

WC Facsimile Transmittal Request

Attention: Caro	olina Snell Re: Woody, Timothy
To: () 3 H	Claim#: PLBΦ88893
From: Oc. CY	nopra Total Pages: 13
	2년 Sender's Ref Fax #: (908) 588-2319
<u>P</u> Fax: <u>973</u>	-940-1852 <u>Email:</u>
1 DDI 3 PT RX MRI RX	Next Appointment Date: 11224 Time: 11:30000
Surgery Nork Note	Middletown Ridgewood
Other	Please Fax Next Appointment DDI to Designated Location
	Thank You!

Confidential Notice

This email/fax transmission contains confidential or legally privileged information, which is intended only for the use of the individual or entity named in this transmittal. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or reliance upon the contents of this email is strictly prohibited. If you received this transmission in error, please notify us immediately, and please forward this email/fax back to us with notification that you have deleted the transmission from your system.

116 South Euclid Ave - Suite 1 - Westfield, NJ 07090 - Phone: (908) 588-2311 Fax: (908) 588-2319 300 Executive Dr. - Suite 110 - West Orange, NJ 07052 - Phone: (973) 434-9575 Fax: (973) 434-9578 25 Lindsley Dr. - Suite 208 - Morristown, NJ 07960 - Phone: (862) 345-7955 Fax: (862)345-7988 1270 NJ 35, Suite 1 Middletown, NJ 07748 - Phone: (732) 788-3769 Fax: (732) 788-3547 119 Prospect Street, Suite 3 Ridgewood, NJ 07450 - Phone: (551) 284-4600 Fax: (551) 284-4699

Risk Management & Third Party Administration WORKERS' COMPENSATION TREATMENT AND/OR AUTHORIZATION

DATE: 8129124

TO DOCTOR: CYCOPICA

PHONE: 908-588-2311 FAX: 908-588-2319

PLEASE NOTE: OUR COMPANY REPRESENTS THIS PATIENT'S EMPLOYER AND WORKERS' COMPENSATION INSURANCE CARRIER IN THIS MATTER

	N TO: CLAIM ADJUSTER (PAYOR):
EMPLO	DYER: Plainfield BOB
	NT: Timothy woody
	OF LOSS: 원기(2년
CLAIM	I#; PLBØ88893
WORK	INJURY: nead 3 back
77	DI DAGE A CORDE TIMO A ENTERD AG ANTINODAGATION FOR AN ORDER OF THE CORD AND CORD AN
x	PLEASE ACCEPT THIS LETTER AS AUTHORIZATION FOR:X_ TREATMENT SURGERY MRI EMG OTHER
X	AFTER YOU HAVE HAD AN OPPORTUNITY TO EXAMINE THE PATIENT, PLEASE COMPLETE THE
	INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE
••	YOUR NOTES WHEN COMPLETED
x	THIS PATIENT HAD AN APPOINTMENT WITH YOU ON //. PLEASE COMPLETE THE INFORMATION BELOW AND FAX THIS FORM TO THE NUMBER BELOW. WE WOULD ALSO APPRECIATE YOUR NOTES WHEN
	COMPLETED.
	OTHER:
***	CURRENT DIAGNOSIS:
1.	CURRENT DIAGNOSIS:
2	THE ATTACENT DI ANY
2.	TREATMENT PLAN: VO SHALE
3.	NEXT APPOINTMENT: MMI DATE:
4.	PHYSICAL CAPACITY: TOTAL BED REST SEDENTARY ONLY
	NO LIFTING WOLLIFTING UP TO LBS. / LIFTING UP TO LBS. /
	NO DRIVING NO CLIMBING SCOPENTY ON U
	OTHER:
K	DOCTORS SIGNATURE DATE
	THERAPY – RX FROM REFERRING DOCTOR IS ENCLOSED - PLEASE FORWARD P.T. NOTES TO D&H AS
MODERNI MODERN	WELL AS REFERRING PHYSICIAN

THIS REQUESTED INFORMATION IS NEEDED IN ORDER FOR ME TO PROPERLY HANDLE THIS WORKERS' COMPENSATION CLAIM AND IS REQUIRED IN ORDER FOR US TO ISSUE PAYMENTS OF YOUR MEDICAL INVOICES. SHOULD YOU HAVE ANY QUESTIONS PLEASE CALL ME AT THE NUMBER BELOW.

PLEASE SEND BILLS AND RECORDS TO THE ADDRESS BELOW.

Genesis Orthopaedic and Spine

♥ 116 S EUCLID AVE,

 Req/Ctrl# (CD-): 103327 Vinay Chopra, MD NPI: 1730329079

Sport Medicine

Woody, Timothy, Female, 07/12/1978 ID: 24

Home: 908-274-9861 Cell: 908-274-9861 ♥ 721 Kensington Ave, Plainfield, NJ, US 07060

Email: nathanwoody71278@gmail.com

Today: 08/29/2024 02:59 PM Order Date: 08/29/2024 10:00 AM

RESPONSIBLE PARTY/GUARANTOR INFO:

Name: Woody, Timothy DOB: 07/12/1978

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Phone: 973-940-1851

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068

Subscriber Number: PLB088893 Insured Name: Woody, Timothy

Address: 721 Kensington Ave, Plainfield, NJ, US 07060

Priority	Test Name	Assessment(s)	Instructions
Routine	PT/OT Eval and Treat 3x/week for 2 weeks	 M54.12, Cervical radiculopathy S29.012A, Strain of thoracic paraspinal muscles excluding T1 and T2 levels, initial encounter M54.16, Lumbar radiculopathy 	>

Vinay Poper

Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Woody, Timothy, F, 07/12/1978

ż

Genesis Orthopaedic and Spine

 Req/Ctrl# (CD-): 103327 Vinay Chopra, MD NPI: 1730329079

Sport Medicine

908-588-2311 👸 908-588-2319

Woody, Timothy, Female, 07/12/1978 ID: 24195-WC

Home: 908-274-9861 Cell: 908-274-9861 ♥ 721 Kensington Ave, Plainfield, NJ, US 07060

Email: nathanwoody71278@gmail.com

Today: 08/29/2024 02:59 PM Order Date: 08/29/2024 10:00 AM

RESPONSIBLE PARTY/GUARANTOR INFO:

Name: Woody, Timothy DOB: 07/12/1978

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Phone: 973-940-1851

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068

Subscriber Number: PLB088893 Insured Name: Woody, Timothy

Address: 721 Kensington Ave, Plainfield, NJ, US 07060

Priority	Test Name	Assessment(s)	Instructions	
Routine	PT/OT Modalities PRN	- S06.0X0A, Concussion w	ithout	
		loss of consciousness, initial	T.	
		encounter		
		- H81.93, Vestibular dysfun	ction of	
		both ears - M54.12, Cervical radiculopathy		
			pathy	
		- S29.012A, Strain of thorac	cic	
		paraspinal muscles excludin	g T1 and	
		T2 levels, initial encounter		
		- M54.16, Lumbar radiculor	pathy	

Vinary Popra

Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

Ì.

Order generated by eClinicalWorks (www.eclinicalworks.com)

Woody, Timothy, F, 07/12/1978

Genesis Orthopaedic and Spine

▼ 116 S EUCLID AVE,

WESTFIELD, NJ, 07090-2184

Q 908-588-2311 **A** 908-588-2319

Req/Ctrl# (CD-): 103327 Vinay Chopra, MD

> NPI: 1730329079 Sport Medicine

Woody, Timothy, Female, 07/12/1978 1D: 24195-WC

Home: 908-274-9861 Cell: 908-274-9861 ♥ 721 Kensington Ave, Plainfield, NJ, US 07060

Email: nathanwoody71278@gmail.com

Today: 08/29/2024 02:59 PM Order Date: 08/29/2024 10:00 AM

RESPONSIBLE PARTY/GUARANTOR INFO:

Name: Woody, Timothy DOB: 07/12/1978

Primary Insurance Name: DandH Alternative Risk Solutions

Insurance Phone: 973-940-1851

Insurance Address: PO BOX 68 , NEWTON , NJ , 07860-0068

Subscriber Number: PLB088893 Insured Name: Woody, Timothy

Address: 721 Kensington Ave, Plainfield, NJ, US 07060

Priority	Test Name	Assessment(s)	Instructions
Routine	Vestibular Rehabilitation 3x week for 2 weeks	- S06.0X0A, Concussion without	
		loss of consciousness, initial	
		encounter	
		- H81.93, Vestibular dysfunction of	
		both ears	~

Vinay Chopen

Electronically Signed By: Vinay Chopra, MD

Signature of Patient/Guardian

..

Order generated by eClinicalWorks (www.eclinicalworks.com)

Woody, Timothy, F, 07/12/1978



Vinay Chopra, MD Matthew Griffin, MD Nicholas Delaney, MD John Griffin, MD Prashant Patel, MD Gino Chiappetta, MD Jason Sedgwick, DPM

Vinay Chopra, MD

116 S. Euclid Ave, Suite 1 Westfield NJ 07090 Office: (908) 588-2311 Fax: (908) 588-2319

300 Executive Dr, Suite 110 West Orange, NJ 07052 Office: (973) 434-9575 Fax: (973) 434-9578 25 Lindsley Dr, Suite 208 Morristown, NJ 07960 Office: (862)-345-7955 Fax: (862) 345-7988

1270 NJ 35, Suite 1 Middletown, NJ 07748 Office: (732) 788-3769 Fax: (732) 788-3547 119 Prospect Street, Suite 3 Ridgewood, NJ 07450 Phone: (551) 284-4600 Fax: (551) 284-4699

Date: 8/29/24
Re: Woody, Timothy
To whom it may concern,
This letter is to certify that Timothy woody has been under my orthopedic care.
This patient was seen and evaluated by Dr. Chopra in our office.
The patient's work/School status is:
as of 8/29/24, until their next evaluation: 9/12/248.
If you have any questions, feel free to call our office at 908-588-2311. Thank you.
Sincerely,



WOODY, Timothy

46 Y old Female. DOB: 07/12/1978 Account Number: 24195-WC 721 Kensington Ave, Plainfield, NJ-07060 Home: 908-274-9861

Guarantor: Woody, Timothy Insurance: DandH Alternative Risk Solutions Payer ID: PAPER

Appointment Facility: Genesis Orthopaedic and Spine

08/29/2024

Vinay Chopra, MD

Current Medications

Taking

- Cyclobenzaprine HCl 5 MG Tablet 1 tablet at bedtime as needed Orally Once a day
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day Medication List reviewed and reconciled with the patient

Past Medical History

· Bronchitis.

Surgical History

• Right Hand Surgery 2017

Family Wistory

- Father: alive
- Mother: alive
- 3 brother(s), 1 sister(s) healthy.

Social History

Tobacco Use:

Tobacco Control (Standard)
 Tobacco use: Nonsmoker

Drugs/Alcohol:

· Do you drink alcohol?: Socially.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

above

Review of Systems

General/Constitutional:

- Denies Fever.
- · Denies Headache.
- · Denies Weight loss.

Allergy/Immunology:

Runny nose denies.

Reason for Appointment

1. Head Injury, Back, Neck

History of Present Illness

Work Comp Information:

- Claim Number: PLB088893.
- Date of injury: 8/7/24.
- · Case Manager: Carolina Shell.
- Employer: Plainfield Board of Education.
- Job Description: Assistant Custodian.
- · Length of employment: 6 years.
- Insurance Company: D & H Alternative Risk Solutions.
- Phone Number: 973 940 1851.
- Fax: 973 940 1852

Email: cshell@risksolutions.com.

WC Injury:

• Questions:

Was your supervisor notified immediately? Yes
Did you continue working after you were injured? No
Did you go to the emergency room? No
Were X-rays and/or MRIs taken? Yes
Rate your pain today on a scale of 1-10: 7
Have you ever experienced similar symptoms in the past? No
How long have you been employed at your current job? 7
What is your current work status? Currently employed
Have you ever been treated by a Chiropractor? No

Head/Brain trauma:

• c/o Head/brain trauma occurred The patient is presenting today on 8/29/24 with a head injury that occurred at work on 8/7/24 whe the patient was wrapping a cord around a machine and tripped, falling backwards. The patient is an assistant custodian and has been on no duty since the injury, after attempting light duty and felt his symptoms were too aggravated. The patient fell on his back and hit the back of his head at the time, and does not believe he lost consciousness but is not sure. The patient went to Concentra urgent care about 1 hour after the injury where x-rays were taken of his neck, back, and possibly his skull (the patient is unsure). The patient has been doing PT for his back since 8/16/24. He reports headache, dizziness, nausea, neck pain, and lower back pain, all which have

- · Itchy eyes denies.
- Congestion denies.

Ophthalmologic:

- · Vision loss denies.
- Blurry vision denies.
- Red eve denies.

ENT:

- · Decreased hearing denies.
- · Nosebleed denies.
- · Sore throat denies.

Endocrine:

- · Cold intolerance denies.
- Excessive sweating denies.
- Excessive thirst denies.

Respiratory:

- Cough denies.
- · Shortness of breath denies.
- Wheezing denies.

Cardiovascular:

- Chest pain denies.
- Palpitations denies.
- Leg swelling denies.

Gastrointestinal:

- Diarrhea denies.
- · Nausea denies.
- Vomiting denies.

Hematology:

- Easy bleeding denies.
- Easy bruising denies.
- · Swollen glands denies.

Genitourinary:

- · Hematuria denies.
- Difficulty urinating denies.
- Frequent urination denies.
- Burning w/Urination denies.

Skin:

- · Skin infection denies.
- · Hives denies
- · Rash denies.

Neurologic:

- Dizziness denies.
- · Headache denies.
- · Seizures denies.
- · Tremor denies.

Psychiatric:

- Panic attacks denies.
- · Depressed mood denies.
- · Suicidal thoughts denies.

improved slightly. He also reports radicular symptoms in his R arm and bilateral legs, in addition to weakness. Overall pain today is 9/10. Cervical Spine/Neck:

• c/o Neck pain The patient is presenting today on 8/29/24 with a head injury that occurred at work on 8/7/24 whe the patient was wrapping a cord around a machine and tripped, falling backwards. The patient is an assistant custodian and has been on no duty since the injury, after attempting light duty and felt his symptoms were too aggravated. The patient fell on his back and hit the back of his head at the time, and does not believe he lost consciousness but is not sure. The patient went to Concentra urgent care about 1 hour after the injury where x-rays were taken of his neck, back, and possibly his skull (the patient is unsure). The patient has been doing PT for his back since 8/16/24. He reports headache, dizziness, nausea, neck pain, and lower back pain, all which have improved slightly. He also reports radicular symptoms in his R arm and bilateral legs, in addition to weakness. Overall pain today is 9/10.

Thoracic Spine/Upper Back:

• c/o Upper back pain The patient is presenting today on 8/29/24 with a head injury that occurred at work on 8/7/24 whe the patient was wrapping a cord around a machine and tripped, falling backwards. The patient is an assistant custodian and has been on no duty since the injury, after attempting light duty and felt his symptoms were too aggravated. The patient fell on his back and hit the back of his head at the time, and does not believe he lost consciousness but is not sure. The patient went to Concentra urgent care about 1 hour after the injury where x-rays were taken of his neck, back, and possibly his skull (the patient is unsure). The patient has been doing PT for his back since 8/16/24. He reports headache, dizziness, nausea, neck pain, and lower back pain, all which have improved slightly. He also reports radicular symptoms in his R arm and bilateral legs, in addition to weakness. Overall pain today is 9/10.

Lumbar Spine/Lower Back:

• c/o Low back pain The patient is presenting today on 8/29/24 with a head injury that occurred at work on 8/7/24 whe the patient was wrapping a cord around a machine and tripped, falling backwards. The patient is an assistant custodian and has been on no duty since the injury, after attempting light duty and felt his symptoms were too aggravated. The patient fell on his back and hit the back of his head at the time, and does not believe he lost consciousness but is not sure. The patient went to Concentra urgent care about 1 hour after the injury where x-rays were taken of his neck, back, and possibly his skull (the patient is unsure). The patient has been doing PT for his back since 8/16/24. He reports headache, dizziness, nausea, neck pain, and lower back pain, all which have improved slightly. He also reports radicular symptoms in his R arm and bilateral legs, in addition to weakness. Overall pain today is 9/10.

Vital Signs

Temp: 97.5 F, HR: 69 /min, BP: 141/96 mm Hg, Wt: 210 lbs, BMI: 32.89 Index, Ht: 67 in, Oxygen sat %: 97 %, Ht-cm: 170.18 cm, Wt-kg: 95.25 kg.

Examination

General Examination:

- GENERAL APPEARANCE: in no acute distress, well developed, well nourished, alert, oriented x 3.
- GAIT: non-antalgic gait.
- HEAD: normocephalic, atraumatic.
- EYES: pupils equal, round, , extraocular movement intact (EOMI) , sclera anicteric.
- EARS: normal, hearing intact to whispered voice.
- · NOSE: no nasal drainage.
- ORAL CAVITY: mucosa moist.
- THROAT: oropharynx clear, oral mucosa without lesions.
- NECK/THYROID: neck supple, no cervical lymphadenopathy,, no thyromegaly.
- SKIN: no suspicious lesions, warm and dry, no erythema, no rashes, no wounds.
- HEART: no murmurs, regular rate and rhythm, S1, S2 normal.
- LUNGS: clear to auscultation bilaterally.
- ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.
- EXTREMITIES: no clubbing, cyanosis, or edema.
- PERIPHERAL PULSES: normal, 2+ throughout.
- NEUROLOGIC: nonfocal, sensory exam intact, cranial nerves 2-12 grossly intact, deep tendon reflexes 2+ symmetrical, Babinski absent.

Cervical Spine:

- Inspection loss of lordosis.
- Skin no signs of erythema, pressure ulcers, rashes, lacerations.
- Range of Motion limited range of motion on flexion, extension, rotation due to pain.
- Palpation positive midline tenderness, positive right paraspinal tenderness.
- Stability no instability noted, can sit upright on exam table with minimum effort.
- Special tests positive Spurling's.
- Strength 3/5 strength neck and upper extremities right side.
- Neurological 1+ right biceps reflex.

Thoracic Spine/Upper Back:

- INSPECTION: normal countour, normal lordosis.
- PALPATION: tenderness bilateral paraspinals.
- RIB TENDERNESS: absent.
- PARASPINAL MUSCLE SPASM: absent bilaterally.
- RASH/SKIN LESION: none.
- RANGE OF MOTION OF SPINES: limited.
- STABILITY: no signs of instability on flexion, extension, rotation.
- STRENGTH: 5/5 all groups bilaterally, can stabilize self sitting upright on table.
- RHOMBOID MUSCLES: non tender.
- SENSATION OF LIGHT TOUCH: intact and equal bilaterally.
- REFLEXES: 2+ upper extremities reflexes.
- GAIT: 5/5 strength with toe walking and heel walking.
- TESTS: negative straight leg raise.

Lumbar Spine:

- Inspection loss of lordosis.
- Skin no signs of erythema, pressure ulcers, rashes, lacerations.
- Palpation positive midline tenderness, positive right paraspinal tenderness.
- · Range of Motion decreased range of motion due to pain.
- Strength 3/5 strength lumbar spine and lower extremities right side.
- Stability no instability noted, can sit upright on exam table with minimum effort.
- · Special tests positive right straight leg raise.
- Neurological 1+ right patellar reflex.

Assessments

ú

- 1. Concussion without loss of consciousness, initial encounter So6.oXoA (Primary)
- 2. Vestibular dysfunction of both ears H81.93
- 3. Cervical radiculopathy M54.12
- 4. Strain of thoracic paraspinal muscles excluding T1 and T2 levels, initial encounter S29.012A
- 5. Lumbar radiculopathy M54.16

Treatment

1. Concussion without loss of consciousness, initial encounter PROCEDURE: PT/OT Modalities PRN
PROCEDURE: Vestibular Rehabilitation 3x week for 2 weeks

Clinical Notes: I spent a significant amount of time with the patient here today interviewing the patient, speaking to his case manager, reviewing accident history and records, performing a physical exam, neurological exam, neurobehavioral testing, neuropsychological testing, and balance testing at this visit. The patient has findings consistent with a concussion due to a direct head injury at work. At this time, his symptoms are moderately elevated and his balance testing shows vestibular dysfunction however his cognition tests are within normal limits. Given his findings, the patient will be placed into a physical therapy program focused on vestibular rehabilitation which has shown in recent studies to improve recovery from a concussion. He will follow up in 2 weeks for further care and testing and will be placed on sedentary/desk duty

I spent the following amount of time on concussion testing, analysis, and interpretation:

CPT 96116: 60 minutes CPT 96121: 180 minutes CPT 96132: 60 minutes CPT 96133: 180 minutes CPT 97750: 42 minutes

2. Vestibular dysfunction of both ears

PROCEDURE: PT/OT Modalities PRN

PROCEDURE: Vestibular Rehabilitation 3x week for 2 weeks

₹.

Clinical Notes: I spent the following amount of time on concussion testing, analysis, and interpretation:

Ą

CPT 96116: 60 minutes CPT 96121: 180 minutes CPT 96132: 60 minutes CPT 96133: 180 minutes CPT 97750: 42 minutes

3. Cervical radiculopathy

PROCEDURE: PT/OT Eval and Treat 3x/week for 2 weeks PROCEDURE: PT/OT Modalities PRN

Clinical Notes: After reviewing imaging done in the office today, reviewing external notes, external imaging, and history and discussing findings with the patient, and based off our exam here today, the patient has findings consistent with cerwical radiculopathy. Given this, I am prescribing the patient PT and recommending he avoid heavy lifting. He may take otc nsaids prn for pain management, and will follow up in 2 weeks for further evaluation and care. He will be placed on sedentary/desk duty.

4. Strain of thoracic paraspinal muscles excluding T1 and T2 levels, initial encounter

PROCEDURE: PT/OT Eval and Treat 3x/week for 2 weeks PROCEDURE: PT/OT Modalities PRN

Clinical Notes: After reviewing imaging done in the office today, reviewing external notes, external imaging, and history and discussing findings with the patient, and based off our exam here today, the patient has findings consistent with thoracic paraspinal muscle strain. Given this, I am prescribing the patient PT and recommending he avoid heavy lifting. He may take otc nsaids prn for pain management, and will follow up in 2 weeks for further evaluation and care. He will be placed on sedentary/desk duty.

5. Lumbar radiculopathy

PROCEDURE: PT/OT Eval and Treat 3x/week for 2 weeks PROCEDURE: PT/OT Modalities PRN

Clinical Notes: After reviewing imaging done in the office today, reviewing external notes, external imaging, and history and discussing findings with the patient, and based off our exam here today, the patient has findings consistent with lumbar radiculopathy. Given this, I am prescribing the patient PT and recommending he avoid heavy lifting. He may take otc nsaids prn for pain management, and will follow up in 2 weeks for further evaluation and care. He will be placed on sedentary/desk duty.

Procedures

Neurobehavioral Testing:

 Neurobehavioral testing Full Neurobehavioral testing done in the office shows a symptoms score of 86 today which is elevated as it shows findings consistent with headache, "Pressure in head", nausea, dizziness, blurred vision, balance problems, feeling slowed down,

feeling like "in a fog", "don't feel right", difficulty concentrating, fatigue and low energy, drowsiness, trouble falling asleep, feeling more emotional, irritability, nervousness and anxiety. He also performed full cognition testing and was able to score 42/46 as his cognition is within normal limits.

Neuropsychological Testing:

Neuropsychological testing Full Neuropsychological testing was done
today in the office which showed the following results: Verbal Memory
composite score of 62/3%, Visual Memory composite score of 26/1%,
Visual Motor Speed composite 24.63/3%, Reaction Time composite
score 0.91/6%, Impulse Control composite 6.

Balance testing:

 Balance testing Balance testing done in the office shows the following results: Eyes Open Firm Surface Sway Index 1.17, Eyes Closed Firm Surface Sway Index 1.57, Eyes Open Foam Surface Sway Index 1.25, Eyes Closed Foam Surface Sway Index 3.10, Composite Score Sway Index 1.77 which shows findings consistent with vestibular dysfunction.

Diagnostic Results:

- Cervical Spine X-Ray 1. cervical spine 3 view x-rays done in the office today shows loss of lordosis.
- Lumbosacral Spine X-Ray 1. lumbosacral 4-view x-rays done in the office today shows loss of lordosis.
- Thoracic Spine X-Ray 1. thoracic spine 2-view x-rays done in the office today shows loss of lordosis.

Work/School Excuse:

Work Excuse Sedentary/desk duty.

Visit Codes

• 99245 Office Consultation New/Estab Patient 80 Min. Modifiers: 25

Procedure Codes

- 72050 X-RAY EXAM OF NECK SPINE
- 72110 Radex Spine Lumbosacral Minimum 4 Views
- 72070 Radex Spine Thoracic 2 Views
- 96116 Neuro Behavioral Exam, Modifiers: 59
- 96121 Neuro Behavioral Exam, Each Additional Hour, Units: 3.00, Modifiers: 59
- 96132 Neuro Psychological Exam, Modifiers: 59
- 96133 Neuro Psychological Exam, Each Additional Hour, Units: 3.00, Modifiers: 59
- 97750 Physical Performance Test/Meas W/Reprt Ea 15 Min, Units: 3.00, Modifiers: 59

Follow Up

2 Weeks

 $A^{(k)}$



Electronically signed by VINAY CHOPRA , MD on 08/29/2024 at 02:48 PM EDT

Sign off status: Completed

4,

١.

Genesis Orthopaedic and Spine 116 S EUCLID AVE WESTFIELD, NJ 07090-2184 Tel: 908-588-2311 Fax: 908-588-2319

Progress Note: Vinay Chopra, MD 08/29/2024

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)
Generated for Printing/Faxing/eTransmitting on: 08/29/2024 03:00 PM EDT

91,