

Progress note - 10/27/2025 (October 30, 2025, 1:52:49PM -0400)

Patient	TINA Emma HOLLOWAY Date of Birth: November 14, 1965 (59yr) Gender: Female Patient-ID: 523307 (2.16.840.1.113883.4.391.2184), 523307 (2.16.840.1.113883.4.391.2184.1)
Encounter	ID: d9dd9f81-63cf-3838-a125-9fa0f01fa2fa (2.16.840.1.113883.4.391.2184), Type: ambulatory, Date/Time: October 27, 2025 10:30AM - 11AM
Documentation Of	Care provision, Date/Time: October 27, 2025, Performer: NECKMAN David, Performer: SELF Referral, Performer: EHRET Mara
Author	eClinicalWorks, Organization: Interventional Spine & Pain PC, Authored On: October 30, 2025

Allergies

Allergen (clinical drug ingredient)	Drug/Non Drug Allergy documented on EMR	Reaction	Allergy Type	Onset Date	Status
morphine	Morphine	itching	Drug Allergy		Active

REASON FOR VISIT

Post-Procedure Follow Up, neck pain, low back pain

Medications

Medication	SIG (Take, Route, Frequency, Duration)	Notes	Start Date	End Date	Status
Carvedilol 6.25 MG Tablet	1 tablet Orally 2 times per day				Active
Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution	1 puff as needed Inhalation daily				Active
Chlorthalidone 25 MG Tablet	1 tablet (25 mg) Orally once a day in the morning with food				Active
Calcitriol 0.25 MCG Capsule	1 capsule (0.25 mcg) Orally once a day				Active
oxyCODONE HCl 5 MG Tablet	1 tablet Orally every 8 hours; Duration: 30 days		10/27/2025		Active
Pantoprazole Sodium 40 MG Tablet Delayed Release	1 tablet 1/2 to 1 hour before morning meal Oral Once a day; Duration: 30 days				Active
Lisinopril 10 MG Tablet	1 tablet Oral Once a day; Duration: 30 days				Active

Social History

Tobacco Use:

Social History Observation	Description	Date
Details (start date - stop date)	Current Smoker	NA - NA

Social History

Tobacco Use:			
Social Info	Question	Answer	Notes
Tobacco Control (Standard)	Tobacco use:	Current smoker	
Additional Details			
Category	Social Info	Options	Details
General	Occupation	no	
	Marital Status	Single	
	Children	yes	3

Problems

Problem Type	SNOMED Code	ICD Code	Onset Dates	Problem Status	W/U Status	Risk	Notes
Problem	Solitary sacroiliitis (239815007)	Sacroiliitis, not elsewhere classified (M46.1)		Active	confirmed		

Vital Signs

Blood pressure systolic	186 mm Hg	10/27/2025
Blood pressure diastolic	109 mm Hg	10/27/2025
Heart Rate	81 /min	10/27/2025
Respiratory Rate	18 /min	10/27/2025
Height	62 in	10/27/2025
Weight	144 lbs	10/27/2025
BMI	26.34 kg/m2	10/27/2025

Encounters

Encounter	Location	Date	Provider	Diagnosis
Interventional Spine & Pain PC	1388 WELLBROOK CIR NE CONYERS, GA 30012-3872	10/27/2025	Mara Ehret	Sacroiliitis, not elsewhere classified M46.1 and Lumbar radiculopathy M54.16

Assessments

Encounter Date	Diagnosis (ICD Code)	Assessment Notes	Treatment Notes	Treatment Clinical Notes	Section Notes
10/27/2025	Sacroiliitis, not elsewhere classified (ICD-10 - M46.1)		The patient has attempted and failed conservative measures. A sacroiliac joint injection has been ordered to relieve their pain. The risks, benefits, and options were presented to the patient and the patient is in agreement with this treatment plan.	Refills given today. Will change her from 5 mg Percocet to 5 mg oxycodone without Tylenol, explained that this was not aspirin, but she did not want to continue taking the medication as prescribed previously. She is having more back and hip pain that is likely generated from sacroiliac joint dysfunction given the transitional S1-2 segment, and anterior	

Encounter Date	Diagnosis (ICD Code)	Assessment Notes	Treatment Notes	Treatment Clinical Notes	Section Notes
				listhesis of L5-S1. She will be reevaluated in clinic after procedure has been completed.	
10/27/2025	Lumbar radiculopathy (ICD-10 - M54.16)				
10/27/2025	Other		Direct supervision by Dr. Neckman		

Plan Of Treatment

Medication

Medication Name	Sig	Start Date	Stop Date	Notes
oxyCODONE-Acetaminophen 5-325 MG Tablet	1 tablet as needed Orally twice a day; Duration: 30 days	09/22/2025		
oxyCODONE HCl 5 MG Tablet	1 tablet Orally every 8 hours; Duration: 30 days	10/27/2025		

Treatment Notes

Assessment	Notes
Sacroiliitis, not elsewhere classified	The patient has attempted and failed conservative measures. A sacroiliac joint injection has been ordered to relieve their pain. The risks, benefits, and options were presented to the patient and the patient is in agreement with this treatment plan.
Other	Direct supervision by Dr. Neckman

Future Test

Test Name	Order Date
Sacroiliac Joint Injection	11/17/2025

Next Appt

Details
Follow Up: bilateral SIJ injection, Reason:
Provider Name:David W Neckman, 11/11/2025 10:15:00 AM, 1388 A Wellbrook Circle, Conyers, GA, 300123872, 770-929-9033

History and Physical Notes

- HPI (History of Present Illness)

Category	Sub-Category	Detail	Notes	Category Notes
- Pain Management:	Location of Pain:	bilateral cervical spine right > left, bilateral lumbar spine right > left		
	Pain Pathway:	focal back and hip pain		
	Severity of Pain:	Average VAS 10/10, Maximum VAS 10/10		
	Onset of Pain:	Date:2020, gradual, chronic (6/22/25 MVA-increase neck & low back pain)		
	Precipitating Event:	No precipitating event or trauma		
	Timing of Pain:	continuous		

Category	Sub-Category	Detail	Notes	Category Notes
	Alleviating Factors:	medications		
	Aggravating Factors:	standing, walking, position change, car rides, exercise, weather, cold, heat		
	Baseline Functional Activities:	standing, walking, mobile without assistance, toilet and bathe independently, perform personal hygiene independently, feed self		
	Functional Disabilities:	unable to climb stairs, unable to shop, unable to perform light housework, unable to perform heavy housework, unable to lift greater than 5 pounds, unable to do heavy lifting, unable to perform meal preparation, unable to sit for long periods, unable to sleep, unable to stand for long periods, unable to walk for long distances, unable to work, unable to perform light yardwork, unable to drive for long distances		
	Patient History Notes:	Oxycodone last taken approximately a week ago. History of Present Illness reviewed by the provider.		
	Reported by	K.Stewart, CCMA. Patient history reviewed by Mara Ehret, PA-C		
	Associated Signs and Symptoms:	denies bowel and/or bladder dysfunction		
- Post Procedure Follow Up:	Date of Procedure:	-: 10/07/2025		
	Status Post:	TFESI bilateral L5/S1 w/ 75% of steroid on the right		
	Percentage of Pain Relief:	no relief		
	Duration of Relief:	No relief		
	Activity Level:	No change in activity level		
	Medication Status:	No change in dosing after their procedure		
	Infection Control:	Post procedure fever >100.4f :: No		
		Localized redness, swelling, or heat at injection site:: Yes		
		└Infection Control Nurse Notified:: Yes		
		Localized pain/tenderness at injection site:: No		
		Purulent drainage from injection site:: No		
		Surgical site infection present:: No		
		Treatment Required:: No		
	Conservative Measures Continued:	Pain Medication		

Category	Sub-Category	Detail	Notes	Category Notes
Conservative Measures:	Physical Therapy:	Physical Therapy Attempted:: Yes		
		⌞Time Attempted:: Within the last 6 months	CONTINUES PHYSICAL THERAPY DIRECTED HOME EXERCISE PROGRAM	
		⌞Length of Treatment:: 4-6 weeks		
		⌞Effectiveness of Physical Therapy:: Aggravated pain		
		Documentation Date:: 10/27/2025		
	Chiropractics:	Chiropractics Attempted:: Yes		
		⌞Time Attempted:: Within the last 6 months		
		⌞Number of Visits:: 6		
		⌞Effectiveness of Treatment:: Aggravated pain		
		Documentation Date:: 10/27/2025		
	Home Exercise:	Attempted Home Exercise:: Yes		
		⌞Time Attempted:: Currently performing home exercise	Limited due to pain, CONTINUES PHYSICAL THERAPY DIRECTED/MD HOME EXERCISE PROGRAM	
		⌞Length of Home Exercise Treatment:: Greater than 6 months		
		⌞Type of Exercise Attempted:: Walking		
		⌞Effectiveness of Home Exercise:: Ineffective, Aggravated pain, Performing 4-7 days per week		
		Documentation Date:: 10/27/2025		
	Massage Therapy:	Attempted Massage Therapy:: Yes		
		⌞Time Attempted:: Within the last 6 months		
		⌞Number of Visits:: 6		
		⌞Effectiveness of Massage Therapy:: Aggravated pain		

Category	Sub-Category	Detail	Notes	Category Notes
	Medical Equipment:	Documentation Date:: 10/27/2025		
		Other Medical Equipment Tried:: Yes		
		└Type:: TENS	PRP	
		Documentation Date:: 10/27/2025		
	Complimentary or Alternative Therapy:	Complimentary/Alternative Therapy Tried:: No		
		Documentation Date:: 10/27/2025		
Outside Diagnostic Studies:	Imaging Performed:	Documentation Date:: 10/27/2025		
		Type of Imaging Study:: MRI, Cervical Spine, Thoracic Spine, Lumbar Spine		
		Date Performed:: 07/25/2025		
		Imaging Facility::	AIC	
		Result:: Results are available and are scanned into the chart		
Medication History:	Patient Reports:	Documentation Date:: 10/27/2025		
		Have NSAIDS been attempted?: Yes		
		└Effectiveness:: Ineffective, Attempted for 12 weeks and failed therapy		
		└NSAIDS Attempted:: ibuprofen (Motrin, Advil), naproxen (Aleve, Naprosyn)		
		Have Opioid medications been attempted?: Yes		
		└morphine (MSIR): Ineffective		
		└oxycodone-apap (Endocet, Percocet, Roxicet): Effective		
		└tramadol (Ryzolt, Ultram, Ultram ER): Ineffective		
		Other Medications Tried:: Yes		

Examination

Category	Sub-Category	Detail	Notes	Category Notes
- General Examination	Constitutional:	no acute distress; normal development, interacting appropriately		

Category	Sub-Category	Detail	Notes	Category Notes
	Eyes:	EOM are full, without nystagmus, sclera is white		
	Ears, Nose, Mouth, Throat:	normal appearance, no visible thyromegaly		
	Cardiovascular:	chest is symmetrical, no peripheral edema present		
	Respiratory:	respirations unlabored		
	Gastrointestinal:	non-distended		
	Genitourinary:	deferred		
	Skin:	normal color and temperature		
	Psychiatric:	alert with appropriate affect		
- Neurologic	Mental Status:	Alert and Oriented x3, Cooperative during examination		
- Lumbar/Lumbosacral Spine	Inspection:	No obvious deformities, Normal curvature of the spine		
	Palpation:	Tenderness to palpation bilateral lumbar facets, Tenderness is, at the sacroiliac joint, bilaterally		
	Range of Motion:	Pain with lumbar extension and bilateral lateral flexion		
	Motor Strength:	Motor strength is normal bilaterally		
	Special Tests and Signs:	Faber's Sign is, positive,,Gaenslen's test is,positive,,Pelvic Compression test is,positive bilaterally		
	Gait:	Antalgic		

Progress Notes

- HOLLOWAY, TINA M DOB: 11/14/1965 (59 yo F) Acc No. 523307 DOS: 10/27/2025

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Patient: HOLLOWAY, TINA M Account Number: 523307	Appointment Provider: Mara B Ehret, PA-C
DOB: 11/14/1965 Age: 59 Y Sex: Female	Supervising Provider: David Neckman, MD
Phone: 835-257-4023	Date: 10/27/2025
Address: 1343 MUIRFORREST WAY, STONE MOUNTAIN, GA-30088-3238	

Subjective:

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Chief Complaints:

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Post-Procedure Follow Up Neck pain Low back pain

HPI:

- Pain Management::

Patient returns to clinic for medication refills. She reports no relief in back and leg pain from epidural steroid injection, states if anything her pain got worse. Her pain medicine is not helping, and her doctor told her she should not be taking it anyway because she has stage III kidney disease (was told not to take aspirin products). She continues to have severe low back pain, worst in the back and buttock area, especially when she sits for too long. She is concerned because she gained weight after the last treatment. No other new issues. Patient request refills of medication.

Location of Pain: bilateral cervical spine right > left, bilateral lumbar spine right > left .

Pain Pathway: focal back and hip pain.

Severity of Pain: Average VAS 10/10, Maximum VAS 10/10.

Onset of Pain: for 2020 Date:2020, gradual, chronic (6/22/25 MVA-increase neck & low back pain).

Precipitating Event: No precipitating event or trauma.

Timing of Pain: continuous.

Associated Signs and Symptoms: denies bowel and/or bladder dysfunction.

Alleviating Factors: medications.

Aggravating Factors: standing, walking, position change, car rides, exercise, weather, cold, heat.

Baseline Functional Activities: standing, walking, mobile without assistance, toilet and bathe independently, perform personal hygiene independently, feed self.

Functional Disabilities: unable to climb stairs, unable to shop, unable to perform light housework, unable to perform heavy housework, unable to lift greater than 5 pounds, unable to do heavy lifting, unable to perform meal preparation, unable to sit for long periods, unable to sleep, unable to stand for long periods, unable to walk for long distances, unable to work, unable to perform light yardwork, unable to drive for long distances.

Patient History Notes: Oxycodone last taken approximately a week ago. History of Present Illness reviewed by the provider..

Reported by K.Stewart, CCMA. Patient history reviewed by Mara Ehret, PA-C.

- Post Procedure Follow Up::

Date of Procedure:

- 10/07/2025

Status Post: TFESI bilateral L5/S1 w/ 75% of steroid on the right.

Percentage of Pain Relief: no relief.

Duration of Relief: No relief.

Activity Level: No change in activity level.

Medication Status: No change in dosing after their procedure.

Conservative Measures Continued: Pain Medication.

Infection Control:

Post procedure fever >100.4f : No

Localized redness, swelling, or heat at injection site: Yes

Infection Control Nurse Notified: Yes

Localized pain/tenderness at injection site: No

Purulent drainage from injection site: No

Surgical site infection present: No

Treatment Required: No

Conservative Measures::

Physical Therapy:

Physical Therapy Attempted: Yes

Time Attempted: Within the last 6 months CONTINUES PHYSICAL THERAPY

DIRECTED HOME EXERCISE PROGRAM

Length of Treatment: 4-6 weeks

Effectiveness of Physical Therapy: Aggravated pain

Documentation Date: 10/27/2025

Chiropractics:

Chiropractics Attempted: Yes

Time Attempted: Within the last 6 months

Number of Visits: 6

Effectiveness of Treatment: Aggravated pain

Documentation Date: 10/27/2025

Home Exercise:

Attempted Home Exercise: Yes

Time Attempted: Currently performing home exercise Limited due to pain,

CONTINUES PHYSICAL THERAPY DIRECTED/MD HOME EXERCISE PROGRAM

Length of Home Exercise Treatment: Greater than 6 months

Type of Exercise Attempted: Walking

Effectiveness of Home Exercise: Ineffective, Aggravated pain, Performing 4-7

days per week

Documentation Date: 10/27/2025

Massage Therapy:

Attempted Massage Therapy: Yes

Time Attempted: Within the last 6 months

Number of Visits: 6

Effectiveness of Massage Therapy: Aggravated pain

Documentation Date: 10/27/2025

Medical Equipment:

Other Medical Equipment Tried: Yes

Type: TENS PRP

Documentation Date: 10/27/2025

Complimentary or Alternative Therapy:

Complimentary/Alternative Therapy Tried: No

Documentation Date: 10/27/2025

Medication History:

Patient Reports:

Documentation Date: 10/27/2025

Have NSAIDS been attempted? Yes

Effectiveness: Ineffective, Attempted for 12 weeks and failed therapy

NSAIDS Attempted: ibuprofen (Motrin, Advil), naproxen (Aleve, Naprosyn)

Have Opioid medications been attempted? Yes

morphine (MSIR) Ineffective

oxycodone-apap (Endocet, Percocet, Roxicet) Effective

tramadol (Ryzolt, Ultram, Ultram ER) Ineffective

Other Medications Tried: Yes

Outside Diagnostic Studies:

Imaging Performed:

Documentation Date: 10/27/2025

Type of Imaging Study: MRI, Cervical Spine, Thoracic Spine, Lumbar Spine

Date Performed: 07/25/2025

Imaging Facility: AIC

Result: Results are available and are scanned into the chart

ROS:

- Review of Systems:

Constitutional Symptoms: Patient denies: fever, unexplained weight change. Cardiovascular: Patient denies: palpitations, swelling in legs/feet. Respiratory: Patient denies: shortness of breath, wheezing. Gastrointestinal: Patient denies: constipation, nausea/vomiting, incontinence of bowel. Genitourinary: Patient denies: difficulty urinating, incontinence of urine. Musculoskeletal: Patient admits: back pain, joint pain, joint stiffness, muscle spasm, neck pain. Neurological: Patient denies: daytime sedation, numbness/tingling, weakness. Psychiatric: Patient denies: depressed mood, feeling anxious. Allergic, Immunologic: Patient denies: itching, rash.

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Medical History:

Hypertension

Reflux

Smoker

Low Pain Threshold

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Medical History Verified

Surgical History:

Cholecystectomy 1992

Tummy tuck 2023

Breast Reconstruction 2023

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Surgical History verified.

Hospitalization/Major Diagnostic Procedure:

See surgical history

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Hospitalization Verified.

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Family History: Father: alive. Mother: alive. Siblings: alive. Family History Verified..

Social History:

General:

Recreational Drug Use: no .

Marital Status: Single.

Children: yes, 3.

Occupation: no.

Tobacco Use:

Tobacco Control (Standard)

Tobacco use: Current smoker

Social History Verified.

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Medications: Taking Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution 1 puff as needed Inhalation daily Carvedilol 6.25 MG Tablet 1 tablet Orally 2 times per day Calcitriol 0.25 MCG Capsule 1 capsule (0.25 mcg) Orally once a day Chlorthalidone 25 MG Tablet 1 tablet (25 mg) Orally once a day in the morning with food Lisinopril 10 MG Tablet 1 tablet Oral Once a day Pantoprazole Sodium 40 MG Tablet Delayed Release 1 tablet 1/2 to 1 hour before morning meal Oral Once a day oxyCODONE-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally twice a day , Notes: Medication eprescribed by MD in separate encounter Medication List reviewed and reconciled with the patient Taking Albuterol Sulfate HFA 108 (90 Base) MCG/ACT Aerosol Solution 1 puff as needed Inhalation daily Taking Carvedilol 6.25 MG Tablet 1 tablet Orally 2 times per day Taking Calcitriol 0.25 MCG Capsule 1 capsule (0.25 mcg) Orally once a day Taking Chlorthalidone 25 MG Tablet 1 tablet (25 mg) Orally once a day in the morning with food Taking Lisinopril 10 MG Tablet 1 tablet Oral Once a day Taking Pantoprazole Sodium 40 MG Tablet Delayed Release 1 tablet 1/2 to 1 hour before morning meal Oral Once a day Taking oxyCODONE-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally twice a day , Notes: Medication eprescribed by MD in separate encounter Medication List reviewed and reconciled with the patient

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Allergies: Morphine: itching - Allergy yes Allergies Verified.

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Objective:

Vitals: Pain Scale: 10, Ht: 62 in, Wt: 144 lbs, BMI: 26.34 index, BP: 186/109 mm Hg, HR: 81 /min, RR: 18 /min.

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Examination:

- Neurologic:

Mental Status: Alert and Oriented x3, Cooperative during examination.

- General Examination:

Constitutional: no acute distress; normal development, interacting appropriately.

Eyes: EOM are full, without nystagmus, sclera is white.

Ears, Nose, Mouth, Throat: normal appearance, no visible thyromegaly.

Cardiovascular: chest is symmetrical, no peripheral edema present.

Respiratory: respirations unlabored.

Gastrointestinal: non-distended.

Genitourinary: deferred.

Skin: normal color and temperature.

Psychiatric: alert with appropriate affect.

- Lumbar/Lumbosacral Spine:

Inspection: No obvious deformities, Normal curvature of the spine.

Palpation: Tenderness to palpation bilateral lumbar facets, Tenderness is, at the sacroiliac joint, bilaterally.

Range of Motion: Pain with lumbar extension and bilateral lateral flexion.

Motor Strength: Motor strength is normal bilaterally.

Special Tests and Signs: Faber's Sign is, positive,, Gaenslen's test is, positive,, Pelvic Compression test is, positive bilaterally.

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Gait: Antalgic.

Assessment:

o Assessment:

1. Sacroiliitis, not elsewhere classified - M46.1 (Primary) 2. Lumbar radiculopathy - M54.16

Plan:

- o Treatment:

■	<p>1. Sacroiliitis, not elsewhere classified <u>Procedure: Sacroiliac Joint Injection (Ordered for 11/17/2025)</u> Notes: The patient has attempted and failed conservative measures. A sacroiliac joint injection has been ordered to relieve their pain. The risks, benefits, and options were presented to the patient and the patient is in agreement with this treatment plan. Clinical Notes: Refills given today. Will change her from 5 mg Percocet to 5 mg oxycodone without Tylenol, explained that this was not aspirin, but she did not want to continue taking the medication as prescribed previously. She is having more back and hip pain that is likely generated from sacroiliac joint dysfunction given the transitional S1-2 segment, and anterior listhesis of L5-S1. She will be reevaluated in clinic after procedure has been completed.</p>
	<p>2. Lumbar radiculopathy Stop oxyCODONE-Acetaminophen Tablet, 5-325 MG, 1 tablet as needed, Orally, twice a day, 30 days, 60 Tablet, Notes: Medication eprescribed by MD in separate encounter; Start oxyCODONE HCl Tablet, 5 MG, 1 tablet, Orally, every 8 hours, 30 days, 90 Tablet, Refills 0, Notes: Medication eprescribed by MD in separate encounter.</p>
	<p>3. Others Notes: Direct supervision by Dr. Neckman</p>
- Preventive Medicine:
 - Counseling::
 - Tobacco Counseling:
 - Patient counselled on the dangers of tobacco use and urged to quit. 10/27/2025
 - Type of Tobacco Use Cessation Counseling provided Smoking cessation education
 - Exercise Counseling: Spine: The patient was counselled on and directed to perform the Spine Conditioning Program from the American Academy of Orthopedics Surgeons. (<https://www.orthoinfo.org/en/recovery/spine-conditioning-program/spine-conditioning-program-pdf>).
 - Risk Assessment::
 - Opioid Agreement Signed:
 - Date: 10/27/2025
 - Initial and Periodic Risk Assessment:
 - Patient is prescribed medication, controlled or non-controlled, by ASPC: Yes, and the patient's risk assessment is completed below.
 - Opioid Risk Tool: Low Risk (0-3) = 1 point
 - Prescription Drug Monitoring Program: Reviewed Yes
 - PDMP Reviewed Date: 10/27/2025 ME, PA-C
 - PDMP Morphine Milligram Equivalent: 10 (90 day average)
 - PDMP Results: MME less than or equal to 30 = 1 point
 - Use of Benzodiazepines No = 0 points
 - Current treatment for the following chronic disease processes/disorders: chronic pulmonary disease, sleep apnea, liver disease, kidney disease, traumatic injury, tobacco use disorder No = 0 points
 - Does the patient regularly use alcohol? No = 0 points
 - Does the patient currently take any prescription medications for sleep or antipsychotics? No = 0 points
 - Evidence of Aberrancies (i.e.: not taking medication as prescribed, repeated early refills, inconsistent UDT, illicit substance use, diversion, multiple opioid prescribing physicians No = 0 points
 - Patient Scoring: 2
 - Patient Risk Stratification: 0 - 2 = Low Risk
 - Provider's discretion to change patient scoring: No
 - Plan is to test ___ times per year. The patient will be reassessed as necessary.
 - : Low: up to 4 times per year
 - Documentation Date: 10/27/2025
 - o Drug Screen Exemption: No

HOLLOWAY, TINA M DOB: 11/14/1965 (59 yo F) Acc No. 523307 DOS: 10/27/2025

- Follow Up: bilateral SIJ injection

Confirmatory sign off: Neckman, David W 10/29/2025 at 11:13 AM EDT

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Electronically signed by Mara Ehret , PA-C on 10/29/2025 at 10:47 AM EDT

Electronically co-signed by David Neckman, MD on 10/29/2025 at 11:13 AM EDT

Sign off status: Completed

true

- Appointment Provider: Mara B Ehret, PA-C

Date: 10/27/2025

Generated for Printing/Faxing/eTransmitting
on: 10/30/2025 01:52 PM EDT

Document	ID	bbeb6ff9-762b-4e99-af44-0c481b69edb2 (2.16.840.1.113883.4.391)	Created On	October 30, 2025, 1:52:49PM -0400
	Version	310		
	Set-ID	bbeb6ff9-762b-4e99-af44-0c481b69edb2 (2.16.840.1.113883.4.391)		
Custodian	Interventional Spine & Pain PC		Contact Details	1388 WELLBROOK CIR NE CONYERS, GA 30012-3872 US Tel: 770-929-9033

Patient	TINA Emma HOLLOWAY	Contact Details	Postal: 1343 MUIRFORST WAY STONE MOUNTAIN, GA 30088-3238 US Tel Home Primary: 835-257-4023, Tel Mobile: 835-257-4023, Mail: emma.thompson@example.com
Date of Birth	November 14, 1965 (59yr)	Gender	Female
Race	Black or African American, African American, Black	Ethnicity	Not Hispanic or Latino
Patient-IDs	523307 (2.16.840.1.113883.4.391.2184) 523307 (2.16.840.1.113883.4.391.2184.1)	Language Communication	en, preferred: yes

Documentation Of - care provision	October 27, 2025		
Performer -	NECKMAN David	Contact Details	2061 Peachtree Road Atlanta, GA 303091427 US Tel: 770-929-9033
Performer -	SELF Referral	Contact Details	no information
Performer -	EHRET Mara	Contact Details	1388 WELLBROOK CIR NE CONYERS, GA 30012-3872

				US Tel: 770-929-9033	
Encounter	ID	d9dd9f81-63cf-3838-a125-9fa0f01fa2fa (2.16.840.1.113883.4.391.2184)	Encounter Date	October 27, 2025 10:30AM - 11AM	
	Type	ambulatory			
Encounter Location	ID:2.16.840.1.113883.4.391.2184				
Responsible Party	EHRET Mara		Contact Details	1388 WELLBROOK CIR NE CONYERS, GA 30012-3872 US Tel: 770-929-9033	

Author	eClinicalWorks, Organization: Interventional Spine & Pain PC	Contact Details	not applicable		
		Contact Details (Organization)	1388 WELLBROOK CIR NE CONYERS, GA 30012-3872 US Tel: 770-929-9033		
Indirect target - emergency contact	Gregory DAVIS	Contact Details	1343 MUIRFOREST WAY STONE MOUNTAIN, GA 30088-3238 US		
Indirect target - 2.16.840.1.113883.5.110-GUAR	TINA HOLLOWAY	Contact Details	no information Tel: 835-257-4023		
Legal Authenticator	EHRET Mara signed at October 27, 2025	Contact Details	1388 WELLBROOK CIR NE CONYERS, GA 30012-3872 US Tel: 770-929-9033		