

Nadeemuddin Qureshi, NPI: 1659618726
1465 South Grand Blvd.
Saint Louis, MO 63104
4062721594

Service Date 2017-05-19

Patient		Insurance
Name: Connie Ezell		Carrier: Medicare
Address: 1602 Lynchburg Turnpike, Salem, VA 24153		Phone:
DOB: 1947-10-13		Patient ID: 230664850A
Phone: 5407289647		BIN #:
Height: 5 feet, 1 inches	Weight: 256	PCN #:
Shoe Size: 11.5	Waist Size: 50	
Hospitalized (last 12 months): N		
Smoker: N how long: how often:		

Injuries

none.,

Surgeries

Both knees and shoulder replacement.,

Medications

percocet,metoprolol tartrate

Allergies

None


Nadeemuddin Qureshi (May 19, 2017)

Electronically Signed and Dated: Friday, May 19 17 09:25:56
Nadeemuddin Qureshi, NPI: 1659618726
From IP Address: 97.88.91.209

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Service Date 2017-05-19

Patient Information

Name: Connie Ezell

Address: 1602 Lynchburg Turnpike, Salem, VA 24153

Subjective Notes – Info reported by the patient:

Mrs.Ezell's chief complaint is right knee pain, which she reports is associated with a level 10 pain on the 1-10 severity scale, occurring constantly. The patient also says that walking aggravates the condition, temporarily resulting in higher pain levels on the severity scale. Mrs.Ezell has indicated that her right knee pain makes it difficult to walk.

Previously Mrs.Ezell has tried OTC (over the counter) medication to relieve symptoms, she currently uses this method sporadically over time and it resulted in slight improvement in symptoms.

Objective Notes from the Treating Physician:

My consultation with Mrs.Ezell today, a 69 year old female was in regard to her complaint of right knee pain. This is a sharp level 10 pain, but is made even worse when aggravated by walking. I consider this to be caused by a pre-existing injury and osteoarthritis resulting in the current level of pain and discomfort since approximately 1994/05/19.

I provided Connie with our telephone number to schedule a follow up brace evaluation, or if needed for questions. I recommended Connie 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 Connie 's current treatment.

 5-19-17

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Patient Information

Name: Connie Ezell

Address: 1602 Lynchburg Turnpike, Salem, VA 24153

Assessment Notes

M17.11 - Unilateral primary osteoarthritis - right knee, S83.501D - Sprain of unspecified cruciate ligament of right knee - subsequent encounter, M23.51 - Chronic instability of knee - right knee

Plan Notes – Doctor's Order from the treating Physician

I explained the benefits of the L1833 and L2397 to Connie, which is an alternative, non-invasive method to potentially relieve her right knee pain. Connie 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 3XL. The first date she is authorized to start using the brace is on 2017-05-19 and should continue to use for lifetime/99 months. Connie 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 Connie by helping reduce pain during ambulation

The goals this treatment plan hopes to achieve for Connie is improvement in patient's pain, improvement in patient's function, increase performance in activities of daily living, reduce medications

I attest by my signature below that this medical record entry for Mrs. Ezell on 2017-05-19 accurately reflects signatures/notations as a licensed doctor in VA, I have personally performed this consultation with Mrs. Ezell 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 2017-05-19

Patient: Connie Ezell			Address: 1602 Lynchburg Turnpike. Salem. VA 24153		
DOB: 1947-10-13	SSN:	Gender: F	Height: 5 feet, 1	Weight 256	
Phone: 5407289647			Alternate Phone:		
Driver's License #:			Pant Size – W: L:		

Insurance Information

Carrier Name: Medicare		Member ID#: 230664850A	
Rx Group #:	Rx BIN #:	PCN #:	

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: 3XL	LON: lifetime/99 months
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Diagnosis Code:

<input checked="" type="checkbox"/>	M17.11 - Unilateral primary osteoarthritis - right knee
<input checked="" type="checkbox"/>	S83.501D - Sprain of unspecified cruciate ligament of right knee - subsequent encounter
<input checked="" type="checkbox"/>	M23.51 - Chronic instability of knee - 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"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	First date patient is authorized to use orthosis: 2017-05-19

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"/>	reduce pain during ambulation
<input type="checkbox"/>	To reduce pain during ambulation due to surgery or injury
<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 checked="" type="radio"/>	Currently	<input type="radio"/>	Past	<input type="radio"/>	Never
Physical Therapy	<input checked="" type="radio"/>	Currently	<input type="radio"/>	Past	<input type="radio"/>	Never

Treatment goal(s)

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

	Mild				Moderate				Severe	
PAIN LEVEL	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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Prescriber

Prescriber Name: Nadeemuddin Qureshi	NPI: 1659618726
Address: 1465 South Grand Blvd.	Saint Louis, MO 63104
Phone #: 4062721594	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: Nadeemuddin Qureshi 5-19-17
Nadeemuddin Qureshi (May 19, 2017)

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