MRO 1000 Madison Avenue Suite 100 Norristown, PA 19403

Medical Records Transmittal

Date: 6/3/2025 Request Number: 99776278

Page Count: 16

Your requested medical records are attached.

Patient Name: Keith Franklin

Medical Facility: Dean Medical Group

Requester: Tyler Crosby

Organization: Crosby & Crosby LLP

Your reference number: dd93328c-30cb-ced0-ecb7-5388f5669fa6

Thank you,

MRO MROcorp.com

2nd REQUEST

MAY 1 9 2025 RECEIVED

Crosby & Crosby LLP Attorneys At Law

Tyler M. Crosby Attorney

C

3815 N. Mulford Rd. Rockford, IL 61114 (815) 367-6432 Mason S. Crosby Attorney

www.crosbyandcrosbylaw.com

TELEPHONE: (815) 367-6432

Email: eservice@crosbyandcrosbylaw.com

March 17, 2025

SSM Health Dean Medical Group ATTN: Release PO Box 259840 Madison, WI 53725-9840 Sent via Fax Delivery (608-294-6294)

Re: Keith Franklin DOB: 04/13/1980

Dear Medical Records Department,

I am writing to formally request copies of the complete medical records and itemized billing statements for Keith Franklin related to treatment received at your facility following an auto accident. This request includes, but is not limited to, all physician notes, diagnostic test results, imaging reports, operative reports, discharge summaries, and billing details from February 1, 2025, to the present.

Enclosed with this request is a signed HIPAA authorization form allowing the release of these records. Please provide the records in electronic format if possible. You may send them via email to bmatz@crosbyandcrosbylaw.com or fax: 217-336-2403.

If there are any fees associated with this request, please provide an invoice in advance. Kindly process this request at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

ylar M. Crosby Tyler M. Crosby



SSM Health Dean Medical Group SSM Health Surgery Center SSM Health Digestive Health Center SSM Health St. Mary's Hospital - Madison SSM Health St. Mary's Hospital - Janesville SSM Health St. Clare Hospital - Baraboo

☐ SCAN ONLY-No additional information needed

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

1. (Compl	ete in full. See reverse side for important information)
Keith Franklin	I authorize the use and/or release of my protected health
3224 Hanover Drive	information as described below. I understand that the information used or released as a result of this Authorization may no longe be protected by federal privacy laws and may be further used o released by persons or organizations receiving it without obtaining
Rockford, IL 61101	my authorization. I may refuse to sign this Authorization, which wil
City, State, Zip code	not affect my ability to obtain treatment or payment of claims. I have
	the right to revoke this Authorization by providing written notice to SSM Health. Revocation of this Authorization will not affect any
Date of Birth Phone	
2. AUTHORIZE:	3. TO RELEASE PROTECTED HEALTH INFORMATION TO (If Release is to Self, State Self)
SSM Health	Crosby & Crosby LLP
(Name of Physician/Health Care Facility/Or	ther) (Name of Physician/Health Care Facility/Other)
PO Box 259840	3815 North Mulford Road, Suite 4
(Street Address)	(Street Address)
Madison, WI 53725-9840	Rockford, IL 61114
(City, State, Zip code) SSM Health Dean Medical Group 608-294-6294	(City, State, Zip code) SSM Health Hospitals 608-270-6815
(Fax)	(Fax)
□ Personal Use □ Insurance Eligibility/Ber □ Worker's Compensation Research □ Ot 5. HEALTH INFORMATION TO BE □ Office Visits □ Procedures □ Emerg □ Operative Reports □ Immunization Re □ Medical Images (specify) □ Specific information related to:	ency Room Report Discharge Summary History & Physical Exam ecords D Lab Reports D Imaging Reports Billing Records (specify) 02/01/2025 - Present
 Inis authorization includes disclosure 	of information regarding mental health, alcohol and/or drug abuse, AIDS or AIDS-related illness, disabilities, and/or sexually transmitted infection, unless I limit the disclosure to exclude the
₩ En	rChart DVD/CD Paper Verbal Disclosure Fax nail to: bmatz@crosbyandcrosbylaw.com
7. EXPIRATION This authorization will expire on 03 signature below. A photocopy of this auth	/ 13 / 2025 . If I do not indicate a date, this will expire one (1) year from the date of my orization is as valid as the original.
8. SIGNATURE	
that the health care provider may use and information despiced in this form.	intary. I understand that there may be a charge for copies. I am confirming my authorization for disclose to the persons and/or organizations named in this form the protected health
Signature:	Date: 3/14/2025
If this Authorization is signed by a represe	ntative on behalf of the patient, complete the following:
Representative's Name:	Patient is: ☐ Minor ☐ Incompetent/Incapacitated ☐ Deceased
Legal Authority: Legal Guardian Par	ent of Minor □ Spouse of Deceased □ Health Care Agent
	TITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT.

ADDITIONAL INFORMATION REGARDING RELEASE OF HEALTH INFORMATION

SSM Health recognizes the patient's right to confidentiality of their health information under federal privacy regulations and Wisconsin law. The patient should be aware of the following information when requesting or releasing health information.

- Record Definition: The record(s) defined for release include record(s) generated at all SSM Health locations.
- Right to Refuse to Sign This Authorization: A patient may refuse to sign this Authorization and this
 refusal will not affect the patient's ability to obtain treatment or payment of claims.
- Right to Inspect or Copy the Health Information to Be Used or Disclosed: A patient has the right to inspect or copy the health information they have authorized to be used or disclosed by signing this Authorization form. A patient may arrange to inspect their health information by contacting the office listed below.
- Right to Receive Copy of This Authorization: A patient has the right to receive a copy of the signed Authorization form.
- Right to Revoke This Authorization: A patient has the right to revoke this Authorization at any time by giving written notice of revocation to the Privacy Officer listed below. Revocation of this Authorization will not affect any action taken in reliance of this authorization before receipt of the written notice of revocation.
- Multiple Releases of Information: A patient may request multiple releases of the information stated on the Authorization form as long as the authorization is not expired.
- Who May Sign This Authorization:
 - Generally, all patients 18 years of age and older must sign for release of their own health information unless the following conditions apply.
 - a. The patient is incompetent
 - b. The patient is disabled and cannot sign the form
 - c. The patient is deceased. (A surviving spouse or personal representative of the estate may sign. If there is no surviving spouse or personal representative, then an adult member of the immediate family may sign.)
 - 2. All persons signing for release of health information on behalf of the patient must state their relationship to the patient and provide proof of legal authority of their capacity to act for the patient.
 - Minors: Patients less than 18 years of age must sign for release of their health information in the following cases:
 - a. Alcohol or other drug abuse treatment: age 12 or older
 - b. Mental health treatment: age 14 or older may consent to release of records without parental consent (Parents also retain the right to access this information.)
 - c. HIV test results: age 14 or older
 - d. Emancipated minors who are married or in the military
- Fees for Records: SSM Health may charge a reasonable fee for viewing, copying, postage and preparation
 of records to fulfill this request. All fees are based on the applicable laws governing release of health
 information.
- Contact Office:
 - 1. Requests for release of health information can be directed to Health Information or you may call our

main office at: 608-294-6244

SSM Health Dean Medical Group

OR 608-270-6806 SSM Health Hospitals

ATTN: Release PO Box 259840

ATTN: Release PO Box 259840

Madison, WI 53725-9840

Madison, WI 53725-9840

All questions regarding federal privacy regulations can be directed to:

SSM Health Privacy Officer 1808 W. Beltline Highway Madison, WI 53713 Telephone: 608-250-1075

F Mails Daise -- Office

E-Mail: PrivacyOfficer@ssmhealth.com

🗏 Transaction Totals Report

Guarantor Time

FRANKLIN, KEITH D [101005743005] 6/2/2025 4:58 PM

Tx # 📤	Procedure	Service Provider	Service Date	Amount
1	99213 (CPT®) - Office O/P Est Low 20 Min	Molinaro, Christina M, PA-C	02/13/2025	282.00
□ Payme	ents		Total Payme	ents: -223.80
Insuran	ce		Total Insura	nce: -223.80
Tx # ^	Procedure		Service Date	Amount
2	700000 - Insurance Payment		02/25/2025	-223.80
Adjust 🕏	ments		Total Adjustm	ents: -28.20
Tx # 📤	Procedure		Service Date	Amount
3	710000 - Contractual Write-Off		02/25/2025	-28.20
Totals				
	Charges P	ayments	Adjustments	
	282.00	-223.80	-28.20	

SSM HEALTH DMG S STOUGHTON RD, MADISON 1821 S STOUGHTON RD MADISON WI 53716-2257 608-260-6000

ADMISSION RECORD

ACCOUNT NO. ARRIVAL DATE/TII			VICE STATI			PAT TYPE	E	UNIT NUMBER
PATIENT NAME AND ADDRESS	No 4/13/1980 44	M 2 SI C-SEC-NO		Room/bed i	nto not	1	TF	55352181 LEPHONE NO.
Franklin, Keith D 3224 HANOVER DR ROCKFORD IL 61101 ENGLISH	XXX	2-XX-4554 PHONE NO. 2-0192		AMAZON F	ULFILLMENT CE HERD TRAIL) IL 61103	NTE*		
GUARANTOR NAME AND ADDRESS		C-SEC-NO		GUARANTOR E	MPLOYER			
3224 HANOVER DR ,		- xx- 4554 PHONE NO.					NOT HISPA	ETHNICITY ANIC OR LATINO O*
		ELATION Self						LANGUAGE ENGLISH
RELATIVE 1 NAME AND ADDRESS HELSER,KRYSTLE	H	PHONE NO. IOME: 815-914-0755		INPATIEN	NT ADMIT DATE /	TIME O	UTPATIENT	ADMIT DATE / TIME
		ELATION icant other						
RELATIVE 2 NAME AND ADDRESS *No Contact Specified*	TELE F MOBILE:	PHONE NO. 1815-914-0755 ELATION		CSN	Contact Serial Number		E# Ref	rigerator Barcode
						11111		
Strain of right should	S (CODED OR TEXT) der, initial encounter [S46.911A		DENT WK. RE	EL. ACCIDENT DATE	ADM TYPE/SOURCE	ARRIVA	AL MODE	DENOM
LAST ADMISSION DATE	UNIT	•				CHURCH	•	
	INFECTION No active infections				ADVANCE DIREC		DI	SCHARGE DATE/TIME
ADMITTING PHYSICIAN			R	EFERRING PHYSICI			RANSFERRED FF	ROM
OFC:	FAX:		C	PFC:		F <i>A</i>	AX:	
ATTENDING PHYSICIAN			Р	RIMARY CARE PHY	SICIAN			
NONE								
NONE, NONE NONE OFC:	FAX:			FC: lone			FAX: None	
EMERGENCY CARE PHYSICIAN				HARED CARE PHYS	ICIAN			
OFC:	FAX:		c	PFC:			FAX:	
INSURANCE 1	CODE	INS 1 TELEPHONE	NO.	NSURANCE 2		CODE		INS 2 TELEPHONE NO
PO BOX 981106 EL PASO, TX 79998-1106								
GRP # INSURED: INSURED ID:	GRP POL #		11	GRP # NSURED: NSURED ID:		GRP POL#		
INSURANCE 3	CODE	INS 3 TELEPHONE	NO.	NSURANCE 4		CODE		INS 4 TELEPHONE NO
GRP#	GRP		G	GRP#		GRP		
INSURED: INSURED ID:	POL#		II.	NSURED: NSURED ID:		POL#		
6/2/2025 4:56 PM				BY: MFAIRC0				

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Member: W260457868

Visit date: 2/13/2025

Visit Information

	Provider	Department	Dept Phone
2/13/2025 9:30 AM	Christina M Molinaro, PA-C	SSM Health Urgent Care	608-250-1525

Patient Demographics

Ambulatory Encounter

Name	Patient ID	Legal Sex	Birth Date
Franklin, Keith D	55352181	Male	04/13/80 (44 yrs)
Address	Phone	Email	
3224 HANOVER DR ROCKFORD IL 61101	779-772-0192 (H) 779-772-0192 (M)	_	
County			
WINNEBAGO			
Reg Status	PCP		
Verified			

HAR	

Marital Status

Single

Additional Patient Demographics

Race	Ethnic Group	Preferred Language	Language for Written Material	
Black/African American	Not Hispanic or Latino Origin	English	English	

Insurance as of 2/13/2025

Plan: AETNA PPO/POS/OA Group: 086840403000001 Effective from: 1/1/2025 Subscriber: FRANKLIN,KEITH D

Effective from: 1/1/2025 Subscriber: FRANKLIN,KEITH D Subscriber ID: W260457868

Reason for Visit

Upper Extremity Problem

Pain Back

Allergies as of 2/13/2025

Allergies last reviewed by Beasley, Molly, LPN on 2/13/2025 0951 No Known Allergies

Vitals Most recent update: 2/13/2025 9:54 AM

 BP
 Pulse
 Resp
 Wt

 122/72
 63
 18
 210 lb

Diagnoses

	Comments
Strain of right shoulder, initial encounter - Primary	

Notes

Progress Notes Electronically Signed by Beasley, Molly, LPN on 2/13/2025 1:40 PM

Version 1 of 1

Author Type: Licensed Practical Nurse

Status: Signed

Author: Beasley, Molly, LPN Specialty: —
Encounter Date: 2/13/2025 Filed: 2/13/2025 1:40 PM

Editor: Beasley, Molly, LPN (Licensed Practical Nurse)

Keith D Franklin is a 44 year old male who presents to Urgent Care with right shoulder and low back pain.

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Franklin, Keith D

Notes (continued)

Progress Notes Electronically Signed by Beasley, Molly, LPN on 2/13/2025 1:40 PM (continued)

Version 1 of 1

Injury: Yes, Date: 2/2/25

Ambulatory Encounter

Swelling: Yes

Pain: at rest is 8 out of 10 back and shoulder

Pulses:radial pulses strong

Color: normal

Movement: movement increases pain.

Sensation: full sensation Patient in MVA 2/2/25.

Progress Notes Electronically Signed by Molinaro, Christina M, PA-C on 2/13/2025 1:40 PM

Version 1 of 1

Author: Molinaro, Christina M, PA-C Encounter Date: 2/13/2025

Specialty: Physician Assistant, Emergency Medicine Filed: 2/13/2025 1:40 PM

Author Type: Physician Assistant Status: Signed

Editor: Molinaro, Christina M, PA-C (Physician Assistant)

Subjective:

Keith is a 44 year old male who presents for evaluation of continued pain in R shoulder and upper back. Pain is primarily with lifting in the R back shoulder area. He was in a MVA on 2/2, seen in ED on 2/3. No fractures, started on flexeril. States pain was tolerable with this, but he is out and having more discomfort now. Does need work not for his FMLA through 2/21.

Denies new injury or worsening symptoms.

I have reviewed the nurse's notes, patient vitals, allergies, past medical history and medications.

Objective:

BP 122/72 | Pulse 63 | Resp 18 | Wt 95.3 kg (210 lb)

General: Well-developed, well-nourished. No acute distress.

Head: atraumatic

Musculoskeletal: FROM R shoulder, neg impingement and empty can tests, NV intact. TTP over inner

scapula area.

Spine: no thoracic spinal TTP or stepoff. No paraspinal mm tenderness. **Skin:** warm and dry. No rashes. No associated open skin abrasions.

Imaging:

Na

Assessment:

Right shoulder strain

Plan:

Reviewed ED records from 2/3, no concerning findings - I do not feel repeat imaging indicated at this time. Can try NSAIDs, q6, add tizanidine in place of flexeril and consider PT if not improving. Indications for return were discussed and Keith will return to clinic or emergency department if symptoms worsen or do not improve. SSM Health Dean Medical Group - S Stoughton Rd, Madison 1821 S Stoughton Rd Madison WI 53716-2257 Ambulatory Encounter

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Notes (continued	١

Progress Notes Electronically Signed by Molinaro, Christina M, PA-C on 2/13/2025 1:40 PM (continued)

Version 1 of 1

Christina M Molinaro, PA-C 2/13/2025

History as of Encounter

Medical as of 2/13/2025

Medical never marked as reviewed

None

Surgical as of 2/13/2025

Surgical never marked as reviewed

None

Family as of 2/13/2025

Family never marked as reviewed

None

Family Status as of 2/13/2025

Family Status never marked as reviewed

None

Tobacco Use as of 2/13/2025

Tobacco Use never marked as reviewed

None

Alcohol Use as of 2/13/2025

Alcohol Use never marked as reviewed

None

Drug Use as of 2/13/2025

Drug Use never marked as reviewed

None

Sexual Activity as of 2/13/2025

Sexual Activity never marked as reviewed

None

Other Factors as of 2/13/2025

Other Factors never marked as reviewed

None

Social Documentation as of 2/13/2025

Social Documentation never marked as reviewed

None

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Social Documentation as of 2/13/2025 (continued)

Occupational as of 2/13/2025

Ambulatory Encounter

Occupational never marked as reviewed

Socioeconomic as of 2/13/2025

Socioeconomic never marked as reviewed Number of Years Education Preferred **Marital Status Spouse Name** Children Education Level **Ethnicity** Race Source Language Not Hispanic or Black/African Single English Latino Origin American

Birth as of 2/13/2025

Birth never marked as reviewed

Order

ibuprofen (Motrin) 600 MG tablet [1324710259] Patient-reported historical medication

Ordering date: 02/13/25 0951 Authorized by: Provider, Historical, MD Ordering mode: Standard

Frequency: Routine q6h PRN 02/03/25 - Until Discontinued

End Date/Time: Until Discontinued

Medication Directions: Take 1 (one) tablet by mouth every 6 hours as needed

Medication Dose: 600 mg

Class Referred To Provider

Historical Medication [3]

Order

cyclobenzaprine (Flexeril) 10 MG tablet [1324710263] Patient-reported historical medication

Ordering date: 02/13/25 0951 Ordering mode: Standard

Frequency: Routine QDAY PRN 02/03/25 - Until Discontinued

End Date/Time: Until Discontinued

Medication Directions: Take 1 (one) tablet by mouth once daily as needed

Medication Dose: 10 mg

Authorized by: Provider, Historical, MD

Ordering provider: Molinaro, Christina M, PA-C

Medication Route: Oral Start Date/Time: 02/03/25 0000

Ordering mode: Standard

Medication Route: Oral

Medication Route: Oral

Priority: Routine

Start Date/Time: 02/03/25 0000

Priority: Routine

Referred To Provider Class

Historical Medication [3]

Order

tiZANidine (Zanaflex) 2 MG tablet [1324726200]

Electronically signed by: Molinaro, Christina M, PA-C on 02/13/25 1009

Ordering user: Molinaro, Christina M, PA-C 02/13/25 1009 Authorized by: Molinaro, Christina M, PA-C

PRN reasons: Muscle Spasms

Frequency: Routine q8h PRN 02/13/25 - Until Discontinued

End Date/Time: Until Discontinued

Start Date/Time: 02/13/25 0000 Medication Directions: Take 1 (one) tablet by mouth every 8 hours as needed for Muscle Spasms

Medication Dose: 2 mg Priority: Routine

Referred To Provider Class

ePrescribe [57]

Status: Active

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Results - Other

No results found

Ambulatory Encounter

Lab Results

No results found

Immunizations Administered on Date of Encounter - 2/13/2025

Never Reviewed

No immunizations administered during this encounter.

Medications at End of Encounter as of 2/13/2025

	Disp	Refills	Start	End
cyclobenzaprine (Flexeril) 10 MG tablet (Taking As Needed) Sig - Route: Take 1 (one) tablet by mouth once daily as needed - Class: Historical Medication	— · Oral	_	2/3/2025	_
ibuprofen (Motrin) 600 MG tablet (Taking As Needed) Sig - Route: Take 1 (one) tablet by mouth every 6 hours as needed Class: Historical Medication	— ed - Oral	_	2/3/2025	_
tiZANidine (Zanaflex) 2 MG tablet (Taking As Needed) Sig - Route: Take 1 (one) tablet by mouth every 8 hours as needed Class: ePrescribe	20 tablet ed for Muscle Spasms	0 - Oral	2/13/2025	_

Medications Last Reviewed During Encounter By

Beasley, Molly, LPN on 2/13/2025 at 9:51 AM

Reviewed Medications

Outpatient Medications

Medication	Ordered On	Status	
cyclobenzaprine (Flexeril) 10 MG tablet	2/13/2025	Taking	
ibuprofen (Motrin) 600 MG tablet	2/13/2025	Taking	

All Medications and Administrations

(There are no med orders for this encounter)

Flowsheet Data (all recorded)

Row Name

Travel Screening				
Traveled in the last month?	No -JR at 02/13/25 0928			
Are you feeling ill today and/or have you tested positive for COVID-19 in the past 10 days?	No -JR at 02/13/25 0928			

02/13/25 0928

Custom Formula Data

Row Name	02/13/25 0952
Sepsis calculate	ed scores
SIRS - Pulse (calculated)	0 -MB at 02/13/25 0954
SIRS - Resp Rate (calculated)	0 -MB at 02/13/25 0952
Organ Dysfunction - SBP (calculated)	0 -MB at 02/13/25 0954

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Flowsheet Data (all recorded) (continued)

Ambulatory Encounter

Vital Signs MAP 89 mmHg -MB at 02/13/25 (Calculated) Vital Signs Wt. Change 95254 grams -MB at from Birth 02/13/25 0954 Wt.(gms) -Calculated OTHER Tylenol Dose 952.54 -MB at 02/13/25 in mg 30 -MB at 02/13/25 0954 Tylenol Dose in mL BSA (DuBois) 0 -MB at 02/13/25 0954 0 -MB at 02/13/25 0954 Last Filed

End of Life Needs Assessment: Any "yes" answer indicates the need to complete the VVC CMSAS Flowsheet.

Percent of Wt 0 -MB at 02/13/25 0954 Change

Encounter Vitals

Weight

Row Name	02/13/25 0952	
Encounter Vita	als	
BP	122/72 -MB at 02/13/25 0954	
Pulse	63 -MB at 02/13/25 0954	
Resp	18 -MB at 02/13/25 0952	
Weight	210 lb -MB at 02/13/25	

PCT Daily Care

Row Name	02/13/25 0952	
Initial Vital Signs	s	
Weight (lbs)	210 -MB at 02/13/25 0954	

User Key

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

Initials	Name	Effective Dates	Provider Type	Discipline	
JR	Rogers, Julie	09/18/18 -	Unit Clerk	_	_
MB	Beasley, Molly, LPN	07/07/20 -	Licensed Practical Nurse	Nurse	

SSM Health Dean Medical Group - S Stoughton Rd, Madison 1821 S Stoughton Rd Madison WI 53716-2257 Ambulatory Encounter Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Letters

Letter on 2/13/2025 by MOLINARO, CHRISTINA [TJOSWI] Status: Sent



2/13/2025

To Whom It May concern:

Keith D Franklin was seen in our office on 2/13/2025. Please excuse his absence from work starting 2/7/25 through 2/20/25, due to injuries sustained on 2/2/25.

Feel free to contact us if you have any questions.

Christina M Molinaro, PA-C

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Scanned Documents — Encounter Level on 02/13/2025:

Ambulatory Encounter

After Visit Summary - Document on 2/13/2025 11:07 AM by Hellenbrand, Kara: AMB After Visit Summary (below)

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Scanned Documents — Encounter Level on 02/13/2025: (continued)

AFTER VISIT SUMMARY



Keith D. Franklin MRN: 55352181 DoB: 4/13/1980 2/13/2025 9:30 AM ♀ SSM Health Urgent Care 608-250-1525

Instructions

Ambulatory Encounter



Today's medication changes



tiZANidine (Zanaflex)

Accurate as of February 13, 2025 11:07 AM. Review your updated medication list below.

Pick up these medications at Walmart Pharmacy 1138 - 7202 WATTS ROAD MADISON WI 53719

• tiZANidine

Your estimated payment per fill: \$1

7202 WATTS ROAD, MADISON WI 53719 Address:

608-276-9399 Phone:

Today's Visit

You saw Christina M Molinaro, PA-C on Thursday February 13, 2025.



Blood Pressure 122/72



Weight 210 lb



Pulse



○ Respiration 18

MyChart

SSM Health and its affiliates are proud to offer MyChart, which provides a convenient, secure online communication with your healthcare team and gives you access to your health care information.

When you sign up for MyChart you will be able to view test results, communicate with your provider teams, renew prescriptions, and manage your appointments.

Ready to Sign up for MyChart?

- Go to https://mychart.ssmhc.com and click "Activate Now."
- Enter your MyChart Access Code VN4ZM-7HM8C-V6GPD
- Expires: 3/30/2025 9:28 AM

If you have questions, please call MyChart support at 1-888-972-4278.

Keith D. Franklin (MRN: 55352181) • Printed at 2/13/2025 11:07 AM

Page 1 of 2 Epic

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Scanned Documents — Encounter Level on 02/13/2025: (continued)

Changes to Your Medication List

(i) Accurate as of February 13, 2025 11:07 AM. If you have any questions, ask your nurse or doctor.

START taking these medications



Ambulatory Encounter

tiZANidine 2 MG tablet Commonly known as: Zanaflex Quantity: 20 tablet Signed by: Christina M Molinaro, PA-C Started by: Christina M Molinaro, PA-C Take 1 (one) tablet by mouth every 8 hours as needed for Muscle Spasms

CONTINUE taking these medications

cyclobenzaprine 10 MG tablet Commonly known as: Flexeril Take 1 (one) tablet by mouth once daily as needed

ibuprofen 600 MG tablet Commonly known as: Motrin Take 1 (one) tablet by mouth every 6 hours as needed

Patient Education

Ambulatory Encounter

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Scanned Documents — Encounter Level on 02/13/2025: (continued)

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

After Visit Summary - Document on 2/13/2025 1:40 PM by Molinaro, Christina M, PA-C: AMB After Visit Summary (below)

AFTER VISIT SUMMARY



Instructions



Today's medication changes

START taking:

tiZANidine (Zanaflex)

Accurate as of February 13, 2025 1:40 PM. Review your updated medication list below.



Pick up these medications at Walmart Pharmacy 1138 - 7202 WATTS ROAD MADISON WI 53719

• tiZANidine

Your estimated payment per fill: \$1

Address: 7202 WATTS ROAD, MADISON WI 53719

Phone: 608-276-9399

Today's Visit

You saw Christina M Molinaro, PA-C on Thursday February 13, 2025. The following issue was addressed: Strain of right shoulder, initial encounter.



Blood Pressure 122/72



Weight 210 lb



Respiration 18

MyChart

SSM Health and its affiliates are proud to offer MyChart, which provides a convenient, secure online communication with your healthcare team and gives you access to your health care information.

When you sign up for MyChart you will be able to view test results, communicate with your provider teams, renew prescriptions, and manage your appointments.

Ready to Sign up for MyChart?

- Go to https://mychart.ssmhc.com and click "Activate Now."
- Enter your MyChart Access Code VN4ZM-7HM8C-V6GPD
- Expires: 3/30/2025 9:28 AM

If you have questions, please call MyChart support at 1-888-972-4278.

Keith D. Franklin (MRN: 55352181) • Printed at 2/13/2025 1:40 PM

Page 1 of 2 Epic

Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025

Changes to Your Medication List

(i) Accurate as of February 13, 2025 1:40 PM. If you have any questions, ask your nurse or doctor.

START taking these medications



Ambulatory Encounter

tiZANidine 2 MG tablet Commonly known as: Zanaflex Quantity: 20 tablet

Signed by: Christina M Molinaro, PA-C Started by: Christina M Molinaro, PA-C

Take 1 (one) tablet by mouth every 8 hours as needed for Muscle Spasms

CONTINUE taking these medications

cyclobenzaprine 10 MG tablet Commonly known as: Flexeril

Take 1 (one) tablet by mouth once daily as needed

ibuprofen 600 MG tablet Commonly known as: Motrin

Take 1 (one) tablet by mouth every 6 hours as needed

Thank you for visiting Dean Urgent Care today.

The care you received in the Urgent Care Center is limited to immediate care. It is important that you obtain all follow-up and continuing care from your personal provider. If you do not have a personal provider and need follow up care, call the clinic where you would like to be seen or call the Nurse on Call Service at 608-250-1525 (1-800-576-8773) for help making an appointment.

Some aspects of your care, such as interpretation of X-rays, will be reviewed by an appropriate specialist. If there is significant change in their interpretation, you or your personal provider will be notified. These instructions pertain to illnesses and injuries that have been evaluated by a physician or physician assistant. Thank you for choosing Dean.

Urgent Care Hours

Madison:

Monday-Friday: 7am - 7pm Saturday, Sunday: 8:00am - 4:00pm

Janesville:

Monday - Friday: 7:00 am - 7:00 pm Saturday, Sunday: 8:00 am - 4:00 pm

Patient Education

Keith D. Franklin (MRN: 55352181) • Printed at 2/13/2025 1:40 PM

Page 2 of 2 Epic

SSM Health Dean Medical Group - S Stoughton Rd, Madison 1821 S Stoughton Rd Madison WI 53716-2257 Ambulatory Encounter Franklin, Keith D

MRN: 55352181, DOB: 4/13/1980, Legal Sex: M

Visit date: 2/13/2025