



Edward Hospital MRI  
801 S Washington St  
NAPERVILLE IL 60540-7430

Jenkins, Kalin Grace  
MRN: EH6030620, DOB: 6/26/1998, Legal Sex: F  
Adm: 12/17/2024, D/C: 12/17/2024

## Edward Hospital & Health Services



(For Outpatient Use Only)

Initial Admit Date: **12/17/2024**  
Inpt/Obs Admit Date: **Inpt: N/A / Obs: N/A**  
Discharge Date: **12/17/2024**  
Hospital Acct: **1010934343**  
MRN: **EH6030620**  
CSN: **278696758**  
CEID: **EEH-62SC-4KC9-G44H**

### ENCOUNTER

Patient Class:	<b>OUTPATIENT</b>	Admitting Provider:	<b>No admitting provider</b>	Unit:	<b>EH MRI</b>
Hospital Service:	<b>No service for patient</b>	Attending Provider:	<b>No current attending</b>	Bed:	
Visit Type:	<b>MR BRN WWO</b>	Referring Physician:	<b>Ahmad El Kouzi</b>	Billing Flag:	
Admit Diagnosis:	<b>Post concussive syndrome [F07.81]</b>				

### PATIENT

Legal Name:	<b>JENKINS , KALIN GRACE</b>	Legal Sex:	<b>Female</b>	Gender ID:	
Pref Name:		PCP:	<b>Pcp, None</b>	Home:	<b>815-693-1211</b>
Address:	<b>800 CLIFFORD AVE</b>	DOB:	<b>6/26/1998 (26 yrs)</b>	Mobile:	<b>815-693-1211</b>
City/State/Zip:	<b>LOVES PARK, IL 61111-4613</b>	Marital:	<b>Single</b>	Language:	<b>English</b>
County:		SSN4:	<b>xxx-xx-6555</b>	Religion:	<b>None</b>
		Race:	<b>White</b>	Ethnicity:	<b>Non Hispanic Or Latino</b>

### EMERGENCY CONTACT

Name	Relationship	Legal Guardian?	Home Phone	Work Phone	Mobile Phone
1. <b>domingez,alexander</b>	<b>Friend</b>				<b>224-402-9868</b>
2. <b>*No Contact Specified*</b>					

### GUARANTOR

Guarantor:	<b>JENKINS,KALIN GRACE</b>	DOB:	<b>6/26/1998</b>	Home	<b>815-693-1211</b>
Address:	<b>800 CLIFFORD AVE</b>	Sex:	<b>Female</b>	Work	
City/State/Zip:	<b>LOVES PARK, IL 61111-4613</b>				
Rel. to Patient:	<b>Self</b>	Guarantor ID:	<b>33066699</b>		
GUARANTOR EMPLOYER					
Employer:	<b>endeavor health</b>	Status:	<b>FULL TIME</b>		

### COVERAGE

PRIMARY INSURANCE					
Payor:	<b>BCBS IL INDEMNITY</b>	Plan:	<b>HMO ILLINOIS (NON CONTRA*</b>		
Group Number:	<b>IS1800</b>	Insurance Type:	<b>INDEMNITY</b>		
Subscriber Name:	<b>JENKINS,KALIN GRACE</b>	Subscriber DOB:	<b>06/26/1998</b>		
Subscriber ID:	<b>XOL921685595</b>	Pt Rel to Subscriber:	<b>Self</b>		
SECONDARY INSURANCE					
Payor:		Plan:			
Group Number:		Insurance Type:			
Subscriber Name:		Subscriber DOB:			
Subscriber ID:		Pt Rel to Subscriber:			
TERTIARY INSURANCE					
Payor:		Plan:			
Group Number:		Insurance Type:			



Edward Hospital MRI  
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Jenkins, Kalin Grace  
MRN: EH6030620, DOB: 6/26/1998, Legal Sex: F  
Adm: 12/17/2024, D/C: 12/17/2024

Subscriber Name:	Subscriber DOB:
Subscriber ID:	Pt Rel to Subscriber:
Hospital Account Financial Class: <b>Commercial</b>	

June 6, 2025

## 12/17/2024 - MRI BRAIN WWO in Edward Hospital MRI (continued)

### Reason for Visit

Visit diagnoses:

- (primary)
- Post concussive syndrome
- Cervicogenic headache

### Visit Information

#### Provider Information

##### Referring Provider

El Kouzi, Ahmad, MD

#### Department

Name	Address	Phone
Edward Hospital MRI	801 S Washington St Naperville IL 60540	630-527-3200

### Treatment Team

Provider	Service	Role	Provider Team	Specialty	From	To
El Kouzi, Ahmad, MD	—	Attending	—	NEUROLOGY	12/12/24 1212	12/17/24 2359

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### buPROPion ER 150 MG Oral Tablet 24 Hr

Instructions: Take 1 tablet (150 mg total) by mouth every morning.

Entered by: Conley Om, Lexxus, MA

Entered on: 10/7/2024

Start date: 6/11/2024

Action: Patient not taking

##### acyclovir 400 MG Oral Tab

Instructions: Take 1 tablet (400 mg total) by mouth 2 (two) times daily.

Entered by: Conley Om, Lexxus, MA

Entered on: 10/7/2024

##### Rimegepant Sulfate (NURTEC) 75 MG Oral Tablet Dispersible

Discontinued by: El Kouzi, Ahmad, MD

Discontinued on: 2/18/2025

Instructions: Take 75 mg by mouth as needed. Take one tablet at onset of migraine. Maximum dose in 24 hours is 1 tablet (75mg).

Authorized by: El Kouzi, Ahmad, MD

Ordered on: 10/7/2024

Start date: 10/7/2024

End date: 2/17/2025

Quantity: 8 tablet

Refill: 3 refills remaining

##### methylPREDNISolone (MEDROL) 4 MG Oral Tablet Therapy Pack

**12/17/2024 - MRI BRAIN WWO in Edward Hospital MRI (continued)****Medication List (continued)**

Instructions: Take as directed with food.  
Authorized by: El Kouzi, Ahmad, MD  
Start date: 10/18/2024  
Quantity: 1 each

Ordered on: 10/18/2024  
Action: Patient not taking  
Refill: No refills remaining

**topiramate 50 MG Oral Tab**

Instructions: Take 1 tablet (50 mg total) by mouth 2 (two) times daily.  
Authorized by: El Kouzi, Ahmad, MD  
Start date: 12/9/2024  
Refill: 5 refills remaining

Ordered on: 12/9/2024  
Quantity: 60 tablet

**gabapentin 300 MG Oral Cap**

Discontinued by: El Kouzi, Ahmad, MD  
Instructions: Take 1 capsule (300 mg total) by mouth nightly.  
Authorized by: El Kouzi, Ahmad, MD  
Start date: 12/12/2024  
Quantity: 30 capsule

Discontinued on: 4/28/2025  
Ordered on: 12/12/2024  
End date: 4/27/2025  
Refill: 3 refills remaining

**Stopped in Visit**

None

**Imaging****Imaging****MRI BRAIN (W+WO) (CPT=70553) (Final result) [541071407]**

Electronically signed by: **Shaw, Mary, RN on 12/12/24 1107**  
This order may be acted on in another encounter.  
Ordering user: Shaw, Mary, RN 12/12/24 1107  
Authorized by: El Kouzi, Ahmad, MD  
Frequency: STAT 12/17/24 1937 - 1 occurrence  
Quantity: 1  
Instance released by: Zillmann, Ashlee 12/17/2024 7:37 PM  
Diagnoses  
Post concussive syndrome [F07.81]  
Cervicogenic headache [G44.86]

Status: **Completed**

Ordering provider: El Kouzi, Ahmad, MD  
Ordering mode: Written Order:no cosign required  
Class: EHV - RFL  
Lab status: Final result

**Questionnaire**

Question	Answer
Release to patient	Immediate

**Scheduling instructions**

Your order will generate a "Scheduling Ticket" that will be available in MyChart to schedule on your own at a time most convenient to you. To ensure you receive your test in a timely manner, STAT orders will not generate a ticket and must be scheduled by calling the Central Scheduling department.

Your physician has ordered a radiology test that may require authorization from your insurance company. Your physician or the clinic staff will work with your insurance company to obtain this authorization for your ordered radiology test.

If you do not have a MyChart Account, or if you prefer to speak with someone to schedule your appointment, please call Endeavor Health Central Scheduling at 630-527-3200.

**Screening Form****General Information**

Patient Name: Jenkins, Kalin Grace  
Date of Birth: 6/26/1998

MRN: EH6030620  
Home Phone: **815-693-1211**

**12/17/2024 - MRI BRAIN WWO in Edward Hospital MRI (continued)****Imaging (continued)**

Legal Sex: Female

Mobile: 815-693-1211

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI BRAIN (W+WO) (CPT=70553)	El Kouzi, Ahmad, MD 630-527-7730	El Kouzi, Ahmad, MD 630-527-7730	12/17/2024 8:15 PM EH MR RM4 (3T WIDE) EH MRI

**Screening Form Questions**

No questionnaires are associated with this screening form.

**Form History**

Status	User	Time
Created	N/A	12/12/2024 10:18 AM CST

**Informed Consent:** You may require an injection of contrast for your test. While adverse reactions are rare, the following information will help educate you and help generate questions.

- Although FDA approved, MRI contrast does have potential side effects that you should be made aware.
- Administration of MRI contrast may increase the risk of a rare but serious disease, Nephrogenic Systemic Fibrosis (NSF), in people with severe kidney failure.
- The most common side effects of IV MRI contrast agents are dizziness, nausea, and headache.
- In very rare cases, serious side effects can occur and include cardiac failure, arrhythmia, and myocardial infarction (heart attack).

The above information is correct to the best of my knowledge. I have read and understand the contents of this form and have had the opportunity to ask questions regarding this form, IV contrast, and the MRI procedure.

\_\_\_\_\_  
Patient Signature\_\_\_\_\_  
Date\_\_\_\_\_  
MRI Technologist\_\_\_\_\_  
Date**End Exam Questions**

	Answer	Comment
Are you pregnant?	No	

Resulted: 12/17/24 2138, Result status: Final  
result**MRI BRAIN (W+WO) (CPT=70553) [541071407]**

Ordering provider: El Kouzi, Ahmad, MD 12/17/24 1937

Resulted by: Ali, Adnan W, MD

Performed: 12/17/24 2030 - 12/17/24 2119

Resulting lab: EDWARD ELMHURST IMAGING

Narrative:

PROCEDURE: MRI BRAIN (W+WO) (CPT=70553)

Order status: Completed

Filed by: Interface, Emg Rad In 12/17/24 2138

Accession number: 121724-1130

COMPARISON: None.

INDICATIONS: G44.86 Cervicogenic headache F07.81 Post concussive syndrome

TECHNIQUE: MRI of the brain was performed with multi-planar T1, T2-weighted images with FLAIR sequences and diffusion weighted images without and with infusion.

PATIENT STATED HISTORY:(As transcribed by Technologist) Patient states she was in a car accident on 12/9/24 and states her car was rear ended. She has severe posterior head/neck pain.

CONTRAST USED: 15 mL of Dotarem

**12/17/2024 - MRI BRAIN WWO in Edward Hospital MRI (continued)****Imaging (continued)****FINDINGS:**

**INTRACRANIAL:** There are no focal parenchymal brain abnormalities. Diffusion weighted imaging was performed and is unremarkable. There is no evidence for acute infarction. There is no evidence of hemorrhage or mass lesion.

**VENTRICLES/SULCI:** Ventricles and sulci are normal in caliber. There are no extra-axial fluid collections. There is no midline shift.

**SINUSES/ORBITS:** The visualized paranasal sinuses are clear. Mild mucosal thickening of the nasopharynx, right greater than left. The orbits are unremarkable.

**MASTOIDS:** The mastoids are clear.

**Impression:**

**CONCLUSION:** No acute intracranial process identified.

**LOCATION:** Edward

Dictated by (CST): Ali, Adnan, MD on 12/17/2024 at 9:34 PM

Finalized by (CST): Ali, Adnan, MD on 12/17/2024 at 9:38 PM

Acknowledged by: El Kouzi, Ahmad, MD on 12/18/24 0743

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
142 - Unknown	EDWARD ELMHURST IMAGING	Unknown	Unknown	10/01/16 0000 - Present

**Indications**

Post concussive syndrome [F07.81 (ICD-10-CM)]

Cervicogenic headache [G44.86 (ICD-10-CM)]

**Signed**

Electronically signed by Ali, Adnan W, MD on 12/17/24 at 2138 CST

**All Reviewers List**

El Kouzi, Ahmad, MD on 12/18/2024 07:43

**Medication Administrations****gadoterate meglumine (Dotarem) 7.5 MMOL/15ML injection 15 mL [541075371]**

Ordering Provider: Fisher, Danielle

Ordered On: 12/17/24 2120

Ordered Dose (Remaining/Total): 15 mL (0/1)

Frequency: IMG once as needed

Admin Instructions: Keep at room temp; Administer per Protocol

Status: Completed (Past End Date/Time)

Starts/Ends: 12/17/24 2119 - 12/17/24 2120

Route: Intravenous

Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route / Site	Other Information
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## 12/17/2024 - MRI BRAIN WWO in Edward Hospital MRI (continued)

### Medication Administrations (continued)

Performed 12/17/24 Given 15 mL Intravenous Performed by: Fisher, Danielle  
2120 Left Antecubital  
Documented:  
12/17/24 2120

### Other Orders

#### Medications

##### gadoterate meglumine (Dotarem) 7.5 MMOL/15ML injection 15 mL (Completed) [541075371]

Electronically signed by: **Fisher, Danielle on 12/17/24 2120** Status: **Completed**  
Ordering user: Fisher, Danielle 12/17/24 2120 Ordering provider: Fisher, Danielle  
Authorized by: El Kouzi, Ahmad, MD Ordering mode: Per protocol: no cosign required  
PRN reasons: contrast  
Frequency: Routine ONCE PRN 12/17/24 2119 - 1 Class: Normal  
occurrence  
Acknowledged: Fisher, Danielle 12/17/24 2120 for Placing Order  
Admin instructions: Keep at room temp; Administer per Protocol  
Package: 67684-2001-2

### Flowsheets

#### Data

Row Name 12/17/24 2120

Lot # / Expiration Date

Lot Number x107a -DF

Expiration Date 03/01/29 -DF

#### Personal Protective Equipment

Row Name 12/17/24 2119

Personal Protective Equipment

PPE WORN Gloves -DF

#### User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Provider Type	Discipline
DF	Fisher, Danielle	—	—

### Coding Summary

#### Account Information

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
1010934343 - JENKINS,KALIN GRACE	BCBS IL INDEMNITY [10082]	None	None

#### Admission Information

Arrival Date/Time:	Admit Date/Time:	12/17/2024 1930	IP Adm. Date/Time:
Admission Type: Elective	Point of Origin:	Self Or Non-health Care Facility	Admit Category:
Means of Arrival:	Primary Service:		Secondary Service:
Transfer Source:	Service Area: EDWARD-		Unit: Edward Hospital



12/17/2024 - MRI BRAIN WWO in Edward Hospital MRI (continued)

Coding Summary (continued)

Admit Provider:	ELMHURST HEALTH	MRI
Attending Provider:	EI Kouzi, Ahmad, MD	Referring Provider: EI Kouzi, Ahmad, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
12/17/2024	Home Or Self Care	None	None	Edward Hospital MRI

Admission Diagnoses / Reasons for Visit (ICD-10-CM)

Code	Description	Comments
F07.81	Postconcussional syndrome	
G44.86	Cervicogenic headache	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
F07.81	Postconcussional syndrome				
[Principal]					
G44.86	Cervicogenic headache				



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801 S Washington St  
NAPERVILLE IL 60540-7430

Jenkins, Kalin Grace  
MRN: EH6030620, DOB: 6/26/1998, Legal Sex: F  
Adm: 12/17/2024, D/C: 12/17/2024

## Edward Hospital & Health Services



(For Outpatient Use Only)

Initial Admit Date: **12/17/2024**  
Inpt/Obs Admit Date: **Inpt: N/A / Obs: N/A**  
Discharge Date: **12/17/2024**  
Hospital Acct: **1010934343**  
MRN: **EH6030620**  
CSN: **278696757**  
CEID: **EEH-62SC-4KC9-G44H**

### ENCOUNTER

Patient Class:	<b>OUTPATIENT</b>	Admitting Provider:	<b>No admitting provider</b>	Unit:	<b>EH MRI</b>
Hospital Service:	<b>No service for patient</b>	Attending Provider:	<b>No current attending</b>	Bed:	
Visit Type:	<b>MR CSPINE WO</b>	Referring Physician:	<b>Ahmad El Kouzi</b>	Billing Flag:	
Admit Diagnosis:	<b>Post concussive syndrome [F07.81]</b>				

### PATIENT

Legal Name:	<b>JENKINS , KALIN GRACE</b>	Legal Sex:	<b>Female</b>	Gender ID:	
Pref Name:		PCP:	<b>Pcp, None</b>	Home:	<b>815-693-1211</b>
Address:	<b>800 CLIFFORD AVE</b>	DOB:	<b>6/26/1998 (26 yrs)</b>	Mobile:	<b>815-693-1211</b>
City/State/Zip:	<b>LOVES PARK, IL 61111-4613</b>	Marital:	<b>Single</b>	Language:	<b>English</b>
County:		SSN4:	<b>xxx-xx-6555</b>	Religion:	<b>None</b>
		Race:	<b>White</b>	Ethnicity:	<b>Non Hispanic Or Latino</b>

### EMERGENCY CONTACT

Name	Relationship	Legal Guardian?	Home Phone	Work Phone	Mobile Phone
1. <b>domingez,alexander</b>	<b>Friend</b>				<b>224-402-9868</b>
2. <b>*No Contact Specified*</b>					

### GUARANTOR

Guarantor:	<b>JENKINS,KALIN GRACE</b>	DOB:	<b>6/26/1998</b>	Home	<b>815-693-1211</b>
Address:	<b>800 CLIFFORD AVE</b>	Sex:	<b>Female</b>	Work	
City/State/Zip:	<b>LOVES PARK, IL 61111-4613</b>				
Rel. to Patient:	<b>Self</b>	Guarantor ID:	<b>33066699</b>		

### GUARANTOR EMPLOYER

Employer:	<b>endeavor health</b>	Status:	<b>FULL TIME</b>
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### COVERAGE

#### PRIMARY INSURANCE

Payor:	<b>BCBS IL INDEMNITY</b>	Plan:	<b>HMO ILLINOIS (NON CONTRA*</b>
Group Number:	<b>IS1800</b>	Insurance Type:	<b>INDEMNITY</b>
Subscriber Name:	<b>JENKINS,KALIN GRACE</b>	Subscriber DOB:	<b>06/26/1998</b>
Subscriber ID:	<b>XOL921685595</b>	Pt Rel to Subscriber:	<b>Self</b>

#### SECONDARY INSURANCE

Payor:		Plan:	
Group Number:		Insurance Type:	
Subscriber Name:		Subscriber DOB:	
Subscriber ID:		Pt Rel to Subscriber:	

#### TERTIARY INSURANCE

Payor:		Plan:	
Group Number:		Insurance Type:	





Edward Hospital MRI  
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Jenkins, Kalin Grace  
MRN: EH6030620, DOB: 6/26/1998, Legal Sex: F  
Adm: 12/17/2024, D/C: 12/17/2024

Subscriber Name:	Subscriber DOB:
Subscriber ID:	Pt Rel to Subscriber:
Hospital Account Financial Class: <b>Commercial</b>	

June 6, 2025

## 12/17/2024 - MRI CERVICAL SPINE in Edward Hospital MRI (continued)

### Reason for Visit

Visit diagnoses:

- (primary)
- Post concussive syndrome
- Cervicogenic headache

### Visit Information

#### Provider Information

##### Referring Provider

El Kouzi, Ahmad, MD

#### Department

Name	Address	Phone
Edward Hospital MRI	801 S Washington St Naperville IL 60540	630-527-3200

### Treatment Team

Provider	Service	Role	Provider Team	Specialty	From	To
El Kouzi, Ahmad, MD	—	Attending	—	NEUROLOGY	12/12/24 1212	12/17/24 1936

### Medication List

#### Medication List

**ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.**

#### Active at the End of Visit

##### buPROPion ER 150 MG Oral Tablet 24 Hr

Instructions: Take 1 tablet (150 mg total) by mouth every morning.

Entered by: Conley Om, Lexus, MA

Entered on: 10/7/2024

Start date: 6/11/2024

Action: Patient not taking

##### acyclovir 400 MG Oral Tab

Instructions: Take 1 tablet (400 mg total) by mouth 2 (two) times daily.

Entered by: Conley Om, Lexus, MA

Entered on: 10/7/2024

##### Rimegepant Sulfate (NURTEC) 75 MG Oral Tablet Dispersible

Discontinued by: El Kouzi, Ahmad, MD

Discontinued on: 2/18/2025

Instructions: Take 75 mg by mouth as needed. Take one tablet at onset of migraine. Maximum dose in 24 hours is 1 tablet (75mg).

Authorized by: El Kouzi, Ahmad, MD

Ordered on: 10/7/2024

Start date: 10/7/2024

End date: 2/17/2025

Quantity: 8 tablet

Refill: 3 refills remaining

##### methylPREDNISolone (MEDROL) 4 MG Oral Tablet Therapy Pack



Edward Hospital MRI  
801 S Washington St  
NAPERVILLE IL 60540-7430

Jenkins, Kalin Grace  
MRN: EH6030620, DOB: 6/26/1998, Legal Sex: F  
Adm: 12/17/2024, D/C: 12/17/2024

## 12/17/2024 - MRI CERVICAL SPINE in Edward Hospital MRI (continued)

### Medication List (continued)

Instructions: Take as directed with food.  
Authorized by: El Kouzi, Ahmad, MD  
Start date: 10/18/2024  
Quantity: 1 each

Ordered on: 10/18/2024  
Action: Patient not taking  
Refill: No refills remaining

#### topiramate 50 MG Oral Tab

Instructions: Take 1 tablet (50 mg total) by mouth 2 (two) times daily.  
Authorized by: El Kouzi, Ahmad, MD  
Start date: 12/9/2024  
Refill: 5 refills remaining

Ordered on: 12/9/2024  
Quantity: 60 tablet

#### gabapentin 300 MG Oral Cap

Discontinued by: El Kouzi, Ahmad, MD  
Instructions: Take 1 capsule (300 mg total) by mouth nightly.  
Authorized by: El Kouzi, Ahmad, MD  
Start date: 12/12/2024  
Quantity: 30 capsule

Discontinued on: 4/28/2025  
Ordered on: 12/12/2024  
End date: 4/27/2025  
Refill: 3 refills remaining

### Stopped in Visit

None

### Imaging

#### Imaging

#### MRI SPINE CERVICAL (CPT=72141) (Final result) [541071338]

Electronically signed by: **Shaw, Mary, RN on 12/12/24 1107**  
This order may be acted on in another encounter.  
Ordering user: Shaw, Mary, RN 12/12/24 1107  
Authorized by: El Kouzi, Ahmad, MD  
Frequency: STAT 12/17/24 1937 - 1 occurrence  
Quantity: 1  
Instance released by: Zillmann, Ashlee 12/17/2024 7:37 PM  
Diagnoses  
Post concussive syndrome [F07.81]  
Cervicogenic headache [G44.86]

Status: **Completed**

Ordering provider: El Kouzi, Ahmad, MD  
Ordering mode: Written Order:no cosign required  
Class: EHV - RFL  
Lab status: Final result

#### Questionnaire

Question	Answer
Release to patient	Immediate

#### Scheduling instructions

Your order will generate a "Scheduling Ticket" that will be available in MyChart to schedule on your own at a time most convenient to you. To ensure you receive your test in a timely manner, STAT orders will not generate a ticket and must be scheduled by calling the Central Scheduling department.

Your physician has ordered a radiology test that may require authorization from your insurance company. Your physician or the clinic staff will work with your insurance company to obtain this authorization for your ordered radiology test.

If you do not have a MyChart Account, or if you prefer to speak with someone to schedule your appointment, please call Endeavor Health Central Scheduling at 630-527-3200.

#### Screening Form

##### General Information

Patient Name: Jenkins, Kalin Grace  
Date of Birth: 6/26/1998

MRN: EH6030620  
Home Phone: **815-693-1211**

**12/17/2024 - MRI CERVICAL SPINE in Edward Hospital MRI (continued)****Imaging (continued)**

Legal Sex: Female

Mobile: 815-693-1211

Procedure	Ordering Provider	Authorizing Provider	Appointment Information
MRI SPINE CERVICAL (CPT=72141)	El Kouzi, Ahmad, MD 630-527-7730	El Kouzi, Ahmad, MD 630-527-7730	12/17/2024 7:30 PM EH MR RM4 (3T WIDE) EH MRI

**Screening Form Questions**

No questionnaires are associated with this screening form.

**Form History**

Status	User	Time
Created	N/A	12/12/2024 10:18 AM CST

**Informed Consent:** You may require an injection of contrast for your test. While adverse reactions are rare, the following information will help educate you and help generate questions.

- Although FDA approved, MRI contrast does have potential side effects that you should be made aware.
- Administration of MRI contrast may increase the risk of a rare but serious disease, Nephrogenic Systemic Fibrosis (NSF), in people with severe kidney failure.
- The most common side effects of IV MRI contrast agents are dizziness, nausea, and headache.
- In very rare cases, serious side effects can occur and include cardiac failure, arrhythmia, and myocardial infarction (heart attack).

The above information is correct to the best of my knowledge. I have read and understand the contents of this form and have had the opportunity to ask questions regarding this form, IV contrast, and the MRI procedure.

\_\_\_\_\_  
Patient Signature\_\_\_\_\_  
Date\_\_\_\_\_  
MRI Technologist\_\_\_\_\_  
Date**End Exam Questions**

	Answer	Comment
Are you pregnant?	No	

Resulted: 12/17/24 2217, Result status: Final  
result**MRI SPINE CERVICAL (CPT=72141) [541071338]**

Ordering provider: El Kouzi, Ahmad, MD 12/17/24 1937

Resulted by: Ali, Adnan W, MD

Performed: 12/17/24 2030 - 12/17/24 2119

Resulting lab: EDWARD ELMHURST IMAGING

Narrative:

PROCEDURE: MRI SPINE CERVICAL (CPT=72141)

Order status: Completed

Filed by: Interface, Emg Rad In 12/17/24 2218

Accession number: 121724-1129

COMPARISON: None.

INDICATIONS: G44.86 Cervicogenic headache F07.81 Post concussive syndrome

TECHNIQUE: Multiplanar T1 and T2 weighted images including fat suppression sequences. Images acquired in sagittal and axial planes.

PATIENT STATED HISTORY:(As transcribed by Technologist) Patient states she was in a car accident on 12/9/24 and states her car was rear ended. She has severe posterior head/neck pain.

CONTRAST USED: 15 mL of Dotarem

**12/17/2024 - MRI CERVICAL SPINE in Edward Hospital MRI (continued)****Imaging (continued)****FINDINGS:****CERVICAL DISC LEVELS:**

C2-C3: No significant disc/facet abnormality, spinal stenosis, or foraminal narrowing.

C3-C4: No significant disc/facet abnormality, spinal stenosis, or foraminal narrowing.

C4-C5: Mild posterior disc bulge and uncovertebral hypertrophy. No significant central or foraminal stenosis.

C5-C6: Mild posterior disc bulge and uncovertebral hypertrophy. No significant central or foraminal stenosis.

C6-C7: No significant disc/facet abnormality, spinal stenosis, or foraminal narrowing.

C7-T1: No significant disc/facet abnormality, spinal stenosis, or foraminal narrowing.

CRANIOCERVICAL AREA: Normal foramen magnum with no Chiari malformation.

PARASPINAL AREA: Normal with no visible mass.

BONY STRUCTURES: No fracture, pars defect, or osseous lesion.

CORD: Normal caliber, contour, and signal intensity.

**Impression:****CONCLUSION:**

1. Mild degenerative disc disease at the C4-5 and C5-6 levels. No significant central canal or neural foraminal stenosis throughout the cervical spine.

2. Small caliber, contour, and signal intensity of the cervical spinal cord.

LOCATION: Edward

Dictated by (CST): Ali, Adnan, MD on 12/17/2024 at 10:13 PM

Finalized by (CST): Ali, Adnan, MD on 12/17/2024 at 10:17 PM

Acknowledged by: El Kouzi, Ahmad, MD on 12/18/24 0743

**Testing Performed By**

Lab - Abbreviation	Name	Director	Address	Valid Date Range
142 - Unknown	EDWARD ELMHURST IMAGING	Unknown	Unknown	10/01/16 0000 - Present

**Indications**

Post concussive syndrome [F07.81 (ICD-10-CM)]

Cervicogenic headache [G44.86 (ICD-10-CM)]

**Signed**

Electronically signed by Ali, Adnan W, MD on 12/17/24 at 2217 CST

**All Reviewers List**

El Kouzi, Ahmad, MD on 12/18/2024 07:43

**Coding Summary****Account Information**

Hospital Account	Primary Payor	Affiliated Recurring Accounts	Combined from HAR
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12/17/2024 - MRI CERVICAL SPINE in Edward Hospital MRI (continued)

Coding Summary (continued)

1010934343 - JENKINS,KALIN GRACE	BCBS IL INDEMNITY [10082]	None	None
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Admission Information

Arrival Date/Time:	Admit Date/Time:	12/17/2024 1930	IP Adm. Date/Time:
Admission Type: Elective	Point of Origin:	Self Or Non-health Care Facility	Admit Category:
Means of Arrival:	Primary Service:		Secondary Service:
Transfer Source:	Service Area:	EDWARD- ELMHURST HEALTH	Unit: Edward Hospital MRI
Admit Provider:	Attending Provider:	El Kouzi, Ahmad, MD	Referring Provider: El Kouzi, Ahmad, MD

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
12/17/2024	Home Or Self Care	None	None	Edward Hospital MRI

Admission Diagnoses / Reasons for Visit (ICD-10-CM)

Code	Description	Comments
F07.81	Postconcussional syndrome	
G44.86	Cervicogenic headache	

Final Diagnoses (ICD-10-CM)

Code	Description	POA	CC	HAC	Affects DRG
F07.81 [Principal]	Postconcussional syndrome				
G44.86	Cervicogenic headache				