

Jeffery Kamysz, NPI: 1447457585

5724 W Ainsle  
Chicago, IL 60630  
7734232162

Service Date 2017-05-18

Patient		Insurance
Name: Dorothy Miller		Carrier: Medicare
Address: 1423 Fowler Ave, Evanston, IL 60201		Phone:
DOB: 1947-03-16		Patient ID: 342502741A
Phone: 8478660926		BIN #: 610502
Height: 5 feet, 2 inches	Weight: 185	PCN #: MEDDAET
Shoe Size: 7.5	Waist Size: 37	
Hospitalized (last 12 months): N		
Smoker: N                      how long:                      how often:		

#### Injuries

NO,

#### Surgeries

NO,

#### Medications

furosemide,demadex,lipitor,glipizide,cardia xt,lisinopril,metformin hydrochloride

#### Allergies

None

 5/17  
Jeffery Kamysz (May 17, 2017)

Electronically Signed and Dated: Thursday, May 18 17 12:22:26  
Jeffery Kamysz, NPI: 1447457585  
From IP Address: 172.56.12.60

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Service Date 2017-05-18

#### Patient Information

Name: Dorothy Miller

Address: 1423 Fowler Ave, Evanston, IL 60201

#### Subjective Notes – Info reported by the patient:

Mrs. Miller's chief complaint is right knee pain, which she reports is associated with a level 8 pain on the 1-10 severity scale, occurring constantly. The patient also says that movement aggravates the condition, temporarily resulting in higher pain levels on the severity scale. Mrs. Miller has indicated that her right knee pain impacts overall quality of life.

Previous Treatments: Prescription Medicine - currently Over the Counter Medicine - currently Exercise- currently Physical Therapy- never

#### Objective Notes from the Treating Physician:

My consultation with Mrs. Miller today, a 70 year old female was in regard to her complaint of right knee pain. This is a throbbing level 8 pain, but is made even worse when aggravated by movement. I consider this to be caused by a long term pre-existing condition - arthritis resulting in the current level of pain and discomfort since approximately 2016-08-08.

I provided Dorothy with our telephone number to schedule a follow up brace evaluation, or if needed for questions. I recommended Dorothy consults with a pain management physician to discuss and control her pain management regimen. This brace evaluation is an additional pain management aid and not a substitution for Dorothy's current treatment.

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#### Patient Information

Name: Dorothy Miller

Address: 1423 Fowler Ave, Evanston, IL 60201

#### Assessment Notes

M17.11 - Unilateral primary osteoarthritis - right knee

#### Plan Notes – Doctor's Order from the treating Physician

I explained the benefits of the L1833 and L2397 to Dorothy, which is an alternative, non-invasive method to potentially relieve her right knee pain . Dorothy is interested in this treatment. Based on our interaction, I have determined it is medically necessary and appropriate to prescribe treatment today. For her complaint of right knee pain, I am prescribing this L1833 and L2397 L1833 - Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf with L2397 suspension sleeve, size medium. The first date she is authorized to start using the brace is on 2017-05-18 and should continue to use for lifetime/99 months. Dorothy or an assisting caregiver will be able to apply this brace with minimal self-adjustment as the L1833 and L2397 does not require custom fitting.

I feel the L1833 and L2397 will benefit Dorothy by helping to reduce pain during ambulation

The goals this treatment plan hopes to achieve for Dorothy is improvement in patient's pain

I attest by my signature below that this medical record entry for Mrs.Miller on 2017-05-18 accurately reflects signatures/notations as a licensed doctor in IL, I have personally performed this consultation with Mrs.Miller and prescribe this L1833 and L2397, as it is reasonable and medically necessary. I hereby attest that to the best of my knowledge this information is true, accurate and complete, with no falsifications, omissions or any concealment of material fact.

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## DETAILED WRITTEN ORDER

**Service Date** 2017-05-18

Patient: Dorothy Miller			Address: 1423 Fowler Ave. Evanston. IL 60201		
DOB: 1947-03-16	SSN:	Gender: F	Height: 5 feet, 2	Weight 185	
Phone: 8478660926			Alternate Phone:		
Driver's License #:			Pant Size – W: L:		

## Insurance Information

Carrier Name: Medicare		Member ID#: 342502741A
Rx Group #:	Rx BIN #: 610502	PCN #: MEDDAET

L1833 and L2397

## Right Knee Pain

L1833 - Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf with L2397 suspension sleeve

Size: medium	LON: lifetime/99 months
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**Diagnosis Code:**

<input checked="" type="checkbox"/>	M17.11 - Unilateral primary osteoarthritis - right knee
<input type="checkbox"/>	M06.1 - Adult-onset Still's disease
<input type="checkbox"/>	M17.5 - Other unilateral secondary osteoarthritis of knee
<input type="checkbox"/>	M22.41 - Chondromalacia patellae - right knee
<input type="checkbox"/>	Q68.2 - Congenital deformity of knee
<input type="checkbox"/>	Q74.1 - Congenital malformation of knee
<input type="checkbox"/>	S83.411D - Sprain of medial collateral ligament of right knee - subsequent encounter
<input type="checkbox"/>	S83.421D - Sprain of lateral collateral ligament of right knee - subsequent encounter
<input type="checkbox"/>	S83.501D - Sprain of unspecified cruciate ligament of right knee - subsequent encounter
<input type="checkbox"/>	M23.51 - Chronic instability of knee - right knee
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

First date patient is authorized to use orthosis: 2017-05-18

STATEMENT OF MEDICAL NECESSITY - This brace is being ordered as adjunctive therapy in reducing the level of pain and symptoms associated with the above diagnosis, and for the overall improvement of the patient's quality of life.

**This orthosis is prescribed for the following indication(s):**

<input checked="" type="checkbox"/>	To reduce pain during ambulation
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**Previous Treatments:**

OTC Medication	<input checked="" type="radio"/>	Currently	<input type="radio"/>	Past	<input type="radio"/>	Never
Prescription Medication	<input checked="" type="radio"/>	Currently	<input type="radio"/>	Past	<input type="radio"/>	Never
Exercise/Strengthening	<input checked="" type="radio"/>	Currently	<input type="radio"/>	Past	<input type="radio"/>	Never
Patient Education	<input type="radio"/>	Currently	<input checked="" type="radio"/>	Past	<input type="radio"/>	Never
Physical Therapy	<input type="radio"/>	Currently	<input type="radio"/>	Past	<input checked="" type="radio"/>	Never

**Treatment goal(s)**

<input checked="" type="checkbox"/>	improvement in patient's pain
<input type="checkbox"/>	Improvement in patient's function
<input type="checkbox"/>	Increase performance in activities of daily living
<input type="checkbox"/>	Reduce medications
<input type="checkbox"/>	Slow degeneration

	Mild				Moderate				Severe	
<b>PAIN LEVEL</b>	1	2	3	4	5	6	7	8	9	10
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Prescriber**

Prescriber Name: Jeffery Kamysz	NPI: 1447457585
Address: 5724 W Ainsle	Chicago, IL 60630
Phone #: 7734232162	Fax #:

I, the undersigned, confirm the order for the above-named patient. I also certify that the prescribed treatment is medically reasonable and necessary in reference to accepted standards of medical practice within the community for treatment of this patient's condition.

Prescriber Signature: Jeffery Kamysz 5/17  
Jeffery Kamysz (May 17, 2017)

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