

ROXANNE P MARQUEZ

Female DOB: 07/22/1964

175794

Home: (661) 916-0471

Ins: Kaiser Permanente

07/07/2025 - Office Visit

Provider: Abdallah S Farrukh MD

Location of Care: Antelope Valley Neuroscience Medical Group

History of Present Illness:

The patient came to see me now she has her usual pain for is thoracic area that is obviously not surgical since she does not have myelopathy and that can be treated with physical therapy and will order physical therapy for the thoracic area but now she is developing neck pain and stiffness she has numbness in the left hand numbness in the distribution of the median nerve,

Howard upon examination Spurling maneuver patient produced pain in the medial aspect of the arm forearm into the ulnar nerve with evidence of positive Tinel's sign at the antecubital tunnel
She is a Tinel sign at the volar aspect of the wrist,

Not patient had had surgical intervention of the cervical spine 2023 peeler

So recommendation obtain MRI to look spine with and without contrast any lateral C-spine flexion extension view and obtain an EMG of C5-C6-C7 C8 as well as nerve conduction of the median nerve at the wrist and at the antecubital tunnel

The lumbar spine the patient status post multilevel laminotomy she does not have sciatica she has occasional paresthesias down left lower extremity that goes away

Impression recurrent cervical spondylosis with radicular symptoms evidence of carpal tunnel syndrome or ulnar nerve entrapment in the left upper extremity and recommended physical therapy plus studies I will see the patient after the

Active Medications:

Percocet 5-325 mg tablet (oxycodone-acetaminophen) Take 1 tablet by mouth every eight hours as needed for pain

hydrocodone-acetaminophen 5-325 mg tablet (hydrocodone-acetaminophen) Take 1 tablet by mouth three times a day as needed for post pain for 15 days

Bactrim DS 800-160 mg tablet (sulfamethoxazole-trimethoprim) Take 1 tablet by mouth twice a day as directed

Cleocin HCl 300 mg capsule (clindamycin hcl) Take 1 capsule by mouth three times a day as directed

Current Allergies:

CODEINE (CODEINE SULFATE) (Critical)

TETANUS (TETANUS-DIPHTHERIA TOXOIDS TD) (Critical)

Radiology Impression

Review of Records

Past Medical History:

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Reviewed and updated today:

Asthma
Hypertension
No cancer, MI or diabetes

PHARMACY:

Kaiser
43112 15TH St W
Palmdale, CA
93534

Past Surgical History:

Status post disc replacement
Status post tonsilectomy
Status post lipoma surgery
Status post C4-C6 ACDF 5/16/23 ASF

Vital Signs:

Patient Profile: 60 Years Old Female
Height: 66 inches
Weight: 210 pounds
BMI: 33.89 kg/m2
O2 Sat: 96 %
Temp: 97.5 degrees F temporal
Pulse rate: 65 / minute
BP Sitting: 126 / 76 (left arm)

Cuff size: regular

Patient in pain? Yes

Location: BACK, LEFT LEG, LEFT SIDE OF NECK, HEAD
Intensity: 5

Impression & Recommendations:

Problem # 1: Cervical spine stenosis (ICD-723.0) (ICD10-M48.02)

Orders:

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99213-FU, EXPANDED (CPT-99213)

Problem # 2: Lumbar pain (ICD-724.2) (ICD10-M54.50)

Her updated medication list for this problem includes:

Percocet 5-325 Mg Tablet (Oxycodone-acetaminophen) Take 1 tablet by mouth every eight hours as needed for pain

Hydrocodone-acetaminophen 5-325 Mg Tablet (Hydrocodone-acetaminophen) Take 1 tablet by mouth three times a day as needed for post pain for 15 days

Problem # 3: Cervical spondylosis (ICD-721.0) (ICD10-M47.812)

Orders:

MRI CERVICAL SPINE W & W/O CONTRAST (MRI CX SPINE W & W/O)

XRAY CERVICAL AP/LAT (XRAY CX AP/LAT)

XRAY CERVICAL FLEX/EXT (XRAY CX FLEX/EXT)

99213-FU, EXPANDED (CPT-99213)

PHYSICAL THERAPY (PT)

Problem # 4: Carpal tunnel (ICD-354.0) (ICD10-G56.00)

Orders:

EMG/NCV UPPER EXTREMITIES (EMG/NCV UPPER)

EMG/NCV UPPER EXTREMITIES (EMG/NCV UPPER)

Problem # 5: Cervical radiculopathy (ICD-723.4) (ICD10-M54.12)

Orders:

MRI CERVICAL SPINE W & W/O CONTRAST (MRI CX SPINE W & W/O)

XRAY CERVICAL AP/LAT (XRAY CX AP/LAT)

XRAY CERVICAL FLEX/EXT (XRAY CX FLEX/EXT)

EMG/NCV UPPER EXTREMITIES (EMG/NCV UPPER)

EMG/NCV UPPER EXTREMITIES (EMG/NCV UPPER)

PHYSICAL THERAPY (PT)

Patient Instructions:

- 1) Patient is being recommended to have an MRI of the neck with and without contrast
- 2) NCV EMG upper extremities is recommended
- 3) Patient is instructed to go to physical therapy.
- 4) Please return to clinic after studies are completed

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Electronically signed by Abdallah S Farrukh MD on 07/09/2025 at 9:14 PM

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July 9, 2025
Page 4
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