80048	HC Basic Metabolic Panel Calcium Total - Bundled Charge	1	669.50
03/04/25	0305	85025	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	307.75
03/04/25	0420	97116	HC Pt Gait Training Therapy	1	251.25
03/04/25	0424	97162	HC Pt Physical Therapy Evaluation Mod Complex 30 Mins	1	982.25
03/04/25	0434	97166	HC Ot Occupational Therapy Eval Mod Complex 45 Mins	1	1,028.25
03/04/25	0480	93306	HC Tte W/Doppler Complete - Tte Complete	1	4,827.00
03/04/25	0612	72156	HC MRI, Cerv Spine Combo - MRI Cervical Spine W WO Contrast	1	9,407.50
03/04/25	0612	72157	HC MRI, Dorsal Spine Combo - MRI Thoracic Spine W WO Contrast	1	7,336.25
03/05/25	0120	-	HC Room Chrg - Acute Adult Tmc	1	2,292.50
03/05/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/05/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/05/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/05/25	0250	-	Duloxetine 30 Mg Capsule Delayed-Release Particles (68001-595-08)	1	1.00



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Svc Date	Rev	CPT® / Mod Code	Description	Qty	Amount
		HCPCS			
03/05/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/05/25	0250	-	Tramadol 50 Mg Tablet (60687-795-11)	1	1.50
03/05/25	0250	-	Polyethylene Glycol (Peg) 3350 17 G Pack (60687-431-99)	1	9.75
03/05/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/05/25	0250	-	Losartan 50 Mg Tablet (0904-7048-61)	2	5.25
03/05/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	1	3.75
03/05/25	0250	-	Acetaminophen 500 Mg Tablet (57896-201-10)	2	1.00
03/05/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/05/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/05/25	0250	-	Tramadol 50 Mg Tablet (60687-795-11)	2	3.00
03/05/25	0250	-	Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/05/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/05/25	0250	-	Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/05/25	0250	-	Lorazepam 0.5 Mg Tablet (69315-904-01)	2	1.25
03/05/25	0250	-	Acetaminophen 500 Mg Tablet (0904-6730-80)	2	1.00
03/05/25	0301	80048	HC Basic Metabolic Panel Calcium Total - Bundled Charge	1	669.50
03/05/25	0305	85025	HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	307.75
03/05/25	0420	97116	HC Pt Gait Training Therapy	1	251.25
03/06/25	0120	-	HC Room Chrg - Acute Adult Tmc	1	2,292.50
03/06/25	0250	-	Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00



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Svc Date	Rev	CPT®/ Mod Code	HCPCS	Description	Qty	Amount
03/06/25	0250	-		Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/06/25	0250	-		Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/06/25	0250	-		Tramadol 50 Mg Tablet (60687-795-11)	2	3.00
03/06/25	0250	-		Ibuprofen 400 Mg Tablet (60687-446-11)	2	2.75
03/06/25	0250	-		Duloxetine 30 Mg Capsule Delayed-Release Particles (68001-595-08)	1	1.00
03/06/25	0250	-		Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/06/25	0250	-		Losartan 50 Mg Tablet (68084-347-11)	2	6.75
03/06/25	0250	-		Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/06/25	0250	-		Duloxetine 30 Mg Capsule Delayed-Release Particles (68001-595-08)	1	1.00
03/06/25	0250	-		Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/06/25	0250	-		Sodium Chloride 0.9 % Solution (68883-600-10)	1	7.00
03/06/25	0250	-		Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/06/25	0250	-		Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/06/25	0250	-		Tramadol 50 Mg Tablet (60687-795-11)	2	3.00
03/06/25	0250	-		Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/06/25	0250	-		Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/06/25	0250	-		Tramadol 50 Mg Tablet (60687-795-11)	2	3.00
03/06/25	0250	-		Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/06/25	0250	-		Acetaminophen 500 Mg Tablet (0904-6730-80)	2	1.00
03/06/25	0250	J1650		Enoxaparin per 10 Mg (63323-564-21)	4	37.75
03/06/25	0278	C1751		Tray Cath Dual Lm Picc 5fr Max	1	601.02



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Svc Date	Rev	CPT®/ Mod Code	HCPCS	Description	Qty	Amount
03/06/25	0278	C1751		Tray Cath Dual Lm Picc 5fr Max	1	601.02
03/06/25	0301	80048		HC Basic Metabolic Panel Calcium Total - Bundled Charge	1	669.50
03/06/25	0305	85025		HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	307.75
03/06/25	0324	71045		HC Radiologic Exam Chest Single View - Xr Chest 1 View	1	843.50
03/06/25	0430	97535		HC Ot Self-Care/Home Mgmt Training Each 15 Minutes	1	108.50
03/06/25	0761	36573		HC Ins Pic No Prt/Pmp >5yr W/Guidance	1	7,537.75
03/06/25	0761	36573		HC Ins Pic No Prt/Pmp >5yr W/Guidance	1	7,537.75
03/07/25	0250	-		Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/07/25	0250	-		Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/07/25	0250	-		Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/07/25	0250	-		Losartan 50 Mg Tablet (68084-347-11)	2	6.75
03/07/25	0250	-		Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/07/25	0250	-		Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50
03/07/25	0250	-		Duloxetine 60 Mg Capsule Delayed-Release Particles (68001-596-08)	1	1.75
03/07/25	0250	-		Acetaminophen 500 Mg Tablet (0904-6720-80)	2	1.00
03/07/25	0250	-		Gabapentin 400 Mg Capsule (60687-602-11)	2	4.00
03/07/25	0250	-		Methocarbamol 500 Mg Tablet (60687-559-11)	1	2.75
03/07/25	0250	-		Oxycodone 5 Mg Tablet (68084-354-11)	2	7.50



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Svc Date	Rev	CPT®/ Mod Code	HCPCS	Description	Qty	Amount
03/07/25	0250	-		Sodium Chloride 0.9 % Solution (8290-306546)	1	3.75
03/07/25	0252	J0878		Daptomycin per 1 Mg (43598-413-11)	600	227.75
03/07/25	0258	J7050		Sodium Chloride 0.9% (0338-0049-38)	1	21.00
03/07/25	0301	80048		HC Basic Metabolic Panel Calcium Total - Bundled Charge	1	669.50
03/07/25	0301	82947		HC Assay Quantitative,Blood Glucose - POCT Glucometer	1	11.50
03/07/25	0305	85025		HC Complete Cbc & Auto Diff Wbc - Additional Charge	1	307.75
03/07/25	0420	97116		HC Pt Gait Training Therapy	1	251.25
03/07/25	0420	97530		HC Pt Therapeutic Activity Direct Pt Contact Each 15 Min	1	270.75

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care)**

**H&P Notes**

**H&P by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 0043**

Author: Bhrugesh Jogeshkumar Shah, MD    Service: Internal Medicine  
Filed: 3/4/2025 1:00 AM    Date of Service: 3/4/2025 12:43 AM  
Editor: Bhrugesh Jogeshkumar Shah, MD (Physician)

Author Type: Physician  
Status: Signed

**Subjective**

**Chief Complaint**

Patient presents with

- Back Pain

:

**History Of Present Illness**

50-year-old gentleman with past medical history significant for back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line, complicated by MRSA bacteremia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

Patient otherwise hemodynamically stable. Denies any bowel bladder incontinence or saddle anesthesia. The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. Patient otherwise denies any fever. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

Patient continues to have leakage from the G-tube stoma. Patient is able to tolerate p.o. intake. He only uses G-tube for medications. Patient has complex bariatric surgery history.

**Past Medical History**

HTN

Back pain

H/o MRSA infection

Spinal osteomyelitis

**Surgical History**

He has no past surgical history on file.

**Family History**

No family history on file.

**Social History**

He has no history on file for tobacco use, alcohol use, and drug use.

**Allergies**

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)****H&P Notes (continued)**

Patient has no known allergies.

**Medications**

No current outpatient medications

**Review of Systems****Objective****Last Recorded Vitals**

Blood pressure (!) **185/96**, pulse 64, temperature 36.7 °C (98 °F), resp. rate 18, height 1.753 m (5' 9"), weight 74.8 kg (165 lb), SpO2 96%.

**Physical Exam:**

General Alert awake oriented not in apparent distress

Heart regular rate and rhythm

Lungs clear to auscultation bilaterally

Abdomen soft nontender, G stoma present, peristomal leaking noted covered in gauze

Neuro A and O x 3

Musculoskeletal no midline spinal tenderness noted, right lower extremity straight leg test positive with pain radiating to his right glutes.

**Lab Results****Results from last 7 days**

Lab	Units	03/02/25
		2050
WBC	10 <sup>3</sup> /uL	6.97
HEMOGLOBIN	g/dL	13.0
HEMATOCRIT	%	40.0
PLATELETS	10 <sup>3</sup> /uL	348

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**H&P Notes (continued)**

**Results from last 7 days**

Lab	Units	03/02/25 2050
SODIUM	mEq/L	<b>131*</b>
POTASSIUM	mEq/L	3.8
CHLORIDE	mEq/L	98
CO2	mEq/L	30.2
BUN	mg/dL	9
CREATININE	mg/dL	0.78
GLUCOSE	mg/dL	<b>101*</b>
CALCIUM	mg/dL	8.3

**Imaging Results**

MRI lumbar spine w and wo IV contrast

Result Date: 3/3/2025

EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST DATE: 3/3/2025 11:02 INDICATION: lower back pain . COMPARISON: Correlation to abdomen pelvis CT 12/11/2020 TECHNIQUE: Multiplanar, multisequence, precontrast and postcontrast MR imaging of the lumbar spine. IV contrast: Refer to MRI technologist documentation FINDINGS: Numbering: The inferior-most, lumbar-type vertebral body is referred to as L5. Alignment: Minimal retrolisthesis of L3 over L4. Postsurgical changes of posterior decompression at L5-S1. Postoperative: L4 and L5 laminectomy. Bones: T1 hypointense T2 hyperintense signal is noted at L5 vertebral body consistent with bone marrow edema. Otherwise the vertebral body bone marrow shows normal signal. L5 pathologic fracture with approximately 30% height loss without significant retropulsion. Associated epidural enhancement at L4, L5 and S1 levels. There is paravertebral enhancement at L5. Conus medullaris: Normal in size and signal. Terminates at L1-L2. Cauda equina: Nonenlarged. Individual levels: L1-L2: Normal. L2-L3: Normal. L3-L4: Disc bulge and facet joint hypertrophy results in moderate bilateral neural foraminal narrowing and mild spinal canal stenosis. L4-L5: Disc bulge and facet joint hypertrophy, with an associated central disc protrusion results in severe right and moderate left neural foraminal narrowing. L5-S1: Disc bulge, facet joint hypertrophy and endplate spurring resulting in severe bilateral neural foraminal narrowing there is a central disc protrusion. No significant spinal canal stenosis. Other: Incidental retroperitoneal structures are unremarkable Postcontrast: Peripheral enhancement of the disc and L5 vertebral body with evidence of diffusion restriction in keeping with osteomyelitis (chronic versus acute or chronic) (series 601/602 image 4). There is also associated abnormal enhancement of the posterior paraspinal and anterior paraspinal muscles (series 901 image 14). No organized/drainable fluid IMPRESSION: \* Findings concerning for a discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon. \* No evidence of fluid collections. \* Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion. This report was dictated by a Radiology Resident/Fellow/APP: Reema AlRasheed, RES 3/3/2025 14:41 This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings. Report finalized by: Andres Rodriguez Gonzalez, MD 3/3/2025 16:49

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**H&P Notes (continued)**

**Assessment**

**Assessment & Plan**

**Acute midline low back pain with right-sided sciatica**

Imaging as discussed above concern for Osteomyelitis/discitis on imaging with phlegmon and L5 compression fracture  
No concern for cauda equina at this time

Neurosurgery on board and no acute plan for surgical intervention

Pending entire MRI imaging of spine

CRP mildly elevated

Will monitor off antibiotics for now

PT OT evaluation

PT is duloxetine and Gabapentin

Will resume

MMPR with tylenol tramadol and Oxycodone

**Hypertension**

Lisinopril

Resume

**Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)**

Neurosurgery is on board

**Discitis**

As above imaging findings concerning for discitis

Blood cultures were drawn

**History of MRSA infection**

Completed daptomycin for 6 weeks

On Clindamycin PO> PT is self medicating

TTE ordered

**Malfunction of gastrostomy tube (CMS/HCC) (HCC)**

Leaking surrounding stoma

Can have EGS evaluation

Outpatient bariatric surgery evaluation

**VTE prophylaxis:** Holding chemo ppx until

**Disposition:** Follow hospital course

Electronically signed by Bhrugesh Jogeshkumar Shah, MD at 3/4/2025 1:00 AM

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Discharge Summary Note**

**Discharge Summary by Omar Naji Saab Saab, MD at 3/7/2025 1429**

Author: Omar Naji Saab Saab, MD  
Filed: 3/8/2025 3:22 PM  
Editor: Omar Naji Saab Saab, MD (Physician)

Service: Internal Medicine  
Date of Service: 3/7/2025 2:29 PM

Author Type: Physician  
Status: Addendum

**Date of discharge:**

3/7/2025

**Discharge Diagnosis**

Principal Problem:

Acute midline low back pain with right-sided sciatica

Active Problems:

Hypertension

Closed compression fracture of L5 lumbar vertebra, initial encounter (HCC)

Discitis

History of MRSA infection

Malfunction of gastrostomy tube (CMS/HCC) (HCC)

Anemia, unspecified

Resolved Problems:

\* No resolved hospital problems. \*

**Hospital Course**

Steve Kaminczak is a 50 y.o. male presenting with back pain, history of laminectomy many years ago, history of gastric sleeve surgery with complication, SBO s/p gastric bypass, esophageal stricture with J tube placement, h/o TPN via central line for 5 years, recently complicated by MRSA bacteraemia and osteomyelitis completed daptomycin course, now able to tolerate p.o. intake (except pills) presented to hospital with worsening back pain that is radiating to his right hip. Patient endorses falling at his school week ago.

The imaging showed L4-L5 and L5-S1 discitis/osteomyelitis with associated epidural phlegmon. He completed daptomycin course. Has no central line. Patient still takes clindamycin without any prescription. Patient takes over OxyContin from the street for his pain.

**During this admission:**

NSGY spine recommended I&D but the patient refused as he is a school teacher, lives alone, no financial savings, and he needs 3 months for recovery post op, that's why he wants to be discharged on ABX and get the surgery done in the Summer. IR was consulted to see if he has a drainable abscess, but they said no intervention.

**ID recommended:**

- Daptomycin 8mg/kg Q24 until 3/16/25
- Every Monday labs: CBC with differential, CMP, CPK, ESR, and CRP

Please fax above labs to **(281) 365-0085**

Attention Dr Charles Ericsson

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)****Discharge Summary Note (continued)****Outpatient follow up:**

- PCP in 3 days
- Infectious diseases: Patient follows with Dr. Khouri (832-410-1464) who recommended OPAT again for a few months until patient is ready for surgery. OPAT to follow and patient will re-establish care with Dr. Khouri
- Pain management doctor:

**UT Pain clinics**

Pearland Main Branch: 713-486-6000  
MHOSH Pain Clinic: 713-486-6000  
Bayshore Pain Clinic: 713-486-6325

**Addendum:**

- Pain management team met with the patient and made recommendations, the patient was not satisfied with.
- During the afternoon round of the floor quality manager, the patient mentioned to her that his pain is not well controlled and he would go get drugs by himself, this was reported to the primary and ID teams. I personally discussed it with the patient, he mentioned that he was joking, but after discussing with the nurses; it seems this is not the first time he spoke about getting pain drugs from non-prescription sources.
- Based on that ID canceled his OPAT as risks are over the benefits.
- We offered him to stay in the hospital for IV antibiotics, vs going to SNF for IV antibiotics, or at least to stay until Monday to arrange a visit to his primary ID doctor, but the patient insisted to ask the RN to remove his PICC line and leave.
- We told him this will be AMA as you are not following our medical advices.
- I discussed this issue with the CM, charge nurse, ID doctor, and risk assessment division.
- The patient has capacity to make decisions.
- I will order doxycycline pills to be sent to his pharmacy, although it is not an optimal option and not a common practice for patients leaving AMA, but we concerned about the patient's health and we want to help him out in any way we can.

**Information Provided to Patient/Family**

I discussed with the patient/family details of the stay. See After Visit Summary which were reviewed and shared with patient/family.

**Operative Procedures Performed**

Procedure(s):

LUMBAR 5 CORPECTOMY, LUMBAR 3- PELVIS POSTERIOR SPINAL FUSION

**Pertinent Physical Exam At Time of Discharge**

Physical Exam:

General: NAD

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)****Discharge Summary Note (continued)**

Head: Normocephalic

Neck: No masses, no JVD

Lung: Good air entry bilaterally, no wheezing, crackles.

Heart: regular rhythm, normal rate, no murmurs

Abdomen: soft, non tender

Back: no CVA tenderness

Extremities: no edema

Skin: no rash

Neurology: Alert and oriented X 4 , answer questions appropriately, follow commands. RLE 3/5, LLE 5/5

Pulses: Good pulses in the upper and lower extremities

**Patient Condition at Discharge**

Stable

**Disposition**

Home with Home Health

**Discharge Medications****New**

- acetaminophen (Tylenol) 500 MG tablet - 1,000 mg Every 6 hours scheduled
- heparin flush 100 units/mL solution - 300 Units As needed (3 mL)
- Heparin Sod, Pork, Lock Flush (heparin flush) 10 units/mL injection - 30 Units As needed
- ibuprofen 800 MG tablet - 800 mg Every 8 hours PRN
- melatonin 3 MG tablet - 6 mg Nightly PRN
- methocarbamol (Robaxin) 500 MG tablet - 500 mg Every 6 hours scheduled
- oxyCODONE (Roxicodone) 10 MG immediate release tablet - 10 mg Every 6 hours PRN
- polyethylene glycol, PEG, 3350 (Miralax) 17 g packet - 17 g Daily
- sennosides (Senokot) 8.6 MG tablet - 17.2 mg Nightly (2 tablet)
- sodium chloride (NS) 0.9 % flush - 10 mL As needed
- sodium chloride 0.9 % solution 100 mL with DAPTOmycin 350 mg/7mL wet vial 600 mg - 600 mg Every 24 hours scheduled (rounded from 598.4 mg = 8 mg/kg × 74.8 kg)

**Changed**

- DULoxetine (Cymbalta) 60 MG DR capsule - 60 mg Daily - Dose changed from "30 mg" to "60 mg". Frequency changed from "Daily 630" to "Daily".
- gabapentin (Neurontin) 600 MG tablet - 1,200 mg 3 times daily - Dose changed from "800 mg" to "1,200 mg". Frequency changed from "2 times daily" to "3 times daily".
- losartan (Cozaar) 100 MG tablet - 100 mg Daily - Dose changed from "50 mg" to "100 mg". Frequency changed from "Daily RT" to "Daily".

**Stopped**

- clindamycin (Cleocin) 300 MG capsule - 300 mg 3 times daily

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Discharge Summary Note (continued)**

**Continued**

- amphetamine-dextroamphetamine (Adderall) 30 MG tablet - 30 mg 2 times daily
- LORazepam (Ativan) 1 MG tablet - 1 mg Daily PRN

**Test Results Pending At Discharge**

**Pending Labs**

Order	Current Status
Candida Auris Fungal Culture Surveillance	In process
Blood culture, peripheral #1	Preliminary result
Blood culture, peripheral #2	Preliminary result

**Issues Requiring Follow-Up**

Weekly labs

**Outpatient Follow-Up**

**Ambulatory referral to Home Health**      3/6/2025 (Approximate)

**Home Health Services**

**Referral to Home Health for Home Infusion**      3/6/2025 (Approximate)

**Home Health Services**

**Follow Up In Internal Medicine**      3/10/2025

**Time Spent:** I have spent total 120 minutes completing this discharge.

Electronically signed by Omar Naji Saab Saab, MD at 3/8/2025 3:22 PM

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging**

**Echocardiography**

**Transthoracic echo (TTE) complete (Final result)**

Electronically signed by: **Michael Alexis Goutnik, MD on 03/03/25 1750**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Michael Alexis Goutnik, MD 03/03/25 1750

Ordering provider: Bhrugesh Jogeshkumar Shah, MD

Authorized by: Bhrugesh Jogeshkumar Shah, MD

Ordering mode: Standard

Frequency: STAT Once 03/03/25 1751 - 1 occurrence

Class: Hospital Performed

Quantity: 1

Lab status: Final result

Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/3/2025 5:50 PM

**Questionnaire**

Question	Answer
Will this procedure be performed by a physician?	No
Where should test be performed?	Bedside
Reason for exam:	osteo, source
Is the technologist authorized to use Echo contrast if needed?	Yes
If indicated, perform bubble study?	Yes
If indicated, perform strain echo?	Yes
If indicated, perform 3D echo?	Yes
Release to patient	Immediate

**Transthoracic echo (TTE) complete**

Resulted: 03/04/25 1101, Result status: Final result

Ordering provider: Bhrugesh Jogeshkumar Shah, MD 03/03/25 Order status: Completed

1750

Resulted by:

Filed by: David Dugald McPherson, MD 03/04/25 1101

Hina Yogesh Patel, MD

David Dugald McPherson, MD

Performed: 03/04/25 0418 - 03/04/25 0446

Accession number: 250304103796

Resulting lab: AGFA

Narrative:

- Left Ventricle: Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%.
- Lumason used to enhance the endomyocardial border. No LV apical thrombus visualized.
- Right Ventricle: Right ventricle size is normal. Normal systolic function in the right ventricle.
- Aortic Valve: Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.
- Pulmonic Valve: No pulmonic regurgitation present. No pulmonic valve stenosis present.
- Mitral Valve: Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.
- Tricuspid Valve: Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.
- Left Atrium: Left atrium size is normal.
- Right Atrium: Right atrium size is normal.
- IVC/SVC: IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).
- Aorta: was not well visualized.
- Pericardium: No pericardial effusion present.
- No evidence of endocarditis.

**Components**

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Accident (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Component	Value	Reference Range	Flag	Lab
LA Vol I (A4C) BSA	10.70	ml/m2	—	—
LVOT Vmax/AV Vmax	0.74	{ratio}	—	—
LVOT Vmean	0.46	m/s	—	—
LV SV (A4C)	46.80	ml	—	—
LV SI (A2C)	68.60	ml	—	—
LV SV (BP)	60.80	ml	—	—
LV SI (A4C)	24.60	ml/m2	—	—
LV SI (A2C)	36.10	ml/m2	—	—
LV SI (BP)	32.00	ml/m2	—	—
LVLs (A4C)	69.10	mm	—	—
LVLs (A2C)	70.60	mm	—	—
LVLd (A4C)	77.10	mm	—	—
LVLd (A2C)	84.60	mm	—	—
LV ESV A2C	31.40	mL	—	—
LV EDV A4C	84.00	mL	—	—
LA area A4C	10.20	cm2	—	—
LV ESV A4C	37.10	mL	—	—
LV EDV A2C	100.00	mL	—	—
TAPSE	16	mm	—	—
LV est EF	64	%	—	—
LV EDV BP	95.00	mL	—	—
LV ESV BP	34.20	mL	—	—
MV A pk vel	0.73	m/s	—	—
MV E pk vel	0.60	m/s	—	—
AV pk grad	4.00	mmHg	—	—
AV VTI	21.4	cm	—	—
AV pk vel	0.96	m/s	—	—
LVOT VTI	17.4	cm	—	—
LVOT pk vel	0.71	m/s	—	—
MV DT	313	ms	—	—
MV e' lateral vel	7.51	cm/s	—	—
MV E/A ratio	0.80	—	—	—
LVOT pk grad	2.00	mmHg	—	—
AV mn grad	2.00	mmHg	—	—
MV E/e' septal	8.90	—	—	—
LVOT mn grad	1.00	mmHg	—	—
LV A4C EF	56	%	—	—
LV A2C EF	69	%	—	—
AV mn vel	0.64	m/s	—	—
LV biplane EF	64.0	%	—	—
MV E/e' lateral	8.00	—	—	—
MV e' septal vel	6.74	cm/s	—	—
BSA	1.91	m2	—	—

Procedures Performed	Chargeables
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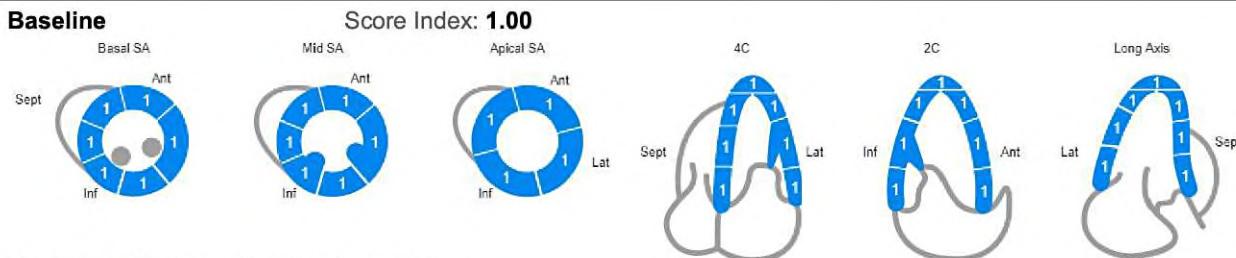
TRANSTHORACIC ECHO (TTE) COMPLETE W/  
CONTRAST [ECH112]

**Wall Scoring**

Wall Scoring

**03/03/2025 - ED to Hosp-Amission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**



- 1 Hyperkinesis    1 Normal    2 Hypokinesis    3 Akinesis    4 Dyskinesis    5 Aneurysmal

**Result Findings**

**Left Ventricle**

Left ventricle size is normal. Normal wall motion of left ventricle. Normal systolic function with an estimated EF of 55 - 60%. Normal diastolic function of the left ventricle.

**Right Ventricle**

Right ventricle size is normal. Normal systolic function in the right ventricle.

**Left Atrium**

Left atrium size is normal.

**Right Atrium**

Right atrium size is normal.

**IVC/SVC**

IVC diameter is less than or equal to 21 mm and decreases greater than 50% during inspiration; therefore the estimated right atrial pressure is normal (~3 mmHg).

**Mitral Valve**

Mitral valve is structurally normal. Mitral leaflet motion is normal. Trace mitral regurgitation present. No mitral stenosis present.

**Tricuspid Valve**

Tricuspid valve is structurally normal. Normal motion of the tricuspid valve. No tricuspid regurgitation present. No tricuspid valve stenosis present.

**Aortic Valve**

Aortic valve is structurally normal. Leaflet motion is normal. No aortic regurgitation present. No aortic stenosis present.

**Pulmonic Valve**

No pulmonic regurgitation present. No pulmonic valve stenosis present.

**Ascending Aorta**

was not well visualized.

**Pericardium**

No pericardial effusion present.

**Study Details**

Study quality was poor. A complete 2D echocardiogram was performed. Lumason ultrasound enhancing agent used.

**Prior Study**

No prior study available for comparison.

**Signed**

Attachment Control Number: 4000072580302202566023



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

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Electronically signed by David Dugald McPherson, MD on 3/4/25 at 1101 CST

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Attachment Control Number: 4000072580302202566023



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

Imaging

MRI lumbar spine w and wo IV contrast (Final result)

Electronically signed by: Lukman Olufemi Telufusi, PA on 03/03/25 0204

Status: Completed

This order may be acted on in another encounter.

Ordering user: Lukman Olufemi Telufusi, PA 03/03/25 0204

Ordering provider: Lukman Olufemi Telufusi, PA

Authorized by: Lukman Olufemi Telufusi, PA

Ordering mode: Standard

Frequency: Routine Once 03/03/25 0205 - 1 occurrence

Class: Ancillary Performed

Quantity: 1

Lab status: Final result

Instance released by: Lukman Olufemi Telufusi, PA (auto-released) 3/3/2025 2:04 AM

Questionnaire

Question	Answer
Is metal artifact suppression needed (MARS)?	No
Reason for exam:	lower back pain
What is the patient's sedation requirement?	No Sedation
Request CAIP review and image post-processing?	No
Release to patient	Immediate

Screening Form

General Information

Patient Name: Kaminczak, Steve  
Date of Birth: 5/28/1974  
Sex Assigned at Birth: Male  
MRN: 38345229  
Work Phone: 713-556-9200  
Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI LUMBAR SPINE W AND WO IV CONTRAST	Lukman Olufemi Telufusi, PA 713-704-4060	Lukman Olufemi Telufusi, PA 713-704-4060	3/3/2025 10:45 AM TMC MRI 2 3T PHILIPS TMC MRI

Screening Form Questions

	Answer	Comment
Who are you obtaining information from?	Patient	
Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)?	Yes	
Please list the date and type of surgery:	laminectomy, discectomy	
Do you have a history of renal disease, kidney surgery, or cancer involving one kidney?	No	
Are you on dialysis?	No	
Do you have a single kidney or kidney transplant?	No	
Have you had prior therapy for back pain?	No	
If yes, please specify:		
Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?	Yes	
If yes, please specify:	MRI, CT	
Have you experienced any problems related to a previous MRI ?	No	
If yes, please describe:		
Have you had an injury to the eye involving a metallic object or fragment ( e.g. metallic slivers, shavings, foreign body, etc)?	No	
If yes, please describe:		
Have you ever been injured by a bullet,	No	

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

shrapnel, or any metal fragments that may still be inside your body?

If yes, please describe:

Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination? No

Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures? No

If yes, please describe:

Is the patient Claustrophobic? No

Does the patient require any pre-med prior to scan?

Can patient hold still for 30 minutes? No

Can you lay flat? No

Cardiac Pacemaker/Defibrillator (ICD) No

Does patient have an implant card/identifier?

Other Cardiac Implants? No

Stimulator? Neurostimulator, diaphragmatic, deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)? No

Aneurysm clip No

Any type of prosthesis (eye, penile, etc.) No

Artificial or prosthetic limb No

Body piercings No

Any implanted items (e.g., pins, rods, screws, nails, plates, wires) No

Breathing problem or motion disorder No

Cochlear implant No

Removable denture, false teeth, or partial plate No

Electrode patch No

Electronic implant device No

Eyelid spring and/or eyelid weight No

Hearing Aid No

Heart valve prosthesis No

IUD No

Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine) No

Removable drug pump (e.g., insulin, Baclofen, Neulasta) No

Any type of internal electrodes or wires No

Joint replacement (hip, knee, etc.) No

Magnetically-activated implant or device No

Medication patch (e.g., nitroglycerine, nicotine) No

Any type of coil, filter, or stent No

Radiation Seeds No

Shunt No

Any type of surgical clip or staple No

Swan-Ganz or thermodilution catheter No

Tattoo, permanent makeup or magnetic eyelashes No

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Tissue Expander (e.g., breast)	No
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)	No
Wire mesh implant	No
Wig, hair implants	No
Compression clothing/undergarment with metallic fibers	No
Any type of surgically implanted implant held in place by a magnet?	No
Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above?	No
If yes, list type:	

**Proceed with Exam**

Proceed?	User	Time
Proceed	Juan Valenzuela	03/03/2025 10:47 AM CST

**MRI lumbar spine w and wo IV contrast**      Resulted: 03/03/25 1649, Result status: Final result

Ordering provider: Lukman Olufemi Telufusi, PA 03/03/25 0204  
 Resulted by:  
 Reema Faisal H. Alrasheed, MD  
 Andres Felipe Rodriguez Gonzalez, MD  
 Performed: 03/03/25 1102 - 03/03/25 1219  
 Resulting lab: POWERSCRIBE  
 Narrative:  
**EXAM: MRI LUMBAR SPINE WITHOUT AND WITH CONTRAST**

DATE: 3/3/2025 11:02

INDICATION: lower back pain .

COMPARISON: Correlation to abdomen pelvis CT 12/11/2020

TECHNIQUE: Multiplanar, multisequence, precontrast and postcontrast MR imaging of the lumbar spine.

IV contrast: Refer to MRI technologist documentation

**FINDINGS:**

Numbering: The inferior-most, lumbar-type vertebral body is referred to as L5.

Alignment: Minimal retrolisthesis of L3 over L4. Postsurgical changes of posterior decompression at L5-S1.

Postoperative: L4 and L5 laminectomy.

Bones: T1 hypointense T2 hyperintense signal is noted at L5 vertebral body consistent with bone marrow edema. Otherwise the vertebral body bone marrow shows normal signal. L5 pathologic fracture with approximately 30% height loss without significant retropulsion.

Associated epidural enhancement at L4, L5 and S1 levels. There is paravertebral enhancement at L5.

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Amission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Conus medullaris: Normal in size and signal. Terminates at L1-L2.

Cauda equina: Nonenlarged.

Individual levels:

L1-L2: Normal.

L2-L3: Normal.

L3-L4: Disc bulge and facet joint hypertrophy results in moderate bilateral neural foraminal narrowing and mild spinal canal stenosis.

L4-L5: Disc bulge and facet joint hypertrophy, with an associated central disc protrusion results in severe right and moderate left neural foraminal narrowing.

L5-S1: Disc bulge, facet joint hypertrophy and endplate spurring resulting in severe bilateral neural foraminal narrowing there is a central disc protrusion.

No significant spinal canal stenosis.

Other: Incidental retroperitoneal structures are unremarkable

Postcontrast: Peripheral enhancement of the disc and L5 vertebral body with evidence of diffusion restriction in keeping with osteomyelitis (chronic versus acute on chronic) (series 601/602 image 4). There is also associated abnormal enhancement of the posterior paraspinal and anterior paraspinal muscles (series 901 image 14). No organized/drainable fluid

**IMPRESSION:**

- \* Findings concerning for a discitis osteomyelitis at L4-5 and L5-S1, with an associated epidural phlegmon.
- \* No evidence of fluid collections.
- \* Fracture of L5 vertebral body causing 20 to 30% height loss without significant retropulsion.

This report was dictated by a Radiology Resident/Fellow/APP: Reema AlRasheed, RES 3/3/2025 14:41

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Andres Rodriguez Gonzalez, MD 3/3/2025 16:49

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

**Signed**

Electronically signed by Andres Felipe Rodriguez Gonzalez, MD on 3/3/25 at 1649 CST

**MRI cervical spine w and wo IV contrast (Final result)**

Electronically signed by: Michael Alexis Goutnik, MD on 03/04/25 0722

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Michael Alexis Goutnik, MD 03/04/25 0722

Ordering provider: Michael Alexis Goutnik, MD

Authorized by: Michael Alexis Goutnik, MD

Ordering mode: Standard

Frequency: STAT Once 03/04/25 0723 - 1 occurrence

Class: Ancillary Performed

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Quantity: 1 Lab status: Final result  
 Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/4/2025 7:22 AM

**Questionnaire**

Question	Answer
Is metal artifact suppression needed (MARS)?	No
Reason for exam:	osteo workup
What is the patient's sedation requirement?	No Sedation
Request CAIP review and image post-processing?	No
Release to patient	Immediate

**Screening Form**

**General Information**

Patient Name: Kaminczak, Steve	MRN: 38345229
Date of Birth: 5/28/1974	Work Phone: <b>713-556-9200</b>
Sex Assigned at Birth: Male	Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI CERVICAL SPINE W AND WO IV CONTRAST	Michael Alexis Goutnik, MD 713-704-4000	Michael Alexis Goutnik, MD 713-704-4000	3/4/2025 5:00 PM TMC MRI 4 3T GE TMC MRI

**Screening Form Questions**

	Answer	Comment
Who are you obtaining information from?	Patient	
Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)?	Yes	
Please list the date and type of surgery:	laminectomy, discectomy	
Do you have a history of renal disease, kidney surgery, or cancer involving one kidney?	No	
Are you on dialysis?	No	
Do you have a single kidney or kidney transplant?	No	
Have you had prior therapy for back pain?	No	
If yes, please specify:		
Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?	Yes	
If yes, please specify:	MRI, CT	
Have you experienced any problems related to a previous MRI ?	No	
If yes, please describe:		
Have you had an injury to the eye involving a metallic object or fragment ( e.g. metallic slivers, shavings, foreign body, etc)?	No	
If yes, please describe:		
Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body?	No	
If yes, please describe:		
Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination?	No	

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures?	No
If yes, please describe:	
Is the patient Claustrophobic?	No
Does the patient require any pre-med prior to scan?	
Can patient hold still for 30 minutes?	No
Can you lay flat?	No
Cardiac Pacemaker/Defibrillator (ICD)	No
Does patient have an implant card/identifier?	
Other Cardiac Implants?	No
Stimulator? Neurostimulator, diaphragmatic , deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)?	No
Aneurysm clip	No
Any type of prosthesis (eye, penile, etc.)	No
Artificial or prosthetic limb	No
Body piercings	No
Any implanted items (e.g., pins, rods, screws, nails, plates, wires)	No
Breathing problem or motion disorder	No
Cochlear implant	No
Removable denture, false teeth, or partial plate	No
Electrode patch	No
Electronic implant device	No
Eyelid spring and/or eyelid weight	No
Hearing Aid	No
Heart valve prosthesis	No
IUD	No
Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)	No
Removable drug pump (e.g., insulin, Baclofen, Neulasta)	No
Any type of internal electrodes or wires	No
Joint replacement (hip, knee, etc.)	No
Magnetically-activated implant or device	No
Medication patch (e.g., nitroglycerine, nicotine)	No
Any type of coil, filter, or stent	No
Radiation Seeds	No
Shunt	No
Any type of surgical clip or staple	No
Swan-Ganz or thermodilution catheter	No
Tattoo, permanent makeup or magnetic eyelashes	No
Tissue Expander (e.g., breast)	No
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)	No
Wire mesh implant	No
Wig, hair implants	No
Compression clothing/undergarment with metallic fibers	No

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Any type of surgically implanted implant held in No place by a magnet?

Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above?

If yes, list type:

**Proceed with Exam**

Proceed?	User	Time
Proceed	Didio Vela	03/04/2025 05:10 PM CST

G tube for 6 years; DV

**MRI cervical spine w and wo IV contrast**

Resulted: 03/04/25 2230, Result status: Final result

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722

Order status: Completed

Resulted by: Arash Kamali, MD

Filed by: Interface, Radiology Results In 03/04/25 2233

Performed: 03/04/25 1709 - 03/04/25 1825

Accession number: 250304130175

Resulting lab: POWERSCRIBE

Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

TECHNIQUE:

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

FINDINGS:

CERVICAL SPINE:

The axial postcontrast sequences are limited by motion artifacts.

There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality.

No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

THORACIC SPINE:

The axial postcontrast sequences are limited by motion artifacts.

Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level!

IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine.
- Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

Attachment Control Number: 4000072580302202566023



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

Signed

Electronically signed by Arash Kamali, MD on 3/4/25 at 2230 CST

MRI thoracic spine w and wo IV contrast (Final result)

Electronically signed by: Michael Alexis Goutnik, MD on 03/04/25 0722

Status: Completed

This order may be acted on in another encounter.

Ordering user: Michael Alexis Goutnik, MD 03/04/25 0722

Ordering provider: Michael Alexis Goutnik, MD

Authorized by: Michael Alexis Goutnik, MD

Ordering mode: Standard

Frequency: STAT Once 03/04/25 0723 - 1 occurrence

Class: Ancillary Performed

Quantity: 1

Lab status: Final result

Instance released by: Michael Alexis Goutnik, MD (auto-released) 3/4/2025 7:22 AM

Questionnaire

Question	Answer
Is metal artifact suppression needed (MARS)?	No
Reason for exam:	osteo workup
What is the patient's sedation requirement?	No Sedation
Request CAIP review and image post-processing?	No
Release to patient	Immediate

Screening Form

General Information

Patient Name: Kaminczak, Steve  
Date of Birth: 5/28/1974  
Sex Assigned at Birth: Male

MRN: 38345229  
Work Phone: 713-556-9200  
Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI THORACIC SPINE W AND WO IV CONTRAST	Michael Alexis Goutnik, MD 713-704-4000	Michael Alexis Goutnik, MD 713-704-4000	3/4/2025 6:00 PM TMC MRI 4 3T GE TMC MRI

Screening Form Questions

	Answer	Comment
Who are you obtaining information from?	Patient	
Have you had any prior surgeries or procedures (e.g. arthroscopy, endoscopy)?	Yes	
Please list the date and type of surgery:	laminectomy, discectomy	
Do you have a history of renal disease, kidney surgery, or cancer involving one kidney?	No	
Are you on dialysis?	No	
Do you have a single kidney or kidney transplant?	No	
Have you had prior therapy for back pain?	No	
If yes, please specify:		
Have you had a prior diagnostic imaging study or examination (MRI, CT, Ultrasound, X-ray, etc.)?	Yes	
If yes, please specify:	MRI, CT	
Have you experienced any problems related to	No	

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

a previous MRI ?

If yes, please describe:

Have you had an injury to the eye involving a metallic object or fragment ( e.g. metallic slivers, shavings, foreign body, etc)? No

If yes, please describe:

Have you ever been injured by a bullet, shrapnel, or any metal fragments that may still be inside your body? No

If yes, please describe:

Do you have a history of asthma, allergic reaction, respiratory disease or reaction to a contrast medium or dye used for an MRI, CT or an X-ray examination? No

Do you have anemia or any disease(s) that affects your blood, a history of renal (kidney) disease, diabetes, on dialysis, renal or liver transplant, or seizures? No

If yes, please describe:

Is the patient Claustrophobic? No

Does the patient require any pre-med prior to scan?

Can patient hold still for 30 minutes? No

Can you lay flat? No

Cardiac Pacemaker/Defibrillator (ICD) No

Does patient have an implant card/identifier?

Other Cardiac Implants? No

Stimulator? Neurostimulator, diaphragmatic , deep brain, vagus nerve, bone growth, spinal cord, sphenopalatine ganglion (SPG), gastric, respiratory, or any biostimulator (in-place or removed)? No

Aneurysm clip No

Any type of prosthesis (eye, penile, etc.) No

Artificial or prosthetic limb No

Body piercings No

Any implanted items (e.g., pins, rods, screws, nails, plates, wires) No

Breathing problem or motion disorder No

Cochlear implant No

Removable denture, false teeth, or partial plate No

Electrode patch No

Electronic implant device No

Eyelid spring and/or eyelid weight No

Hearing Aid No

Heart valve prosthesis No

IUD No

Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine) No

Removable drug pump (e.g., insulin, Baclofen, Neulasta) No

Any type of internal electrodes or wires No

Joint replacement (hip, knee, etc.) No

Magnetically-activated implant or device No

Medication patch (e.g., nitroglycerine, nicotine) No

Any type of coil, filter, or stent No

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Radiation Seeds	No
Shunt	No
Any type of surgical clip or staple	No
Swan-Ganz or thermodilution catheter	No
Tattoo, permanent makeup or magnetic eyelashes	No
Tissue Expander (e.g., breast)	No
Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)	No
Wire mesh implant	No
Wig, hair implants	No
Compression clothing/undergarment with metallic fibers	No
Any type of surgically implanted implant held in place by a magnet?	No
Any other type of surgically implanted medical devices, removable medical devices, or personal items not covered above?	No

If yes, list type:

**Proceed with Exam**

Proceed?	User	Time
Proceed	Didio Vela	03/04/2025 05:11 PM CST

G tube for 6 years; DV

**MRI thoracic spine w and wo IV contrast**

Resulted: 03/04/25 2230, Result status: Final result

Ordering provider: Michael Alexis Goutnik, MD 03/04/25 0722

Order status: Completed

Resulted by: Arash Kamali, MD

Filed by: Interface, Radiology Results In 03/04/25 2233

Performed: 03/04/25 1710 - 03/04/25 1834

Accession number: 250304130203

Resulting lab: POWERSCRIBE

Narrative:

EXAM: MRI CERVICAL SPINE WITH AND WITHOUT CONTRAST

EXAM: MRI OF THE THORACIC SPINE WITHIN WITHOUT CONTRAST

DATE: 3/4/2025 17:09

INDICATION: osteo workup ,

COMPARISON: None.

**TECHNIQUE:**

- Multiplanar MR imaging of the cervical spine, with and without contrast.
- Multiplanar MR imaging of the thoracic spine, with and without contrast.

**FINDINGS:**

**CERVICAL SPINE:**

The axial postcontrast sequences are limited by motion artifacts.

There is exaggerated cervical lordosis. No significant spinal canal narrowing is present in the interval. No cord compression or focal cord signal abnormality.

No abnormal enhancement is identified. Uncovertebral change resulting in moderate bilateral foraminal narrowing at C3-C4, C4-C5 through C6-C7.

**THORACIC SPINE:**

Attachment Control Number: 4000072580302202566023



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Acute (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Imaging (continued)

The axial postcontrast sequences are limited by motion artifacts.  
Exaggerated thoracic kyphosis. No cord compression or definite focal cord signal abnormality. No abnormal enhancement. Focal disc protrusion/extrusion at T9-T10 resulting in moderate spinal canal narrowing at this level.

IMPRESSION:

1. No imaging evidence of osteomyelitis in the cervical or thoracic spine.  
Degenerative changes, as detailed above.

Report finalized by: Arash Kamali, MD 3/4/2025 22:30

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

Signed

Electronically signed by Arash Kamali, MD on 3/4/25 at 2230 CST

XR chest 1 v for placement (Final result)

Electronically signed by: Alberto Benitez, RN on 03/06/25 1452

Status: Completed

This order may be acted on in another encounter.

Ordering user: Alberto Benitez, RN 03/06/25 1452

Ordering provider: Omar Naji Saab Saab, MD

Authorized by: Omar Naji Saab Saab, MD

Ordering mode: Secondary Order

Frequency: STAT Once 03/06/25 1453 - 1 occurrence

Class: Ancillary Performed

Quantity: 1

Lab status: Final result

Instance released by: Alberto Benitez, RN (auto-released) 3/6/2025 2:52 PM

Questionnaire

Question	Answer
Portable?	Yes
Reason for exam:	RUE PICC insertion (tip location)

Screening Form

General Information

Patient Name: Kaminczak, Steve  
Date of Birth: 5/28/1974  
Sex Assigned at Birth: Male  
MRN: 38345229  
Work Phone: 713-556-9200  
Mobile: 976-436-5969

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
XR CHEST 1 V FOR PLACEMENT	Omar Naji Saab Saab, MD 713-500-7885	Omar Naji Saab Saab, MD 713-500-7885	3/6/2025 2:55 PM TMC XR 1 TMC XR

Screening Form Questions

No questionnaires are associated with this screening form.

XR chest 1 v for placement

Resulted: 03/06/25 1743, Result status: Final result

Ordering provider: Omar Naji Saab Saab, MD 03/06/25 1452  
Resulted by:  
Cihan Duran, MD  
Amir Hussein Khadivi, MD

Order status: Completed  
Filed by: Interface, Radiology Results In 03/06/25 1746

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acute (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Imaging (continued)**

Performed: 03/06/25 1509 - 03/06/25 1515

Accession number: 250306327766

Resulting lab: POWERSCRIBE

Narrative:

EXAM: XR CHEST 1 VIEW

DATE: 3/6/2025 15:09

INDICATION: RUE PICC insertion (tip location)

COMPARISON: Chest radiograph dated June 30, 2007

TECHNIQUE: AP chest.

IMPRESSION: Patient is rotated.

Lines, tubes and hardware: Interval placement of a right-sided PICC line with tip overlying the distal SVC.

Lungs and pleura: The lungs are clear. The costophrenic sulci are sharp without effusion. Small right pleural effusion. No definite left pleural effusion. No pneumothorax within this semierect film.

Heart and mediastinum: The heart size is normal. The mediastinal contours are normal.

Bones and soft tissues: No acute abnormality.

This report was dictated by a Radiology Resident/Fellow/APP: Amir Khadivi, RES, MD 3/6/2025 15:32

This report was dictated by a Radiology Resident/Fellow/Physician Assistant. I have personally reviewed the images as well as the interpretation and agree with the findings.

Report finalized by: Cihan Duran, MD 3/6/2025 17:43

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
77 - IMG	POWERSCRIBE	Unknown	Unknown	11/22/23 1234 - Present

**Signed**

Electronically signed by Cihan Duran, MD on 3/6/25 at 1743 CST

**Medication Administrations**

**acetaminophen (Tylenol) tablet 1,000 mg [231440881]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/04/25 0050

Starts/Ends: 03/04/25 0055 - 03/07/25 2204

Ordered Dose (Remaining/Total): 1,000 mg (—/—)

Route: Oral

Frequency: Every 6 hours scheduled

Ordered Rate/Order Duration: — / —

Attachment Control Number: 4000072580302202566023



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Admin Instructions: Max acetaminophen from all sources = 4,000 mg in 24 hrs.

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 1800 Documented: 03/07/25 2204	Canceled Entry —		—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinuation of medication order
Performed 03/07/25 1435 Documented: 03/07/25 1437	Given	1,000 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/07/25 0531 Documented: 03/07/25 0531	Given	1,000 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/06/25 2351 Documented: 03/06/25 2352	Given	1,000 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/06/25 1905 Documented: 03/06/25 1905	Given	1,000 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/06/25 1311 Documented: 03/06/25 1314	Given	1,000 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/06/25 0510 Documented: 03/06/25 0511	Not Given Other	1,000 mg	Oral	Performed by: Annmaria George, RN Comments: CUMULATIVE OVERDOSE WARNING Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/05/25 2357 Documented: 03/05/25 2358	Given	1,000 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/05/25 1920 Documented: 03/05/25 1920	Given	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-6720-80, 0904-6720-80

Attachment Control Number: 4000072580302202566023



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/05/25 Given 1246 Documented: 03/05/25 1247	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 57896-201-10, 57896-201-10
Performed 03/05/25 Given 0616 Documented: 03/05/25 0617	1,000 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/04/25 Given 2351 Documented: 03/04/25 2352	1,000 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/04/25 Given 1919 Documented: 03/04/25 1919	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-6720-80, 0904-6720-80
Performed 03/04/25 Given 1137 Documented: 03/04/25 1137	1,000 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/04/25 Given 0513 Documented: 03/04/25 0513	1,000 mg	Oral	Performed by: Daine Joseph, RN Scanned Package: 0904-6730-80, 0904-6730-80
Performed 03/04/25 Given 0146 Documented: 03/04/25 0147	1,000 mg	Oral	Performed by: Charlcie Cagle, RN Scanned Package: 0904-6720-80, 0904-6720-80

**acetaminophen (Tylenol) tablet 650 mg [230816008]**

Ordering Provider: Ryan Drey Walsh, MD  
Ordered On: 03/02/25 1846  
Ordered Dose (Remaining/Total): 650 mg (0/1)  
Frequency: Once  
Admin Instructions: Max acetaminophen = 4000mg/day(4gm/day)

Status: Completed (Past End Date/Time)  
Starts/Ends: 03/02/25 1850 - 03/02/25 1915  
Route: Oral  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/02/25 Given 1915 Documented: 03/02/25 1916		650 mg	Oral	Performed by: Maria Campos Neri, PMD Scanned Package: 0904-6773-61, 0904-6773-61

**acetaminophen-codeine (Tylenol w/ Codeine #3) 300-30 MG per tablet 1 tablet [231162193]**

Ordering Provider: Malini Randeep, PA  
Ordered On: 03/03/25 1253  
Ordered Dose (Remaining/Total): 1 tablet (0/1)  
Frequency: Once

Status: Completed (Past End Date/Time)  
Starts/Ends: 03/03/25 1255 - 03/03/25 1257  
Route: Oral  
Ordered Rate/Order Duration: — / —

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 1257 Documented: 03/03/25 1257	Given	1 tablet	Oral	Performed by: Gerardo Salazar, RN Scanned Package: 0406-0484-23

**DAPTOmycin (Cubicin) 600 mg in sodium chloride 0.9 % 100 mL IVPB [233127331]**

Ordering Provider: Omar Naji Saab Saab, MD  
 Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
 Ordered On: 03/07/25 0905 Starts/Ends: 03/07/25 1000 - 03/07/25 2204  
 Ordered Dose (Remaining/Total): 8 mg/kg (6/7) Route: Intravenous  
 Frequency: Every 24 hours Ordered Rate/Order Duration: 224 mL/hr / 30 Minutes  
 Note to pharmacy: Per ID recs

Question	Answer	Comment
Suspected Indication (Select all that apply):	Bone/Joint Infection	—

Line	Med Link Info	Comment
LDA PICC 03/06/25 Single-lumen 4 Right Brachial vein	03/07/25 1435 by Shaniya Polk, RN	—

Timestamps	Action	Dose / Rate / Duration	Route	Other Information
Performed 03/07/25 1435 Documented: 03/07/25 1437	New Bag	600 mg 224 mL/hr 30 Minutes	Intravenous	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 0338-0049-38, 0409-4888-03, 0409-4888-03, 43598- 413-11, 43598-413-11

**dextrose 50 % solution 12.5 g [231440860]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
 Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
 Ordered On: 03/04/25 0050 Starts/Ends: 03/04/25 0048 - 03/07/25 2204  
 Ordered Dose (Remaining/Total): 12.5 g (—/—) Route: Intravenous  
 Frequency: As needed Ordered Rate/Order Duration: — / —  
 Admin Instructions: For BG 51-69 mg/dL and patient UNCONSCIOUS OR UNABLE TO SWALLOW OR NPO: Give 25 mL of D50W IV push and notify MD.

(No admins scheduled or recorded for this medication in the specified date/time range)

**dextrose 50 % solution 25 g [231440861]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
 Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
 Ordered On: 03/04/25 0050 Starts/Ends: 03/04/25 0048 - 03/07/25 2204  
 Ordered Dose (Remaining/Total): 25 g (—/—) Route: Intravenous  
 Frequency: As needed Ordered Rate/Order Duration: — / —  
 Admin Instructions: If BG <=50 mg/dL, give 50 mL of D50W IV push STAT and notify MD.

(No admins scheduled or recorded for this medication in the specified date/time range)

**docusate sodium (Colace) capsule 100 mg [231440882]**

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acute (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
 Ordered On: 03/04/25 0050  
 Ordered Dose (Remaining/Total): 100 mg (—/—)  
 Frequency: 2 times daily  
 Admin Instructions: Stool softener. Hold for loose stools.

Status: Discontinued (Past End Date/Time)  
 Starts/Ends: 03/04/25 0900 - 03/04/25 0620  
 Route: Oral  
 Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

**DULoxetine (Cymbalta) DR capsule 30 mg [231441829]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
 Ordered On: 03/04/25 0059  
 Ordered Dose (Remaining/Total): 30 mg (—/—)  
 Frequency: Daily 630  
 Admin Instructions: Do not crush or chew.

Status: Discontinued (Past End Date/Time)  
 Starts/Ends: 03/04/25 0630 - 03/06/25 0748  
 Route: Oral  
 Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0632	Given	30 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 68001-595-08
Documented: 03/06/25 0632				
Performed 03/05/25 0617	Given	30 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68001-595-08
Documented: 03/05/25 0617				
Performed 03/04/25 0546	Given	30 mg	Oral	Performed by: Daine Joseph, RN Scanned Package: 60687-734-11
Documented: 03/04/25 0546				

**DULoxetine (Cymbalta) DR capsule 30 mg [232559898]**

Ordering Provider: Omar Naji Saab Saab, MD  
 Ordered On: 03/06/25 0748  
 Ordered Dose (Remaining/Total): 30 mg (0/1)  
 Frequency: Once  
 Admin Instructions: May open capsule and sprinkle contents on food  
 Do not crush or chew.

Status: Completed (Past End Date/Time)  
 Starts/Ends: 03/06/25 0800 - 03/06/25 0904  
 Route: Oral  
 Ordered Rate/Order Duration: — / —  
 Note to pharmacy: Total of 60 mg today

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0904	Given	30 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 68001-595-08
Documented: 03/06/25 0904				

**DULoxetine (Cymbalta) DR capsule 60 mg [232559897]**

Ordering Provider: Omar Naji Saab Saab, MD  
 Ordered On: 03/06/25 0748  
 Ordered Dose (Remaining/Total): 60 mg (—/—)

Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
 Starts/Ends: 03/07/25 0900 - 03/07/25 2204  
 Route: Oral

Attachment Control Number: 4000072580302202566023



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Frequency: Daily  
Admin Instructions: Do not crush or chew.

Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 0836 Documented: 03/07/25 0849	Given	60 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68001-596-08

**enoxaparin (Lovenox) syringe 40 mg [232915014]**

Ordering Provider: Omar Naji Saab Saab, MD  
Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/06/25 1823  
Starts/Ends: 03/06/25 1830 - 03/07/25 2204  
Ordered Dose (Remaining/Total): 40 mg (—/—)  
Route: Subcutaneous  
Frequency: Every 24 hours  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
Performed 03/07/25 1830 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/06/25 1905 Documented: 03/06/25 1905	Given	40 mg	Subcutaneous Right Upper Arm (Back)	Performed by: Shaniya Polk, RN Scanned Package: 63323-564-21

**gabapentin (Neurontin) capsule 800 mg [230984388]**

Ordering Provider: Malini Randeep, PA  
Status: Completed (Past End Date/Time)  
Ordered On: 03/03/25 0821  
Starts/Ends: 03/03/25 0825 - 03/03/25 0852  
Ordered Dose (Remaining/Total): 800 mg (0/1)  
Route: Oral  
Frequency: Once  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0852 Documented: 03/03/25 0853	Given	800 mg	Oral	Performed by: Gerardo Salazar, RN Scanned Package: 60687-591-11, 60687-591-11, 60687-580-11, 60687-580-11

**gabapentin (Neurontin) capsule 800 mg [231389783]**

Ordering Provider: Abbey Lauren Pastorelle, MD  
Status: Completed (Past End Date/Time)  
Ordered On: 03/03/25 2131  
Starts/Ends: 03/03/25 2135 - 03/03/25 2234  
Ordered Dose (Remaining/Total): 800 mg (0/1)  
Route: Oral  
Frequency: Once  
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 2234 Documented: 03/03/25 2234	Given	800 mg	Oral	Performed by: Julian Malone, RN Scanned Package: 60687-591-11, 60687-591-11, 60687-580-11, 60687-580-11

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

**gabapentin (Neurontin) capsule 800 mg [231441828]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
 Ordered On: 03/04/25 0059  
 Ordered Dose (Remaining/Total): 800 mg (—/—)  
 Frequency: 2 times daily

Status: Discontinued (Past End Date/Time)  
 Starts/Ends: 03/04/25 0900 - 03/04/25 2017  
 Route: Oral  
 Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 0832 Documented: 03/04/25 0835	Given	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11

**gabapentin (Neurontin) capsule 800 mg [231888890]**

Ordering Provider: Benjamin D Mouser, MD  
 Ordered On: 03/04/25 2017  
 Ordered Dose (Remaining/Total): 800 mg (—/—)  
 Frequency: 3 times daily

Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
 Starts/Ends: 03/04/25 2030 - 03/07/25 2204  
 Route: Oral  
 Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 1700 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 1435 Documented: 03/07/25 1437	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 60687-602-11, 60687-602-11
Performed 03/07/25 0836 Documented: 03/07/25 0849	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/06/25 1649 Documented: 03/06/25 1651	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/06/25 1311 Documented: 03/06/25 1314	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/06/25 0903 Documented: 03/06/25 0903	Given	800 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-602-11, 60687-602-11



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/05/25 Given 1701 Documented: 03/05/25 1703	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/05/25 Given 1246 Documented: 03/05/25 1247	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/05/25 Given 0944 Documented: 03/05/25 0944	800 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-602-11, 60687-602-11
Performed 03/04/25 Given 2024 Documented: 03/04/25 2024	800 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 60687-602-11, 60687-602-11

**gadobenate dimeglumine (Multihance) injection 15 mL [231100952]**

Ordering Provider: Lukman Olufemi Telufusi, PA  
Ordered On: 03/03/25 1121  
Ordered Dose (Remaining/Total): 0.1 mmol/kg (0/1)  
Frequency: Once in imaging

Status: Completed (Past End Date/Time)  
Starts/Ends: 03/03/25 1121 - 03/03/25 1157  
Route: Intravenous  
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 1157 by Juan Valenzuela	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 Given 1157 Documented: 03/03/25 1157		15 mL	Intravenous	Performed by: Juan Valenzuela Comments: lot# ST4110A

**gadoterate Meglumine (Clariscan, Dotarem) injection 13.5 mL [231860789]**

Ordering Provider: Michael Alexis Goutnik, MD  
Ordered On: 03/04/25 1824  
Ordered Dose (Remaining/Total): 13.5 mL (0/1)  
Frequency: Once in imaging

Status: Completed (Past End Date/Time)  
Starts/Ends: 03/04/25 1824 - 03/04/25 1824  
Route: Intravenous  
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/04/25 1824 by Didio Vela	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 Given 1824 Documented: 03/04/25 1825		13.5 mL	Intravenous	Performed by: Didio Vela Comments: Clariscan 13.5mL lot 16816231 exp 5/16/27

**glucagon injection 1 mg [231440862]**

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acute (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
 Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
 Ordered On: 03/04/25 0050 Starts/Ends: 03/04/25 0048 - 03/07/25 2204  
 Ordered Dose (Remaining/Total): 1 mg (—/—) Route: Intramuscular  
 Frequency: As needed Ordered Rate/Order Duration: — / —  
 Admin Instructions: For BG < 70 mg/dL if no IV access and patient is either Unconscious, unable to swallow or npo and notify MD.

(No admins scheduled or recorded for this medication in the specified date/time range)

**HYDROcodone-acetaminophen (Norco) 5-325 MG per tablet 1 tablet [230928999]**

Ordering Provider: Lukman Olufemi Telufusi, PA  
 Status: Completed (Past End Date/Time)  
 Ordered On: 03/03/25 0511 Starts/Ends: 03/03/25 0515 - 03/03/25 0611  
 Ordered Dose (Remaining/Total): 1 tablet (0/1) Route: Oral  
 Frequency: Once Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0611 Documented: 03/03/25 0611	Given	1 tablet	Oral	Performed by: Madeline Kotarski, RN Scanned Package: 60687-396-11

**Ibuprofen tablet 800 mg [231888891]**

Ordering Provider: Benjamin D Mouser, MD  
 Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
 Ordered On: 03/04/25 2017 Starts/Ends: 03/04/25 2016 - 03/07/25 2204  
 Ordered Dose (Remaining/Total): 800 mg (—/—) Route: Oral  
 Frequency: Every 8 hours PRN Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0514 Documented: 03/06/25 0514	Given	800 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 60687-446-11, 60687-446-11

**Ketorolac (Toradol) injection 15 mg [231336759]**

Ordering Provider: Abbey Lauren Pastorelle, MD  
 Status: Completed (Past End Date/Time)  
 Ordered On: 03/03/25 1809 Starts/Ends: 03/03/25 1810 - 03/03/25 1818  
 Ordered Dose (Remaining/Total): 15 mg (0/1) Route: Intravenous  
 Frequency: Once Ordered Rate/Order Duration: — / —  
 Admin Instructions: Administer IVP.

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 1818 by Gerardo Salazar, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 1818 Documented: 03/03/25 1819	Given	15 mg	Intravenous	Performed by: Gerardo Salazar, RN Scanned Package: 63323-162-00

**Pharmacy Actions**

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acute (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Type	Date/Time	User	Extra Information
Waste	Mon Mar 3, 2025 1819	Gerardo Salazar, RN	<b>ketorolac 30 MG/ML solution [22473]</b> Waste Amount: 0.5 mL (15 mg) Billing Code Quantity: 1.00 Charge Method: Standard Medication (System picked) Implied Quantity: 0.5 Waste Reason: Discarded Drug Not Administered Package From: MAR

**lidocaine PF (Xylocaine) 1 % injection 5 mL [232628597]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/06/25 0938	Starts/Ends: 03/06/25 0938 - 03/07/25 2204
Ordered Dose (Remaining/Total): 5 mL (1/1)	Route: Intradermal
Frequency: Oncall	Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

**LORazepam (Ativan) tablet 1 mg [231890775]**

Ordering Provider: Benjamin D Mouser, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/04/25 2023	Starts/Ends: 03/04/25 2023 - 03/07/25 2204
Ordered Dose (Remaining/Total): 1 mg (—/—)	Route: Oral
Frequency: Daily PRN	Ordered Rate/Order Duration: — / —

Admin Instructions: Hold for sedation

Timestamps	Action	Dose	Route	Other Information
Performed 03/05/25 2224	Given	1 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 69315-904-01, 69315-904-01
Documented: 03/05/25 2224				
Performed 03/04/25 2352	Given	1 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 69315-904-01, 69315-904-01
Documented: 03/04/25 2352				

**Iosartan (Cozaar) tablet 100 mg [232019679]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge
Ordered On: 03/05/25 0715	Starts/Ends: 03/05/25 0900 - 03/07/25 2204
Ordered Dose (Remaining/Total): 100 mg (—/—)	Route: Oral

Frequency: Daily

Ordered Rate/Order Duration: — / —

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 0836 Documented: 03/07/25 0849	Given	100 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-347-11, 68084-347-11
Performed 03/06/25 0903 Documented: 03/06/25 0903	Given	100 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-347-11, 68084-347-11
Performed 03/05/25 0944 Documented: 03/05/25 0944	Given	100 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-7048-61, 0904-7048-61

**losartan (Cozaar) tablet 50 mg [231441830]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Ordered On: 03/04/25 0059 Ordered Dose (Remaining/Total): 50 mg (—/—) Frequency: Daily RT	Status: Discontinued (Past End Date/Time) Starts/Ends: 03/04/25 0800 - 03/04/25 0620 Route: Oral Ordered Rate/Order Duration: — / —
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(No admins scheduled or recorded for this medication in the specified date/time range)

**losartan (Cozaar) tablet 50 mg [231485849]**

Ordering Provider: Benjamin D Mouser, MD Ordered On: 03/04/25 0620 Ordered Dose (Remaining/Total): 50 mg (—/—) Frequency: Daily	Status: Discontinued (Past End Date/Time) Starts/Ends: 03/04/25 0900 - 03/05/25 0715 Route: Oral Ordered Rate/Order Duration: — / —
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Timestamps	Action	Dose	Route	Other Information
Performed 03/04/25 0832 Documented: 03/04/25 0835	Given	50 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 0904-7048-61

**melatonin tablet 6 mg [232431242]**

Ordering Provider: Erica Burns, PA Ordered On: 03/05/25 2058 Ordered Dose (Remaining/Total): 6 mg (—/—) Frequency: Nightly PRN	Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/05/25 2058 - 03/07/25 2204 Route: Oral Ordered Rate/Order Duration: — / —
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(No admins scheduled or recorded for this medication in the specified date/time range)

**methocarbamol (Robaxin) tablet 500 mg [233186999]**

Ordering Provider: Omar Naji Saab Saab, MD Ordered On: 03/07/25 1035	Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/07/25 1200 - 03/07/25 2204
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Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acute (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordered Dose (Remaining/Total): 500 mg (—/—)  
 Frequency: Every 6 hours scheduled  
 Route: Oral  
 Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 1800 Documented: 03/07/25 2204	Canceled Entry —		—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinuation of medication order
Performed 03/07/25 1435 Documented: 03/07/25 1437	Given	500 mg	Oral	Performed by: Shaniya Polk, RN Comments: . Scanned Package: 60687-559-11

**morphine PF injection 4 mg [230904299]**

Ordering Provider: Lukman Olufemi Telufusi, PA  
 Ordered On: 03/03/25 0206  
 Ordered Dose (Remaining/Total): 4 mg (0/1)  
 Frequency: Once  
 Status: Completed (Past End Date/Time)  
 Starts/Ends: 03/03/25 0210 - 03/03/25 0310  
 Route: Intravenous  
 Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 0310 by Madeline Kotarski, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0310 Documented: 03/03/25 0310	Given	4 mg	Intravenous	Performed by: Madeline Kotarski, RN Scanned Package: 72572-440-01

**morphine PF injection 4 mg [230987905]**

Ordering Provider: Malini Randeep, PA  
 Ordered On: 03/03/25 0827  
 Ordered Dose (Remaining/Total): 4 mg (0/1)  
 Frequency: Once  
 Admin Instructions: Administer IVP.  
 Status: Completed (Past End Date/Time)  
 Starts/Ends: 03/03/25 0830 - 03/03/25 0853  
 Route: Intravenous  
 Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 0853 by Gerardo Salazar, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0853 Documented: 03/03/25 0853	Given	4 mg	Intravenous	Performed by: Gerardo Salazar, RN Scanned Package: 72572-440-01

**naloxone (Narcan) injection 0.04 mg [231440878]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
 Ordered On: 03/04/25 0050  
 Ordered Dose (Remaining/Total): 0.04 mg (8/8)  
 Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
 Starts/Ends: 03/04/25 0049 - 03/07/25 2204  
 Route: Intravenous

Attachment Control Number: 4000072580302202566023



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Frequency: As needed

Ordered Rate/Order Duration: — / —

Admin Instructions: Give up to 8 doses of 0.04 mg as needed to reverse over sedation. Keep available for immediate use. Call ordering physician STAT. (Dilute 0.4 mg/mL in 9 mL of saline)

(No admins scheduled or recorded for this medication in the specified date/time range)

**ondansetron (Zofran) injection 4 mg [230904300]**

Ordering Provider: Lukman Olufemi Telufusi, PA

Status: Completed (Past End Date/Time)

Ordered On: 03/03/25 0206

Starts/Ends: 03/03/25 0210 - 03/03/25 0310

Ordered Dose (Remaining/Total): 4 mg (0/1)

Route: Intravenous

Frequency: Once

Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/03/25 0310 by Madeline Kotarski, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/03/25 0310	Given	4 mg	Intravenous	Performed by: Madeline Kotarski, RN Scanned Package: 72572-520-01

**oxyCODONE (Roxicodone) immediate release tablet 10 mg [232241388]**

Ordering Provider: Omar Naji Saab Saab, MD

Status: Discontinued (Past End Date/Time), Reason: Patient discharge

Ordered On: 03/05/25 1307

Starts/Ends: 03/05/25 1307 - 03/07/25 2204

Ordered Dose (Remaining/Total): 10 mg (—/—)

Route: Oral

Frequency: Every 6 hours PRN

Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 1443	Given	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11

Performed 03/07/25 0836	Given	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11
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Performed 03/07/25 0112	Given	10 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 68084-354-11, 68084-354-11
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Performed 03/06/25 1649	Given	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11
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Performed 03/06/25 0903	Given	10 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 68084-354-11, 68084-354-11
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Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/06/25 Given 0152 Documented: 03/06/25 0152	10 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 68084-354-11, 68084-354-11
Performed 03/05/25 Given 1830 Documented: 03/05/25 1830	10 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11, 68084-354-11

**oxyCODONE (Roxicodone) immediate release tablet 5 mg [231440879]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
 Ordered On: 03/04/25 0050  
 Ordered Dose (Remaining/Total): 5 mg (—/—)  
 Frequency: Every 6 hours PRN

Status: Discontinued (Past End Date/Time)  
 Starts/Ends: 03/04/25 0049 - 03/05/25 1307  
 Route: Oral  
 Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/05/25 Given 1246 Documented: 03/05/25 1247	5 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11	
Performed 03/05/25 Given 0616 Documented: 03/05/25 0617	5 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11	
Performed 03/05/25 Given 0114 Documented: 03/05/25 0114	5 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11	
Performed 03/04/25 Given 1556 Documented: 03/04/25 1556	5 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11	
Performed 03/04/25 Given 0833 Documented: 03/04/25 0835	5 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 68084-354-11	
Performed 03/04/25 Given 0146 Documented: 03/04/25 0147	5 mg	Oral	Performed by: Charlcie Cagle, RN Scanned Package: 68084-354-11, 68084-354-11	

**oxyCODONE (Roxicodone) immediate release tablet 5 mg [231888561]**

Ordering Provider: Benjamin D Mouser, MD  
 Ordered On: 03/04/25 2015  
 Ordered Dose (Remaining/Total): 5 mg (0/1)  
 Frequency: Once

Status: Completed (Past End Date/Time)  
 Starts/Ends: 03/04/25 2030 - 03/04/25 2024  
 Route: Oral  
 Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
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Attachment Control Number: 4000072580302202566023



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)

Medication Administrations (continued)

Performed 03/04/25 Given 2024 Documented: 03/04/25 2024	5 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 68084-354-11
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**oxyCODONE-acetaminophen (Percocet) 5-325 MG per tablet 1 tablet [230816009]**

Ordering Provider: Ryan Drey Walsh, MD Ordered On: 03/02/25 1846 Ordered Dose (Remaining/Total): 1 tablet (0/1) Frequency: Once	Status: Completed (Past End Date/Time) Starts/Ends: 03/02/25 1850 - 03/02/25 1915 Route: Oral Ordered Rate/Order Duration: — / —
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Timestamps	Action	Dose	Route	Other Information
Performed 03/02/25 Given 1915 Documented: 03/02/25 1916		1 tablet	Oral	Performed by: Maria Campos Neri, PMD Scanned Package: 50268-644-11

**polyethylene glycol (PEG) 3350 (Miralax) packet 17 g [231440883]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD Ordered On: 03/04/25 0050 Ordered Dose (Remaining/Total): 17 g (—/—) Frequency: Daily Admin Instructions: 17 grams of powder dissolved in 4 - 8 ounces of beverage. Hold for loose stools.	Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/04/25 0900 - 03/07/25 2204 Route: Oral Ordered Rate/Order Duration: — / — Dissolve 17 g in 120 to 240 mL (4 to 8 ounces) of beverage.
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Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 Not Given 0857 Patient/family Documented: refused 03/07/25 0858		17 g	Oral	Performed by: Shaniya Polk, RN
Performed 03/06/25 Not Given 0907 Patient/family Documented: refused 03/06/25 0907		17 g	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-431-99
Performed 03/05/25 Given 0943 Documented: 03/05/25 0944		17 g	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-431-99
Performed 03/04/25 Not Given 0834 Patient/family Documented: refused 03/04/25 0835		17 g	Oral	Performed by: Isoken Iyamu, RN

**sennosides (Senokot) tablet 17.2 mg [231485820]**

Ordering Provider: Benjamin D Mouser, MD Ordered On: 03/04/25 0620	Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/04/25 2100 - 03/07/25 2204
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Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acute (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Ordered Dose (Remaining/Total): 2 tablet (—/—)  
 Frequency: Nightly  
 Admin Instructions: Hold for loose stools

Route: Oral  
 Ordered Rate/Order Duration: — / —

Timestamps	Action / Reason	Dose	Route	Other Information
Performed 03/07/25 2100	Canceled Entry —		—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Documented: 03/07/25 2204				
Performed 03/06/25 2105	Not Given Patient/family refused	8.6 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-7252-61
Documented: 03/06/25 2106				
Performed 03/05/25 2046	Not Given Patient/family refused	17.2 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 0904-7252-61, 0904-7252-61
Documented: 03/05/25 2048				
Performed 03/04/25 2024	Given	17.2 mg	Oral	Performed by: Joseph Gitahi, RN Scanned Package: 0904-7252-61, 0904-7252-61
Documented: 03/04/25 2024				

**sodium chloride (NS) 0.9 % flush 10 mL [231440857]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD

Status: Discontinued (Past End Date/Time)

Ordered On: 03/04/25 0050

Starts/Ends: 03/04/25 0055 - 03/06/25 0941

Ordered Dose (Remaining/Total): 10 mL (—/—)

Route: Intravenous

Frequency: Every 12 hours scheduled

Ordered Rate/Order Duration: — / —

Admin Instructions: Administer at least once every 12 hours

Line	Med Link Info	Comment
Peripheral IV 03/02/25 Anterior;Left Forearm	03/04/25 0055 by Charlcie Cagle, RN	—

Timestamps	Action	Dose	Route	Other Information
Performed 03/06/25 0907	Given	10 mL	Intravenous	Performed by: Shaniya Polk, RN Scanned Package: 8290-306546
Documented: 03/06/25 0907				
Performed 03/05/25 2046	Given	10 mL	Intravenous	Performed by: Annmaria George, RN Scanned Package: 8290-306546
Documented: 03/05/25 2048				
Performed 03/05/25 0944	Given	10 mL	Intravenous	Performed by: Isoken Iyamu, RN Scanned Package: 8290-306546
Documented: 03/05/25 0944				



Kaminczak, Steve  
MRN: 38345229, DOB: 5/28/1974, Legal Sex: M  
Adm: 3/3/2025, D/C: 3/7/2025

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/04/25 Given 2024 Documented: 03/04/25 2024	10 mL	Intravenous	Performed by: Joseph Gitahi, RN Scanned Package: 8290-306546
Performed 03/04/25 Given 0837 Documented: 03/04/25 0837	10 mL	Intravenous	Performed by: Isoken Iyamu, RN Scanned Package: 8290-306546
Performed 03/04/25 Given 0055 Documented: 03/04/25 0147	10 mL	Intravenous	Performed by: Charlie Cagle, RN

**sodium chloride (NS) 0.9 % flush 10 mL [231440858]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
Ordered On: 03/04/25 0050  
Ordered Dose (Remaining/Total): 10 mL (—/—)  
Frequency: As needed

Status: Discontinued (Past End Date/Time)  
Starts/Ends: 03/04/25 0048 - 03/06/25 0941  
Route: Intravenous  
Ordered Rate/Order Duration: — / —

(No admins scheduled or recorded for this medication in the specified date/time range)

**sodium chloride (NS) 0.9 % flush 10 mL [232628598]**

Ordering Provider: Omar Naji Saab Saab, MD  
Ordered On: 03/06/25 0938  
Ordered Dose (Remaining/Total): 10 mL (—/—)  
Frequency: Every 8 hours scheduled  
Admin Instructions: Flush all ports Q8H to clear the line.

Status: Discontinued (Past End Date/Time), Reason: Patient discharge  
Starts/Ends: 03/06/25 0945 - 03/07/25 2204  
Route: Intravenous  
Ordered Rate/Order Duration: — / —

Line	Med Link Info	Comment		
Peripheral IV 03/02/25 Anterior;Left Forearm	03/06/25 0945 by Shaniya Polk, RN	—		
Timestamps	Action	Dose	Route	Other Information
Performed 03/07/25 2200 Documented: 03/07/25 2204	Canceled Entry —	—	—	Performed by: Automatic Discharge Provider Comments: Automatically canceled at discontinue of medication order
Performed 03/07/25 1446 Documented: 03/07/25 1446	Given 1446	10 mL	Intravenous	Performed by: Shaniya Polk, RN Scanned Package: 8290-306546
Performed 03/07/25 0531 Documented: 03/07/25 0531	Given 0531	10 mL	Intravenous	Performed by: Annmaria George, RN Scanned Package: 8290-306546

Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Admission (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/06/25 Given 2106 Documented: 03/06/25 2106	10 mL	Intravenous	Performed by: Annmaria George, RN Scanned Package: 8290-306546
Performed 03/06/25 Given 1313 Documented: 03/06/25 1314	10 mL	Intravenous	Performed by: Shaniya Polk, RN Scanned Package: 8290-306546
Performed 03/06/25 Given 0945 Documented: 03/06/25 1115	10 mL	Intravenous	Performed by: Shaniya Polk, RN

**sodium chloride (NS) 0.9 % flush 10 mL [232628599]**

Ordering Provider: Omar Naji Saab Saab, MD	Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/06/25 0938 - 03/07/25 2204 Route: Intravenous Ordered Rate/Order Duration: — / — Admin Instructions: Flush to clear line before and after all medications, lab draws, and blood products.
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(No admins scheduled or recorded for this medication in the specified date/time range)

**sulfur hexafluoride lipid-type A microspheres (Lumason) 60.7-25 MG Injectable suspension 2 mL [231471171]**

Ordering Provider: Benjamin D Mouser, MD Ordered On: 03/04/25 0447 Ordered Dose (Remaining/Total): 2 mL (0/1) Frequency: Once in imaging Admin Instructions: Reconstitute with 5 mL of PF NS only using provided Mini-Spike; shake vigorously for 20 sec until a homogenous white milky suspension forms. Use immediately. May repeat once during procedure.	Status: Completed (Past End Date/Time) Starts/Ends: 03/04/25 0447 - 03/04/25 0447 Route: Intravenous Ordered Rate/Order Duration: — / —
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Line	Med Link Info	Comment		
Peripheral IV 03/02/25 Anterior;Left Forearm	03/04/25 0447 by Hang Cortes, RT	—		
Timestamps	Action	Dose	Route / Site	Other Information
Performed 03/04/25 Given 0447 Documented: 03/04/25 0447	2 mL		Intravenous Left Forearm	Performed by: Hang Cortes, RT

**traMADol (Ultram) tablet 100 mg [232241741]**

Ordering Provider: Omar Naji Saab Saab, MD Ordered On: 03/05/25 1308 Ordered Dose (Remaining/Total): 100 mg (—/—) Frequency: Every 6 hours PRN	Status: Discontinued (Past End Date/Time), Reason: Patient discharge Starts/Ends: 03/05/25 1308 - 03/07/25 2204 Route: Oral Ordered Rate/Order Duration: — / —
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Timestamps	Action / Reason	Dose	Route	Other Information
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Attachment Control Number: 4000072580302202566023

**03/03/2025 - ED to Hosp-Acknowledgment (Discharged) in Memorial Hermann-Texas Medical Center (Jones 5 Neuroscience Acute Care) (continued)**

**Medication Administrations (continued)**

Performed 03/07/25 1432	Not Given Other	100 mg	Oral	Performed by: Shaniya Polk, RN Comments: put medication back
Documented: 03/07/25 1506				
Performed 03/06/25 2105	Given	100 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 60687-795-11, 60687-795-11
Documented: 03/06/25 2106				
Performed 03/06/25 1311	Given	100 mg	Oral	Performed by: Shaniya Polk, RN Scanned Package: 60687-795-11, 60687-795-11
Documented: 03/06/25 1314				
Performed 03/06/25 0421	Given	100 mg	Oral	Performed by: Annmaria George, RN Scanned Package: 60687-795-11, 60687-795-11
Documented: 03/06/25 0421				
Performed 03/05/25 1701	Given	100 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11, 60687-795-11
Documented: 03/05/25 1703				

**traMADol (Ultram) tablet 50 mg [231440880]**

Ordering Provider: Bhrugesh Jogeshkumar Shah, MD  
 Ordered On: 03/04/25 0050  
 Ordered Dose (Remaining/Total): 50 mg (—/—)  
 Frequency: Every 6 hours PRN

Status: Discontinued (Past End Date/Time)  
 Starts/Ends: 03/04/25 0049 - 03/05/25 1308  
 Route: Oral  
 Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/05/25 0944	Given	50 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11
Documented: 03/05/25 0944				
Performed 03/04/25 1919	Given	50 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11
Documented: 03/04/25 1919				
Performed 03/04/25 1137	Given	50 mg	Oral	Performed by: Isoken Iyamu, RN Scanned Package: 60687-795-11
Documented: 03/04/25 1137				
Performed 03/04/25 0455	Given	50 mg	Oral	Performed by: Daine Joseph, RN Scanned Package: 60687-795-11
Documented: 03/04/25 0455				