

FACSIMILE TRANSMITTAL FORM

Date/Time: 11/18/2011 11:04:07 AM

Pages: 4

Subject: Progress Notes

To: Mahmoud Yassin

Fax Number: 609-242-1906

From: Miami, Susan

Fax Number: 732-660-6201

Business Phone: 732-660-6200

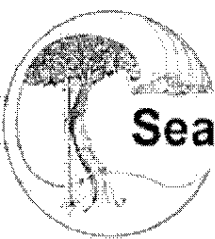
Company: O-Seaview Orthopaedic

NOTE: PLEASE CALL 732-660-6200 IF DOCUMENTS ARE INCOMPLETE
OR NOT LEGIBLE.

The information contained in the facsimile message may be confidential and/or legally privileged information intended only for the use of the individual or entity named above.

If the reader of this message is not the intended recipient, you are hereby notified that any copying, dissemination, or distribution of confidential or privileged information is strictly prohibited.

If you have received this communication in error, please notify us immediately by telephone and we will arrange for return of the documents.



Seaview Orthopaedic & Medical Associates

Steven Berkowitz, M.D., P.A.
Arthur P. Vasen, M.D., Ph.D., P.A.
Lambro Demetriades, M.D., P.A.
Christopher J. Spagnuolo, M.D., P.A.
Aron Green, M.D., P.A.
Kevin McDaid, M.D.
Paul Haynes, M.D.
Adam Meyers, D.O.
Sudha Garla, M.D.

Roy D. Mittman, M.D., P.A.
Kenneth Y. Chern, M.D., P.A.
Arthur K. Mark, M.D., P.A.
Hoan T. Nguyen, M.D., P.A.
Sunil Thacker, M.D., P.A.
Joel Fechisin, M.D.
Robert P. Pannullo, M.D.
Keiron Greaves, M.D.

Seaview Pavilion
1200 Eagle Avenue
Ocean, NJ 07712
Ph.: 732-660-6200

Patriot's Park
222 Schanck Road, Suite 300
Freehold, NJ 07728
Ph.: 732-462-1700
Central Fax: 732-660-6201

Brick Medical Arts Building
1640 Route 88 West, Suite 101
Brick, NJ 08724
Ph.: 732-458-7866

Web Site: www.seaviewortho.com

Progress Note

Patient: Gifford, Belinda
ACCT: 412251NF2010/11/05 **DOB:** 07/31/1993 **Age:** 18 Y **Sex:** Female
Phone: 732-237-0780
Address: 10 Lawrence Avenue, Bayville, NJ-08721
Pcp: Mahmoud Yassin

Provider: Adam Meyers, DO
Date: 11/17/2011

Subjective:

CC:
1. Neck pain.

HPI:
Motor Vehicle Accident Information:

Claim Number: 1017232531. Date of Accident: 11/5/10. Case Manager: James Hartman. Insurance Company: 21st Century Auto Ins. Fax: 856-910-2501. Location of accident: Washington Street & Whittier Avenue. Time of accident: 11:53pm.

Motor Vehicle Injury:

Was patient driving? No, patient was front seat passenger. Was patient wearing a seat belt? Yes. Was the patient prepared for the impact? Yes. Did the patient suffer loss of consciousness? No. Were the police notified? Yes. Did the patient go to an Emergency Room? Yes. Was the patient admitted to the hospital? No.

Neck:

c/o neck pain.

Ms. Gifford is re-evaluated today, symptomatically unchanged from my last evaluation with her.

ROS:

Constitutional:

Fever denied. Night sweats yes. Weight loss denied.

Eyes:

Vision loss denied. Blurring of vision denied. Red eyes denied.

Ears/nose/mouth:

Sore throat denied. Nose bleed denied. Hearing loss denied.

Cardiovascular:

Chest pain yes. Palpitations denied. Leg swelling denied.

Respiratory:

Shortness of breath denied. Chronic cough denied. Wheezing denied.

Gastrointestinal:

Nausea yes. Vomiting denied. Diarrhea denied.

Genitourinary:

Burning w/Urination denied. Hematuria denied. Urinary incontinence denied.

Skin:

Rash denied. Hives denied. Skin infection denied.

Neurological:

Headache yes. Tremor denied. Seizures denies.

Psychiatric:

Depression denied. Suicidal ideation denied. Panic attacks denied.

Endocrine:

Excessive sweating **denied**. Excessive thirst **denied**. Cold intolerance **denied**.

Hematological/Lymph:

Swollen glands **denied**. Easy bruising **denied**. Easy bleeding **denied**.

Allergy/immune:

Runny nose **denied**. Itchy eyes **denied**. Sinus congestion **denied**.

Medical History: Asthma, Bladder infections, Mononucleosis.

Surgical History: Denies past surgical history .

Family History:

Lung disease, Asthma.

Social History: Marital Status Patient is: Single. Tobacco Use Smoking status is Non-Smoker. Alcohol Use Do you drink alcohol? No. Recreational drug use Do you or have you used illegal drugs? No. Work Status Do you work? No student. Sports Participation Do you play sports? No.

Medications: birth control pills , albuterol , Ultracet , Claritin , trazodone

Allergies: adhesive tape: rash, Biaxin: rash, Penicillin: hives.

Vitals: WT 161.0 LBS, HT 68 IN, BMI 24.48 Index.

Examination:

General examination:

General appearance: Patient is a pleasant individual in no acute distress. Patient is awake, alert and oriented times 3. Gait: Normal heel-toe reciprocal. Skin: no open wounds no rash. Eyes: PERRLA, EOMI. Head: normal cephalic, atraumatic. Ears, nose, mouth and throat: unremarkable. Neurologic/Psychiatric: alert and oriented times 3. Peripheral pulses: normal 2+ bilaterally, symmetrical.

Neck:

Inspection: Patient has a normal contour, there is no swelling. Palpation: Patient has positive tenderness in the paraspinal musculature and midline spinous processes. There is positive muscle spasming bilaterally. Range of motion: limited by pain. Motor Exam: 5/5 strength in all muscle groups bilaterally- Right and Left Delt/Bi/Tri/Wrist Flex/Ext/Int/Grip. Sensory Exam: intact to light touch and pinprick bilateral in all dermatomes. Reflexes: 2+, Biceps reflex, Triceps reflex, Brachioradialis reflex, symmetric. Special Tests: negative Spurling's test, negative Hoffman's, negative Lhermitte.

Right arm:

Inspection: negative swelling. Palpation: nontender throughout. Stability: no pain with ROM of shoulder or elbow. Vascular: NVI distally, radial pulse 2 +.

Left Arm:

Inspection: negative swelling. Palpation: nontender throughout. Stability: no pain with ROM of shoulder or elbow. Vascular: NVI distally, radial pulse 2 +.

Lower back:

Inspection: No scoliosis is appreciated. The patient has a normal lumbar lordosis, and there is no swelling. Palpation: Patient is tender over the paraspinal musculature. Patient has positive paraspinal spasming. Range of motion: without low back pain. Motor exam: 5/5 throughout lower extremities. Reflexes: deep tendon reflexes symmetric and normal active in lower extremities, Babinski response downgoing bilaterally, no ankle clonus. Sensory exam: intact to light touch in feet. Special tests: Patient has a normal heel-toe reciprocal gait, patient has a negative bilateral straight leg raise.

Assessment:

Assessment:

1. Facet syndrome - 724.8 (Primary)
2. Fibromyositis - 729.1
3. Displacement of lumbar intervertebral disc without myelopathy - 722.10

Plan:

1. Others

I have had a long discussion with this patient. She remains symptomatic in what appears to be myofascial/facet mediated discomfort. At this time she continues to utilize a home based exercise program, along with physical therapy via chiropractic and anti-inflammatory agents. She will continue said treatment and I will see her back in re-evaluation in approximately 2 months.

Immunizations:

Labs:

Preventive:

Follow Up: 2 Months

Medical Necessity: I certify that it is my medical opinion that this treatment plan including recommendation for therapy, orthopedic equipment, tests including x-ray, etc., is medically necessary and essential. This report is prepared without being proofread to avoid any further delay in treatment implementation. In addition, I authorize my name to be digitally affixed to this report as signature, signifying that I have dictated this report.

Provider: Adam Meyers, DO

Patient: Gifford, Belinda **DOB:** 07/31/1993 **ACCT:** 412251NF2010/11/05 **Date:** 11/17/2011

Electronically signed by Adam Meyers , DO on 11/18/2011 at 10:55 AM EST

Sign off status: Pending