

MEDICAL RECORDS AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared

Will Williams, who swore on oath that the following facts are true:

"My name is Will Williams. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

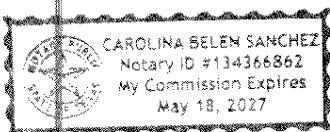
"I am the custodian of the records of **First Baptist Medical Center**. Attached hereto [is/are] 95 page[s] of medical records from **First Baptist Medical Center** regarding treatment provided to **Anthony B. Williams**. These said 95 pages of records are kept by **First Baptist Medical Center** in the regular course of business, and it was the regular course of business of **First Baptist Medical Center** for an employee or representative of **First Baptist Medical Center**, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original."

Will Williams
Affiant

SWORN TO AND SUBSCRIBED before me on

February 21, 2025

C. Sanchez
Notary Public, State of Texas



AFFIDAVIT OF BILLING RECORDS CUSTODIAN OF

First Baptist Medical Center

(Pursuant to Texas Civil Practice & Remedies Code § 18.002 (b-1))

STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, personally appeared

Will Williams, who, being by me duly sworn, deposed as follows:

My name is Will Williams. I am of sound mind and capable of making this affidavit, and personally acquainted with the facts of herein stated.

I am a custodian of records for *First Baptist Medical Center*. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that *First Baptist Medical Center* provided to *Anthony B. Williams* on 08/07/2024 (dates). The attached records are a part of this affidavit.

The attached records are kept by me in the regular course of business. The information contained in the records was transmitted to me in the regular course of business by ***First Baptist Medical Center*** or an employee or representative of ***First Baptist Medical Center*** who had personal knowledge of the information. The records were made at or near the time or reasonably soon after the time that the service was provided. The records are the original or a duplicate of the original.

The services provided were necessary and the amount charged for the services were reasonable at the time and place that the services were provided.

The total amount paid for the services was \$ 0.00, and the amount currently unpaid but which *First Baptist Medical Center* has a right to be paid is \$ 41,130.62

Neil W. Warner
Affiant

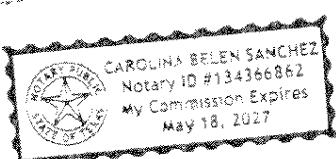
Affiant

SWORN TO AND SUBSCRIBED before me on the 21 day of February, 2025

C. Sanchez
Notary Public, State of Texas

Notary's printed name: ✓

Carolina Sanchez My commission expires: May 18 2027



AFFIDAVIT OF RECORDS BY CUSTODIAN OF
GREATER TEXAS ORTHOPEDIC ASSOCIATES, PLLC

STATE OF TEXAS §
 §
COUNTY OF JEFFERSON §

BEFORE ME, the undersigned authority, personally appeared Darlene O'Neal, who, being duly sworn, deposed as follows:

My name is Darlene O'Neal. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am a custodian of records for **Greater Texas Orthopedic Associates, PLLC**. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that **Greater Texas Orthopedic Associates, PLLC** provided to **Anthony B. Williams** on 05/14/24 - 02/06/25. The attached records are a part of this affidavit.

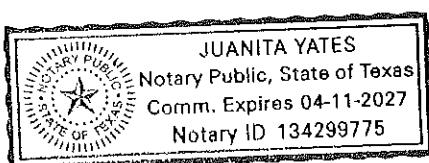
The attached records are kept by "GTOA" in the regular course of business, and it was the regular course of business of **Greater Texas Orthopedic Associates, PLLC** for an employee or representative of **Greater Texas Orthopedic Associates, PLLC**, with knowledge of the service provided, to make the record or to transmit information to be included in the record. The records were made in the regular course of business at or near the time or reasonably soon after the time the service was provided. The records are the original or duplicate of the original.

The services provided were necessary and the amount charged for the services was reasonable at the time and place that the services were provided.

The total amount paid for the services was \$ 0 and the amount currently unpaid but which **Greater Texas Orthopedic Associates, PLLC** has a right to be paid after any adjustments or credits is \$26,247.00.

Darlene O'Neal
Affiant

SWORN TO AND SUBSCRIBED before me on 17 of March 2025.



Juanita Yates
Notary Public, State of Texas

AFFIDAVIT OF RECORDS BY CUSTODIAN OF
MEMORIAL MRI & DIAGNOSTIC

STATE OF TEXAS §
 §
COUNTY OF DALLAS §

BEFORE ME, the undersigned authority, personally appeared Janard Abundo, who, being duly sworn, deposed as follows:

My name is Janard Abundo. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

I am a custodian of records for **Memorial MRI & Diagnostic**. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that **Memorial MRI & Diagnostic** provided to **Anthony B. Williams** on 05/24/2024. The attached records are a part of this affidavit.

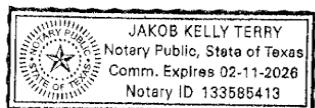
The attached records are kept by Prime Diagnostic Imaging in the regular course of business, and it was the regular course of business of **Memorial MRI & Diagnostic** for an employee or representative of **Memorial MRI & Diagnostic**, with knowledge of the service provided, to make the record or to transmit information to be included in the record. The records were made in the regular course of business at or near the time or reasonably soon after the time the service was provided. The records are the original or duplicate of the original.

The services provided were necessary and the amount charged for the services was reasonable at the time and place that the services were provided.

The total amount paid for the services was \$ 0 and the amount currently unpaid but which **Memorial MRI & Diagnostic** has a right to be paid after any adjustments or credits is \$ 8,268.00.

janard abundo
Affiant

SWORN TO AND SUBSCRIBED before me on 03/26/2025.



Notary Public, State of Texas

MEDICAL RECORDS AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared Sylvia Burgess, who swore on oath that the following facts are true:

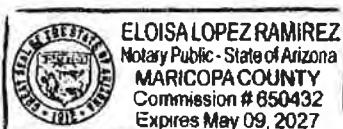
"My name is Sylvia Burgess. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated.

"I am the custodian of the records of **NextCare Urgent Care**. Attached hereto [is/are] 75 page[s] of medical records from **NextCare Urgent Care** regarding treatment provided to **Anthony B. Williams**. These said 75 pages of records are kept by **NextCare Urgent Care** in the regular course of business, and it was the regular course of business of **NextCare Urgent Care** for an employee or representative of **NextCare Urgent Care**, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information therof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original."

Sylvia Burgess
Affiant

SWORN TO AND SUBSCRIBED before me on 9th day of January.

Eloisa Lopez Ramirez
Notary Public, State of ~~TEXAS~~ ARIZONA



State of ~~Arizona~~
County of: Maricopa
State of: Arizona
County of: Maricopa

AFFIDAVIT OF BILLING RECORDS CUSTODIAN OF

NextCare Urgent Care

(Pursuant to Texas Civil Practice & Remedies Code § 18.002 (b-1))

STATE OF ~~XXXXX~~ Arizona §
§
COUNTY OF Maricopa §

BEFORE ME, the undersigned authority, personally appeared

Sylvia Burgess, who, being by me duly sworn, deposed as follows:

My name is Sylvia Burgess. I am of sound mind and capable of making this affidavit, and personally acquainted with the facts of herein stated.

I am a custodian of records for *NextCare Urgent Care*. Attached to this affidavit are records that provide an itemized statement of the service and the charge for the service that *NextCare Urgent Care* provided to *Anthony B. Williams* on 4/22/2024 to 8/15/2024 (dates). The attached records are a part of this affidavit.

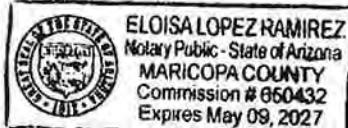
The attached records are kept by me in the regular course of business. The information contained in the records was transmitted to me in the regular course of business by *NextCare Urgent Care* or an employee or representative of *NextCare Urgent Care* who had personal knowledge of the information. The records were made at or near the time or reasonably soon after the time that the service was provided. The records are the original or a duplicate of the original.

The services provided were necessary and the amount charged for the services were reasonable at the time and place that the services were provided.

The total amount paid for the services was \$ 1908.05, and the amount currently unpaid but which *NextCare Urgent Care* has a right to be paid is \$ 0.00.

Sylvia Burgess
Affiant

SWORN TO AND SUBSCRIBED before me on the 9th day of January, 2025.



Eloisa Lopez Ramirez
Notary Public, State of Arizona

Notary's printed name: Eloisa Lopez Ramirez My commission expires: May 09, 2027

**State of: Arizona
County of: Maricopa**

8111 MEADOW ROAD DALLAS TX 75231												P. REC. # 33034		U131								
6 PATIENT NAME		7		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD		7														
b WILLIAMS, ANTHONY				46-5515662		FROM 080724 THROUGH 080724																
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES	22	23	24	25	26	27	28	29 ACOT STATE	30
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31 OCCURRENCE CCDE	32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM	37	38 OCCURRENCE SPAN THROUGH	39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT	42 REV. CO.	43 DESCRIPTION	44 HCPCS / RATE / HIPPB CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49				
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b								d														
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ITEMIZED BILL

PAGE 1

DATE 08/23/2024
 TIME 11:34:24 AM

FIRST BAPTIST MEDICAL CEN
 8111 MEADOW ROAD
 DALLAS TX 75231

PATIENT CONTROL NUMBER
 30030812

PATIENT NAME
 WILLIAMS, ANTHONY

MEDICAL RECORD NUMBER
 33032

BEGINNING DATE OF SERVICE
 080724 ENDING DATE OF SERVICE
 080724

REV CODE	PROCEDURE DESCRIPTION	HCPCS/RATES	DATE	UNITS	CHARGE AMOUNT	NC CHARGE AMOUNT
0250	BUPIVACAINE 0.5% PF SOL	J0665	080724	1	28.00	
0250	LIDOCAINE 2% PF INJ SOL	J2001	080724	1	27.00	
0250	PROPOFOL 10 MG/ML EMU 20	J2704	080724	20	46.00	
0250	PROPOFOL 10 MG/ML EMU 20	J2704	080724	20	46.00	
0250	PROPOFOL 10 MG/ML EMU 20	J2704	080724	20	46.00	
0250	PROPOFOL 10 MG/ML EMU 20	J2704	080724	20	46.00	
0250	PROPOFOL 10 MG/ML EMU 20	J2704	080724	20	46.00	
0250	PROPOFOL 10 MG/ML EMU 20	J2704	080724	20	46.00	
0250	PROPOFOL 10 MG/ML EMU 20	J2704	080724	20	46.00	
0250	TRIAMCINOLONE ACETONIDE	J3301	080724	2	112.00	
0250	LACTATED RINGERS 1000 ML	J7120	080724	1	34.30	
0250	LACTATED RINGERS 1000 ML	J7120	080724	1	34.30	
0272	CANNULA RF ACCURIAN ABLA		080724	2	100.00	
0272	TRAY 20G SINGLE SHOT EPI		080724	1	45.25	
0272	ELECTRODE PAD BOVIE GROU		080724	1	44.65	
0272	TOWEL OR DSP ST BLUE STD		080724	1	21.70	
0272	GLOVE, OVER, PROTEXIS, 7		080724	1	7.45	
0320	XR FLUOROSCOPY UP TO 1 H	76000	080724	1	2405.09	
0360	SURG LVL 1 BASE 15MIN	64635	080724	1	24000.00	
0360	SURG LVL 1 ADTL 15MIN	64635	080724	2	12000.00	
0370	GENERAL ANESTHESIA		080724	32	554.88	
0710	PACU FIRST 15		080724	1	1440.00	
0001	PAGE 1 OF 1			169	41130.62	
0001	TOTAL			169	41130.62	

First Baptist Medical Center8111 Meadow Road
Dallas, TX 75231

(469) 329-3700

Patient Name: WILLIAMS, ANTHONY
DOB: 10/16/1978 **Age:** 45 Years
Preferred Phone: (214) 542-4904

Sex: Male
Religion:
SSN: XXX-XX-8665
Patient Email:
Home Address: 108 JORDAN DR
RED OAK, TX 751545053

Patient Information

Guarantor Name: ANTHONY WILLIAMS
Patient's Reltn: SELF
DOB: 10/16/1978
Age: 45 Years
Billing Phone: (214) 542-4904
Employer Name: Not Employed
Employer Phone:

Sex: Male
Religion:
SSN: XXX-XX-8665
Billing Address: 108 JORDAN DR
RED OAK, TX 751545053

Guarantor Information

Emergency Contact
Contact Name: MEN'YION WILLIAMS
Patient's Reltn: Spouse
Sex: Female
Primary Phone: (707) 480-6368

Next of Kin
Contact Name:
Patient's Reltn:
Sex:
Primary Phone:

Primary Insurance : Self Pay Deferred - C

Subscriber Name: WILLIAMS, ANTHONY
Patient's Reltn: SELF
Sex: Male
DOB: 10/16/1978
Age: 45 Years
Employer Name: Not Employed
Employer Phone:
Financial Class: Other

Claim Address: 8045 FM 359
Fulshear, TX 77441
Insurance Phone:
Policy Number: 5555555555
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:
Other HP:

Secondary Insurance :

Subscriber Name:
Patient's Reltn:
Sex:
DOB:
Age:
Employer Name:
Employer Phone:
Financial Class:

Claim Address:
Insurance Phone:
Policy Number:
Group Number:
Authorization Number:
Authorization Phone:
Authorization Contact:
Other HP:

Encounter Information

Reg Dt/Tm: 08/07/2024 05:56 CDT
Est Dt of Arrival: 08/07/2024 07:30 CDT
Inpt Adm Dt/Tm:
Disch Dt/Tm: 08/07/2024 08:35 CDT
Observation Dt/Tm:
VIP Indicator:
Admit Reason: LUMBAR RFA @ RIGHT L4/5
Client Name: First Baptist Medical Center

Patient Type: Outpatient
Medical Service: Pain
Loc: FBMC Surgery
Rm/Bed: /
Isolation:
Disease Alert:

Admt Type: Urgent
Admt: Non-Health Care Facility Source
Adv Directive:
Reg Clerk: Patient Access Coordinator Part
AdmtPhys: MD Robert Hein
AttPhys: MD Robert Hein
PCP:
RefPhys:

WILLIAMS, ANTHONY
MRN: 33032



Printed By: Williams, Will on 08/23/2024 11:34 CDT

Registration last updated by: Luna, Cristina on 08/07/2024 08:35 CDT

Male / 45 Years
FIN: 121512



First Baptist Medical Center

8111 Meadow Road

Dallas, TX 75231-

(469) 329-3700

Patient: WILLIAMS, ANTHONY
MRN: 33032
FIN: 121512
DOB/Age/Sex: 10/16/1978 45 years Male
Location: FBMC Surgery

Admit: 8/7/2024
Disch: 8/7/2024
Admitting: Hein, Robert MD
Copy to: Williams, Will

Radiology

Patient Name: WILLIAMS, ANTHONY
 Date of Birth: 10/16/1978

MRN: 38032
 FIN: 121512

* Auth (Verified) *



Phone: (214) 341-8770
 Fax: (214) 341-1603

Patient ID:	PDI1641610000	Exam Date:	24-May-2024 10:07 AM
Patient Name:	Williams, Anthony	Accession #:	5406623
DOB:	16-Oct-1978	Referred By:	James Leonard Slayton Jr
Modality:	MR,SC	Location:	BBM_1034
MRI Lumbar Spine WO Contrast DFW			

LUMBAR SPINE MRI WITHOUT CONTRAST

CLINICAL INDICATION: Low back pain after MVA.

TECHNIQUE: Multiplanar, multi-sequence noncontrast MRI images of the lumbar spine were obtained. Sagittal T2, sagittal T1, sagittal FLAIR, and axial T1/T2 sequences were performed.

FINDINGS:

VERTEBRAE/ALIGNMENT:

Alignment of the lumbar spine is within normal limits.

No evidence of compression fracture. The vertebral body heights are preserved.

No epidural hematoma.

SPINAL CORD:

The conus medullaris terminates at the L1 level.

Cauda equina nerve roots are unremarkable.

No evidence of intramedullary or extramedullary mass lesions.

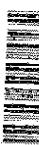
SOFT TISSUES:

Patchy high STIR signal is noted in the interspinous region at the L5-S1 levels compatible with posterior interspinous ligament strain/sprain.

The paravertebral musculature is symmetric and otherwise unremarkable.

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 6434 Katy Fwy Ste 408 Houston, TX 77056



WILLIAMS, ANTHONY
 DOB: 10/16/1978 45 Y N
 DOS: 08/07/2024 07:30
 ATT: Hein, Robert MD
 FIN: 121512

page 1 of 3

Patient Name: WILLIAMS, ANTHONY
Date of Birth: 10/16/1978

MRN: 33032
FIN: 121512

* Auth (Verified) *



Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID:	PDH1641610000	Exam Date:	24-May-2024 10:07 AM
Patient Name:	Williams, Anthony	Accession #:	5406623
DOB:	16-Oct-1978	Referred By:	James Leonard Slayton Jr
Modality:	MR,SC	Location:	BSM_1034

MRI Lumbar Spine WO Contrast DFW

Findings at each disc level as follows:

T12-L1 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent. No evidence of exiting nerve root impingement.

-- L1-L2 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent. No evidence of exiting nerve root impingement.

L2-L3 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent. No evidence of exiting nerve root impingement.

L3-L4 no significant disc bulge or protrusion. There is ligamentum flavum thickening. There is 25% neural foraminal stenosis bilaterally. The central canal is patent. There is a ventral annular tear at this level.

L4-L5 there is a 1.2 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25% neural foraminal stenosis bilaterally. The central canal is patent. There is a ventral annular tear at this level.

L5-S1 there is a 3.3 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25-50% neural foraminal stenosis bilaterally. The central canal is patent.

IMPRESSION:

1. Patchy high STIR signal noted in the interspinous region at the L5-S1 level compatible with multifocal posterior interspinous ligament strain/sprain. This is a

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 9434 Katy Fwy Ste 400 Houston, TX 77055
www.mamadiag.com

WILLIAMS, ANTHONY
DOB: 10/16/1978 45 Y N
DOS: 08/07/2024 07:30
ATT: Hein, Robert MD
FIN: 121512

Patient Name: WILLIAMS, ANTHONY
Date of Birth: 10/16/1978

MRN: 8448091162
FIN: 121512

* Auth (Verified) *



Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID:	PDI1641610000	Exam Date:	24-May-2024 10:07 AM
Patient Name:	Williams, Anthony	Accession #:	5406623
DOB:	16-Oct-1978	Referred By:	James Leonard Slayton Jr
Modality:	MRS,C	Location:	BBM_1034

MRI Lumbar Spine WO Contrast DFW

cause of acute localized and persistent low back pain.

2. At L4-L5, there is a 1.2 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25% neural foraminal stenosis bilaterally. The central canal is patent. There is a ventral annular tear at this level.
3. At L5-S1, there is a 3.3 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25-30% neural foraminal stenosis bilaterally. The central canal is patent.

Michael Davis, M.D.

Board Certified by the ABR

Musculoskeletal Radiologist

Electronically Signed by: Michael Davis, , , on 24-May-2024 3:39 PM

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 913A Kirby Fwy Ste 408 Houston, TX 77055

WILLIAMS, ANTHONY page 3 of 3
DOB: 10/16/1978 45 Y N
DOS: 08/07/2024 07:30
ATT: Hein, Robert MD
FIN: 121512

Patient Name: WILLIAMS, ANTHONY
Date of Birth: 10/16/1978

MRN: 3302

FIN: 121512

* Auth (Verified) *

FIRST BAPTIST
MEDICAL CENTERHISTORY AND PHYSICAL

CHIEF COMPLAINT:

CBP

PRESENT ILLNESS:

perioral myalgia

PAST HISTORY

MEDICAL:

Excellent except for previous infections

SURGICAL:

non contrib

DRUG ALLERGIES:

∅

MEDICATIONS:

Prescript

FAMILY HISTORY:

NEGATIVE

SOCIAL HISTORY:

NEGATIVE

SMOKES:

NO

YES = PPD

ALCOHOL HX:

R.O.S.:

NEGATIVE

PHYSICAL EXAM

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
HEENT	✓		
BREASTS	✓		
CARDIAC	✓		
LUNGS	✓		
ABDOMEN	✓		
RECTAL			Deferred due to medical condition <input type="checkbox"/> PT REFUSED
PELVIC			Deferred due to medical condition <input type="checkbox"/> PT REFUSED
M.S. SYSTEM		(+) TTP & Dura	
NEUROLOGIC	✓		
VASCULAR	✓		
PSYCHO-SOCIAL	✓		

IMPRESSION: Traumatic Soreness/breathy

PLAN: RFA (R) L4/5 f/wd

The nature and purpose of the operation or procedure, possible alternative methods or treatment, the risk involved, the possible consequences, and the possibility of complications has been explained to the patient and/or family.

 YES NO

PHYSICIAN SIGNATURE:

DATE: 8/7/20 TIME: 0715

- Patient is reassessed immediately prior to surgery: NO CHANGES IN HISTORY & PHYSICAL.
 Patient is reassessed immediately prior to surgery: CHANGES DOCUMENTED IN ABOVE HISTORY & PHYS.

PHYSICIAN SIGNATURE:

DATE: 8/7/20 TIME: 0715

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Progress Notes

Document Type: Anesthesiology Progress Note
 Service Date/Time: 8/7/2024 08:15 CDT
 Result Status: Auth (Verified)
 Perform Information: Huffman, Richard MD (8/7/2024 08:17 CDT)
 Sign Information: Huffman, Richard MD (8/7/2024 08:17 CDT)

Postanesthesia Evaluation*

Patient: WILLIAMS, ANTHONY MRN: 33032 FIN: 121512
 Age: 45 years Sex: Male DOB: 10/16/1978
 Associated Diagnoses: None
 Author: Huffman, Richard MD

Postoperative Information

Post Operative Info:
 Post operative day: Post Anesthesia Care Unit.
 Patient location: PACU.

Assessment**Postanesthesia assessment**

Vitals: P 69
 BP 115/79
 RR 12
 SpO2 97
 T 36.1.
 Mental status: not at preoperative baseline.
 Cardiovascular support.
 Nausea status.

[Electronically Signed on: 08/07/2024 08:17 CDT]

Huffman, Richard MD MD

[Verified on: 08/07/2024 08:17 CDT]

Huffman, Richard MD MD

Document Type: Anesthesiology Progress Note
 Service Date/Time: 8/7/2024 07:38 CDT
 Result Status: Auth (Verified)
 Perform Information: Huffman, Richard MD (8/7/2024 07:49 CDT)
 Sign Information: Huffman, Richard MD (8/7/2024 07:49 CDT)

Preanesthesia Evaluation*

Patient: WILLIAMS, ANTHONY MRN: 33032 FIN: 121512
 Age: 45 years Sex: Male DOB: 10/16/1978
 Associated Diagnoses: None
 Author: Huffman, Richard MD

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Progress Notes

Health Status**Allergies:**Allergic Reactions (Selected)

No Known Allergies,

Allergies (1) ActiveSeverityReaction

No Known Allergies

None Documented

Current medications: (Selected)Inpatient MedicationsOrdered

LR 1,000 mL: TKO, IV

Documented MedicationsDocumented

cyclobenzaprine 5 mg oral tablet: 1 tab(s), Oral, TID, PRN: spasm, 0 Refill(s),

Medications (1) Active

Scheduled: (0)

Continuous: (1)

Lactated Ringers intravenous solution 1,000 mL 1,000 mL, IV

PRN: (0)

Problem list:All Problems

Back pain / 252311015 / Confirmed

Tobacco user / 175325014 / Probable,

Active Problems (2)**Back pain**

Tobacco user

Histories**Family History:**

No family history items have been selected or recorded.

Procedure history:

None (387958016).

Social History**Social & Psychosocial Habits****Alcohol**08/05/2024 **Risk Assessment:** Denies Alcohol Use**Substance Use**08/05/2024 **Risk Assessment:** Denies Substance Abuse**Tobacco**08/05/2024 **Risk Assessment:** Low Risk08/05/2024 **Smoking tobacco use:** Current some day tobacco

Number used per day: 3

Electronic Cigarette/Vaping08/05/2024 **Risk Assessment:** Denies Electronic Cigarette Use08/05/2024 **Electronic Cigarette Use:** Never

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Progress Notes**Physical Examination****Vital Signs**

8/7/2024 6:25 CDT	Peripheral Pulse Rate	62 bpm
	Respiratory Rate	16 br/min
	Systolic Blood Pressure	119 mmHg
	Diastolic Blood Pressure	76 mmHg
	BP Site	Left arm
	Temperature Temporal Artery	36.5 DegC
	SpO2	98 %
	Oxygen Therapy	Room air

Vital Signs (last 24 hrs)

	Last Charted
Temp Temporal	36.5 DegC (AUG 07 06:25)
Heart Rate Peripheral	62 bpm (AUG 07 06:25)
Resp Rate	16 br/min (AUG 07 06:25)
SBP	119 mmHg (AUG 07 06:25)
DBP	76 mmHg (AUG 07 06:25)
BMI	24.77 (AUG 07 06:25)

Measurements from flowsheet : Measurements

8/7/2024 6:25 CDT	Weight Measured	73.9 kg	(Modified)
	Body Mass Index Measured	24.77 kg/m ²	(Modified)
	Body Mass Index Estimated	24.77 kg/m ²	(Modified)

Pain assessment: Pain Assessment

8/7/2024 6:25 CDT	Preferred Pain Tool	Numeric rating scale
	Numeric Rating Pain Scale	0 = No pain
	Numeric Rating Pain Score	0
	Numeric Pain Acceptable Intensity Scale	2
	Numeric Pain Acceptable Intensity Score	2

Review / Management

Results review:
No qualifying data available

Assessment and Plan

American Society of Anesthesiologists (ASA) physical status classification: Class II.

Anesthetic Preoperative Plan

Premedication: None.

Anesthetic technique: Monitored anesthesia care.

Risks discussed: nausea, vomiting, dental injury, serious complications.

Use of blood products discussed with: patient.

Plan discussed with: anesthesiologist.

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Progress Notes

[Electronically Signed on: 08/07/2024 07:49 CDT]

Huffman, Richard MD MD

[Verified on: 08/07/2024 07:49 CDT]

Huffman, Richard MD MD

Patient Name: WILLIAMS, ANTHONY
Date of Birth: 10/16/1978

MRN: 33932

FIN: 121512

* Auth (Verified) *



PERIOPERATIVE NURSING CARE PLAN

Date: 8/17/24	Time: 0815	Pre-Op Nurse's Signature:
Diagnosis / Problem	Intervention	Outcome
1. <input checked="" type="checkbox"/> Insufficient Knowledge related to care of operative site, activity, diet, medications, sign and symptoms of complications and follow-up care.	<input checked="" type="checkbox"/> Pre-operative teaching complete <input checked="" type="checkbox"/> Reassurance and comfort given <input checked="" type="checkbox"/> Notify MD if Patient requests further information	Will voice understanding of procedure and S&S Discharge instructions signed Patient's anxiety is diminished
2. <input checked="" type="checkbox"/> Communication Impaired related to <input type="checkbox"/> WNL <input type="checkbox"/> Deafness <input type="checkbox"/> Verbal <input type="checkbox"/> Blindness <input type="checkbox"/> Language barrier <input type="checkbox"/> Child	<input checked="" type="checkbox"/> When appropriate an approved interpreter will be used. Interpreters will be allowed to remain with patient as appropriate. <input checked="" type="checkbox"/> Use age appropriate language.	Receive and understand instructions and education in the appropriate manner. (if used see admission assessment)
3. <input checked="" type="checkbox"/> Infection / Hemorrhage related to site for organism invasion, following surgery or procedure Note any anticoagulant use * See Medication Reconciliation form	<input checked="" type="checkbox"/> Educated on care of site if applicable <input checked="" type="checkbox"/> Observe for signs of sepsis <input checked="" type="checkbox"/> Observe for bleeding in excess of what is acceptable <input checked="" type="checkbox"/> Post-op antibiotics given <input checked="" type="checkbox"/> Drain/Wound care teaching if applicable	Site will be free of infection Understand S&S of infection Demonstrates ability to care for drains if applicable Voice understanding of excessive bleeding and treatment, and notifying MD or ER
4. <input checked="" type="checkbox"/> Nausea related to gastrointestinal damage, stimulation of vomiting center, anxiety / fear	<input checked="" type="checkbox"/> Ensure bowel sound present <input checked="" type="checkbox"/> Resume diet slowly <input checked="" type="checkbox"/> Note volume and nature of emesis <input checked="" type="checkbox"/> Medicate if needed	Nausea relieved on discharge Tolerating PO fluids Bowel sound present
5. <input checked="" type="checkbox"/> Risk for Ineffective Respiratory Function related to immobility secondary to post-anesthesia state / pain □ Pre-existing condition, see assessment data	<input checked="" type="checkbox"/> Assess respiratory status on return from procedure VS Q30 min x 1 hour <input checked="" type="checkbox"/> Medicate for Pain as needed <input checked="" type="checkbox"/> Encourage cough and deep breathing techniques <input checked="" type="checkbox"/> Early ambulation	Discharged with respiratory function at baseline Education on the importance of deep breathing, S&S of respiratory related problems VS meet discharge criteria
6. <input checked="" type="checkbox"/> Acute confusion related to multiple stressor associated with surgery / procedure, after sedation / anesthesia and pain medication	<input checked="" type="checkbox"/> Maintain safety side rails up, call bell in reach <input checked="" type="checkbox"/> Re-orient as needed <input checked="" type="checkbox"/> Allow family to assist <input checked="" type="checkbox"/> Fall precautions as needed	Pre-procedural base line upon discharge. A responsible adult to drive them home, if applicable Free from injury
All outcomes met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not met, document rationale in nursing narrative.	
Date: 8/17/24	Time: 0820	Discharge Nurse's Signature: <i>Chyna, RN.</i>

WILLIAMS, ANTHONY
 DOB: 10/16/1978 45 Y M
 DOS: 08/07/2024 07:30
 ATT: Hein, Robert MD
 FIN: 121512
 IRN: 33932

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Perioperative Record

Document Type: FBMC Preoperative Record
 Service Date/Time: 8/7/2024 07:45 CDT
 Result Status: Modified
 Perform Information: Nwabuko, Jessica (8/7/2024 06:39 CDT)
 Sign Information: Nwabuko, Jessica (8/7/2024 06:39 CDT); Nwabuko, Jessica (8/7/2024 06:29 CDT)

FBMC Preop Nursing Record***FBMC Preop Nursing Record Summary***

Primary Physician: Hein, Robert MD
 Case Number: FBMCO-2024-1207
 Finalized Date/Time: 08/07/24 06:39:02
 Pt. Name: WILLIAMS, ANTHONY
 D.O.B./Sex: 10/16/1978 Male
 Med Rec #: 33032
 Physician: Hein, Robert MD
 Financial #: 121512
 Pt. Type: O
 Room/Bed: /
 Admit/Disch: 08/07/24 05:56:29 -
 Institution:

Preop Case Times FBMC

Patient Arrival Time	Entry 1 08/07/24 06:25:00	Patient Ready for Surgery	08/07/24 06:38:00
Last Modified By:	Nwabuko, Jessica 08/07/24 06:39:01		

Finalized By: Nwabuko, Jessica

Document Signatures

Signed By:
 Nwabuko, Jessica 08/07/24 06:29
 Nwabuko, Jessica 08/07/24 06:39

Document Type: FBMC Intraoperative Record
 Service Date/Time: 8/7/2024 08:10 CDT
 Result Status: Auth (Verified)
 Perform Information: Schieber, Madison (8/7/2024 10:05 CDT)
 Sign Information: Schieber, Madison (8/7/2024 10:05 CDT)

FBMC Intraop Nursing Record***FBMC Intraop Nursing Record Summary***

Primary Physician: Hein, Robert MD

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Perioperative Record

Case Number: FBMCO-2024-1207
 Finalized Date/Time: 08/07/24 10:05:08
 Pt. Name: WILLIAMS, ANTHONY
 D.O.B./Sex: 10/16/1978 Male
 Med Rec #: 33032
 Physician: Hein, Robert MD
 Financial #: 121512
 Pt. Type: O
 Room/Bed: /
 Admit/Disch: 08/07/24 05:56:29 -
 08/07/24 08:35:00

Institution:

Case Attendance FBMC

Case Attendee	Entry 1	Entry 2	Entry 3
Role Performed	Hein, Robert MD	Huffman, Richard MD	Schieber, Madison
Time In	Surgeon - Primary	Anesthesia Care Provider	Circulator
Time Out	08/07/24 07:44:00	08/07/24 07:44:00	08/07/24 07:44:00
Procedure	08/07/24 08:15:00	08/07/24 08:15:00	08/07/24 08:15:00
Last Modified By:	Epidural Lumbar Steroid	Epidural Lumbar Steroid	Epidural Lumbar Steroid
	Injection	Injection	Injection
	Schieber, Madison	Schieber, Madison	Schieber, Madison
	08/07/24 09:59:34	08/07/24 09:59:34	08/07/24 09:59:34

Case Attendee	Entry 4
Role Performed	Salazar, Alfred
Time In	Scrub Personnel
Time Out	08/07/24 07:44:00
Procedure	08/07/24 08:15:00
Last Modified By:	Epidural Lumbar Steroid
	Injection
	Schieber, Madison
	08/07/24 09:59:34

Case Times FBMC

Patient	Entry 1		
In Room Time	08/07/24 07:44:00	Out Room Time	08/07/24 08:15:00
Anesthesia			
Start Time	08/07/24 07:45:00	Stop Time	08/07/24 08:17:00
Surgery			
Start Time	08/07/24 07:56:00	Stop Time	08/07/24 08:10:00
Last Modified By:	Schieber, Madison		
	08/07/24 09:59:49		

Surgical Procedures FBMC

Pre-Care Text:
 A.20 Verifies operative procedure, surgical site, and laterality Im.150 Develops individualized plan of care

Procedure	Entry 1		
Description			
Procedure	Epidural Lumbar Steroid	Additional	LUMBAR RFA @ RIGHT L4/5
	Injection	Procedure Detail	
Primary Procedure	Yes	Primary Surgeon	Hein, Robert MD
Start	08/07/24 07:56:00	Stop	08/07/24 08:10:00
Anesthesia Type	General	Surgical Service	Pain Management (SN)
Wound Class	1-Clean		

@=Abnormal C=Critical L=Low H=High c=Corrected f=Comment O=Order Comment i=Interp Data *=Performing Loc

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Perioperative Record

Technique Details			
Closure Technique	N/A	Entire procedure was performed via laparoscope or robotic assistance	No
Last Modified By:	Schieber, Madison		
	08/07/24 09:59:51		
Post-Care Text:	0.730 The patient's care is consistent with the individualized perioperative plan of care		
General Case Data FBMC			
Pre-Care Text:	A.350.1 Classifies surgical wound Entry 1		
Case Information			
OR	FBMC OR 02	Case Level	Level 1
Wound Class	1-Clean	Specialty	Pain Management (SN)
ASA Class	2		
Diagnosis			
Preop Diagnosis	Personal injury, CBP, lumbar RFA Right L4/5 see MD notes	Postop Same As Preop	No
Postop Diagnosis			
Blunt or penetrating injury occurred prior to the start of the procedure	No	Is the procedure considered Emergent/Urgent	No
Last Modified By:	Schieber, Madison		
08/07/24 08:04:37			
Post-Care Text:	0.760 Patient receives consistent and comparable care regardless of the setting		
Sign In FBMC			
	Entry 1		
Sign-In			
Verifications			
Confirmed Identity, Procedure, Incision Site, and Consent(s)	Yes	Allergies Verified	Yes
Pulse Oximeter	Yes	Difficult Airway or Aspiration Risk Assessed	Yes
Anesthesia Safety and Medication Check Complete	Yes	Site Verification, Site Marking, Site Marking Alternative, and/or Site Marking Exception in Accordance with Facility Policy	Yes
Blood Products Available if applicable (State Number, Location, and Type of Units)	No	Other Relevant Documentation Available	Yes
Verified By	Schieber, Madison		
Last Modified By:	Schieber, Madison		
	08/07/24 08:05:45		

@=Abnormal C=Critical L=Low H=High c=Corrected f=Comment O=Order Comment i=Interp Data *=Performing Loc

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Perioperative Record**Time Out FBMC**

Entry 1			
Procedure(s)	Epidural Lumbar Steroid Injection		
Time Out Checklist			
Verifications			
Team Introductions Completed	Yes	Confirmed Identity, Procedure, Incision Site, and Consent(s)	Yes
Presence of Necessary Procedural Equipment, Devices, and Implants Verified	Yes	Site Verification, Site Marking, Site Marking Alternative, and/or Site Marking Exception in Accordance with Facility Policy	Yes
Anesthesia Review			
Antibiotic Received Within an Appropriate Time Interval Prior to Surgical Incision	n/a	All Anesthesia Concerns Addressed	Yes
Surgeon Review			
Anticipated Blood Loss Risk Addressed	Yes	Expected Case Duration Addressed	Yes
Critical and Non-Routine Steps to be Performed Addressed	Yes		
Nurse Review			
Equipment Checks/Concerns Addressed	Yes	Fire Risk Assessment Completed and Interventions Performed	Yes
Diagnostic and Radiological Test Results Displayed are Appropriate and Labeled	Yes	Sterilization Concerns Addressed	n/a
Other Concerns Addressed	n/a		
Time Out Participants	Hein, Robert MD, Huffman, Richard MD, Schieber, Madison, Salazar, Alfred	Time Out Time	08/07/24 07:53:00
Last Modified By:	Schieber, Madison		
	08/07/24 08:06:20		

Fire Risk Assessment FBMC

Entry 1			
Fire Risk Assessment			
A: Is an alcohol-based skin antiseptic or other flammable solution	Yes	B: Is the operative or other invasive procedure being performed above the	No

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Perioperative Record

being used preoperatively?	xiphoid process or in the oropharynx?
C: Is open oxygen or nitrous oxide being administered?	D: Is an ESU, laser, or fiber-optic light being used?
E: Are there other possible contributors?	Yes
Last Modified By:	Schieber, Madison 08/07/24 08:04:47

Patient Positioning FBMC**Pre-Care Text:**

A.280 Identifies baseline musculoskeletal status	Im.40 Positions the patient	Im.80 Applies safety devices
Procedure	Entry 1	
Epidural Lumbar Steroid Injection	Body Position	Prone
Left Arm Position	Extended on padded arm board	Extended on padded arm board
Left Leg Position	Extended	Extended
Feet Uncrossed?	Yes	Yes
Additional Information	arms extended towards head, safety strap placed across thighs	Arm Boards, Pillow, Safety Strap, Standard OR Table
Positioned By	Schieber, Madison, Salazar, Alfred	Outcome Met (0.80)
Last Modified By:	Schieber, Madison 08/07/24 08:07:42	Yes

Post-Care Text:

E.290 Evaluates musculoskeletal status O.80 Patient is free from signs and symptoms of injury related to positioning

Skin Prep FBMC**Pre-Care Text:**

A.30 Verifies allergies	Im.270 Performs skin preparation	Im.270.1 Implements protective measures to prevent
skin and tissue injury due to chemical sources		
Entry 1		

Skin Prep			
Prep Agents (Im.270)	2% Chlorhexidine Gluconate and 70% Isopropyl Alcohol	Prep By	Hein, Robert MD
Prep Area (Im.270)	Back lower	Skin Prep Agent Dry Without Pooling	Yes

Hair Removal

Hair Removal Methods	No hair removal performed
Outcome Met (0.100)	Yes
Last Modified By:	Schieber, Madison 08/07/24 08:08:22

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.100 Patient is free from signs and symptoms of chemical injury

Cautery FBMC

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Perioperative Record**Pre-Care Text:**

A.240 Assesses baseline skin condition A.40 Verifies presence of prosthetics or corrective devices Im.50 Implements protective measures to prevent injury due to electrical sources

Entry 1

ESU Type Radio Frequency Unit

ESU Settings

Grounding Pad

Details

Grounding Pad Needed?	Yes	Verified By	Schieber, Madison
Grounding Pad Site	Thigh	Grounding Pad Site Detail	Left
Grounding Pad Lot Number	240920129T	Within Expiration Date?	Yes
Outcome Met (0.10)	Yes		
Last Modified By:	Schieber, Madison		
	08/07/24 08:09:08		

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.10 Patient is free from signs and symptoms of injury related to thermal sources

Medication Administration FBMC**Pre-Care Text:**

A.210 Identifies physiological status Im.220 Administers prescribed medications

Entry 1

Time Administered 08/07/24 07:56:00
 Medication bupivacaine 0.5% PF Sol
 30 mL [FBMC]
 Route of Admin Infiltration
 Dose
 Volume 6 mL
 Administered By Hein, Robert MD
 Outcome Met (0.130) Yes
 Last Modified By: Schieber, Madison

Entry 2

08/07/24 07:56:00
 triamcinolone acetonide
 40 mg/mL Sus [FBMC]
 Infiltration

Entry 3

08/07/24 07:56:00
 lidocaine 1% PF Inj Sol
 30 mL [FBMC]
 Infiltration
 4 mL
 Hein, Robert MD
 Yes
 Schieber, Madison
 08/07/24 10:00:43

Post-Care Text:

E.20 Evaluates response to medications O.130 Patient receives appropriately administered medication(s)

X-Rays and Images FBMC**Pre-Care Text:**

A.240 Assesses baseline skin condition A.240.1 Assesses history of previous radiation exposure Im.110 Implements protective measures to prevent injury due to radiation sources

Entry 1

Site Back lower
 Protective Devices Yes
 Used
 Duration 32.25 second(s)
 Last Modified By: Schieber, Madison

X-Ray Type

Outcome Met (0.110)

C-Arm

Yes

Post-Care Text:

E.10 Evaluates for signs and symptoms of physical injury to skin and tissue O.110 Patient is free from signs and symptoms of radiation injury

General Comments:

4.62 mgy

Dressing/Packing FBMC

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Perioperative Record**Pre-Care Text:**

A.350 Assesses susceptibility for infection Im.290 Administer care to wound sites

Entry 1

Skin Prep Agent Yes

Removed Prior to

Dressing?

Dressing Item

Details

Tape (Im.290) Band-Aid

Site Back lower

Last Modified By: Schieber, Madison

Outcome Met (0.200)

Yes

08/07/24 10:01:29

Post-Care Text:

E.200 Evaluates progress of wound healing 0.200 Patient's wound perfusion is consistent with or improved from baseline levels

General Comments:

x2

Sign Out FBMC

Entry 1

Team Debriefing -

Procedure

Finalization

Final procedure(s) Yes

Final Wound Class

Yes

performed

communicated and

documented

documented

Postop Diagnosis Yes

Estimated Blood

Yes

communicated and

loss discussed and

documented

documented

Team Sign Out

Checklist

Verbally confirm Yes

Specimen details

n/a

any room/equipment

problems

Any concerns for Yes

verified with team

recovery and

management discussed

Last Modified By: Schieber, Madison

08/07/24 10:01:38

Departure from OR FBMC

Entry 1

Present on Depart N/A

Via

Stretcher

Post-op Destination PACU

Skin

Condition

Description

Airway Maintenance

Patient Status Stable

Oxygen in Use?

No

Last Modified By: Schieber, Madison

08/07/24 10:01:51

Case Comments

<None>

Finalized By: Schieber, Madison

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Perioperative Record***Document Signatures***

Signed By:
Schieber, Madison 08/07/24 10:05

Document Type:	FBMC PACU Record
Service Date/Time:	8/7/2024 08:10 CDT
Result Status:	Auth (Verified)
Perform Information:	Luna,Cristina (8/7/2024 08:35 CDT)
Sign Information:	Luna,Cristina (8/7/2024 08:35 CDT)

FBMC PACU Nursing Record***FBMC PACU Nursing Record Summary***

Primary Physician: Hein, Robert MD
 Case Number: FBMCO-2024-1207
 Finalized Date/Time: 08/07/24 08:35:17
 Pt. Name: WILLIAMS, ANTHONY
 D.O.B./Sex: 10/16/1978 Male
 Med Rec #: 33032
 Physician: Hein, Robert MD
 Financial #: 121512
 Pt. Type: O
 Room/Bed: /
 Admit/Disch: 08/07/24 05:56:29 -
 08/07/24 08:35:00
 Institution:

PACU Case Times FBMC

In PACU I	Entry 1 08/07/24 08:15:00	Discharge from PACU I	08/07/24 08:35:00
Last Modified By:	Luna, Cristina 08/07/24 08:35:16		

Finalized By: Luna, Cristina

Document Signatures

Signed By:
Luna, Cristina 08/07/24 08:35

Patient Name: WILLIAMS, ANTHONY
Date of Birth: 10/16/1978

MRN: 33032
FIN: 121512

* Auth (Verified) *

First Baptist Medical Center

OPERATIVE REPORT

PATIENT NAME: WILLIAMS, ANTHONY
PATIENT NUMBER: 33032/121512
DATE OF OPERATION: 08/07/2024
SURGEON: ROBERT HEIN, M.D.

DATE OF BIRTH: October 16, 1978

PROCEDURE PERFORMED: Radiofrequency ablation, high L4-5 facet joint.

INDICATION: Traumatic spondylopathy.

ANESTHESIA: Lidocaine 1%, 10 mL.

MEDICATIONS:

1. Marcaine 0.25%, 2 mL.
2. Kenalog 40 mg/mL, 2 mL.

FINDINGS: Please see fluoroscopic imaging.

DRAINS: None.

BLOOD LOSS: None.

COMPLICATIONS: None.

After risks, benefits, alternatives, and complications had been reviewed with the patient, informed consent was given and a signed informed consent document was obtained.

PROCEDURE IN DETAIL: The patient was brought to the operating room where he was placed on the surgical table in a comfortable prone position. Needle placement was obtained by manual palpation as well as radiographic confirmation. The sterile field was prepped and draped in usual fashion. Local anesthesia both superficial and deep was provided by local infiltration with 1% lidocaine solution.

Using a 20 gauge 100 mm curved sharp radiofrequency introducer with an 10 mm active tip and intermittent fluoroscopic guidance, an introducer was first advanced down over the junction of the superior articular and transverse process at the L4 vertebral body level. The needle was advanced down until bony contact was made and manipulated until it was felt to be in appropriate position. A second introducer was advanced down over the L5

Patient Name: WILLIAMS, ANTHONY
Date of Birth: 10/16/1978

MRN: 33032
FIN: 121512

* Auth (Verified) *

PATIENT NAME: WILLIAMS, ANTHONY

PATIENT NUMBER: 33032/121512

Page 2 of 2

vertebral body level. Once both needles were felt to be in appropriate position, aspiration was checked and found to be negative for blood. Motor stimulation was then conducted at 2 Volts and 0.2 Hertz confirming no unexpected motor stimulation. Lesioning was then carried out at 90 degrees centigrade for 90 seconds. Upon successful completion of the lesioning, 2 mL of the Marcaine steroid solution was injected for postoperative pain and inflammation control. Once the needles had been removed, sterile bandages were applied and the patient was taken to the recovery area in good condition without incident or complication and was noted to remain hemodynamically intact throughout the entirety of the procedure.

IMPRESSION:

1. Successful radiofrequency ablation, right L4-5 facet joint.
2. Fluoroscopic imaging documenting today's procedure.
3. No unexplained motor or sensory deficits.

PLAN:

1. The patient will be discharged following anesthesia protocol.
2. The patient was previously instructed in postoperative care and encouraged to call with any further concerns or questions.
3. The patient will follow up in clinic for review of today's procedure and further therapeutic options.

ROBERT HEIN, M.D.

PTC/71/VT
JOB: 0807-021
DDT: 08/07/2024 12:59
TDT: 08/08/2024 22:32

Electronically signed on 08/08/2024

Patient Name: WILLIAMS, ANTHONY
Date of Birth: 10/16/1978

MRN: 33032
FIN: 121512

* Auth (Verified) *

First Baptist Medical Center 8111 Meadow Road Dallas, TX 75231	FBMC Anesthesia Date Finalized: 8/7/2024 8:19 Page 1 of 3	WILLIAMS, ANTHONY 33032 FBMCO-2024-1207 Epidural Lumbar Steroid Injection
OR: FBMC OR 02 Surgery Date: 8/7/2024 7:56 Surgeon: Hein, Robert MD Anesthesiologist: Huffman, Richard MD Anesthesia Type: General ASA Class: 2	DOB: 10/16/1978 AGE: 45 years Gender: Male Pre-Op Diagnosis: Personal injury, CBP, lumbar RFA Right L4/5 Reason for Admit: LUMBAR RFA @ RIGHT L4/5 NPO:	Height: 172.72 cm Weight: 71.67 kg Allergies: No Known Allergies
Name	Total Medications	
propofol 10 mg/mL Emu 20mL [FBMC] IV lidocaine 2% PF Inj Sol 5 mL [FBMC] IV	250 mg 5 mL	30 mg ⊕ 30 mg ⊕ 50 mg ⊕ 30 mg ⊕ 50 mg ⊕ 50 mg ⊕
Lactated Ringers 1000 mL [FBMC]	Left Lower Forearm	1010 mL
Intake		
NIBP Mean - Anes mmHg SpO2 - Anes % ET CO2 - Anes mmHg Resp Rate - Anes br/min Heart Rate - SpO2 - Anes bpm	Monitors	
Legend		
Heart Rate - Anes	195 190 185 180 175 170 165 160 155 150 145 140 135 130 125	
▲ NIBP Diastolic - Anes (mmHg)	120 115 110 105 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20	▼ ▼
▽ NIBP Systolic - Anes (mmHg)	120 115 110 105 100 95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20	▽ ▽
SpO2 - Anes (%)	95 90 85 80 75 70 65 60 55 50 45 40 35 30 25 20	*
Resp Rate - Anes (br/min)	15 10 5	*
Heart Rate - SpO2 - Anes (bpm)	15 10 5	*
Case Times		
Pt. In 7:44 Out 8:15 Anes. Start 7:45 Stop 8:17 Surg. Start 7:56 Stop 8:10	15 10 5	*

Patient Name: WILLIAMS, ANTHONY

Date of Birth: 10/16/1978

MRN: 33032

FIN: 121512

* Auth (Verified) *

First Baptist Medical Center 8111 Meadow Road Dallas, TX 75231	FBMC Anesthesia Date Finalized: 8/7/2024 8:19 Page 3 of 3	WILLIAMS, ANTHONY 33032 FBMCO-2024-1207 Epidural Lumbar Steroid Injection
--	---	--

Actions

8/7/2024

7:44 Patient In Room

7:45 Anesthesia Start

Monitors/Safety

Anesthesia Machine: Checked per Institutional Guidelines

Anesthesia Machine: CE Checked and Operational

Suction Working and Available: Yes

Monitors: BP

Monitors: EKG

Monitors: Pulse Oximeter (Alarms On)

Monitors: ETCO2 (Alarms On)

Airway Equipment: Yes

Emergency Medications: Present

EKG: 3 Lead

BP Cuff Applied: Left

BP Cuff Applied: Upper Arm (Brachiocephalic)

Temperature: Skin

Gas Analyzer: Yes

Self-Inflat Resus BagAvailable: Yes

Auxiliary O2 Source Available: Yes

O2 Supplementation

Delivery Device: Nasal Cannula

O2 Flow: L/Min - 4

7:56 Surgery Start

8:10 Surgery Stop

8:14 Transport

O2 Delivery Device: Nasal Cannula

O2 Flow: L/min - 3

Transported To: PACU

Reviewed Handoff Report With: RN

Vital Signs: Temperature (C) - 36.1

Vital Signs: Systolic Blood Pressure (mmHg) - 115

Vital Signs: Diastolic Blood Pressure (mmHg) - 79

Vital Signs: Heart Rate (BPM) - 69

Vital Signs: Respiratory Rate (Breaths/Min) - 12

Vital Signs: Oxygen Saturation (%) - 97

Level of Consciousness: Awake

Post-Op Status: Satisfactory/Stable

8:15 Patient Out Room

Position: Prone

Head: Neutral

Pressure Points: Padded/Protected

Safety Devices: Bed Safety Strap

8:17 Anesthesia Stop

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Discharge Documentation

Document Type: Ambulatory Patient Summary
 Service Date/Time: 8/7/2024 08:35 CDT
 Result Status: Auth (Verified)

Ambulatory Patient Summary**First Baptist Medical Center**

8111 Meadow Rd

Dallas, TX, 75231

(469) 329-3700

Patient Discharge Instructions**Name:** WILLIAMS, ANTHONY**DOB:** 10/16/1978 **MRN:** 33032 **FIN:** 121512**Patient Address:** 108 JORDAN DR RED OAK TX 751545053**Primary Surgeon:** Hein, Robert MD**Discharge Diagnosis:****Comment::**

First Baptist Medical Center would like to thank you for allowing us to assist you with your healthcare needs. The following includes patient education materials and information regarding your injury/illness.

WILLIAMS, ANTHONY has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Diet & Activity**Patient Activity Level:** As Tolerated**Patient Diet:****Patient Activity Restrictions:** No driving, No Heavy Lifting Over 50lbs**Allergies**

No Known Allergies

Follow-up Instructions**With:****Address:****When:**

Robert Hein	8727 Winding Ln Fort Worth, TX 76120 (469) 329-3700 Business (1)	In 7 days 8/14/2024
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First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Discharge Documentation**Prescriptions**

cyclobenzaprine (cyclobenzaprine 5 mg oral tablet) 1 tab(s) Oral 3 times a day as needed spasm.

Medications

During the course of your visit, your medication list was updated with the most current information. The details of those changes are reflected below:

Medications that have not changed**Other Medications**

cyclobenzaprine (cyclobenzaprine 5 mg oral tablet) 1 tab(s) Oral 3 times a day as needed spasm.

It is important to always keep an active list of medications available so that you can share with other providers and manage your medications appropriately. As an additional courtesy, we are also providing you with your final active medications list that you can keep with you.

cyclobenzaprine (cyclobenzaprine 5 mg oral tablet) 1 tab(s) Oral 3 times a day as needed spasm.

Take only the medications listed above. Contact your doctor prior to taking any medications not on this list.

Patient education materials, if any, will display below

Radiofrequency Ablation

Radiofrequency ablation is a procedure that is performed to relieve pain. The procedure is often used for back, neck, or arm pain. Radiofrequency ablation involves the use of a machine that creates radio waves to make heat. During the procedure, the heat is applied to the nerve that carries the pain signal. The heat damages the nerve and interferes with the pain signal. Pain relief usually starts about 2 weeks after the procedure and lasts for 6 months to 1 year.

Tell a health care provider about:

- Any allergies you have.
- All medicines you are taking, including vitamins, herbs, eye drops, creams, and over-the-counter medicines.

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
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Discharge Documentation

- Any problems you or family members have had with anesthetic medicines.
- Any bleeding problems you have.
- Any surgeries you have had.
- Any medical conditions you have.
- Whether you are pregnant or may be pregnant.

What are the risks?

Generally, this is a safe procedure. However, problems may occur, including:

- Pain or soreness at the injection site.
- Allergic reaction to medicines given during the procedure.
- Bleeding.
- Infection at the injection site.
- Damage to nerves or blood vessels.

What happens before the procedure?**When to stop eating and drinking**

Follow instructions from your health care provider about what you may eat and drink before your procedure. These may include:

- 8 hours before the procedure
 - Stop eating most foods. **Do not** eat meat, fried foods, or fatty foods.
 - Eat only light foods, such as toast or crackers.
 - All liquids are okay except energy drinks and alcohol.
- 6 hours before the procedure
 - Stop eating.
 - Drink only clear liquids, such as water, clear fruit juice, black coffee, plain tea, and sports drinks.
 - **Do not** drink energy drinks or alcohol.
- 2 hours before the procedure
 - Stop drinking all liquids.
 - You may be allowed to take medicine with small sips of water.

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
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Discharge Documentation

If you do not follow your health care provider's instructions, your procedure may be delayed or canceled.

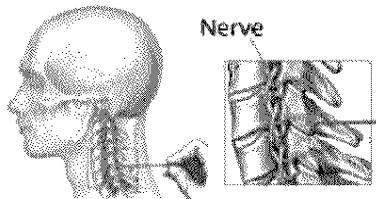
Medicines

Ask your health care provider about:

- Changing or stopping your regular medicines. This is especially important if you are taking diabetes medicines or blood thinners.
- Taking medicines such as aspirin and ibuprofen. These medicines can thin your blood. **Do not** take these medicines unless your health care provider tells you to take them.
- Taking over-the-counter medicines, vitamins, herbs, and supplements.

General instructions

- Ask your health care provider what steps will be taken to help prevent infection. These steps may include:
 - Removing hair at the procedure site.
 - Washing skin with a germ-killing soap.
 - Taking antibiotic medicine.
- If you will be going home right after the procedure, plan to have a responsible adult:
 - Take you home from the hospital or clinic. You will not be allowed to drive.
 - Care for you for the time you are told.

What happens during the procedure?

- You will be awake during the procedure. You will need to be able to talk with the health care provider during the procedure.
- An IV will be inserted into one of your veins.
- You will be given one or more of the following:
 - A medicine to help you relax (sedative).
 - A medicine to numb the area (local anesthetic).

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
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Discharge Documentation

- Your health care provider will insert a radiofrequency needle into the area to be treated. This is done with the help of fluoroscopy.
- A wire that carries the radio waves (electrode) will be put through the radiofrequency needle.
- An electrical pulse will be sent through the electrode to verify the correct nerve that is causing your pain. You will feel a tingling sensation, and you may have muscle twitching.
- The tissue around the needle tip will be heated by an electric current that comes from the radiofrequency machine. This will numb the nerves.
- The needle will be removed.
- A bandage (dressing) will be put on the insertion area.

The procedure may vary among health care providers and hospitals.

What happens after the procedure?

- Your blood pressure, heart rate, breathing rate, and blood oxygen level will be monitored until you leave the hospital or clinic.
- Return to your normal activities as told by your health care provider. Ask your health care provider what activities are safe for you.
- If you were given a sedative during the procedure, it can affect you for several hours. **Do not** drive or operate machinery until your health care provider says that it is safe.

Summary

- Radiofrequency ablation is a procedure that is performed to relieve pain. The procedure is often used for back, neck, or arm pain.
- Radiofrequency ablation involves the use of a machine that creates radio waves to make heat.
- Plan to have a responsible adult take you home from the hospital or clinic. **Do not** drive or operate machinery until your health care provider says that it is safe.
- Return to your normal activities as told by your health care provider. Ask your health care provider what activities are safe for you.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

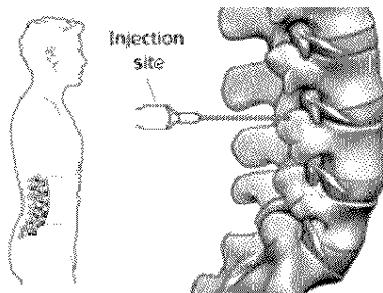
Document Revised: 06/07/2022 Document Reviewed: 06/07/2022
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First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Discharge Documentation

Medial Branch Nerve Block



Medial branch nerve block is a procedure to numb the nerves that supply the joints between your spinal bones (facet joints). The facet joints are located on the back of your spine. You may have the procedure on your neck or your upper, middle, or lower spine. This procedure is often a diagnostic procedure done to determine if the facet joint is the source of pain.

During this procedure, your health care provider will inject a long-acting anesthetic to numb the medial nerves near the facet joint that is being treated. If more than one facet joint is causing pain, you may have more than one injection. In some cases, an anti-inflammatory medicine (steroid) will also be injected.

You may need this procedure if:

- Your health care provider wants to diagnose a facet joint as the cause of your pain.
- You have an injury to a facet joint.
- You have back pain from wear and tear (osteoarthritis) of your facet joint.

If the pain was from the facet joints, pain will be relieved for a few hours to a few days.

Tell a health care provider about:

- Any allergies you have.
- All medicines you are taking, including vitamins, herbs, eye drops, creams, and over-the-counter medicines.
- Any problems you or family members have had with anesthetic medicines.
- Any bleeding problems you have.
- Any surgeries you have had.
- Any medical conditions you have.
- Whether you are pregnant or may be pregnant.

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
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FIN:	121512	Admitting:	Hein, Robert MD

Discharge Documentation

- Whether you are breastfeeding.

What are the risks?

Generally, this is a safe procedure. However, problems may occur, including:

- Infection.
- Bleeding.
- Allergic reactions to medicines or dyes.
- Damage to other structures or organs.
- Injection of the anesthetic into a blood vessel. This may decrease blood supply to your spinal cord and cause damage.
- Spread of the anesthetic to nearby nerves. This may cause temporary weakness or numbness.

What happens before the procedure?

- Follow instructions from your health care provider about when you should stop eating or drinking before the procedure.
- Plan to have a responsible adult take you home from the hospital or clinic.
- Ask your health care provider about:
 - Changing or stopping your regular medicines. This is especially important if you are taking diabetes medicines or blood thinners.
 - Taking medicines such as aspirin and ibuprofen. These medicines can thin your blood. **Do not** take these medicines unless your health care provider tells you to take them.
 - Taking over-the-counter medicines, vitamins, herbs, and supplements.
- Ask your health care provider:
 - How your injection site will be marked.
 - What steps will be taken to help prevent infection. These steps may include:
 - Removing hair at the surgery site.
 - Washing skin with a germ-killing soap.

What happens during the procedure?

- An IV may be inserted into one of your veins.

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Discharge Documentation

- You will be given one or both of the following:
 - A medicine to help you relax (sedative).
 - A medicine to numb the area (local anesthetic). This is a short-acting anesthetic that numbs the area before the needle is passed into the facet joint.
- Your health care provider will pass a needle into the area around the facet joint.
 - Your health care provider may use a type of X-ray (fluoroscopy) to look at images of your spinal cord. If fluoroscopy is used, a small amount of dye will be injected into the facet joint area. The dye will show up on fluoroscopy and help locate the exact area to inject the long-acting anesthetic.
- The long-acting anesthetic will be injected. A steroid may also be injected at the same time.
- The needle will be removed. A bandage (dressing) will be placed over the injection site.

The procedure may vary among health care providers and hospitals.

What can I expect after the procedure?

- Your blood pressure, heart rate, breathing rate, and blood oxygen level will be monitored until you leave the hospital or clinic.
- You should feel less pain in your back.
- You may have some soreness around the injection site.
- You may have a temporary increase in blood sugar due to the steroid.

Follow these instructions at home:**Injection site care**

- Leave your dressing on for 24 hours.
- **Do not** take baths, swim, or use a hot tub until your health care provider approves. Ask your health care provider if you may take showers. You may only be allowed to take sponge baths.
- Check your injection site every day for signs of infection. Check for:
 - Redness, swelling, or more pain.
 - Fluid or blood.
 - Warmth.
 - Pus or a bad smell.
- If directed, put ice on the affected area. To do this:

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Discharge Documentation

- Put ice in a plastic bag.
- Place a towel between your skin and the bag.
- Leave the ice on for 20 minutes, 2–3 times a day.
- Remove the ice if your skin turns bright red. This is very important. If you cannot feel pain, heat, or cold, you have a greater risk of damage to the area.

Activity

- If you were given a sedative during the procedure, it can affect you for several hours. **Do not** drive or operate machinery until your health care provider says that it is safe.
- **Do not** drive if the injection causes numbness in a body part needed for driving.
- Return to your normal activities as told by your health care provider. Ask your health care provider what activities are safe for you.

General instructions

- Take over-the-counter and prescription medicines only as told by your health care provider.
- Keep a log of your pain after the procedure. Keep track of how much pain you have and when you have it. This will help your health care provider plan your future treatment.
 - You should have relief of pain from the long-acting anesthetic for up to 3 days.
 - After that, you may notice some pain again until the steroid starts to help, if you were given a steroid. Pain relief from the steroid may last for a few weeks.
- Keep all follow-up visits. This is important.

Contact your health care provider if:

- Your pain is not relieved or gets worse at home.
- You have a fever or chills.
- You have any signs of infection, including:
 - Redness, swelling, or more pain.
 - Fluid or blood.
 - Warmth.
 - Pus or a bad smell.
- You develop any numbness or weakness.

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Discharge Documentation

- You have diabetes and your blood sugar remains above 180 mg/dL.

Summary

- Medial branch nerve block is a procedure to numb the nerves that supply the joints between your facet joints.
- You may have the procedure on your neck or your upper, middle, or lower spine.
- This procedure may be done to diagnose and relieve facet joint pain.
- A long-acting local anesthetic is injected close to the nerve that supplies the facet joint. A steroid may also be injected.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 08/12/2022 Document Reviewed: 08/12/2022
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Medication leaflets, if any, will display below**PATIENT DISCHARGE SUMMARY**

I WILLIAMS, ANTHONY , have received the following patient education materials/instructions and have verbalized understanding:

8/7/2024 08:35:10

Patient Signature

I WILLIAMS, ANTHONY , have received all valuables/belongings and have verbalized understanding:

8/7/2024 08:35:10

Patient Signature

Patient Name: WILLIAMS, ANTHONY
Date of Birth: 10/16/1978

MRN: 33032
FIN: 121512

* Auth (Verified) *

PATIENT DISCHARGE SUMMARY

I WILLIAMS, ANTHONY , have received the following patient education materials/instructions and have verbalized understanding:



8/7/2024 07:08:14

Patient Signature

I WILLIAMS, ANTHONY , have received all valuables/belongings and have verbalized understanding:



8/7/2024 07:08:14

Patient Signature

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Patient Education Notes

Document Type:	Infobutton Education Given To Patient
Service Date/Time:	8/7/2024 08:35 CDT
Result Status:	Auth (Verified)
Perform Information:	Luna,Cristina (8/7/2024 08:35 CDT)
Sign Information:	Luna,Cristina (8/7/2024 08:35 CDT)

Infobutton Education Given To Patient
Patient Education Materials

Neurology

Radiofrequency Ablation

Radiofrequency ablation is a procedure that is performed to relieve pain. The procedure is often used for back, neck, or arm pain. Radiofrequency ablation involves the use of a machine that creates radio waves to make heat. During the procedure, the heat is applied to the nerve that carries the pain signal. The heat damages the nerve and interferes with the pain signal. Pain relief usually starts about 2 weeks after the procedure and lasts for 6 months to 1 year.

Tell a health care provider about:

- Any allergies you have.
- All medicines you are taking, including vitamins, herbs, eye drops, creams, and over-the-counter medicines.
- Any problems you or family members have had with anesthetic medicines.
- Any bleeding problems you have.
- Any surgeries you have had.
- Any medical conditions you have.
- Whether you are pregnant or may be pregnant.

What are the risks?

Generally, this is a safe procedure. However, problems may occur, including:

- Pain or soreness at the injection site.
- Allergic reaction to medicines given during the procedure.
- Bleeding.
- Infection at the injection site.

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Patient Education Notes

- Damage to nerves or blood vessels.

What happens before the procedure?**When to stop eating and drinking**

Follow instructions from your health care provider about what you may eat and drink before your procedure. These may include:

- 8 hours before the procedure
 - Stop eating most foods. **Do not** eat meat, fried foods, or fatty foods.
 - Eat only light foods, such as toast or crackers.
 - All liquids are okay except energy drinks and alcohol.
- 6 hours before the procedure
 - Stop eating.
 - Drink only clear liquids, such as water, clear fruit juice, black coffee, plain tea, and sports drinks.
 - **Do not** drink energy drinks or alcohol.
- 2 hours before the procedure
 - Stop drinking all liquids.
 - You may be allowed to take medicine with small sips of water.

If you do not follow your health care provider's instructions, your procedure may be delayed or canceled.

Medicines

Ask your health care provider about:

- Changing or stopping your regular medicines. This is especially important if you are taking diabetes medicines or blood thinners.
- Taking medicines such as aspirin and ibuprofen. These medicines can thin your blood. **Do not** take these medicines unless your health care provider tells you to take them.
- Taking over-the-counter medicines, vitamins, herbs, and supplements.

General instructions

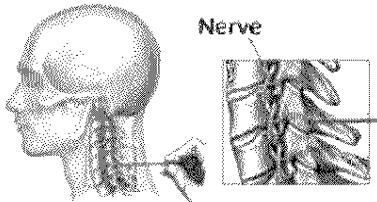
- Ask your health care provider what steps will be taken to help prevent infection. These steps may include:

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
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Patient Education Notes

- Removing hair at the procedure site.
- Washing skin with a germ-killing soap.
- Taking antibiotic medicine.
- If you will be going home right after the procedure, plan to have a responsible adult:
 - Take you home from the hospital or clinic. You will not be allowed to drive.
 - Care for you for the time you are told.

What happens during the procedure?

- You will be awake during the procedure. You will need to be able to talk with the health care provider during the procedure.
- An IV will be inserted into one of your veins.
- You will be given one or more of the following:
 - A medicine to help you relax (sedative).
 - A medicine to numb the area (local anesthetic).
- Your health care provider will insert a radiofrequency needle into the area to be treated. This is done with the help of fluoroscopy.
- A wire that carries the radio waves (electrode) will be put through the radiofrequency needle.
- An electrical pulse will be sent through the electrode to verify the correct nerve that is causing your pain. You will feel a tingling sensation, and you may have muscle twitching.
- The tissue around the needle tip will be heated by an electric current that comes from the radiofrequency machine. This will numb the nerves.
- The needle will be removed.
- A bandage (dressing) will be put on the insertion area.

The procedure may vary among health care providers and hospitals.

What happens after the procedure?

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Patient Education Notes

- Your blood pressure, heart rate, breathing rate, and blood oxygen level will be monitored until you leave the hospital or clinic.
- Return to your normal activities as told by your health care provider. Ask your health care provider what activities are safe for you.
- If you were given a sedative during the procedure, it can affect you for several hours. **Do not** drive or operate machinery until your health care provider says that it is safe.

Summary

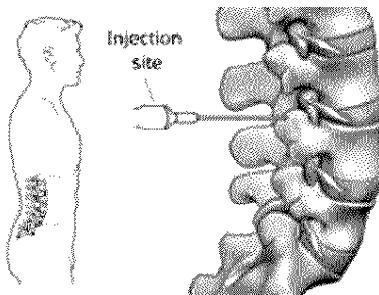
- Radiofrequency ablation is a procedure that is performed to relieve pain. The procedure is often used for back, neck, or arm pain.
- Radiofrequency ablation involves the use of a machine that creates radio waves to make heat.
- Plan to have a responsible adult take you home from the hospital or clinic. **Do not** drive or operate machinery until your health care provider says that it is safe.
- Return to your normal activities as told by your health care provider. Ask your health care provider what activities are safe for you.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 06/07/2022 Document Reviewed: 06/07/2022
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Orthopedics

Medial Branch Nerve Block



First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Patient Education Notes

Medial branch nerve block is a procedure to numb the nerves that supply the joints between your spinal bones (facet joints). The facet joints are located on the back of your spine. You may have the procedure on your neck or your upper, middle, or lower spine. This procedure is often a diagnostic procedure done to determine if the facet joint is the source of pain.

During this procedure, your health care provider will inject a long-acting anesthetic to numb the medial nerves near the facet joint that is being treated. If more than one facet joint is causing pain, you may have more than one injection. In some cases, an anti-inflammatory medicine (steroid) will also be injected.

You may need this procedure if:

- Your health care provider wants to diagnose a facet joint as the cause of your pain.
- You have an injury to a facet joint.
- You have back pain from wear and tear (osteoarthritis) of your facet joint.

If the pain was from the facet joints, pain will be relieved for a few hours to a few days.

Tell a health care provider about:

- Any allergies you have.
- All medicines you are taking, including vitamins, herbs, eye drops, creams, and over-the-counter medicines.
- Any problems you or family members have had with anesthetic medicines.
- Any bleeding problems you have.
- Any surgeries you have had.
- Any medical conditions you have.
- Whether you are pregnant or may be pregnant.
- Whether you are breastfeeding.

What are the risks?

Generally, this is a safe procedure. However, problems may occur, including:

- Infection.
- Bleeding.
- Allergic reactions to medicines or dyes.
- Damage to other structures or organs.

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Patient Education Notes

- Injection of the anesthetic into a blood vessel. This may decrease blood supply to your spinal cord and cause damage.
- Spread of the anesthetic to nearby nerves. This may cause temporary weakness or numbness.

What happens before the procedure?

- Follow instructions from your health care provider about when you should stop eating or drinking before the procedure.
- Plan to have a responsible adult take you home from the hospital or clinic.
- Ask your health care provider about:
 - Changing or stopping your regular medicines. This is especially important if you are taking diabetes medicines or blood thinners.
 - Taking medicines such as aspirin and ibuprofen. These medicines can thin your blood. **Do not** take these medicines unless your health care provider tells you to take them.
 - Taking over-the-counter medicines, vitamins, herbs, and supplements.
- Ask your health care provider:
 - How your injection site will be marked.
 - What steps will be taken to help prevent infection. These steps may include:
 - Removing hair at the surgery site.
 - Washing skin with a germ-killing soap.

What happens during the procedure?

- An IV may be inserted into one of your veins.
- You will be given one or both of the following:
 - A medicine to help you relax (sedative).
 - A medicine to numb the area (local anesthetic). This is a short-acting anesthetic that numbs the area before the needle is passed into the facet joint.
- Your health care provider will pass a needle into the area around the facet joint.
 - Your health care provider may use a type of X-ray (fluoroscopy) to look at images of your spinal cord. If fluoroscopy is used, a small amount of dye will be injected into the facet joint area. The dye will show up on fluoroscopy and help locate the exact area to inject the long-acting anesthetic.
- The long-acting anesthetic will be injected. A steroid may also be injected at the same time.

First Baptist Medical Center

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Patient Education Notes

- The needle will be removed. A bandage (dressing) will be placed over the injection site.

The procedure may vary among health care providers and hospitals.

What can I expect after the procedure?

- Your blood pressure, heart rate, breathing rate, and blood oxygen level will be monitored until you leave the hospital or clinic.
- You should feel less pain in your back.
- You may have some soreness around the injection site.
- You may have a temporary increase in blood sugar due to the steroid.

Follow these instructions at home:**Injection site care**

- Leave your dressing on for 24 hours.
- **Do not** take baths, swim, or use a hot tub until your health care provider approves. Ask your health care provider if you may take showers. You may only be allowed to take sponge baths.
- Check your injection site every day for signs of infection. Check for:
 - Redness, swelling, or more pain.
 - Fluid or blood.
 - Warmth.
 - Pus or a bad smell.
- If directed, put ice on the affected area. To do this:
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 20 minutes, 2–3 times a day.
- Remove the ice if your skin turns bright red. This is very important. If you cannot feel pain, heat, or cold, you have a greater risk of damage to the area.

Activity

- If you were given a sedative during the procedure, it can affect you for several hours. **Do not** drive or operate machinery until your health care provider says that it is safe.

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Patient Education Notes

- **Do not** drive if the injection causes numbness in a body part needed for driving.
- Return to your normal activities as told by your health care provider. Ask your health care provider what activities are safe for you.

General instructions

- Take over-the-counter and prescription medicines only as told by your health care provider.
- Keep a log of your pain after the procedure. Keep track of how much pain you have and when you have it. This will help your health care provider plan your future treatment.
 - You should have relief of pain from the long-acting anesthetic for up to 3 days.
 - After that, you may notice some pain again until the steroid starts to help, if you were given a steroid. Pain relief from the steroid may last for a few weeks.
- Keep all follow-up visits. This is important.

Contact your health care provider if:

- Your pain is not relieved or gets worse at home.
- You have a fever or chills.
- You have any signs of infection, including:
 - Redness, swelling, or more pain.
 - Fluid or blood.
 - Warmth.
 - Pus or a bad smell.
- You develop any numbness or weakness.
- You have diabetes and your blood sugar remains above 180 mg/dL.

Summary

- Medial branch nerve block is a procedure to numb the nerves that supply the joints between your facet joints.
- You may have the procedure on your neck or your upper, middle, or lower spine.
- This procedure may be done to diagnose and relieve facet joint pain.
- A long-acting local anesthetic is injected close to the nerve that supplies the facet joint. A steroid may also be injected.

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
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FIN:	121512	Admitting:	Hein, Robert MD

Patient Education Notes

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 08/12/2022 Document Reviewed: 08/12/2022
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Medication Leaflets

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Admit-Discharge-Transfer Forms

Nursing Discharge Summary Entered On: 8/7/2024 7:08 CDT
Performed On: 8/7/2024 7:07 CDT by Prnka, Henry J RN

DC Information

Discharge To, Anticipated : Home independently
Mode of Discharge : Ambulatory
Transportation : Private vehicle
Accompanied By : Spouse

Prnka, Henry J RN - 8/7/2024 7:07 CDT

Assessment Forms

Sign Information: Cox, Jordan (8/8/2024 15:19 CDT)

Postoperative Phone Call Entered On: 8/8/2024 15:20 CDT
Performed On: 8/8/2024 15:19 CDT by Cox, Jordan

Postoperative Phone Call

Current Pain Status Postoperative : Pain controlled
Vomiting Today : No
Surgical Dressing Clean/Dry/Intact : Yes
Surgical Site Free of Redness/Swelling/Drainage : Yes

Cox, Jordan - 8/8/2024 15:19 CDT

Diet/Bowel/Bowel Questions Grid

Diet Questions : No
Bowel Function Questions : No
Bladder Function Questions : No

Cox, Jordan - 8/8/2024 15:19 CDT

Received Adequate Information Regarding Procedure : Yes
Follow-Up Appointments Arranged : Done

Cox, Jordan - 8/8/2024 15:19 CDT

Sign Information:

Prnka, Henry J RN (8/7/2024 07:07 CDT)

Patient Diet and Activity Entered On: 8/7/2024 7:07 CDT
Performed On: 8/7/2024 7:07 CDT by Prnka, Henry J RN

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Assessment Forms**Patient Diet and Activity***Patient Activity Level :* As Tolerated*Home Diet :* Regular*Patient Activity Restrictions :* No driving, No Heavy Lifting Over 50lbs

Prnka, Henry J RN - 8/7/2024 7:07 CDT

Sign Information:

Nwabuko, Jessica (8/7/2024 06:29 CDT); Neyens, Kathleen M RN (8/5/2024 12:07 CDT)

Surgery Admission Assessment - Pain/Local Entered On: 8/5/2024 12:13 CDT
Performed On: 8/7/2024 6:25 CDT by Neyens, Kathleen M RN

ID Risk Screen*Recent Travel History :* No recent travel*Family Member/**Household/Contact Travel History :* No recent travel*COVID-19 Screening :* None

Neyens, Kathleen M RN - 8/5/2024 12:07 CDT

Vitals/Height/Weight*Temperature Temporal Artery :* 36.5 DegC(Converted to: 97.7 DegF)*Preoperative Arrival :* 8/7/2024 6:25 CDT*SBP / DBP :* 119 mmHg*SBP / DBP :* 76 mmHg*Peripheral Pulse Rate :* 62 bpm*BP Site :* Left arm*BP Site :* 16 br/min*SpO2 :* 98 %*O2 Therapy :* Room air*Weight Measured :* 73.9 kg(Converted to: 162 lb 15 oz, 162.922 lb)

Nwabuko, Jessica - 8/7/2024 6:29 CDT

{ [71.67 kg] — previously charted by Neyens, Kathleen M RN at 8/5/2024 12:07 CDT};

Height/Length Measured : 172.72 cm(Converted to: 5 ft 8 in, 68.00 in)

Neyens, Kathleen M RN - 8/5/2024 12:07 CDT

Body Mass Index Measured : 24.77 kg/m²

Nwabuko, Jessica - 8/7/2024 6:29 CDT

{ [24.02 kg/m²] — previously charted by Neyens, Kathleen M RN at 8/5/2024 12:07 CDT};*Weight Estimated :* 71.67 kg(Converted to: 158 lb 0 oz, 158.005 lb)*Height/Length Estimated :* 172.72 cm(Converted to: 5 ft 8 in, 68.00 in)

Neyens, Kathleen M RN - 8/5/2024 12:07 CDT

Body Mass Index Estimated : 24.77 kg/m²

Nwabuko, Jessica - 8/7/2024 6:29 CDT

{ [24.02 kg/m²] — previously charted by Neyens, Kathleen M RN at 8/5/2024 12:07 CDT};

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Assessment Forms

Aldrete I

Activity : (2) Moves 4 extremities voluntarily or on command

Respiratory : (2) Able to deep breathe and cough freely

Circulation : (2) BP 20% of preanesthetic level

Consciousness : (2) Fully awake

O₂ Saturation : (2) Can maintain > 92% on room air

Aldrete I Score : 10

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Allergies

(As Of: 8/7/2024 06:32:30 CDT)

Allergies (Active)

No Known Allergies

Estimated Onset Date: Unspecified ; *Created By*: Neyens, Kathleen M RN; *Reaction Status*: Active ; *Category*: Drug ; *Substance*: No Known Allergies ; *Type*: Allergy ; *Updated By*: Neyens, Kathleen M RN; *Reviewed Date*: 8/5/2024 12:08 CDT

Diagnosis & Problems

(As Of: 8/7/2024 06:32:30 CDT)

Problems(Active)

Back pain (SNOMED CT :252311015)

Name of Problem: Back pain ; *Recorder*: Neyens, Kathleen M RN; *Confirmation*: Confirmed ; *Classification*: Medical ; *Code*: 252311015 ; *Contributor System*: PowerChart ; *Last Updated*: 8/5/2024 12:12 CDT ; *Life Cycle Date*: 8/5/2024 ; *Life Cycle Status*: Active ; *Vocabulary*: SNOMED CT

Tobacco user (SNOMED CT :175325014)

Name of Problem: Tobacco user ; *Recorder*: SYSTEM, SYSTEM; *Confirmation*: Probable ; *Classification*: Medical ; *Code*: 175325014 ; *Last Updated*: 8/5/2024 12:09 CDT ; *Life Cycle Date*: 8/5/2024 ; *Life Cycle Status*: Active ; *Vocabulary*: SNOMED CT

Procedure History

Procedure History

(As Of: 8/7/2024 06:32:30 CDT)

Anesthesia Minutes: 0 ; *Procedure Name*: None ; *Procedure Minutes*: 0

Immunizations

COVID-19: Vaccinated? : No, Check patient eligibility in your organization

Influenza Vaccine Status : Not received

Pneumococcal Vaccine Status : Not received

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Assessment Forms*Immunizations Current :* Yes

Neyens, Kathleen M RN - 8/5/2024 12:07 CDT

Social History*Cigarette Smoking Last 365 Days :* Yes

Neyens, Kathleen M RN - 8/5/2024 12:07 CDT

Social History

(As Of: 8/7/2024 06:32:30 CDT)

Tobacco: Low Risk
 Current some day tobacco user Tobacco Use: 3 per day. (Last Updated: 8/5/2024 12:09:00 CDT by Neyens, Kathleen M RN)

Electronic Cigarette/Vaping: Denies Electronic Cigarette Use
 Electronic Cigarette Use: Never. (Last Updated: 8/5/2024 12:09:09 CDT by Neyens, Kathleen M RN)

Alcohol: Denies Alcohol Use
 (Last Updated: 8/5/2024 12:09:13 CDT by Neyens, Kathleen M RN)

Substance Use: Denies Substance Abuse
 (Last Updated: 8/5/2024 12:09:17 CDT by Neyens, Kathleen M RN)

Perioperative ProtocolsPatient Safety and Preparation*Allergy Band on and Verified :* Yes

(Comment: nkda [Nwabuko, Jessica - 8/7/2024 6:29 CDT])

ID Band on and Verified : Yes*Current H&P in Medical Record :* No*Site Verified by Patient/Family :* Yes*Site Verified by RN :* Yes*Chlorhexidine Shower or Bath Complete :* No*Jewelry/Body Piercings Removed :* Yes*Wearing Patient Gown :* Yes*Surgical Prep Verified :* Yes

(Comment: none [Nwabuko, Jessica - 8/7/2024 6:29 CDT])

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Patient Rights*Anesthesia Consent Signed :* Yes*Procedure Consent Signed :* Yes

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Checklist*Last Fluid Intake :* 8/6/2024 22:00 CDT

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Surgery Prep Grid

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Assessment Forms

Chlorhexidine Gluconate Cloths 2% Complete : No

Chlorhexidine Shower or Bath Complete : No

Jewelry Removed : Yes

Surgical Prep Verified : Yes

(Comment: none [Nwabuko, Jessica - 8/7/2024 6:29 CDT])

Wearing Patient Gown : Yes

Last Food Intake : 8/6/2024 22:00 CDT

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Pain Assessment

Preferred Pain Tool : Numeric rating scale

Numeric Rating Pain Scale : 0 = No pain

Numeric Pain Acceptable Intensity Scale : 2

Numeric Rating Pain Score : 0

Numeric Pain Acceptable Intensity Score : 2

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Image 4 - Images currently included in the form version of this document have not been included in the text rendition version of the form.

Upper ExtremityNail Bed Color Hands Grid

Nail Bed Description Left Hand : Pink

Nail Bed Description Right Hand : Pink

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Capillary Refill Hand Grid

Left Hand : 2 seconds or less

Right Hand : 2 seconds or less

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Upper Extremity Color Grid

Left Upper Extremity Description : Pink

Right : Pink

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Upper Extremity Temperature Grid

Temperature Left Upper Extremity : Warm

Temperature Right Upper Extremity : Warm

Nwabuko, Jessica - 8/7/2024 6:29 CDT

NV Upper Extremity Pulses Grid

Radial Pulse, Left : 2+ Normal, not easily obliterated

Radial Pulse, Right : 2+ Normal, not easily obliterated

Brachial Pulse, Left : 2+ Normal, not easily obliterated

Brachial Pulse, Right : 2+ Normal, not easily obliterated

Nwabuko, Jessica - 8/7/2024 6:29 CDT

NV Upper Extremity Sensation Grid

Arm Left : Intact

Arm Right : Intact

Hand Left : Intact

Hand Right : Intact

Finger Left : Intact

Nwabuko, Jessica - 8/7/2024 6:29 CDT

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Assessment Forms*Finger Right* : Intact

Nwabuko, Jessica - 8/7/2024 6:29 CDT

NV Upper Extremity Strength Grid*Hand Grasp Left* : Strong*Hand Grasp Right* : Strong

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Lower ExtremityNail Bed Color Feet Grid*Left Foot* : Pink*Right Foot* : Pink

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Capillary Refill Feet Grid*Left Foot* : 2 seconds or less*Right Foot* : 2 seconds or less

Nwabuko, Jessica - 8/7/2024 6:29 CDT

NV Lower Extremity Color Grid*Left* : Pink*Right* : Pink

Nwabuko, Jessica - 8/7/2024 6:29 CDT

NV Lower Extremity Temperature Grid*Left* : Warm*Right* : Warm

Nwabuko, Jessica - 8/7/2024 6:29 CDT

LOC/Skin*Neurological Symptoms* : None*Level of Consciousness* : Alert*Orientation Assessment* : Oriented x 4*Affect Quality* : Alert*Behavior* : Appropriate*Anxiety* : None*Skin Symptoms* : None*Skin Description* : Dry*Skin Color* : Normal for ethnicity*Skin Symptoms* : Warm

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Interpreter Information*Languages* : English

Nwabuko, Jessica - 8/7/2024 6:29 CDT

Depression Screening*1. Little Interest Or Pleasure In Doing Things (ref)* : Not at all*2. Feeling Down, Depressed, Or Hopeless* : Not at all*Patient Health Questionnaire 2 item total score* : 0 Score*Adult Initial Depression Screen Interp* : Negative

Neyens, Kathleen M RN - 8/5/2024 12:07 CDT

CSSRS Screener, Recent, With Triage, Outpt Ambulatory*6a. Have you ever done anything, started to do anything, or prepared to do anything to end your life? (ref)* : Lifetime, no

Nwabuko, Jessica - 8/7/2024 6:29 CDT

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Assessment Forms

1. In past month, have you wished you were dead or wished you could go to sleep and not wake up? : Past month, no

2. In past month, have you actually had thoughts about killing yourself? (ref) : Past month, no

Neyens, Kathleen M RN - 8/5/2024 12:07 CDT

Sign Information: Dao,Lily (7/30/2024 10:27 CDT)

Surgery Admission Assessment - Pain/Local Entered On: 7/30/2024 10:27 CDT

Performed On: 7/30/2024 10:27 CDT by Dao, Lily

ID Risk Screen

Recent Travel History : No recent travel

Family Member/

Household/Contact Travel History : No recent travel

COVID-19 Screening : None

Dao, Lily - 7/30/2024 10:27 CDT

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Measurements

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Measurements

Recorded Date	8/7/2024	8/5/2024	
Recorded Time	06:25 CDT	12:07 CDT	
Recorded By	Neyens, Kathleen M RN	SYSTEM,SYSTEM	
Procedure		Units	Reference Range
Weight	73.9 ^{c1}	-	kg
Weight Dosing	-	71.670	kg
Body Mass Index	24.77 ^{c2}	-	kg/m ²
Body Mass Index Estimated	24.77 ^{c3}	-	kg/m ²

Corrected Results

c1: Weight

Date and time corrected from 8/5/2024 12:07 CDT on 8/7/2024 06:29 CDT by Nwabuko, Jessica; Nwabuko, Jessica; Nwabuko, Jessica

Corrected from 71.67 kg on 8/7/2024 06:29 CDT by Nwabuko, Jessica; Nwabuko, Jessica; Nwabuko, Jessica

c2: Body Mass Index

Date and time corrected from 8/5/2024 12:07 CDT on 8/7/2024 06:29 CDT by Nwabuko, Jessica; Nwabuko, Jessica; Nwabuko, Jessica

Corrected from 24.02 kg/m² on 8/7/2024 06:29 CDT by Nwabuko, Jessica; Nwabuko, Jessica; Nwabuko, Jessica

c3: Body Mass Index Estimated

Date and time corrected from 8/5/2024 12:07 CDT on 8/7/2024 06:29 CDT by Nwabuko, Jessica; Nwabuko, Jessica; Nwabuko, Jessica

Corrected from 24.02 kg/m² on 8/7/2024 06:29 CDT by Nwabuko, Jessica; Nwabuko, Jessica; Nwabuko, Jessica

Recorded Date	8/5/2024		
Recorded Time	12:07 CDT		
Recorded By	Neyens, Kathleen M RN		
Procedure		Units	Reference Range
Height	172.72	cm	
Height/Length Estimated	172.72	cm	
Weight Estimated	71.67	kg	

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

Recorded Date	8/7/2024	8/7/2024	8/7/2024	
Recorded Time	08:30 CDT	08:25 CDT	08:20 CDT	
Recorded By	Luna,Cristina	Luna,Cristina	Luna,Cristina	
Procedure		Units	Reference Range	
Heart Rate Monitored	67	61	73	bpm [60-100]

@=Abnormal C=Critical L=Low H=High c=Corrected f=Comment O=Order Comment i=Interp Data *=Performing Loc

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Vital Signs

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Vital Signs

	Recorded Date	8/7/2024	8/7/2024	8/7/2024	Units	Reference Range
	Recorded Time	08:30 CDT	08:25 CDT	08:20 CDT		
	Recorded By	Luna,Cristina	Luna,Cristina	Luna,Cristina		
Procedure						
Systolic Blood Pressure		129	127	118	mmHg	[90-140]
Diastolic Blood Pressure		92 ^H	85	80	mmHg	[60-90]
Mean Arterial Pressure,Cuff		104	99	93	mmHg	
SpO2		97	97	95	%	[90-100]
Oxygen Therapy		Room air	Room air	Room air		
	Recorded Date	8/7/2024	8/7/2024	Units	Reference Range	
	Recorded Time	08:15 CDT	06:25 CDT			
	Recorded By	Luna,Cristina	Nwabuko,Jessica			
Procedure						
Peripheral Pulse Rate		-	62	bpm	[60-100]	
Heart Rate Monitored		65	-	bpm	[60-100]	
Respiratory Rate		-	16	br/min	[14-20]	
Systolic Blood Pressure		115	119	mmHg	[90-140]	
Diastolic Blood Pressure		79	76	mmHg	[60-90]	
Mean Arterial Pressure,Cuff		91	-	mmHg		
BP Site		-	Left arm			
Temperature Temporal Artery		36.1 ^L	36.5	DegC	[36.3-37.8]	
Temperaturo Temporal Arctory (F)		96.98	-	DegF	[96.8-99.7]	
SpO2		97	98	%	[90-100]	
Oxygen Therapy		Room air	Room air			

Pain

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Pain Tools

	Recorded Date	8/7/2024	8/7/2024	8/7/2024
	Recorded Time	08:30 CDT	08:15 CDT	06:25 CDT
	Recorded By	Luna,Cristina	Luna,Cristina	Nwabuko,Jessica
Procedure				
Preferred Pain Tool		Numeric rating scale	Numeric rating scale	Numeric rating scale
Numeric Rating Pain Scale		0 = No pain	0 = No pain	0 = No pain
Numeric Rating Pain Score		0	0	0
Numeric Pain Acceptable Intensity Scale		3	3	2
Numeric Pain Acceptable Intensity Score		3	3	2

@=Abnormal C=Critical L=Low H=High c=Corrected f=Comment O=Order Comment i=Interp Data *=Performing Loc

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

General

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Recorded Date 8/7/2024
 Recorded Time 06:25 CDT
 Recorded By Nwabuko,Jessica
 Procedure
 Distress None

Cardiovascular

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Cardiovascular Assessment

Recorded Date	8/7/2024	8/7/2024	8/7/2024	Units	Reference Range
Recorded Time	08:30 CDT	08:15 CDT	06:25 CDT		
Recorded By	Luna,Cristina	Luna,Cristina	Nwabuko,Jessica		
Procedure					
Cardiovascular Symptoms	None	None	-		
Nail Bed Description Left Hand	-	-	Pink		
Nail Bed Description Right Hand	-	-	Pink		
Nail Bed Description Left Foot	-	-	Pink		
Nail Bed Description Right Foot	-	-	Pink		
Capillary Refill Left Hand	-	-	3 seconds or less		
Capillary Refill Right Hand	-	-	3 seconds or less		
Capillary Refill Left Foot	-	-	3 seconds or less		
Capillary Refill Right Foot	-	-	3 seconds or less		

Pulses

Recorded Date	8/7/2024	Units	Reference Range
Recorded Time	06:25 CDT		
Recorded By	Nwabuko,Jessica		
Procedure			
Brachial Pulse Left	See Below ^{T1}		
Brachial Pulse Right	See Below ^{T2}		
Radial Pulse,Left	See Below ^{T3}		
Radial Pulse,Right	See Below ^{T4}		

Textual Results

- T1: 8/7/2024 06:25 CDT (Brachial Pulse Left)
2+ Normal, not easily obliterated
- T2: 8/7/2024 06:25 CDT (Brachial Pulse Right)
2+ Normal, not easily obliterated
- T3: 8/7/2024 06:25 CDT (Radial Pulse, Left)
2+ Normal, not easily obliterated

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Cardiovascular

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Pulses

Textual Results

T4: 8/7/2024 06:25 CDT (Radial Pulse, Right)
 2+ Normal, not easily obliterated

Respiratory

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Respiratory Assessment

	Recorded Date	8/7/2024	Recorded Time	8/7/2024	Recorded By	Luna,Cristina	Procedure	Units	Reference Range
Respiratory Symptoms		None		None				None	
Respirations		Unlabored		-				Unlabored	

Chest Physiotherapy

	Recorded Date	8/7/2024	Recorded Time	08:15 CDT	Recorded By	Luna,Cristina	Procedure	Units	Reference Range
Patient Position			Head of bed elevated						
Head of Bed Position		30 - 45 Degrees (semi-Fowlers)							

Gastrointestinal

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Gastrointestinal Assessment

	Recorded Date	8/7/2024	Recorded Time	08:30 CDT	Recorded By	Luna,Cristina	Procedure
GI Symptoms		None					

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Genitourinary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Genitourinary Assessment

Recorded Date	8/7/2024
Recorded Time	08:30 CDT
Recorded By	Luna,Cristina

Procedure	Units	Reference Range
Genitourinary Symptoms	None	

Musculoskeletal

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Musculoskeletal/Activity Assessment

Recorded Date	8/7/2024
Recorded Time	07:07 CDT
Recorded By	Prnka,Henry J RN
Procedure	
Activity Tolerance	See Below ^{T5}

Textual Results

T5: 8/7/2024 07:07 CDT (Activity Tolerance)
No driving, No Heavy Lifting Over 50lbs

Integumentary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Integumentary Assessment

Recorded Date	8/7/2024	8/7/2024
Recorded Time	08:15 CDT	06:25 CDT
Recorded By	Luna,Cristina	Nwabuko,Jessica
Procedure		
Skin Symptoms	None	None
Skin Color	-	Normal for ethnicity
Left Upper Extremity Description	-	Pink
Right Upper Extremity Description	-	Pink
Left Lower Extremity Description	-	Pink
Right Lower Extremity Description	-	Pink
Skin Temperature	-	Warm
Temperature Left Upper Extremity	-	Warm
Temperature Right Upper Extremity	-	Warm

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Integumentary

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Integumentary Assessment

Recorded Date	8/7/2024	8/7/2024	
Recorded Time	08:15 CDT	06:25 CDT	
Recorded By	Luna,Cristina	Nwabuko,Jessica	
Procedure			Units Reference Range
Temperature Left Lower Extremity	-	Warm	
Temperature Right Lower Extremity	-	Warm	
Skin Description	-	Dry	

Incision/Wound

Recorded Date	8/7/2024	8/7/2024	
Recorded Time	08:30 CDT	08:15 CDT	
Recorded By	Luna,Cristina	Luna,Cristina	
Procedure			Units Reference Range
Lumbar Right Lower			
Skin Abnormality Type:	See Below ^{T6}	See Below ^{T7}	
Textual Results			
T6:	8/7/2024 08:30 CDT (Skin Abnormality Type:) Other: injection site x2 with bandaids		
T7:	8/7/2024 08:15 CDT (Skin Abnormality Type:) Other: injection site xx with bandaids		

Vascular Access

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Peripheral IV

Recorded Date	8/7/2024	8/7/2024	
Recorded Time	08:30 CDT	08:15 CDT	
Recorded By	Luna,Cristina	Luna,Cristina	
Procedure			Units Reference Range
Lower Forearm Over the needle Left			
Peripheral IV Activity:	Discontinued	Assessed	
Peripheral IV Removal:	Catheter intact, no resistance	-	
Peripheral IV Removal Reason:	No longer indicated	-	
Peripheral IV Line Status:	-	Currently infusing	
Peripheral IV Site Condition:	No complications	No complications	

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Vascular Access

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Peripheral IV

Recorded Date	8/7/2024
Recorded Time	06:39 CDT
Recorded By	Nwabuko,Jessica
Procedure	Lower Forearm Over the needle Left
Peripheral IV Activity:	Insert new site
Peripheral IV Patient Identified:	Identification band, Verbal
Peripheral IV Line Status:	Flushes easily
Peripheral IV Site Condition:	No complications

Neurological

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Neurological Assessment

Recorded Date	8/7/2024
Recorded Time	06:25 CDT
Recorded By	Nwabuko,Jessica
Procedure	Neurological Symptoms
	None
	Level of Consciousness
	Alert

Falls Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Environmental Safety Management

Recorded Date	8/7/2024
Recorded Time	08:15 CDT
Recorded By	Luna,Cristina
Procedure	Patient Identified
	Identification band

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Psychosocial

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Psychological Functions

Recorded Date 8/7/2024
 Recorded Time 06:25 CDT
 Recorded By Nwabuko,Jessica

Procedure

Affect Quality Alert
 Behavior Appropriate
 Orientation Assessment Oriented x 4

Functional

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Functional - General Information

Recorded Date 8/7/2024
 Recorded Time 07:07 CDT
 Recorded By Prnka, Henry J RN

Procedure

Activity Level at Home As Tolerated

Perioperative Documentation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

PACU Arrival

Recorded Date 8/7/2024
 Recorded Time 08:15 CDT
 Recorded By Luna,Cristina

Procedure

Admission Date/Time -PACU 8/7/2024 08:15 CDT
 Provider Giving Report Huffman, Richard MD
 Type of Provider anesthesia
 PACU Transported From OR
 Anesthesia Summary Review Yes, Verbal
 Surgical Summary Review Yes, Verbal
 Past Medical History Review Yes, Verbal

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Procedures

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Procedures Checklist

Recorded Date	8/7/2024	8/7/2024
Recorded Time	06:25 CDT	06:25 CDT
Recorded By	Nwabuko,Jessica	Nwabuko,Jessica
Procedure		
Allergy Band on and Verified	Yes ^{f1}	-
Patient ID Band on and Verified	Yes	-
H&P (Current) in Medical Record	No	-
Site Verified by Patient/Family	Yes	-
Site Verified by RN	Yes	-
Anesthesia Consent Signed	Yes	-
Jewelry Removed	-	Yes
Surgical Prep Verified	Yes ^{f2}	Yes ^{f2}
Wearing Patient Gown	Yes	Yes
Last Fluid Intake	8/6/2024 22:00 CDT	-
Last Food Intake	8/6/2024 22:00 CDT	-
Procedure Consent Signed	Yes	-
Chlorhexidine Shower or Bath Complete	No	No
Preoperative Arrival	8/7/2024 06:25 CDT	-

Result Comments

f1: Allergy Band on and Verified
nkda

f2: Surgical Prep Verified
none

Anesthesia and Sedation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Anesthesia and Sedation

Recorded Date	8/7/2024	8/7/2024	8/7/2024	8/7/2024	8/7/2024
Recorded Time	08:30 CDT	08:25 CDT	08:20 CDT	08:15 CDT	06:25 CDT
Recorded By	Luna,Cristina	Luna,Cristina	Luna,Cristina	Luna,Cristina	Nwabuko,Jessica
Procedure					
Activity Aldrete I	See Below ^{T8}	See Below ^{T9}	See Below ^{T10}	See Below ^{T11}	See Below ^{T12}
Respiratory Aldrete I	See Below ^{T13}	See Below ^{T14}	See Below ^{T15}	See Below ^{T16}	See Below ^{T17}
Circulation Aldrete I	See Below ^{T18}	See Below ^{T19}	See Below ^{T20}	See Below ^{T21}	See Below ^{T22}
Consciousness Aldrete I	(2) Fully awake				
O2 Saturation Aldrete I	See Below ^{T23}	See Below ^{T24}	See Below ^{T25}	See Below ^{T26}	See Below ^{T27}
Aldrete I Score	10	10	10	10	10

@=Abnormal C=Critical L=Low H=High c=Corrected f=Comment O=Order Comment i=Interp Data *=Performing Loc

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Anesthesia and Sedation

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Anesthesia and Sedation**Textual Results**

- T8: 8/7/2024 08:30 CDT (Activity Aldrete I)
(2) Moves 4 extremities voluntarily or on command
- T9: 8/7/2024 08:25 CDT (Activity Aldrete I)
(2) Moves 4 extremities voluntarily or on command
- T10: 8/7/2024 08:20 CDT (Activity Aldrete I)
(2) Moves 4 extremities voluntarily or on command
- T11: 8/7/2024 08:15 CDT (Activity Aldrete I)
(2) Moves 4 extremities voluntarily or on command
- T12: 8/7/2024 06:25 CDT (Activity Aldrete I)
(2) Moves 4 extremities voluntarily or on command
- T13: 8/7/2024 08:30 CDT (Respiratory Aldrete I)
(2) Able to deep breathe and cough freely
- T14: 8/7/2024 08:25 CDT (Respiratory Aldrete I)
(2) Able to deep breathe and cough freely
- T15: 8/7/2024 08:20 CDT (Respiratory Aldrete I)
(2) Able to deep breathe and cough freely
- T16: 8/7/2024 08:15 CDT (Respiratory Aldrete I)
(2) Able to deep breathe and cough freely
- T17: 8/7/2024 06:25 CDT (Respiratory Aldrete I)
(2) Able to deep breathe and cough freely
- T18: 8/7/2024 08:30 CDT (Circulation Aldrete I)
(2) BP 20% of preanesthetic level
- T19: 8/7/2024 08:25 CDT (Circulation Aldrete I)
(2) BP 20% of preanesthetic level
- T20: 8/7/2024 08:20 CDT (Circulation Aldrete I)
(2) BP 20% of preanesthetic level
- T21: 8/7/2024 08:15 CDT (Circulation Aldrete I)
(2) BP 20% of preanesthetic level
- T22: 8/7/2024 06:25 CDT (Circulation Aldrete I)
(2) BP 20% of preanesthetic level
- T23: 8/7/2024 08:30 CDT (O2 Saturation Aldrete I)
(2) Can maintain > 92% on room air
- T24: 8/7/2024 08:25 CDT (O2 Saturation Aldrete I)
(2) Can maintain > 92% on room air
- T25: 8/7/2024 08:20 CDT (O2 Saturation Aldrete I)
(2) Can maintain > 92% on room air
- T26: 8/7/2024 08:15 CDT (O2 Saturation Aldrete I)
(2) Can maintain > 92% on room air
- T27: 8/7/2024 06:25 CDT (O2 Saturation Aldrete I)
(2) Can maintain > 92% on room air

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Admit-Transfer-Discharge Information

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, T=Textual, W=Witness Action

Visit Information

Procedure	Recorded Date	8/8/2024	Recorded Time	8/7/2024	Recorded By	Luna,Cristina	8/7/2024	Recorded By	8/7/2024
Mode of Arrival	-		15:19 CDT	08:15 CDT	Cox,Jordan		07:07 CDT	Prnka, Henry J RN	06:25 CDT
Accompanied by	-							Spouse	
Languages	-			-		-			English
Vomiting Today	No			-		-			-
Surgical Dressing Clean/Dry/Intact	Yes			-		-			-
Site Free of Redness/Swelling/Drainage	Yes			-		-			-
Bladder Function Questions	No			-		-			-
Diet Questions	No			-		-			-
Bowel Function Questions	No			-		-			-
Received Adequate Procedure Information	Yes			-		-			-

Procedure	Recorded Date	8/5/2024	Recorded Time	12:07 CDT	Recorded By	Neyens,Kathleen M RN
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Immunizations Current	Yes
Influenza Vaccine Status	Not received
Pneumococcal Vaccine Status	Not received
COVID-19:Vaccinated?	See Below ^{T28}

Textual Results

T28: 8/5/2024 12:07 CDT (COVID-19: Vaccinated?)
 No, Check patient eligibility in your organization

Discharge Information

Procedure	Recorded Date	8/8/2024	Recorded Time	8/7/2024	Recorded By	Prnka, Henry J RN
Mode of Discharge	-			Ambulatory		
Discharge Transportation	-			Private vehicle		
Discharge To,Anticipated	-			Home independently		
Follow-Up Appointments Arranged	Done			-		

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Intake and Output

INTAKE 8/7/2024 - 8/8/2024
 All time in CDT **0700 - 1900 - Total**
 1900 0700

Lactated Ringers Injection (ANES)	mL	1010	-	1010
1,000 mL(1000 mL Lactated Ringers Injection)				
lidocaine	mL	5	-	5
propofol	mL	25	-	25
12 Hour Total	mL	1040	-	
24 Hour Total	mL		1040	

OUTPUT 8/7/2024 - 8/8/2024
 All time in CDT **0700 - 1900 - Total**
 1900 0700

12 Hour Total	mL	-	-	
24 Hour Total	mL	No documented output results for date range		

Clinical Range Total from 8/7/2024 to 8/8/2024

Total Intake (mL)	Total Output (mL)	Fluid Balance (mL)
1040	0	1040

Allergy List

Substance: **No Known Allergies**

Recorded Date/Time

8/5/2024 12:08 CDT

Allergy Type: Allergy; **Category:** Drug; **Reaction Status:** Active; **Information Source:** ;
Reviewed Date/Time: 8/7/2024 07:45 CDT; **Reviewed By:** Huffman, Richard MD

Social History

Alcohol (Denies Alcohol Use - Last Update: 8/5/2024 12:09 CDT by Neyens, Kathleen M RN)

Electronic Cigarette/Vaping (Denies Electronic Cigarette Use - Last Update: 8/5/2024 12:09 CDT by Neyens, Kathleen M RN)

Detail: Electronic Cigarette Use: Never. (Last Update: 8/5/2024 12:09 CDT by Neyens, Kathleen M RN)

Substance Use (Denies Substance Abuse - Last Update: 8/5/2024 12:09 CDT by Neyens, Kathleen M RN)

Tobacco (Low Risk - Last Update: 8/5/2024 12:08 CDT by Neyens, Kathleen M RN)

Detail: Current some day tobacco user Tobacco Use: . 3 per day. (Last Update: 8/5/2024 12:09 CDT by Neyens, Kathleen M RN)

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Problems

Problem Name: Back pain

Life Cycle Status: Active

Recorder: Neyens, Kathleen M RN

Last Updated: 8/5/2024 12:12 CDT; Neyens, Kathleen M RN **Last Reviewed:** 8/5/2024 12:12 CDT; Neyens, Kathleen M RN

Classification: Medical; **Confirmation:** Confirmed; **Code:** 252311015; **Course:** ; **Onset Date:** ; **Status Date:** 8/5/2024;

Prognosis: ; **Persistence:**

Problem Name: Tobacco user

Life Cycle Status: Active

Recorder: SYSTEM,SYSTEM

Last Updated: 8/5/2024 12:09 CDT; SYSTEM,SYSTEM **Last Reviewed:** 8/5/2024 12:09 CDT; SYSTEM,SYSTEM

Classification: Medical; **Confirmation:** Probable; **Code:** 175325014; **Course:** ; **Onset Date:** ; **Status Date:** 8/5/2024;

Prognosis: ; **Persistence:**

Procedures

Procedure: Destruction by neurolytic agent,paravertebral facet joint nerve(s),with imaging guidance (fluoroscopy or CT);lumbar or sacral,single facet joint

Status: Active

Code: 64635 (CPT4)

Procedure Date: 8/7/2024 00:00 CDT (45 years)

Provider: Hein, Robert MD

Last Updated: 8/9/2024 13:54 CDT; Gonzales,Hope

Procedure: None

Status: Active

Code: 387958016 (SNOMED CT)

Last Updated: 8/5/2024 12:12 CDT; Neyens, Kathleen M RN **Last Reviewed:** 8/7/2024 07:45 CDT; Huffman, Richard MD

Medication Administration Record**Medications**

Medication Name: propofol (propofol (ANES))

Admin Date/Time: 8/7/2024 08:04 CDT

Charted Date/Time: 8/7/2024 08:15 CDT

Ingredients: propofol 10 mg/mL Emu 20mL [FBMC] 50 mg 5 mL

Admin Details: (Auth) IV, No Site Specified

Action Details: Order: Huffman, Richard MD 8/7/2024 08:04 CDT; Perform: Huffman, Richard MD 8/7/2024 08:15 CDT;
 VERIFY: Huffman, Richard MD 8/7/2024 08:15 CDT

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Medication Administration Record**Medications****Medication Name:** propofol (propofol (ANES))Admin Date/Time: **8/7/2024 08:01 CDT** Charted Date/Time: **8/7/2024 08:15 CDT****Ingredients:** propofol 10 mg/mL Emu 20mL [FBMC] 60 mg 6 mL**Admin Details:** (Auth) IV, No Site Specified**Action Details:** Order: Huffman, Richard MD 8/7/2024 08:01 CDT; Perform: Huffman, Richard MD 8/7/2024 08:15 CDT; VERIFY: Huffman, Richard MD 8/7/2024 08:15 CDT**Medication Name:** propofol (propofol (ANES))Admin Date/Time: **8/7/2024 07:59 CDT** Charted Date/Time: **8/7/2024 08:05 CDT****Ingredients:** propofol 10 mg/mL Emu 20mL [FBMC] 50 mg 5 mL**Admin Details:** (Auth) IV, No Site Specified**Action Details:** Order: Huffman, Richard MD 8/7/2024 07:59 CDT; Perform: Huffman, Richard MD 8/7/2024 08:05 CDT; VERIFY: Huffman, Richard MD 8/7/2024 08:05 CDT**Medication Name:** propofol (propofol (ANES))Admin Date/Time: **8/7/2024 07:58 CDT** Charted Date/Time: **8/7/2024 08:05 CDT****Ingredients:** propofol 10 mg/mL Emu 20mL [FBMC] 30 mg 3 mL**Admin Details:** (Auth) IV, No Site Specified**Action Details:** Order: Huffman, Richard MD 8/7/2024 07:58 CDT; Perform: Huffman, Richard MD 8/7/2024 08:05 CDT; VERIFY: Huffman, Richard MD 8/7/2024 08:05 CDT**Medication Name:** bupivacaineAdmin Date/Time: **8/7/2024 07:56 CDT** Charted Date/Time: **8/7/2024 10:04 CDT****Ingredients:** bupivacaine 0.5% PF Inj Sol 30 mL [FBMC] 6 mL 6 mL**Admin Details:** (Auth) Infiltration**Action Details:** Order: Hein, Robert MD 8/7/2024 07:56 CDT; Perform: Schieber, Madison 8/7/2024 10:04 CDT; VERIFY: Schieber, Madison 8/7/2024 10:04 CDT**Medication Name:** triamcinoloneAdmin Date/Time: **8/7/2024 07:56 CDT** Charted Date/Time: **8/7/2024 10:04 CDT****Ingredients:** triamcinolone acetonide 40 mg/mL Sus [FBMC] 80 mg 2 mL**Admin Details:** (Auth) Infiltration**Action Details:** Order: Hein, Robert MD 8/7/2024 07:56 CDT; Perform: Schieber, Madison 8/7/2024 10:04 CDT; VERIFY: Schieber, Madison 8/7/2024 10:04 CDT**Medication Name:** propofol (propofol (ANES))Admin Date/Time: **8/7/2024 07:55 CDT** Charted Date/Time: **8/7/2024 08:05 CDT****Ingredients:** propofol 10 mg/mL Emu 20mL [FBMC] 30 mg 3 mL**Admin Details:** (Auth) IV, No Site Specified**Action Details:** Order: Huffman, Richard MD 8/7/2024 07:55 CDT; Perform: Huffman, Richard MD 8/7/2024 08:05 CDT; VERIFY: Huffman, Richard MD 8/7/2024 08:05 CDT

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Medication Administration Record**Medications****Medication Name:** propofol (propofol (ANES))Admin Date/Time: **8/7/2024 07:52 CDT**Charted Date/Time: **8/7/2024 08:05 CDT****Ingredients:** propofol 10 mg/mL Emu 20mL [FBMC] 30 mg 3 mL**Admin Details: (Auth)** IV, No Site Specified**Action Details:** Order: Huffman,Richard MD 8/7/2024 07:52 CDT; Perform: Huffman,Richard MD 8/7/2024 08:05 CDT; VERIFY: Huffman,Richard MD 8/7/2024 08:05 CDT**Medication Name:** lidocaine (lidocaine (ANES))Admin Date/Time: **8/7/2024 07:51 CDT**Charted Date/Time: **8/7/2024 08:00 CDT****Ingredients:** lidocaine 2% PF Inj Sol 5 mL [FBMC] 5 mL 5 mL**Admin Details: (Auth)** IV, No Site Specified**Action Details:** Order: Huffman,Richard MD 8/7/2024 07:51 CDT; Perform: Huffman,Richard MD 8/7/2024 08:00 CDT; VERIFY: Huffman,Richard MD 8/7/2024 08:00 CDT**Medication Name:** albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)Admin Date/Time: **8/7/2024 07:50 CDT**Charted Date/Time: **8/7/2024 09:27 CDT****Admin Details: (Not Done)** Patient Discharged

albuterol

Action Details: Perform: Anderson,Natira 8/7/2024 07:50 CDT**Result Comment:** Anderson,Natira 8/7/2024 09:27 CDT

Surgery order written as PRN

Continuous Infusions**Medication Name:** Lactated Ringers Injection (ANES) 1,000 mLAdmin Date/Time: **8/7/2024 08:15 CDT to 8/7/2024 08:18 CDT**Charted Date/Time: **8/7/2024 08:19 CDT**

CDT

Ingredients: Lactated Ringers 1000 mL [FBMC] 10 mL**Admin Details: (Infuse) (Auth)** 10 mL, 200 mL/hr, Left Lower Forearm**Action Details:** Order: Huffman,Richard MD 8/7/2024 08:15 CDT; Perform: Huffman,Richard MD 8/7/2024 08:18 CDT; VERIFY: Huffman,Richard MD 8/7/2024 08:18 CDT**Medication Name:** Lactated Ringers Injection (ANES) 1,000 mLAdmin Date/Time: **8/7/2024 08:15 CDT**Charted Date/Time: **8/7/2024 08:19 CDT****Ingredients:** Lactated Ringers 1000 mL [FBMC] 1000 mL**Admin Details: (Begin Bag) (Auth)** 1000 mL, 200 mL/hr, Left Lower Forearm**Action Details:** Order: Huffman,Richard MD 8/7/2024 08:15 CDT; Perform: Huffman,Richard MD 8/7/2024 08:18 CDT; VERIFY: Huffman,Richard MD 8/7/2024 08:18 CDT

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Medication Administration Record**Continuous Infusions****Medication Name:** LR 1,000 mLAdmin Date/Time: **8/7/2024 07:45 CDT to 8/7/2024 08:15 CDT** Charted Date/Time: **8/7/2024 08:19 CDT****Ingredients:** Lactated Ringers 1000 mL [FBMC] 1000 mL**Admin Details:** (Infuse) (Auth) 1000 mL, 50 mL/hr, Left Lower Forearm**Action Details:** Order: Hein, Robert MD 8/7/2024 06:15 CDT; Perform: Huffman, Richard MD 8/7/2024 08:18 CDT; VERIFY: Huffman, Richard MD 8/7/2024 08:18 CDT**Medication Name:** LR 1,000 mLAdmin Date/Time: **8/7/2024 06:41 CDT** Charted Date/Time: **8/7/2024 06:41 CDT****Ingredients:** Lactated Ringers 1000 mL [FBMC] 1000 mL**Admin Details:** (Begin Bag) (Auth) 1000 mL, 50 mL/hr, Left Lower Forearm, 71.67 kg**Action Details:** Order: Hein, Robert MD 8/7/2024 06:15 CDT; Perform: Nwabuko, Jessica 8/7/2024 06:41 CDT; VERIFY: Nwabuko, Jessica 8/7/2024 06:41 CDT**Infusion Billing****Infusion Billing Report**

08/07/24 05:56 US/Central to 08/23/24 11:34 US/Central

WILLIAMS, ANTHONY	FIN 121512	MRN 33032
Outpatient	Location: FBMC Surgery	

Lactated Ringers intravenous solution 1,000 mL

1,000, mL, IV, Routine, Start date 08/07/24 6:15:00 CDT, TKO, Total volume (mL): 1,000, 71.67 kg, 1.85, m2

<u>Start Date/Time</u>	<u>End Date/Time</u>	<u>Site</u>	<u>Duration</u>
Infuse Volume	Personnel		
08/07/24 06:41 CDT Included	Incomplete	Left Lower Forearm	Not Included
			Not
min			
		Total Volume for Order:	0 mL
		Total Duration for Order:	0 hr 0

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders - Medications**Documented Home Medications**

Order: **cyclobenzaprine (cyclobenzaprine 5 mg oral tablet)**

Order Date/Time: 8/5/2024 12:12 CDT

Order Status: Documented Clinical Category: Medications Medication Type: Documented

Ordering Physician: Consulting Physician:

Electronically Signed By: Neyens,Kathleen M RN on 8/5/2024 12:12 CDT

Order Details: 1 tab(s), Oral, TID, PRN spasm, 0 Refill(s)

Order Comment:

Action Type: Compliance Action Date/Time: 8/7/2024 06:30 CDT Action Personnel: Nwabuko,Jessica

Compliance Information:

Status: Not taking; **Information source:** Patient

Action Type: Document Action Date/Time: 8/5/2024 12:13 CDT Action Personnel: Neyens,Kathleen M RN

Responsible Provider: Supervising Provider: Communication Type:

Order Details: 1 tab(s), Oral, TID, PRN spasm, 0 Refill(s)

Review Information:

Doctor Cosign: Not Required

Order Comment:

Inpatient

Order: **Lactated Ringers Injection (ANES) 1,000 mL**

Order Date/Time: 8/7/2024 08:15 CDT

Order Status: Completed Clinical Category: Continuous Infusions Medication Type: Inpatient

End-state Date/Time: 8/7/2024 09:15 CDT End-state Reason:

Ordering Physician: Huffman,Richard MD Consulting Physician:

Electronically Signed By: Huffman,Richard MD on 8/7/2024 08:15 CDT

Order Details: IV, Start date 8/7/24 8:15:00 AM CDT, Physician Stop, Stop date 8/7/24 9:15:00 AM CDT, Total volume (mL): 1,000

Order Comment:

Action Type: Order Action Date/Time: 8/7/2024 08:19 CDT Action Personnel: Huffman,Richard MD

Responsible Provider: Huffman,Richard Supervising Provider: Communication Type: Protocol MD

Order Details: IV, Start date 08/07/24 8:15:00 CDT, Physician Stop, Stop date 08/07/24 9:15:00 CDT, Total volume (mL): 1,000

Review Information:

Doctor Cosign: Not Required

Order Comment:

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders - Medications**Inpatient**

Order: **bupivacaine**

Order Date/Time: 8/7/2024 07:56 CDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 8/7/2024 07:56 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Schieber, Madison on 8/7/2024 07:56 CDT

Order Details: = 6 mL, Soln, Infiltration, Once, Start date 8/7/24 7:56:00 AM CDT, Physician Stop, Stop date 8/7/24 7:56:00 AM CDT

Order Comment:

Action Type: Order Action Date/Time: 8/7/2024 10:04 CDT Action Personnel: Schieber, Madison

Responsible Provider: Hein, Robert MD Supervising Provider: Communication Type: No Cosign Required

Order Details: = 6 mL, Soln, Infiltration, Once, Start date 08/07/24 7:56:00 CDT, Physician Stop, Stop date 08/07/24 7:56:00 CDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

Order: **triamcinolone**

Order Date/Time: 8/7/2024 07:56 CDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 8/7/2024 07:56 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Schieber, Madison on 8/7/2024 07:56 CDT

Order Details: 80 mg, Susp, Infiltration, Once, Start date 8/7/24 7:56:00 AM CDT, Physician Stop, Stop date 8/7/24 7:56:00 AM CDT

Order Comment:

Action Type: Order Action Date/Time: 8/7/2024 10:04 CDT Action Personnel: Schieber, Madison

Responsible Provider: Hein, Robert MD Supervising Provider: Communication Type: No Cosign Required

Order Details: 80 mg, Susp, Infiltration, Once, Start date 08/07/24 7:56:00 CDT, Physician Stop, Stop date 08/07/24 7:56:00 CDT

Review Information:

Doctor Cosign: Not Required

Order Comment:

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders - Medications**Inpatient**

Order: **propofol (propofol (ANES))**

Order Date/Time: 8/7/2024 07:52 CDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 8/7/2024 08:05 CDT End-state Reason:

Ordering Physician: Huffman, Richard MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:52 CDT

Order Details: Emulsion, IV, Once, Physician Stop, Stop date 8/7/24 8:05:00 AM CDT

Order Comment: Final Concentration: 200mg/20mL (Anesthesia)

Action Type: Order Action Date/Time: 8/7/2024 08:05 CDT Action Personnel: Huffman, Richard MD

Responsible Provider: Huffman, Richard MD Supervising Provider: Communication Type: Protocol

MD

Order Details: Emulsion, IV, Once, Physician Stop, Stop date 08/07/24 8:05:00 CDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Final Concentration: 200mg/20mL (Anesthesia)

Order: **lidocaine (lidocaine (ANES))**

Order Date/Time: 8/7/2024 07:51 CDT

Order Status: Completed Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 8/7/2024 08:00 CDT End-state Reason:

Ordering Physician: Huffman, Richard MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:51 CDT

Order Details: Soln, IV, Once, Physician Stop, Stop date 8/7/24 8:00:00 AM CDT

Order Comment: Final Concentration: 0/5mL (Anesthesia)

Action Type: Order Action Date/Time: 8/7/2024 08:00 CDT Action Personnel: Huffman, Richard MD

Responsible Provider: Huffman, Richard MD Supervising Provider: Communication Type: Protocol

MD

Order Details: Soln, IV, Once, Physician Stop, Stop date 08/07/24 8:00:00 CDT

Review Information:

Doctor Cosign: Not Required

Order Comment: Final Concentration: 0/5mL (Anesthesia)

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders - Medications**Inpatient**

Order: **albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)**

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 2.5 mg = 3 mL, Soln-Inh, Nebulized Inhalation, q10min (interval), Routine, Start date 8/7/24 7:50:00 AM CDT, 1 doses, Hard Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Order Comment: PRN for Bronchospasms and wheezing

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Action Personnel: Luna,Cristina

Responsible Provider: Hein, Robert MD Supervising Provider: Communication Type: No Cosign Required

Order Details: 2.5 mg = 3 mL, Soln-Inh, Nebulized Inhalation, q10min (interval), Routine, Start date 08/07/24 7:50:00 CDT, 1 doses, Hard Stop, Stop date 08/07/24 7:59:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Action Personnel: Huffman,Richard MD

Responsible Provider: Huffman, Richard MD Supervising Provider: Communication Type: Written

Order Details: 2.5 mg = 3 mL, Soln-Inh, Nebulized Inhalation, q10min (interval), Routine, Start date 08/07/24 7:50:00 CDT, 1 doses, Hard Stop, Stop date 08/07/24 7:59:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius,Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

Order Comment: PRN for Bronchospasms and wheezing

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders - Medications**Inpatient**Order: **diphenhydrAMINE (Benadryl)**

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 12 mg, Soln, IV Push, q15min (interval), PRN other (see comment), Routine, Start date 8/7/24 7:50:00 AM CDT, 2 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Order Comment: PRN for Pruritis, *Sound Alike Look Alike*

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Action Personnel: Luna,Cristina

Responsible Provider: Hein, Robert MD Supervising Provider: Communication Type: No Cosign Required

Order Details: 12 mg, Soln, IV Push, q15min (interval), PRN other (see comment), Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Modify Action Date/Time: 8/7/2024 08:32 CDT Action Personnel: Fabius,Jude

Responsible Provider: Huffman, Richard MD Supervising Provider: Communication Type: Written

Order Details: 12 mg, Soln, IV Push, q15min (interval), PRN other (see comment), Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Action Personnel: Huffman, Richard MD

Responsible Provider: Huffman, Richard MD Supervising Provider: Communication Type: Written

MD

Order Details: 12 mg, Soln, IV Push, q15min (interval), PRN other (see comment), Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Hard Stop, Stop date Limited # of times, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius,Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

Order Comment: PRN for Pruritis, *Sound Alike Look Alike*

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders - Medications**Inpatient**Order: **hydrALAZINE**

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Clinical Category: Medications Medication Type: Inpatient

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 10 mg, Soln, IV Push, q10min (interval), PRN other (see comment), Routine, Start date 8/7/24 7:50:00 AM CDT, 2 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Order Comment: >160, hold if HR <60, *Sound Alike Look Alike*

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Action Personnel: Luna,Cristina

Responsible Provider: Hein, Robert MD Supervising Provider: Communication Type: No Cosign Required

Order Details: 10 mg, Soln, IV Push, q10min (interval), PRN other (see comment), Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Modify Action Date/Time: 8/7/2024 08:32 CDT Action Personnel: Fabius,Jude

Responsible Provider: Huffman, Richard MD Supervising Provider: Communication Type: Written

Order Details: 10 mg, Soln, IV Push, q10min (interval), PRN other (see comment), Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Action Personnel: Huffman, Richard MD

Responsible Provider: Huffman, Richard MD Supervising Provider: Communication Type: Written

Order Details: 10 mg, Soln, IV Push, q10min (interval), PRN other (see comment), Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Hard Stop, Stop date Limited # of times, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius,Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

Order Comment: >160, hold if HR <60, *Sound Alike Look Alike*

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders - Medications**Inpatient**

Order: HYDROmorphine

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 8/7/2024 08:35 CDT

End-state Reason:

Ordering Physician: Hein, Robert MD

Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 0.5 mg, Soln, IV Push, q5min (interval), PRN pain, Routine, Start date 8/7/24 7:50:00 AM CDT, 4 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Order Comment: *Sound Alike Look Alike*, *High Alert*

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Action Personnel: Luna,Cristina

Responsible Provider: Hein, Robert MD Supervising Provider: Communication Type: No Cosign Required

Order Details: 0.5 mg, Soln, IV Push, q5min (interval), PRN pain, Routine, Start date 08/07/24 7:50:00 CDT, 4 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Modify Action Date/Time: 8/7/2024 08:32 CDT Action Personnel: Fabius,Jude

Responsible Provider: Huffman, Richard MD Supervising Provider: Communication Type: Written

Order Details: 0.5 mg, Soln, IV Push, q5min (interval), PRN pain, Routine, Start date 08/07/24 7:50:00 CDT, 4 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Action Personnel: Huffman, Richard MD

Responsible Provider: Huffman, Richard MD Supervising Provider: Communication Type: Written

MD

Order Details: 0.5 mg, Soln, IV Push, q5min (interval), PRN pain, Routine, Start date 08/07/24 7:50:00 CDT, 4 doses, Hard Stop, Stop date Limited # of times, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius,Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

Order Comment: *Sound Alike Look Alike*, *High Alert*

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders - Medications**Inpatient**Order: **labetalol**

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 8/7/2024 08:35 CDT

End-state Reason:

Ordering Physician: Hein, Robert MD

Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 5 mg, Soln, IV Push, q10min (interval), PRN other (see comment), Routine, Start date 8/7/24 7:50:00 AM CDT, 4 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Order Comment: >160, hold if HR <60, use first

Action Type: Discontinue	Action Date/Time: 8/7/2024 08:35 CDT	Action Personnel: Luna,Cristina
Responsible Provider: Hein, Robert MD	Supervising Provider:	Communication Type: No Cosign Required

Order Details: 5 mg, Soln, IV Push, q10min (interval), PRN other (see comment), Routine, Start date 08/07/24 7:50:00 CDT, 4 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Modify	Action Date/Time: 8/7/2024 08:32 CDT	Action Personnel: Fabius,Jude
Responsible Provider: Huffman, Richard MD	Supervising Provider:	Communication Type: Written

Order Details: 5 mg, Soln, IV Push, q10min (interval), PRN other (see comment), Routine, Start date 08/07/24 7:50:00 CDT, 4 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Order	Action Date/Time: 8/7/2024 07:50 CDT	Action Personnel: Huffman, Richard MD
Responsible Provider: Huffman, Richard MD	Supervising Provider:	Communication Type: Written

Order Details: 5 mg, Soln, IV Push, q10min (interval), PRN other (see comment), Routine, Start date 08/07/24 7:50:00 CDT, 4 doses, Hard Stop, Stop date Limited # of times, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius,Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

Order Comment: >160, hold if HR <60, use first

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders - Medications**Inpatient**Order: **ondansetron**

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 8/7/2024 08:35 CDT

End-state Reason:

Ordering Physician: Hein, Robert MD

Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 4 mg, Soln, IV Push, q10min (interval), PRN nausea, Routine, Start date 8/7/24 7:50:00 AM CDT, 2 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Order Comment:

Action Type: Discontinue

Action Date/Time: 8/7/2024 08:35 CDT

Action Personnel: Luna,Cristina

Responsible Provider: Hein, Robert MD

Supervising Provider:

Communication Type: No Cosign Required

Order Details: 4 mg, Soln, IV Push, q10min (interval), PRN nausea, Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Modify

Action Date/Time: 8/7/2024 08:32 CDT

Action Personnel: Fabius,Jude

Responsible Provider: Huffman, Richard MD

Supervising Provider:

Communication Type: Written

Order Details: 4 mg, Soln, IV Push, q10min (interval), PRN nausea, Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 8/7/2024 07:50 CDT

Action Personnel: Huffman, Richard MD

Responsible Provider: Huffman, Richard MD

Supervising Provider:

Communication Type: Written

Order Details: 4 mg, Soln, IV Push, q10min (interval), PRN nausea, Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Hard Stop, Stop date Limited # of times, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius,Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

Order Comment:

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders - Medications**Inpatient**Order: **promethazine**

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued

Clinical Category: Medications

Medication Type: Inpatient

End-state Date/Time: 8/7/2024 08:35 CDT

End-state Reason:

Ordering Physician: Hein, Robert MD

Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 12.5 mg, Soln, IV Push, q10min (interval), PRN nausea, Routine, Start date 8/7/24 7:50:00 AM CDT, 2 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Order Comment: *High Alert* Use Second for nausea and vomiting if unrelieved by Zofran

Action Type: Discontinue

Action Date/Time: 8/7/2024 08:35 CDT

Action Personnel: Luna,Cristina

Responsible Provider: Hein, Robert MD

Supervising Provider:

Communication Type: No Cosign Required

Order Details: 12.5 mg, Soln, IV Push, q10min (interval), PRN nausea, Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Modify

Action Date/Time: 8/7/2024 08:32 CDT

Action Personnel: Fabius,Jude

Responsible Provider: Huffman, Richard MD

Supervising Provider:

Communication Type: Written

Order Details: 12.5 mg, Soln, IV Push, q10min (interval), PRN nausea, Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Physician Stop, Stop date 08/07/24 18:00:00 CDT, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 8/7/2024 07:50 CDT

Action Personnel: Huffman, Richard MD

Responsible Provider: Huffman, Richard MD

Supervising Provider:

Communication Type: Written

Order Details: 12.5 mg, Soln, IV Push, q10min (interval), PRN nausea, Routine, Start date 08/07/24 7:50:00 CDT, 2 doses, Hard Stop, Stop date Limited # of times, 08/07/24 7:50:00 CDT

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius,Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

Order Comment: *High Alert* Use Second for nausea and vomiting if unrelieved by Zofran

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders - Medications**Inpatient**

Order: LR 1,000 mL

Order Date/Time: 8/7/2024 06:15 CDT

Order Status: Discontinued

Clinical Category: Continuous Infusions Medication Type: Inpatient

End-state Date/Time: 8/7/2024 08:35 CDT

End-state Reason:

Ordering Physician: Hein, Robert MD

Consulting Physician:

Electronically Signed By: Neyens, Kathleen M RN on 7/29/2024 08:25 CDT

Order Details: 1,000, mL, IV, Routine, Start date 8/7/24 6:15:00 AM CDT, TKO, Total volume (mL): 1,000, 71.67 kg, 1.85, m2

Order Comment:

Action Type: Discontinue

Action Date/Time: 8/7/2024 08:35 CDT

Action Personnel: Luna,Cristina

Responsible Provider: Hein, Robert MD

Supervising Provider:

Communication Type: No Cosign Required

Order Details: 1,000, mL, IV, Routine, Start date 08/07/24 6:15:00 CDT, TKO, Total volume (mL): 1,000, 71.67 kg, 1.85, m2

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 8/7/2024 06:15 CDT

Action Personnel: Nwabuko,Jessica

Responsible Provider: Hein, Robert MD Supervising Provider:

Communication Type: Paper

Order Details: 1,000, mL, IV, Routine, Start date 08/07/24 6:15:00 CDT, TKO, Total volume (mL): 1,000, 71.67 kg, 1.85, m2

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Patel,Shivani RPh on 8/7/2024 06:33 CDT

Doctor Cosign: Not Required

Order Comment:

Action Type: Plan

Action Date/Time: 7/29/2024 08:25 CDT

Action Personnel: Neyens,Kathleen M RN

Medication Reconciliation**Admission Reconciliation**

08/07/2024 06:30 CDT (Nwabuko, Jessica)

Order name: LR 1,000 mL
 Details: 1,000, mL, IV, Routine, Start date 08/07/24 6:15:00 CDT, TKO, Total volume (mL): 1,000, 71.67 kg, 1.85, m2
 Reconciliation action: Continue
 Ordering physician: Hein, Robert MD
 Order name: cyclobenzaprine (cyclobenzaprine 5 mg oral tablet)
 Details: 1 tab(s), Oral, TID, PRN spasm, 0 Refill(s)
 Reconciliation action: Do not convert
 Ordering physician:

Discharge Reconciliation

08/07/2024 07:05 CDT (Prnka, Henry J RN)

Order name: cyclobenzaprine (cyclobenzaprine 5 mg oral tablet)
 Details: 1 tab(s), Oral, TID, PRN spasm, 0 Refill(s)

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Medication Reconciliation

Reconciliation action: Continue
 Ordering physician:

Orders**Admit/Transfer/Discharge****Order: Discharge Patient**

Plan Name: Hein Post Op

Order Date/Time: 8/7/2024 08:17 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Admit/Transfer/Discharge

End-state Date/Time: 8/7/2024 08:35 CDT

End-state Reason:

Ordering Physician: Hein, Robert MD

Consulting Physician:

Electronically Signed By: Hein, Robert MD on 8/7/2024 07:19 CDT

Order Details: 8/7/24 8:17:00 AM CDT, May discharge home when stable per PACU protocol, tolerating PO fluids, pain controlled

Action Type: Discontinue

Action Date/Time: 8/7/2024 08:35 CDT

Electronically Signed By: Luna,Cristina

Review Information:

Nurse Review: Not Reviewed

Action Type: Order

Action Date/Time: 8/7/2024 08:17 CDT

Electronically Signed By: Luna,Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Reviewed

Action Type: Plan

Action Date/Time: 8/7/2024 07:19 CDT

Electronically Signed By: Hein, Robert MD

Order: Admit To:

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Admit/Transfer/Discharge

End-state Date/Time: 8/7/2024 08:35 CDT

End-state Reason:

Ordering Physician: Hein, Robert MD

Consulting Physician:

Electronically Signed By: Huffman,Richard MD on 8/7/2024 07:50 CDT

Order Details: 8/7/24 7:50:00 AM CDT, Other, PACU

Action Type: Discontinue

Action Date/Time: 8/7/2024 08:35 CDT

Electronically Signed By: Luna,Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order

Action Date/Time: 8/7/2024 07:50 CDT

Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders

Consults

Order: **Consent for Surgery**

Plan Name: Dr. Hein

Order Date/Time: 8/7/2024 06:15 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Provider Consults

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Neyens, Kathleen M RN on 7/29/2024 08:25 CDT

Order Details: 8/7/24 6:15:00 AM CDT, Sign all consent

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 06:15 CDT Electronically Signed By: Nwabuko, Jessica

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Plan Action Date/Time: 7/29/2024 08:25 CDT Electronically Signed By: Neyens, Kathleen M RN

Nutrition Services

Order: **NPO**

Plan Name: Dr. Hein

Order Date/Time: 8/7/2024 06:15 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Diets

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Neyens, Kathleen M RN on 7/29/2024 08:25 CDT

Order Details: 8/7/24 6:15:00 AM CDT, Constant Indicator

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 06:15 CDT Electronically Signed By: Nwabuko, Jessica

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Plan Action Date/Time: 7/29/2024 08:25 CDT Electronically Signed By: Neyens, Kathleen M RN

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders**Patient Care****Order: Discontinue IV**

Plan Name: Hein Post Op

Order Date/Time: 8/7/2024 08:17 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Patient Activity

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Hein, Robert MD on 8/7/2024 07:19 CDT

Order Details: 8/7/24 8:17:00 AM CDT, When tolerating PO fluids

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna,Cristina

Review Information:

Nurse Review: Not Reviewed

Action Type: Order Action Date/Time: 8/7/2024 08:17 CDT Electronically Signed By: Luna,Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Reviewed

Action Type: Plan Action Date/Time: 8/7/2024 07:19 CDT Electronically Signed By: Hein, Robert MD

Order: Vital Signs

Plan Name: Hein Post Op

Order Date/Time: 8/7/2024 08:17 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Basic Care

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Hein, Robert MD on 8/7/2024 07:19 CDT

Order Details: 8/7/24 8:17:00 AM CDT, Per PACU protocol

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna,Cristina

Review Information:

Nurse Review: Not Reviewed

Action Type: Order Action Date/Time: 8/7/2024 08:17 CDT Electronically Signed By: Luna,Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Reviewed

Action Type: Plan Action Date/Time: 8/7/2024 07:19 CDT Electronically Signed By: Hein, Robert MD

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders**Patient Care**

Order: **Misc Nursing Task (May discharge from PACU when discharge criteria met.)**

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Patient Care

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 8/7/24 7:50:00 AM CDT, May discharge from PACU when discharge criteria met.

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order: **Misc Surgery Task (Check allergies)**

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Patient Care

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 8/7/24 7:50:00 AM CDT, Check allergies

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders**Patient Care****Order: Peripheral IV Insertion**

Plan Name: Dr. Hein

Order Date/Time: 8/7/2024 06:15 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Asmt/Tx/Monitoring

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Neyens, Kathleen M RN on 7/29/2024 08:25 CDT

Order Details: 8/7/24 6:15:00 AM CDT

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 06:15 CDT Electronically Signed By: Nwabuko, Jessica

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Plan Action Date/Time: 7/29/2024 08:25 CDT Electronically Signed By: Neyens, Kathleen M RN

Order: Vital Signs

Plan Name: Dr. Hein

Order Date/Time: 8/7/2024 06:15 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Basic Care

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Neyens, Kathleen M RN on 7/29/2024 08:25 CDT

Order Details: 8/7/24 6:15:00 AM CDT, On admission and after PRN medications

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 06:15 CDT Electronically Signed By: Nwabuko, Jessica

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Plan Action Date/Time: 7/29/2024 08:25 CDT Electronically Signed By: Neyens, Kathleen M RN

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders**Pharmacy**

Order: **Lactated Ringers Injection (ANES) 1,000 mL**

Order Date/Time: 8/7/2024 08:15 CDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 09:15 CDT End-state Reason:

Ordering Physician: Huffman, Richard MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 08:15 CDT

Order Details: IV, Start date 8/7/24 8:15:00 AM CDT, Physician Stop, Stop date 8/7/24 9:15:00 AM CDT, Total volume (mL): 1,000

Action Type: Order Action Date/Time: 8/7/2024 08:19 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Doctor Cosign: Not Required

Order: **bupivacaine**

Order Date/Time: 8/7/2024 07:56 CDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 07:56 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Schieber, Madison on 8/7/2024 07:56 CDT

Order Details: = 6 mL, Soln, Infiltration, Once, Start date 8/7/24 7:56:00 AM CDT, Physician Stop, Stop date 8/7/24 7:56:00 AM CDT

Action Type: Order Action Date/Time: 8/7/2024 10:04 CDT Electronically Signed By: Schieber, Madison

Review Information:

Doctor Cosign: Not Required

Order: **triamcinolone**

Order Date/Time: 8/7/2024 07:56 CDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 07:56 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Schieber, Madison on 8/7/2024 07:56 CDT

Order Details: 80 mg, Susp, Infiltration, Once, Start date 8/7/24 7:56:00 AM CDT, Physician Stop, Stop date 8/7/24 7:56:00 AM CDT

Action Type: Order Action Date/Time: 8/7/2024 10:04 CDT Electronically Signed By: Schieber, Madison

Review Information:

Doctor Cosign: Not Required

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders**Pharmacy**

Order: **propofol (propofol (ANES))**

Order Date/Time: 8/7/2024 07:52 CDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 08:05 CDT End-state Reason:

Ordering Physician: Huffman, Richard MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:52 CDT

Order Details: Emulsion, IV, Once, Physician Stop, Stop date 8/7/24 8:05:00 AM CDT

Action Type: Order Action Date/Time: 8/7/2024 08:05 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Doctor Cosign: Not Required

Order: **lidocaine (lidocaine (ANES))**

Order Date/Time: 8/7/2024 07:51 CDT

Order Status: Completed Department Status: Completed Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 08:00 CDT End-state Reason:

Ordering Physician: Huffman, Richard MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:51 CDT

Order Details: Soln, IV, Once, Physician Stop, Stop date 8/7/24 8:00:00 AM CDT

Action Type: Order Action Date/Time: 8/7/2024 08:00 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Doctor Cosign: Not Required

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders**Pharmacy**

Order: **albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution)**

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 2.5 mg = 3 mL, Soln-Inh, Nebulized Inhalation, q10min (interval), Routine, Start date 8/7/24 7:50:00 AM CDT, 1 doses, Hard Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius, Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders**Pharmacy**Order: **diphenhydrAMINE (Benadryl)**

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 12 mg, Soln, IV Push, q15min (interval), PRN other (see comment), Routine, Start date 8/7/24 7:50:00 AM CDT, 2 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 8/7/2024 08:32 CDT Electronically Signed By: Fabius, Jude

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius, Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders**Pharmacy**Order: **hydrALAZINE**

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 10 mg, Soln, IV Push, q10min (interval), PRN other (see comment), Routine, Start date 8/7/24 7:50:00 AM CDT, 2 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 8/7/2024 08:32 CDT Electronically Signed By: Fabius, Jude

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius, Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders**Pharmacy**

Order: HYDROmorphine

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 0.5 mg, Soln, IV Push, q5min (interval), PRN pain, Routine, Start date 8/7/24 7:50:00 AM CDT, 4 doses,

Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 8/7/2024 08:32 CDT Electronically Signed By: Fabius, Jude

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius, Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders**Pharmacy**Order: **labetalol**

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 5 mg, Soln, IV Push, q10min (interval), PRN other (see comment), Routine, Start date 8/7/24 7:50:00 AM CDT, 4 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna,Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 8/7/2024 08:32 CDT Electronically Signed By: Fabius,Jude

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius,Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders**Pharmacy**Order: **ondansetron**

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 4 mg, Soln, IV Push, q10min (interval), PRN nausea, Routine, Start date 8/7/24 7:50:00 AM CDT, 2 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 8/7/2024 08:32 CDT Electronically Signed By: Fabius, Jude

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius, Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders**Pharmacy**Order: **promethazine**

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 12.5 mg, Soln, IV Push, q10min (interval), PRN nausea, Routine, Start date 8/7/24 7:50:00 AM CDT, 2 doses, Physician Stop, Stop date 8/7/24 8:35:37 AM CDT, 08/07/24 7:50:00 CDT

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Modify Action Date/Time: 8/7/2024 08:32 CDT Electronically Signed By: Fabius, Jude

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Fabius, Jude on 8/7/2024 08:32 CDT

Doctor Cosign: Not Required

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders**Pharmacy**

Order: LR 1,000 mL

Plan Name: Dr. Hein

Order Date/Time: 8/7/2024 06:15 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: Pharmacy

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Neyens, Kathleen M RN on 7/29/2024 08:25 CDT

Order Details: 1,000, mL, IV, Routine, Start date 8/7/24 6:15:00 AM CDT, TKO, Total volume (mL): 1,000, 71.67 kg, 1.85, m2

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 06:15 CDT Electronically Signed By: Nwabuko, Jessica

Review Information:

Nurse Review: Not Reviewed

Pharmacist Verify: Electronically Signed, Patel, Shivani RPh on 8/7/2024 06:33 CDT

Doctor Cosign: Not Required

Action Type: Plan Action Date/Time: 7/29/2024 08:25 CDT Electronically Signed By: Neyens, Kathleen M RN

Radiology

Order: XR Fluoroscopy Up to 1 Hour

Order Date/Time: 8/7/2024 07:26 CDT

Order Status: Ordered Department Status: Exam Completed Activity Type: Radiology

End-state Date/Time: 8/7/2024 07:26 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Barnes, Stacy on 8/7/2024 07:26 CDT

Order Details: 8/7/24 7:26:00 AM CDT, Routine, Reason: Surgery, Pain, No, 8/7/24 7:26:00 AM CDT

Action Type: Status Change Action Date/Time: 8/7/2024 10:00 CDT Electronically Signed By: R Lopez, Fatima

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change Action Date/Time: 8/7/2024 10:00 CDT Electronically Signed By: R Lopez, Fatima

Review Information:

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:26 CDT Electronically Signed By: Barnes, Stacy

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

First Baptist Medical Center

Patient: WILLIAMS, ANTHONY Admit: 8/7/2024
 MRN: 33032 Disch: 8/7/2024
 FIN: 121512 Admitting: Hein, Robert MD

Orders**Respiratory Therapy****Order: Aerosol Treatment**

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Completed Department Status: Completed Activity Type: RT Tx/Procedures

End-state Date/Time: 8/7/2024 07:59 CDT End-state Reason:

Ordering Physician: SYSTEM,SYSTEM Consulting Physician:

Electronically Signed By: SYSTEM,SYSTEM on 8/7/2024 07:50 CDT

Order Details: 8/7/24 7:50:00 AM CDT, q10min (interval) for 1 doses, Stop date 8/7/24 7:59:00 AM CDT

Action Type: Status Change Action Date/Time: 8/7/2024 09:27 CDT Electronically Signed By: Anderson, Natira

Review Information:

Doctor Cosign: Not Required

Action Type: Status Change Action Date/Time: 8/7/2024 08:01 CDT Electronically Signed By: SYSTEM, SYSTEM

Review Information:

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: SYSTEM, SYSTEM

Review Information:

Doctor Cosign: Not Required

Order: Oxygen Therapy

Plan Name: Huffman ANES PACU Orders FBMC

Order Date/Time: 8/7/2024 07:50 CDT

Order Status: Discontinued Department Status: Discontinued Activity Type: RT Tx/Procedures

End-state Date/Time: 8/7/2024 08:35 CDT End-state Reason:

Ordering Physician: Hein, Robert MD Consulting Physician:

Electronically Signed By: Huffman, Richard MD on 8/7/2024 07:50 CDT

Order Details: 8/7/24 7:50:00 AM CDT, Per PACU protocol

Action Type: Discontinue Action Date/Time: 8/7/2024 08:35 CDT Electronically Signed By: Luna, Cristina

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Action Type: Order Action Date/Time: 8/7/2024 07:50 CDT Electronically Signed By: Huffman, Richard MD

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

First Baptist Medical Center

Patient:	WILLIAMS, ANTHONY	Admit:	8/7/2024
MRN:	33032	Disch:	8/7/2024
FIN:	121512	Admitting:	Hein, Robert MD

Orders**Surgery**

Order: **Epidural Lumbar Steroid Injection**

Order Date/Time: 7/26/2024 16:34 CDT

Order Status: Ordered Department Status: Ordered Activity Type: Surgery

End-state Date/Time: 8/7/2024 07:30 CDT End-state Reason:

Ordering Physician: Consulting Physician:

Electronically Signed By: Cody, Lauren on 7/26/2024 16:34 CDT

Order Details: Hein, Robert MD, 8/7/24 7:30:00 AM CDT, OP - Outpatient, LUMBAR RFA @ RIGHT L4/5, Primary Procedure?, General, 15, LUMBAR RFA @ RIGHT L4/5, 0, 0, Concurrent Indicator, 8/7/24 7:30:00 AM CDT, ORD_SET_REQ_DT_RANGE

Action Type: Activate	Action Date/Time: 8/7/2024 06:06 CDT	Electronically Signed By: Thompson, Parthina
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Review Information:

Action Type: Modify	Action Date/Time: 7/31/2024 07:29 CDT	Electronically Signed By: Sanchez, Carolina
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Review Information:

Action Type: Order	Action Date/Time: 7/26/2024 16:34 CDT	Electronically Signed By: Cody, Lauren
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Review Information:

Nurse Review: No Longer Needing Review, SYSTEM, SYSTEM on 8/15/2024 23:01 CDT

Doctor Cosign: Not Reviewed

Plans of Care**Medical**

Plan: Dr. Hein

Phase: SURG PreOp Bariatric Orders FBMC; **Status:** Discontinued

History: Planned at 7/29/2024 08:25 CDT electronically signed by Neyens, Kathleen M RN

Initiated at 8/7/2024 06:15 CDT electronically signed by Nwabuko, Jessica

Discontinued at 8/7/2024 08:35 CDT electronically signed by Luna, Cristina

Plan: Huffman ANES PACU Orders FBMC

Phase: ANES PACU Orders FBMC; **Status:** Discontinued

History: Initiated at 8/7/2024 07:50 CDT electronically signed by Huffman, Richard MD

Discontinued at 8/7/2024 08:35 CDT electronically signed by Luna, Cristina

Plan: Hein Post Op

Phase: SURG PostOp Outpatient Orders FBMC; **Status:** Discontinued

History: Planned at 8/7/2024 07:19 CDT electronically signed by Hein, Robert MD

Initiated at 8/7/2024 08:17 CDT electronically signed by Luna, Cristina

Discontinued at 8/7/2024 08:35 CDT electronically signed by Luna, Cristina

Greater Texas Orthopedic Associates PLLC
 10830 N Central Expy Ste 300
 Dallas, TX 75231-2139
 (409) 600-8693

March 28, 2025

Federal ID
 Billing NPI

Patient #: GTD4270
 ANTHONY B. WILLIAMS
 108 JORDAN DR
 RED OAK, TX 75154

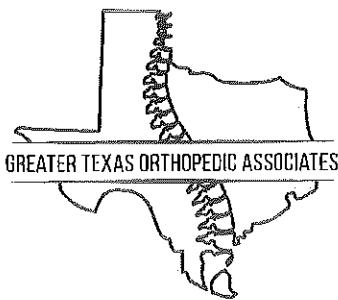
Employed By:

Claim Number:

Diagnosis For Accident On 03/28/24

M50.11	Cervical disc disorder with radiculopathy, high cervical region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
S93.401A	Sprain of unspecified ligament of right ankle, initial encounter
M62.830	Muscle spasm of back
M62.838	Other muscle spasm
M50.122	Cervical disc disorder at C5-C6 level with radiculopathy
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M48.02	Spinal stenosis, cervical region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M50.00	Cervical disc disorder with myelopathy, unspecified cervical region

Date	Service Descriptions	Charge	Receipt	Total	Rendering NPI
05/14/24	9920325 NEW PATIENT EXPANDED EXAM	875.00		875.00	
05/14/24	20552 TRIGGER POINT INJECT 1-2 MUSCLES	1866.00		2741.00	
05/14/24	J1100 DEXAMETHASONE 10MG/ML - 10 units	90.00		2831.00	
05/30/24	9921325 EST LVL 3 WITH PROCEDURE	478.00		3309.00	
05/30/24	6449350 BRANCH BLOCK-LUMBAR 1ST LVL	5500.00		8809.00	
05/30/24	J3301 KENALOG 60MG/ML (6U/ML) - 6 units	90.00		8899.00	
05/30/24	J3490 MARICAINE 75MG/30ML - 16 units	160.00		9059.00	
06/13/24	9921325 EST LVL 3 WITH PROCEDURE	478.00		9537.00	
06/13/24	64493RT BRANCH BLOCK-LUMBAR 1ST LVL	5500.00		15037.00	
06/13/24	J3301 KENALOG 60MG/ML (6U/ML) - 6 units	90.00		15127.00	
06/13/24	J3490 MARICAINE 75MG/30ML - 24 units	240.00		15367.00	
07/11/24	99213 EST PATIENT-LVL 3	478.00		15845.00	
09/05/24	99213 EST PATIENT-LVL 3	478.00		16323.00	
10/04/24	99213 EST PATIENT-LVL 3	478.00		16801.00	
01/02/25	9921325 EST LVL 3 WITH PROCEDURE	478.00		17279.00	
01/02/25	6449350 BRANCH BLOCK-LUMBAR 1ST LVL	5500.00		22779.00	
01/02/25	64494RT BRANCH BLOCK-LUMBAR 2ND LVL	1375.00		24154.00	
01/02/25	64494LT BRANCH BLOCK-LUMBAR 2ND LVL	1375.00		25529.00	
01/02/25	J1885 TORADOL 60MG/2ML (1U/2ML) - 4 units	240.00		25769.00	
02/06/25	99213 EST PATIENT-LVL 3	478.00		26247.00	
		\$26247.00	\$0.00	\$26247.00	



Greater Texas Orthopedic Associates

Neurosurgery – Orthopedics – Pain Management

10830 N. Central Expy, Ste. 300, Dallas, TX 75231

PH: 469-673-3064 F: 469-673-3065

Evaluation

Date of Evaluation: May 14, 2024
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Date of Injury: March 28, 2024
Provider: James Slayton, D.O.
NPI#: 1649232976

HISTORY OF ACCIDENT:

The patient presents today with injuries sustained in a trip and fall.

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5'8" Weight: 163.8 lbs Temperature: 98.1°
Blood Pressure: 132/79 Pulse: 98

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Respirations - 17. Lung sounds – non-contributory.
Bowel sounds – non-contributory.

Allergies: NKDA

CERVICAL EXAM:

Cervical pain

Radicular Components – Pain, Numbness, and Tingling that goes into the Bilateral Upper Arms, Lower Arms, and Hands. Left greater than Right.

Range of Motion: The patient has restricted ROM. Pain contributed to the patient's restricted ROM. Passive ROM with pain.

Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion. Muscle guarding was present.

Palpable Pain and/or Tenderness: Present @ C5/6, C6/7, and C7/T1.

Deep Tendon Reflexes: +1 on the Left and +2 on the Right. Motor Strength: +4 on the Left and +5 on the Right.

Orthopedic Test (Positive): Cervical Compression Bilaterally and Spurling's Test Bilaterally.

Orthopedic Test Produced: Radicular pain was noted while performing the orthopedic test.

Goal: Reduction in overall pain. Functional improvement of the cervical spine. Reduction of muscle spasms and pain associated with spasms.

Treatment: The patient did not receive treatment to the cervical spine.

LUMBAR EXAM:

Lumbar pain of a severe level

Radicular Components – Pain that goes into the Right Leg.

Lumbar Exam (Continued)

Range of Motion: The patient has restricted ROM. Pain contributed to the patient's restricted ROM.

Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion. Muscle guarding was present.

Palpable Pain and/or Tenderness: Present @ L3/4, L4/5, and L5/S1.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Kemp Test Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Goal: Reduction in overall pain. Functional improvement of the lumbar spine. Reduction of muscle spasms and pain associated with spasms.

Treatment: Lumbar Trigger Point Injections were performed on today's visit.

The patient tolerated the procedure well.

Adverse Reaction during the procedure, none noted.

RIGHT ANKLE EXAM:

Right Ankle pain of a severe level (Right Ankle injured when patient tripped over metal rod and fell).

Range of Motion: The patient has restricted ROM. Pain contributed to the patient's restricted ROM. Passive ROM with pain.

Tenderness: Present @ Right on the Lateral Malleolus.

Orthopedic Test - Positive: Anterior Draw, Coronal Drawer (syndesmosis instability), and Squeeze (syndesmotic instability).

Goal: Reduction in overall ankle pain. Functional improvement of the ankle.

Treatment: The patient did not receive treatment to the ankle.

OTHER SYMPTOM(S):

Left Lower Arm pain of a severe level

Left Wrist pain of a severe level

Left Hand pain of a severe level

Thoracic pain of a severe level

PRIOR TREATMENT FOR THIS INJURY:

The patient was treated and released by Urgent Care Clinic for the following accident. Medication was prescribed. The patient was also treated by Dr. Harry Shawn Miller for the following accident. Since the accident, the patient has been experiencing headaches, tiredness, difficulty sleeping, and constipation.

ACTIVITIES THAT INCREASE PAIN:

The patient states the following activities increases pain: Walking, hoisting, twisting, grasping, and turning his head.

WHAT DECREASES THE PAIN:

The patient states the following activities decreases pain: Lying down.

PAIN MEDICATION(S):

The patient noted the pain medication(s) (Ibuprofen 800mg and Cyclobenzaprine 10mg) did help alleviate symptom(s).

EFFECTIVENESS OF PRIOR INJECTION(S):

1. The patient did not note any prior injection(s).

EXERCISE:

The patient does not exercise.

WORK ACTIVITIES:

The patient works 8 hours per day at work by sitting and standing.

SOCIAL HISTORY:

The patient did not note any smoking

The patient did not note drinking any alcohol

Drinks caffeine (3 cups per day)

The patient did not note any high stress level

MEDICAL HISTORY:

The patient did not note any medical history.

FAMILY HISTORY:

Married

5 Children alive

Father alive

Mother alive

5 Siblings alive

MEDICATION(S):

Cyclobenzaprine 10mg

Ibuprofen 800mg

NUTRITIONAL SUPPLEMENT(S):

The patient did not note any nutritional supplements.

ACTIVITIES OF DAILY LIVING (The patient states the following ADL's are affected):

1. Pain affects overall general activities.
2. Normal mood is affected due to pain.
3. Ability to be able to enjoy your life.
4. Relationship with others is affected due to pain.
5. Household chores are restricted or limited due to pain.
6. Yard work is limited due to pain.
7. Walking distances is restricted due to pain.
8. Difficulty transferring from one seated position to another.
9. Difficulty transferring in and out of bed.
10. Pain interrupts restful and restorative sleep.
11. Difficulty transferring to and from the toilet due to pain.
12. Difficulty bathing in a normal fashion due to pain.
13. Difficulty grooming, such as combing your hair, brushing your teeth, etc.
14. Difficulty driving a vehicle.
15. Difficulty performing your daily job duties.
16. Difficulty staying seated for extended period of time.

REVIEW OF SYMPTOMS:

<u>Neurological:</u>	Headaches and Numbness/Tingling
<u>ENMT:</u>	Denies All
<u>Cardiovascular:</u>	Denies All
<u>Respiratory:</u>	Denies All
<u>Genitourinary:</u>	Erectile Dysfunction
<u>Eyes:</u>	Denies All
<u>Gastrointestinal:</u>	Constipation
<u>Constitutional:</u>	Fatigue and Weakness
<u>Integumentary:</u>	Denies All
<u>Allergic/Immunological:</u>	Denies All
<u>Psychiatric:</u>	Appetite Changes and Behavioral Changes
<u>Endocrine:</u>	Denies All

DIAGNOSIS:

Cervical
Cervical Spine Sprain / Strain
Muscle Spasms

Lumbar
Lumbar Spine Sprain / Strain
Muscle Spasms

Right Ankle
Right Ankle Sprain / Strain

TREATMENT TODAY:
Trigger Point Injection – Lumbar Spine

ORDERS:
MRI of the Cervical Spine, Lumbar Spine, and Right Ankle

PLAN OF CARE:

After assessment of this patient and based upon reasonable degree of medical certainty, it is my professional opinion that the injuries sustained are the result of this accident.

Trigger point injections were administered Lumbar spine on today's visit in an attempt to alleviate some focal pain that this patient is experiencing. Myofascial trigger points are focal "knot" located in taut bands of skeletal muscle. Trigger point injections are option for treating pain in some patients to help in reducing a pain generator. These injections are used to treat painful areas of muscle that knot up in the muscle fibers and do not relax. These knots are usually palpable and can cause irritation to nerves around them or cause referred pain. They also cause stiffness and decreased range of motion.

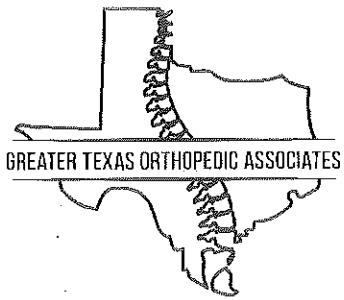
Trigger Point Injection – Lumbar Spine
Risks and benefits of this procedure was given to the patient.
Follow-up two weeks
Follow-up appointment scheduled

Sincerely,

James Slayton, D.O.

JLS/anc

Transcribed, not read - subject to dictation and transcription variance.



Greater Texas Orthopedic Associates

Neurosurgery ~ Orthopedics – Pain Management

10830 N. Central Expy, Ste. 300, Dallas, TX 75231

PH: 469-673-3064 F: 210-468-3702

Orthopedic Procedure Note

Date of Procedure: May 14, 2024
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Procedure Performed By: James Slayton, D.O.
NPI - 1649232976

PROCEDURE PERFORMED:

Trigger Point Injection @ Lumbar Right Paraspinal Muscle

Allergies: NKDA

JUSTIFICATION FOR PROCEDURE:

Lumbar pain.

PROCEDURE TECHNIQUE:

(TPI) Trigger Point Injection: Lumbar Right Paraspinal Muscle

Subjective Complaints: Acute and Pain.

Objective Complaints: Acute and Severe.

Palpable Findings: Muscle Pain.

Patient's Assessment: Patient had restricted ROM due to Muscle Spasm, Myositis - Acute, and Muscle Weakness.

Plan of Care: Follow-up medical evaluation in two weeks.

The patient was brought into the procedure room and placed on the exam table. The Lumbar Right Paraspinal Muscle region was prepped in the usual sterile fashion. A 5mL syringe consisting of 2mL of 1% Lidocaine HCl (10mg/mL) and 1mL Dexamethasone (10mg/mL) was prepared. Using a 25G x 1.5" needle, the total volume of fluid was injected into the Lumbar Right Paraspinal Muscle without difficulty. The patient tolerated the procedure well, without complications.

PRECAUTIONS: As with all injections, the patient was explained of all the potential benefits and risks of the injection process today. Prior to the injection, the patient was also told to call the office immediately if side effects take place; for example, if breathing problems take place after treatment, the patient should immediately go to an emergency room for evaluation. If a headache develops, the patient was instructed to call the office immediately. If the office is closed, the patient has been instructed to go to the nearest ER.

Adverse Reaction: None

Medication	Lot Number	Expiration Date
Lidocaine	HD8189	July 2025
Dexamethasone	3DS23020	February 2025

Discharge instructions were given to the patient.

Sincerely,

James Slayton, D.O.

JLS/anc

Transcribed, not read - subject to dictation and transcription variance.

Greater Texas Orthopedic Associates, PLLC
Disclosure & Consent - Medical Procedure

TO THE PATIENT: You have the right to be informed about 1) your condition, 2) the recommended medical care or surgical procedure, and 3) the risks related to this care/procedure. This disclosure is designed to provide you this information, so that you can decide whether to consent to receive this care/procedure. Please ask your physician/health care provider any remaining questions you have before signing this form.

Description of Medical Care and Surgical Procedure(s) I voluntarily request my physician/health care provider:

Donald Baxter, M.D. Yan Michael Li, M.D., PhD John Hall, D.O. James Slayton, D.O. Richard Weiner, MD, FACS, FAANS
 Angela Wright, FNP Paul Montano, OPA-C, SA-C and/or other health care providers, to treat my condition which is:

Cervical Discopathy Thoracic Discopathy Lumbar Discopathy

Left _____

Left _____

Right _____

Right _____

I understand that the following care/procedure(s) are planned for me:

Cervical Transforaminal ESI Intralaminar ESI Medial Branch Blocks

C1/C2 C2/3 C3/4 C4/5 C5/6 C6/C7 C7/T1

Thoracic Transforaminal ESI Intralaminar ESI Medial Branch Blocks

T1/2 T2/3 T3/4 T4/5 T5/6 T6/7 T7/8 T8/9 T9/10 T10/11 T11/12 T12/L1

Lumbar Transforaminal ESI Intralaminar ESI Medial Branch Blocks

L1/2 L2/3 L3/4 L4/5 L5/S1

Intra-Articular Joint Injection(s) @: Left Right _____ Left Right _____

Just as there may be risks and hazards to my health without treatment, there are also risks and hazards related to the care/procedure(s) planned for me. I understand that all care/procedure(s) involve some risks, ranging from minor to severe. These risks include infection, blood clots in veins, lungs or other organs, hemorrhage (severe bleeding), nerve damage, allergic reactions, heart attack, poor wound healing, and death. The chances of these occurring may be different for each patient based on the care/procedure(s) and the patient's current health.

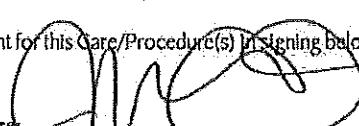
Potential Risks with Indicated Procedure: Increase in blood sugar, Increase in blood pressure, headaches, fever, facial flushing, temporary localized increase in pain, infection and bleeding at the injection site and/or deeper tissues or in the joint, bruising and/or soreness at the injection site, sleeplessness for a few days, anxiety, stomach ulcers. If fluoroscopy is used in the procedure there is a risk of skin injury (such as hair loss, burns and ulcers.)

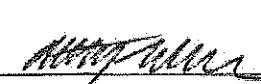
Peripheral and visceral nerve blocks and/or ablations have the risk of: failure to reduce pain or worsening of pain; bleeding; nerve damage including paralysis (inability to move; infection; damage to nearby organ or structure, or seizure.)

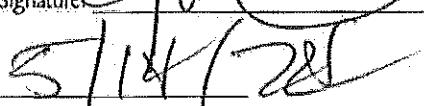
I further understand that side effects are to be reported immediately.

Potential for Additional Necessary Care/Procedure(s) I understand that during my care/procedure(s) my physician/health care provider may discover other conditions which require additional or different care/procedure(s) than originally planned. I authorize my physicians/health care providers to use their professional judgment to perform the additional or different care/procedure(s) they believe are needed.

Granting of Consent for this Care/Procedure(s) In signing below, I consent to the care/procedure(s) described above. I acknowledge the following:

Provider's Signature: 

Patient's Signature: 

Date: 

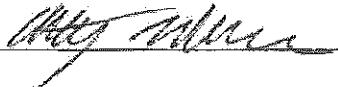
Disclosure & Consent Continued

- I understand this care/procedure(s) does not guarantee result or a cure to my condition.
- I have been given an opportunity to ask questions I may have about:
 1. Alternative forms of treatment.
 2. Risk of non-treatment.
 3. Steps that will occur during my care/procedure(s), and
 4. Risks and hazards involved in the care/procedure(s).
- I believe I have enough information to give this informed consent.
- I certify this form has been fully explained to me and the spaces that need to be completed, have been completed.
- Risks and hazards involved in the care/procedure(s).

If any of those statements are not true for you, please talk to your physician/health care provider before continuing.

Dated: 5-14-2024

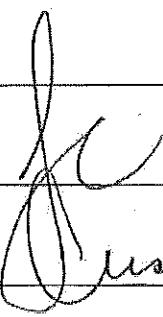
Patient Name Printed: Anthony Williams

Patient Signature: 

Minor Name Printed: _____

Minor Representative Name Printed: _____

Authorized Representative for Minor: _____

Witness Signature: 

Witness Name Printed: Julia Cleasby

Disclosure & Consent

Trigger Point Injection Treatment Sheet

Date: 5/14/24

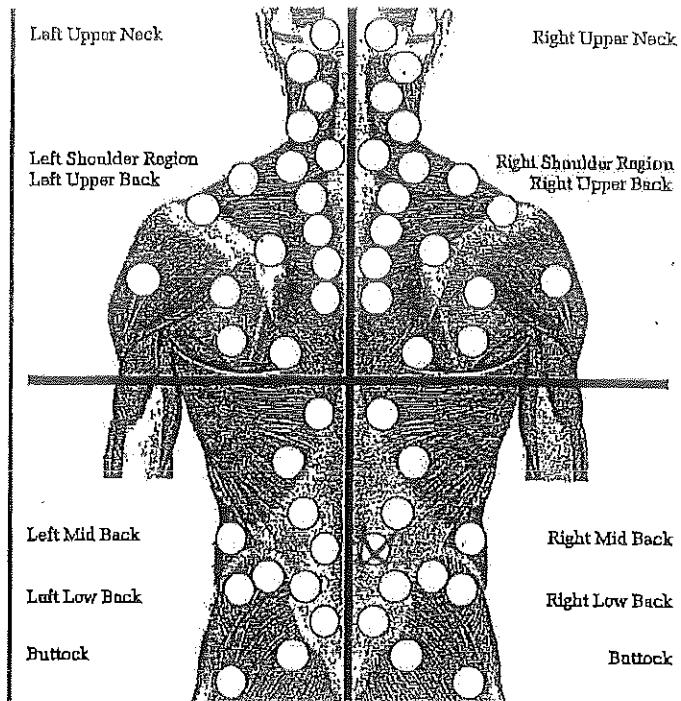
Patient Name: Williams, Anthony

History (ex. gradual - automobile accident (sharp & full)).

Diagnosis: back pain

Subjective Complaints

- | | | |
|--|-------------------|--|
| <input type="checkbox"/> acute <input type="checkbox"/> chronic | <u>cervical</u> | <input type="checkbox"/> pain <input type="checkbox"/> tenderness <input type="checkbox"/> swelling |
| <input type="checkbox"/> acute <input type="checkbox"/> chronic | <u>shoulder</u> | <input type="checkbox"/> pain <input type="checkbox"/> tenderness <input type="checkbox"/> swelling |
| <input type="checkbox"/> acute <input type="checkbox"/> chronic | <u>upper back</u> | <input type="checkbox"/> pain <input type="checkbox"/> tenderness <input type="checkbox"/> swelling |
| <input type="checkbox"/> acute <input type="checkbox"/> chronic | <u>mid back</u> | <input type="checkbox"/> pain <input type="checkbox"/> tenderness <input type="checkbox"/> swelling |
| <input checked="" type="checkbox"/> acute <input type="checkbox"/> chronic | <u>low back</u> | <input checked="" type="checkbox"/> pain <input type="checkbox"/> tenderness <input type="checkbox"/> swelling |
| <input type="checkbox"/> acute <input type="checkbox"/> chronic | <u>buttock</u> | <input type="checkbox"/> pain <input type="checkbox"/> tenderness <input type="checkbox"/> swelling |



Muscles Involved:
(check all that apply)

- Splenius Capitis Splenius Cervicis Levator Scapulae Rhomboide Major Rhomboide Minor Trapezius
 Supraspinatus Deltoid Infraspinatus Fascia Rhomboide Teres Minor Teres Major Abdominal
 Latissium Dorsi Thoracolumbar Fascia Gluteus Minimus Gluteus Medius Gluteus Maximus
 Paraspinal Muscles C T A1 Other _____

Objective Complaints

- | | | |
|--|-------------------|---|
| <input type="checkbox"/> acute <input type="checkbox"/> chronic | <u>cervical</u> | <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> very severe |
| <input type="checkbox"/> acute <input type="checkbox"/> chronic | <u>shoulder</u> | <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> very severe |
| <input type="checkbox"/> acute <input type="checkbox"/> chronic | <u>upper back</u> | <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> very severe |
| <input type="checkbox"/> acute <input type="checkbox"/> chronic | <u>mid back</u> | <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> very severe |
| <input checked="" type="checkbox"/> acute <input type="checkbox"/> chronic | <u>low back</u> | <input type="checkbox"/> mild <input type="checkbox"/> moderate <input checked="" type="checkbox"/> severe <input type="checkbox"/> very severe |
| <input type="checkbox"/> acute <input type="checkbox"/> chronic | <u>buttock</u> | <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> severe <input type="checkbox"/> very severe |

Palpable Findings

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Ligament Pain | <input type="checkbox"/> Tendon Pain | <input type="checkbox"/> Muscle Pain |
| <input type="checkbox"/> Ligament Pain | <input type="checkbox"/> Tendon Pain | <input type="checkbox"/> Muscle Pain |
| <input type="checkbox"/> Ligament Pain | <input type="checkbox"/> Tendon Pain | <input type="checkbox"/> Muscle Pain |
| <input type="checkbox"/> Ligament Pain | <input type="checkbox"/> Tendon Pain | <input type="checkbox"/> Muscle Pain |
| <input type="checkbox"/> Ligament Pain | <input type="checkbox"/> Tendon Pain | <input checked="" type="checkbox"/> Muscle Pain |
| <input type="checkbox"/> Ligament Pain | <input type="checkbox"/> Tendon Pain | <input type="checkbox"/> Muscle Pain |

Patient's Assessment

Patient had restricted ROM due to Spasms.

Myositis - Acute Chronic

Muscle Weakness @ Lumbar

Parasthesia @ _____

Patient's Plan of Care

Follow up medical evaluation on 2 weeks (date)

Therapy - _____ x's per week for _____ weeks

Rehabilitation - _____ x's per week for _____ weeks

Strengthen weak area, increase function and improve patient's ADL.

Trigger Point Injections

A $\frac{1}{2}$ inch 25 gauge needle was used to perform the injections.

Benefits and risks were discussed with the patient.

"Prior" Trigger Point Injections

Were _____ % effective in reducing the patient's pain.

Write the percentage relief from symptoms the patient received.

Signature: [Signature]

Greater Texas Orthopedic Associates, PLLC - 10830 North Central Expressway, Suite 300
 Dallas, TX 75231
 469-673-3064 (phone)
 469-589-6472 (fax)

Patient Name: Williams; Anthony
 Patient Phone: 214-842-4909

Date: 5-14-24
 Birth Date: 3-28-24

Diagnostic Referral & Physical Therapy Orders (PT - Evaluate & Treat)

Brain	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray	PT Orders
Cervical	<input type="checkbox"/> MRI <input checked="" type="checkbox"/> OCT <input type="checkbox"/> X-Ray <input type="checkbox"/> with contrast <u>S13.4XXA</u>	<input type="checkbox"/>
Thoracic	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast <u>S23.3XXA</u>	<input type="checkbox"/>
Lumbar	<input type="checkbox"/> MRI <input checked="" type="checkbox"/> OCT <input type="checkbox"/> X-Ray <input type="checkbox"/> with contrast <u>S33.5XXA</u>	<input type="checkbox"/>

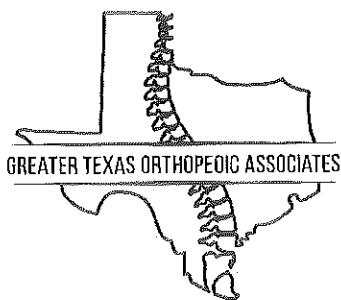
<input type="checkbox"/> Left <input type="checkbox"/> Right	Shoulder	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$43.402A Right \$43.401A	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Biceps / Humerus	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$46.912A Right \$46.911A	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Forearm	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$46.312A Right \$43.311A	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Elbow	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$53.402A Right \$53.401A	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Wrist	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$63.8X2D Right \$63.9IXA	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Hand	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$63.8X2D Right \$66.911A	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Hip	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$73.102A Right \$73.101A	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Thigh	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$86.912A Right \$86.911A	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Calf	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$86.912A Right \$86.911A	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Knee	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$83.92XA Right \$83.91XA	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Ankle	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$93.422A Right \$93.421A	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	Foot	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left \$93.602A Right \$93.601A	<input type="checkbox"/>
<input type="checkbox"/> Left <input type="checkbox"/> Right	other	<input type="checkbox"/> MRI <input type="checkbox"/> OCT <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> with contrast	Left _____ Right _____	<input type="checkbox"/>

Yan Michael Li, M.D., PhD _____ NPI: 1932363843

Richard Weiner, M.D. _____ NPI: 1093701872

James Slayton, D.O. _____ NPI: 1649232976

Robert Hein M.D. _____ NPI: 1215148838



Greater Texas Orthopedic Associates
Neurosurgery – Orthopedics – Pain Management
10830 N. Central Expy, Ste. 300, Dallas, TX 75231
PH 469-673-3064 F: 469-673-3065

Follow-Up Evaluation

Date of Evaluation: May 30, 2024
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Date of Injury: March 28, 2024
Provider: Robert Hein, M.D.
NPI#: 1215148838

HISTORY OF ACCIDENT:

The patient presents today with injuries sustained in a trip and fall.

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5'8" Weight: 165.0 lbs Temperature: 98.4°
Blood Pressure: 130/78 Pulse: 60

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Respirations - 17. Lung sounds – non-contributory.
Bowel sounds – non-contributory.

Allergies: NKDA

SYMPTOMS:

The patient presents today with complaints of Headaches, Cervical, Left Lower Arm, Left Elbow, Left Wrist, Left Hand, Left Finger, Thoracic, Lumbar, Right Ankle, and Right Foot pain.

CERVICAL EXAM:

Cervical Pain

Range of Motion: Passive ROM with pain.

Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion.

Palpable Pain and/or Tenderness: Present @ C5/6 and C6/7.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Cervical Compression Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Goal: Reduction in overall pain. Reduction of muscle spasms and pain associated with spasms.

Treatment: The patient did not receive treatment to the cervical spine.

LUMBAR EXAM:

Lumbar Pain

Range of Motion: Passive ROM with pain.

Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion.

Palpable Pain and/or Tenderness: Present @ L3/4 and L4/5.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Kemp Test Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Goal: Reduction in overall pain. Reduction of muscle spasms and pain associated with spasms.

Treatment: MBBs @ Right L3/4 were performed on today's visits.

The patient tolerated the procedure well.

Adverse Reaction during the procedure, none noted.

RIGHT ANKLE EXAM:

Right Ankle Pain

Range of Motion: Passive ROM with pain.

Goal: Reduction in overall ankle pain. Functional improvement of the ankle.

Treatment: The patient did not receive treatment to the ankle.

MEDICATION(S):

Cyclobenzaprine 10mg

Ibuprofen 800mg

PAIN MEDICATION(S):

The patient noted the pain medication(s) (Ibuprofen 800mg and Cyclobenzaprine 10mg) did help alleviate symptom(s).

EFFECTIVENESS OF PRIOR INJECTION(S):

1. The injection(s) were effective in helping to alleviate some of the patient's pain.

PRIOR TREATMENT FOR THIS INJURY:

Date of Procedure: May 14, 2024

Trigger Point Injection @ Lumbar Right Paraspinal Muscle

Adverse reaction to previous treatment: None

ACTIVITIES THAT INCREASE PAIN:

The patient states the following activities increase pain: Walking, hoisting, twisting, swiveling his head, bending over, intercourse, and stooping.

WHAT DECREASES THE PAIN:

The patient states the following activities decreases pain: Lying down.

DIAGNOSIS:

Cervical

Cervical Spine Disc Disorder with Radiculitis

Cervical Spinal Stenosis

Muscle Spasms

Diagnosis (Continued)

Lumbar

Lumbar Spine Disc Disorder with Radiculitis
Lumbosacral Spine Disc Disorder with Radiculitis
Lumbar Spinal Stenosis
Lumbosacral Spinal Stenosis
Muscle Spasms

Right Ankle

Right Ankle Sprain / Strain

MRI:

MRI Cervical Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Cervical Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Lumbar Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Lumbar Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Ankle Right without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Ankle Right MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

TREATMENT TODAY:

Medial Branch Block Injection – Lumbar Spine

PLAN OF CARE:

Medial branch blocks for facet pain. Facet joints are the small joints located between each vertebra that provide the spine both stability and flexibility. There are the motion joints in your spine that allow for movement between vertebra and the medial nerves run through the facet joints. Facet syndrome can occur when one or more of these joints become inflamed or irritated. Medial branch blocks are spinal injections that temporarily block the sensory nerve supply to the involved facet. When one or more of the facet joints become inflamed or irritated, medical branch blocks can be used to independently provide long term relief. Facet injections are mostly a diagnostic tool to determine if the cause of your pain is coming from your facets. If the pain goes away after injection, then the pain the patient is experiencing is not being generated from your facets. If the pain goes away and comes back, this is likely facet joint problems.

Due to the acute trauma sustained by this patient, their objective findings, and orthopedic findings, as well as the patient's MRI findings, medical justification has been established for an medial branch block injection of the Lumbar spine. The patient was treated today and will be scheduled in two weeks for a follow-up visit.

Medial Branch Block Injection – Lumbar Spine

Risks and benefits of this procedure was given to the patient.

Follow-up two weeks

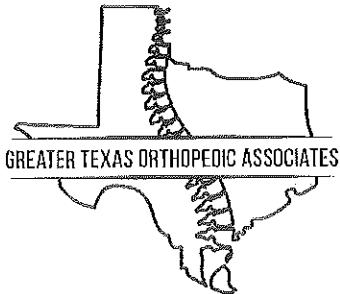
Follow-up appointment scheduled

Respectfully,

Robert Hein, M.D.

RH/anc

Transcribed, not read - subject to dictation and transcription variance.



Greater Texas Orthopedic Associates
Neurosurgery - Orthopedics - Pain Management
10830 N. Central Expy, Ste. 300, Dallas, TX 75231
PH 469-673-3064 F: 469-673-3065

Follow-Up Procedure Note

Date of Procedure: May 30, 2024
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Procedure Performed By: Robert Hein, M.D.
NPI#: 1215148838

PROCEDURE PERFORMED:

Medial Branch Block Injection @ Lumbar Right L3/4

Allergies: NKDA

JUSTIFICATION FOR PROCEDURE:

Lumbar pain.

PROCEDURE TECHNIQUE:**Lumbar Medial Branch Block - Right L3/4**

Lying in a prone position, the patient was prepped and draped in the usual sterile fashion. Each site was identified under fluoroscopy. The patient then had 10mL of 1% Lidocaine HCl (10mg/mL) was injected into subcutaneous tissue for anesthetic reasons. The patient tolerated this well.

The 25G x 3.5" needle was advanced to the anatomic location of each medial branch at the junction of the superior articular process and transverse process utilizing intermittent fluoroscopy. There were no signs of blood or cerebrospinal fluid on gentle aspiration.

After correct needle placement, a solution of 4mL of 0.25% Marcaine (2.5mg/mL) and 1mL of Kenalog (60mg/mL) was injected to the appropriate levels. This is to include the **Right L3/4**. The patient tolerated the injections well and was told to ice the back tonight for about 15 minutes.

PRECAUTIONS: As with all injections, the patient was explained of all the potential benefits and risks of the injection process today. Prior to the injection, the patient was also told to call the office immediately if side effects take place; for example, if breathing problems take place after treatment, the patient should immediately go to an emergency room for evaluation. If a headache develops, the patient was instructed to call the office immediately. If the office is closed, the patient has been instructed to go to the nearest ER.

Adverse Reaction: None

Post Vitals: BP 139/91 Pulse 57

Medication	Lot Number	Expiration Date
Lidocaine KIT	AE3034	April 2026
Kenalog	121120239173336	June 2024
Marcaine	HF9939	May 2025

Discharge instructions were given to the patient.

Sincerely,

Robert Hein, M.D.
RH/anc
Transcribed, not read -subject to dictation and transcription variance.

Greater Texas Orthopedic Associates, PLLC
Disclosure & Consent - Medical Procedure

TO THE PATIENT: You have the right to be informed about 1) your condition, 2) the recommended medical care or surgical procedure, and 3) the risks related to this care/procedure. This disclosure is designed to provide you this information, so that you can decide whether to consent to receive this care/procedure. Please ask your physician/health care provider any remaining questions you have before signing this form.

Description of Medical Care and Surgical Procedure(s) I voluntarily request my physician/health care provider:

- Donald Baxter, M.D. Yan Michael Li, M.D., PhD John Hall, D.O. James Slayton, D.O. Richard Welner, MD, FACS, FAANS.
 Paul Montano, OPA-C, SA-C, Robert Helm, M.D. and/or other health care providers, to treat my condition which is:
 Cervical Discopathy Thoracic Discopathy Lumbar Discopathy

Left _____

Left _____

Right _____

Right _____

I understand that the following care/procedure(s) are planned for me:

Cervical Transforaminal ESI Intralaminar ESI Medial Branch Blocks
C1/C2 C2/3 C3/4 C4/5 C5/6 C6/C7 C7/T1

Thoracic Transforaminal ESI Intralaminar ESI Medial Branch Blocks
T1/2 T2/3 T3/4 T4/S T5/6 T6/7 T7/8 T8/9 T9/10 T10/L1 T11/L2 T12/L1

Lumbar Transforaminal ESI Intralaminar ESI Medial Branch Blocks
L1/2 L2/3 L3/4 L4/5 L5/6 LS/S1

33, Lef, R, Medial Branch

Intra-Articular Joint Injection(s) @: Left Right Left Right

Just as there may be risks and hazards to my health without treatment, there are also risks and hazards related to the care/procedure(s) planned for me. I understand that all care/procedure(s) involve some risks, ranging from minor to severe. These risks include infection, blood clots in veins, lungs or other organs, hemorrhage (severe bleeding), nerve damage, allergic reactions, heart attack, poor wound healing, and death. The chances of these occurring may be different for each patient based on the care/procedure(s) and the patient's current health.

Potential Risks with Indicated Procedure: Increase in blood sugar, increase in blood pressure, headaches, fever, facial flushing, temporary localized increase in pain, infection and bleeding at the injection site and/or deeper tissues or in the joint, bruising and/or soreness at the injection site, sleeplessness for a few days, anxiety, stomach ulcers. If fluoroscopy is used in the procedure there is a risk of skin injury (such as hair loss, burns and ulcers.)

Peripheral and visceral nerve blocks and/or ablations have the risk of: failure to reduce pain or worsening of pain; bleeding; nerve damage including paralysis (inability to move; infection; damage to nearby organ or structure, or seizure.)

I further understand that side effects are to be reported immediately.

Potential for Additional Necessary Care/Procedure(s) I understand that during my care/procedure(s) my physician/health care provider may discover other conditions which require additional or different care/procedure(s) than originally planned. I authorize my physicians/health care providers to use their professional judgment to perform the additional or different care/procedure(s) they believe are needed.

Granting of Consent for this Care/Procedure(s) In signing below, I consent to the care/procedure(s) described above. I acknowledge the following:

Provider's Signature: [Signature]

Patient's Signature: [Signature]

Date: _____
Disclosure & Consent Continued

- I understand this care/procedure(s) does not guarantee result or a cure to my condition.
- I have been given an opportunity to ask questions I may have about:

1. Alternative forms of treatment.
2. Risk of non-treatment.
3. Steps that will occur during my care/procedure(s), and
4. Risks and hazards involved in the care/procedure(s).

- I believe I have enough information to give this informed consent.
- I certify this form has been fully explained to me and the spaces that need to be completed, have been completed.
- Risks and hazards involved in the care/procedure(s).

If any of those statements are not true for you, please talk to your physician/health care provider before continuing.

Dated: 5-30-24

Patient Name Printed: Anthony Williams

Patient Signature: Anthony Williams

Minor Name Printed: _____

Minor Representative Name Printed: _____

Authorized Representative for Minor: J

Witness Signature: Julia C.

Witness Name Printed: Julia C.

Disclosure & Consent

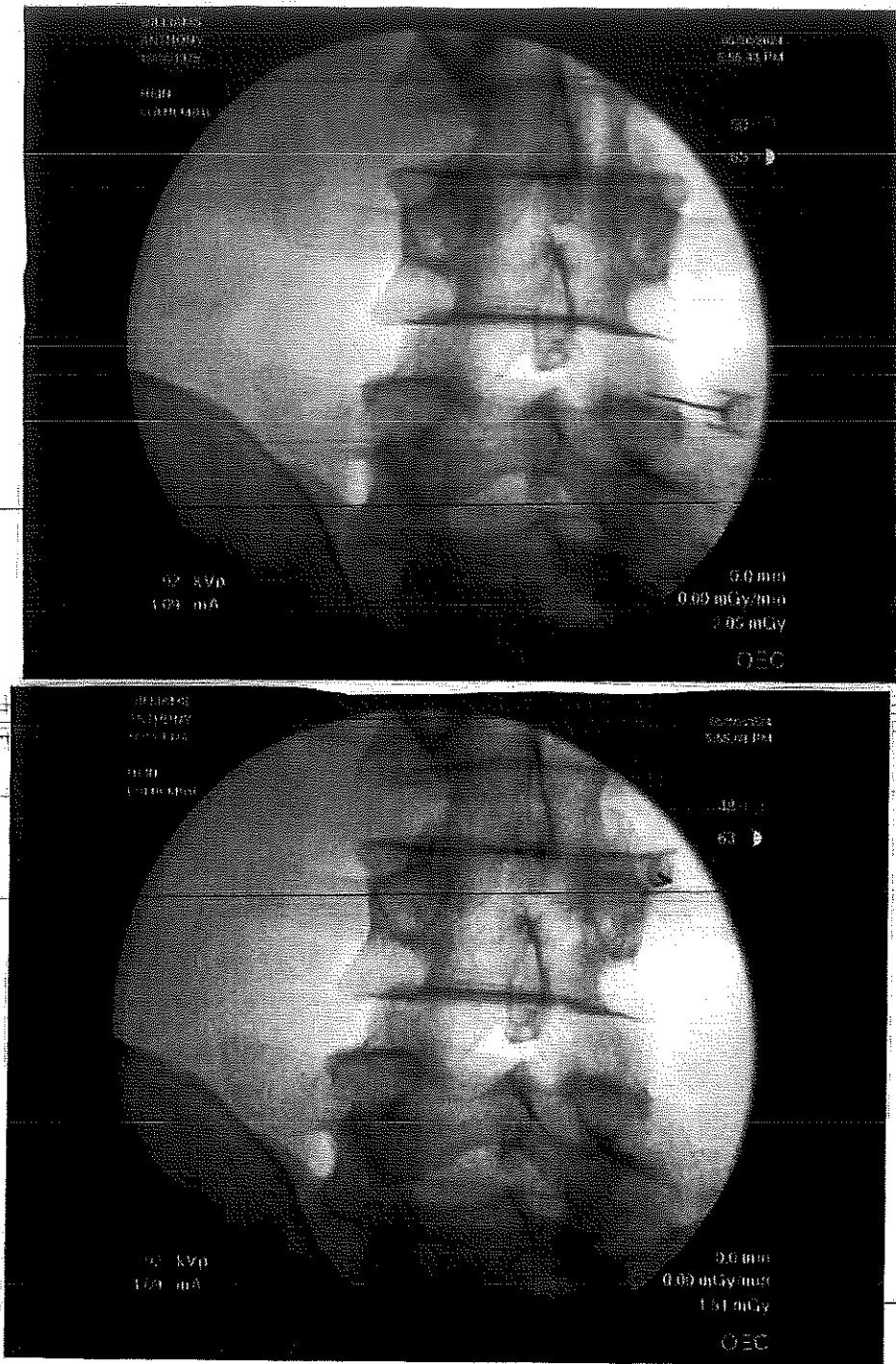
Fluoroscopy Image(s)

Patient Name:

Williams, Anthony

Date:

5.30.24



Fluoroscopy Image(s)

5:30:24

Patient Name: Williams, Anthony

Date: 5:30:24 EMR

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Greater TX Orthopedic Assoc

Reorder #: 18134 22g Cervical Epidural Tray

COMPONENT:	Qty Per Tray
22G x 3.5" Tuohy Reil Brand RW	1
7ml Medline Plastic LOR L/S	1
18g x 1.5" Hypo Needle	1
25G X 1.5" Hypo needle	1
3ml Plastic Syringe LL	1
5ml Plastic Syringe LL	1
10ml Plastic Syringe LL	1
Lidocaine 1%, 5ml Ampule	2
Lidocaine Insert - 1 per Case	0
Sodium Chloride .9%, 10ml Amp	1
Clear Drape 4" Fenestration	1
Chloraprep 3ml Tinted	1
Chloraprep Insert - 1 Per Case	0
Standard component tray	1
10" x 15" Tray Pouch	1
30 X 30 Poly Wrap White	1



USE BY:
2026-04-12



Rx Only



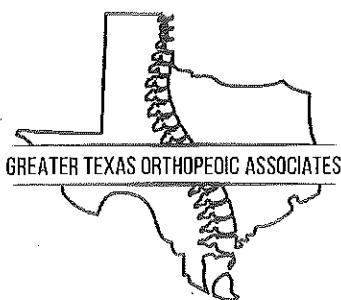
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Greater Texas Orthopedic Associates
Neurosurgery – Orthopedics – Pain Management
10830 N. Central Expy, Ste. 300, Dallas, TX 75231
PH: 469-673-3064 F: 469-673-3065

Follow-Up Evaluation

Date of Evaluation: June 13, 2024
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Date of Injury: March 28, 2024
Provider: Robert Hein, M.D.
NPI#: 1215148838

HISTORY OF ACCIDENT:

The patient presents today with injuries sustained in a trip and fall.

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5'8" Weight: 163.0 lbs Temperature: 98.1°
Blood Pressure: 122/79 Pulse: 69

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Respirations - 17. Lung sounds – non-contributory.
Bowel sounds – non-contributory.

Allergies: NKDA

SYMPTOMS:

The patient presents today with complaints of Headaches, Cervical, Left Lower Arm, Left Wrist, Left Hand, Lumbar, and Right Ankle pain.

CERVICAL EXAM:

Cervical Pain

Range of Motion: Passive ROM with pain.

Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Cervical Compression Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Goal: Reduction in overall pain. Reduction of muscle spasms and pain associated with spasms.

Treatment: The patient did not receive treatment to the cervical spine.

LUMBAR EXAM:

Lumbar Pain

Range of Motion: Passive ROM with pain.

Lumbar Exam (Continued)

Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion.

Palpable Pain and/or Tenderness: Present @ L3/4.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Kemp Test Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Prior Treatment: The patient received temporary to some relief with previous injection.

Goal: Reduction in overall pain. Reduction of muscle spasms and pain associated with spasms.

Treatment: Relief was noted from the patient's previous Medial Branch Block injection.

Treatment: MBBs @ Right L3/4 were performed on today's visits.

The patient tolerated the procedure well.

Adverse Reaction during the procedure, none noted.

RIGHT ANKLE EXAM:

Right Ankle Pain

Range of Motion: Passive ROM with pain.

Goal: Reduction in overall ankle pain. Functional improvement of the ankle.

Treatment: The patient did not receive treatment to the ankle.

MEDICATION(S):

Cyclobenzaprine 10mg

Ibuprofen 800mg

PAIN MEDICATION(S):

The patient noted the pain medication(s) (Ibuprofen 800mg and Cyclobenzaprine 10mg) did not help alleviate symptom(s).

EFFECTIVENESS OF PRIOR INJECTION(S):

1. The injection(s) were effective in helping to alleviate some of the patient's pain.

PRIOR TREATMENT FOR THIS INJURY:

Date of Procedure: May 30, 2024

Medial Branch Block Injection @ Lumbar Right L3/4

Adverse reaction to previous treatment: None

ACTIVITIES THAT INCREASE PAIN:

The patient states the following activities increase pain: Walking, hoisting, stooping, twisting, rotating his head, grasping, and squeezing.

WHAT DECREASES THE PAIN:

The patient states the following activities decreases pain: Lying down.

DIAGNOSIS:

Cervical

Cervical Spine Disc Disorder with Radiculitis

Cervical Spinal Stenosis

Muscle Spasms

Diagnosis (Continued)

Lumbar

Lumbar Spine Disc Disorder with Radiculitis
Lumbosacral Spine Disc Disorder with Radiculitis
Lumbar Spinal Stenosis
Lumbosacral Spinal Stenosis
Muscle Spasms

Right Ankle

Right Ankle Sprain / Strain

MRI:

MRI Cervical Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Cervical Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Lumbar Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Lumbar Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Ankle Right without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Ankle Right MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

TREATMENT TODAY:

Medial Branch Block Injection – Lumbar Spine

PLAN OF CARE:

Medial branch blocks for facet pain. Facet joints are the small joints located between each vertebra that provide the spine both stability and flexibility. There are the motion joints in your spine that allow for movement between vertebra and the medial nerves run through the facet joints. Facet syndrome can occur when one or more of these joints become inflamed or irritated. Medial branch blocks are spinal injections that temporarily block the sensory nerve supply to the involved facet. When one or more of the facet joints become inflamed or irritated, medical branch blocks can be used to independently provide long term relief. Facet injections are mostly a diagnostic tool to determine if the cause of your pain is coming from your facets. If the pain goes away after injection, then the pain the patient is experiencing is not being generated from your facets. If the pain goes away and comes back, this is likely facet joint problems.

Due to the acute trauma sustained by this patient, their objective findings, and orthopedic findings, as well as the patient's MRI findings, medical justification has been established for an medial branch block injection of the Lumbar spine. The patient was treated today and will be scheduled in two weeks for a follow-up visit.

I recommend a Rhizotomy to the Lumbar Spine at Right L3/4.

Medial Branch Block Injection – Lumbar Spine

Risks and benefits of this procedure was given to the patient.

Follow-up four weeks

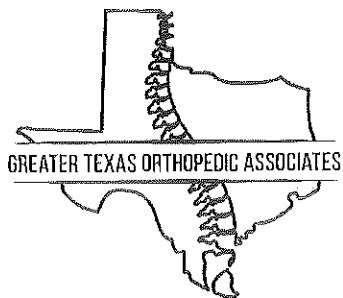
Follow-up appointment scheduled

Respectfully,

Robert Hein, M.D.

RH/anc

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Greater Texas Orthopedic Associates
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10830 N Central Expy, Ste. 300, Dallas, TX 75231
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Follow-Up Procedure Note

Date of Procedure: June 13, 2024
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Procedure Performed By: Robert Hein, M.D.
NPI#: 1215148838

PROCEDURE PERFORMED:

Medial Branch Block Injection @ Lumbar Right L3/4

Allergies: NKDA

JUSTIFICATION FOR PROCEDURE:

Lumbar pain.

PROCEDURE TECHNIQUE:**Lumbar Medial Branch Block – Right L3/4**

Lying in a prone position, the patient was prepped and draped in the usual sterile fashion. Each site was identified under fluoroscopy. The patient then had 10mL of 1% Lidocaine HCl (10mg/mL) was injected into subcutaneous tissue for anesthetic reasons. The patient tolerated this well.

The 25G x 3.5" needle was advanced to the anatomic location of each medial branch at the junction of the superior articular process and transverse process utilizing intermittent fluoroscopy. There were no signs of blood or cerebrospinal fluid on gentle aspiration.

After correct needle placement, a solution of 4mL of 0.25% Marcaine (2.5mg/mL) and 1mL of Kenalog (60mg/mL) was injected to the appropriate levels. This is to include the **Right L3/4**. The patient tolerated the injections well and was told to ice the back tonight for about 15 minutes.

PRECAUTIONS: As with all injections, the patient was explained of all the potential benefits and risks of the injection process today. Prior to the injection, the patient was also told to call the office immediately if side effects take place; for example, if breathing problems take place after treatment, the patient should immediately go to an emergency room for evaluation. If a headache develops, the patient was instructed to call the office immediately. If the office is closed, the patient has been instructed to go to the nearest ER.

Adverse Reaction: None

Post Vitals: BP 136/80 Pulse 67

Medication	Lot Number	Expiration Date
Lidocaine KIT	AE3034	April 2026
Kenalog	12222023917338	June 2024
Marcaine	2329206	May 2025

Discharge instructions were given to the patient.

Sincerely,

Robert Hein, M.D.
RH/anc
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Greater Texas Orthopedic Associates, PLLC

Disclosure & Consent - Medical Procedure

TO THE PATIENT: You have the right to be informed about 1) your condition, 2) the recommended medical care or surgical procedure, and 3) the risks related to this care/procedure. This disclosure is designed to provide you this information, so that you can decide whether to consent to receive this care/procedure. Please ask your physician/health care provider any remaining questions you have before signing this form.

Description of Medical Care and Surgical Procedure(s) I voluntarily request my physician/health care provider:

- Donald Baxter, M.D. Yan Michael Li, M.D., PhD John Hall, D.O. James Slayton, D.O. Richard Weiner, MD, FACS, FAANS,
 Paul Montano, OPA-C, SA-C. Robert Helm, M.D. and/or other health care providers, to treat my condition which is:

Cervical Discopathy Thoracic Discopathy Lumbar Discopathy

Left _____

Left _____

Right _____

Right _____

I understand that the following care/procedure(s) are planned for me:

Cervical

- Transforaminal ESI Intralaminar ESI Medial Branch Blocks
C1/C2 C2/3 C3/4 C4/5 C5/6 C6/C7 C7/T1

Thoracic

- Transforaminal ESI Intralaminar ESI Medial Branch Blocks
T1/2 T2/3 T3/4 T4/5 T5/6 T6/7 T7/8 T8/9 T9/10 T10/11 T11/12 T12/L1

Lumbar

- Transforaminal ESI Intralaminar ESI Medial Branch Blocks
L1/2 L2/3 L3/4 L4/5 L5/S1 *(B) PT*

Intra-Articular Joint Injection(s) @: Left Right _____

Left Right _____

Just as there may be risks and hazards to my health without treatment, there are also risks and hazards related to the care/procedure(s) planned for me. I understand that all care/procedure(s) involve some risks, ranging from minor to severe. These risks include infection, blood clots in veins, lungs or other organs, hemorrhage (severe bleeding), nerve damage, allergic reactions, heart attack, poor wound healing, and death. The chances of these occurring may be different for each patient based on the care/procedure(s) and the patient's current health.

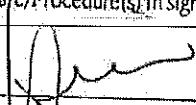
Potential Risks with Indicated Procedure: Increase in blood sugar, increase in blood pressure, headaches, fever, facial flushing, temporary localized increase in pain, infection and bleeding at the injection site and/or deeper tissues or in the joint, bruising and/or soreness at the injection site, sleeplessness for a few days, anxiety, stomach ulcers. If fluoroscopy is used in the procedure there is a risk of skin injury (such as hair loss, burns and ulcers.)

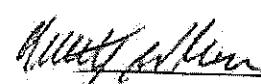
Peripheral and visceral nerve blocks and/or ablations have the risk of: failure to reduce pain or worsening of pain; bleeding; nerve damage including paralysis (inability to move; infection; damage to nearby organ or structure, or seizure).

I further understand that side effects are to be reported immediately.

Potential for Additional Necessary Care/Procedure(s): I understand that during my care/procedure(s) my physician/health care provider may discover other conditions which require additional or different care/procedure(s) than originally planned. I authorize my physicians/health care providers to use their professional judgment to perform the additional or different care/procedure(s) they believe are needed.

Granting of Consent for this Care/Procedure(s): In signing below, I consent to the care/procedure(s) described above. I acknowledge the following:

Provider's Signature: 

Patient's Signature: 

Date: 6-13-24

Disclosure & Consent Continued

- I understand this care/procedure(s) does not guarantee result or a cure to my condition.
- I have been given an opportunity to ask questions I may have about:

1. Alternative forms of treatment.
2. Risk of non-treatment.
3. Steps that will occur during my care/procedure(s), and
4. Risks and hazards involved in the care/procedure(s).

- I believe I have enough information to give this Informed consent.
- I certify this form has been fully explained to me and the spaces that need to be completed, have been completed.
- Risks and hazards involved in the care/procedure(s).

If any of those statements are not true for you, please talk to your physician/health care provider before continuing.

Dated: 6-13-24

Patient Name Printed: Anthony Williams

Patient Signature: Anthony Williams

Minor Name Printed: _____

Minor Representative Name Printed: _____

Authorized Representative for Minor: JHC

Witness Signature: JHC

Witness Name Printed: JHC

Disclosure & Consent

Fluoroscopy Image(s)

Patient Name: WILLIAMS, Anthony Date: 6-13-24

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Reorder #: 18134 22g Cervical Epidural Tray

COMPONENT:

	<u>NUMBER</u>	Qty Per Tray
22G x 3.5" Tugy Reli Brand RW	1	
7ml Medline Plastic LOR/L/S	1	
18g x 1.5" Hypo Needle	1	
25G X 1.5" Hypo needle	1	
3ml Plastic Syringe LL	1	
5ml Plastic Syringe LL	1	
10ml Plastic Syringe LL	1	
Lidocaine 1%, 5ml Ampule	2	
Lidocaine-Insert - 1 per Case	0	
Sodium Chloride 9%, 10ml Amp	1	
Clear Drape 4" Fenestration	1	
Chloraprep 3ml Tinted	1	
Chloraprep Insert - 1 Per Case	0	
Standard component tray	1	
10" x 15" Tray Pouch	1	
30 X 30 Poly Wrap White	1	

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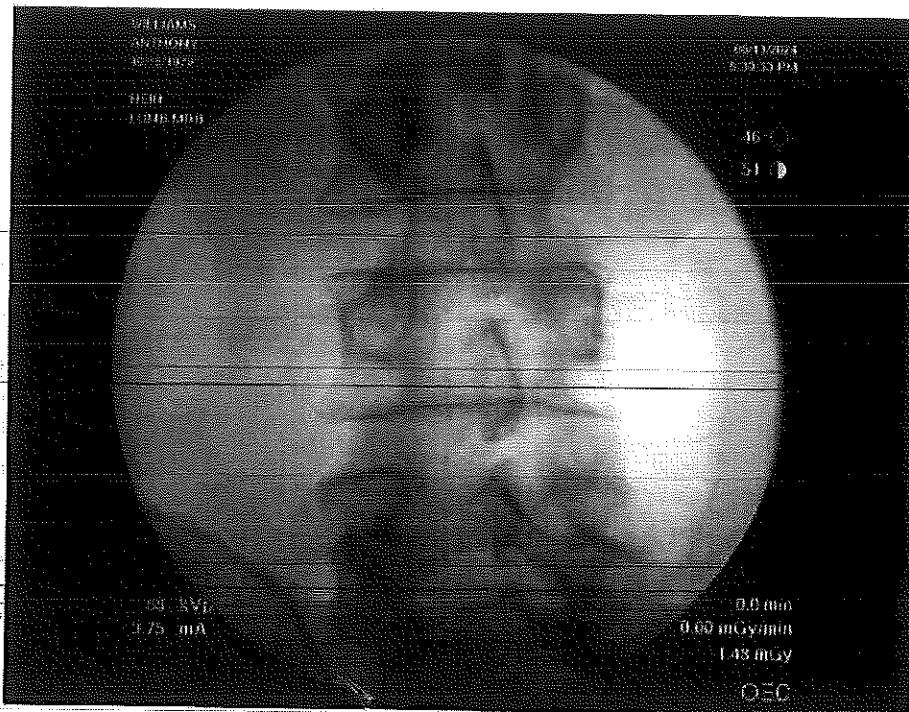
Fluoroscopy Image(s)

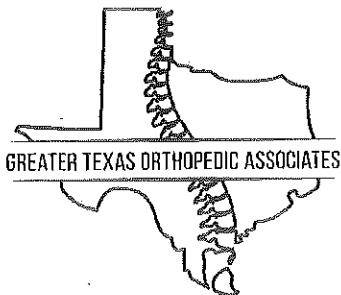
Patient Name:

WILLIAMS, ANTHONY

Date:

10-13-24





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Neurosurgery – Orthopedics – Pain Management
10830 N. Central Expy, Ste. 300, Dallas, TX 75231
PH: 469-673-3064 F: 469-673-3065

Follow-Up Evaluation

Date of Evaluation: July 11, 2024
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Date of Injury: March 28, 2024
Provider: Robert Hein, M.D.
NPI#: 1215148838

HISTORY OF ACCIDENT:

The patient presents today with injuries sustained in a trip and fall.

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5'8" Weight: 160.6 lbs Temperature: 98.2°
Blood Pressure: 132/80 Pulse: 100

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Respirations - 17. Lung sounds – non-contributory.
Bowel sounds – non-contributory.

Allergies: NKDA

SYMPTOMS:

The patient presents today with complaints of Cervical, Lumbar, and Right Ankle pain.

CERVICAL EXAM:

Cervical Pain

Range of Motion: Passive ROM with pain.

Muscle guarding was present.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Cervical Compression Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Goal: Reduction in overall pain.

Treatment: The patient did not receive treatment to the cervical spine.

LUMBAR EXAM:

Lumbar Pain

Range of Motion: Passive ROM with pain.

Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion.

Lumbar Exam (Continued)

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Kemp Test Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Prior Treatment: The patient received temporary to some relief with previous injection.

Goal: Reduction in overall pain. Reduction of muscle spasms and pain associated with spasms.

Treatment: The patient did not receive treatment to the lumbar spine.

RIGHT ANKLE EXAM:

Right Ankle Pain

Range of Motion: Passive ROM with pain.

Goal: Reduction in overall ankle pain.

Treatment: The patient did not receive treatment to the ankle.

MEDICATION(S):

Cyclobenzaprine 10mg

Ibuprofen 800mg

PAIN MEDICATION(S):

The patient noted the pain medication(s) (Ibuprofen 800mg and Cyclobenzaprine 10mg) did help alleviate symptom(s).

EFFECTIVENESS OF PRIOR INJECTION(S):

1. The injection(s) were effective in helping to alleviate some of the patient's pain.

PRIOR TREATMENT FOR THIS INJURY:

Date of Procedure: May 30, 2024

#2 Medial Branch Block Injection @ Lumbar Right L3/4

Adverse reaction to previous treatment: None

ACTIVITIES THAT INCREASE PAIN:

The patient states the following activities increase pain: Walking, hoisting, twisting, moving his neck, and bending over.

WHAT DECREASES THE PAIN:

The patient states the following activities decreases pain: Lying down.

DIAGNOSIS:

Cervical

Cervical Spine Disc Disorder with Radiculitis

Cervical Spinal Stenosis

Muscle Spasms

Lumbar

Lumbar Spine Disc Disorder with Radiculitis

Lumbosacral Spine Disc Disorder with Radiculitis

Lumbar Spinal Stenosis

Lumbosacral Spinal Stenosis

Muscle Spasms

Diagnosis (Continued)

Right Ankle

Right Ankle Sprain / Strain

MRI:

MRI Cervical Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Cervical Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Lumbar Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Lumbar Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Ankle Right without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Ankle Right MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

PLAN OF CARE:

I recommend a Rhizotomy to the Lumbar Spine at Right L4/5.

Follow-up four weeks

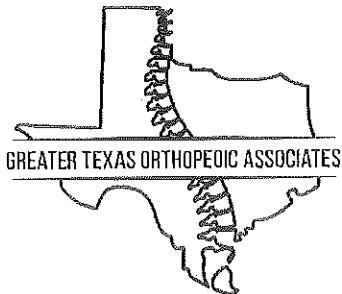
Follow-up appointment scheduled

Respectfully,

Robert Hein, M.D.

RH/anc

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Greater Texas Orthopedic Associates

Neurosurgery – Orthopedics – Pain Management

10830 N. Central Expy, Ste. 300, Dallas, TX 75231

PH 469-673-3064 F: 469-673-3065

DATE: September 05, 2024
PATIENT NAME: Anthony Williams
BIRTH DATE: October 16, 1978
DOI: March 28, 2024

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5'8" Weight: 163 lbs Temperature: 98.0°
Blood Pressure: 123/100 Pulse: 62

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Lung sounds – non-contributory.
Bowel sounds – non-contributory.

Allergies: NKDA

SYMPTOMS:

The patient presents today with complaints of Cervical and Lumbar Pain.

CERVICAL EXAM:

Cervical Pain

Range of Motion: Passive ROM with pain.

Muscle guarding was present.

Palpable Findings: C4-5 and C5-6.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Cervical Compression Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Goal: Reduction in overall pain. Functional improvement of the cervical spine. Reduction of muscle spasms and pain associated with spasms.

Treatment: The patient did not receive treatment to the cervical spine.

LUMBAR EXAM:

Lumbar Pain

Range of Motion: Passive ROM with pain.

Muscle guarding is present.

Palpable Findings: L4-5 and L5-S1.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Kemp Test Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Lumbar Exam (Continued)

Goal: Reduction in overall pain. Functional improvement of the lumbar spine. Reduction of muscle spasms and pain associated with spasms.

Treatment: The patient did not receive treatment to the lumbar spine.

RIGHT ANKLE EXAM:**Right Ankle**

Range of Motion: Passive ROM with pain.

Goal: Reduction in overall ankle pain. Functional improvement of the ankle.

Treatment: The patient did not receive treatment to the ankle.

MEDICATION(S):

Cyclobenzaprine 10mg

Ibuprofen 800mg

PAIN MEDICATION(S):

The patient noted the pain medication(s) (Ibuprofen 800mg and Cyclobenzaprine 10mg) did help alleviate symptom(s).

EFFECTIVENESS OF PRIOR INJECTION(S):

1. The patient received prior injections.

PRIOR TREATMENT FOR THIS INJURY:

Date of Procedure: August 07, 2024

PROCEDURE PERFORMED: Radiofrequency ablation, High L4-5 facet joint.

INDICATION: Traumatic Spondylopathy.

ANESTHESIA: Lidocaine 1%, 10mL

MEDICATIONS: 1. Marcaine 0.25%, 2mL
2. Kenalog 40mg/mL, 2mL

ACTIVITIES THAT INCREASE PAIN:

The patient states the following activities increase pain: Walking, hoisting, twisting, stooping, and bending over.

WHAT DECREASES THE PAIN:

The patient states the following activities decreases pain: Lying down.

DIAGNOSIS:**Cervical**

Cervical Spine Disc Disorder with Radiculitis

Cervical Spinal Stenosis

Cervical Spondylopathy

Muscle Spasms

Diagnosis (Continued)

Lumbar

Lumbar Spine Disc Disorder with Radiculitis
Lumbosacral Spine Disc Disorder with Radiculitis
Lumbar Spinal Stenosis
Lumbosacral Spinal Stenosis
Lumbar Spondylopathy
Muscle Spasms

Right Ankle

Right Ankle Sprain / Strain

MRI:

MRI Cervical Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Cervical Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Lumbar Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Lumbar Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Ankle Right without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Ankle Right MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

PLAN OF CARE:

I recommend Endoscopic Neurectomy to the Lumbar Spine at Bilateral L3 and L4.

Follow-up two weeks

Follow-up appointment scheduled

Respectfully,

Robert Hein, M.D.

RH/sm

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Greater Texas Orthopedic Associates

Neurosurgery – Orthopedics – Pain Management
10830 N. Central Expy, Ste. 300, Dallas, TX 75231
PH: 469-673-3064 F: 469-673-3065

Neuro Follow-Up Evaluation

Date of Evaluation: October 04, 2024
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Date of Injury: March 28, 2024
Provider: Scott Kutz, M.D.
NPI - 1023081254

HISTORY OF ACCIDENT:

The patient presents today with injuries sustained in a trip and fall.

EXAM:

Physical Evaluation:

Patient Vitals: Weight: 163.0 lbs

Blood Pressure: 147/91 Pulse: 72

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Lung sounds – non-contributory. Bowel sounds – non-contributory.

Allergies: NKDA

SYMPTOMS:

The patient presents today with complaints of Cervical, Left Lower Arm, Left Wrist, Left hand, Left Finger, and Lumbar pain.

CERVICAL EXAM:

Cervical Pain

Range of Motion: The patient has restricted ROM. Pain contributed to the patient's restricted ROM.

Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion. Muscle guarding was present.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Cervical Compression Bilaterally.

Orthopedic Test Produced: Radicular pain was noted while performing the orthopedic test.

Treatment: The patient did not receive treatment to the cervical spine.

LUMBAR EXAM:

Lumbar Pain

Radicular Components – Numbness that goes into the Right and Left Feet.

Range of Motion: The patient has restricted ROM. Pain contributed to the patient's restricted ROM.

Palpable Pain and/or Tenderness: Present @ L1/2 and L2/3.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Kemp Test Bilaterally.

Lumbar Exam (Continued)

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Goal: Reduction in overall pain. Functional improvement of the lumbar spine. Reduction of muscle spasms and pain associated with spasms.

Treatment: Relief was noted from the patient's previous Medial Branch Block.

Treatment: The patient did not receive treatment to the lumbar spine.

L1/2 and L2/3 Facet Tenderness. Walking helps.

MEDICATION(S):

Cyclobenzaprine 10mg

Ibuprofen 800mg

PAIN MEDICATION(S):

The patient noted the pain medication(s) (unspecified) did help alleviate symptom(s).

EFFECTIVENESS OF PRIOR INJECTION(S):

1. The injection(s) were effective in helping to alleviate some of the patient's pain.

PRIOR TREATMENT FOR THIS INJURY:

Date of Procedure: May 14, 2024

Trigger Point Injection @ Lumbar Right Paraspinal Muscle

Date of Procedure: May 30, 2024

Medial Branch Block Injection @ Lumbar Right L3/4

Date of Procedure: June 13, 2024

Medial Branch Block Injection @ Lumbar Right L3/4

Adverse reaction to previous treatment: None

PRIOR TREATMENT FOR THIS INJURY:

Date of Procedure: August 07, 2024

PRIOR PROCEDURE PERFORMED: Radiofrequency ablation, High L4-5 facet joint.

INDICATION: Traumatic Spondylopathy.

ANESTHESIA: Lidocaine 1%, 10mL

MEDICATIONS: 1. Marcaine 0.25%, 2mL

2. Kenalog 40mg/mL, 2mL

COMPLICATIONS: None

ACTIVITIES THAT INCREASE PAIN:

The patient states the following activities increase pain: Walking, hoisting, twisting, stooping, and grasping.

WHAT DECREASES THE PAIN:

The patient states the following activities decreases pain: Lying down.

DIAGNOSIS:

Cervical

Cervical Spine Disc Disorder with Radiculitis
Cervical Spinal Stenosis
Cervical Spondylopathy
Cervical Myelopathy
Muscle Spasms

Lumbar

Lumbar Spine Disc Disorder with Radiculitis
Lumbosacral Spine Disc Disorder with Radiculitis
Lumbar Spinal Stenosis
Lumbosacral Spinal Stenosis
Lumbar Spondylopathy
Muscle Spasms

Right Ankle

Right Ankle Sprain / Strain

MRI:

MRI Cervical Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Cervical Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Lumbar Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Lumbar Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Ankle Right without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Ankle Right MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

PLAN OF CARE:

I recommend Medial Branch Block injection to the Lumbar Spine at Right L1/2 and L2/3 and possibly Rhizotomy if relief with Medial Branch Block injection. Return to clinic in two weeks for a re-evaluation.

Follow-up two weeks

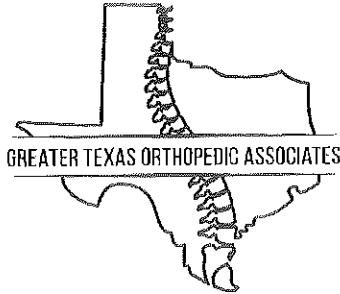
Follow-up appointment scheduled

Respectfully,

Scott Kutz, M.D.

SK/anc

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Greater Texas Orthopedic Associates
Neurosurgery – Orthopedics – Pain Management
10830 N. Central Expy, Ste. 300, Dallas, TX 75231
PH: 469-673-3064 F: 469-673-3065

Follow-Up Evaluation

Date of Evaluation: January 02, 2025
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Date of Injury: March 28, 2024
Provider: Robert Hein, M.D.
NPI#: 1215148838

HISTORY OF ACCIDENT:

The patient presents today with injuries sustained in a trip and fall.

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5'8" Weight: 174.6 lbs Temperature: 99.0°
Blood Pressure: 111/76 Pulse: 75

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Respiration- 17. Lung sounds – non-contributory. Bowel sounds – non-contributory.

Allergies: NKDA

SYMPTOMS:

The patient presents today with complaints of Cervical and Lumbar pain.

CERVICAL EXAM:

Cervical Pain

Range of Motion: Passive ROM with pain.

Muscle guarding was present.

Palpable Pain and/or Tenderness: Present @ C4/5 and C5/6.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Cervical Compression Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Goal: Reduction in overall pain. Functional improvement of the cervical spine. Reduction of muscle spasms and pain associated with spasms.

Treatment: The patient did not receive treatment to the cervical spine.

LUMBAR EXAM:

Lumbar Pain

Range of Motion: Passive ROM with pain.

Lumbar Exam (Continued)

Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion.

Palpable Pain and/or Tenderness: Present @ L3/4.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Kemp Test Bilaterally.

Orthopedic Test Produced: Radicular pain and Facet pain was noted while performing the orthopedic test.

Prior Treatment: The patient received some relief with previous injection.

Goal: Reduction in overall pain. Functional improvement of the lumbar spine. Reduction of muscle spasms and pain associated with spasms.

Treatment: MBBs @ Bilateral L3/4 were performed on today's visits.

The patient tolerated the procedure well.

Adverse Reaction during the procedure, none noted.

RIGHT ANKLE EXAM:

Right Ankle

Range of Motion: ROM has improved.

Goal: Reduction in overall ankle pain. Functional improvement of the ankle.

Treatment: The patient did not receive treatment to the ankle.

MEDICATION(S):

Cyclobenzaprine 10mg

Ibuprofen 800mg

PAIN MEDICATION(S):

The patient noted the pain medication(s) (unspecified) did not help alleviate symptom(s).

EFFECTIVENESS OF PRIOR INJECTION(S):

1. The patient had received prior injection (s).

PRIOR TREATMENT FOR THIS INJURY:

Date of Procedure: May 14, 2024

Trigger Point Injection @ Lumbar Right Paraspinal Muscle

Date of Procedure: May 30, 2024

Medial Branch Block Injection @ Lumbar Right L3/4

Date of Procedure: June 13, 2024

Medial Branch Block Injection @ Lumbar Right L3/4

Adverse reaction to previous treatment: None

PRIOR TREATMENT FOR THIS INJURY:

Date of Procedure: August 07, 2024

PRIOR PROCEDURE PERFORMED: Radiofrequency ablation, High L4-5 facet joint.

INDICATION: Traumatic Spondylopathy.

ANESTHESIA: Lidocaine 1%, 10mL

MEDICATIONS: 1. Marcaine 0.25%, 2mL
2. Kenalog 40mg/mL, 2mL

COMPLICATIONS: None

ACTIVITIES THAT INCREASE PAIN:

The patient states the following activities increase pain: Stooping, kneeling, walking, twisting, and hoisting.

WHAT DECREASES THE PAIN:

The patient states the following activities decreases pain: Lying down.

DIAGNOSIS:

Cervical

Cervical Spine Disc Disorder with Radiculitis
Cervical Spinal Stenosis
Cervical Spondylopathy
Cervical Myelopathy
Muscle Spasms

Lumbar

Lumbar Spine Disc Disorder with Radiculitis
Lumbosacral Spine Disc Disorder with Radiculitis
Lumbar Spinal Stenosis
Lumbosacral Spinal Stenosis
Lumbar Spondylopathy
Muscle Spasms

Right Ankle

Right Ankle Sprain / Strain

MRI:

MRI Cervical Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

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MRI Lumbar Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Lumbar Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Ankle Right without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Ankle Right MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

TREATMENT TODAY:

Medial Branch Block Injection – Lumbar Spine

PLAN OF CARE:

Medial branch blocks for facet pain. Facet joints are the small joints located between each vertebra that provide the spine both stability and flexibility. There are the motion joints in your spine that allow for movement between vertebra and the medial nerves run through the facet joints. Facet syndrome can occur when one or more of these joints become inflamed or irritated.

Plan of care (Continued)

Medial branch blocks are spinal injections that temporarily block the sensory nerve supply to the involved facet. When one or more of the facet joints become inflamed or irritated, medical branch blocks can be used to independently provide long term relief. Facet injections are mostly a diagnostic tool to determine if the cause of your pain is coming from your facets. If the pain goes away after injection, then the pain the patient is experiencing is not being generated from your facets. If the pain goes away and comes back, this is likely facet joint problems.

Due to the acute trauma sustained by this patient, their objective findings, and orthopedic findings, as well as the patient's MRI findings, medical justification has been established for an medial branch block injection of the Lumbar spine. The patient was treated today and will be scheduled in two weeks for a follow-up visit.

I recommend Endoscopic Neurectomy to the Lumbar Spine at Bilateral L3 and L4.

Medial Branch Block Injection – Lumbar Spine

Risks and benefits of this procedure was given to the patient.

Follow-up two weeks

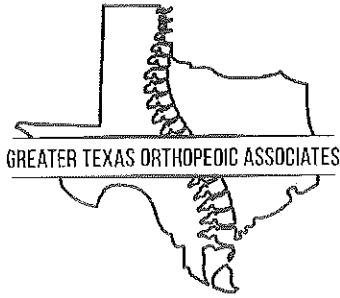
Follow-up appointment scheduled

Respectfully,

Robert Hein, M.D.

RH/anc

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Greater Texas Orthopedic Associates

Neurosurgery – Orthopedics – Pain Management

10830 N. Central Expy, Ste. 300, Dallas, TX 75231

PH 469-673-3064 F: 469-673-3065

Follow-Up Procedure Note

Date of Procedure: January 02, 2025
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Procedure Performed By: Robert Hein, M.D.
NPI#: 1215148838

PROCEDURE PERFORMED:

Medial Branch Block Injection @ Lumbar Bilateral L3/4

Allergies: NKDA

JUSTIFICATION FOR PROCEDURE:

Lumbar pain.

PROCEDURE TECHNIQUE:

Lumbar Medial Branch Block – Left L3/4

Lying in a prone position, the patient was prepped and draped in the usual sterile fashion. Each site was identified under fluoroscopy. The patient then had 2.5mL of 1% Lidocaine HCl (10mg/mL) was injected into subcutaneous tissue for anesthetic reasons. The patient tolerated this well.

The 25G x 3.5" needle was advanced to the anatomic location of each medial branch at the junction of the superior articular process and transverse process utilizing intermittent fluoroscopy. There were no signs of blood or cerebrospinal fluid on gentle aspiration.

After correct needle placement, a solution of 1.5mL of 1% Lidocaine HCL (10mg/mL) and 1mL of Toradol (60mg/2mL) was injected to the appropriate levels. This is to include the **Left L3/4**. The patient tolerated the injections well and was told to ice the back tonight for about 15 minutes.

Lumbar Medial Branch Block – Right L3/4

Lying in a prone position, the patient was prepped and draped in the usual sterile fashion. Each site was identified under fluoroscopy. The patient then had 2.5mL of 1% Lidocaine HCl (10mg/mL) was injected into subcutaneous tissue for anesthetic reasons. The patient tolerated this well.

Lumbar Medial Branch Block – Right (Continued)

The 25G x 3.5" needle was advanced to the anatomic location of each medial branch at the junction of the superior articular process and transverse process utilizing intermittent fluoroscopy. There were no signs of blood or cerebrospinal fluid on gentle aspiration.

After correct needle placement, a solution of 1.5mL of 1% Lidocaine HCL (10mg/mL) and 1mL of Toradol (60mg/2mL) was injected to the appropriate levels. This is to include the **Right L3/4**. The patient tolerated the injections well and was told to ice the back tonight for about 15 minutes.

PRECAUTIONS: As with all injections, the patient was explained of all the potential benefits and risks of the injection process today. Prior to the injection, the patient was also told to call the office immediately if side effects take place; for example, if breathing problems take place after treatment, the patient should immediately go to an emergency room for evaluation. If a headache develops, the patient was instructed to call the office immediately. If the office is closed, the patient has been instructed to go to the nearest ER.

Adverse Reaction: None

Post Vitals: BP 128/85 Pulse 71

Medication	Lot Number	Expiration Date
Lidocaine	3LC23118	July 2026
Toradol	7230473	October 2026

Discharge instructions were given to the patient.

Sincerely,

Robert Hein, M.D.
RH/anc
Transcribed, not read -subject to dictation and transcription variance.

Greater Texas Orthopedic Associates, PLLC
Disclosure & Consent - Medical Procedure

TO THE PATIENT: You have the right to be informed about 1) your condition, 2) the recommended medical care or surgical procedure, and 3) the risks related to this care/procedure. This disclosure is designed to provide you this information, so that you can decide whether to consent to receive this care/procedure. Please ask your physician/health care provider any remaining questions you have before signing this form.

Description of Medical Care and Surgical Procedure(s) I voluntarily request my physician/health care provider:

- Donald Baxter, M.D. Yan Michael Li, M.D., PhD John Hall, D.O. James Slayton, D.O. Richard Welner, MD, FACS, FAANS,
 Paul Montano, OPA-C, SA-C, Robert Helm, M.D. and/or other health care providers, to treat my condition which is:
 Cervical Discopathy Thoracic Discopathy Lumbar Discopathy

Left _____

Left _____

Right _____

Right _____

I understand that the following care/procedure(s) are planned for me:

Cervical Transforaminal ESI Intralaminar ESI Medial Branch Blocks

 C1/C2 C2/3 C3/4 C4/5 C5/6 C6/C7 C7/T1

Thoracic Transforaminal ESI Intralaminar ESI Medial Branch Blocks

 T1/2 T2/3 T3/4 T4/5 T5/6 T6/7 T7/8 T8/9 T9/10 T10/11 T11/12 T12/L1

Lumbar Transforaminal ESI Intralaminar ESI Medial Branch Blocks

 L1/2 L2/3 L3/4 L4/5 L5/S1

Intra-Articular Joint Injection(s) @: Left Right Left Right

Just as there may be risks and hazards to my health without treatment, there are also risks and hazards related to the care/procedure(s) planned for me. I understand that all care/procedure(s) involve some risks, ranging from minor to severe. These risks include infection, blood clots in veins, lungs or other organs, hemorrhage (severe bleeding), nerve damage, allergic reactions, heart attack, poor wound healing, and death. The chances of these occurring may be different for each patient based on the care/procedure(s) and the patient's current health.

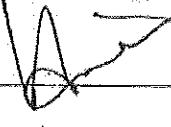
Potential Risks with Indicated Procedure: Increase in blood sugar, increase in blood pressure, headaches, fever, facial flushing, temporary localized increase in pain, infection and bleeding at the injection site and/or deeper tissues or in the joint, bruising and/or soreness at the injection site, sleeplessness for a few days, anxiety, stomach ulcers. If fluoroscopy is used in the procedure there is a risk of skin injury (such as hair loss, burns and ulcers.)

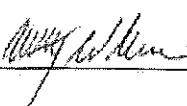
Peripheral and visceral nerve blocks and/or ablations have the risk of: failure to reduce pain or worsening of pain; bleeding; nerve damage including paralysis (inability to move; infection; damage to nearby organ or structure, or seizure).

I further understand that side effects are to be reported immediately.

Potential for Additional Necessary Care/Procedure(s) I understand that during my care/procedure(s) my physician/health care provider may discover other conditions which require additional or different care/procedure(s) than originally planned. I authorize my physicians/health care providers to use their professional judgment to perform the additional or different care/procedure(s) they believe are needed.

Granting of Consent for this Care/Procedure(s) In signing below, I consent to the care/procedure(s) described above. I acknowledge the following:

Provider's Signature: 

Patient's Signature: 

Date: 1-2-2025

Disclosure & Consent Continued

- I understand this care/procedure(s) does not guarantee result or a cure to my condition.
- I have been given an opportunity to ask questions I may have about:

1. Alternative forms of treatment.
2. Risk of non-treatment.
3. Steps that will occur during my care/procedure(s), and
4. Risks and hazards involved in the care/procedure(s).

- I believe I have enough information to give this informed consent.
- I certify this form has been fully explained to me and the spaces that need to be completed, have been completed.
- Risks and hazards involved in the care/procedure(s).

If any of those statements are not true for you, please talk to your physician/health care provider before continuing.

Dated: 1-2-2025

Patient Name Printed: Anthony Williams

Patient Signature: Anthony Williams

Minor Name Printed: _____

Minor Representative Name Printed: _____

Authorized Representative for Minor: _____

Witness Signature: JULIA C.

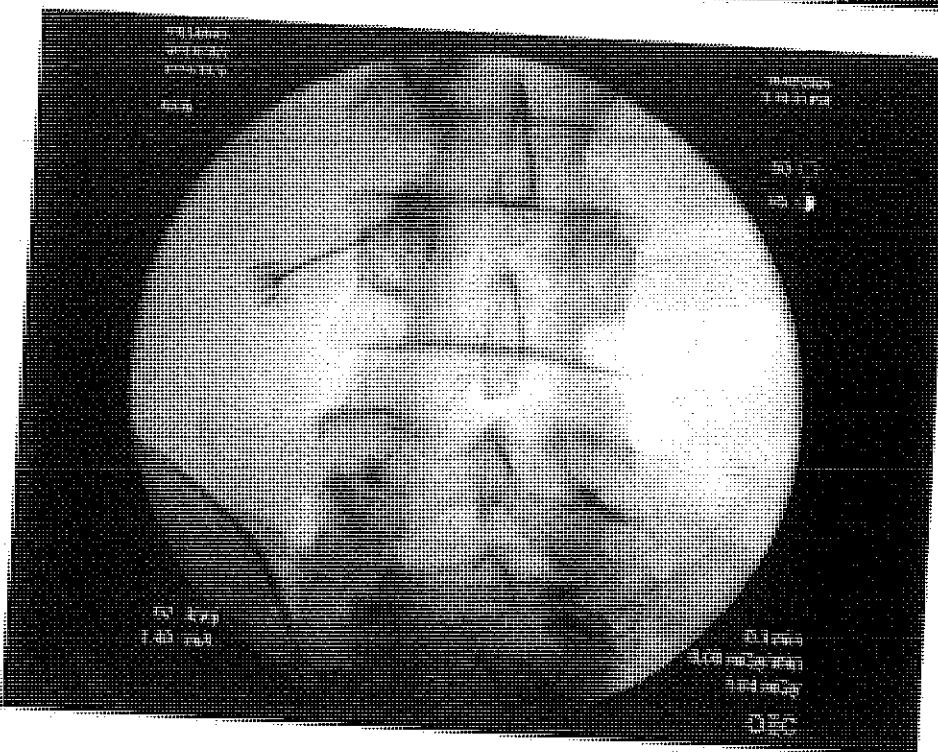
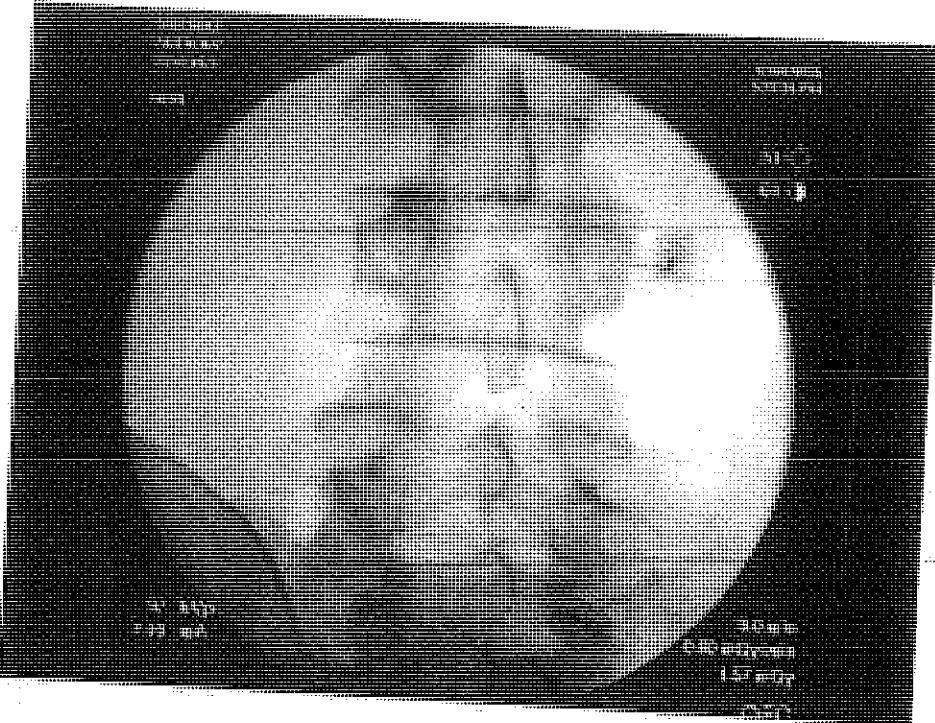
Witness Name Printed: JULIA C.

Disclosure & Consent

Fluoroscopy Images

Patient Name: WILLIAMS, ANTHONY

Date: 12-25





Greater Texas Orthopedic Associates
Neurosurgery – Orthopedics – Pain Management
10830 N. Central Expy, Ste. 300, Dallas, TX 75231
Ph 469-673-3064 F: 469-673-3065

Follow-Up Evaluation

Date of Evaluation: February 06, 2025
Patient Name: Anthony Williams
Patient Sex: Male
Date of Birth: October 16, 1978
Date of Injury: March 28, 2024
Provider: Robert Hein, M.D.
NPI#: 1215148838

HISTORY OF ACCIDENT:

The patient presents today with injuries sustained in a trip and fall.

EXAM:

Physical Evaluation:

Patient Vitals: Height: 5'8" Weight: 170.4 lbs Temperature: 98.1°
Blood Pressure: 129/81 Pulse: 65

Vascular Evaluation: Heart sounds – non-contributory. Rhythm – non-contributory.

General Sounds: Respirations- 17. Lung sounds – non-contributory. Bowel sounds – non-contributory.

Allergies: NKDA

SYMPTOMS:

The patient presents today with complaints of Cervical and Lumbar pain.

CERVICAL EXAM:

Cervical Pain

Range of Motion: The patient has restricted ROM. Pain contributed to the patient's restricted ROM. Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion.

Palpable Pain and/or Tenderness: Present @ C4/5 and C5/6.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Cervical Compression Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Goal: Reduction in overall pain. Functional improvement of the cervical spine. Reduction of muscle spasms and pain associated with spasms.

Treatment: The patient did not receive treatment to the cervical spine.

LUMBAR EXAM:

Lumbar Pain

Range of Motion: The patient has restricted ROM. Pain contributed to the patient's restricted ROM.

Lumbar Exam (Continued)

Muscle Spasms were present and painful. Muscle Spasms contributed to the patient's restricted range of motion.

Palpable Pain and/or Tenderness: Present @ L4/5 and L5/S1.

Deep Tendon Reflexes: +2 bilaterally. Motor Strength: +5 bilaterally.

Orthopedic Test (Positive): Kemp Test Bilaterally.

Orthopedic Test Produced: Facet pain was noted while performing the orthopedic test.

Prior Treatment: The patient received some relief with previous injection.

Goal: Reduction in overall pain. Functional improvement of the lumbar spine. Reduction of muscle spasms and pain associated with spasms.

Treatment: The patient did not receive treatment to the lumbar spine.

RIGHT ANKLE EXAM:

Right Ankle

Range of Motion – ROM has improved.

Goal: Reduction in overall ankle pain. Functional improvement of the ankle.

Treatment: The patient did not receive treatment to the ankle.

MEDICATION(S):

Cyclobenzaprine 10mg

Ibuprofen 800mg

EFFECTIVENESS OF PRIOR INJECTION(S):

1. The patient had received prior injection (s).

PRIOR TREATMENT FOR THIS INJURY:

Date of Procedure: May 14, 2024

Trigger Point Injection @ Lumbar Right Paraspinal Muscle

Date of Procedure: May 30, 2024

Medial Branch Block Injection @ Lumbar Right L3/4

Date of Procedure: June 13, 2024

Medial Branch Block Injection @ Lumbar Right L3/4

Adverse reaction to previous treatment: None

PRIOR TREATMENT FOR THIS INJURY:

Date of Procedure: August 07, 2024

PRIOR PROCEDURE PERFORMED: Radiofrequency ablation, High L4-5 facet joint.

INDICATION: Traumatic Spondylopathy.

ANESTHESIA: Lidocaine 1%, 10mL

MEDICATIONS: 1. Marcaine 0.25%, 2mL
2. Kenalog 40mg/mL, 2mL

COMPLICATIONS: None

Date of Procedure: January 02, 2025
Medial Branch Block Injection @ Lumbar Bilateral L3/4

ACTIVITIES THAT INCREASE PAIN:

The patient states the following activities increase pain:
Walking, twisting, hoisting, lifting, and standing.

WHAT DECREASES THE PAIN:

The patient states the following activities decreases pain:
Lying down.

DIAGNOSIS:

Cervical

Cervical Spine Disc Disorder with Radiculitis
Cervical Spinal Stenosis
Cervical Spondylopathy
Cervical Myelopathy
Muscle Spasms

Lumbar

Lumbar Spine Disc Disorder with Radiculitis
Lumbosacral Spine Disc Disorder with Radiculitis
Lumbar Spinal Stenosis
Lumbosacral Spinal Stenosis
Lumbar Spondylopathy
Muscle Spasms

Right Ankle

Right Ankle Sprain / Strain

MRI:

MRI Cervical Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

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MRI Lumbar Spine without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Lumbar Spine MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

MRI Ankle Right without Contrast – PRIME Diagnostic Imaging – May 24, 2024

The findings of the Ankle Right MRI performed PRIME Diagnostic Imaging on May 24, 2024 and read by Michael Davis, M.D. were reviewed. The MRI are included in these records.

PLAN OF CARE:

I recommend Endoscopic Neurectomy to the Lumbar Spine at Bilateral L3 and L4.

Follow-up 4 weeks

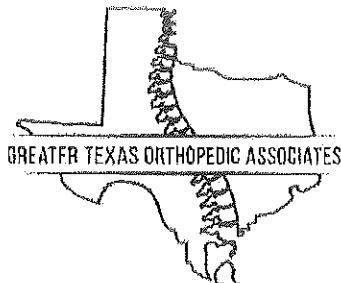
Follow-up appointment scheduled

Respectfully,

Robert Hein, M.D.

RH/sm

Transcribed, not read - subject to dictation and transcription variance.



Neurosurgery - Orthopedics - Pain Management
8928 Kirby Drive, Houston, Tx 77054
7220 Louis Pasteur, Ste 130, San Antonio, Tx 78229
2701 Morgan Avenue, Ste 425, Corpus Christi, Tx 78405
10830 N Central Expy, Ste 300, Dallas, Tx 75231
Ph: 409-839-4600 F:409-212-1579

PATIENT SURGICAL ESTIMATE - NOT A BILL

Patient Name:	Anthony Williams
---------------	------------------

PROCEDURE	AMOUNT
FACILITY FEES:	
Endoscopic Neurectomy - lumbar	\$ 70,851.24
Anesthesia	\$ 6,000.00
PROFESSIONAL FEES:	
Surgeon's Fees	\$ 21,255.37
Surgical Assistant	
CPT CODES:	
64772	
64772-59	
TOTAL SURGICAL ESTIMATE:	\$ 98,106.61

*This fee covers the procedure & 90 days follow up care.

*Estimate does not include the cost of hardware if necessary.

*This is an estimate only and does not take into account any unforeseen complications or adverse reactions which are an inherent risk in this type of surgery contemplated for the injuries presented in the attached reports.

Dr. Robert Hein



Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR

Exam Date: 24-May-2024 9:46 AM
Accession #: 5406625
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Cervical Spine WO Contrast DFW

MRI CERVICAL SPINE WITHOUT CONTRAST

CLINICAL INDICATION: Neck pain after MVA.

TECHNIQUE: Multiplanar, multi-sequence MRI images of the cervical spine were obtained.

FINDINGS:

VERTEBRAE/ALIGNMENT:

Alignment of the cervical spine is within normal limits.

No compression fracture. Vertebral body heights are preserved.

No epidural hematoma.

SPINAL CORD:

There is no tonsillar ectopia or compression of the lower brain neural structures.

The cervico-medullary junction is intact.

Cervical cord has an unremarkable configuration and T1/T2 signal intensity.

Cord size is within normal limits.

SOFT TISSUES:

Patchy high STIR signal noted in the interspinous region at the C3-C4, C4-C5 and C5-C6 levels, compatible with posterior interspinous ligament strain/sprain.

Paravertebral musculature is symmetric and otherwise unremarkable.

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 9434 Katy Fwy Ste 408 Houston, TX 77055

www.memorialdiagnostic.com



Phone: (214) 341-8770
Fax: (214) 341-1603

A Memorial Medical Diagnostic Company

Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR

Exam Date: 24-May-2024 9:46 AM
Accession #: 5406625
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Cervical Spine WO Contrast DFW

Findings at each level as follows:

C2-C3 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent.

C3-C4 there is a 0.7 mm posterior disc herniation. There is 25% neural foraminal stenosis bilaterally. The central canal is patent.

C4-C5 no significant disc bulge or protrusion. There is 50% neural foraminal stenosis bilaterally. The central canal is patent.

C5-C6 there is a 1.6 mm posterior disc herniation. There is 50% neural foraminal stenosis on the right and 75% neural foraminal stenosis on the left. The AP diameter of the central canal measures 9.6 mm. There is a dorsal annular tear at this level.

C6-C7 no significant disc bulge or protrusion. There is 25% neural foraminal stenosis bilaterally. The central canal is patent.

C7-T1 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent.

IMPRESSION:

1. Normal alignment of the cervical spine. The cervical cord is normal in appearance.

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 9434 Katy Fwy Ste 408 Houston, TX 77055

www.memorialdiagnostic.com



Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR

Exam Date: 24-May-2024 9:46 AM
Accession #: 5406625
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Cervical Spine WO Contrast DFW

2. Patchy high STIR signal noted in the interspinous region at the C3-C4, C4-C5 and C5-C6 levels, compatible with multifocal posterior interspinous ligament strain/sprain. This is a cause of acute localized and persistent neck pain.
3. At C3-C4, there is a 0.7 mm posterior disc herniation. There is 25% neural foraminal stenosis bilaterally. The central canal is patent.
4. At C4-C5, no significant disc bulge or protrusion. There is 50% neural foraminal stenosis bilaterally. The central canal is patent.
5. At C5-C6, there is a 1.6 mm posterior disc herniation. There is 50% neural foraminal stenosis on the right and 75% neural foraminal stenosis on the left. The AP diameter of the central canal measures 9.6 mm. There is a dorsal annular tear at this level.

Michael Davis, M.D.

Board Certified by the ABR

Musculoskeletal Radiologist

Electronically Signed by: Michael Davis, , , on 24-May-2024 3:34 PM

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 9434 Katy Fwy Ste 408 Houston, TX 77055

www.memorialdiagnostic.com



Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR,SC

Exam Date: 24-May-2024 10:07 AM
Accession #: 5406623
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Lumbar Spine WO Contrast DFW

LUMBAR SPINE MRI WITHOUT CONTRAST

CLINICAL INDICATION: Low back pain after MVA.

TECHNIQUE: Multiplanar, multi-sequence noncontrast MRI images of the lumbar spine were obtained. Sagittal T2, sagittal T1, sagittal FLAIR, and axial T1/T2 sequences were performed.

FINDINGS:

VERTEBRAE/ALIGNMENT:

Alignment of the lumbar spine is within normal limits.

No evidence of compression fracture. The vertebral body heights are preserved.

No epidural hematoma.

SPINAL CORD:

The conus medullaris terminates at the L1 level.

Cauda equina nerve roots are unremarkable.

No evidence of intramedullary or extramedullary mass lesions.

SOFT TISSUES:

Patchy high STIR signal is noted in the interspinous region at the L5-S1 levels compatible with posterior interspinous ligament strain/sprain.

The paravertebral musculature is symmetric and otherwise unremarkable.

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Phone: (214) 341-8770
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Patient ID: PDI1641610000
Patient Name: Williams, Anthony
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Exam Date: 24-May-2024 10:07 AM
Accession #: 5406623
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Lumbar Spine WO Contrast DFW

Findings at each disc level as follows:

T12-L1 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent. No evidence of exiting nerve root impingement.

L1-L2 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent. No evidence of exiting nerve root impingement.

L2-L3 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent. No evidence of exiting nerve root impingement.

L3-L4 no significant disc bulge or protrusion. There is ligamentum flavum thickening. There is 25% neural foraminal stenosis bilaterally. The central canal is patent. There is a ventral annular tear at this level.

L4-L5 there is a 1.2 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25% neural foraminal stenosis bilaterally. The central canal is patent. There is a ventral annular tear at this level.

L5-S1 there is a 3.3 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25-50% neural foraminal stenosis bilaterally. The central canal is patent.

IMPRESSION:

1. Patchy high STIR signal noted in the interspinous region at the L5-S1 level compatible with multifocal posterior interspinous ligament strain/sprain. This is a

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Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR,SC

Exam Date: 24-May-2024 10:07 AM
Accession #: 5406623
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Lumbar Spine WO Contrast DFW

cause of acute localized and persistent low back pain.

2. At L4-L5, there is a 1.2 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25% neural foraminal stenosis bilaterally. The central canal is patent. There is a ventral annular tear at this level.
3. At L5-S1, there is a 3.3 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25-50% neural foraminal stenosis bilaterally. The central canal is patent.

Michael Davis, M.D.

Board Certified by the ABR
Musculoskeletal Radiologist

Electronically Signed by: Michael Davis, , , on 24-May-2024 3:39 PM

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 9434 Katy Fwy Ste 408 Houston, TX 77055

www.memorialdiagnostic.com



Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR,SC

Exam Date: 24-May-2024 10:40 AM
Accession #: 5406624
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Ankle Right WO Contrast DFW

RIGHT ANKLE MRI WITHOUT CONTRAST

INDICATION: Right ankle pain after MVA.

TECHNIQUE: Multiplanar, multisequence MR imaging of the right ankle was performed without prior administration of IV or intra-articular contrast.

COMPARISONS: None

FINDINGS:

BONE/JOINT:

No fracture or marrow contusion. There is no osteochondral lesion of the talar dome. No osseous talar coalition. No significant ankle or subtalar joint effusion.

TENDONS:

The Achilles tendon is normal. The retrocalcaneal bursa is decompressed. The peroneal, medial flexor, and anterior extensor tendons are intact and without tendinosis or tenosynovitis.

LIGAMENTS:

The syndesmotic ligaments are intact. The anterior talofibular, posterior talofibular, and calcaneofibular ligaments are intact. The deep deltoid and spring ligamentous

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Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR,SC

Exam Date: 24-May-2024 10:40 AM
Accession #: 5406624
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Ankle Right WO Contrast DFW

complexes are normal.

The plantar fascia is not thickened.

The Lisfranc interosseous ligament is intact.

GENERAL:

Preserved fat signal is noted within the sinus tarsi. The tarsal tunnel structures are normal. There is superficial soft tissue edema about the right ankle. There is no soft tissue mass or fluid collection.

IMPRESSION:

1. Superficial soft tissue edema about the right ankle. No fracture or marrow contusion. No osteochondral defect of the talar dome. No significant right ankle joint effusion.
2. No findings for tendon or ligament injury.

Michael Davis, M.D.
Board Certified by the ABR
Musculoskeletal Radiologist

Electronically Signed by: Michael Davis, , , on 24-May-2024 2:44 PM

Thank you for the opportunity to assist in your patient's care.

Corporate Office: 9434 Katy Fwy Ste 408 Houston, TX 77055

www.memoraldiagnostic.com

Greater Texas Orthopedic Associates, PLLC

DEMOGRAPHIC PAGE

Patient Name: ANTHONY WILLIAMS Date: 5-14-24
Nick Name: _____ Birth Date: _____
Patient Phone: 214-547-4904 2nd Phone: _____
Social Security Number: _____ / _____ / _____ Driver License Number: _____
Address: 108 JORDAN DR.
City: Reo Oak State: TX Zip: 75154
 Single Married Divorced Other _____

Emergency Contact Information:
Name of Contact: Men Yian Williams Relation To You: WIFE
Phone Number: 707-480-6368
Name of Contact: _____ Relation To You: _____
Phone Number: _____

When Did Your Pain Syndrome Occur?

Gradual Onset of Pain Related to an Injury - Injury Date: 03/28/2024

How Injury Occurred: Automobile Accident Work Accident Fall/Slip/Trip Incident

Incident Description: Tripped over exposed rebar

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____

Insurance: _____
Address: _____
City: _____ State: _____ Zip: _____

Anthony Williams Anthony Williams
Patient Printed Name Patient Signature (Guardian For A Minor)

Greater Texas Orthopedic Associates, PLLC

GENERAL PATIENT CONSENT / AUTHORIZATION FORM

By signing below, I give general consent for treatment and agree for Greater Texas Orthopedic Associates, PLLC's staff and/or providers to conduct any examinations, procedures or provide medications for the treatment deemed medically necessary to assess and treat my illness, injury or health condition. I understand that there are limited treatment options as well as alternative courses for treatment for some conditions. I further understand that I retain the right to refuse any particular examination, test, procedure or medication recommended or deemed medically necessary by my health care provider. By agreeing to proceed with treatment, I understand that no guarantee has been made regarding my treatment outcomes. I also agree that more than one treatment may be required to reach optimum treatment goals of pre-injury status.

MINORS RELEASE

I hereby give written authorization to Greater Texas Orthopedics Associated, PLLC and it providers to provide reasonable and necessary medical and health care to my minor child.

FEMALE PATIENTS - PREGNANCY ADMISSION

Should you suspect or know that you are pregnant, it is your responsibility to inform the staff and provider of your pregnancy. The provider and staff will take precautionary measure to ensure that your unborn child's well-being is protected. We cannot do that without you informing us of your pregnancy. If you suspect you are pregnant or know you are pregnant, please inform the staff and provider prior to any treatment being rendered.

(Initials) _____ NO, I am not pregnant. (Initials) _____ YES, I am pregnant. (Initials), I do not know if I am pregnant.

I hereby certify that I have read and fully understand this consent and authorization for treatment. The reasons why treatment is considered necessary, its advantages, and possible complications, if any, which were explained to me by the doctor and/or a designated assistant. I further certify that no guarantee of assurance has been made as to the results that may be obtained. I also release and authorize whomever is designated to release any medical information necessary in the processing of this claim to an insurance carrier(s) and/or attorney.

ASSIGNMENT OF BENEFITS

As for the professional charges billed at the time services are rendered to myself or my minor child, I hereby assign all such medical benefits, whether for myself or my dependant child, to Greater Texas Orthopedic Associates, PLLC. I hereby direct and authorize payment from my health insurance carrier, 3rd party payer, PIP, MedPay, UM, UIM or attorney, to be made directly to Greater Texas Orthopedic Associates, PLLC. I understand that if payment(s) are not made directly to Greater Texas Orthopedic Associates, PLLC, I am fully responsible for any and all billed charges incurred in the course of treatment authorized. I further agree to pay all such charges upon representation of an appropriate medical statement provided, when that statement is provided to me. I also agree that a photocopy of this agreement is to be considered to be as valid as the original. I authorize whomever is processing my claim to released any and all medical records and billing statements for the sole purpose of resolving my outstanding billable charges with an insurance carrier(s) and/or attorney.

Please consider my Assigned Benefits to confer as a contractual lien, not being barred by contractual agreement, in favor of Greater Texas Orthopedic Associates, PLLC. I acknowledge that in exchange for the valuable services I receive or services that would be provided to me some in the future, I agree to transfer this contractual lien, not being barred by a contractual agreement, on any and all settlements received from a personal injury claim. In accordance with State Bar Rule 1.14, I respectfully request that all such money be held in a separate account and all such monies be transferred to Greater Texas Orthopedic Associates, PLLC upon settlement of my third party care. I further agree that this Assignment/Contractual Lien be construed to have the protections allowed for by the Texas Commercial Code as it pertains to health insurance coverage. This agreement further applies to PIP, MED PAY, UM, UIM coverage.

Dated: 5-14-2024

Patient Name Printed: Anthony Williams

Patient Signature: Anthony Williams

Minor Name Printed: _____

Minor Representative Name Printed: _____

Authorized Representative for Minor: _____

Witness Signature: _____

Witness Name Printed: _____

Authorization

ASSIGNMENT

Patient Name: Anthony Williams

Personal Representative or Guardian (if applicable): _____

Current Address: 108 Jordan Dr. Red Oak TX 75159

Date of Birth of Patient: 10-16-1978

Date of Injury: 03-28-2024

Notice: If the signator to this assignment is a personal representative or guardian of the patient, the use of the terms I, me or mine (or similar terms) herein shall, as the context requires, apply equally to the personal representative or guardian.

RELEASE OF INFORMATION: I, hereby authorize Greater Texas Orthopedic Associates, PLLC to release relevant information related to my condition, including any diagnostics tests, care and treatment I may have received by, from or through Greater Texas Orthopedic Associates, PLLC and its providers, as may be necessary to applicable insurance companies, to my attorneys (if any), and representatives of same.

ASSIGNMENT OF RECOVERY: In exchange for the provision of medical/clinical/health care and treatment by or through Greater Texas Orthopedic Associates, PLLC and its providers, including any diagnostic assessment of my medical/ clinical condition and the use of medical devices and equipment related thereto, without requiring immediate payment therefore, I hereby fully and irrevocably assign to Greater Texas Orthopedic Associates, PLLC any and proceeds I may recover from any third party related to the injury referenced above (and its subsequent effects), but only the extent of the total fees and expenses incurred with and owed to Greater Texas Orthopedic Associates, PLLC and its providers. This assignment is non-revocable and specifically grants to Greater Texas Orthopedic Associates, PLLC the right to the first sums that I may recover from any third party as a result of the injury (and its subsequent effects) above referenced.

In connection with this assignment of the right to first monies that may be recovered from a third party related to the injury referenced above and any subsequent effects therefrom, I fully recognize the right of Greater Texas Orthopedic Associates, PLLC to, in its sole discretion, accept or reject all or a portion of the proposed payment of such sums from a third party, and to take such actions as it may deem necessary to recover the full sums due and payable to Greater Texas Orthopedic Associates, PLLC.

I agree that in the event I or any agent or representative of mine receive sums from a third party as a result of the injury referenced above and sums are owed to Greater Texas Orthopedic Associates, PLLC, I will promptly remit or instruct my agent or representative, including any attorney who may represent me, to promptly remit to Greater Texas Orthopedic Associates, PLLC any sums due no later than 15 days after the receipt of such sums from such third party.

I agree that I am still individually responsible for the payment of all fees and sums due as a result of the medical/clinical/diagnostic/health treatment resulting from the injury above referenced should full payment not be received from a third party under this assignment.

I hereby grant to Greater Texas Orthopedic Associates, PLLC a limited power of attorney for the specific purposes of: (1) signing my name on any check or other negotiable instrument made jointly payable to me and Greater Texas Orthopedic Associates, PLLC; (2) for the deposit of the total amount of any such check or other negotiable instrument in to a financial institution of its choice; and (3) to distribute to me or my assigns, from such check or negotiable so deposited, any sums in excess of the sums due to Greater Texas Orthopedic Associates, PLLC.

In the event I have an attorney representing me with regard to the injury referenced above, I agree to: (1) provide Greater Texas Orthopedic Associates, PLLC with the name of such attorney; (2) to provide such attorney with a copy of this assignment; (3) to instruct the attorney to provide a copy of this assignment to any subsequent attorneys who may assume my representation related to the injury referenced above; and (4) to instruct any attorney who may represent me to honor this assignment without exception or limitation.

I agree that any dispute related to this assignment shall be governed by the laws of the State of Texas and venue shall be in Jefferson County, Texas.

I have had an opportunity to ask questions about this assignment, I have read or have had this assignment read and explained to me, I understand this assignment, and I agree to this assignment in whole.

Anthony Williams

Patient Name Printed (Minor Name, If patient is a minor)

Anthony Williams

Patient Signature

Dated: 5-14-2024

Minor Child - Authorized Representatives Signature

Patient Narcotic Agreement

This is an agreement between myself and Greater Texas Orthopedic Associates, PLLC providers on (date) 5-14-2024. It explains how I receive my medications (pain medications, narcotics, muscle relaxers, sedative, sleeping medications or other controlled drugs prescribed by providers at Greater Texas Orthopedic Associates, PLLC). I understand that the goal of using narcotics is to decrease my pain and increase my functional level. If my pain does not increase and/or my function increase, the medication will be stopped. I agree to take my medication responsibly and to follow all orders.
The overuse of narcotic medication(s) can result in serious health risks including respiratory depression or even death.

1. I agree to use the following pharmacy ONLY:

City & State: Red Oak TX

Phone: _____

(Should the need arise to change pharmacies, I will inform Greater Texas Orthopedic Associates, PLLC providers on my following office visit at Greater Texas Orthopedic Associates, PLLC.)

2. I will attend all of my office visits. I will come in immediately if asked.
3. I will not go to the ER or to other providers for these or similar medications.
4. I will bring my medication bottle(s) to my appointment if instructed to do so.
5. I am personally responsible for my medications. I will treat them as other valuables. I understand that they will not be replaced if lost, stolen or destroyed.
6. I will not give my medication(s) to anyone else or take anyone else's medication(s).
7. I will not request early refills or take more than prescribed amount(s).
8. For safety reasons, refill request will only be honored at the time of my appointments and during office hours, which are currently Monday to Friday, 9:00am to 6:00pm. DO NOT request an early refill!
9. I will inform my provider, at Greater Texas Orthopedic Associates, PLLC, of any new medications or medical conditions.
10. I agree to allow Greater Texas Orthopedic Associates, PLLC to perform any urine tests or send me to the lab for urine tests or blood tests to make sure I use my medications correctly.
11. I will not operate a motor vehicle or equipment when I use my medications unless expressly approved by my provider at Greater Texas Orthopedic Associates, PLLC.
12. It is my responsibility to comply with applicable laws while taking these medications.
13. I will not use alcohol or illegal drugs when using these medications.
14. My providers may discuss my medications with other appropriate individuals or entities to ensure safety, or may request my pharmacy records from the pharmacy listed or any other pharmacy that Greater Texas Orthopedic Associates, PLLC may become aware of.
15. I understand that there are side effects from these medications, including sleepiness or drowsiness, lightheadedness, dizziness, confusion, allergic reaction, slowing of breath rate - reflexes - reaction time, kidney or liver disease, sexual dysfunction, physical dependence, addiction, withdrawal, constipation and the possibility that the medication may not provide complete relief, so do not over medicate. Take your meds only as prescribed.
16. I understand that I may become addicted to these medications.
17. I understand that suddenly stopping these medications may be dangerous.
18. If I violate these conditions, my providers will not refill the medications and may require that I obtain help to decrease my use of these medications.
19. I know that violating these conditions may result in my dismissal from the practice with no more than 30 days notice. I also understand that these medications will not be prescribed during this 30 day period.
20. I further agree that my pain medications or other prescriptions may be stopped or decreased at any time, for any reason, by my providers.

I will be careful and will exercise caution and common sense. I will be completely honest, open and accurate about my use of these and all other medications. I will ask questions if I do not understand something or if I feel that I may be having trouble with these medications. The above may not be a complete list. If you have any concerns or questions, please ask.

(Patient Name)

Anthony Williams

(Patient Signature)

Anthony Williams

Greater Texas Orthopedic Associates, PLLC

Short Term Disability

1. Unless the provider at Greater Texas Orthopedic Associates, PLLC took you off work, we can not complete Short Term Disability paperwork for you.

Long Term Disability

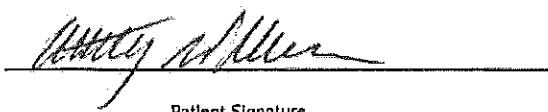
1. Unless the provider at Greater Texas Orthopedic Associates, PLLC took you off work, we can not complete Long Term Disability paperwork for you.

Doctor Excuse - Return to Work

1. Greater Texas Orthopedic Associates, PLLC will provide you with an excuse for work on the specific date(s) that you were seen at the facility.
2. If the provider with Greater Texas Orthopedic Associates, PLLC has taken you off work, then you will be given a work excuse for that specific amount of time. If you fail to return to work, we will not cover the extended amount of time when you failed to show for work.
3. If you were taken off work by the hospital or an emergency/urgent care facility, it is your responsibility to return to work at the end of that specified time.

Example: The ER took you off work for 2 days and you don't return to work for 2 weeks. This office will not cover the additional time that you failed to return to work.

Please do not ask us to write you a work excuse to cover you for days that you were not specifically taken off work by this office.



Patient Signature



AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Developed for Texas Health & Safety Code § 181.154(d)
effective June 2013

Please read this entire form before signing and complete all the sections that apply to your decisions relating to the disclosure of protected health information. Covered entities as that term is defined by HIPAA and Texas Health & Safety Code § 181.001 must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law. Covered entities may use this form or any other form that complies with HIPAA, the Texas Medical Privacy Act, and other applicable laws. Individuals cannot be denied treatment based on a failure to sign this authorization form, and a refusal to sign this form will not affect the payment, enrollment, or eligibility for benefits.

NAME OF PATIENT OR INDIVIDUAL

William S Anthony Burton
Last First Middle

OTHER NAME(S) USED

DATE OF BIRTH Month 10 Day 16 Year 1978

ADDRESS 108 Jordan Dr.

CITY Red Oak STATE TX ZIP 75154

PHONE () ALT. PHONE ()

EMAIL ADDRESS (Optional): anthony.2472@constant

I AUTHORIZE THE FOLLOWING TO DISCLOSE THE INDIVIDUAL'S PROTECTED HEALTH INFORMATION:

Person/Organization Name _____
Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____

WHO CAN RECEIVE AND USE THE HEALTH INFORMATION?

Person/Organization Name Greater Texas Orthopedic Associates, PLLC
Address 10830 North Central Expressway, Ste. 300
City Dallas State TX Zip Code 75231
Phone (469) 673-3064 Fax (469) 589-6472

REASON FOR DISCLOSURE
(Choose only one option below)

- Treatment/Continuing Medical Care
- Personal Use
- Billing or Claims
- Insurance
- Legal Purposes
- Disability Determination
- School
- Employment
- Other

WHAT INFORMATION CAN BE DISCLOSED? Complete the following by indicating those items that you want disclosed. The signature of a minor patient is required for the release of some of these items. If all health information is to be released, then check only the first box.

- All health Information History/Physical Exam Past/Present Medications Lab Results
 Physician's Orders Patient Allergies Operation Reports Consultation Reports
 Progress Notes Discharge Summary Diagnostic Test Reports EKG/Cardiology Reports
 Pathology Reports Billing Information Radiology Reports & Images Other

Your initials are required to release the following information:

Mental Health Records (excluding psychotherapy notes)
 Drug, Alcohol, or Substance Abuse Records

Genetic Information (including Genetic Test Results)
 HIV/AIDS Test Results/Treatment

EFFECTIVE TIME PERIOD. This authorization is valid until the earlier of the occurrence of the death of the individual; the individual reaching the age of majority; or permission is withdrawn; or the following specific date (optional): Month _____ Day _____ Year _____

RIGHT TO REVOKE: I understand that I can withdraw my permission at any time by giving written notice stating my intent to revoke this authorization to the person or organization named under "WHO CAN RECEIVE AND USE THE HEALTH INFORMATION." I understand that prior actions taken in reliance on this authorization by entities that had permission to access my health information will not be affected.

SIGNATURE AUTHORIZATION: I have read this form and agree to the uses and disclosures of the information as described. I understand that refusing to sign this form does not stop disclosure of health information that has occurred prior to revocation or that is otherwise permitted by law without my specific authorization or permission, including disclosures to covered entities as provided by Texas Health & Safety Code § 181.154(c) and/or 45 C.F.R. § 164.502(a)(1). I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy laws.

SIGNATURE X
Signature of Individual or Individual's Legally Authorized Representative

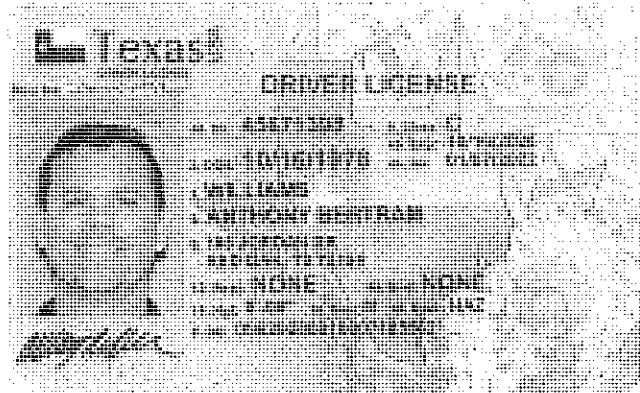
5-14-2024
DATE

Printed Name of Legally Authorized Representative (if applicable): _____
If representative, specify relationship to the individual: Parent of minor Guardian Other

A minor individual's signature is required for the release of certain types of information, including for example, the release of information related to certain types of reproductive care, sexually transmitted diseases, and drug, alcohol or substance abuse, and mental health treatment (See, e.g., Tex. Fam. Code § 32.003).

SIGNATURE X
Signature of Minor Individual

5-14-2024
DATE



Memorial MRI & Diagnostic,LLC
Patient Activity Statement

Patient Information.

Williams, Anthony
108 JORDAN
RED OAK TX 75154

Patient Account #: PDI1641610000

Encounter	Date	Code	Description	Amount
2130816	05/24/2024	73721	MRI ANY JT LXTR C-MATRL	\$2,756.00
2130817	05/24/2024	72148	MRI SPI CANAL&CNTS LMBR C-MATRL	\$2,756.00
2130818	05/24/2024	72141	MRI Cervical Spine without Contrast	\$2,756.00
			Total	\$8,268.00
Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
\$0.00	\$0.00	\$0.00	\$0.00	\$8,268.00
				Balance
				\$8,268.00

Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR

Exam Date: 24-May-2024 9:46 AM
Accession #: 5406625
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Cervical Spine WO Contrast DFW

MRI CERVICAL SPINE WITHOUT CONTRAST

CLINICAL INDICATION: Neck pain after MVA.

TECHNIQUE: Multiplanar, multi-sequence MRI images of the cervical spine were obtained.

FINDINGS:

VERTEBRAE/ALIGNMENT:

Alignment of the cervical spine is within normal limits.
No compression fracture. Vertebral body heights are preserved.
No epidural hematoma.

SPINAL CORD:

There is no tonsillar ectopia or compression of the lower brain neural structures.
The cervico-medullary junction is intact.
Cervical cord has an unremarkable configuration and T1/T2 signal intensity.
Cord size is within normal limits.

SOFT TISSUES:

Patchy high STIR signal noted in the interspinous region at the C3-C4, C4-C5 and C5-C6 levels, compatible with posterior interspinous ligament strain/sprain.

Paravertebral musculature is symmetric and otherwise unremarkable.

Findings at each level as follows:

Thank you for the opportunity to assist in your patient's care.

This document contains health information. As the recipient you are required to maintain this information in a safe and secure manner.
This information is to remain confidential. Re-disclosure of this information is prohibited

Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR

Exam Date: 24-May-2024 9:46 AM
Accession #: 5406625
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Cervical Spine WO Contrast DFW

C2-C3 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent.

C3-C4 there is a 0.7 mm posterior disc herniation. There is 25% neural foraminal stenosis bilaterally. The central canal is patent.

C4-C5 no significant disc bulge or protrusion. There is 50% neural foraminal stenosis bilaterally. The central canal is patent.

C5-C6 there is a 1.6 mm posterior disc herniation. There is 50% neural foraminal stenosis on the right and 75% neural foraminal stenosis on the left. The AP diameter of the central canal measures 9.6 mm. There is a dorsal annular tear at this level.

C6-C7 no significant disc bulge or protrusion. There is 25% neural foraminal stenosis bilaterally. The central canal is patent.

C7-T1 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent.

IMPRESSION:

1. Normal alignment of the cervical spine. The cervical cord is normal in appearance.
2. Patchy high STIR signal noted in the interspinous region at the C3-C4, C4-C5 and C5-C6 levels, compatible with multifocal posterior interspinous ligament strain/sprain. This is a cause of acute localized and persistent neck pain.
3. At C3-C4, there is a 0.7 mm posterior disc herniation. There is 25% neural foraminal stenosis

Thank you for the opportunity to assist in your patient's care.

This document contains health information. As the recipient you are required to maintain this information in a safe and secure manner.
This information is to remain confidential. Re-disclosure of this information is prohibited



Phone: (214) 341-8770
Fax: (214) 341-1603

Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR

Exam Date: 24-May-2024 9:46 AM
Accession #: 5406625
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Cervical Spine WO Contrast DFW

bilaterally. The central canal is patent.

4. At C4-C5, no significant disc bulge or protrusion. There is 50% neural foraminal stenosis bilaterally. The central canal is patent.
5. At C5-C6, there is a 1.6 mm posterior disc herniation. There is 50% neural foraminal stenosis on the right and 75% neural foraminal stenosis on the left. The AP diameter of the central canal measures 9.6 mm. There is a dorsal annular tear at this level.

Michael Davis, M.D.

Board Certified by the ABR

Musculoskeletal Radiologist

Electronically Signed by: Michael Davis, MD, , on 24-May-2024 3:34 PM

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Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR,SC

Exam Date: 24-May-2024 10:07 AM
Accession #: 5406623
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Lumbar Spine WO Contrast DFW

LUMBAR SPINE MRI WITHOUT CONTRAST

CLINICAL INDICATION: Low back pain after MVA.

TECHNIQUE: Multiplanar, multi-sequence noncontrast MRI images of the lumbar spine were obtained. Sagittal T2, sagittal T1, sagittal FLAIR, and axial T1/T2 sequences were performed.

FINDINGS:

VERTEBRAE/ALIGNMENT:

Alignment of the lumbar spine is within normal limits.
No evidence of compression fracture. The vertebral body heights are preserved.
No epidural hematoma.

SPINAL CORD:

The conus medullaris terminates at the L1 level.
Cauda equina nerve roots are unremarkable.
No evidence of intramedullary or extramedullary mass lesions.

SOFT TISSUES:

Patchy high STIR signal is noted in the interspinous region at the L5-S1 levels compatible with posterior interspinous ligament strain/sprain.

The paravertebral musculature is symmetric and otherwise unremarkable.

Findings at each disc level as follows:

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Patient Name: Williams, Anthony
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Location: BBM_1034

MRI Lumbar Spine WO Contrast DFW

T12-L1 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent. No evidence of exiting nerve root impingement.

L1-L2 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent. No evidence of exiting nerve root impingement.

L2-L3 no significant disc bulge or protrusion. Central canal and bilateral neural foramina are patent. No evidence of exiting nerve root impingement.

L3-L4 no significant disc bulge or protrusion. There is ligamentum flavum thickening. There is 25% neural foraminal stenosis bilaterally. The central canal is patent. There is a ventral annular tear at this level.

L4-L5 there is a 1.2 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25% neural foraminal stenosis bilaterally. The central canal is patent. There is a ventral annular tear at this level.

L5-S1 there is a 3.3 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25-50% neural foraminal stenosis bilaterally. The central canal is patent.

IMPRESSION:

1. Patchy high STIR signal noted in the interspinous region at the L5-S1 level compatible with multifocal posterior interspinous ligament strain/sprain. This is a cause of acute localized and persistent low back pain.

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Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR,SC

Exam Date: 24-May-2024 10:07 AM
Accession #: 5406623
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Lumbar Spine WO Contrast DFW

2. At L4-L5, there is a 1.2 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25% neural foraminal stenosis bilaterally. The central canal is patent. There is a ventral annular tear at this level.
3. At L5-S1, there is a 3.3 mm posterior disc herniation. There is ligamentum flavum thickening. There is 25-50% neural foraminal stenosis bilaterally. The central canal is patent.

Michael Davis, M.D.

Board Certified by the ABR

Musculoskeletal Radiologist

Electronically Signed by: Michael Davis, MD, , on 24-May-2024 3:39 PM

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Patient ID: PDI1641610000
Patient Name: Williams, Anthony
DOB: 16-Oct-1978
Modality: MR,SC

Exam Date: 24-May-2024 10:40 AM
Accession #: 5406624
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Ankle Right WO Contrast DFW

RIGHT ANKLE MRI WITHOUT CONTRAST

INDICATION: Right ankle pain after MVA.

TECHNIQUE: Multiplanar, multisequence MR imaging of the right ankle was performed without prior administration of IV or intra-articular contrast.

COMPARISONS: None

FINDINGS:

BONE/JOINT:

No fracture or marrow contusion. There is no osteochondral lesion of the talar dome. No osseous talar coalition. No significant ankle or subtalar joint effusion.

TENDONS:

The Achilles tendon is normal. The retrocalcaneal bursa is decompressed. The peroneal, medial flexor, and anterior extensor tendons are intact and without tendinosis or tenosynovitis.

LIGAMENTS:

The syndesmotic ligaments are intact. The anterior talofibular, posterior talofibular, and calcaneofibular ligaments are intact. The deep deltoid and spring ligamentous complexes are normal.

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DOB: 16-Oct-1978
Modality: MR,SC

Exam Date: 24-May-2024 10:40 AM
Accession #: 5406624
Referred By: James Leonard Slayton Jr
Location: BBM_1034

MRI Ankle Right WO Contrast DFW

The plantar fascia is not thickened.

The Lisfranc interosseous ligament is intact.

GENERAL:

Preserved fat signal is noted within the sinus tarsi. The tarsal tunnel structures are normal. There is superficial soft tissue edema about the right ankle. There is no soft tissue mass or fluid collection.

IMPRESSION:

1. Superficial soft tissue edema about the right ankle. No fracture or marrow contusion. No osteochondral defect of the talar dome. No significant right ankle joint effusion.
2. No findings for tendon or ligament injury.

Michael Davis, M.D.
Board Certified by the ABR
Musculoskeletal Radiologist

Electronically Signed by: Michael Davis, MD, , on 24-May-2024 2:44 PM

Thank you for the opportunity to assist in your patient's care.

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Account Information:
 Anthony Williams
 108 Jordan Dr
 Red Oak TX 751545053
 USA

Practice Information:
 PrimaCare Medical Centers
 2145 E Baseline Rd Ste 101
 Tempe AZ 852831546
 USA

Description	Date	Charges	Payments	Adj/ Refunds	Insurance Balance	Patient Balance	Total Balance
Patient Name Anthony Williams							
Encounter 2756115							
Provider Loudermilk FNP, Anoly...							
Location NextCare Desoto							
99213-Offic/outpt E&m Estab Lo...	08/15/2024	\$280.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	09/04/2024	\$0.00	\$9.49				
PMT INS	09/04/2024	-\$158.01	\$0.00				
ADJ INS Contractual	08/15/2024	\$0.00	-\$131.48				
99080-Spec Report >info In Usu...	08/15/2024	\$15.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	09/04/2024	\$0.00	\$14.99				
PMT INS	09/04/2024	-\$15.00	\$0.00				
ADJ INS Contractual	08/16/2024	\$0.00	-\$14.99				
S9088-Services provided in an ...	08/15/2024	\$35.00			\$0.00	\$0.00	\$0.00
PMT INS	09/04/2024	\$0.00	\$0.00				
ADJ INS Contractual	08/15/2024	\$0.00	-\$35.00				
Encounter Totals		\$330.00	-\$173.01	-\$156.99	\$0.00	\$0.00	\$0.00
Encounter 2741139							
Provider Loudermilk FNP, Anoly...							
Location NextCare Desoto							
99213-Offic/outpt E&m Estab Lo...	08/01/2024	\$280.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	08/19/2024	\$0.00	\$9.49				
PMT INS	08/19/2024	-\$158.01	\$0.00				
ADJ INS Contractual	08/01/2024	\$0.00	-\$131.48				
99080-Spec Report >info In Usu...	08/01/2024	\$15.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	08/19/2024	\$0.00	\$14.99				
PMT INS	08/19/2024	-\$15.00	\$0.00				
ADJ INS Contractual	08/02/2024	\$0.00	-\$14.99				
S9088-Services provided in an ...	08/01/2024	\$35.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	08/01/2024	\$0.00	-\$35.00				
Encounter Totals		\$330.00	-\$173.01	-\$156.99	\$0.00	\$0.00	\$0.00
Encounter 2717381							
Provider Loudermilk FNP, Anoly...							
Location NextCare Desoto							
99214-Offic/outpt E&m Estab Mo...	07/05/2024	\$320.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	07/24/2024	\$0.00	\$9.50				
PMT INS	07/24/2024	-\$158.01	\$0.00				
ADJ INS Contractual	07/05/2024	\$0.00	-\$171.49				
72052-Rad Exam Cervical; Compl...	07/05/2024	\$391.00			\$0.00	\$0.00	\$0.00

Account Information:
 Anthony Williams
 108 Jordan Dr
 Red Oak TX 751545053
 USA

Practice Information:
 PrimaCare Medical Centers
 2145 E Baseline Rd Ste 101
 Tempe AZ 852831546
 USA

Description	Date	Charges	Payments	Adj/ Refunds	Insurance Balance	Patient Balance	Total Balance
ADJ INS Contractual	07/24/2024		\$0.00	\$19.50			
PMT INS	07/24/2024		-\$123.80	\$0.00			
ADJ INS Contractual	07/05/2024		\$0.00	-\$286.70			
72100-Rad Exam Spine Lumbosacr...	07/05/2024	\$159.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	07/24/2024		\$0.00	\$11.63			
PMT INS	07/24/2024		-\$78.55	\$0.00			
ADJ INS Contractual	07/05/2024		\$0.00	-\$92.08			
99080-Spec Report >info In Usu...	07/05/2024	\$15.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	07/24/2024		\$0.00	\$14.99			
PMT INS	07/24/2024		-\$15.00	\$0.00			
ADJ INS Contractual	07/08/2024		\$0.00	-\$14.99			
S9088-Services provided in an ...	07/05/2024	\$35.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	07/05/2024		\$0.00	-\$35.00			
Encounter Totals		\$920.00	-\$375.36	-\$544.64	\$0.00	\$0.00	\$0.00
Encounter 2706790							
Provider Loudermilk FNP, Anoly...							
Location NextCare Desoto							
99213-Offic/outpt E&m Estab Lo...	06/21/2024	\$280.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	07/15/2024	\$0.00		\$9.49			
PMT INS	07/15/2024		-\$158.01	\$0.00			
ADJ INS Contractual	06/21/2024	\$0.00		-\$131.48			
99080-Spec Report >info In Usu...	06/21/2024	\$15.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	07/15/2024	\$0.00		\$14.99			
PMT INS	07/15/2024		-\$15.00	\$0.00			
ADJ INS Contractual	06/24/2024	\$0.00		-\$14.99			
S9088-Services provided in an ...	06/21/2024	\$35.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	06/21/2024	\$0.00		-\$35.00			
Encounter Totals		\$330.00	-\$173.01	-\$156.99	\$0.00	\$0.00	\$0.00
Encounter 2696634							
Provider Loudermilk FNP, Anoly...							
Location NextCare Desoto							
99213-Offic/outpt E&m Estab Lo...	06/07/2024	\$280.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	07/08/2024	\$0.00		\$24.49			
PMT INS	07/08/2024		-\$173.01	\$0.00			
ADJ INS Contractual	06/07/2024	\$0.00		-\$131.48			
S9088-Services provided in an ...	06/07/2024	\$35.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	06/07/2024	\$0.00		-\$35.00			
99080-Spec Report >info In Usu...	06/07/2024	\$15.00			\$0.00	\$0.00	\$0.00

Account Information:
Anthony Williams
 108 Jordan Dr
 Red Oak TX 751545053
 USA

Practice Information:
PrimaCare Medical Centers
 2145 E Baseline Rd Ste 101
 Tempe AZ 852831546
 USA

Description	Date	Charges	Payments	Adj/ Refunds	Insurance Balance	Patient Balance	Total Balance
ADJ INS Small Balance	07/13/2024	\$0.00		-\$0.01			
ADJ INS Contractual	06/10/2024	\$0.00		-\$14.99			
Encounter Totals		\$330.00	-\$173.01	-\$156.99	\$0.00	\$0.00	\$0.00
Encounter 2686506							
Provider Loudermilk FNP, Anoly...							
Location NextCare Desoto							
99213-Offic/outpt E&m Estab Lo...	05/24/2024	\$280.00			\$0.00	\$0.00	\$0.00
ADJ PT Small Balance	06/18/2024	\$0.00		\$9.49			
PMT INS	06/12/2024		-\$158.01	\$0.00			
ADJ INS Contractual	05/24/2024		\$0.00	-\$131.48			
S9088-Services provided in an ...	05/24/2024	\$35.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	05/24/2024		\$0.00	-\$35.00			
99080-Spec Report >info In Usu...	05/24/2024	\$15.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	05/27/2024		\$0.00	-\$15.00			
Encounter Totals		\$330.00	-\$158.01	-\$171.99	\$0.00	\$0.00	\$0.00
Encounter 2675463							
Provider Loudermilk FNP, Anoly...							
Location NextCare Desoto							
99213-Offic/outpt E&m Estab Lo...	05/10/2024	\$280.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	06/05/2024	\$0.00		\$9.49			
PMT INS	06/05/2024		-\$158.01	\$0.00			
ADJ INS Contractual	05/10/2024		\$0.00	-\$131.48			
S9088-Services provided in an ...	05/10/2024	\$35.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	05/10/2024		\$0.00	-\$35.00			
99080-Spec Report >info In Usu...	05/10/2024	\$15.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	05/13/2024		\$0.00	-\$15.00			
Encounter Totals		\$330.00	-\$158.01	-\$171.99	\$0.00	\$0.00	\$0.00
Encounter 2664088							
Provider Loudermilk FNP, Anoly...							
Location NextCare Desoto							
99213-Offic/outpt E&m Estab Lo...	04/25/2024	\$280.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	05/21/2024	\$0.00		\$9.49			
PMT INS	05/21/2024		-\$158.01	\$0.00			
ADJ INS Contractual	05/07/2024		\$0.00	\$0.00			
PMT INS	05/07/2024		\$0.00	\$0.00			
ADJ INS Contractual	04/29/2024		\$0.00	-\$131.48			
99080-Spec Report >info In Usu...	04/25/2024	\$15.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	05/21/2024		\$0.00	\$15.00			

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Description	Date	Charges	Payments	Adj/ Refunds	Insurance Balance	Patient Balance	Total Balance
PMT INS	05/21/2024		-\$15.00	\$0.00			
ADJ INS Contractual	04/26/2024		\$0.00	-\$15.00			
99214-Offic/outpt E&m Estab Mo...	04/25/2024	\$320.00			\$0.00	\$0.00	\$0.00
ZVoid Charge	04/29/2024		\$0.00	-\$320.00			
ADJ INS Contractual	04/29/2024		\$0.00	\$171.49			
ADJ INS Contractual	04/25/2024		\$0.00	-\$171.49			
S9088-Services provided in an ...	04/25/2024	\$35.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	04/25/2024		\$0.00	-\$35.00			
99214-Offic/outpt E&m Estab Mo...	04/25/2024	-\$320.00			\$0.00	\$0.00	\$0.00
ZVoid Charge	04/29/2024		\$0.00	\$320.00			
	Encounter Totals	\$330.00	-\$173.01	-\$156.99	\$0.00	\$0.00	\$0.00
Encounter 2654113							
Provider Loudermilk FNP, Anoly...							
Location NextCare Desoto							
99213-Offic/outpt E&m Estab Lo...	04/12/2024	\$280.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	05/08/2024		\$0.00	\$9.49			
PMT INS	05/08/2024		-\$158.01	\$0.00			
ADJ INS Contractual	04/12/2024		\$0.00	-\$131.48			
S9088-Services provided in an ...	04/12/2024	\$35.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	04/12/2024		\$0.00	-\$35.00			
99080-Spec Report >info In Usu...	04/12/2024	\$15.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	04/15/2024		\$0.00	-\$15.00			
	Encounter Totals	\$330.00	-\$158.01	-\$171.99	\$0.00	\$0.00	\$0.00
Encounter 2646605							
Provider Loudermilk FNP, Anoly...							
Location NextCare Desoto							
99203-Offic/outpt E&m New Mod ...	04/02/2024	\$290.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	05/08/2024		\$0.00	\$9.86			
PMT INS	05/08/2024		-\$193.61	\$0.00			
ADJ INS Contractual	04/02/2024		\$0.00	-\$106.25			
S9088-Services provided in an ...	04/02/2024	\$35.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	04/02/2024		\$0.00	-\$35.00			
99080-Spec Report >info In Usu...	04/02/2024	\$15.00			\$0.00	\$0.00	\$0.00
ADJ INS Contractual	04/03/2024		\$0.00	-\$15.00			
	Encounter Totals	\$340.00	-\$193.61	-\$146.39	\$0.00	\$0.00	\$0.00
Totals For Anthony Williams		\$3,900.00	-\$1,908.05	-\$1,991.95	\$0.00	\$0.00	\$0.00
Account Totals		\$3,900.00	-\$1,908.05	-\$1,991.95	\$0.00	\$0.00	\$0.00



NextCare® URGENT CARE

Patient: Anthony Williams

Date of Birth: 10/16/1978

Date: 08/15/2024

Historian: self

Document Type: Chart Note

ESTABLISHED PATIENT VISIT

This 45 year old male presents for Back pain.

History of Present Illness:

1. Back pain

Onset: 4 months ago. Duration: 4 Months. The problem is stable. Location of pain is lower back and neck. Pain is radiated to the left arm. The patient describes the pain as an ache and numbness.

Context: hard fall. Symptoms are aggravated by bending. Symptoms are relieved by physical therapy and rest. Associated symptoms include numbness in the upper extremity. Pertinent negatives include abdominal pain, bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, diarrhea, dyspareunia, joint pain, limping, loss of balance, rash, sexual dysfunction, sexual dysfunction not spinal related, spasms, tenderness, tingling in the arms, tingling in the legs, weakness and weight loss.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fatigue, Fever, Generalized weakness and Weight loss.
ENMT	Negative	Nasal congestion, Nasal drainage, Otalgia, Sinus pressure and Sore throat.
Eyes	Negative	Eye pain, Eye redness and Tearing.
Respiratory	Negative	Cough, Dyspnea, Pleuritic pain and Wheezing.
Cardio	Negative	Chest pain, Claudication, Edema and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Bowel dysfunction not spinal related, Constipation,

		Decreased appetite, Diarrhea, Fecal incontinence, Fecal retention, Heartburn, Nausea and Vomiting.
GU	Negative	Back pain, Bladder dysfunction not spinal related, Dysuria, Polyuria (Genitourinary), Urinary frequency, Urinary incontinence and Urinary retention.
Endocrine	Negative	Cold intolerance, Polydipsia and Polyphagia.
Neuro	Positive	Numbness, Numbness in extremity.
Neuro	Negative	Dizziness, Gait disturbance, Headache, Loss of balance, Tingling in the arms and Tingling in the legs.
Integumentary	Negative	Ecchymosis, Hair loss, Pruritus, Rash and Skin lesion.
MS	Positive	Back pain, Joint pain.
MS	Negative	Decreased mobility, Joint swelling, Limping, Myalgia, Neck pain, Spasms, Tenderness and Weakness.
Hema/Lymph	Negative	Easy bleeding, Easy bruising and Lymphadenopathy.
Reproductive	Negative	Dyspareunia, Sexual dysfunction and Sexual dysfunction not spinal related.

Vital Signs

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	Pulse Ox	BP position
12:52 PM	128/82	60	14	97.80	5.0	8.00	163.00	24.78	97	sitting

Measured By

Time	Measured by
12:52 PM	Ambert Taylor

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Level of distress - Normal. Overall appearance - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Nasal Mucosa - Normal. Sinuses - Right: Normal, Left: Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal.
Lymph Detail	Normal	No palpable cervical or supraclavicular adenopathy.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Rhythm - Regular. Extra sounds - None. Murmurs - None.
Vascular	*	Capillary refill - Less than 2 seconds.
Abdomen	Normal	Inspection - Normal.
Skin	Normal	Inspection - Normal.
Musculoskeletal	*	Cervical spine - mild pain w/ motion. Lumbar spine - Range of motion:

Musculoskeletal	Comments	mild pain w/ motion. PT REPORTS PAIN IN LOW BACK WITH BENDING AND TWISTING. PT REPORTS PAIN IN RT SIDE POSTERIOR NECK WITH ROTATION. NUMBNESS IN LEFT ARM.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Strain of muscle, fascia and tendon at neck level, subsequent encounter (S16.1XXD).
	Patient Plan	WEAR NECK PILLOW FOR COMFORT. AVOID ANY ACTIVITY THAT INCREASES PAIN..
2.	Assessment	Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D).
	Patient Plan	USE HEATING PAD. USE BIOFREEZE WITH MASSAGES FOR COMFORT. CONT PHYSICAL THERAPY. .
3.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).

Follow Up

Follow-up	Reason for workers comp	Timeframe	Comments	Phone
follow-up visit with Work Comp at NextCare for workers comp	4 Weeks			

Provider:

Loudermilk FNP, Anolynn 08/15/2024 11:32 AM MST

A handwritten signature consisting of the letters 'AC' followed by 'FNP-C' in a stylized, cursive font.

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578

NextCare® URGENT CARE

Patient Name: Anthony Williams



Date of Birth: 10/16/1978

Date of Visit: 08/15/2024 12:00 PM



- Access Your Visit Summary
- Pay Your Bill Online
- Get X-ray & Lab Results



If your illness or injury does not improve or gets worse, we would be happy to re-evaluate you back at a NextCare clinic or through our Telehealth service. Please visit NextCare.com or dial 1-888-381-4858 for information on registering for both offerings. If you feel you are having a life threatening emergency, please call 911.

THESE ARE YOUR DISCHARGE INSTRUCTIONS

Thank you for choosing us for your healthcare needs. The following is a summary of today's visit and other instructions and information we hope you find helpful.

REASON(S) FOR VISIT

Back pain.

Assessment/Plan

Williams, Anthony 000000721898 10/16/1978 08/15/2024 12:00 PM Page: 1/2

#	Detail Type	Description
1.	Assessment	Strain of muscle, fascia and tendon at neck level, subsequent encounter (S16.1XXD).
	Patient Plan	WEAR NECK PILLOW FOR COMFORT. AVOID ANY ACTIVITY THAT INCREASES PAIN..
2.	Assessment	Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D).
	Patient Plan	USE HEATING PAD. USE BIOFREEZE WITH MASSAGES FOR COMFORT. CONT PHYSICAL THERAPY..
3.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI	Pulse Ox
128/82	60	14	97.80	68.00	163.00		24.78	97

FOLLOW UP

Status	Ordered	Order	Timeframe	Comments
completed	08/15/2024	follow-up visit with Work Comp at NextCare for workers comp 4 Weeks	4 Weeks	

Sincerely,

Provider:

Loudermilk FNP, Anolynn 08/15/2024 11:33 AM MST

CC: No PCP, Patient

Document generated by: Anolynn Loudermilk, FNP 08/15/2024

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578



Visit #: **Chart #: No Data** Acct #: **12507569** Date Created:

Encounter Date: Check-In: Check-Out: Location:

Name: **Williams, Anthony**

Social:

Address: **108 Jordan Dr**

DOB: **10/16/1978**

Payor:

Red Oak, TX 751545053

E/M Services:

E&M Code: 99213

Visit Charges:

CPT	#	Mod1	Mod2	ICD10	Type	Description	Ordered By
					OV	follow-up visit with Work Comp at NextCare for workers comp 4 Weeks	Anolynn Loudermilk FNP

Total Charges:

{timeCO}

NextCare® URGENT CARE

Patient: Anthony Williams

Date of Birth: 10/16/1978

Date: 08/01/2024

Historian: self

Document Type: Chart Note

ESTABLISHED PATIENT VISIT

This 45 year old male presents for Back pain and Hand/finger pain/injury.

History of Present Illness:

1. Back pain

Onset: 4 months ago. Severity level is mild-moderate. Duration: 4 Months. The problem is improving. It occurs persistently. Location of pain is lower back. There is no radiation of pain. The patient describes the pain as an ache. Context: hard fall. Symptoms are aggravated by lifting, lying/rest and rolling over in bed. The patient denies relieving factors. Pertinent negatives include abdominal pain, bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, diarrhea, dyspareunia, joint pain, limping, loss of balance, numbness, rash, sexual dysfunction, sexual dysfunction not spinal related, spasms, tenderness, tingling in the arms, tingling in the legs, weakness and weight loss.

2. Hand/finger pain/injury

Onset: 4 months ago. Duration: 4 Months. Severity level is mild. The problem is stable. Location: left hand (finger(s)). The pain radiates to the left arm. The pain is aching. Context: there is an injury. Trauma type: fall, occurred at work on 03/28/2024. There are no aggravating factors. There are no relieving factors. Associated symptoms include numbness and tingling in the arms. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, joint pain, joint tenderness, limping, locking, nocturnal awakening, nocturnal pain, popping, spasms, swelling, tingling in the legs and weakness.

Review of Systems

System	Neg/Pos	Details
--------	---------	---------

Constitutional ENMT	Negative Negative	Chills, Fatigue, Fever, Nocturnal pain and Weight loss. Nasal congestion, Nasal drainage, Otolgia, Sinus pressure and Sore throat.
Eyes	Negative	Eye discharge, Eye redness and Tearing.
Respiratory	Negative	Cough, Dyspnea and Wheezing.
Cardio	Negative	Chest pain, Claudication, Edema and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Bowel dysfunction not spinal related, Change in stool pattern, Diarrhea, Fecal incontinence, Fecal retention, Nausea and Vomiting.
GU	Negative	Back pain, Bladder dysfunction not spinal related, Dysuria, Polyuria (Genitourinary), Urgency, Urinary frequency, Urinary incontinence and Urinary retention.
Endocrine	Negative	Cold intolerance, Heat intolerance, Polydipsia and Polyphagia.
Neuro	Positive	Numbness, Numbness in extremity, Tingling in the arms.
Neuro	Negative	Difficulty initiating sleep, Dizziness, Headache, Loss of balance, Nocturnal awakening and Tingling in the legs.
Integumentary	Negative	Hives, Lumps and bumps under skin, Pruritus, Rash, Skin lesion, Swelling and Wound.
MS	Positive	Neck pain.
MS	Negative	Back pain, Crepitus, Decreased mobility, Joint instability, Joint locking, Joint pain, Joint tenderness, Limping, Myalgia, Popping, Spasms, Tenderness and Weakness.
Hema/Lymph	Negative	Bruising, Easy bleeding, Easy bruising and Lymphadenopathy.
Reproductive	Negative	Dyspareunia, Sexual dysfunction and Sexual dysfunction not spinal related.

Vital Signs

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	Pulse Ox	BP position
12:50 PM	145/87	84	15	98.20	5.0	8.00	163.00	24.78	96	sitting

Measured By

Time	Measured by
12:50 PM	Ambert Taylor

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Level of distress - Normal. Overall appearance - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Nasal Mucosa - Normal. Sinuses - Right: Normal, Left: Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal.

Lymph Detail	Normal	No palpable cervical or supraclavicular adenopathy.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Rhythm - Regular.
Vascular	*	Extra sounds - None. Murmurs - None.
Abdomen	Normal	Capillary refill - Less than 2 seconds.
Skin	Normal	Inspection - Normal.
Musculoskeletal	Comments	NECK HAS FULL ROM WITH MILD PAIN LOW BACK HAS LIMITED ROM DUE TO PAIN. NUMBNESS REPORTED IN LEFT ARM AND HAND. NECK HAS FULL ROM PT REPORTS TENDER TO TOUCH. LEFT HAND/ARM HAS NUMBNESS
Musculoskeletal	Normal	Overview - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Strain of muscle, fascia and tendon at neck level, subsequent encounter (S16.1XXD).
	Patient Plan	CONT TO USE HEATING PADS AND NECK PILLOW. CONT CURRENT MEDICATION REGIMEN. MAY USE BIOFREEZE WITH NECK RUBS..
2.	Assessment	Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D).
	Patient Plan	CONT TO USE HEATING PADS. CONT CURRENT MEDICATION REGIMEN. MAY USE BIOFREEZE WITH BACK RUBS..
3.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).

Follow Up

Follow-up	Reason	Timeframe	Comments	Phone
follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	for workers comp	2 Weeks		

Provider:

Loudermilk FNP, Anolynn 08/01/2024 11:39 AM MST

AC FNP-C

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578

NextCare® URGENT CARE

Patient Name: Anthony Williams



Date of Birth: 10/16/1978

Date of Visit: 08/01/2024 12:00 PM



- Access Your Visit Summary
- Pay Your Bill Online
- Get X-ray & Lab Results



If your illness or injury does not improve or gets worse, we would be happy to re-evaluate you back at a NextCare clinic or through our Telehealth service. Please visit NextCare.com or dial 1-888-381-4858 for information on registering for both offerings. If you feel you are having a life threatening emergency, please call 911.

THESE ARE YOUR DISCHARGE INSTRUCTIONS

Thank you for choosing us for your healthcare needs. The following is a summary of today's visit and other instructions and information we hope you find helpful.

REASON(S) FOR VISIT

Back pain, Hand/finger pain/injury.

Assessment/Plan

Williams, Anthony 000000721898 10/16/1978 08/01/2024 12:00 PM Page: 1/2

#	Detail Type	Description
1.	Assessment	Strain of muscle, fascia and tendon at neck level, subsequent encounter (S16.1XXD).
	Patient Plan	CONT TO USE HEATING PADS AND NECK PILLOW. CONT CURRENT MEDICATION REGIMEN. MAY USE BIOFREEZE WITH NECK RUBS. .
2.	Assessment	Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D).
	Patient Plan	CONT TO USE HEATING PADS. CONT CURRENT MEDICATION REGIMEN. MAY USE BIOFREEZE WITH BACK RUBS. .
3.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI	Pulse Ox
145/87	84	15	98.20	68.00	163.00		24.78	96

FOLLOW UP

Status	Ordered	Order	Timeframe	Comments
completed	08/01/2024	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	2 Weeks	

Sincerely,

Provider:

Loudermilk FNP, Anolynn 08/01/2024 11:39 AM MST

CC: No PCP, Patient

Document generated by: Anolynn Loudermilk, FNP 08/01/2024

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578



Visit #: **Chart #: No Data** Acct #: **12507569** Date Created:

Encounter Date: Check-In: Check-Out: Location:

Name: **Williams, Anthony**

Social:

Address: **108 Jordan Dr**

DOB: **10/16/1978**

Payor:

Red Oak, TX 751545053

E/M Services:

E&M Code: 99213

Visit Charges:

CPT	#	Mod1	Mod2	ICD10	Type	Description	Ordered By
					OV	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	Anolynn Loudermilk FNP

Total Charges:

{timeCO}

NextCare® URGENT CARE

Patient: Anthony Williams

Date of Birth: 10/16/1978

Date: 07/05/2024

Historian: self

Document Type: Chart Note

ESTABLISHED PATIENT VISIT

This 45 year old male presents for Back pain and Neck pain.

History of Present Illness:

1. Back pain

Location of pain is lower back and neck. There is no radiation of pain. The patient describes the pain as dull. Context: hard fall. Symptoms are aggravated by bending and twisting. Symptoms are relieved by heat and rest. Pertinent negatives include abdominal pain, bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, diarrhea, dyspareunia, joint pain, limping, loss of balance, numbness, rash, sexual dysfunction, sexual dysfunction not spinal related, spasms, tenderness, tingling in the arms, tingling in the legs, weakness and weight loss.

2. Neck pain

Onset: 3 months ago. The severity of the problem is moderate. Duration: 3 Months. The problem has improved. Location of pain is right posterior neck. There is no radiation of pain. The event(s) surrounding the occurrence of the symptom include hard fall. Aggravating factors include twisting. Denies relieving factors. Pertinent negatives include bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, dermatologic rash, difficulty sleeping, dysphagia, incoordination, joint pain, loss of balance, muscle atrophy, muscle spasm, numbness, rash, sexual dysfunction, sexual dysfunction (not spinal related), tenderness, tingling, weakness and weight loss.

Review of Systems

System	Neg/Pos	Details

Constitutional ENMT	Negative Negative	Chills, Fever, Generalized weakness and Weight loss. Dysphagia, Facial pain, Nasal congestion, Otalgia, Sinus pressure and Sore throat.
Eyes	Negative	Eye pain, Eye redness and Tearing.
Respiratory	Negative	Cough, Dyspnea and Wheezing.
Cardio	Negative	Chest pain, Claudication, Edema and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Bowel dysfunction not spinal related, Decreased appetite, Diarrhea, Fecal incontinence, Fecal retention and Nausea.
GU	Negative	Back pain, Bladder dysfunction not spinal related, Dribbling, Dysuria, Urgency, Urinary frequency, Urinary incontinence and Urinary retention.
Endocrine	Negative	Cold intolerance, Polydipsia and Polyphagia.
Neuro	Negative	Dizziness, Headache, Incoordination, Loss of balance, Numbness, Tingling, Tingling in the arms and Tingling in the legs.
Psych	Negative	Difficulty sleeping.
Integumentary	Negative	Dermatomic rash, Hair loss and Rash.
MS	Positive	Back pain, Neck pain.
MS	Negative	Decreased mobility, Joint pain, Limping, Muscle spasms, Muscular atrophy, Musculoskeletal tenderness, Myalgia, Spasms, Tenderness and Weakness.
Hema/Lymph	Negative	Easy bleeding, Easy bruising and Lymphadenopathy.
Reproductive	Negative	Dyspareunia, Sexual dysfunction and Sexual dysfunction not spinal related.

Vital Signs

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	Pulse Ox	BP position
12:13 PM	140/84	88	15	97.40	5.0	8.00	163.00	24.78	98	sitting

Measured By

Time	Measured by
12:13 PM	Ambert Taylor

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Level of distress - Normal. Overall appearance - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Nasal Mucosa - Normal. Sinuses - Right: Normal, Left: Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal.
Lymph Detail	Normal	No palpable cervical or supraclavicular adenopathy.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1,

Vascular	*	Normal S2. Extra sounds - None. Murmurs - None. Rhythm - Regular.
Abdomen	Normal	Extra sounds - None. Murmurs - None.
Skin	Normal	Inspection - Normal.
Musculoskeletal	*	Capillary refill - Less than 2 seconds.
Musculoskeletal	Comments	Cervical spine - tender, Range of motion: mild pain w/ motion. Lumbar spine - tenderness, Range of motion: moderate pain w/motion.
Psychiatric	Normal	NECK HAS FULL ROM MILD PAIN REPORTED WHEN TWISTING FROM SIDE TO SIDE. NECK TENDER TO TOUCH ON BACK TOWARD RT. LOW BACK HAS FULL ROM PAIN WITH BENDING AND TWISTING.
		Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Diagnostics

Status	Study	Ordered	Completed	Interpretation	Result/Report
pending	Rad Exam Cervical;	07/05/2024			
review	Complete N/A				
pending	Rad Exam Spine	07/05/2024			
review	Lumbosacr; Ap & N/A				

Other Diagnostic Orders

Status	Order	Code	Timeframe	Appointment	Interpretation
pending	Rad Exam Cervical; Complete N/A	S16.1X			
review		XD			
pending	Rad Exam Spine Lumbosacr; Ap & N/A	S39.01			
review		2D			

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Strain of muscle, fascia and tendon at neck level, subsequent encounter (S16.1XXD).
	Patient Plan	CONT TO WEAR NECK PILLOW WHILE RESTING. AWAITING PT AT THIS TIME. MAY USE HEATING PAD AND MASSAGES WITH BIOFREEZE AS NEEDED..
	Plan Orders	Further diagnostic evaluations ordered today include(s) Rad Exam Cervical; Complete to be performed. Obtained on 07/05/2024, on N/A, Clinical information/comments: NORMAL C-SPINE XRAY NO FRACTURE.
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
	Patient Plan	CONT TO USE HEATING/COOL PADS. AVOID ANY ACTIVITIES THAT INCREASES PAIN..
3.	Assessment	Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D).
	Patient Plan	CONT TO USE HEATING/COOL PADS. AVOID ANY ACTIVITIES THAT INCREASES PAIN..
	Plan Orders	Further diagnostic evaluations ordered today include(s) Rad Exam Spine Lumbosacr; Ap & to be performed. Obtained on 07/05/2024, on N/A, Clinical information/comments: NORMAL L-SPINE XRAY. ~Worker's Comp Network -Diagnostic Radiology for MRI

		L-Spine. Reason for referral: MRI L-Spine, Clinical information/comments: NEED MRI OF L-SPINE.
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).

Referrals:

Status ordered	Physician	Reason	Timeframe	Appointment
	Referrals: Diagnostic Radiology. MRI L-Spine ~Worker's Comp Network			

Follow Up

Follow-up	Reason	Timeframe	Comments	Phone
follow-up visit with Work Comp at NextCare for workers comp	for workers comp	4 Weeks		

Provider:

Loudermilk FNP, Anolynn 07/05/2024 11:51 AM MST

A handwritten signature consisting of the letters 'AC' followed by 'FNP-C'.

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578

NextCare® URGENT CARE

Patient Name: Anthony Williams

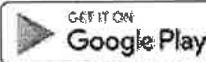


Date of Birth: 10/16/1978

Date of Visit: 07/05/2024 11:00 AM



- Access Your Visit Summary
- Pay Your Bill Online
- Get X-ray & Lab Results



If your illness or injury does not improve or gets worse, we would be happy to re-evaluate you back at a NextCare clinic or through our Telehealth service. Please visit NextCare.com or dial 1-888-381-4858 for information on registering for both offerings. If you feel you are having a life threatening emergency, please call 911.

THESE ARE YOUR DISCHARGE INSTRUCTIONS

Thank you for choosing us for your healthcare needs. The following is a summary of today's visit and other instructions and information we hope you find helpful.

REASON(S) FOR VISIT

Back pain, Neck pain.

Other Diagnostic Orders

Status	Order	Code	Timeframe	Appointment	Interpretation
pending review	Rad Exam Cervical; Complete N/A	S16.1X XD			
pending review	Rad Exam Spine Lumbosacr; Ap & N/A	S39.01 2D			

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Strain of muscle, fascia and tendon at neck level, subsequent encounter (S16.1XXD).
	Patient Plan	CONT TO WEAR NECK PILLOW WHILE RESTING. AWAITING PT AT THIS TIME. MAY USE HEATING PAD AND MASSAGES WITH BIOFREEZE AS NEEDED. .
	Plan Orders	Further diagnostic evaluations ordered today include(s) Rad Exam Cervical; Complete to be performed. Obtained on 07/05/2024, on N/A, Clinical information/comments: NORMAL C-SPINE XRAY NO FRACTURE.
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3.	Assessment	Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D).
	Patient Plan	CONT TO USE HEATING/COOL PADS. AVOID ANY ATIVITIES THAT INCREASES PAIN. .
	Plan Orders	Further diagnostic evaluations ordered today include(s) Rad Exam Spine Lumbosacr; Ap & to be performed. Obtained on 07/05/2024, on N/A, Clinical information/comments: NORMAL L-SPINE XRAY . ~Worker's Comp Network -Diagnostic Radiology for MRI L-Spine. Reason for referral: MRI L-Spine, Clinical information/comments: NEED MRI OF L-SPINE.
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI	Pulse Ox
140/84	88	15	97.40	68.00	163.00		24.78	98

Diagnostics

Order Date	Order	Interpretation
07/05/2024	Rad Exam Cervical; Complete N/A	NORMAL C-SPINE XRAY NO FRACTURE
07/05/2024	Rad Exam Spine Lumbosacr; Ap & N/A	NORMAL L-SPINE XRAY

FOLLOW UP

Status	Ordered	Order	Timeframe	Comments
completed	07/05/2024	follow-up visit with Work Comp at NextCare for workers comp 4 Weeks	4 Weeks	

REFERRALS

Status	Physician	Reason	Timeframe	Appointment
ordered		Referrals: Diagnostic Radiology. MRI L-Spine ~Worker's Comp Network		

Sincerely,
Provider:

Loudermilk FNP, Anolynn 07/05/2024 11:51 AM MST

CC: No PCP, Patient

Document generated by: Anolynn Loudermilk, FNP 07/05/2024

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578



Visit #: **Chart #: No Data** Acct #: **12507569** Date Created:

Encounter Date: Check-In: Check-Out: Location:

Name: **Williams, Anthony**

Social:

Address: **108 Jordan Dr**

DOB: **10/16/1978**

Payor:

Red Oak, TX 751545053

E/M Services:

E&M Code: 99214

Visit Charges:

CPT	#	Mod1	Mod2	ICD10	Type	Description	Ordered By
72100	1.00			S39.012D	DIAGSTUDY	Rad Exam Spine Lumbosacr; Ap & N/A	Anolynn Loudermilk FNP
72052	1.00			S16.1XXD	DIAGSTUDY	Rad Exam Cervical; Complete N/A	Anolynn Loudermilk FNP
				OV		follow-up visit with Work Comp at NextCare for workers comp 4 Weeks	Anolynn Loudermilk FNP
				S39.012D	REFR	Referrals: Diagnostic Radiology. ~Worker's Comp Network	Anolynn Loudermilk FNP

Total Charges:

{timeCO}

NextCare® URGENT CARE

Patient: Anthony Williams

Date of Birth: 10/16/1978

Date: 06/21/2024

Historian: self

Document Type: Chart Note

ESTABLISHED PATIENT VISIT

This 45 year old male presents for Back pain, Hand/finger pain/injury and Ankle pain/injury.

History of Present Illness:

1. Back pain

Onset: 3 months ago. Severity level is mild-moderate. Duration: 3 Months. The problem is improving. It occurs persistently. Location of pain is lower back. There is no radiation of pain. Context: hard fall. Symptoms are aggravated by bending and lifting. Symptoms are relieved by pain meds/drugs and rest. Associated symptoms include joint pain and tenderness. Pertinent negatives include abdominal pain, bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, diarrhea, dyspareunia, limping, loss of balance, numbness, rash, sexual dysfunction, sexual dysfunction not spinal related, spasms, tingling in the arms, tingling in the legs, weakness and weight loss.

2. Hand/finger pain/injury

Onset: 3 months ago. Duration: 3 Months. Severity level is mild-moderate. It occurs constantly and is stable. Location: left hand. The pain radiates to the fingers. The pain is aching. Context: there is an injury. There are no aggravating factors. The pain is relieved by rest. Associated symptoms include joint pain, joint tenderness and numbness. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, limping, locking, nocturnal awakening, nocturnal pain, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness.

3. Ankle pain/injury

Onset: 3 months ago. Duration: 3 Months. Severity level is mild. The problem is resolved. Location: right ankle (lateral). There is no radiation. Context: there is an injury. There are no aggravating factors. There are no relieving factors. Associated symptoms include joint pain. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, joint tenderness, limping, locking, nocturnal awakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fatigue, Generalized weakness, Malaise, Night sweats, Nocturnal pain and Weight loss.
ENMT	Negative	Nasal congestion, Nasal drainage, Otalgia and Sore throat.
Eyes	Negative	Eye pain, Eye redness and Tearing.
Respiratory	Negative	Cough, Dyspnea and Wheezing.
Cardio	Negative	Chest pain, Claudication, Edema and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Bowel dysfunction not spinal related, Decreased appetite, Diarrhea, Fecal incontinence, Fecal retention, Nausea and Vomiting.
GU	Negative	Back pain, Bladder dysfunction not spinal related, Dysuria, Polyuria (Genitourinary), Urgency, Urinary frequency, Urinary incontinence and Urinary retention.
Endocrine	Negative	Cold intolerance, Heat intolerance, Polydipsia and Polyphagia.
Neuro	Positive	Numbness.
Neuro	Negative	Difficulty initiating sleep, Dizziness, Headache, Loss of balance, Nocturnal awakening, Tingling in the arms and Tingling in the legs.
Integumentary	Negative	Hives, Rash, Skin lesion and Swelling.
MS	Positive	Back pain, Joint pain, Joint tenderness, Neck pain, Tenderness.
MS	Negative	Crepitus, Decreased mobility, Joint instability, Joint locking, Joint swelling, Limping, Myalgia, Popping, Spasms and Weakness.
Hema/Lymph	Negative	Bruising, Easy bleeding, Easy bruising and Lymphadenopathy.
Reproductive	Negative	Dyspareunia, Sexual dysfunction and Sexual dysfunction not spinal related.

Vital Signs

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	Pulse Ox	BP position
8:11 AM	138/88	71	17	98.50	5.0	8.00	163.00	24.78	99	sitting

Measured By

Time	Measured by
8:11 AM	Ambert Taylor

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Level of distress - Normal. Overall appearance - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left:

		Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Nasal Mucosa - Normal. Sinuses - Right: Normal, Left: Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal.
Lymph Detail	Normal	No palpable cervical or supraclavicular adenopathy.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Rhythm - Regular.
		Extra sounds - None. Murmurs - None.
Vascular	*	Capillary refill - Less than 2 seconds.
Abdomen	Normal	Inspection - Normal.
Skin	Normal	Inspection - Normal.
Musculoskeletal	*	Cervical spine - tender, Range of motion: mild pain w/ motion. Lumbar spine - tenderness, Range of motion: moderate pain w/motion. Hands - Left: Range of motion: mild pain w/ motion.
Musculoskeletal	Comments	NECK HAS FULL ROM WITH TENDERNESS TO RT SIDE. LOW BACK PAIN WITH BENDING AND LIFTING. FULL ROM IN SPINE LEFT HAND AND WRIST HAS NUMBNESS IN 4TH AND 5TH FINGER. FULL ROM HAND AND WRIST.
Musculoskeletal	Normal	Hands - Right: Normal Inspection and Normal Range of Motion. Foot/ankle - Left: Normal Inspection and Normal Range of Motion, Right: Normal Inspection and Normal Range of Motion.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Strain of muscle, fascia and tendon at neck level, subsequent encounter (S16.1XXD).
	Patient Plan	CONT CURRENT MEDICATION REGIMEN. USE HEAT/COOL PACKS AS NEEDED. USE NECK PILLOW WHEN NEEDED. MAY USE BIOFREEZE WITH DEEP MASSAGES..
	Plan Orders	~Worker's Comp Network -Physical Therapy in 6 Weeks for physical therapy. Reason for referral: physical therapy, week, Position: 2.
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3.	Assessment	Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D).
	Patient Plan	CONT CURRENT MEDICATION REGIMEN. USE HEAT/COOL PACKS AS NEEDED. MAY USE BIOFREEZE WITH DEEP MASSAGES..
	Plan Orders	~Worker's Comp Network -Physical Therapy in 6 Weeks. week, Position: 2.
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).
	Patient Plan	MAY WAER WRIST BRACE IF NEEDED. AVOID ANY ACTIVITY THAT INCREASES PAIN..
	Plan Orders	Occupational Therapy in 6 Weeks for physical therapy. Reason for referral: physical

therapy, week, Position: 2.

Referrals:

Status	Physician	Reason	Timeframe	Appointment
ordered	Referrals: Physical Therapy. ~Worker's Comp Network. Evaluate and treat	physical therapy	6 Weeks	
ordered	Referrals: Physical Therapy. ~Worker's Comp Network. Evaluate and treat		6 Weeks	
ordered	Referrals: Occupational Therapy. Evaluate and treat	physical therapy	6 Weeks	

Follow Up

Follow-up	Reason	Timeframe	Comments	Phone
follow-up visit with Work Comp at NextCare for workers comp 2 Weeks. If no improvement or symptoms worsen, please go to the ER or return to PrimaCare.	for workers comp	2 Weeks		

Provider:

Loudermilk FNP, Anolynn 06/21/2024 6:48 AM MST

A handwritten signature consisting of the letters "AC" followed by "FNP-C".

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578

NextCare® URGENT CARE

Patient Name: Anthony Williams



Date of Birth: 10/16/1978

Date of Visit: 06/21/2024 08:00 AM

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If your illness or injury does not improve or gets worse, we would be happy to re-evaluate you back at a NextCare clinic or through our Telehealth service. Please visit NextCare.com or dial 1-888-381-4858 for information on registering for both offerings. If you feel you are having a life threatening emergency, please call 911.

THESE ARE YOUR DISCHARGE INSTRUCTIONS

Thank you for choosing us for your healthcare needs. The following is a summary of today's visit and other instructions and information we hope you find helpful.

REASON(S) FOR VISIT

Back pain, Hand/finger pain/injury, Ankle pain/injury.

Assessment/Plan

Williams, Anthony 000000721898 10/16/1978 06/21/2024 08:00 AM Page: 1/3

#	Detail Type	Description
1.	Assessment	Strain of muscle, fascia and tendon at neck level, subsequent encounter (S16.1XXD).
	Patient Plan	CONT CURRENT MEDICATION REGIMENT. USE HEAT/COOL PACKS AS NEEDED. USE NECK PILLOW WHEN NEEDED. MAY USE BIOFREEZE WITH DEEP MASSAGES..
	Plan Orders	~Worker's Comp Network -Physical Therapy in 6 Weeks for physical therapy. Reason for referral: physical therapy, week, Position: 2.
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3.	Assessment	Strain of muscle, fascia and tendon of lower back, subsequent encounter (S39.012D).
	Patient Plan	CONT CURRENT MEDICATION REGIMENT. USE HEAT/COOL PACKS AS NEEDED. MAY USE BIOFREEZE WITH DEEP MASSAGES..
	Plan Orders	~Worker's Comp Network -Physical Therapy in 6 Weeks. week, Position: 2.
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).
	Patient Plan	MAY WAER WRIST BRACE IF NEEDED. AVOID ANY ACTIVITY THAT INCREASES PAIN..
	Plan Orders	Occupational Therapy in 6 Weeks for physical therapy. Reason for referral: physical therapy, week, Position: 2.

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI	Pulse Ox
138/88	71	17	98.50	68.00		163.00		24.78 99

FOLLOW UP

Status	Ordered	Order	Timeframe	Comments
completed	06/21/2024	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks. If no improvement or symptoms worsen, please go to the ER or return to PrimaCare.	2 Weeks	

REFERRALS

Status	Physician	Reason	Timeframe	Appointment
ordered	Referrals: Physical Therapy. ~Worker's Comp Network. Evaluate and treat	physical therapy	6 Weeks	
ordered	Referrals: Physical Therapy. ~Worker's Comp Network. Evaluate and treat		6 Weeks	
ordered	Referrals: Occupational Therapy. Evaluate and treat	physical therapy	6 Weeks	

Sincerely,

Provider:

Loudermilk FNP, Anolynn 06/21/2024 6:48 AM MST

CC: No PCP, Patient

Document generated by: Anolynn Loudermilk, FNP 06/21/2024

NextCare Desoto

1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578



Visit #: **Chart #: No Data** Acct #: **12507569** Date Created:

Encounter Date: Check-In: Check-Out: Location:

Name: **Williams, Anthony**

Social:

Address: **108 Jordan Dr**

DOB: **10/16/1978**

Payor:

Red Oak, TX 751545053

E/M Services:

E&M Code: 99213

Visit Charges:

CPT	#	Mod1	Mod2	ICD10	Type	Description	Ordered By
					OV	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks. If no improvement or symptoms worsen, please go to the ER or return to PrimaCare.	Anolynn Loudermilk FNP
				S63.90XD	REFR	Referrals: Occupational Therapy. Evaluate and treat	Anolynn Loudermilk FNP
				S16.1XXD	REFR_INIT	Referrals: Physical Therapy. ~Worker's Comp Network. Evaluate and treat	Anolynn Loudermilk FNP
				S39.012D	REFR_INIT	Referrals: Physical Therapy. ~Worker's Comp Network. Evaluate and treat	Anolynn Loudermilk FNP

Total Charges:

{timeCO}

NextCare® URGENT CARE

Patient: Anthony Williams

Date of Birth: 10/16/1978

Date: 06/07/2024

Historian: self

Document Type: Chart Note

ESTABLISHED PATIENT VISIT

This 45 year old male presents for Neck pain and Back pain.

History of Present Illness:

1. Neck pain

Onset: 2 months ago. The severity of the problem is mild. Duration: 2 Months. The problem has worsened. The frequency of pain is constant. Location of pain is right posterior neck. There is no radiation of pain. The patient describes the pain as Aching. The event(s) surrounding the occurrence of the symptom include hard fall. Aggravating factors include rotation. Denies relieving factors. Pertinent negatives include bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, dermatologic rash, difficulty sleeping, dysphagia, incoordination, joint pain, loss of balance, muscle atrophy, muscle spasm, numbness, rash, sexual dysfunction, sexual dysfunction (not spinal related), tenderness, tingling, weakness and weight loss.

2. Back pain

Onset: 2 months ago. Severity level is mild. Duration: 2 Months. Location of pain is lower back. There is no radiation of pain. The patient describes the pain as an ache. Context: hard fall. Symptoms are aggravated by changing positions, standing and twisting. The patient denies relieving factors.

Pertinent negatives include abdominal pain, bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, diarrhea, dyspareunia, joint pain, limping, loss of balance, numbness, rash, sexual dysfunction, sexual dysfunction not spinal related, spasms, tenderness, tingling in the arms, tingling in the legs, weakness and weight loss.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fatigue, Fever and Weight loss.
ENMT	Negative	Dysphagia, Nasal congestion, Nasal drainage, Otalgia, Sinus pressure and Sore throat.
Eyes	Negative	Eye pain, Eye redness, Photophobia and Tearing.
Respiratory	Negative	Cough, Dyspnea, Painful respiration and Pleuritic pain.
Cardio	Negative	Chest pain, Claudication, Edema and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Bowel dysfunction not spinal related, Constipation, Decreased appetite, Diarrhea, Fecal incontinence, Fecal retention, Heartburn and Nausea.
GU	Negative	Back pain, Bladder dysfunction not spinal related, Dysuria, Polyuria (Genitourinary), Urinary frequency, Urinary incontinence and Urinary retention.
Endocrine	Negative	Cold intolerance, Heat intolerance, Polydipsia and Polyphagia.
Neuro	Negative	Dizziness, Headache, Incoordination, Loss of balance, Memory impairment, Numbness, Tingling, Tingling in the arms and Tingling in the legs.
Psych	Negative	Difficulty sleeping.
Integumentary	Negative	Dermatomic rash, Hives, Pruritus and Rash.
MS	Positive	Back pain, Neck pain.
MS	Negative	Decreased mobility, Joint pain, Joint swelling, Limping, Muscle spasms, Muscular atrophy, Musculoskeletal tenderness, Myalgia, Spasms, Tenderness and Weakness.
Hema/Lymph	Negative	Easy bleeding, Easy bruising and Lymphadenopathy.
Reproductive	Negative	Dyspareunia, Sexual dysfunction and Sexual dysfunction not spinal related.

Vital Signs

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	Pulse Ox	BP position
10:45 AM	142/90	77	18	97.90	5.0	8.00	163.00	24.78	100	sitting

Measured By

Time	Measured by
10:45 AM	Ambert Taylor

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Level of distress - Normal. Overall appearance - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.

Nasopharynx	Normal	External nose - Normal. Nasal Mucosa - Normal. Sinuses - Right: Normal, Left: Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal.
Lymph Detail	Normal	No palpable cervical or supraclavicular adenopathy.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Rhythm - Regular. Extra sounds - None. Murmurs - None.
Vascular	*	Capillary refill - Less than 2 seconds.
Abdomen	Normal	Inspection - Normal.
Skin	Normal	Inspection - Normal.
Musculoskeletal	*	Cervical spine - mild pain w/ motion. Lumbar spine - Range of motion: moderate pain w/motion.
Musculoskeletal	Comments	NECK HAS FULL ROM ONLY TIGHTNESS ON RT REPORTED. NO EDEMA NOTED. LOW BACK FULL ROM WITH MILD PAIN WITH BENDING AND ROTATION.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Neck strain, subsequent encounter (S16.1XXD).
	Patient Plan	CONT CURRENT TREATMENT PLAN. USE HEATINGPADAND SLEEP WITH NECK PILLOW. .
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3.	Assessment	Lumbar strain, subsequent encounter (S39.012D).
	Patient Plan	USE HEATING PAD AS NEEDED. USE BIOFREEZE WITH MASSAGES FOR PAIN. TAKE OTC TYLENOL OR MOTRIN AS NEEDED FOR PAIN..
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).

Follow Up

Follow-up	Reason	Timeframe	Comments	Phone
follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	for workers comp	2 Weeks		

Provider:

Loudermilk FNP, Anolynn 06/07/2024 9:21 AM MST

A handwritten signature consisting of the initials "AC" followed by "FNP-C". The signature is written in black ink on a light-colored background.

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578

NextCare® URGENT CARE

Patient Name: Anthony Williams



Date of Birth: 10/16/1978

Date of Visit: 06/07/2024 10:00 AM



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If your illness or injury does not improve or gets worse, we would be happy to re-evaluate you back at a NextCare clinic or through our Telehealth service. Please visit NextCare.com or dial 1-888-381-4858 for information on registering for both offerings. If you feel you are having a life threatening emergency, please call 911.

THESE ARE YOUR DISCHARGE INSTRUCTIONS

Thank you for choosing us for your healthcare needs. The following is a summary of today's visit and other instructions and information we hope you find helpful.

REASON(S) FOR VISIT

Neck pain, Back pain.

Assessment/Plan

Williams, Anthony 000000721898 10/16/1978 06/07/2024 10:00 AM Page: 1/2

#	Detail Type	Description
1.	Assessment	Neck strain, subsequent encounter (S16.1XXD).
	Patient Plan	CONT CURRENT TREATMENT PLAN. USE HEATINGPADAND SLEEP WITH NECK PILLOW..
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3.	Assessment	Lumbar strain, subsequent encounter (S39.012D).
	Patient Plan	USE HEATING PAD AS NEEDED. USE BIOFREEZE WITH MASSAGES FOR PAIN. TAKE OTC TYLENOL OR MOTRIN AS NEEDED FOR PAIN..
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI	Pulse Ox
142/90	77	18	97.90	68.00	163.00		24.78	100

FOLLOW UP

Status	Ordered	Order	Timeframe	Comments
completed	06/07/2024	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	2 Weeks	

Sincerely,

Provider:

Loudermilk FNP, Anolynn 06/07/2024 9:21 AM MST

CC: No PCP, Patient

Document generated by: Anolynn Loudermilk, FNP 06/07/2024

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578



Visit #: **Chart #: No Data** Acct #: **12507569** Date Created:

Encounter Date: Check-In: Check-Out: Location:

Name: **Williams, Anthony**

Social:

Address: **108 Jordan Dr**

DOB: **10/16/1978**

Payor:

Red Oak, TX 751545053

E/M Services:

E&M Code: 99213

Visit Charges:

CPT	#	Mod1	Mod2	ICD10	Type	Description	Ordered By
					OV	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	Anolynn Loudermilk FNP

Total Charges:

{timeCO}

NextCare® URGENT CARE

Patient: Anthony Williams

Date of Birth: 10/16/1978

Date: 05/24/2024

Historian: self

Document Type: Chart Note

ESTABLISHED PATIENT VISIT

This 45 year old male presents for Back pain, Ankle pain/injury and Hand/finger pain/injury.

History of Present Illness:

1. Back pain

Onset: 2 months ago. Severity level is mild. Duration: 2 Months. The problem is stable. Location of pain is lower back. There is no radiation of pain. The patient describes the pain as an ache. Context: hard fall. The patient denies aggravating factors. The patient denies relieving factors. Associated symptoms include joint pain and tenderness. Pertinent negatives include abdominal pain, bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, diarrhea, dyspareunia, limping, loss of balance, numbness, rash, sexual dysfunction, sexual dysfunction not spinal related, spasms, tingling in the arms, tingling in the legs, weakness and weight loss.

2. Ankle pain/injury

Onset: 2 months ago. Duration: 2 Months. Severity level is mild. It occurs rarely and is resolved. Location: right ankle (lateral). There is no radiation. The pain is aching. Context: there is an injury. Trauma type: fall, occurred at work on 03/28/2024. The pain is relieved by rest. Associated symptoms include joint pain. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, joint tenderness, limping, locking, nocturnal awakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness. Additional information: NO ANKLE PAIN REPORTED AT THIS TIME. PT STATES IF HAS RESOLVED.

3. Hand/finger pain/injury

Onset: 2 months ago. Duration: 2 Months. Severity level is mild. It occurs constantly and is stable. Location: left hand. Context: there is an injury. Trauma type: fall, occurred at work on 03/28/2024. The pain is aggravated by lifting and movement. There are no relieving factors. Associated symptoms include joint pain. Pertinent negatives include bruising, crepitus, decreased mobility,

difficulty initiating sleep, joint instability, joint tenderness, limping, locking, nocturnal awakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fatigue, Fever, Generalized weakness, Night sweats, Nocturnal pain and Weight loss.
ENMT	Negative	Nasal congestion, Nasal drainage, Otolgia, Sinus pressure and Sore throat.
Eyes	Negative	Eye pain, Eye redness and Tearing.
Respiratory	Negative	Cough, Dyspnea and Wheezing.
Cardio	Negative	Chest pain, Claudication, Edema and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Bowel dysfunction not spinal related, Constipation, Decreased appetite, Diarrhea, Fecal incontinence, Fecal retention, Nausea and Vomiting.
GU	Negative	Bladder dysfunction not spinal related, Dribbling, Urgency, Urinary frequency, Urinary incontinence and Urinary retention.
Endocrine	Negative	Polydipsia and Polyphagia.
Neuro	Negative	Difficulty initiating sleep, Dizziness, Headache, Loss of balance, Nocturnal awakening, Numbness, Tingling in the arms and Tingling in the legs.
Integumentary	Negative	Ecchymosis, Hives, Pruritus, Rash, Swelling and Wound.
MS	Positive	Joint pain, Tenderness.
MS	Negative	Back pain, Crepitus, Decreased mobility, Joint instability, Joint locking, Joint tenderness, Limping, Muscle weakness, Myalgia, Neck pain, Popping, Spasms and Weakness.
Hema/Lymph	Negative	Bruising, Easy bleeding, Easy bruising and Lymphadenopathy.
Reproductive	Negative	Dyspareunia, Sexual dysfunction and Sexual dysfunction not spinal related.

Vital Signs

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	Pulse Ox	BP position
2:31 PM	142/88	60	16	98.20	5.0	8.00	163.00	24.78	97	sitting

Measured By

Time	Measured by
2:31 PM	Ambert Taylor

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Level of distress - Normal. Overall appearance - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Nasal Mucosa - Normal. Sinuses - Right: Normal, Left: Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal.
Lymph Detail	Normal	No palpable cervical or supraclavicular adenopathy.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Rhythm - Regular. Extra sounds - None. Murmurs - None.
Vascular	*	Capillary refill - Less than 2 seconds.
Abdomen	Normal	Inspection - Normal.
Skin	Normal	Inspection - Normal.
Musculoskeletal	*	Cervical spine - tender, Range of motion: moderate pain w/motion. Lumbar spine - tenderness, Range of motion: moderate pain w/motion. Hands - Left: numbness, Range of motion: mild pain w/ motion.
Musculoskeletal	Normal	Hands - Right: Normal Inspection and Normal Range of Motion. Foot/ankle - Left: Normal Inspection and Normal Range of Motion, Right: Normal Inspection and Normal Range of Motion.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Neck strain, subsequent encounter (S16.1XXD).
	Patient Plan	USE HEATING/COOL PAD. USE BIOFREEZE WITH DEEP TISSUE MASSAGES AS NEEDED. MAY USE NECK PILLOW FOR COMFORT. PLEASE FILL YOUR PRESCRIPTIONS AND TAKE ALL MEDICATIONS AS DIRECTED/PRESCRIBED EVEN IF YOU BEGIN TO FEEL BETTER BEFORE YOU RUN OUT OF MEDICINE. RISKS AND BENEFITS OF MEDICATIONS WERE DISCUSSED DURING YOUR VISIT..
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3.	Assessment	Lumbar strain, subsequent encounter (S39.012D).
	Patient Plan	USE HEATING/COOL PAD. USE BIOFREEZE WITH DEEP TISSUE MASSAGES AS NEEDED. PLEASE FILL YOUR PRESCRIPTIONS AND TAKE ALL MEDICATIONS AS DIRECTED/PRESCRIBED EVEN IF YOU BEGIN TO FEEL BETTER BEFORE YOU RUN OUT OF MEDICINE. RISKS AND BENEFITS OF MEDICATIONS WERE DISCUSSED DURING YOUR VISIT.
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).

5.	Assessment	Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, subsequent encounter (S66.919D).

Follow Up

Follow-up	Reason	Timeframe	Comments	Phone
follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	for workers comp	2 Weeks		

Provider:

Loudermilk FNP, Anolynn 05/24/2024 1:15 PM MST

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578

NextCare® URGENT CARE

Patient Name: Anthony Williams



Date of Birth: 10/16/1978

Date of Visit: 05/24/2024 02:00 PM



- Access Your Visit Summary
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- Get X-ray & Lab Results



If your illness or injury does not improve or gets worse, we would be happy to re-evaluate you back at a NextCare clinic or through our Telehealth service. Please visit NextCare.com or dial 1-888-381-4858 for information on registering for both offerings. If you feel you are having a life threatening emergency, please call 911.

THESE ARE YOUR DISCHARGE INSTRUCTIONS

Thank you for choosing us for your healthcare needs. The following is a summary of today's visit and other instructions and information we hope you find helpful.

REASON(S) FOR VISIT

Back pain, Ankle pain/injury, Hand/finger pain/injury.

Assessment/Plan

Williams, Anthony 000000721898 10/16/1978 05/24/2024 02:00 PM Page: 1/2

#	Detail Type	Description
1.	Assessment	Neck strain, subsequent encounter (S16.1XXD).
	Patient Plan	USE HEATING/COOL PAD. USE BIOFREEZE WITH DEEP TISSUE MASSAGES AS NEEDED. MAY USE NECK PILLOW FOR COMFORT. PLEASE FILL YOUR PRESCRIPTIONS AND TAKE ALL MEDICATIONS AS DIRECTED/PRESCRIBED EVEN IF YOU BEGIN TO FEEL BETTER BEFORE YOU RUN OUT OF MEDICINE. RISKS AND BENEFITS OF MEDICATIONS WERE DISCUSSED DURING YOUR VISIT..
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3.	Assessment	Lumbar strain, subsequent encounter (S39.012D).
	Patient Plan	USE HEATING/COOL PAD. USE BIOFREEZE WITH DEEP TISSUE MASSAGES AS NEEDED. PLEASE FILL YOUR PRESCRIPTIONS AND TAKE ALL MEDICATIONS AS DIRECTED/PRESCRIBED EVEN IF YOU BEGIN TO FEEL BETTER BEFORE YOU RUN OUT OF MEDICINE. RISKS AND BENEFITS OF MEDICATIONS WERE DISCUSSED DURING YOUR VISIT.
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).
5.	Assessment	Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, subsequent encounter (S66.919D).

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI	Pulse Ox
142/88	60	16	98.20	68.00	163.00		24.78	97

FOLLOW UP

Status	Ordered	Order	Timeframe	Comments
completed	05/24/2024	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	2 Weeks	

Sincerely,

Provider:

Loudermilk FNP, Anolynn 05/24/2024 1:15 PM MST

CC: No PCP, Patient

Document generated by: Anolynn Loudermilk, FNP 05/24/2024

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286

Phone: (469)765-1600 press option 1 Fax: (469)765-1578



Visit #: **Chart #: No Data** Acct #: **12507569** Date Created:

Encounter Date: Check-In: Check-Out: Location:

Name: **Williams, Anthony**

Social:

Address: **108 Jordan Dr**

DOB: **10/16/1978**

Payor:

Red Oak, TX 751545053

E/M Services:

E&M Code: 99213

Visit Charges:

CPT	#	Mod1	Mod2	ICD10	Type	Description	Ordered By
					OV	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	Anolynn Loudermilk FNP

Total Charges:

{timeCO}

NextCare® URGENT CARE

Patient: Anthony Williams

Date of Birth: 10/16/1978

Date: 05/10/2024

Historian: self

Document Type: Chart Note

ESTABLISHED PATIENT VISIT

This 45 year old male presents for Hand/finger pain/injury, Ankle pain/injury and Back pain.

History of Present Illness:

1. Hand/finger pain/injury

Severity level is mild. Location: left hand. The pain radiates to the FINGERS. The pain is aching. Context: there is an injury. Trauma occurred at work on 03/28/2024. The pain is aggravated by lifting and movement. The pain is relieved by pain/RX meds. Associated symptoms include joint pain. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, joint tenderness, limping, locking, nocturnal awakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness.

2. Ankle pain/injury

Severity level is mild. It occurs intermittently and is improving. Location: right ankle (lateral). There is no radiation. The pain is aching. Context: there is an injury. Trauma occurred at work on 03/28/2024. The pain is aggravated by walking and standing. The pain is relieved by brace/splint and pain/RX meds. Associated symptoms include joint pain. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, joint tenderness, limping, locking, nocturnal awakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness.

3. Back pain

Severity level is mild-moderate. Location of pain is lower back and neck. There is no radiation of pain. The patient describes the pain as an ache. Context: hard fall. Symptoms are aggravated by bending, changing positions and daily activities. Symptoms are relieved by pain meds/drugs and rest. Associated symptoms include joint pain and tenderness. Pertinent negatives include abdominal pain, bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, diarrhea, dyspareunia, limping, loss of balance, numbness, rash, sexual dysfunction, sexual dysfunction not spinal related,

spasms, tingling in the arms, tingling in the legs, weakness and weight loss.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fever, Generalized weakness, Night sweats, Nocturnal pain and Weight loss.
ENMT	Negative	Ear drainage, Facial pain, Hearing loss, Nasal congestion, Nasal drainage, Otalgia, Sinus pressure and Sore throat.
Eyes	Negative	Eye pain, Eye redness, Photophobia and Tearing.
Respiratory	Negative	Cough, Dyspnea and Wheezing.
Cardio	Negative	Chest pain, Claudication, Edema and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Bowel dysfunction not spinal related, Change in stool pattern, Constipation, Decreased appetite, Diarrhea, Fecal incontinence, Fecal retention, Nausea and Vomiting.
GU	Negative	Back pain, Bladder dysfunction not spinal related, Dysuria, Polyuria (Genitourinary), Urinary frequency, Urinary incontinence and Urinary retention.
Endocrine	Negative	Cold intolerance, Heat intolerance, Polydipsia and Polyphagia.
Neuro	Negative	Difficulty initiating sleep, Dizziness, Extremity weakness, Gait disturbance, Headache, Loss of balance, Loss of consciousness, Memory impairment, Nocturnal awakening, Numbness, Numbness in extremity, Tingling in the arms and Tingling in the legs.
Integumentary	Negative	Ecchymosis, Hives, Rash, Skin lesion, Swelling and Wound.
MS	Positive	Back pain, Joint pain, Neck pain, Tenderness.
MS	Negative	Bone/joint symptoms, Crepitus, Decreased mobility, Joint instability, Joint locking, Joint swelling, Joint tenderness, Limping, Muscle weakness, Myalgia, Popping, Spasms and Weakness.
Hema/Lymph	Negative	Bruising, Easy bleeding, Easy bruising and Lymphadenopathy.
Reproductive	Negative	Dyspareunia, Sexual dysfunction and Sexual dysfunction not spinal related.

Vital Signs

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	Pulse Ox	BP position
10:28 AM	118/78	61	16	98.60	5.0	8.00	163.00	24.78	99	sitting

Measured By

Time	Measured by
10:28 AM	Kathy Berry

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Level of distress - Normal. Overall appearance - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Nasal Mucosa - Normal. Sinuses - Right: Normal, Left: Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal.
Lymph Detail	Normal	No palpable cervical or supraclavicular adenopathy.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Rhythm - Regular.
		Extra sounds - None. Murmurs - None.
Vascular	*	Capillary refill - Less than 2 seconds.
Abdomen	Normal	Inspection - Normal.
Skin	Normal	Inspection - Normal.
Musculoskeletal	*	Cervical spine - tender, Range of motion: moderate pain w/motion. Lumbar spine - tenderness, Range of motion: moderate pain w/motion. Hands - Left: Range of motion: mild pain w/ motion. Foot/ankle - Right: Range of motion: mild pain w/ motion.
Musculoskeletal	Comments	NECK HAS FULL ROM BUT MOD PAIN PRESENT WITH ROTATION. NECK TENDER TO TOUCH. LOW BACK HAS MOD PAIN WITH BENDING AND ROTATION OF TORSO BUT FULL ROM RT ANKLE HAS FULL ROM NO PAIN AT THIS TIME. ABLE TO FULLY BARE WEIGHT. LT HAND AND FINGERS HAVE FULL ROM WITH MILD PAIN PRESENT. NO EDEMA OR BRUISING NOTED.
Musculoskeletal	Normal	Hands - Right: Normal Inspection and Normal Range of Motion. Foot/ankle - Left: Normal Inspection and Normal Range of Motion.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Neck strain, subsequent encounter (S16.1XXD).
	Patient Plan	CONT CURRENT MED REGIMEN. USE A NECK PILLOW FOR COMFORT. USE BIOFREEZE WITH MASSAGES AS NEEDED..
2.	Assessment	Sprain of right ankle, unspecified ligament, subsequent encounter (S93.401D).
	Patient Plan	CONT TO WEAR ANKLE BRACE AS NEEDED..
3.	Assessment	Lumbar strain, subsequent encounter (S39.012D).
	Patient Plan	AVOID ANY ACTIVITY THAT INCREASES PAIN. CONT TO STRETCH BACK DAILY. USE

		HEATING PAD. USE BIOFREEZE WITH MASSAGES AS NEEDED..
4.	Assessment	Sprain of hand, subsequent encounter (S63.90XD).
	Patient Plan	AVOID SLEEPING OR LYING ON HAND/ARM. CONT CURRENT MED REGIMEN..
5.	Assessment	Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, subsequent encounter (S66.919D).
	Patient Plan	AVOID HEAVY LIFTING. MAY WEAR WRIST BRACE AS NEEDED. CONT CURRENT MED REGIMEN..

Follow Up

Follow-up	Reason	Timeframe	Comments	Phone
follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	for workers comp	2 Weeks		

Provider:

Loudermilk FNP, Anolynn 05/10/2024 9:01 AM MST

A handwritten signature consisting of the initials "AL" followed by "FNP-C". The signature is written in a cursive style on a light background.

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578

NextCare® URGENT CARE

Patient Name: Anthony Williams



Date of Birth: 10/16/1978

Date of Visit: 05/10/2024 10:00 AM



- Access Your Visit Summary
- Pay Your Bill Online
- Get X-ray & Lab Results



If your illness or injury does not improve or gets worse, we would be happy to re-evaluate you back at a NextCare clinic or through our Telehealth service. Please visit NextCare.com or dial 1-888-381-4858 for information on registering for both offerings. If you feel you are having a life threatening emergency, please call 911.

THESE ARE YOUR DISCHARGE INSTRUCTIONS

Thank you for choosing us for your healthcare needs. The following is a summary of today's visit and other instructions and information we hope you find helpful.

REASON(S) FOR VISIT

Hand/finger pain/injury, Ankle pain/injury, Back pain.

Assessment/Plan

Williams, Anthony 000000721898 10/16/1978 05/10/2024 10:00 AM Page: 1/2

#	Detail Type	Description
1.	Assessment	Neck strain, subsequent encounter (S16.1XXD).
	Patient Plan	CONT CURRENT MED REGIMEN. USE A NECK PILLOW FOR COMFORT. USE BIOFREEZE WITH MASSAGES AS NEEDED..
2.	Assessment	Sprain of right ankle, unspecified ligament, subsequent encounter (S93.401D).
	Patient Plan	CONT TO WEAR ANKLE BRACE AS NEEDED..
3.	Assessment	Lumbar strain, subsequent encounter (S39.012D).
	Patient Plan	AVOID ANY ACTIVITY THAT INCREASES PAIN. CONT TO STRETCH BACK DAILY. USE HEATING PAD. USE BIOFREEZE WITH MASSAGES AS NEEDED..
4.	Assessment	Sprain of hand, subsequent encounter (S63.90XD).
	Patient Plan	AVOID SLEEPING OR LYING ON HAND/ARM. CONT CURRENT MED REGIMEN..
5.	Assessment	Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, subsequent encounter (S66.919D).
	Patient Plan	AVOID HEAVY LIFTING. MAY WEAR WRIST BRACE AS NEEDED. CONT CURRENT MED REGIMEN..

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI	Pulse Ox
118/78	61	16	98.60	68.00	163.00		24.78	99

FOLLOW UP

Status	Ordered	Order	Timeframe	Comments
completed	05/10/2024	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	2 Weeks	

Sincerely,

Provider:

Loudermilk FNP, Anolynn 05/10/2024 9:01 AM MST

CC: No PCP, Patient

Document generated by: Anolynn Loudermilk, FNP 05/10/2024

NextCare Desoto

1001 N Interstate 35 E Suite 430C

Desoto, TX 75115-4286

Phone: (469)765-1600 press option 1 Fax: (469)765-1578



Visit #: Chart #: No Data Acct #: 12507569 Date Created:

Encounter Date: Check-In: Check-Out: Location:

Name: Williams, Anthony

Social:

Address: 108 Jordan Dr

DOB: 10/16/1978

Payor:

Red Oak, TX 751545053

E/M Services:

E&M Code: 99213

Visit Charges:

CPT	#	Mod1	Mod2	ICD10	Type	Description	Ordered By
					OV	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	Anolynn Loudermilk FNP

Total Charges:

{timeCO}

NextCare® URGENT CARE

Patient: Anthony Williams

Date of Birth: 10/16/1978

Date: 04/25/2024

Historian: self

Document Type: Chart Note

ESTABLISHED PATIENT VISIT

This 45 year old male presents for Neck pain, Ankle pain/injury, Back pain and Hand/finger pain/injury.

History of Present Illness:

1. Neck pain

Onset: 1 month ago. The severity of the problem is mild. Duration: 1 Month. The problem has not changed. The frequency of pain is constant. Location of pain is right posterior neck. The patient describes the pain as Aching. The event(s) surrounding the occurrence of the symptom include hard fall. Aggravating factors include rotation. Relieving factors include muscle relaxation techniques and NSAIDs. Pertinent negatives include bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, dermatologic rash, difficulty sleeping, dysphagia, incoordination, joint pain, loss of balance, muscle atrophy, muscle spasm, numbness, rash, sexual dysfunction, sexual dysfunction (not spinal related), tenderness, tingling, weakness and weight loss.

2. Ankle pain/injury

Onset: 1 month ago. Duration: 1 Month. It occurs constantly and is improving. Location: right ankle (lateral). There is no radiation. The pain is aching. Context: there is an injury. Trauma type: fall, occurred at work on 03/28/2024. There are no aggravating factors. The pain is relieved by pain/RX meds. Associated symptoms include joint pain. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, joint tenderness, limping, locking, nocturnal awakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness.

3. Back pain

Onset: 1 month ago. Severity level is mild. Duration: 1 Month. Location of pain is lower back. There is no radiation of pain. Context: hard fall. The patient denies aggravating factors. Symptoms are relieved by pain meds/drugs. Associated symptoms include joint pain and tenderness. Pertinent negatives include abdominal pain, bladder dysfunction not spinal related, bladder incontinence,

bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, diarrhea, dyspareunia, limping, loss of balance, numbness, rash, sexual dysfunction, sexual dysfunction not spinal related, spasms, tingling in the arms, tingling in the legs, weakness and weight loss.

4. Hand/finger pain/injury

Onset: 1 month ago. Duration: 1 Month. Location: left hand. There is no radiation. The pain is aching. Context: there is an injury. Trauma type: fall, occurred at work on 03/28/2024. The pain is aggravated by lifting and movement. The pain is relieved by brace/splint and pain/RX meds. Associated symptoms include joint pain. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, joint tenderness, limping, locking, nocturnal awakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fatigue, Fever, Generalized weakness, Nocturnal pain and Weight loss.
ENMT	Negative	Dysphagia, Nasal congestion, Nasal drainage, Otalgia, Sinus pressure and Sore throat.
Eyes	Negative	Eye discharge, Eye pain and Eye redness.
Respiratory	Negative	Cough, Dyspnea and Wheezing.
Cardio	Negative	Chest pain, Claudication, Edema and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Bowel dysfunction not spinal related, Constipation, Diarrhea, Fecal incontinence, Fecal retention, Nausea and Vomiting.
GU	Negative	Back pain, Bladder dysfunction not spinal related, Dysuria, Polyuria (Genitourinary), Urinary incontinence and Urinary retention.
Endocrine	Negative	Polydipsia and Polyphagia.
Neuro	Negative	Difficulty initiating sleep, Dizziness, Extremity weakness, Gait disturbance, Headache, Incoordination, Loss of balance, Nocturnal awakening, Numbness, Numbness in extremity, Tingling, Tingling in the arms and Tingling in the legs.
Psych	Negative	Difficulty sleeping.
Integumentary	Negative	Dermatomic rash, Rash and Swelling.
MS	Positive	Back pain, Joint pain, Neck pain, Tenderness.
MS	Negative	Bone/joint symptoms, Crepitus, Decreased mobility, Joint instability, Joint locking, Joint swelling, Joint tenderness, Limping, Muscle spasms, Muscle weakness, Muscular atrophy, Musculoskeletal tenderness, Myalgia, Popping, Spasms and Weakness.
Hema/Lymph	Negative	Bruising, Easy bleeding, Easy bruising and Lymphadenopathy.
Reproductive	Negative	Dyspareunia, Sexual dysfunction and Sexual dysfunction not spinal related.

Vital Signs

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	Pulse Ox	BP position
1:19 PM	142/81	87	16	98.60	5.0	8.00	163.00	24.78	97	

Measured By

Time	Measured by
1:19 PM	Ambert Taylor

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Level of distress - Normal. Overall appearance - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Nasal Mucosa - Normal. Sinuses - Right: Normal, Left: Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal.
Lymph Detail	Normal	No palpable cervical or supraclavicular adenopathy.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Rhythm - Regular. Extra sounds - None. Murmurs - None.
Vascular	*	Capillary refill - Less than 2 seconds.
Abdomen	Normal	Inspection - Normal.
Skin	Normal	Inspection - Normal.
Musculoskeletal	*	Lumbar spine - tenderness, Range of motion: moderate pain w/motion. Hands - Left: Range of motion: mild pain w/ motion. Foot/ankle - Right: pain, Range of motion: moderate pain w/motion.
Musculoskeletal	Comments	NECK MILD PAIN WITH ROTATION NO EDEMA LOW BACK PAIN WITH MOVEMENT AND LIFTING NO EDEMA LEFT HAND PAIN WITH CERTAIN ACTIVITY AND MOVEMENTS FULL ROM IN HAND AND WRIST NO EDEMA RT ANKLE HAS NO EDEMA OR BRUISING NOTED. NO PAIN AT THIS TIME. FULL ROM
Musculoskeletal	Normal	Hands - Right: Normal Inspection and Normal Range of Motion. Foot/ankle - Left: Normal Inspection and Normal Range of Motion.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Neck strain, subsequent encounter (S16.1XXD).
	Patient Plan	USE NECK PILLOW WHILE IN BED OR RELAXING FOR COMFORT. CONT TO TAKE MEDS AS PRESCRIBED.
	Plan Orders	~Worker's Comp Network -Physical Therapy in 4 Weeks for PHYSICAL THERAPY. Reason

for referral: PHYSICAL THERAPY, week, Position: 2.

2. Assessment Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3. Assessment Lumbar strain, subsequent encounter (S39.012D).
Patient Plan CONT HEATING PAD/COLD PACKS AS NEEDED. MAY USE BIOFREEZE WITH DEEP TISSUE MASSAGES. CONT TO STRETCH BACK DAILY.
4. Assessment Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).
Patient Plan REST ICE COMPRESS AND ELEVATE HAND. CONT TO TAKE MEDS AS PRESCRIBED.
5. Assessment Muscle strain, hand, unspecified laterality, subsequent encounter (S66.919D).

Referrals:

Status	Physician	Reason	Timeframe	Appointment
ordered	Referrals: Physical Therapy. ~Worker's Comp Network. Evaluate and treat	PHYSICAL THERAPY	4 Weeks	

Provider:

Loudermilk FNP, Anolynn 04/25/2024 12:16 PM MST

A handwritten signature consisting of a stylized 'AL' followed by 'FNP-C'. The signature is written in black ink on a light-colored background.

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578

NextCare® URGENT CARE

Patient Name: Anthony Williams



Date of Birth: 10/16/1978

Date of Visit: 04/25/2024 01:00 PM



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- Pay Your Bill Online
- Get X-ray & Lab Results

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If your illness or injury does not improve or gets worse, we would be happy to re-evaluate you back at a NextCare clinic or through our Telehealth service. Please visit NextCare.com or dial 1-888-381-4858 for information on registering for both offerings. If you feel you are having a life threatening emergency, please call 911.

THESE ARE YOUR DISCHARGE INSTRUCTIONS

Thank you for choosing us for your healthcare needs. The following is a summary of today's visit and other instructions and information we hope you find helpful.

REASON(S) FOR VISIT

Neck pain, Ankle pain/injury, Back pain, Hand/finger pain/injury.

Assessment/Plan

Williams, Anthony 000000721898 10/16/1978 04/25/2024 01:00 PM Page: 1/2

#	Detail Type	Description
1.	Assessment	Neck strain, subsequent encounter (S16.1XXD).
	Patient Plan	USE NECK PILLOW WHILE IN BED OR RELAXING FOR COMFORT. CONT TO TAKE MEDS AS PRESCRIBED..
	Plan Orders	~Worker's Comp Network -Physical Therapy in 4 Weeks for PHYSICAL THERAPY. Reason for referral: PHYSICAL THERAPY, week, Position: 2.
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3.	Assessment	Lumbar strain, subsequent encounter (S39.012D).
	Patient Plan	CONT HEATING PAD/COLD PACKS AS NEEDED. MAY USE BIOFREEZE WITH DEEP TISSUE MASSAGES. CONT TO STRETCH BACK DAILY..
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).
	Patient Plan	REST ICE COMPRESS AND ELEVATE HAND. CONT TO TAKE MEDS AS PRESCRIBED..
5.	Assessment	Muscle strain, hand, unspecified laterality, subsequent encounter (S66.919D).

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI	Pulse Ox
142/81	87	16	98.60	68.00	163.00		24.78	97

REFERRALS

Status ordered	Physician	Reason	Timeframe	Appointment
	Referrals: Physical Therapy. ~Worker's Comp Network. Evaluate and treat	PHYSICAL THERAPY	4 Weeks	

Sincerely,

Provider:

Loudermilk FNP, Anolynn 04/25/2024 12:16 PM MST

Document generated by: Anolynn Loudermilk, FNP 04/25/2024

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578



Visit #: **Chart #: No Data** Acct #: **12507569** Date Created:

Encounter Date: Check-In: Check-Out: Location:

Name: **Williams, Anthony**

Social:

Address: **108 Jordan Dr**

DOB: **10/16/1978**

Payor:

Red Oak, TX 751545053

E/M Services:

E&M Code: 99214

Visit Charges:

CPT	#	Mod1	Mod2	ICD10	Type	Description	Ordered By
				S16.1XXD	REFR_INIT	Referrals: Physical Therapy. ~Worker's Comp Network. Evaluate and treat	Anolynn Loudermilk FNP

Total Charges:

{timeCO}

NextCare® URGENT CARE

Patient: Anthony Williams
Date of Birth: 10/16/1978
Date: 04/12/2024

Historian: self
Document Type: Chart Note

ESTABLISHED PATIENT VISIT

This 45 year old male presents for Back pain, Ankle pain/injury, Hand/finger pain/injury and Neck pain.

History of Present Illness:

1. Back pain

Onset: 2 weeks ago. Severity level is moderate. Duration: week. Location of pain is lower back. Pain is radiated to the left arm. The patient describes the pain as numbness. Context: hard fall. Symptoms are aggravated by bending. The patient denies relieving factors. Pertinent negatives include abdominal pain, bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, diarrhea, dyspareunia, joint pain, limping, loss of balance, numbness, rash, sexual dysfunction, sexual dysfunction not spinal related, spasms, tenderness, tingling in the arms, tingling in the legs, weakness and weight loss.

2. Ankle pain/injury

Onset: 2 weeks ago. Duration: 2 Weeks. Severity level is mild-moderate. It occurs constantly. Location: right ankle (lateral). The pain is aching. Context: there is an injury. Trauma type: fall, occurred at work on 03/28/2024. The pain is aggravated by walking. There are no relieving factors. Associated symptoms include joint pain. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, joint tenderness, limping, locking, nocturnal awakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness.

3. Hand/finger pain/injury

Onset: 2 weeks ago. Duration: 2 Weeks. Severity level is mild. It occurs constantly and is stable. Location: left hand (middle finger). The pain is aching. Context: there is an injury. Trauma type: exercising, occurred at work on 03/28/2024. The pain is aggravated by lifting and movement. There are no relieving factors. Associated symptoms include joint pain, numbness, tingling in the arms and weakness. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep,

joint instability, joint tenderness, limping, locking, nocturnal awakening, nocturnal pain, popping, spasms, swelling and tingling in the legs.

4. Neck pain

Onset: 2 weeks ago. The severity of the problem is mild. Duration: 2 Weeks. The problem has not changed. The frequency of pain is constant. Location of pain is bilateral posterior neck. There is no radiation of pain. The event(s) surrounding the occurrence of the symptom include hard fall. Aggravating factors include rotation. Denies relieving factors. Associated symptoms include joint pain, numbness and weakness. Pertinent negatives include bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, dermatologic rash, difficulty sleeping, dysphagia, incoordination, loss of balance, muscle atrophy, muscle spasm, rash, sexual dysfunction, sexual dysfunction (not spinal related), tenderness, tingling and weight loss.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fatigue, Fever, Nocturnal pain and Weight loss.
ENMT	Negative	Dysphagia, Facial pain, Nasal congestion, Otolgia, Sinus pressure and Sore throat.
Eyes	Negative	Eye pain, Eye redness and Photophobia.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Claudication, Edema and Irregular heartbeat/palpitations.
GI	Negative	Abdominal pain, Bowel dysfunction not spinal related, Diarrhea, Fecal incontinence, Fecal retention, Nausea and Vomiting.
GU	Negative	Back pain, Bladder dysfunction not spinal related, Dysuria, Polyuria (Genitourinary), Urinary incontinence and Urinary retention.
Endocrine	Negative	Cold intolerance, Polydipsia and Polyphagia.
Neuro	Positive	Extremity weakness, Numbness, Numbness in extremity, Paresthesia, Tingling in the arms.
Neuro	Negative	Difficulty initiating sleep, Dizziness, Headache, Incoordination, Loss of balance, Nocturnal awakening, Tingling and Tingling in the legs.
Psych	Negative	Difficulty sleeping.
Integumentary	Negative	Dermatologic rash, Pruritus, Rash and Swelling.
MS	Positive	Joint pain, Weakness.
MS	Negative	Crepitus, Decreased mobility, Joint instability, Joint locking, Joint tenderness, Limping, Muscle spasms, Muscular atrophy, Musculoskeletal tenderness, Popping, Spasms and Tenderness.
Hema/Lymph	Negative	Bruising, Easy bleeding, Easy bruising and Lymphadenopathy.
Reproductive	Negative	Dyspareunia, Sexual dysfunction and Sexual dysfunction not spinal related.

Vital Signs

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Wt lb	BMI	Pulse Ox	BP
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11:38 AM	127/87	78	18	97.20	5.0	8.00	163.00	24.78	kg/m2	98	position sitting
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Measured By

Time Measured by
11:38 AM Ambert Taylor

Physical Exam

Exam	Findings	Details
Constitutional	Normal	Level of distress - Normal. Overall appearance - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Nasal Mucosa - Normal. Sinuses - Right: Normal, Left: Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal.
Lymph Detail	Normal	No palpable cervical or supraclavicular adenopathy.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Rhythm - Regular. Extra sounds - None. Murmurs - None.
Vascular	*	Capillary refill - Less than 2 seconds.
Abdomen	Normal	Inspection - Normal.
Skin	Normal	Inspection - Normal.
Musculoskeletal	Normal	Overview - Normal.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Neck strain, subsequent encounter (S16.1XXD).
	Patient Plan	USE NECK PILLOW WHILE IN BED OR RELAXING FOR COMFORT. CONT TO TAKE MEDS AS PRESCRIBED.
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3.	Assessment	Lumbar strain, subsequent encounter (S39.012D).
	Patient Plan	CONT HEATING PAD/COLD PACKS AS NEEDED. MAY USE BIOFREEZE WITH DEEP TISSUE MASSAGES. CONT TO STRETCH BACK DAILY.
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).
	Patient Plan	REST ICE COMPRESS AND ELEVATE HAND. CONT TO TAKE MEDS AS PRESCRIBED.
5.	Assessment	Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, subsequent encounter (S66.919D).

Provider:

Loudermilk FNP, Anolynn 04/12/2024 10:41 AM MST



NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578

NextCare® URGENT CARE

Patient Name: Anthony Williams



Date of Birth: 10/16/1978

Date of Visit: 04/12/2024 12:00 PM



- Access Your Visit Summary
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- Get X-ray & Lab Results



If your illness or injury does not improve or gets worse, we would be happy to re-evaluate you back at a NextCare clinic or through our Telehealth service. Please visit NextCare.com or dial 1-888-381-4858 for information on registering for both offerings. If you feel you are having a life threatening emergency, please call 911.

THESE ARE YOUR DISCHARGE INSTRUCTIONS

Thank you for choosing us for your healthcare needs. The following is a summary of today's visit and other instructions and information we hope you find helpful.

REASON(S) FOR VISIT

Back pain, Ankle pain/injury, Hand/finger pain/injury, Neck pain.

Assessment/Plan

Williams, Anthony 000000721898 10/16/1978 04/12/2024 12:00 PM Page: 1/2

#	Detail Type	Description
1.	Assessment	Neck strain, subsequent encounter (S16.1XXD).
	Patient Plan	USE NECK PILLOW WHILE IN BED OR RELAXING FOR COMFORT. CONT TO TAKE MEDS AS PRESCRIBED..
2.	Assessment	Sprain of unspecified ligament of right ankle, subsequent encounter (S93.401D).
3.	Assessment	Lumbar strain, subsequent encounter (S39.012D).
	Patient Plan	CONT HEATING PAD/COLD PACKS AS NEEDED. MAY USE BIOFREEZE WITH DEEP TISSUE MASSAGES. CONT TO STRETCH BACK DAILY..
4.	Assessment	Sprain of unspecified part of unspecified wrist and hand, subsequent encounter (S63.90XD).
	Patient Plan	REST ICE COMPRESS AND ELEVATE HAND. CONT TO TAKE MEDS AS PRESCRIBED. .
5.	Assessment	Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, subsequent encounter (S66.919D).

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI	Pulse Ox
127/87	78	18	97.20	68.00	163.00		24.78	98

Sincerely,

Provider:

Loudermilk FNP, Anolynn 04/12/2024 10:41 AM MST

Document generated by: Anolynn Loudermilk, FNP 04/12/2024

NextCare Desoto
 1001 N Interstate 35 E Suite 430C
 Desoto, TX 75115-4286
 Phone: (469)765-1600 press option 1 Fax: (469)765-1578



Visit #: **Chart #: No Data** Acct #: **12507569** Date Created:

Encounter Date: Check-In: Check-Out: Location:

Name: **Williams, Anthony**

Social:

Address: **108 Jordan Dr**

DOB: **10/16/1978**

Payor:

Red Oak, TX 751545053

E/M Services:

E&M Code: 99213

Total Charges:

{timeCO}



Patient:	Anthony Williams
Date of Birth:	10/16/1978
Date:	04/02/2024
Historian:	self
Document Type:	Chart Note

NEW PATIENT VISIT

This 45 year old male presents for Back pain, Hand/finger pain/injury and Ankle pain/injury.

History of Present Illness:

1. Back pain

Onset: 5 days ago. Severity level is moderate. Duration: 5 Days. The problem is stable. It occurs persistently. Location of pain is lower back and neck. There is no radiation of pain. The patient describes the pain as an ache. Context: hard fall. Trauma occurred due to fall while at work on 03/28/2024. Symptoms are aggravated by bending and twisting. The patient denies relieving factors. Associated symptoms include tenderness. Pertinent negatives include abdominal pain, bladder dysfunction not spinal related, bladder incontinence, bladder retention, bowel dysfunction not spinal related, bowel incontinence, bowel retention, decreased mobility, diarrhea, dyspareunia, joint pain, limping, loss of balance, numbness, rash, sexual dysfunction, sexual dysfunction not spinal related, spasms, tingling in the arms, tingling in the legs, weakness and weight loss.

2. Hand/finger pain/injury

Onset: 5 days ago. Duration: 5 Days. Severity level is moderate. It occurs constantly and is stable. Location: left hand (ring & pinky finger). The pain radiates to the left arm. The pain is aching. Context: there is an injury. Trauma type: fall, occurred at work on 03/28/2024. The pain is aggravated by movement. Associated symptoms include joint pain and joint tenderness. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating sleep, joint instability, limping, locking, nocturnal awakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness.

3. Ankle pain/injury

Onset: 5 days ago. Duration: 5 Days. Severity level is mild. It occurs occasionally and is improving. Location: right ankle (lateral). There is no radiation. The pain is aching. The pain is aggravated by movement. There are no relieving factors. Associated symptoms include joint pain and joint tenderness. Pertinent negatives include bruising, crepitus, decreased mobility, difficulty initiating

sleep, joint instability, limping, locking, nocturnal awakening, nocturnal pain, numbness, popping, spasms, swelling, tingling in the arms, tingling in the legs and weakness.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Chills, Fever, Generalized weakness, Malaise, Night sweats, Nocturnal pain and Weight loss.
ENMT	Negative	Facial pain, Nasal congestion, Otolgia, Sinus pressure and Sore throat.
Eyes	Negative	Eye pain, Foreign body sensation in eye and Tearing.
Respiratory	Negative	Cough, Dyspnea and Pleuritic pain.
Cardio	Negative	Chest pain, Claudication and Edema.
GI	Negative	Abdominal pain, Bowel dysfunction not spinal related, Change in stool pattern, Constipation, Decreased appetite, Diarrhea, Fecal incontinence, Fecal retention and Nausea.
GU	Negative	Back pain, Bladder dysfunction not spinal related, Dysuria, Polyuria (Genitourinary), Urinary frequency, Urinary incontinence and Urinary retention.
Endocrine	Negative	Cold intolerance, Polydipsia and Polyphagia.
Neuro	Negative	Difficulty initiating sleep, Dizziness, Headache, Loss of balance, Nocturnal awakening, Numbness, Tingling in the arms and Tingling in the legs.
Integumentary	Negative	Ecchymosis, Hair loss, Hives, Pruritus, Rash, Skin lesion and Swelling.
MS	Positive	Back pain, Joint pain, Joint tenderness, Neck pain, Tenderness.
MS	Negative	Crepitus, Decreased mobility, Joint instability, Joint locking, Joint swelling, Limping, Muscle weakness, Myalgia, Popping, Spasms and Weakness.
Hema/Lymph	Negative	Bruising, Easy bleeding, Easy bruising and Lymphadenopathy.
Reproductive	Negative	Dyspareunia, Sexual dysfunction and Sexual dysfunction not spinal related.

Vital Signs

Vital Signs

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Wt lb	BMI kg/m2	Pulse Ox	BP position
5:03 PM	121/81	81	16	99.20	5.0	8.00	163.00	24.78	97	sitting

Measured By

Time	Measured by
5:03 PM	Kathy Berry

Physical Exam

Exam	Findings	Details

Constitutional	Normal	Level of distress - Normal. Overall appearance - Normal.
Eyes	Normal	Conjunctiva - Right: Normal, Left: Normal. Pupil - Right: Normal, Left: Normal.
Ears	Normal	Canal - Right: Normal, Left: Normal. TM - Right: Normal, Left: Normal.
Nasopharynx	Normal	External nose - Normal. Nasal Mucosa - Normal. Sinuses - Right: Normal, Left: Normal. Tonsils - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal.
Lymph Detail	Normal	No palpable cervical or supraclavicular adenopathy.
Respiratory	Normal	Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Heart rate - Regular rate. Rhythm - Regular. Heart sounds - Normal S1, Normal S2. Extra sounds - None. Murmurs - None. Rhythm - Regular. Extra sounds - None. Murmurs - None.
Vascular	*	Capillary refill - Less than 2 seconds.
Abdomen	Normal	Inspection - Normal.
Skin	Normal	Inspection - Normal.
Musculoskeletal	*	Cervical spine - tender, Range of motion: mild pain w/ motion. Lumbar spine - tenderness, Range of motion: moderate pain w/motion. Hands - Left: Range of motion: moderate pain w/motion. Foot/ankle - Right: pain, Range of motion: mild pain w/ motion.
Musculoskeletal	Comments	NECK HAS FULL ROM WITH MILD PAIN PRESENT, PAIN WITH ROTATION FROM SIDE TO SIDE AND UPWARD BENDING. LT HAND HAS FULL ROM WITH TENDERNESS TO 4TH AND 5TH FINGER, NO EDEMA OR BRUISING NOTED. PAIN RADIATES TO WRIST AND ARM.
		LOW BACK HAS PAIN WITH BENDING AND TWISTING. BACK TENDER TO TOUCH, NO EDEMA OR BRUISING NOTED. NEG SLR TEST ON BOTH LEGS.
		RT ANKLE HAS FULL ROM AND ABLE TO BARE FULL WEIGHT. NO EDEMA OR BRUISING NOTED.
Musculoskeletal	Normal	Hands - Right: Normal Inspection and Normal Range of Motion. Foot/ankle - Left: Normal Inspection and Normal Range of Motion.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment Patient Plan	Neck strain, initial encounter (S16.1XXA). MAY USE NECK PILLOW FOR SUPPORT. USE HEATING PAD AS NEEDED. PLEASE FILL YOUR PRESCRIPTIONS AND TAKE ALL MEDICATIONS AS DIRECTED/PRESCRIBED EVEN IF YOU BEGIN TO FEEL BETTER BEFORE YOU RUN OUT OF MEDICINE. RISKS AND BENEFITS OF MEDICATIONS WERE DISCUSSED DURING YOUR VISIT.
2.	Assessment Patient Plan	Sprain of right ankle, unspecified ligament, initial encounter (S93.401A). REST ICE COMPRESS AND ELEVATE FOOT. AVOID ANY ACTIVITY THAT INCREASES PAIN. TAKE MEDICATION AS PRESCRIBED. PLEASE FILL YOUR PRESCRIPTIONS AND TAKE ALL MEDICATIONS AS DIRECTED/PRESCRIBED EVEN IF YOU BEGIN TO FEEL BETTER BEFORE YOU RUN OUT OF MEDICINE. RISKS AND BENEFITS OF MEDICATIONS WERE DISCUSSED

DURING YOUR VISIT.

3. Assessment Low back strain, initial encounter (S39.012A).
Patient Plan REST BACK AND AVOID ANY HEAVY LIFTING. USE HEATING PAD OR COLD PACKS FOR COMFORT. MAY USE BIOFREEZE WITH DEEP TISSUE MASSAGES FOR PAIN, PLEASE FILL YOUR PRESCRIPTIONS AND TAKE ALL MEDICATIONS AS DIRECTED/PRESCRIBED EVEN IF YOU BEGIN TO FEEL BETTER BEFORE YOU RUN OUT OF MEDICINE. RISKS AND BENEFITS OF MEDICATIONS WERE DISCUSSED DURING YOUR VISIT.
4. Assessment Sprain and strain of hand (S63.90XA).
Patient Plan AVOID ANY ACTIVITY THAT INCREASES PAIN.
5. Assessment Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, initial encounter (S66.919A).

Follow Up

Follow-up	Reason	Timeframe	Comments	Phone
follow-up visit with Work Comp at NextCare for workers comp	for workers comp	2 Weeks		

Medications

Medication	Dose	Sig Desc	Quant	Last Audit
cyclobenzaprine 10 mg tablet	10 mg	take 1 tablet by oral route every bedtime AS NEEDED	30	E
ibuprofen 800 mg tablet	800 mg	take 1 tablet by oral route 3 times every 45 day with food		E

Provider:

Loudermilk FNP, Anolynn 04/02/2024 3:59 PM MST



NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578

NextCare® URGENT CARE

Patient Name: Anthony Williams



Date of Birth: 10/16/1978

Date of Visit: 04/02/2024 04:30 PM

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If your illness or injury does not improve or gets worse, we would be happy to re-evaluate you back at a NextCare clinic or through our Telehealth service. Please visit NextCare.com or dial 1-888-381-4858 for information on registering for both offerings. If you feel you are having a life threatening emergency, please call 911.

THESE ARE YOUR DISCHARGE INSTRUCTIONS

Thank you for choosing us for your healthcare needs. The following is a summary of today's visit and other instructions and information we hope you find helpful.

REASON(S) FOR VISIT

Back pain, Hand/finger pain/injury, Ankle pain/injury.

Assessment/Plan

Williams, Anthony 000000721898 10/16/1978 04/02/2024 04:30 PM Page: 1/3

#	Detail Type	Description
1.	Assessment	Neck strain, initial encounter (S16.1XXA).
	Patient Plan	MAY USE NECK PILLOW FOR SUPPORT. USE HEATING PAD AS NEEDED. PLEASE FILL YOUR PRESCRIPTIONS AND TAKE ALL MEDICATIONS AS DIRECTED/PRESCRIBED EVEN IF YOU BEGIN TO FEEL BETTER BEFORE YOU RUN OUT OF MEDICINE. RISKS AND BENEFITS OF MEDICATIONS WERE DISCUSSED DURING YOUR VISIT..
2.	Assessment	Sprain of right ankle, unspecified ligament, initial encounter (S93.401A).
	Patient Plan	REST ICE COMPRESS AND ELEVATE FOOT. AVOID ANY ACTIVITY THAT INCREASES PAIN. TAKE MEDICATION AS PRESCRIBED. PLEASE FILL YOUR PRESCRIPTIONS AND TAKE ALL MEDICATIONS AS DIRECTED/PRESCRIBED EVEN IF YOU BEGIN TO FEEL BETTER BEFORE YOU RUN OUT OF MEDICINE. RISKS AND BENEFITS OF MEDICATIONS WERE DISCUSSED DURING YOUR VISIT..
3.	Assessment	Low back strain, initial encounter (S39.012A).
	Patient Plan	REST BACK AND AVOID ANY HEAVY LIFTING. USE HEATING PAD OR COLD PACKS FOR COMFORT. MAY USE BIOFREEZE WITH DEEP TISSUE MASSAGES FOR PAIN, PLEASE FILL YOUR PRESCRIPTIONS AND TAKE ALL MEDICATIONS AS DIRECTED/PRESCRIBED EVEN IF YOU BEGIN TO FEEL BETTER BEFORE YOU RUN OUT OF MEDICINE. RISKS AND BENEFITS OF MEDICATIONS WERE DISCUSSED DURING YOUR VISIT..
4.	Assessment	Sprain and strain of hand (S63.90XA).
	Patient Plan	AVOID ANY ACTIVITY THAT INCREASES PAIN..
5.	Assessment	Strain of unspecified muscle, fascia and tendon at wrist and hand level, unspecified hand, initial encounter (S66.919A).

PLAN OF CARE

Patient Education

Date	Topic
04/02/2024	Back Strain: Care Instructions
04/02/2024	Neck Strain: Care Instructions
04/02/2024	Neck Strain or Sprain: Rehab Exercises
04/02/2024	Hand Sprain: Care Instructions
04/02/2024	Ankle Sprain: Care Instructions

MEDICATIONS

Medication	Dose	Sig Desc	Quant	Last Audit
cyclobenzaprine 10 mg tablet	10 mg	take 1 tablet by oral route every bedtime AS NEEDED	30	E
ibuprofen 800 mg tablet	800 mg	take 1 tablet by oral route 3 times every day with food	45	E

Dispense Method	Prescription	Destination	Address	City	State
eRX	cyclobenzaprine 10 mg tablet	Smart Workers Pharmacy	3740 ST. Johns Bluff Road South	JACKSONVILLE	FL
eRX	ibuprofen 800 mg tablet	Smart Workers Pharmacy	3740 ST. Johns Bluff Road South	JACKSONVILLE	FL

VITAL SIGNS

BP mm/Hg	Pulse/min	Resp/min	Temp F	Height (Total in.)	Weight (lbs.)	Weight (oz.)	BMI	Pulse Ox
121/81	81	16	99.20	68.00	163.00		24.78	97

FOLLOW UP

Status	Ordered	Order	Timeframe	Comments
completed	04/02/2024	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	2 Weeks	

Sincerely,

Provider:

Loudermilk FNP, Anolynn 04/02/2024 3:59 PM MST

Document generated by: Anolynn Loudermilk, FNP 04/02/2024

NextCare Desoto
1001 N Interstate 35 E Suite 430C
Desoto, TX 75115-4286
Phone: (469)765-1600 press option 1 Fax: (469)765-1578



Visit #: **Chart #: No Data** Acct #: **12507569** Date Created:

Encounter Date: Check-In: Check-Out: Location:

Name: **Williams, Anthony**

Social:

Address: **108 Jordan Dr**

DOB: **10/16/1978**

Payor:

Red Oak, TX 751545053

E/M Services:

E&M Code: 99203

Visit Charges:

CPT	#	Mod1	Mod2	ICD10	Type	Description	Ordered By
					OV	follow-up visit with Work Comp at NextCare for workers comp 2 Weeks	Anolynn Loudermilk FNP

Total Charges:

{timeCO}

PrimaCare Medical Centers
2145 E Baseline Rd Ste 101
Tempe, AZ, 852831546
Phone #: (888) 705-8558

Williams, Anthony
108 Jordan Dr
Red Oak, TX, 751545053
Person #: 12507569 , MRN: 721898
Sex: M
DOB: 10/16/1978

Order Date: 07/05/2024
Order #: NXT10702486

Ordering:

Performing #: 6453

Location: NextCare Desoto

Tests Ordered : L SPINE 3 VIEW

L SPINE 3 VIEW (Collection Date: 07/05/2024 11:48, Status: Final)

Component	Result	Units	Flag	Range	Comment
RAD REPORT	Examination				
RAD REPORT	AP and Lateral views were obtained of the Lumbar spine				
RAD REPORT	Comparisons				
RAD REPORT	None provided.				
RAD REPORT	Findings				
RAD REPORT	Vertebral body alignment is within normal limits.				
RAD REPORT	No acute fracture is evident.				
RAD REPORT	There is no significant spondylosis or disc space narrowing.				
RAD REPORT	IMPRESSION:				
RAD REPORT	No compression fracture or acute abnormality.				
RAD REPORT	Electronically signed by: Samuel S. Fairbanks, D.O. on 07/05/2024 11:48:25				

PrimaCare Medical Centers
2145 E Baseline Rd Ste 101
Tempe, AZ, 852831546
Phone #: (888) 705-8558

Williams, Anthony
108 Jordan Dr
Red Oak, TX, 751545053
Person #: 12507569 , MRN: 721898
Sex: M
DOB: 10/16/1978

Order Date: 07/05/2024
Order #: NXT10702478

Ordering: **Location:** NextCare Desoto
Performing #: 6453

Tests Ordered : C SPINE 3 VIEW

C SPINE 3 VIEW (Collection Date: 07/05/2024 11:45, Status: Final)

<u>Component</u>	<u>Result</u>	<u>Units</u>	<u>Flag</u>	<u>Range</u>	<u>Comment</u>
RAD REPORT	Exam				
RAD REPORT	Description: AP and Lateral views were obtained of the Cervical spine				
RAD REPORT	Comparisons				
RAD REPORT	None provided.				
RAD REPORT	Findings				
RAD REPORT	Vertebral body alignment is within normal limits. Straightening or reversal of the normal cervical lordosis may represent muscle spasm.				
RAD REPORT	No acute fracture is evident.				
RAD REPORT	Mild C5-C6 disc height loss.				
RAD REPORT	IMPRESSION:				
RAD REPORT	No fracture or other acute abnormality.				
RAD REPORT	Electronically signed by: Samuel S. Fairbanks, D.O. on 07/05/2024 11:45:54				