

October 9, 2023

Sent via Email
claimdocs@mobilitasinsurance.com

Stephanie Atkinson
Mobilitas Insurance Company
P.O. Box 23180
Oakland, CA 94623

TIME SENSITIVE DEMAND

Re: ***Our Client:*** *Mr. Theodore James Angel*
 Your Insured: *Lyft, Inc. and Hope Hinkson*
 Date of Incident: *February 23, 2023*
 Claim #: *23-00-083609*

Dear Ms. Atkinson:

I. INTRODUCTION

We represent Theodore James Angel for injuries he received in a motor vehicle accident on February 23, 2023.

We are writing to you today on behalf of our client with the hope of resolving his claim against your insured, Lyft, Inc. and Hope Hinkson for injuries he sustained in a motor vehicle accident. We are providing you with all the information and documentation you will need to complete a fair evaluation of Theodore's claim.

II. ACCIDENT INFORMATION

On the day of the accident, Theodore contacted a Lyft vehicle through the application on his phone and Hope Hinkson was the driver of the red Hyundai Sonata that came to pick him up. Theodore proceeded to get into the vehicle, in the backseat. The drive was uneventful until Ms. Hinkson failed to stop at a stop sign whilst driving eastbound at the intersection of Colorado Blvd., Brighton Blvd., and E 60th Ave. Ms. Hinkson's vehicle struck the front, right side of another vehicle that was traveling southbound on Brighton Blvd. A third vehicle was stopped at the intersection of E 60th Ave and Brighton Ave facing westbound at the stop sign. The second vehicle was pushed into the third vehicle by the impact of Ms. Hinkson's vehicle in a front-to-front crash. Theodore's head hit the back of the passenger head rest causing him to bite his lip. He was taken by emergency medical services to North Suburban hospital after the accident. He does not remember anything after the accident until he woke up in the midst of being transported in the ambulance to the hospital.



III. RECORDS AND DOCUMENTS

To facilitate your evaluation of this claim, we have included the following for your review:

- Medical Billing and Records

IV. INJURIES

As noted in the medical records, Theodore was taken by ambulance to North Suburban Medical Center where he presented to the emergency department with head trauma and complaints of facial pain, head pain, and left shoulder pain. He received various x-rays and was placed on pain medication. For several months following the accident, Theodore attended regular sessions of physical therapy and chiropractic treatments. He even received acupuncture to help reduce pain levels.

In May, Theodore went to the Denver Diagnostic Pain Corporation for further help with his pain. He reported shooting pain down his back and that the pain was not significantly diminishing after several months of physical therapy, chiropractic care, home exercise, NSAIDS, and other medications. He received injections several times from Denver Diagnostic and experienced relief of some of his pain over time.

V. DAMAGES

a) Past Health Care Expenses: \$60,774.91

The following is an MBS of all care and costs to date:

Provider	Dates of Service	Amount
Platte Valley Ambulance Service	2/23/23	\$1,943.00 \$250.00 \$2,193.00
Infinity Imaging LLC	6/14/23	\$1,680.00 \$280.00 \$448.00 \$2,408.00
North Suburban Medical Center	2/23/23	\$1,954.49 \$11,937.00 \$9,767.36 \$11,524.07 \$35,182.92
Synergy Chiropractic Clinic, P.C.	3/17/23	\$318.15

		\$38.85
		\$26.25
		\$35.70
	3/24/23	\$102.69
		\$38.85
		\$47.25
	3/31/23	\$102.69
		\$38.85
		\$26.25
		\$35.70
		\$55.65
	4/7/23	\$102.69
		\$38.85
		\$26.25
		\$35.70
	4/21/23	\$102.69
		\$38.85
		\$26.25
		\$35.70
	4/28/23	\$102.69
		\$38.85
		\$26.25
		\$35.70
	5/5/23	\$92.40
		\$38.85
		\$26.25
		\$35.70
	5/19/23	\$102.69
		\$38.85
		\$26.25
		\$35.70
	6/9/23	\$92.40
		\$38.85
		\$26.25
		\$35.70
	7/6/23	\$92.40
		\$38.85
		\$26.25
		\$35.70
	8/11/23	\$123.90
		\$72.50
		\$2,456.84

Movement Dynamics PT		
	3/16/23	\$261.92
		\$109.70
	3/31/23	\$329.10
	4/7/23	\$329.10
	4/21/23	\$329.10
	4/28/23	\$219.40
	5/5/23	\$329.10
	5/19/23	\$329.10
	6/9/23	\$219.40
	7/6/23	\$148.63
		\$2,604.55
Injury Care Network, LLC - Wallace & Schick		
	3/10/23	\$739.00
	4/7/23	\$594.00
	5/5/23	\$550.00
	6/23/23	\$550.00
	7/21/23	\$550.00
	8/11/23	\$578.00
		\$3,561.00
Centura		
	3/2/23	\$346.00
		\$346.00
Carepoint ER Physicians		
	2/23/23	\$1,091.00
		\$1,091.00
Denver Diagnostic Pain-Greenwood Village		
	5/10/23	\$1,120.00
	6/14/23	\$2,795.00
	6/28/23	\$736.00
	8/2/23	\$736.00
		\$5,387.00
Injury Care Network, LLC - Genco Acupuncture		
	4/7/23	\$124.20
		\$129.60
		\$64.80
		\$318.60
Management Systems of Colorado		
	4/7/23	\$1,742.00
		\$1,742.00
		\$1,742.00

		\$5,226.00
TOTAL		\$60,774.91

a) Future Care and Permanent Impairment

As a result of his injuries, Theodore will continue to deal with his issues in years to come. Likely, he will need continuous injections to relieve the pain in his neck and back. A reasonable estimate for future care and permanent impairment is \$100,000.00.

a) Non-Economic Damages

We believe that Theodore's non-economic damages are \$100,000.00 based upon the impact of this motor vehicle accident on his life.

VI. CONCLUSION

We believe Theodore's claim is valued at more than \$260,000.00. However, we hope to resolve this case without the need for costly and lengthy litigation. At this time, Theodore will accept \$225,000.00 in exchange for a full and final release of all claims. **This demand is time sensitive and will expire in twenty-one (21) days.**

Thank you,



Marianne Garrison
Attorney
Direct: 720-580-8312
marianne@ramoslaw.com

MEG/meg

Platte Valley Ambulance Service LLC

1750 E EGBERT ST, BRIGHTON, CO 80601-2326

(888) 505-5166

Patient name: ANGEL, THEODORE J.

Run number: 23-22603

Date of call: 2/23/2023

Time of call: 18:26

Caller:

THEODORE J. ANGEL
8901 GRANT ST
THORNTON, CO 80229

From: CO BLVD BRIGHTON BLVD
To: North Suburban Medical Center

Primary payor: [REDACTED]

Secondary payor: [REDACTED]

Description	Check #	Quantity	Payment date	Amount
BLS Emergency		1		\$1,943.00
Mileage		5		\$250.00

**PAY THIS BILL ONLINE AT WWW.EMSBILLPAY.COM
OR CALL THE NUMBER ABOVE TO PAY BY PHONE**

PLEASE PAY THIS AMOUNT: [REDACTED]

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT THANK YOU.

Patient name: ANGEL, THEODORE J.

Run number: 23-22603

Amount enclosed: \$ [REDACTED]

Current date: 06/21/2023

Remit to: Platte Valley Ambulance Service LLC
1750 E EGBERT ST
BRIGHTON, CO 80601-2326

DOS: 2/23/2023

Itemized Statement

Infinity Imaging LLC
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
1. Jack Rentz

06/30/2023

Theodore Angel

' Patient ID: 156

Diagnoses:

Date	Qty	CPT	Description	Amount
1. 06/14/23	1	99070	2023 Facility Charge	\$ 1680.00
	1	99153	2023 Moderate Sedation +15 min	\$ 280.00
	1	99152	2023 Moderate Sedation 15 mins	\$ 448.00
			Previous Balance	\$ [REDACTED]
			Total Services (Charges)	\$ [REDACTED]
			Total Payments	\$ [REDACTED]
			Total Adjustments	\$ [REDACTED]
			Total for Statement	\$ [REDACTED]

I received a copy of my bill _____

NORTH SUBURBAN MED CTR 9191 GRANT STREET		NORTH SUBURBAN MED CTR PO BOX 403160		3a PAT. CNTL# 45010342505 b. MED. REC# 000090331324 5 FED. TAX NO. 0131				
THORNTON CO 802294361		ATLANTA GA30384		6 STATEMENT COVERS PERIOD FROM THROUGH 84-1321373 022323 022323				
8664752403								
8 PATIENT NAME a		9 PATIENT ADDRESS b DENVER		c CO d 80233 e				
b ANGEL, THEODORE J.								
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 ACCT STATE 30				
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11 022323				a A3 3518292 b c d				
42 REV. CD.	43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 0320	XR SHOULDER 2 V LT		73030 LT	022323	1	195449		
2 0351	CT HEAD/BRAIN W/O CONT		70450	022323	1	1193700		
3 0352	CT CSPINE W/O CONTRAST		72125	022323	1	976736		
4 0450	LVL 4 EMER DEPT		99284	022323	1	1152407		
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Itemized Statement

Latta Chiropractic Clinics-Tho
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
Richard A. Lewellen, D.C.

08/13/2023

Fed Tax#: 30-0229546

Theodore Jimmy Angel
6002 Grape Drive
Commerce City, CO 80022
Patient ID: 4073

Diagnoses:

S13.4XXA	Cervical Sprain
S16.1XXA	Cervical Strain
S23.3XXA	Thoracic Sprain
S29.012A	Thoracic Strain
S33.5XXA	Lumbar Sprain
S39.012A	Lumbar Strain
S33.6XXA	Sprain, SI Joint
S39.013A	Pelvic Strain
M79.1	Myalgia
M62.830	Muscle Spasm, Back
S34.9XXA	Injury of unsp Nerve, Abdomen/
R42	Dizziness
M99.01	Segmental Dysfunction, Cervica
M99.02	Segemental Dysfunction, Thorac
M99.03	Segmental Dysfunction, Lumabr
M99.04	Segmental Dysfunction Sacrum
M99.05	Segmental Dysfunction Pelvis
G44.319	Headache, Acute, Not Intractab
V43.62XA	Car Passenger Injured in Crash

Date	Qty	CPT	Description	Amount
1. 03/17/23	1	99203	2023 NP OV 30 (DetLow.Complex)	\$ 318.15
	1	97014	2023 Electrical Stim	\$ 38.85
	1	97010	2023 Cryother Hot/Cold Therapy	\$ 26.25
	1	97012	2023 Mechanical Traction	\$ 35.70
2. 03/24/23	1	98941	2023 Manip(spinal) 3-4 reg.	\$ 102.69
	1	97014	2023 Electrical Stim	\$ 38.85
	1	97039	2023 Hydrotherapy 15 min	\$ 47.25
3. 03/31/23	1	98941	2023 Manip(spinal) 3-4 reg.	\$ 102.69
	1	97014	2023 Electrical Stim	\$ 38.85
	1	97010	2023 Cryother Hot/Cold Therapy	\$ 26.25
	1	97012	2023 Mechanical Traction	\$ 35.70
	1	97124-59	2023 Massage Therapy 15 Min.	\$ 55.65

Itemized Statement for Theodore Jimmy Angel

Page 2

Date	Qty CPT	Description	Amount
4. 04/07/23	1 98941 1 97014 1 97010 1 97012	2023 Manip(spinal) 3-4 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 102.69 \$ 38.85 \$ 26.25 \$ 35.70
5. 04/21/23	1 98941 1 97014 1 97010 1 97012	2023 Manip(spinal) 3-4 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 102.69 \$ 38.85 \$ 26.25 \$ 35.70
6. 04/28/23	1 98941 1 97014 1 97010 1 97012	2023 Manip(spinal) 3-4 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 102.69 \$ 38.85 \$ 26.25 \$ 35.70
7. 05/05/23	1 98940 1 97014 1 97010 1 97012	2023 Manip(spinal) 1-2 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 92.40 \$ 38.85 \$ 26.25 \$ 35.70
8. 05/19/23	1 98941 1 97014 1 97010 1 97012	2023 Manip(spinal) 3-4 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 102.69 \$ 38.85 \$ 26.25 \$ 35.70
9. 06/09/23	1 98940 1 97014 1 97010 1 97012	2023 Manip(spinal) 1-2 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 92.40 \$ 38.85 \$ 26.25 \$ 35.70
10. 07/06/23	1 98940 1 97014 1 97010 1 97012	2023 Manip(spinal) 1-2 reg. 2023 Electrical Stim 2023 Cryother Hot/Cold Therapy 2023 Mechanical Traction	\$ 92.40 \$ 38.85 \$ 26.25 \$ 35.70
11. 08/11/23	1 99212 1 E0720	2023 EP OV 10 (Prob.FocStrFwd) 2023 TENS Unit	\$ 123.90 \$ 72.50
		Previous Balance	\$ [REDACTED]
		Total Services (Charges)	\$ [REDACTED]
		Total Payments	\$ [REDACTED]
		Total Adjustments	\$ [REDACTED]
		Total for Statement	\$ [REDACTED]

I received a copy of my bill _____

Please remit payment to

Movement Dynamics PT, P.C.
14111 E Alameda Ave. #200
Aurora, CO 80012-2509

Ph.303-343-1357 - Fax 303-343-3036

Responsible Party

Theodore 'Jimmy' Angel
6002 Grape Drive
Commerce City, CO 80022

Statement Date: 07/06/2023 - Account# 42372

Pay this amount: [REDACTED]

Payment is due upon receipt of the invoice.

Charges and Payments made after this date will appear on your next statement.

Diagnoses: Dx1:Acute post-traumatic headache, not intractable (G44.319), Dx2:Strain of muscle, fascia, and tendon at neck level (S16.1XXA), Dx3:Strain of muscle and tendon of back wall of thorax (S29.012A), Dx4:Strain of muscle, fascia, and tendon of lower back (S39.012A), Dx5:Strain of muscle, fascia, and tendon of RIGHT hip (S76.011A), Dx6:Paresthesia of skin (R20.2), Dx7:Radiculopathy, Lumbar (M54.16)

X

Page 1

Statement for Angel, Theodore 'Jimmy'

DOS	Procedure/Payment	Units	Date	Charge	Payments	Adjustmts	Expected Co-Ins	Your Responsibility
03/16/23 #1402163	97162 - PT Initial Evaluation (Moderate) 97110 - Therapeutic Exercise	1 1	07/06/23	\$261.92 \$109.70	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	\$371.62
03/31/23 [REDACTED]	97110 - Therapeutic Exercise	3	07/06/23	\$329.10	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	\$329.10
04/07/23 #1402165	97110 - Therapeutic Exercise	3	07/06/23	\$329.10	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	\$329.10
04/21/23 #1402166	97110 - Therapeutic Exercise	3	07/06/23	\$329.10	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	\$329.10
04/28/23 #1402167	97110 - Therapeutic Exercise	2	07/06/23	\$219.40	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	\$219.40
05/05/23 #1402168	97110 - Therapeutic Exercise	3	07/06/23	\$329.10	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	\$329.10
05/19/23 #1402169	97110 - Therapeutic Exercise	3	07/06/23	\$329.10	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	\$329.10
06/09/23 #1402170	97110 - Therapeutic Exercise	2	07/06/23	\$219.40	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	\$219.40
07/06/23 #1402171	97164 - PT Re-Evaluation	1	07/06/23	\$148.63	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	\$148.63
	Account Total				[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED]

Itemized Statement

Injury Care Network, LLC
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
Bethany Wallace, DO

08/21/2023

Fed Tax#: 45-5123759

Theodore Angel (MD)
6002 Grape Dr
Commerce City, CO 80022
Patient ID: 2875

Diagnoses:

S13.4XXA Cervical Sprain
S16.1XXA Cervical Strain
S23.3XXA Thoracic Sprain
S29.012A Thoracic Strain
S33.5XXA Sprain lumbar spine
S39.012A Lumbar Strain
S34.21XA Lumbar Nerve Root Injury
S43.402A Sprain: Shoulder, LEFT
S43.401A Sprain: Shoulder, RIGHT
M79.1 Myalgia
S06.0X0A Concussion: w/o LOC

Date	Qty	CPT	Description	Amount
1. 03/10/23	1	99205	2023 Wallace NP OV 99205/60min	\$ 739.00
2. 04/07/23	1	99214	2023 Shick EP OV 99214/25min	\$ 594.00
3. 05/05/23	1	99214-95	2023 Wallace EP OV 99214/25min	\$ 550.00
4. 06/23/23	1	99214-95	2023 Wallace EP OV 99214/25min	\$ 550.00
5. 07/21/23	1	99214	2023 Wallace EP OV 99214/25min	\$ 550.00
6. 08/11/23	1	99214	2023 Wallace EP OV 99214/25min	\$ 578.00
Previous Balance				\$ [REDACTED]
Total Services (Charges)				\$ [REDACTED]
Total Payments				\$ [REDACTED]
Total Adjustments				\$ [REDACTED]
Total for Statement				\$ [REDACTED]

I received a copy of my bill _____



	Statement Date:	04/03/23
Acct # 1403129576	Total Charges \$346.00	Current Balance [REDACTED]

Addressee:

Theodore J Angel
5471 Rartain Way
DENVER, CO 80221

For Angel, Theodore J visit on 03/02/23 to St Anthony North 84th Ave Neighborhood Health Center, this reflects the total charges of \$346.00 as of 04/03/23 [REDACTED] This is not a bill. This is an itemization of the services provided during your visit. Thank you for choosing Centura for your healthcare needs.

Questions? Call (888) 347-3295
Customer service representatives are available
8:00 AM to 5:00 PM (except holidays).

Coverage(s) on file
[REDACTED]

Statement Generated on: 04/03/23

Svc Dt	CPT(R) Code	Description	Rev Code	Qty	Amount
03/02/23	99214	Office/Outpatient Established Mod Mdm 30-39 Min		1	\$346.00

[REDACTED]



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

THEODORE J ANGEL
5471 RARITAN WAY APT 1431
DENVER, CO 80221-1735

PICA

CARRIER

PICA *** REPRINT ***									
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE J									
3. PATIENT'S BIRTH DATE MM DD YY 09 15 1975 M <input checked="" type="checkbox"/> F <input type="checkbox"/>									
4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE J									
5. PATIENT'S ADDRESS (No., Street) 5471 RARITAN WAY APT 1431									
6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
7. INSURED'S ADDRESS (No., Street) 5471 RARITAN WAY APT 1431									
CITY DENVER STATE CO ZIP CODE 80221-1735 TELEPHONE (Include Area Code) (720) 461 0920									
8. RESERVED FOR NUCC USE									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL THEODORE J									
a. OTHER INSURED'S POLICY OR GROUP NUMBER I919978									
b. RESERVED FOR NUCC USE									
c. RESERVED FOR NUCC USE									
d. INSURANCE PLAN NAME OR PROGRAM NAME [REDACTED]									
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.									
SIGNED SIGNATURE ON FILE					DATE				
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 02 23 2023 QUAL. 431									
15. OTHER DATE MM DD YY 02 23 2023 QUAL. 439									
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. DN JESSIE SWAN MD 17b. NPI 1578906715									
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0									
A. S09.90XA B. S43.402A C. V49.50XA D. Y92.410									
E. F. G. H. I. J. K. L.									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS E. DIAGNOSIS MODIFIER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #									
1 02 23 23 02 23 23 23 Y 99285 ABCD 1091 00 1 NPI 1578906715									
2 [REDACTED] NPI									
3 [REDACTED] NPI									
4 [REDACTED] NPI									
5 [REDACTED] NPI									
6 [REDACTED] NPI									
25. FEDERAL TAX I.D. NUMBER SSN EIN 475273455 <input type="checkbox"/> X									
26. PATIENT'S ACCOUNT NO. 0114419296									
27. ACCEPT ASSIGNMENT? (For govt. claims see back) X YES <input type="checkbox"/> NO									
28. TOTAL CHARGE \$ 1091 00									
29. AMOUNT PAID [REDACTED]									
30. Rsvd for NUCC Use									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JESSIE SWAN MD									
32. SERVICE FACILITY LOCATION INFORMATION NORTH SUBURBAN MEDICAL CENTER CAREPOINT EMERGENCY MED, PLLC 9191 GRANT ST PO BOX 172328 THORNTON, CO 80229-4361 DENVER, CO 80217-2328									
33. BILLING PROVIDER INFO & PH# (800) 225 0953 a. NPI b. a1134590318 b.									
NUCC Instruction Manual available at: www.nucc.org									
PLEASE PRINT OR TYPE CASE# 0005-0000182316 APPROVED OMB-0938-1197 FORM 1500 (02-12) PHN# (800) 225-0953									

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP	FECA	OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '			3. PATIENT'S BIRTH DATE MM DD YY 09151975		SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '		
5. PATIENT'S ADDRESS (No., Street) 6002 GRAPE DR			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 6002 GRAPE DR			
CITY COMMERCE CITY		STATE CO	8. RESERVED FOR NUCC USE		CITY COMMERCE CITY		STATE CO	
ZIP CODE 80022	TELEPHONE (Include Area Code) (720) 610920				ZIP CODE 80022	TELEPHONE (Include Area Code) (720) 610920		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER		
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY 09151975		
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)			b. OTHER CLAIM ID (Designated by NUCC)		
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME		
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? If yes, complete items 9, 9a, and 9d.		
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.								
SIGNATURE ON FILE			DATE 05152023			SIGNATURE ON FILE		
SIGNED			DATE			SIGNED		
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL			15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: BETHANY WALLACE MD			17a. NPI 17b. NPI 1740371699			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)								
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0								
A. LG89.11	B. M47.896	C. M51.26	D. M54.12	22. RESUBMISSION CODE ORIGINAL REF. NO.				
E. LM54.16	F. M54.2	G. M62.830	H. S13.4XXD	23. PRIOR AUTHORIZATION NUMBER				
I. LS16.1XXD	J. S33.5XXD	K. S39.012D	L.					
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG	C. CPT/HCPSCS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. MODIFIER	F. \$ CHARGES	G. DAYS OR UNITS	
1 05102023 05102023		11	99204	ABCD	1120.00	1	H. EPSDT Family Plan	
2							I. ID. QUAL.	
3							J. RENDERING PROVIDER ID. #	
4							NPI	
5							NPI	
6							NPI	
25. FEDERAL TAX I.D. NUMBER 814336438		SSN EIN <input type="checkbox"/> X	26. PATIENT'S ACCOUNT NO. 10950831A	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 1120.00	29. AMOUNT PAID [REDACTED]	30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JACK RENTZ MD		32. SERVICE FACILITY LOCATION INFORMATION DENVER DIAGNOSTIC PAIN, LLC 8515 PEARL STREET STE 201 THORNTON, CO 80229-4809			33. BILLING PROVIDER INFO & PH # (720) 5980805 JACK RENTZ MD 7800 E Orchard Rd Ste 350 Greenwood Village, CO 80111			
05152023 SIGNED DATE		a. 1033300140 b.			a. 1033300140 b.			



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE	MEDICAID	TRICARE	CHAMPVA	GROUP	FECA	OTHER	1a. INSURED'S I.D. NUMBER (For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '			3. PATIENT'S BIRTH DATE MM DD YY 09151975		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '				
5. PATIENT'S ADDRESS (No., Street) 6002 GRAPE DR			6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) 6002 GRAPE DR					
CITY COMMERCE CITY		STATE CO	8. RESERVED FOR NUCC USE		CITY COMMERCE CITY		STATE CO			
ZIP CODE 80022	TELEPHONE (Include Area Code) (720) 610920				ZIP CODE 80022	TELEPHONE (Include Area Code) (720) 610920				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER				
a. OTHER INSURED'S POLICY OR GROUP NUMBER			a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY 09151975				
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC)				
c. RESERVED FOR NUCC USE			c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME				
d. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? If yes, complete items 9, 9a, and 9d.				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										
SIGNATURE ON FILE SIGNED _____ DATE 06152023				SIGNATURE ON FILE SIGNED _____ DATE _____						
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL			15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: BETHANY WALLACE MD			17a. _____ 17b. NPI 1740371699			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										
20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. LG89.11 B. M51.26 C. M54.16 D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG	C. CPT/HCPCS	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. MODIFIER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 06142023	06142023	11	99152		ABC	500.00	1	NPI	1033300140	
2 06142023	06142023	11	99153		ABC	500.00	2	NPI	1033300140	
3 06142023	06142023	11	64483		ABC	1795.00	1	NPI	1033300140	
4								NPI		
5								NPI		
6								NPI		
25. FEDERAL TAX I.D. NUMBER 814336438		SSN EIN <input type="checkbox"/> X	26. PATIENT'S ACCOUNT NO. 10952657B		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 2795.00	29. AMOUNT PAID [REDACTED]	30. Rsvd for NUCC Use		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JACK RENTZ MD		32. SERVICE FACILITY LOCATION INFORMATION DENVER DIAGNOSTIC PAIN, LLC 8515 PEARL STREET STE 201 THORNTON, CO 80229-4809		33. BILLING PROVIDER INFO & PH # (720) 5980805 JACK RENTZ MD 7800 E Orchard Rd Ste 350 Greenwood Village, CO 80111						
SIGNED 06152023		DATE a. 1033300140 b.		a. 1033300140 b.						



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER										1a. INSURED'S I.D. NUMBER (For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '					3. PATIENT'S BIRTH DATE MM DD YY 09151975 M <input checked="" type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE ' JIMMY '			
5. PATIENT'S ADDRESS (No., Street) 6002 GRAPE DR					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street) 6002 GRAPE DR			
CITY COMMERCE CITY			STATE CO		8. RESERVED FOR NUCC USE			CITY COMMERCE CITY			STATE CO		
ZIP CODE 80022			TELEPHONE (Include Area Code) (720) 4610920					ZIP CODE 80022			TELEPHONE (Include Area Code) (720) 4610920		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY 09151975 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)					b. OTHER CLAIM ID (Designated by NUCC)			
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME			
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <i>If yes, complete items 9, 9a, and 9d.</i>			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.			
SIGNATURE ON FILE					DATE 06292023					SIGNATURE ON FILE			
SIGNED					DATE					SIGNED			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL					15. OTHER DATE QUAL MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: BETHANY WALLACE MD					17a. NPI 1740371699					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. LG89.11 B. M47.896 C. M51.26 D. M54.12 E. LM54.16 F. M54.2 G. M62.830 H. S13.4XXD										22. RESUBMISSION CODE ORIGINAL REF. NO.			
23. PRIOR AUTHORIZATION NUMBER													
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		E. MODIFIER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 06282023 06282023		11		99214		ABCD		736.00		1	NPI	1033300140	
2											NPI		
3											NPI		
4											NPI		
5											NPI		
6											NPI		
25. FEDERAL TAX I.D. NUMBER 814336438		SSN EIN <input type="checkbox"/> X		26. PATIENT'S ACCOUNT NO. 10952659A		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 736.00		29. AMOUNT PAID [REDACTED]		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JACK RENTZ MD		32. SERVICE FACILITY LOCATION INFORMATION DENVER DIAGNOSTIC PAIN, LLC 8515 PEARL STREET STE 201 THORNTON, CO 80229-4809		33. BILLING PROVIDER INFO & PH # (720) 5980805 JACK RENTZ MD 7800 E Orchard Rd Ste 350 Greenwood Village, CO 80111									
SIGNED 06292023		DATE		a. 1033300140 b.		a. 1033300140 b.							



PRIVATE PAY

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

UNKNOWN, CO 00000

PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER										1a. INSURED'S I.D. NUMBER (For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE					3. PATIENT'S BIRTH DATE MM DD YY 09151975 M <input checked="" type="checkbox"/> F <input type="checkbox"/>			4. INSURED'S NAME (Last Name, First Name, Middle Initial) ANGEL, THEODORE					
5. PATIENT'S ADDRESS (No., Street) 6002 GRAPE DR					6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street) 6002 GRAPE DR					
CITY COMMERCE CITY			STATE CO		8. RESERVED FOR NUCC USE			CITY COMMERCE CITY			STATE CO		
ZIP CODE 80022			TELEPHONE (Include Area Code) (720) 4610920								ZIP CODE 80022		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER					
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			a. INSURED'S DATE OF BIRTH MM DD YY 09151975 M <input checked="" type="checkbox"/> F <input type="checkbox"/>					
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)			b. OTHER CLAIM ID (Designated by NUCC)					
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME					
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <i>If yes, complete items 9, 9a, and 9d.</i>					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.			
SIGNATURE ON FILE SIGNED _____ DATE _____ 08082023					SIGNATURE ON FILE SIGNED _____ DATE _____								
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL			15. OTHER DATE QUAL MM DD YY			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE DN: BETHANY WALLACE MD			17a. _____ 17b. NPI 1740371699			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. LG89.11 B. G89.21 C. M47.896 D. M51.16 E. LM51.26 F. M51.27 G. M54.12 H. M54.16 I. LM54.2 J. M62.830 K. S13.4XXD L. S16.1XXD										22. RESUBMISSION CODE ORIGINAL REF. NO.			
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS		E. MODIFIER		F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 08022023 08022023		11		99214		ABCD		736.00		1	NPI	1033300140	
2											NPI		
3											NPI		
4											NPI		
5											NPI		
6											NPI		
25. FEDERAL TAX I.D. NUMBER 814336438			SSN EIN <input type="checkbox"/> X		26. PATIENT'S ACCOUNT NO. 10957909B		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 736.00		29. AMOUNT PAID [REDACTED]		30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) JACK RENTZ MD			32. SERVICE FACILITY LOCATION INFORMATION DENVER DIAGNOSTIC PAIN, LLC 8515 PEARL STREET STE 201 THORNTON, CO 80229-4809		33. BILLING PROVIDER INFO & PH # (720) 5980805 JACK RENTZ MD 7800 E Orchard Rd Ste 350 Greenwood Village, CO 80111								
SIGNED 08082023			DATE 1033300140		a. 1033300140 b.		a. 1033300140 b.						

Itemized Statement

Injury Care Network, LLC
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
Ignacia Louise Genco, L. Ac.

04/17/2023

Fed Tax#: 45-5123759

Theodore Angel (IG)
6002 Grape Dr.
Commerce City, CO 80022
Patient ID: 2888

Diagnoses:

S13.4XXA Cervical Sprain
S16.1XXA Cervical Strain
S23.3XXA Thoracic Sprain
S29.012A Thoracic Strain
S33.5XXA Sprain lumbar spine
S39.012A Lumbar Strain
S33.6XXA SI Joint Sprain

Date	Qty	CPT	Description	Amount
1. 04/07/23	1	99202-25	2023 Genco Initial Cons. 99202	\$ 124.20
	1	97810	2023 Genco Acup w/ 1 >needle	\$ 129.60
	1	97026	2023 Genco Infrared	\$ 64.80
			Previous Balance	\$ [REDACTED]
			Total Services (Charges)	\$ [REDACTED]
			Total Payments	\$ [REDACTED]
			Total Adjustments	\$ [REDACTED]
			Total for Statement	\$ [REDACTED]

I received a copy of my bill _____

Itemized Statement

Management Systems of Colorado
14111 E. Alameda Ave., Ste 200
Aurora, CO 80012
303-343-1357
Health Images North Denver

05/26/2023

Fed Tax#: 81-0587263

Theodore Angel

Patient ID: 3993

Diagnoses:

M54.9 Dorsalgia, unspecified
V89.2XXA Injured unspecified MVA, initi
M50.221 Other cervical disc displaceme
M50.222 Other cervical disc displaceme
M50.223 Other cervical disc displaceme
M54.6 Pain in thoracic spine

Date	Qty	CPT	Description	Amount
1.	04/07/23	1	72148	\$ 1742.00
		1	72141	\$ 1742.00
2.	04/28/23	1	72146	\$ 1742.00
			Previous Balance	\$ [REDACTED]
			Total Services (Charges)	\$ [REDACTED]
			Total Payments	\$ [REDACTED]
			Total Adjustments	\$ [REDACTED]
			Total for Statement	\$ [REDACTED]

I received a copy of my bill _____

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:



Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

Egbert Station - BC EMS 53
1750 Egbert St.
Brighton, CO 80601

Prehospital Care Report

Agency/Unit Info

EMS Agency 118
Number:
Primary Role of the ALS Ground Transport
Unit:
EMS Shift: A-Shift
EMS Unit Call Sign: AMB23

EMS Agency Name: Platte Valley Ambulance Service
Level of Care of This Paramedic
Unit:
Mass Casualty No
Incident:

Patient's Phone Number

(720) 982-1750

Type

Name: Angel, Theodore James
Address: , CO 80229

Age: 47 Years
Gender: Male

D.O.B.: 09/15/1975
Race: Hispanic or Latino

Call Type/Location/Disposition

Call Type: Traffic/Transportation Incident

Disposition: Patient Treated, Transported by this EMS Unit

Resp. Mode: Emergent (Immediate Response)
Urgency: Immediate

Transport Mode: Non-Emergent
Destination: North Suburban Medical Center (MAIN CAMPUS Thornton)
9191 GRANT ST
City of Thornton, CO 80229

Dest. Determ.: Closest Facility

Response: 911 Response (Scene)
Location: Street and highway

Response Delay: None/No Delay

Incident Address: CO Blvd/Brighton Blvd
COMMERCE CITY, CO 80022

Transport Delay: None/No Delay

Type of Destination: Hospital-Emergency Department

Response Info

Incident/Patient Patient Treated, Transported by this

Complaint Reported Traffic/Transportation Incident

Disposition: EMS Unit

by Dispatch:

Type of Service 911 Response (Scene)

First EMS Unit on Yes

Requested:

Scene:

Incident Number: SACFD23-0001533

Number of Patients Multiple

at Scene:

EMD Performed: No

EMS Response PVAS23-2174
Number:

Incident Location Street and highway
Type:

Type of Response None/No Delay
Delay:

Type of Scene Delay: None/No Delay

Additional Response Lights and Sirens
Mode Descriptors:

Type of Dispatch None/No Delay
Delay:

Unit Notified: 02/23/2023
18:06:41

Patient Name: Angel, Theodore James

Date Printed: 02/27/2023
14:53

EMS Response PVAS23-2174
Number:

Crew Member Completing this Bechtel, Mikayla
Report:

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

PVMC Bypass

**Bypass Called
for transport to
other than
PVMC?:**

**Doctor's Name that
granted Bypass?:**

**Reason for bypass of
PVMC ED?:**

Provider Impression

Primary Impression: Injury of face

Secondary Impression: Injury of shoulder or upper arm

Patient Condition

Complaint Type	Complaint	Duration
Chief (Primary)	Face and left shoulder pain	15 Minutes

Alcohol/Drug Use: Patient Admits to Alcohol Use

Other Symptoms: Pain in limb, unspecified

Primary Symptom: Pain in shoulder

Unit Personnel

Crew Member	Level of Certification	Role
Bechtel, Mikayla	Paramedic	Primary Patient Caregiver-Transport ; Primary Patient Caregiver-At Scene
Dewyer, Cahte	Paramedic	Driver/Pilot-Response ; Driver/Pilot-Transport

Narrative

Unit Notified: 02/23/2023

18:06:41

EMS Response Number: PVAS23-2174

Patient Name: Angel, Theodore James

Date Printed: 02/27/2023
14:53

Crew Member Completing this Report: Bechtel, Mikayla

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

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Fire Incident#: SACFD23-
0001533

Narrative: A23 dispatched with Engine 22 & law enforcement for an MVC. A23 responded emergent to an intersection for a 47 yo male.

S- Patient states that he was taking a Lyft home because he has been drinking alcohol this evening. He states that he was unrestrained in the back seat when the vehicle he was in struck another vehicle. He states they were going about 10 mph. He states that he remembers the whole event and that he did not lose consciousness. He states that he hit his face on the back of the seat in front of him. He states that his left shoulder and his face are painful. No chest pain, shortness of breath, vision changes, or nausea/vomiting reported. He does report dizziness later throughout transport. No syncope or seizure activity witnessed. No change in level of consciousness or orientation noted throughout transport. He denies any medical history, allergies or medications. He denies any neurological deficits. No additional recent illness, injury, or surgery reported. No drugs reported.

O- Upon arrival patient is found sitting upright in the back of a vehicle. Patient is alert and tracking EMS with his eyes upon arrival. He is ambulatory with assistance, unsteady gait. Airway is patent. He is maintaining his own airway at this time and breathing at an adequate depth and rate of 16 breaths per minute, no increased work of breathing or cyanosis noted. His spo2 is 93% on room air. His lung sounds are clear bilaterally. His skin is normal warm and dry, radial pulses are strong and regular at a rate of 84 bpm. Blood pressure is 130/82. Pupils are equal and reactive. GCS of 14. No visible or palpable trauma noted to the head, face, neck, chest, abdomen, back or extremities. Equal chest rise and fall with equal breath sounds in all fields. No tracheal deviation or JVD noted. His abdomen is soft and non-tender, atraumatic. Pelvis is stable. No evidence of incontinence. PMS present in all extremities. No neurological deficits noted or reported. No bleeding noted. He is slurring his words and has an unsteady gait. He is also slightly confused during conversation.

A- face and left shoulder pain following an MVC.

P- A23 crew spoke with all parties involved in the MVC. Initial assessment performed on scene. Patient moved to the stretcher via assisted walk. Ensured seatbelts were secured and patient was in a position of comfort, semi-Fowler's. EMS crew moved stretcher to ambulance and secured inside. Further assessment and interview performed in the ambulance. Head to toe trauma assessment performed. Patients clothing removed for assessment. C-collar placed. Patient's airway, respiratory effort, lung sounds, pupils, mental status, neck, back, skin, vitals, and chief complaint assessed and monitored. Patient assessed frequently throughout transport.

A23 transported routine to North Suburban ER. Upon arrival, the patient is assigned to ED bed 21. Stretcher moved next to ED bed. Patient moved to bed via assisted slide from the stretcher. Ensured safety railings were up. Gave report to receiving RN and healthcare team. Patient is clinically intoxicated and not able to sign PVAS form, receiving RN Connor B. signs. A23 ensured patient had all of their belongings in the room with them. No further contact with the patient.

Copies of face sheet attached.

Patient states that he does not have his ID or insurance card and that they are not currently in his wallet. Hospital does not have copies.

All times are approximate.

Report by Mikayla Bechtel NR-P

Past Medical History

Patient Medications

Medication	Dosage	Route
None Reported		

Medication Allergies

Medication Allergies
No Known Drug Allergy

Unit Notified: 02/23/2023

18:06:41

EMS Response Number: PVAS23-2174

Patient Name: Angel, Theodore James

Date Printed: 02/27/2023
14:53

Crew Member Completing this Report: Bechtel, Mikayla

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

Medical History: None Reported
Medical History Patient Obtained From:

Advance Directives: None

Activities

Procedures

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success
18:23:41	Dewyer, Cahte	Cervical Collar Applied			1	Unchanged	Yes

Vitals

Time	BP	Mean Arterial Pressure	Limb	Pulse m	Rhyth	Resp	Effort	Spo2	Qual	CO2	GCS	Pain	Stroke Scale	PTA	RTS	Pt. Position
18:24:41	130 / 82	98		84		16	Normal	93	At Room Air	14	Not Recorded	Not Recorded	No	12		
18:36:48	118 / 79	92		82	Regular	16	Normal	92	At Room Air	14			No	12		

GCS

Time	Eye	Motor	Verbal	Score Qualifier
18:24:41	4 - Opens Eyes spontaneously	6 - Obeys commands; Appropriate resp	4 - Confused	None-Initial GCS has legitimate
18:36:48	4 - Opens Eyes spontaneously	6 - Obeys commands; Appropriate resp	4 - Confused	None-Initial GCS has legitimate

Patient Transport/Positioning

Patient Moved to Assisted/Walk; Stretcher

Ambulance:

Patient's Position in Semi-Fowlers

Transport:

Patient Moved From Stretcher

Ambulance:

Response Times and Mileage

PSAP: 02/23/2023 18:06:32

Incident Number: SACFD23-0001533
Call Sign: AMB23
Veh. #: 12
Start Odom: 0
Scene Odom: 0
Dest. Odom: 5.2
Ending Odom: 0

To Scene: 0.0
To Dest: 5.2
To End: -5.2
Total: 0.0

Unit Disp.: 02/23/2023 18:06:41

Enroute: 02/23/2023 18:07:28

At Scene: 02/23/2023 18:13:07

At Patient: 02/23/2023 18:18:41

Depart: 02/23/2023 18:26:59

Arrive Dest.: 02/23/2023 18:42:48

In Service: 02/23/2023 18:53:55

In Quarters: 02/23/2023 19:00:53

Billing Information

Payment: Not Recorded

Work Related?: No

Insurance Information

Company Name	Company City	Company State	Insurance Policy #	Relationship
BC/BS of Colorado-Anthem	City of Denver	CO	HRZ090070108	Self

Unit Notified: 02/23/2023
18:06:41

Patient Name: Angel, Theodore James

Date Printed: 02/27/2023
14:53

EMS Response Number: PVAS23-2174

Crew Member Completing this Report: Bechtel, Mikayla

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

Signatures

Type of Person Signing: Healthcare Provider

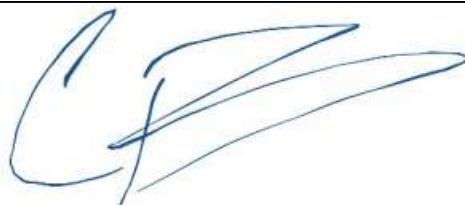
Signature Reason: Transfer of Patient Care

Paragraph Text:

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. My signature is not an acceptance of financial responsibility for the services rendered.

Status: Signed

Signature Graphic:



Printed Name: Connor B

Signature Date:

Type of Person Signing: EMS Primary Care Provider (for this event)

Signature Reason: EMS Provider

Paragraph Text:

I hereby attest that the PCR accurately reflects signatures/notations that I made in my capacity as the treating provider when I treated and/or transported the above listed patient. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Status: Signed

Signature Graphic:



Printed Name: Mikayla Bechtel

Signature Date:

Unit Notified: 02/23/2023
18:06:41

EMS Response PVAS23-2174
Number:

Patient Name: Angel, Theodore James

Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
14:53

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Type of Person Signing: EMS Crew Member (Other)

Fire Incident#: SACFD23-
0001533

Signature Reason: EMS Provider

Paragraph Text:

Status: Signed

Signature Graphic:



Printed Name: Cahte Dewyer

Signature Date:

Attachments

File Name: image

Modified By: Mikayla Bechtel

Modified On: 02/23/2023 22:29:51

Unit Notified: 02/23/2023
18:06:41

EMS Response PVAS23-2174
Number:

Patient Name: Angel, Theodore James

Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
14:53

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

PVAS23-2174

North Suburban Medical Center
9191 Grant Street, Thornton, Colorado 80229 (303) 451-7800
IN / OUT / ER PATIENT ADMISSION RECORD
ACCOUNT#: F45010342505 UNIT RCRD #: F0903-31324
UNIV RCRD #: F441431

ROOM/BED: ADM DATE: 02/23/23
PT. TYPE: PRE ER LAST DC DATE:

ADM TIME: 1850 FIN CLASS: 13
LOCATION(S): F.ER

PATIENT INFORMATION

NAME: ANGEL, THEODORE JAMES
STREET: 8901 GRANT ST
STREET: APT 1431
C/S/ZP: THORNTON, CO 80229
PHONE#: (720) 982-1750 CNTY/RES: ADA
CELLPHONE#:
SPOUSE / NOK / COMPANION
GARCIA, ANTHONY
NA
WESTMINSTER, CO 80033
(303) 246-3053 RELTN: BR
WORK PH:

OTHER NAME:
DOB: 09/15/1975 SS#: XXX-XX-6442
AGE: 47 RACE:
SEX: M MAR STATUS: D
REL:
EMAIL:

PERSON TO NOTIFY
GARCIA, ANTHONY
NA

WESTMINSTER, CO 80033
(303) 246-3053 RELTN: BR
WORK PH:

GUARANTOR
ANGEL, THEODORE JAMES RELTN: SA
8901 GRANT ST
APT 1431

THORNTON, CO 80229
(720) 982-1750
SUBSCRIBER
ANGEL, THEODORE JAMES DOB: 09/15/75
HOLLAND RESIDENTIAL
RELTN: SA
EMP STS: F

INSURANCE INFORMATION

PRIMARY INSURANCE - IBCOOS SECOND INSURANCE - THIRD INSURANCE -

BC OUT OF STATE/OREGON
PO BOX 5747
DENVER

CO 80217-5747

POLICY #: HRZ090070108

COVERAGE #:

INS PHONE #: (888) 367-2116

GRP#/AUTH#: 99999/

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#/AUTH#: /

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#/AUTH#: /

ACCIDENT / OTHER INFORMATION

ACCIDENT DATE:

TIME: PLACE:

ACC DES:

ARRIVAL MODE:

PHYSICIAN INFORMATION / DOCUMENTATION

ADM:

PMY:

ATT:

FMY:

OTHER 1:

ER:

REASON FOR VISIT/CHIEF COMPL: UNK-AMB

OTHER 2:

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

CONSULTATIONS:

PHYSICIAN SIGNATURE/DATE:

Printed []
Final Check []

COMMENTS:

ADVANCE DIRECTIVE:

ACCT# F45010342505

Unit Notified: 02/23/2023
18:06:41

EMS Response Number: PVAS23-2174

Patient Name: Angel, Theodore James

Crew Member Completing this Report: Bechtel, Mikayla

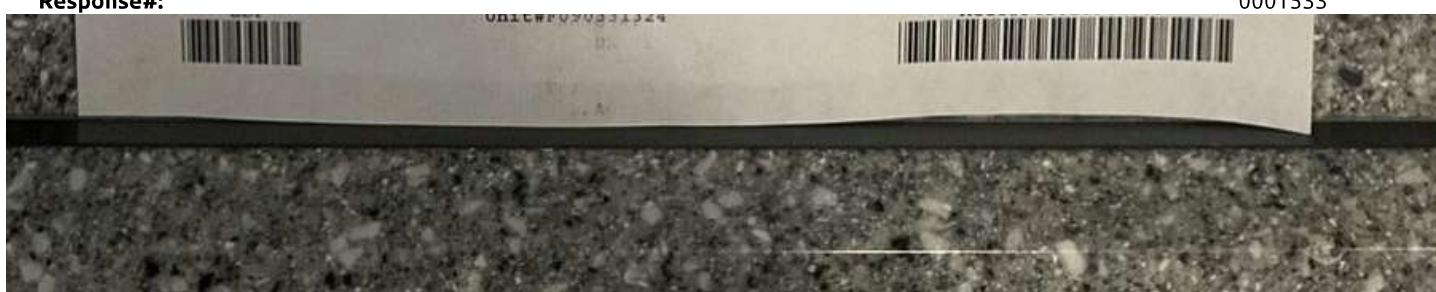
Date Printed: 02/27/2023
14:53

Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
Service
PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533



Addendums

Unit Notified: 02/23/2023
18:06:41
EMS Response PVAS23-2174
Number:

Patient Name: Angel, Theodore James
Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
14:53
Call #: PVAS23-2174

EMS Agency Platte Valley
Name: Ambulance
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PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

COVID-19 Pre-hospital Screening PVAS

02/23/2023 18:18

Header

Incident Number: SACFD23-0001533

Incident Disposition: Patient Treated, Transported by this
EMS Unit

Primary Impression: Injury of face

Dispatch Date/Time: 02/23/2023 18:06:41

Age: 47

Gender: Male

Fever

Question

Answer

Notes

Does the patient present with a fever?

Were any anti-fever medication(s)
(Tylenol, Ibuprofen) administered to the
patient in the past 24 hours?

Temperature

Associated Symptoms

Question

Answer

Notes

Does the patient present with any of the below symptoms?

Cough

Difficulty Breathing or shortness of
breath

Diarrhea

Loss of taste or smell?

Positive COVID-19 Test

Vaccination

Question

Answer

Notes

Has the patient started COVID-19
Vaccination Series?

N/A

Has the patient completed their
vaccination series (Moderna x2/Pfizer
x2/J&J x1)

N/A

History of Event

Question

Answer

Notes

Is the patient a member of a cluster of
patients with severe acute respiratory
illness of unknown etiology
(cause/reason)?

Has the patient been evaluated and
diagnosed with an acute respiratory
illness?

Unit Notified: 02/23/2023
18:06:41

EMS Response Number: PVAS23-2174

Patient Name: Angel, Theodore James

Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
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Call #: PVAS23-2174

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0001533

Has the patient had close contact with a suspected or laboratory-confirmed Coronavirus (2019-nCoV) case?

PPE

Question

Answer

Notes

Was a surgical mask placed on the patient?

What PPE was worn by providers?

Was PPE donned before or after patient contact?

Unit Notified: 02/23/2023

18:06:41

EMS Response PVAS23-2174
Number:

Patient Name: Angel, Theodore James

Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
14:53

Call #: PVAS23-2174

EMS Agency Platte Valley
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PVAS PVAS23-2174
Response#:

Patient Name: Angel, Theodore James

Fire Incident#: SACFD23-
0001533

C-Spine

02/23/2023 18:18

Rule Out Criteria (any yes requires C-Collar)

Question	Answer	Notes
Altered Mental Status	Yes	
Patient must be AAOx4		
Clinically Intoxicated	Yes	
Neurologic deficit	No	
Spinal tenderness with palpation	No	
Distracting Injury	No	
Language barrier	No	

Treatment

Question	Answer	Notes
C-Collar Placed	Yes	
Long Spine Board	No	

Unit Notified: 02/23/2023
18:06:41
EMS Response Number: PVAS23-2174

Patient Name: Angel, Theodore James
Crew Member Completing this Report: Bechtel, Mikayla

Date Printed: 02/27/2023
14:53
Call #: PVAS23-2174

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023

REFERRED BY: Bethany Wallace, DO
8515 Pearl St - Ste 100
Thornton, CO 80229

EXAM: MRI Cervical Spine WO

HISTORY:

MVA 2/23/2023. Cervical pain.

COMPARISON:

None.

TECHNIQUE:

Multiplanar multi sequential imaging of the cervical spine obtained without IV gadolinium

FINDINGS:

Alignment: Straightening of the normal cervical lordosis.

Motion degradation limits evaluation.

Marrow signal: No marrow signal abnormality.

Spinal cord: Evaluation of cord signal limited by motion artifact.

Intervertebral discs: Minimal annular bulge C4-5, C5-6 and C6-7. Evaluation limited by motion.

Axial images demonstrate the following:

C2-C3: No spinal stenosis or foraminal impingement.

C3-C4: No spinal stenosis or foraminal impingement.

(Bw)
4.7.23

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023



C4-C5: No spinal stenosis or foraminal impingement.

C5-C6: No spinal stenosis or foraminal impingement.

C6-C7: No spinal stenosis or foraminal impingement.

C7-T1: No spinal stenosis or foraminal impingement.

IMPRESSION:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Thank you for this referral. This examination was interpreted by a Colorado Imaging Associates radiologist. Providers with questions may reach a radiologist directly at 303-223-4448.

gmaruyama /

Gen Maruyama, MD

This document was electronically signed by Gen Maruyama, MD on 4/7/2023

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023



REFERRED BY: Bethany Wallace, DO
8515 Pearl St - Ste 100
Thornton, CO 80229

EXAM: MRI Lumbar Spine WO

EXAMINATION: MRI LUMBAR SPINE WITHOUT IV CONTRAST, 4/7/2023 6:53 AM

CLINICAL INDICATION: Motor vehicle accident, continued low back pain

TECHNIQUE: Routine protocol high-field MRI lumbar spine without contrast.

COMPARISON: None available

FINDINGS:

Numbering system: Transitional lumbosacral anatomy is noted. Current nomenclature assumes the S1 segment is transitional and appears at least partially lumbarized, difficult to fully assess on this field of view. There is a small rudimentary disc noted at the S1-S2 level. Images have been labeled on the PACS system. Lowest complete lumbar-type disc space labeled as L5-S1.

Osseous alignment: There is mild degenerative retrolisthesis of L5 on S1.

Marrow signal characteristics: No acute or suspicious regions of signal abnormality.

Conus: Normal in appearance, terminating at L1.

Miscellaneous/Soft tissues: Unremarkable.

Disc spaces by level:

T12-L1: Unremarkable.

A handwritten signature in black ink, appearing to read "BW".

4-7-23

L1-L2: Intervertebral disc and facet joints are unremarkable. There is no significant spinal or foraminal stenosis.

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023



L2-L3: Intervertebral disc and facet joints are unremarkable. There is no significant spinal or foraminal stenosis.

L3-L4: There is mild disc desiccation with a shallow disc bulge and a small right foraminal disc osteophyte complex. There is mild right foraminal narrowing as a result. There is no significant spinal canal or left-sided foraminal stenosis.

bone spur
water/swelling in small joint

L4-L5: There are mild facet hypertrophic changes with small bilateral facet joint effusions. There is mild degenerative disc disease with diffuse disc bulge. Relatively mild bilateral foraminal narrowing. No significant acquired spinal stenosis.

L5-S1: There are mild facet hypertrophic changes noted bilaterally. There is degenerative disc disease with diffuse disc bulging and endplate spurring. There is a more focal right central disc extrusion with small osteophytic component. There is right subarticular recess narrowing with mild compression of the descending S1 nerve root. Mild spinal and left subarticular recess stenosis. Moderate right and mild left foraminal narrowing.

S1-S2: A small residual disc is noted. The spinal canal and neural foramina are patent.

IMPRESSION:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1 segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is right greater than left L5-S1 neural foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

Thank you for this referral. This examination was interpreted by a Colorado Imaging Associates radiologist. Providers with questions may reach a radiologist directly at 303-223-4448.

cstewart /

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/7/2023



Craig Stewart, MD

This document was electronically signed by Craig Stewart, MD on 4/7/2023

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/28/2023



REFERRED BY: Bethany Wallace, DO
8515 Pearl St - Ste 100
Thornton, CO 80229

EXAM: MRI Thoracic Spine WO

HISTORY:

MVA with pain.

COMPARISON:

None.

TECHNIQUE:

Multiplanar multi sequential imaging of the thoracic spine obtained without IV gadolinium.

FINDINGS:

Alignment: Vertebral body height and alignment are maintained.

Marrow signal: No marrow signal abnormality.

Spinal cord: No cord signal abnormality.

Intervertebral discs: Normal disc height and signal.

Findings by level: No disc herniation. No spinal canal or foraminal stenosis.

IMPRESSION:

Unremarkable thoracic spine MRI.

Thank you for this referral. This examination was interpreted by a Colorado Imaging Associates radiologist. Providers with questions may reach a radiologist directly at 303-223-4448.

PATIENT NAME: Angel, Theodore
BIRTH DATE: 9/15/1975
MPI#: HI4260143
DATE OF EXAM: 4/28/2023



fkadivar /

Fatemeh Kadivar, MD

This document was electronically signed by Fatemeh Kadivar, MD on 4/28/2023

North Suburban Medical Center 9191 Grant Street, Thornton, Colorado 80229 (303) 451-7800 IN/POLY/PT/FR PATIENT ADMISSION RECORD ACCOUNT#:F45010342505		
UNIT RCRD #:F0903-31324 UNIV RCRD #:F441431 ADM TIME:1850 FIN CLASS:03 LOCATION(S):F.ER		
PATIENT INFORMATION		
NAME: ANGEL, THEODORE JAMES STREET: 5471 RARITAN ST STREET: C/S/ZP: DENVER, CO 80233 PHONE#: (720)461-0920 CNTY/RES: ADA CELLPHONE#: (720)461-0920 SPOUSE/HWK COMPANION: ANGEL, STACY 5471 RARITAN ST DENVER, CO 80233 (720)380-6999 RELTN: OT WORK PH: PATIENT EMPLOYER HOLLAND RESIDENTIAL 8901 GRANT ST OFFICE THORNTON, CO 80229 (303)428-7865 OCC: MAINT GUARANTOR EMPLOYER HOLLAND RESIDENTIAL 8901 GRANT ST THORNTON, CO 80229 (303)428-7865		
OTHER NAME: DOB: 09/15/1975 SS#: xxx-xx-6442 AGE: 47 RACE: OTHER SEX: M MAR STATUS: D REL: NONE EMAIL: NONE		
PERSON TO NOTIFY		
GARCIA, ANTHONY NA WESTMINSTER, CO 80033 (303)246-3053 RELTN: BR WORK PH: GUARANTOR ANGEL, THEODORE JAMES RELTN: SA 8901 GRANT ST APT 1431 THORNTON, CO 80229 (720)982-1750		
SUBSCRIBER ANGEL, THEODORE JAMES DOB: 09/15/75 RELTN: SA		
EMP STS: F		
INSURANCE INFORMATION		
PRIMARY INSURANCE - INCD CO SECOND INSURANCE - THIRD INSURANCE - MEDICAID OF COLORADO P O BOX 30 DENVER CO 80201-0030		
POLICY #: I919978 POLICY #: COVERAGE #: COVERAGE #: INS PHONE #: (844)235-2387 INS PHONE #: GRP#/AUTH#: NA/ GRP#/AUTH#:/		
ACCIDENT/OTHER INFORMATION		
ACCIDENT DATE: TIME: PLACE: ARRIVAL MODE:AMBULANCE ACC DES: PHYSICIAN INFORMATION/DOCUMENTATION ADM: PMY:.NO PCP NO PRIMARY OR FAMILY PHYSICIAN		
ATT: OTHER 1:SELF REFERRED REASON FOR VISIT/CHIEF COMPL:UNK-AMB		
PRINCIPAL DIAGNOSIS: PRINCIPAL OPERATION/PROCEDURE: CONSULTATIONS: PHYSICIAN SIGNATURE/DATE:		
Printed [] --- Final Check []		
COMMENTS: . . . ADVANCE DIRECTIVE:		

EDF



Unit#F090331324

ACCT#F45010342505



RUN DATE: 02/26/23
RUN TIME: 0513
RUN USER: HSC.SKV1

NORTH SUBURBAN ABSTRACTING **LIVE**
CODING SUMMARY

PAGE 1

NAME: ANGEL, THEODORE JAMES ACCT#: F45010342505
FORM:
ADM DATE: 02/23/23 1850
ATTEND PHYS: Swan, Jessie Alexandra MD UNIT#: F090331324
DIS DT/TM: 02/23/23 2005 SEX: M
DIS DISP: ROUTINE HOME/SELF CARE 01 AGE: 47
LOS: : 1 DOB: 09/15/75
PT CLASS: ER FIN CLASS: 03
ABS STATUS: FINAL

DIAGNOSES

POA INDICATOR CODESET

REASON FOR VISIT DX

R51.9	HEADACHE, UNSPECIFIED	ICD10
M25.512	PAIN IN LEFT SHOULDER	ICD10

PRIMARY CODESET

PRINC DX	S09.90XA	UNSPECIFIED INJURY OF HEAD, INITIAL ENCOUNTER	ICD10
OTHER DX	S43.492A	OTHER SPRAIN OF LEFT SHOULDER JOINT, INITIAL ENCOUNTER	ICD10
	R40.2362	COMA SCALE, BEST MOTOR RESPONSE, OBEYS COMMANDS, EMR	ICD10
	R40.2142	COMA SCALE, EYES OPEN, SPONTANEOUS, EMR	ICD10
	R40.2252	COMA SCALE, BEST VERBAL RESPONSE, ORIENTED, EMR	ICD10
	V49.9XXA	CAR OCCUPANT (DRIVER) (PASSENGER) INJURED IN UNSP TRAF, INIT	ICD10
	Y92.410	UNSP STREET AND HIGHWAY AS PLACE	ICD10

OTHER CODESET

PRINC DX
OTHER DX

PROCEDURE

PRIMARY CODESET

DATE	PROC CODE & NAME	SURGEON	ANESTHESIOLOGIST
OTHER CODESET			

PRIMARY CODESET

DRG I-10

OTHER CODESET

DRG I-9

STATUS	\$REIMB	MIN-LOS	STD-LOS	COST WT	GRP VERS	GRP FC
				40	03	

DRG STATUS DATE:
CODER: INTERFACE

ABS STATUS DATE: 02/25/23
ABSTRACTOR: CACUSER

This form will be maintained as a permanent part of the medical record

North Suburban Medical Center (COCNB) Main ED
EMERGENCY PROVIDER REPORT
REPORT#: 0223-0301 REPORT STATUS: ESign
DATE: 02/23/23 TIME: 1850

PATIENT: ANGEL, THEODORE JAMES UNIT #: F090331324
ACCOUNT#: F45010342505 ROOM/BED: ER
DOB: 09/15/75 AGE: 47 SEX: PCP PHYS: NO PRIMARY OR FAMILY PHYSICIAN
ADM DATE: 02/23/23INI AUTH: Swan, Jessie Alexandra MD
ED ADMIT DT: 02/23/23LAST SIG: Swan, Jessie Alexandra MD
REP SERV DT: 02/23/23REP SERV TM: 1850

* ALL edits or amendments must be made on the electronic/computer document *

HPI GREET

General

Initial Greet Date/Time 02/23/23 1850

Clinical Note

Clinical Note

First Documented:

	Result	Date Time
Pulse Ox	94	02/23 1855
B/P	134/83	02/23 1855
B/P Mean	100	02/23 1855
O2 Delivery	Room air	02/23 1855
Temp	36.3	02/23 1855
Pulse	78	02/23 1855
Resp	18	02/23 1855

Last Documented:

	Result	Date	Time
Pulse Ox	94	02/23	1859
B/P	134/83	02/23	1855
B/P Mean	100	02/23	1855
O2 Delivery	Room air	02/23	1855
Temp	36.3	02/23	1855
Pulse	78	02/23	1855
Resp	18	02/23	1855

EMERGENCY DEPARTMENT TREATMENT NOTE

THE EVALUATION, MANAGEMENT, SERVICES AND PROCEDURES, AS WELL AS THE KEY COMPONENTS OF THE PATIENT'S CARE DESCRIBED HEREIN WERE PERFORMED BY: Dr. Jessie Swan

CHIEF COMPLAINT(S): Motor vehicle collision

HISTORY OF PRESENT ILLNESS:

PATIENT: ANGEL, THEODORE JAMES
UNIT#: F090331324
DATE: 02/23/23
ACCT#: F45010342505

This patient comes to the emergency department via personal vehicle. Mr. Angel is a 47 year old male with no PMHx who presents to the emergency department after head trauma. The patient reports after consuming alcohol he got a LYFT to take him home. He is the unrestrained back seat passenger in a vehicle going 10 mph when the vehicle he was in was sideswiped by another vehicle going an unknown speed causing minimal front passenger side damage. He admits to hitting his head/face on the seat in front of him. He is complaining of facial pain, head pain, and left shoulder pain. He denies associated loss of consciousness, vision changes, malocclusion, back pain, numbness, tingling, focal weakness, chest pain, difficulty breathing, abdominal pain, nausea, vomiting, rash, abrasion, laceration, dysuria, hematuria, flank pain, lower extremity pain. He denies epistaxis. He denies being on anticoagulation therapy. He was placed in a c-collar by EMS. Did not receive any medications by EMS.

Agency: Platte Valley Ambulance greeted
EMS VS: BP 130/82, HR 89, SpO₂ 92% on RA

PCP: Does not have one

PAST MEDICAL HISTORY: Denies any

SURGICAL HISTORY: Dental/oral, cyst excision from neck

MEDICATIONS: None

ALLERGIES: No known drug allergies

SOCIAL HISTORY: +EtOH, no TOB, no illicit drug use

FAMILY HISTORY: Not obtained

EXAMINATION OF ORGAN SYSTEMS/BODY AREAS:

On physical examination the patient appeared in no acute cardiorespiratory distress and was alert and oriented. Initial vital signs are interpreted as normal.

General: The patient is sitting upright in the stretcher. They appear their stated age. They are appropriate in conversation. GCS: 15

Head: Normocephalic. Atraumatic. No tenderness to palpation. There are no external signs of head trauma over the face or scalp. Normal range of motion of the jaw. No tenderness over the zygomatic arch. No battle sign. No raccoon eyes. No soft tissue hematoma of the skull or scalp. No lacerations or abrasions of the scalp.

Eyes: PERRLA. Extraocular movements are intact. No nystagmus. No conjunctival pallor or hemorrhage. No scleral icterus. No hyphema. No tenderness to palpation over the supra or infraorbital ridge. No tenderness to palpation over the zygomatic process.

ENMT: Mucous membranes of the mouth are moist. No hemotympanums. No epistaxis. No nasal septum hematoma. No acutely cracked, chipped, missing, or loose teeth.

Neck: No C-spine tenderness or step off.

PATIENT: ANGEL, THEODORE JAMES
UNIT#: F090331324
DATE: 02/23/23
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Cardiovascular: No cyanosis. Radial pulse intact on the left.

Respiratory: No accessory muscle use during respiration

Gastrointestinal: Abdomen is soft, obese, nontender, nondistended. No rigidity or guarding.
No peritoneal signs.

Musculoskeletal: Moves all 4 extremities with normal range of motion with the exception of left shoulder. Limited abduction and flexion left shoulder secondary to pain. Tenderness to palpation over the distal left clavicle, acromioclavicular joint, proximal left humerus.

Otherwise 5/5 strength to proximal and distal muscle groups of the bilateral upper and lower extremities. No swollen or warm joints. No peripheral edema. No midline thoracic or lumbar spinous process tenderness or step-off.

Skin: No acute rashes or lesions.

Neuro: Cranial nerves: Visual acuity is grossly intact. Eyelid opening and extraocular movements intact. Facial sensation intact bilaterally. Eyebrow raise symmetrical and intact. Eyelid close intact. Smile intact. Palate elevation intact. Sensation: Sensation intact to light touch intact in upper and lower extremities.

MEDICAL DECISION MAKING AND COURSE IN THE ED WITH INTERPRETATION/REVIEW OF DIAGNOSTIC STUDIES:

Based on this at the presenting symptoms as well as physical examination this patient requires further emergency department evaluation for their acute head trauma. I'm concerned about the possibility of underlying contusion, concussion, skull fracture, subdural hematoma, subarachnoid hemorrhage.

Canadian CT head injury/trauma rule

Based on Canadian CT head injury/trauma rule CT Head imaging IS indicated.

NEXUS Criteria for C-spine Imaging

Based on Nexus spine criteria CT C-spine imaging IS indicated.

Point-of-care glucose is 78. Patient in juice by mouth.

Patient tolerates oral intake without difficulty.

The patient is not on anticoagulation.

Patient is given acetaminophen by mouth for pain.

Extremity is rested, iced, elevated.

Imaging study as independently interpreted/viewed by myself as well as according to radiology interpretation: CT head without C-spine without contrast: No acute intracranial abnormality. Chronic left maxillary sinusitis, fever odontogenic. No acute fracture or traumatic malalignment of the cervical spine.

Imaging study as independently interpreted/viewed by myself as well as according to radiology interpretation: X-ray shoulder left complete: No acute fracture, dislocation, or

PATIENT: ANGEL, THEODORE JAMES
UNIT#: F090331324
DATE: 02/23/23
ACCT#: F45010342505

bony subluxation.

At this time I believe the patient is clinically stable for discharge. They are answering questions appropriately and have a normal repeat neuro exam. Their vital signs are within normal limits.

As this patient has a closed head injury they must followup as an outpatient with either their doctor and/or a neurologist for further evaluation and management of symptoms secondary to their possible concussion. The patient has been advised to avoid contact sports and driving until they have been cleared by a neurologist. The patient will make arrangements have somebody stay with them tonight in case they have any problems including worsening headache or altered mental status for which they should immediately return to the emergency department for further evaluation. The patient has expressed an understanding of this and is agreeable with the plan.

Expectant management after motor vehicle collision discussed. Symptomatic treatment at home and return precautions discussed. Patient expressed an understanding of this plan and was in agreement with the course of care. The patient was observed until alert, oriented, ambulatory, and clinically sober. The patient's judgment and speech are intact. The patient expresses a desire to be discharged home.

- Number and complexity of problems addressed:

HIGH: 1 acute or chronic illness or injury that poses a threat to life or bodily function

- History obtained from additional independent historian(s):

See above in HPI for details regarding information obtained.

Report from EMS as above

- I have reviewed prior external notes from:

Previous EHR inpatient hospitalization notes:

Ankle x-ray from June 8, 2010 without fracture, dislocation, or other acute bony abnormality.

- I have ordered based on the seriousness of patient's presentation and comorbidities the following interventions:

Cardiac/pulse oximetry monitor

Laboratory evaluation

Imaging studies that have been reviewed

Medications

P.o. challenge

- I have independently interpreted test(s):

Imaging as above

- I have discussed management/test interpretation with:

PATIENT: ANGEL, THEODORE JAMES
UNIT#: F090331324
DATE: 02/23/23
ACCT#: F45010342505

The nurse and subsequent care plans

- Risk of Complications and/or Morbidity or Mortality of Patient Management:

High: Patient presented with severe undifferentiated pain and required repeat assessments, workup, and interventions throughout the course of care

High: Patient presented after being involved in severe traumatic mechanism with symptoms concerning for potential life or limb threatening injuries requiring immediate and repeat assessments, workup, and interventions throughout the course of care

- Based on the seriousness of patient's presentation and comorbidities the following interventions were ordered and done:

Medications

P.o. challenge

- Medications/prescriptions management:

Prescription drug management: reviewed home medications as above. Considered implications of home medications as they relate to inpatient care and disposition planning. Prescriptions considered but not given

- Decision regarding limitation of imaging, limitation of diagnostic testing, or de-escalation of care:

Imaging and/or labs were not thought to be indicated based on risk assessment

- Social determinants of health that impact diagnosis or treatment:

Social History as above.

Substance use as above

- Decision regarding surgery considered risk/benefit of immediate v delayed surgery and decision about admit v outpatient referral:

None

- Decision regarding ED procedures:

None

Disposition of the patient/consideration of hospitalization:

Discharge: there is no indication for acute hospitalization at this time, patient will be discharged.

Risk Calculators:

see above

These high risk diagnoses were considered and felt to be unlikely:

MDM:Doubt clinically significant traumatic injury: Reassuring imaging studies, reassuring reevaluation

PATIENT: ANGEL, THEODORE JAMES
UNIT#:F090331324
DATE: 02/23/23
ACCT#:F45010342505

CONDITION: Fair

FINAL IMPRESSION(S)/DIAGNOSES:

1. Acute closed head injury
2. Acute motor vehicle collision
3. Acute left shoulder sprain

Jessie Swan, M.D.

Jessie Swan, M.D.

Portions of this section were scribed by WULLSCHLEGER,NICHOLA on 02/23/23 at 1856

Past Medical History

Allergies

Coded Allergies:

No Known Allergies (02/23/23)

) (Review of Nursing Notes .

Additional Medical History

PMH: none

Additional Surgical History

PSH: none

Alcohol Use Alcohol use

Drug Use Denies recreational drugs

Smoking status for patients 13 years old or older: Never Smoker

Other Social History Local resident

Portions of this section were scribed by WULLSCHLEGER,NICHOLA on 02/23/23 at 1856

COURSE

Data

Diagnostics

Laboratory Tests:

	02/23 1940
Chemistry	
POC Glucose (74 - 106 mg/dL)	78

Recent Impressions:

Computerized Tomography - CT HEAD WO SPINE CERV WO 02/23 1910

PATIENT: ANGEL, THEODORE JAMES
UNIT#:F090331324
DATE: 02/23/23
ACCT#:F45010342505

*** Report Impression - Status: SIGNED Entered: 02/23/2023 1930

IMPRESSION:

Head CT:

1. No acute intracranial abnormality.
2. Chronic left maxillary sinusitis, favor odontogenic.

Cervical spine CT:

1. No acute fracture or traumatic malalignment in the cervical spine.

Eric Wannamaker, MD
Neuroradiologist
Diversified Radiology of Colorado, PC
<http://www.divrad.com>

Thank you for this referral. This exam was interpreted by a fellowship trained neuroradiologist. If the patient's healthcare provider has any questions, a Diversified neuroradiologist can be reached directly at 303-446-3223 at any time.

SLOT 21

Eric Wannamaker, M.D.
2/23/2023 7:29 PM

Impression By: DR.WANER1 - Eric J Wannamaker MD
Diagnostic Radiology - XR SHOULDER LEFT COMPLETE 02/23 1933
*** Report Impression - Status: SIGNED Entered: 02/23/2023 1942

IMPRESSION:

1. Normal.

Thank you for the referral of this patient. This exam was interpreted by an American Board of Radiology certified radiologist with subspecialty fellowship in Body. If there are any questions regarding this exam please feel free to contact a radiologist directly at

PATIENT: ANGEL, THEODORE JAMES

UNIT#:F090331324

DATE: 02/23/23

ACCT#:F45010342505

303-446-3223.

Slot 18

Michael Oakes M.D.

2/23/2023 7:41 PM

Impression By: DR.OAKMI - Michael F Oakes MD

Med Data

Med Data

Medication(s) Ordered:

Central Nervous System Agents

Medication	Dose	Sig/Sch Route	Start time Stop Time	Status	Last Admin
Acetaminophen	1,000 MG	X1ED ONE PO	02/23 1900 02/23 1901	DC	02/23 1938

Portions of this section were scribed by WULLSCHLEGER,NICHOLA on 02/23/23 at 1856

Patient Discharge & Departure

Vital Signs/Condition

Vital Signs

First Documented:

	Result	Date Time
Pulse Ox	94	02/23 1855
B/P	134/83	02/23 1855
B/P Mean	100	02/23 1855
O2 Delivery	Room air	02/23 1855
Temp	36.3	02/23 1855
Pulse	78	02/23 1855
Resp	18	02/23 1855

Last Documented:

	Result	Date Time
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B/P	134/83	02/23 1855
B/P Mean	100	02/23 1855
O2 Delivery	Room air	02/23 1855

PATIENT: ANGEL, THEODORE JAMES
UNIT#: F090331324
DATE: 02/23/23
ACCT#: F45010342505

Temp	36.3	02/23 1855
Pulse	78	02/23 1855
Resp	18	02/23 1855

All vital signs available at the time of this entry have been reviewed.

Clinical Impression

Clinical Impression

Primary Impression: MVA (motor vehicle accident)

Disposition Decision

Discharge

- (Discharged to Home Yes**
- (Time 1950**
- (Date 02/23/23**

Discharge/Care Plan

C counseled Regarding Diagnosis, Imaging studies, Need for follow-up, When to return to ED

Patient Instructions Head Injury (ED), Shoulder Sprain (ED)

Additional Instructions

Take over-the-counter acetaminophen (Tylenol) 1000 mg every 6 hours as needed for pain
Take over-the-counter ibuprofen (Motrin, Advil, Aleve) 600 mg every 6 hours as needed for pain

Referrals

Resource Referral: Clinica Campesina-Thornton

Address:

8990 Washington St.
Thornton, CO 80229

Provider Referral: NO PRIMARY OR FAMILY PHYSICIAN

Departure Forms

*CAREPOINT ED ADULT

*EXCUSE FROM WORK

Excuse from Work: Tomorrow

Discharge Note

I have spoken with the patient and/or caregivers. I have explained the patient's condition, diagnoses and treatment plan based on the information available to me at this time. I have answered the patient's and/or caregiver's questions and addressed any concerns. The patient and/or caregivers have as good an understanding of the patient's diagnosis, condition and treatment plan as can be expected at this point. The vital signs have been stable. The patient's condition is stable and appropriate for discharge from the emergency department.

PATIENT: ANGEL, THEODORE JAMES
UNIT#:F090331324
DATE: 02/23/23
ACCT#:F45010342505

The patient will pursue further outpatient evaluation with the primary care physician or other designated or consulting physician as outlined in the discharge instructions. The patient and/or caregivers are agreeable to this plan of care and follow-up instructions have been explained in detail. The patient and/or caregivers have received these instructions in written format and have expressed an understanding of the discharge instructions. The patient and/or caregivers are aware that any significant change in condition or worsening of symptoms should prompt an immediate return to this or the closest emergency department or a call to 911.

Portions of this section were scribed by WULLSCHLEGER,NICHOLA on 02/23/23 at 1850

ATTESTATION

ATTESTATION

I personally scribed for Dr. Swan. Electronically signed by Wullschleger, Nicholas Portions of this note were transcribed by Nicholas Wullschleger. I, Dr. Swan personally performed the history, physical exam and medical decision making; and confirmed the accuracy of the information in the transcribed note.

Portions of this section were scribed by WULLSCHLEGER,NICHOLA on 02/23/23 at 1856

Electronically Signed by Swan,Jessie Alexandra MD on 02/23/23 at 2037

RPT #: 0223-0301
END OF REPORT

RUN DATE: 02/25/23
RUN TIME: 0154
RUN USER: HPF.FED

NORTH SUBURBAN EDN ***LIVE***
EMERGENCY PATIENT RECORD

PAGE 1

Patient: ANGEL, THEODORE JAMES
First Provider: Swan, Jessie Alexandra MD, 2hcActive
Acct No: F45010342505
Unit No: F09031324

ED Physician: Swan, Jessie Alexandra MD, 2hcActive Arrival Date/Time: 02/23/23 - 1855
Practitioner: Triage Date/Time: 02/23/23 - 1855
Nurse: BURNEY, CONNOR, RN
Date of Birth: 09/15/1975
Stated Complaint: UNK-AMB
Chief Complaint: Trauma/MVC
Status Event History:
02/23/23 1850 Reception
1858 Triaged
1850 Registration
1957 Room
2005 Departed
2010 Off Tracker

MODE OF ARRIVAL

AMBULANCE

Allergy/Adverse Reaction
No Known Allergies

Type/Category
Allergy/Drug

Severity
Date

Ver

02/23/23 N

Rapid Initial Assessment

Occurred Date 02/23/23 Time User 1855 BURNEY, CONNOR, RN
Recorded Date 02/23/23 Time User 1858 BURNEY, CONNOR, RN

- RAPID INITIAL ASSESSMENT -

First Point of Contact: Yes
Enter/Edit Allergies: Yes
Arrived by: AMB

BMS service: AMPLATEY

Medications/treatments prior to arrival: None

- SUBJECTIVE ASSESSMENT -

Patients description of reason for visit:
PT TO ER VIA BMS C/O LEFT SHOULDER AND FACE PAIN AFTER AN
MVC. PT UNRESTRAINED BACK SEAT PASSENGER. PT REPORTS HITTING
FACE ON BACK OF SEAT IN FRONT. NO LOC. PT ETOH +
Objective assessment:
PT A&Ox4 WITH GCS 15. C-COLLAR IN PLACE FROM EMS
Neuro W/DP: Yes
Cardiovascular W/DP: Yes
Respiratory W/DP: Yes
Pain scale utilized: Ventral numeric

Pain intensity: 8

Smoking status for patients 13 years old or older: Never Smoker
Flowsheet: Yes
Chief Complaint: Trauma/MVC
Priority: EST 3/Urgent
Facility ESP status:
Not ESP Enabled

- FIRST POINT OF CONTACT -
Patient you are present AND ABLE to complete infection screening: Yes
Have you ever had TB or a positive TB skin test: No
Recent close contact with a person who has influenza like illness or TB: No
Risk factors for C.difficile: None
Have you or a close contact traveled outside the US in the last 3 weeks: No
Fever greater than 100.4 F or 38.0 C: Not in the last 7 days
Cough not related to allergy or COPD: Not in the last 7 days
Sore throat: Not in the last 7 days
Night sweats: Not in the last 7 days
Unexplained weight loss: Not in the last 7 days
Fatigue: Not in the last 7 days
Body aches: Not in the last 7 days
Rash: Not in the last 7 days
Nasal congestion unrelated to allergies/sinus infections: Not in the last 7 days
Patient states having a fever: No
Patient states having shortness of breath: No
COVID-19 point of entry screening status: Negative COVID-19 Risk
Point of entry screening status:
Negative TB Risk
Negative Respiratory Risk
Negative C difficile Risk

- PAIN DATA -

Numeric pain scale: Severe pain=8

- RAPID FLOWSHEET -

- VITAL SIGNS -

Temperature F: 97.4
Temperature source: Tympanic
Pulse: 78
Pulse source: Monitor
Respiratory rate: 18
Respiratory source: Observed
Blood pressure: 134/83
Blood pressure source: Monitor
Mean arterial pressure: 100
SpO2 %: 94
Oxygen delivery devices: Room air

- HEIGHT/WEIGHT -

Height ft: 5
Height in: 6
Height source: Stated/Reported
Weight kg: 115.909
Weight source: Stated/Reported
BMI calculated: 41.2

- BILATERAL BLOOD PRESSURES -

- GLASGOW COMA SCALE -
Glasgow coma scale: Yes
Motor response: 6
Verbal response: 5
Eye opening: 4
Glasgow coma score: Mild

RUN DATE: 02/25/23
RUN TIME: 0154
RUN USER: HPF.FED

NORTH SUBURBAN EDN ***LIVE***
EMERGENCY PATIENT RECORD

PAGE 2

Patient: ANGEL, THEODORE JAMES
EMR Provider: Swan, Jessie Alexandra MD, 2nd active

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Pediatrics: Copyright owned by Matthew Kirschen, MD PhD
Received permissions on 4/22/20

Acct No: F45010342505
Unit No: F09031324

- - SEVERE SEPSIS SCREENING - -
Temperature: No
Heart rate: No
Respirations: No
WBC results: No results past 48 hrs

Band results: No results past 48 hrs
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 0

Detailed Assessment
Occurred Date Time User
02/23/23 1858 BURNLEY, CONNOR, RN
Arrived by: AMB
Medications/treatments prior to arrival: None
BMI calculated: 41.2
Chief Complaint: Trauma/MC

- - SUICIDE ASSESSMENT - -
Wish to be dead or to not wake up in the past month: No
Wish to be dead or to not wake up in your lifetime: No
Non-specific active suicidal thoughts in the past month: No
Non-specific active suicidal thoughts in your lifetime: No
Attempted, plan to attempt, or prepared to end life in your lifetime: No
Attempted, plan to attempt, or prepared to end life in the past 3 months: No
Calculated suicide risk level: No risk

Fall Risk Assessment

Occurred Date Time User
02/23/23 1859 BURNLEY, CONNOR, RN
- - FALL RISK ASSESSMENT - -

Assess fall risk: Yes
History of falling (immediate or previous): No
Secondary diagnosis: No
Ambulatory aid: None/bedrest/nurse assist
IV/heparin lock: No
Gait/transferring: Normal/bedrest/immobile
Mental status: Oriented to own ability
Norse Fall Scale score and risk level: 0 - Low Risk
Pain Assessment/Reassessment
Occurred Recorded

Age/Sex: 47M
Date 02/23/23 Time User 1859 BURNLEY, CONNOR, RN
- - PAIN ASSESSMENT - -
Pain scales utilized: Verbal numeric
Pain intensity: 8
Pain location: Shoulder left
Numeric pain scale: Severe pain=8

Physical Findings
Occurred Date Time User
02/23/23 1859 BURNLEY, CONNOR, RN
- - PHYSICAL FINDINGS - -
Neurological WDP: Yes
Cardiovascular WDP: Yes
Respiratory WDP: Yes
Gastrointestinal WDP: Yes
Genitourinary WDP: Yes
Musculoskeletal WDP: No
Integumentary WDP: Yes
Vascular WDP: Yes
Psychosocial WDP: Yes
Eye WDP: Yes
ENT WDP: Yes

Severe Sepsis Screening
Occurred Date Time User
02/23/23 1859 BURNLEY, CONNOR, RN
- - SEVERE SEPSIS SCREENING - -
Temperature: No
WBC results: No results past 48 hrs
Heart rate: No
Band results: No results past 48 hrs
Respirations: No
WBC/Bands: No
If yes to 2 or more of above, proceed to next section: 0

Trauma
Occurred Date Time User
02/23/23 1900 BURNLEY, CONNOR, RN
- - TRAUMA W/C - -
Mechanism of injury: W/C
Is this a trauma alert activation: No
Document injuries: Yes
Airway: Patient
Respirations even and unlabored: Yes

RUN DATE: 02/25/23
RUN TIME: 0154
RUN USER: HPF.FED

NORTH SIBURBAN EDN ***LIVE***
EMERGENCY PATIENT RECORD

PAGE 3

Patient: ANGEL, THEODORE JAMES
EMR Provider: Swan, Jessie Alexandra, RN, 2nd Active

Bilateral lungs sounds clear, equal and undiminished: Yes
Alert and oriented: Yes
Extremities equal and strong bilaterally: Yes

- INJURIES - -
Injury location:
- Face - -
Instance list status: Active
Injury description(s): Pain
<End>

- Shoulder left - -
Injury location:
- Face - -
Instance list status: Active
Injury description(s): Pain
<End>

- MWC ASSESSMENT - -
MWC position in vehicle: Back seat passenger side
MWC direction of impact: Passenger side
MWC mechanism: Two vehicles
MWC restraints: Unrestrained
MWC reported velocity of impact: Low impact
MWC reported speed(mph): 10
MWC reported damage to vehicle: Mild

Disposition-DIC,TX,AIM,LPT
Occurred Date Time User
02/23/23 2009 BURNLEY,CONNOR, RN

- DISPOSITION - -
Patient disposition: Discharge
Disposition Category: Discharged
Chief Complaint: Trauma/MWC

- DISCHARGE ASSESSMENT - -
Discharge information provided: Instructions
PATIENT
Patient left to: Home
Patient left with: Family
Mode patient left: Ambulatory
== INFECTION==
== NEW ORGAN DYSFUNCTION within past 48 hours==

Pain Assessment/Reassessment
Occurred Date Time User
02/23/23 2009 BURNLEY,CONNOR, RN

- PAIN ASSESSMENT - -
Trauma Reassessment
Occurred Date Time User
02/23/23 2009 BURNLEY,CONNOR, RN

Discharge instructions given to and verbalized understanding by:
PATIENT
Patient left to: Home
Patient left with: Family
Mode patient left: Ambulatory
== INFECTION==
== NEW ORGAN DYSFUNCTION within past 48 hours==

Pain Assessment/Reassessment
Occurred Date Time User
02/23/23 2009 BURNLEY,CONNOR, RN

- PAIN ASSESSMENT - -
Trauma Reassessment
Occurred Date Time User
02/23/23 2009 BURNLEY,CONNOR, RN

Acct No: F45010342505
Unit No: F09031324
Age/Sex: 47M
- TRAUMA MWC REASSESSMENT - -
Glasgow Coma Scale
Occurred Date Time User
02/23/23 1859 BURNLEY,CONNOR, RN
Recorded Date Time User
02/23/23 1859 BURNLEY,CONNOR, RN
Eye opening: 4
Verbal response: 5
Motor response: 6
Glasgow coma score: Mild
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- GLASGOW COMA SCALE - -
Occurred Date Time User
02/23/23 1859 BURNLEY,CONNOR, RN
Recorded Date Time User
02/23/23 1859 BURNLEY,CONNOR, RN
Oxygen Titrated >92%
Occurred Date Time User
02/23/23 1859 BURNLEY,CONNOR, RN
Recorded Date Time User
02/23/23 1859 BURNLEY,CONNOR, RN
SpO2 phase: Before oxygen applied
SpO2 %: 94
*Pulse Ox
Occurred Date Time User
02/23/23 1859 BURNLEY,CONNOR, RN
Recorded Date Time User
02/23/23 1859 BURNLEY,CONNOR, RN
Teaching Education
Occurred Date Time User
02/23/23 1900 BURNLEY,CONNOR, RN
Recorded Date Time User
02/23/23 1900 BURNLEY,CONNOR, RN
- Patient/Family Teaching - -
Primary learner: Patient
Readiness to learn: Asks questions, Cooperative
Method of education: Printed material, Teach-back, Verbal discussion
Patient rating of current knowledge level: Fair
Learner(s) verbalized understanding and/or return demonstration of items: Yes

POC Glucose
Occurred Date Time User
02/23/23 1948 BURNLEY,CONNOR, RN
Fingerstick blood sugar (mg/dl): 78

RUN DATE: 02/25/23
RUN TIME: 0154
RUN USER: HPF.FED

NORTH SIBURBAN EDN **LIVE**
EMERGENCY PATIENT RECORD

PAGE 4
Patient: ANGEL, THEODORE JAMES
First Provider: Skan, Jessie Alexandra ID: 29eActive
Acct No: F45010342505
Unit No: F09031324

Physical Leaves Date: 02/23/23
Physically Leaves Time: 2005
Primary Impression: MVA (motor vehicle accident)
Secondary Impression:
Disposition: ROUTINE HOME/SELF CARE
Comment:
Condition: STABLE
Departure Date/Time: 02/23/23 - 2005

Pt Instructions: Head Injury (ED), Shoulder Sprain (ED)

Departure Form: *CAREPOINT ED Adult, *Excuse from work

Return to Work

Return to School

Excuse from Sport

Excuse from School

Excuse from Work - Parent

Excuse from Sport

Excuse from School

Excuse from Work - Parent

Excuse from Sport

Excuse from School

Excuse from Work - Parent

Excuse from Sport

Excuse from School

Excuse from Work - Parent

Excuse from Sport

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Excuse from Work - Parent

Excuse from Sport

Excuse from School

Excuse from Work - Parent

Excuse from Sport

These are the definitions of Within Defined Parameters by Body System

- NEUROLOGICAL
- Alert & Oriented X 4
- Pupil's equal
- Speech clear and appropriate for age
- Moves all extremities
- No paralysis
- Steady gait
- Ambulates independently
- RESPIRATORY
- No respiratory distress
- No cough
- No O2 or assistive devices
- No nasal flaring or pursed lip breathing
- Respirations even & unlabored
- Skin pink & warm to touch
- CIRCULATORY
- Oral mucosa pink and moist
- Skin color appropriate to ethnic color
- Denies sensory complaints
- No edema noted
- GASTROINTESTINAL
- Denies GI complaints
- INTEGMENTARY
- Skin warm, dry & intact
- No complaints of lesions, rash, wounds, bruises, petechiae or abrasions

- MUSCULOSKELETAL
- Moves all extremities
- Ambulates independently
- CARDIAC
- No stated calf tenderness
- No history of pacemaker or implanted defibrillator
- Denies current cardiac complaint
- Skin pink & warm to touch - no cyanosis, mottling, diaphoresis or flushing of skin
- No cough
- PSYCHOSOCIAL
- With regards to cultural influences:
- Mood/affect is appropriate
- Patient demonstrates effective coping skills/patterns for situation
- GENTO-URINARY
- Denies GU complaints

- These are the definitions of Within Defined Parameters for the Nutritional and Functional Screenings:
- NUTRITIONAL
- No swallowing/chewing impairments
- No nausea and/or vomiting and/or diarrhea for 5 or more days
- No reported unintentional weight loss > 15 lbs in last 3 months
- No reported decrease in intake > 25%
- FUNCTIONAL
- No unexplained alteration in movement/mobility in last four weeks
- No recent limitation performance of ADLs
- No recent assistance in ADLs that require assistance

RUN DATE: 02/25/23
RUN TIME: 0154
RUN USER: HPF.FED

NORTH SUBURBAN EDM **LIVE**
EMERGENCY PATIENT RECORD

PAGE 5

Patient: ANGEL, THEODORE JAMES
EMR Provider: Sean, Jessie Alexandra MD, 2hcActive
Acct No: F45010342505
Unit No: F090331324

of usual in last two weeks

This is the definition for the evidence of Physical and/or Psychological Abuse question:

ABUSE HISTORY TO INCLUDE, BUT NOT LIMITED TO:
PI DOES NOT REPORT/NO EVIDENCE OF ANY OF THE FOLLOWING: abuse/neglect, Hx. of abuse/neglect,
story withdrawn/fearful behavior, Unexplained or suspicious bruises/wounds, Patient/Caregiver
story changes, Defensive about injuries, Undernourished despite good appetite,
Recurrent/Suspicious injuries, Fear of return to previous arrangements, Injuries do not
match event history.

CONSULTS

Fragment EDM.PAT.zcus.k.consults.R does not exist

REQUIRED ON ALL EMS/BIOPHONE CALLS

4:08 12/23/23 Zulu

Date: 12-23-23 Call Time: 1833**EMS Agency**

THORNTON FIRE	ADAMS COUNTY FIRE	WESTMINSTER FIRE	AMR
NORTHLGLEN	NORTH METRO FIRE	FEDERAL HEIGHTS FIRE	MILE HIGH
OTHER <input checked="" type="checkbox"/>			ARVADA FIRE

EMERGENT**NON-EMERGENT****CHIEF COMPLAINT:***Pain**Wash*

RUN DATE: 02/25/23
RUN TIME: 0110
RUN USER: HPF, FEED

MEDITECH FACILITY: COCNB
IDEV - Discharge Report

PAGE 2

PATIENT: ANGEL, THEODORE JAMES
ACCOUNT NO: F45010342505

A/S: 47 M ADMIT: 02/23/23
LOC: F.ER DISCH/DEP: 02/23/23
RM: STATUS: ER
BD: UNIT NO: F09033132

ATTEND DR: Swan, Jessie Alexandra MD
REPORT STATUS: FINAL

2 02/23/23 1852 DR.SWAJEA Ordering Doctor: Swan,Jessie Alexandra MD
3 02/23/23 1852 DR.SWAJEA Order Source: EPOM
4 02/23/23 1852 DR.SWAJEA Signed by Swan,Jessie Alexandra MD

Electronically signed by Swan Jessie Alexandra MD on 02/23/23 at 1852

Order Date: 02/23/23

Other Provider : Sig Lvl Provider :
Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
NUR.ED ED Saline Lock Insert/Manage 20230223-0143 02/23/23 1852 S E TRN SWAJEA

Order's Audit Trail of Events

1 02/23/23 1852 DR.SWAJEA Order ENTER in EDM/POM
2 02/23/23 1852 DR.SWAJEA Ordering Doctor: Swan,Jessie Alexandra MD
3 02/23/23 1852 DR.SWAJEA Order Source: EPOM
4 02/23/23 1852 DR.SWAJEA Signed by Swan,Jessie Alexandra MD

Electronically signed by Swan, Jessie Alexandra MD on 02/23/23 at 1852

Order Date: 02/23/23

Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
NUR.ED ED Titrate 02 to Keep SAT >92% 20230223-0144 02/23/23 1852 S E TRN SWAJEA
Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events

1 02/23/23 1852 DR.SWAJEA Order ENTER in EDM/POM
2 02/23/23 1852 DR.SWAJEA Ordering Doctor: Swan,Jessie Alexandra MD
3 02/23/23 1852 DR.SWAJEA Order Source: EPOM
4 02/23/23 1852 DR.SWAJEA Signed by Swan,Jessie Alexandra MD

Electronically signed by Swan Jessie Alexandra MD on 02/23/23 at 1852

Order Date: 02/23/23

Category Procedure Name Order Number Date Time Pri Qty Ord Source Status Ordered By
NUR.ED ED POC Glucose 20230223-0145 02/23/23 1852 S E TRN SWAJEA
Other Provider : Sig Lvl Provider :

Order's Audit Trail of Events

1 02/23/23 1852 DR.SWAJEA Order ENTER in EDM/POM
2 02/23/23 1852 DR.SWAJEA Ordering Doctor: Swan,Jessie Alexandra MD
3 02/23/23 1852 DR.SWAJEA Order Source: EPOM
4 02/23/23 1852 DR.SWAJEA Signed by Swan,Jessie Alexandra MD

Electronically signed by Swan Jessie Alexandra MD on 02/23/23 at 1852

PERMANENT MEDICAL RECORD COPY

RUN DATE: 02/25/23
RUN TIME: 0110
RUN USER: HPF.FEED

MEDITECH FACILITY: COCNB
IDEV - Discharge Report

PAGE 3

PATIENT: ANGEL, THEODORE JAMES
ACCOUNT NO: F45010342505

ATTEND DR: Swan, Jessie Alexandra MD
REPORT STATUS: FINAL

A/S: 47 M ADMIT: 02/23/23
LOC: F.ER DISCH/DEP: 02/23/23
RM: STATUS: ER
BD: UNIT NO: F090331324

Order Date: 02/23/23

Category Procedure Name
MED.COCNB Medication

Other Provider :
RX: 12990864

—Service—

Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
20230223-1277	02/23/23	1900	R		E	CMP		SWAJEA

Sig Lvl Provider :

Start: 02/23/23 1900 ONE CMP
Stop: 02/23/23 1901

Acetaminophen Tab (Tylenol Tab)

Dose: 1000 MG

Route: PO

Direction: X1ED

Order's Audit Trail of Events

- 1 02/23/23 1852 DR.SWAJEA Order ENTER in EDM/POM
- 2 02/23/23 1852 DR.SWAJEA Ordering Doctor: Swan, Jessie Alexandra MD
- 3 02/23/23 1852 DR.SWAJEA Order Source: EPOM
- 4 02/23/23 1852 DR.SWAJEA Signed by Swan, Jessie Alexandra MD
- 5 02/23/23 1901 SCHEDULER DISCONTINUE in PHA
- 6 02/23/23 1938 CSS.CB62 order acknowledged

Electronically signed by Swan, Jessie Alexandra MD on 02/23/23 at 1852

** IDEV END OF REPORT **

PERMANENT MEDICAL RECORD COPY

North Suburban Medical Center, 9191 Grant Street Thornton
Thornton, CO 80229

HPF LAB Discharge Summary Report w/o Pathology FINAL
PAGE 1

RUN DATE: 02/24/23
RUN TIME: 0210
RUN USER: LABBKJOB

PATIENT: ANGEL, THEODORE JAMES ACCT #: F45010342505 LOC: F.ER U #: F090331324
AGE/SX: 47/M ROOM: REG: 02/23/23
REG DR: Swan, Jessie Alexandra STATUS: DEP ER BED: DIS:

Test	Date	Time	Result	Reference	Units	Ver Date/Time
POC GLU	02/23/23	1940	78 (A)	74-106	mg/dL	02/23/23 1943

(A) Testing performed at:
North Suburban Medical Center
9191 Grant Street Thornton, CO 80229

See also (8a)

NOTES: (8a) POINT OF CARE
POINT OF CARE
DR. A. Ezenekwe

Patient: ANGEL, THEODORE JAMES Age/Sex: 47/M Acct#F45010342505 Unit#F090331324

PATIENT NAME: ANGEL, THEODORE JAMES
UNIT NO: F090331324

EXAMS:
002005493 CT HEAD WO SPINE CERV WO

EXAMINATION: - CT HEAD WO SPINE CERV WO

DATE: 2/23/2023 7:18 PM

INDICATION: Trauma.

COMPARISON: None available.

TECHNIQUE: Thin section noncontrast axial images were obtained through the head. Coronal reformatted images were created. CT dose lowering techniques were used, to include: automated exposure control, adjustment for patient size, and or use of iterative reconstruction.

FINDINGS:

Bones and extracranial soft tissues:

Calvarium is intact. Subtotal opacification of the left maxillary sinus in communication with molar tooth roots and associated hyperostosis. Mild mucosal thickening in the right maxillary sinus. The mastoid air cells are clear. Globes and orbits are unremarkable.

Intracranial contents:

Gray white differentiation is preserved. Basal cisterns are patent. No hemorrhage, extra-axial collection, or hydrocephalus. No CT evidence of acute ischemia. No mass or mass effect.

TECHNIQUE: Thin section axial noncontrast images were obtained through the cervical spine. Sagittal and coronal reformatted images were created. Images were reviewed in bone and soft tissue windows. CT dose lowering techniques were used, to include: automated exposure control, adjustment for patient size, and or use of iterative reconstruction.

FINDINGS:

Vertebral column:

Straightening of the normal cervical lordosis may be positional.

North Suburban Main Imaging
North Suburban Medical Center
9191 Grant St

Thornton, Colorado 80229
PHONE #: (303) 450-4477
FAX #: (303) 450-4613

NAME: ANGEL, THEODORE JAMES
HP: (720) 461-0920 AGE: 47 S:M
DOB: 09/15/1975 LOC: F.ER

PHYS: SWAJEA - Swan, Jessie Alexandra
EXAM DATE: 02/23/2023 STATUS: REG ER
A#: F45010342505 U#: F090331324

PAGE 1

Signed Report

(CONTINUED)

PATIENT NAME: ANGEL, THEODORE JAMES
UNIT NO: F090331324

EXAMS:

002005493 CT HEAD WO SPINE CERV WO
<Continued>

Alignment of the craniocervical junction is preserved. No acute fracture. Decreased height of the C6 vertebral body relative to the other vertebral bodies is chronic and developmental in appearance. Vertebral body heights are otherwise maintained. Normal bone mineralization.

Mild degenerative changes of the cervical spine without significant spinal canal or neural foraminal stenosis.

Soft tissues:

Cervical soft tissues are unremarkable.

IMPRESSION:

Head CT:

1. No acute intracranial abnormality.
2. Chronic left maxillary sinusitis, favor odontogenic.

Cervical spine CT:

1. No acute fracture or traumatic malalignment in the cervical spine.

Eric Wannamaker, MD
Neuroradiologist
Diversified Radiology of Colorado, PC
<http://www.divrad.com>

Thank you for this referral. This exam was interpreted by a fellowship trained neuroradiologist. If the patient's healthcare provider has any questions, a Diversified neuroradiologist can be reached directly at 303-446-3223 at any time.

North Suburban Main Imaging
North Suburban Medical Center
9191 Grant St
Thornton, Colorado 80229
PHONE #: (303)450-4477
FAX #: (303)450-4613

NAME: ANGEL, THEODORE JAMES
HP: (720) 461-0920 AGE: 47 S:M
DOB: 09/15/1975 LOC: F.ER
PHYS: SWAJEA - Swan, Jessie Alexandra
EXAM DATE: 02/23/2023 STATUS: REG ER
A#: F45010342505 U#: F090331324

PAGE 2

Signed Report

(CONTINUED)

PATIENT NAME: ANGEL, THEODORE JAMES
UNIT NO: F090331324

EXAMS:
002005493 CT HEAD WO SPINE CERV WO
<Continued>

SLOT 21

Eric Wannamaker, M.D.
2/23/2023 7:29 PM

** Electronically Signed by Eric J Wannamaker MD **
** on 02/23/2023 at 1929 **
Reported and signed by: Eric J Wannamaker MD

CC: Jessie Alexandra Swan MD

TECHNOLOGIST: Hamid Azad RTR CT
TRANSCRIBED DATE/Time: 02/23/2023 1923 BY: DR.WANER1
EXAM COMPLETE DATE/TIME: 02/23/2023 1918 D/TM:02/23/2023 (1930)

North Suburban Main Imaging
North Suburban Medical Center
9191 Grant St
Thornton, Colorado 80229
PHONE #: (303)450-4477
FAX #: (303)450-4613

NAME: ANGEL, THEODORE JAMES
HP: (720) 461-0920 AGE: 47 S:M
DOB: 09/15/1975 LOC: F.ER
PHYS: SWAJEA - Swan, Jessie Alexandra
EXAM DATE: 02/23/2023 STATUS: REG ER
A#: F45010342505 U#: F090331324

PAGE 3

Signed Report

Final Page

PATIENT NAME: ANGEL, THEODORE JAMES
UNIT NO: F090331324

EXAMS:
002005494 XR SHOULDER LEFT COMPLETE

EXAMINATION: - XR SHOULDER LEFT 3 VIEW

DATE OF EXAM: 2/23/2023 7:33 PM

HISTORY: TR - Trauma

COMPARISON: None.

FINDINGS:

There is no fracture, subluxation, or dislocation.

The joint spaces are within normal limits.

IMPRESSION:

1. Normal.

Thank you for the referral of this patient. This exam was interpreted by an American Board of Radiology certified radiologist with subspecialty fellowship in Body. If there are any questions regarding this exam please feel free to contact a radiologist directly at 303-446-3223.

Slot 18

Michael Oakes M.D.
2/23/2023 7:41 PM

** Electronically Signed by Michael F Oakes MD **
** on 02/23/2023 at 1941 **
Reported and signed by: Michael F Oakes MD

North Suburban Main Imaging
North Suburban Medical Center
9191 Grant St

Thornton, Colorado 80229
PHONE #: (303) 450-4477
FAX #: (303) 450-4613

NAME: ANGEL, THEODORE JAMES
HP: (720) 461-0920 AGE: 47 S:M
DOB: 09/15/1975 LOC: F.ER

PHYS: SWAJEA - Swan, Jessie Alexandra
EXAM DATE: 02/23/2023 STATUS: REG ER
A#: F45010342505 U#: F090331324

PAGE 1

Signed Report

(CONTINUED)

PATIENT NAME: ANGEL, THEODORE JAMES
UNIT NO: F090331324

EXAMS:
002005494 XR SHOULDER LEFT COMPLETE
<Continued>

CC: Jessie Alexandra Swan MD

TECHNOLOGIST: Juan Espinoza RTR

TRANSCRIBED DATE/Time: 02/23/2023 1940 BY: DR.OAKMI
EXAM COMPLETE DATE/TIME: 02/23/2023 1933 D/TM:02/23/2023 (1942)

North Suburban Main Imaging
North Suburban Medical Center
9191 Grant St
Thornton, Colorado 80229
PHONE #: (303)450-4477
FAX #: (303)450-4613

NAME: ANGEL, THEODORE JAMES
HP: (720) 461-0920 AGE: 47 S:M
DOB: 09/15/1975 LOC: F.ER
PHYS: SWAJEA - Swan, Jessie Alexandra
EXAM DATE: 02/23/2023 STATUS: REG ER
A#: F45010342505 U#: F090331324

PAGE 2

Signed Report

Final Page

02/24/23 0118		MEDICATION DISCHARGE SUMMARY	
		PAGE: 1	
NAME: ANGEL, THEODORE JAMES UNIT #: F090331324 ACCT #: F45010342505	ADMIT DATE: DISCHARGE DATE: STATUS: DEP ER	AGE: 47 SEX: M	
CODED ALLERGIES CODED ADRS UNCODED ALLERGIES UNCODED ADRS	No Known Allergies ADRs Have not been entered in Pharmacy No Pharmacy Allergies have been entered ADRs Have not been entered in Pharmacy		
ADMINISTRATION PERIOD: 02/23/23 to 02/24/23		START/ STOP	

Tylenol CAETAMINOPHEN 500 MG CAPLET 1,000 MG PO ONCE IN ED/ONE Comments: Do not exceed 4 grams in 24 hours RX #: 12990864	02/23/23 02/23/23 1852 Order Entry DR. SMAJEA NDC/DIN: (SOURCE: eMAR) 0904672080 - ACETOC500 - Acetaminophen 500 MG Caplet Administering for pain management: Yes (End)
Pain details:	Pain scale utilized:: Verbal numeric Numeric pain scale:: Severe pain-8 Pain intensity:: 8 Most Common side effects reviewed wth patient?: Yes :: ACETO500-Nausea, Rash 02/23/23-1939 File Document by CSS, CB62 1901 Pharmacy Discontinue SCHEDULER 1938 Nursing Acknowledged Order CSS, CB62

02/24/23 0118	NAME : ANGEL, THEODORE JAMES	UNIT #: F090331324	MEDICATION DISCHARGE SUMMARY	PAGE: 2
			ACCT #: F45010342505	

REASON CODES		SITE CODES		LEGENDS	
USER CSS, CB62	USER NAME/TYPE BURNET, CONNOR RN	USER USER NAME/TYPE	ELECTRONICALLY SIGNED BY	USER USER NAME/TYPE	USER USER NAME/TYPE

USER DR. SWAN, JESSIE A MD	USER NAME SWAN, JESSIE A MD	USER USER NAME	OTHER USERS	USER USER NAME	USER USER NAME
ALLERGY DETAILS					
DATE 02/23/23 1836 N	PHARM CSS, CB62 - BURNET, CONNOR	USER ADDED No Known Allergies	OLD: NEW:	by CSS, CB62 No Known Allergies added.	

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl St.
Suite 100
Thornton, CO, 80229
Ph: 303-630-0400
Fax: 303-630-0405

INITIAL EVALUATION

PATIENT: Angel, Theodore (Jimmy)

DOB: 09-15-1975

EXAMINATION DATE: 03-17-2023

DATE OF INJURY: 02-23-2023

Examining Doctor: Richard A. Lewellen, DC

HISTORY OF ACCIDENT:

The patient was a restrained rear-passenger of a Lyft vehicle that was t-boned by a truck on the front passenger. The patient reports being thrown side to side, hitting his head on the headrest, and having his body shoved to the side. He reports being shaken, disoriented and dazed for about two minutes afterwards but denies having a loss of consciousness. He also reports having bruising on his lips on the headrest of the seat in front of him.

TESTING/TREATMENT TO DATE:

The patient reports being taken by ambulance to North Suburban Medical. The patient reports having CT scans (head) and x-rays (left shoulder) taken and states that he was told that there were no fractures. Reports will be requested for review.

He also reports going to his PC (St. Anthony Family Medicine) on 3-2-23 where he was evaluated.

He saw Dr. Wallace, DO on 3-10-23 who referred him for cervical and lumbar MRI's as well as physical therapy, acupuncture, psychology, massage therapy and chiropractic treatment.

CHIEF COMPLAINT(s):

1. Headaches, come and go, comes from R neck/upper back pain
2. Neck pain, R>L
3. Upper back pain, R>L
4. Mid back pain, R>L
5. Low back pain, R>L
6. SI/gluteus pain, R>L
7. Shooting pain down right leg to calf and on occasion to foot
8. Left shoulder pain, had initially but better lately

9. Dizziness/light headed

Sleep – wakes about 5-6x/night due to pain

ADL's – increase in pain with some household duties and movement activities.

Work – Plummer. He reports missing about 20 hours but has since returned to working normal hours and duties.

PAST MEDICAL HX:

Jaw surgery (10+ years ago)

FAMILY MEDICAL HX:

Unremarkable as far as patient can recall.

ALLERGIES:

NKDA

CURRENT MEDICATIONS:

Muscle relaxer, Ibuprofen

SOCIAL HISTORY:

Patient reported being a non-smoker and drinks alcohol monthly

POSTURE:

Mild anterior head carriage

ROM: (Restrictions are rated: mild +1, mild-moderate +2, moderate +3, severe +4)

C-SPINE:

Flexion: +1 with R neck/upper trapezius tightness > pain

Extension: +2 with R neck/upper trapezius pain

Right rotation: +1

Left rotation: +1 with mild R neck/upper trapezius pulling > pain

Right lateral flexion: WNL with neck popping but no pain.

Left lateral flexion: WNL with R upper trapezius region pain

T/L-SPINE:

Flexion: +3 with upper to lower back pain

Extension: +3 with mid to low back pain

Right rotation: +2 with L mid back pain

Left rotation: +1 with R mid back pain

Right lateral flexion: +1

Left lateral flexion: +1 with R mid back pain

Left SHOULDER:

Lateral flexion (abduction): WNL

Internal rotation: WNL
External rotation: WNL

MUSCLE STRENGTH:

Upper extremities:

Deltoid 5/5
Biceps 5/5
Triceps 5/5

Lower extremities:

Hip flexors 5/5
Quadriceps 5/5
Hamstring 5/5

OTHER FINDINGS:

Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +3
cervical paraspinals +3
upper trapezius +3
levator scapulae +3
medial scapular +2
thoracic paraspinals +3
lumbar paraspinals +3-4
QL's +3-4
Gluteus +2

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

ORTHOPEDIC TESTING:

Cervical/Thoracic:

Cervical Compression (-)
Cervical Distraction (+) for R neck pain with no paresthesia
Right Shoulder Depression (+) for R neck/upper trapezius pain with no paresthesia
Left Shoulder Depression (-)

Thoracic/lumbar/SI:

R SLR (+) at about 20 degrees for low back pain with no paresthesia.
L SLR (+) at about 45 degrees for mild low back pain with no paresthesia.
FABERE (+) with the right leg for R SI pain, (-) with the left leg
Yeoman's (+) with the right leg for R SI pain, (-) with the left leg
SI compression (+) on right, (+) on left

DIAGNOSTIC IMPRESSIONS: (Trauma Related)

Car Passenger Injured in Crash w/Car V43.62XA
Headache: acute, not intractable G44.319
Cervical sprain S13.4XXA
Cervical strain S16.1XXA
Thoracic sprain S23.3XXA
Thoracic strain S29.012A
Lumbar sprain S33.5XXA
Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

TREATMENT PLAN:

12-24 visits (2x/week for 4-8 weeks then 1x/week for 4-8 weeks) then re-evaluate.
Modes of care: manual and mechanical manipulation; ultrasound; interferential current; intersegmental traction; hydrotherapy; deep tissue work; and hot/cold packs.

Patient would benefit from Physical Therapy as well.

MEDICAL EXAM/RX REQUIREMENTS:

Follow up with MD.

IMAGING REQUIREMENTS:

None additionally at this time, reports will be requested for review

PHYSICAL LIMITATIONS AND RESTRICTIONS:

At this time there are no specific restrictions set forth. Further restrictions may be addressed by the medical doctor.

PROGNOSIS:

Deferred as premature.

DISCUSSION; COMMENTARY; SUMMARY:

Upon conclusion of the above examination and in consideration of the patient's accident history, it is my professional opinion that this patient's presenting complaints and current

physical findings are consistent with involvement in the accident on record.

TREATMENT PROVIDED TODAY:

Initial patient evaluation 99203

Interferential current 1 unit: upper thoracic and lumbar paraspinals

Hot packs 1unit: thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, DC

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 2

DATE: 2023-03-24

SUBJECTIVE:

1. Headaches (0/10) none for about 4 days
2. Neck pain (1-2/10) R>L
3. Upper back pain (3-4/10) R>L
4. Mid back pain (6/10) R>L
5. Low back pain (7-8/10) R>L
6. SI/gluteus pain (7-8/10) R>L
7. Shooting pain down right leg to calf and on occasion to foot
8. Left shoulder pain, had initially but better lately
9. Dizziness/light headed

Sleep – wakes about 5-6x/night due to pain

ADL's – increase in pain with some household duties and movement activities.

Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +3

cervical paraspinals +3

upper trapezius +3

levator scapulae +3

medial scapular +2

thoracic paraspinals +3

lumbar paraspinals +3-4

QL's +3-4

Gluteus +2

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

ASSESSMENT: Patient tolerated treatment with no adverse effects. Patient was instructed to inform me of any increased areas of pain noted during/after treatment so that we can modify treatment to patient tolerance. Patient was agreeable with this plan.

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA
Thoracic strain S29.012A
Lumbar sprain S33.5XXA
Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 2x/week (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY:

Manual spinal manipulation: cervical, thoracic, lumbar, SI spine
Interferential current 1 unit: upper trapezius and lumbar paraspinals
Hydrotherapy: thoracic, lumbar

Richard A. Lewellen, D.C.
Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 3

DATE: 2023-03-31

SUBJECTIVE: He felt “beat up” after the hydrotherapy on 3-24-23.

1. Headaches (0/10)
2. Neck pain (3/10) R>L
3. Upper back pain (5/10) R>L
4. Mid back pain (5/10) R>L
5. Low back pain (7-8/10) R>L
6. SI/gluteus pain (7-8/10) R>L
7. Shooting pain down right leg to calf and on occasion to foot, can be intense
8. Left shoulder pain, had initially but better lately
9. Dizziness/light headed

Sleep – wakes about 5-6x/night due to pain

ADL's – increase in pain with some household duties and movement activities.

Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +3

cervical paraspinals +3

upper trapezius +3

levator scapulae +3

medial scapular +2

thoracic paraspinals +3

lumbar paraspinals +3-4

QL's +3-4

Gluteus +2

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 2x/week (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical, thoracic, lumbar, SI spine
Interferential current 1 unit: upper trapezius and lumbar paraspinals
Hot packs: thoracic, lumbar
Intersegmental traction: thoracic, lumbar
Massage 1 unit of: thoracic musculature

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
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Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 4

DATE: 2023-04-07

SUBJECTIVE: He had a neck and low back MRI taken – no report available yet.

1. Headaches (0/10)
 2. Neck pain (3/10) R>L
 3. Upper back pain (7/10) R>L; worse around the R scapula
 4. Mid back pain (5/10) R>L
 5. Low back pain (7/10) R>L
 6. SI/gluteus pain (7/10) R>L
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +3
cervical paraspinals +3
upper trapezius +3
levator scapulae +3
medial scapular +2
thoracic paraspinals +3
lumbar paraspinals +3-4
QL's +3
Gluteus +2
Tender to palpation of R>L PSIS
Joint restrictions in cervical, thoracic, and lumbar spine.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA
Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 2x/week (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical, thoracic, lumbar, SI spine
Interferential current 1 unit: upper trapezius and lumbar paraspinals
Hot packs: thoracic, lumbar
Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
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Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 5

DATE: 2023-04-21

SUBJECTIVE: cervical and lumbar MRI impressions in objective.

1. Headaches (0/10) none lately
 2. Neck pain (0/10)
 3. Upper back pain (2/10) R>L; worse around the R scapula
 4. Mid back pain (2/10) R>L
 5. Low back pain (7/10) R>L
 6. SI/gluteus pain (7/10) R>L
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +2
cervical paraspinals +2-3
upper trapezius +3
levator scapulae +2-3
medial scapular +2
thoracic paraspinals +3
lumbar paraspinals +3
QL's +2-3
Gluteus +1
Tender to palpation of R>L PSIS
Joint restrictions in cervical, thoracic, and lumbar spine.

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.
Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1

- segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
 3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A

SI joint sprain S33.6XXA

SI joint strain S39.013A

Myalgia M79.1

Muscle spasm of back M62.830

Injury of unspecified nerve at abs/low back/pelvis S34.9XXA

Dizziness R42

Segmental Dysfunction – Cervical M99.01

Segmental Dysfunction – Thoracic M99.02

Segmental Dysfunction – Lumbar M99.03

Segmental Dysfunction – Sacrum M99.04

Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical, thoracic, lumbar, SI spine

Interferential current 1 unit: upper trapezius and lumbar paraspinals

Hot packs: thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
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Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 6

DATE: 2023-04-28

SUBJECTIVE: He had thoracic MRI earlier today but no results available yet.

1. Headaches (0/10) none lately
2. Neck pain (0/10)
3. Upper back pain (2/10) R>L; worse around the R scapula
4. Mid back pain (2/10) R>L
5. Low back pain (7/10) R>L
6. SI/gluteus pain (7/10) R>L
7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
8. Left shoulder pain, had initially but better lately
9. Dizziness/light headed

Sleep – wakes about 3-5x/night due to pain

ADL's – increase in pain with some household duties and movement activities.

Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

Suboccipitals +1

cervical paraspinals +2

upper trapezius +2-3

levator scapulae +2

medial scapular +2

thoracic paraspinals +2-3

lumbar paraspinals +2-3

QL's +2-3, R>L

Gluteus +1 on R

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1

- segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
 3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A

SI joint sprain S33.6XXA

SI joint strain S39.013A

Myalgia M79.1

Muscle spasm of back M62.830

Injury of unspecified nerve at abs/low back/pelvis S34.9XXA

Dizziness R42

Segmental Dysfunction – Cervical M99.01

Segmental Dysfunction – Thoracic M99.02

Segmental Dysfunction – Lumbar M99.03

Segmental Dysfunction – Sacrum M99.04

Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical, thoracic, lumbar, SI spine

Interferential current 1 unit: upper trapezius and lumbar paraspinals

Hot packs: thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
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Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 7

DATE: 2023-05-05

SUBJECTIVE: Thoracic MRI impression in objective.

1. Headaches (0/10) none lately
 2. Neck pain (0/10)
 3. Upper back pain (0/10)
 4. Mid back pain (0/10)
 5. Low back pain (3-4/10) on R
 6. SI/gluteus pain (3-4/10) on R ; up to 7/10 with driving/sitting long times
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

cervical paraspinals +1
upper trapezius +1-2
levator scapulae +1-2
medial scapular +1-2
thoracic paraspinals +1-2 upper/mid; +2-3 lower
lumbar paraspinals +2-3
QL's +2-3, R>L
Gluteus +1 on R
Tender to palpation of R>L PSIS
Joint restrictions in cervical, thoracic, and lumbar spine.

Thoracic MRI taken 4-28-23 had the following impression per report:

Unremarkable thoracic spine MRI

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1 segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A

SI joint sprain S33.6XXA

SI joint strain S39.013A

Myalgia M79.1

Muscle spasm of back M62.830

Injury of unspecified nerve at abs/low back/pelvis S34.9XXA

Dizziness R42

Segmental Dysfunction – Cervical M99.01

Segmental Dysfunction – Thoracic M99.02

Segmental Dysfunction – Lumbar M99.03

Segmental Dysfunction – Sacrum M99.04

Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: thoracic, lumbar, SI spine

Interferential current 1 unit: lumbar paraspinals

Hot packs: lower thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
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DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 8

DATE: 2023-05-19

SUBJECTIVE: Thoracic MRI impression in objective.

1. Headaches (0/10) none lately
 2. Neck pain (0/10)
 3. Upper back pain (0/10)
 4. Mid back pain (3-4/10) stiffness
 5. Low back pain (5/10) on R
 6. SI/gluteus pain (5/10) on R ; up to 7/10 with driving/sitting long times
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

cervical paraspinals +1
upper trapezius +1-2
levator scapulae +1-2
medial scapular +1-2
thoracic paraspinals +1-2 upper/mid; +2-3 lower
lumbar paraspinals +2-3
QL's +2-3, R>L
Gluteus +1 on R
Tender to palpation of R>L PSIS
Joint restrictions in cervical, thoracic, and lumbar spine.

Thoracic MRI taken 4-28-23 had the following impression per report:

Unremarkable thoracic spine MRI

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1 segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A

SI joint sprain S33.6XXA

SI joint strain S39.013A

Myalgia M79.1

Muscle spasm of back M62.830

Injury of unspecified nerve at abs/low back/pelvis S34.9XXA

Dizziness R42

Segmental Dysfunction – Cervical M99.01

Segmental Dysfunction – Thoracic M99.02

Segmental Dysfunction – Lumbar M99.03

Segmental Dysfunction – Sacrum M99.04

Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: cervical thoracic, lumbar, SI spine

Interferential current 1 unit: lumbar paraspinals

Hot packs: lower thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Kevin B. Duncan, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
Thornton, CO, 80229
Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 9

DATE: 2023-06-09

SUBJECTIVE:

1. Headaches (0/10) none lately
 2. Neck pain (0/10)
 3. Upper back pain (0/10)
 4. Mid back pain (0/10) stiffness
 5. Low back pain (5/10) on R
 6. SI/gluteus pain (5/10) on R; still up to 7/10 with driving/sitting long times
 7. Shooting pain down right leg to calf and on occasion to foot, continues and can be intense
 8. Left shoulder pain, had initially but better lately
 9. Dizziness/light headed
- Sleep – wakes about 3-5x/night due to pain
ADL's – increase in pain with some household duties and movement activities.
Work – Plummer. He is working normal hours and duties but with more pain.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

cervical paraspinals +1

upper trapezius +1

levator scapulae +1

medial scapular +1

thoracic paraspinals +2

lumbar paraspinals +2

QL's +2, R>L

Gluteus +1 on R

Tender to palpation of R>L PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

Thoracic MRI taken 4-28-23 had the following impression per report:

Unremarkable thoracic spine MRI

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1 segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319

Cervical sprain S13.4XXA

Cervical strain S16.1XXA

Thoracic sprain S23.3XXA

Thoracic strain S29.012A

Lumbar sprain S33.5XXA

Lumbar strain S39.012A

SI joint sprain S33.6XXA

SI joint strain S39.013A

Myalgia M79.1

Muscle spasm of back M62.830

Injury of unspecified nerve at abs/low back/pelvis S34.9XXA

Dizziness R42

Segmental Dysfunction – Cervical M99.01

Segmental Dysfunction – Thoracic M99.02

Segmental Dysfunction – Lumbar M99.03

Segmental Dysfunction – Sacrum M99.04

Segmental Dysfunction – Pelvis M99.05

PLAN: Conservative treatment 1x/week due to his work schedule (12-24 visits; 2x/week for 4-8 weeks then 1x/week for 4-8 weeks) in conjunction with recommendations per medical doctor

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: thoracic, lumbar, SI spine

Interferential current 1 unit: lumbar paraspinals

Hot packs: lower thoracic, lumbar

Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.

Compiled, but not reviewed.

SYNERGY CHIROPRACTIC CLINICS
8515 Pearl Street, Suite 100
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Ph: 303-630-0400

DOCTOR'S NOTES

Patient: Angel, Theodore (Jimmy)

Visit #: 10

DATE: 2023-07-06

SUBJECTIVE: he had low back injections and is feeling much better since then.

1. Headaches (0/10) none lately
2. Neck pain (0/10)
3. Upper back pain (0/10)
4. Mid back pain (0/10) stiffness
5. Low back pain (0/10) on R
6. SI/gluteus pain (0/10) on R; only with long drives.
7. Shooting pain down right leg to calf and on occasion to foot, none lately
8. Left shoulder pain, had initially but better lately
9. Dizziness/light headed

Sleep – not waking due to pain

ADL's – able to do all without increase in pain with some household duties and movement activities.

Work – Plummer. He is working normal hours and duties without much pain lately.

OBJECTIVE: Muscle Spasms rated as follows: (+1 = mild; +2 = mild-moderate; +3 moderate; +4 severe); (TrP's = trigger points)

cervical paraspinals +0-1

upper trapezius +1

levator scapulae +1

thoracic paraspinals +1-2

lumbar paraspinals +1-2

QL's +1-2

Non-tender to palpation of PSIS

Joint restrictions in cervical, thoracic, and lumbar spine.

Thoracic MRI taken 4-28-23 had the following impression per report:

Unremarkable thoracic spine MRI

Cervical MRI taken 4-7-23 had the following impression per report:

Motion degraded exam limited evaluation of cervical cord signal.

Mild annular bulging C4-5, C5-6 and C6-7. No high-grade central canal stenosis or foraminal narrowing identified given motion limitation.

Lumbar MRI taken 4-7-23 had the following impression per report:

1. Transitional lumbosacral anatomy with current nomenclature assuming a transitional S1

- segment.
2. Multilevel lumbar spondylosis, appearing most significant at L5-S1, where there is a right greater than left L5-S1 neutral foraminal narrowing and right subarticular recess stenosis secondary to a right central disc extrusion.
 3. Mild bilateral foraminal narrowing at L4-L5 and mild right foraminal narrowing at L3-L4.

ASSESSMENT:

Headache: acute, not intractable G44.319
Cervical sprain S13.4XXA
Cervical strain S16.1XXA
Thoracic sprain S23.3XXA
Thoracic strain S29.012A
Lumbar sprain S33.5XXA
Lumbar strain S39.012A
SI joint sprain S33.6XXA
SI joint strain S39.013A
Myalgia M79.1
Muscle spasm of back M62.830
Injury of unspecified nerve at abs/low back/pelvis S34.9XXA
Dizziness R42
Segmental Dysfunction – Cervical M99.01
Segmental Dysfunction – Thoracic M99.02
Segmental Dysfunction – Lumbar M99.03
Segmental Dysfunction – Sacrum M99.04
Segmental Dysfunction – Pelvis M99.05

PLAN: Schedule re-evaluation next visit.

TREATMENT TODAY: He does not like the hydrotherapy table.

Manual spinal manipulation: thoracic, lumbar, SI spine
Interferential current 1 unit: lumbar paraspinals
Hot packs: lower thoracic, lumbar
Intersegmental traction: thoracic, lumbar

Richard A. Lewellen, D.C.
Compiled, but not reviewed.